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Head Start Teachersâ Self-Efficacy and Experiences Teaching Children with Autism Spectrum Disorders

Leronda Phillips
Walden University

Walden University

College of Social and Behavioral Sciences

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Leronda Phillips

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Review Committee
Dr. William Tetu, Committee Chairperson, Psychology Faculty
Dr. Melissa Scotch, Committee Member, Psychology Faculty
Dr. Ann Romosz, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
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Abstract

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Dissertation Submitted in Partial Fulfillment

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Abstract

Autism spectrum disorders are pervasive developmental disorders in which a student's inability to communicate, undeveloped social skills, and restricted interests require intervention from trained professionals. Autism spectrum disorder is an eligibility for special education where students can be affected by the presence of a lack of qualified teachers. Teachers who work with students with special needs experience more frustration and burnout than do teachers of typical students; research has suggested that teachers with higher self-efficacy have more success than do teachers with lower self-efficacy. The study's theoretical basis was derived from Bandura's self-efficacy theory. This phenomenological qualitative research study explored 8 Head Start teachers' self-efficacy and experiences teaching children with autism spectrum disorders. A modified van Kaam method was used to analyze the data in this study. Results indicated that the majority of Head Start teachers had poor or negative feelings of self-efficacy and they held negative feelings about teaching children on the autism spectrum. However, all participants expressed a need for more training to help them teach children on the autism spectrum. Findings from the study may be used by Head Start administrators as the basis for additional teacher training, resulting in positive social change.

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Dedication

I dedicate this dissertation to all the family and friends who supported me throughout this journey. First, I would like to dedicate my dissertation to my mother, Ruby Phillips who planted the first seed of education in me. I would not be the woman I am today if it were not for the strength, encouragement, and support of my mother. I would also like to dedicate this dissertation to the memory of my beloved father, Leroy Phillips who passed away in 2012. I would like to dedicate this work to my three sisters who are my best friends and greatest support group. My oldest sister Deatrice Phillips and best friend always provides me with wisdom and guidance. My older sister Nicole Doyle is my prayer warrior. My younger sister and best friend, Valerie Myers is the voice of reason in my life. I want to extend gratitude to all my extended family members, friends from work, friends from school, and church family for their words of encouragement throughout this journey.

Acknowledgements

First, I would like to thank God for giving me the strength and ability to persevere throughout this journey to completing my dissertation. I would like to acknowledge every person who played a role in helping me in achieve this academic accomplishment. I would like to express my sincerest gratitude to my dissertation committee. My chair Dr. Bill Tetu provided valuable guidance to me throughout this study. My committee member Dr. Melissa Scotch provided valuable insight about my dissertation topic and study. I am grateful for the Walden University faculty, advisors, and staff.

In addition, I would like to thank the participants from the Head Start programs in the Metropolitan Atlanta area for participating in my study. I would like to express gratitude to my church community and global missions team members for supporting me and encouraging me to finish my degree program. I owe special thanks to Dr. Lyn Walden for all the help and support over these past few years. I would like to acknowledge my mother and sisters for their love and support. Lastly, I would like to acknowledge my 13 nephews and 4 nieces for allowing me to serve as a role model, which compelled me to complete my dissertation.

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Chapter 1: Introduction to the Study

Introduction

Head Start is a resource for families of preschool-aged children. Head Start programs expose children to preacademic concepts, build early academic skills, and emphasize cognitive development in the areas of language, early literacy, numeracy, and science (Lee & Rispoli, 2016). Head Start programs accept both typical functioning and special needs children and provide comprehensive early childhood education to preschool-aged children. Many Head Start programs offer educational opportunities to children with developmental disabilities, developmental delays, and autism spectrum disorders. Because Head Start is a federally funded program, federal regulations require that children with disabilities must occupy at least 10% of the total enrollment in every Head Start classroom (Lee & Rispoli, 2016).

In this study, I examined the self-efficacy and experiences of Head Start teachers of young children because the self-efficacy of early childhood special education teachers impacts classroom quality and children's learning. Trained teachers who can provide appropriate interventions to students with all disabilities are needed in Head Start programs. Enrollment in Head Start has a positive effect on the cognitive outcomes of all children as well as children with autism spectrum disorders (Lee & Rispoli, 2016).

In 2016, approximately 1 in 54 children was identified with autism spectrum disorders (Centers for Disease Control and Prevention [CDC], 2016). Autism is a lifelong disability for those diagnosed with this disorder. Head Start teachers should believe they effect change positively in terms of the trajectory of children with autism spectrum disorders. The more at-risk children, including those with an autism spectrum disorder,

that teachers can identify and the younger the children are when identified, the greater the likelihood these children can become functioning adults.

In this chapter, I presented relevant research to my study involving showing a gap in the literature concerning self-efficacy and experiences of Head Start teachers who teach children with autism spectrum disorders. Numerous benefits exist as a result of identifying and providing educational support to children with autism spectrum disorders during early childhood. Head Start teachers' self-efficacy and experiences can influence educational outcomes for students, especially students from low-income families.

Background of the Problem

Various researchers have focused their studies on children with autism spectrum disorders and teachers' self-efficacy. Andersson, Miniscalco, and Gillberg (2014) provided insight into the diagnostic process for assessing preschoolers with autism and described the effectiveness of professional development and teacher training for preschool teachers. Gou et al. (2013) explained how self-efficacy of early childhood special education teachers impacted classroom quality and children's learning. Harrison, Slane, Hoang, and Campbell (2016) assessed the knowledge of autism spectrum disorders and the presence of culturally sensitive autism assessments. Pelaez (2017) described the impact of providing early intervention to children with autism spectrum disorders and other developmental disorders. Hauber et al. (2015) described novice preschool teacher's knowledge of autism in the state of Texas. Lee and Rispoli (2016) described Head Start's impact on social-emotional outcomes for children with disabilities. Bandura (1997) explained the concept of self-efficacy, influence, and expectations of success derived from self-efficacy.

Problem Statement

Autism is a developmental disorder characterized by impairments in social skills, communication, speech and language, cognitive skills, and repetitive behavior patterns (Hauber et al., 2015). The prevalence of autism spectrum disorder is steadily increasing (Fennell & Dillenburger, 2016). According to CDC, in 2016, one in 54 children was diagnosed with autism spectrum disorders up from one in 150 children in 2000, based upon data within 11 communities across the United States (CDC, 2016). As more trained professionals identify children with autism, the impact on the educational system intensifies because more trained teachers are needed to provide appropriate interventions (Hauber et al., 2015).

The problem this research addressed was the gap in the literature concerning the self-efficacy and experiences of Head Start teachers who teach children with autism spectrum disorders in Head Start programs, especially in Metropolitan Atlanta. Although research exists regarding Head Start programs' impact on the social-emotional outcomes for children with disabilities (Lee, Calkins, & Shin, 2016), and studies exist on parents' self-efficacy and their children on the autism spectrum (García-López, Sarriá, & Pozo, 2016; Román-Oyola et al, 2018; Zhou, Yin, Wang, & Wang, 2019), no research could be found regarding Head Start teachers' self-efficacy or pre-K teachers' self-efficacy and experiences while teaching children with autism spectrum disorders.

In a similar study as this, Gou et al. (2013) examined the self-efficacy of early childhood special education teachers regarding teaching children with language impairments. In addition, research exists regarding the need to train teachers to use evidence-based practices with children on the autism spectrum (Alexander, Ayres, &

Smith, 2015). However, for this study, I sampled teachers from the Head Start programs in Metropolitan Atlanta. The benefits of social change are plentiful to society. If teachers and other education specialists provide children on the autism spectrum with appropriate educational support at an early age, research has shown tremendous success in their development could occur (Pelaez, 2017).

Purpose of Study

The purpose of this research was to address a gap in literature concerning the self-efficacy and experiences of Head Start teachers who teach children with autism spectrum disorders in Head Start programs, especially in metropolitan Atlanta. For this study, I defined self-efficacy as a person's belief in his or her ability to succeed in accomplishing tasks. A lack of research studies exists regarding Head Start programs and teachers' self-efficacy and experiences with children with autism spectrum disorders. For this phenomenological study, I conducted one-on-one interviews with Head Start teachers in metropolitan Atlanta to help determine how these teachers described their self-efficacy regarding teaching children in this population.

Qualitative methodology was appropriate for this study because I did not analyze any numerical data other than to describe demographic and frequency data (Gravetter & Wallnau, 2017). Phenomenology was the appropriate research design for this study because it enables researchers to understand the meaning of the experiences for a particular group of people (Moustakas, 1994). In this study, I described the experiences of a sample of Head Start teachers in Metropolitan Atlanta about the young students under their care. At the completion of this study, the experiences of these teachers could

help predict the needs and limitations of other teachers who teach young children, especially those children who show symptoms of autism and have yet been identified.

Research Question

How do Head Start teachers describe their self-efficacy and experiences teaching children with autism spectrum disorders in Head Start programs in metropolitan Atlanta?

Conceptual Framework

The conceptual framework for this study was based on Bandura's self-efficacy theory. Bandura's self-efficacy theory defines how individual beliefs determine success, expended effort, and sustainability when faced with obstacles or aversive experiences (Bandura, 1977). Bandura proposed that expectations of self-efficacy were derived from experiences. This approach provides a foundation for understanding the factors that influence self-efficacy, and how self-efficacy impacts teachers of students with autism spectrum disorders.

Badura's self-efficacy theory provided the foundation for understanding the phenomena that exist among teachers who teach students with autism spectrum disorders. Self-efficacy is important among teachers because research suggests that self-efficacy beliefs shape a child's potential and impacts the trajectory of the teacher's career (Bandura, Barbaranelli, Caprara, & Pastorelli, 2001). Teacher's perceived self-efficacy and experiences can affect teachers' change and adaptation, which directly affect the students they teach (Bandura et al., 2001).

Children with autism spectrum disorders have needs that are more profound than exclusively achieving academic development. Children with autism spectrums disorders and other disabilities also need social and self-management skills (Bandura et al., 2001).

Perceived social efficacy improves the quality of life for children with autism spectrum disorders because it promotes supportive interpersonal relationships (Bandura et. al., 2001).

Nature of Study

The nature of this study was a phenomenological qualitative study with the use of interview questions to describe Head Start teachers' self-efficacy and experiences while teaching children with autism spectrum disorders. Phenomenological qualitative research is consistent with understanding the meaning of the experiences for a specific group of people in a specific setting (Moustakas, 1994). Phenomenology was an appropriate method of inquiry for this study because it unveiled the elements of human experiences (Moustakas, 1994).

In this study, I used the modified Van Kaam method of analysis of phenomenological data (Moustakas, 1994) along with NVivo software. The modified Van Kaam method guided me as I described the shared experiences of the participants in the study. Phenomenology was the appropriate research design for this study, and with phenomenology, I analyzed and interpreted the collected qualitative data by describing the meanings and essences of the participants' experiences (Moustakas, 1994).

Operational Definitions

Autism Spectrum Disorder: A developmental disorder characterized by impairments in terms of social skills, communication, cognitive skills, and repetitive behavior patterns (Hauber et al., 2015).

Head Start Programs: Federally funded programs designed to support school readiness for economically-disadvantaged young children with an emphasis on cognitive

development and early academic skill building in the areas of language, early literacy and numeracy, and science (Lee & Rispoli, 2016).

Individualized Education Program: A written document that lists goals, objectives, and services for students who receive special education services (Georgia Department of Education, 2017).

Preschool special education—"is the delivery of therapeutic and educational services to handicapped infants and children from birth to age 6" (May, 2013, p. 2104).

Self-Efficacy—is a person's belief in his or her ability to succeed in accomplishing tasks (Bandura, 1977).

Special Education—is a form of learning provided to students with exceptional needs, such as students with learning disabilities or mental challenges. (Georgia Department of Education, 2017).

Assumptions, Limitations, Scope, and Delimitations

This phenomenological research study addressed the gap in the literature concerning the self-efficacy and experiences of Head Start teachers. The population for this study was teachers from Head Start programs in Metropolitan Atlanta. According to Bryman (2016), researchers must address assumptions, limitations, scope, and delimitations of a study. Bryman explained that assumptions, limitations, and delimitations are present in all research studies. Therefore, researchers must be cognizant of any weaknesses, suppositions, or conjectures in their studies.

Assumptions

Assumptions are those statements and issues within a study that the researcher believes to be true (Leedy & Ormrod, 2018). In this study I assumed that interview

participants would answer questions honestly to the best of their ability and that participants would not deceptive in their answers. I also assumed that participants would not discuss this study or interview questions with anyone else until I informed them that the study was finished. A final assumption was that the sample size would be representative of the population of Head Start teachers.

Limitations

Limitations are those issues and circumstances outside of the researcher's control (Leedy & Ormrod, 2018). Furthermore, Leedy and Ormrod explained that limitations have the potential to affect the internal validity of a study. One limitation of this study could have been researcher bias; therefore, I practiced bracketing and epoché to examine any existing prejudices and assumptions (Merriam & Tisdell, 2016). Edmund Husserl developed the concept of epoché to enable researchers to eliminate personal bias and raise knowledge above all possible doubt (Moustakas, 1994). A limitation of this study was also the small sample size, which could result in the lack of generalization of the results of this study. Another limitation was time constraints because I did not have the amount of time necessary to conduct a longitudinal study with repeated observations over an extended period (Merriam & Tisdell, 2016). Finally, financial constraints often restrict researchers from expanding their studies (Sedgwick, 2014).

Scope

Different forms of research that produce knowledge are limited to the local or regional area within the scope of where the research is executed (Collen, 2012). Because I could not sample all the teachers in all the Head Start programs in Georgia, the scope of this study was limited to the Head Start teachers in Metropolitan Atlanta. I anticipated the

teachers in this study would be reflective of the population. The data collected from Head Start teachers in the Metropolitan Atlanta area did not include all the elements of the population. Therefore, some Head Start teachers in the Metropolitan Atlanta area may be unrepresented, which could potentially influence the results. I interviewed eight Head Start teachers and continued interviewing until saturation of data occurred.

Delimitations

Bloomberg and Volpe (2015) explained that delimitations are the factors that limit or place boundaries on a study yet are within the control of the researcher. For example, I chose the theoretical framework, the researcher methodology and design, and the specific grade-level of teachers and the specific city and state. The study was reduced to gathering data from eight Head Start teachers in Metropolitan Atlanta. Of significance was the inability to reach all Head Start teachers in the Metropolitan Atlanta area. Delimitation was included to attain knowledge about available Head Start teachers in an accessible group.

Significance

Since 2000, researchers have documented an increase in the prevalence of autism spectrum disorders, which has thereby increased public awareness of this problem (CDC, 2016; Fennell & Dillenburger, 2016). This increase in the number of children identified with autism and the significance of the symptomology these children present result in urgency from parents and educational leaders to provide services and therapies to identified children as early as possible. Knopf (2017) explained that early intervention improved the treatment plan for children with autism spectrum disorder. Knopf further noted that children who had been diagnosed before the age of 4 received more behavioral

and educational interventions, which are evidence-based, than did children who were diagnosed after the age of 4. Children identified after the age of 4 are more likely to receive pharmaceutical intervention, which is not evidence-based (Knopf, 2017). The earlier a child is diagnosed with an autism spectrum disorder, the sooner the child can receive an educational and therapeutic intervention, which result in a better outcome, to include education attainments and social skills/behavioral intervention for the child (Arif, Niazy, Hassan, & Ahmed, 2013). The sooner a child is diagnosed with autism, the better the educational and behavioral outcome.

Head Start and Early Head Start services are available for children from birth to age 5 from economically disadvantaged families (Georgia Head Start, 2018). Families' income eligibility in Georgia is established by the Federal Government and Georgia Poverty Guidelines, which are regularly published by the federal government. Head Start programs provide comprehensive early childhood education to preschool-aged children, specifically, those children from low-income families, with typical and atypical development. Many Head Start programs offer educational opportunities to children with developmental disabilities, developmental delays, and autism spectrum disorders.

Children can attend preschool as young as 2-years-of age and spend several hours a day in preschool classrooms (Andersson et al., 2014). Preschool teachers have the opportunity to identify and provide intervention for developmental problems early in a child's life (Andersson et al., 2014). Although a classroom teacher cannot diagnose children with autism spectrum disorder, with training, teachers can become aware of the behaviors associated with autism and then refer those children to lead teachers, counselors, and other professionals. Head Start teachers' self-efficacy and experiences

could influence a teacher's ability to provide intervention to children on the autism spectrum, which could lead to early intervention (Pelaez, 2017). Bandura (1977) explained the degree to which someone believed his or her self-efficacy could influence functioning.

The results of this study may provide positive social change for the professional development of Head Start teachers, which could lead to improvement of educational support provided to preschool children on the autism spectrum. The sooner children with autism are identified and provided with appropriate intervention, the more disruptive characteristics are reduced, and children are enabled to become productive members of society (Barnheart, 2016). If a child is not identified early, typically, the disruptive characteristics can become engrained, and it is difficult to reduce the symptomology and train, educate, or reach a child with autism spectrum disorder (Barnheart, 2016).

Research supports the importance of early behavioral interventions for children diagnosed on the autism spectrum (Pelaez, 2017), especially those children on the severe end of the spectrum (Alberto & Troutman, 2012). Professionals can help reduce autism characteristics with the right intervention; however, early identification of children on the autism spectrum is crucial (Pelaez, 2017). The results of this study could assist teachers in the Head Start program to identify students on the autism spectrum sooner and thereby help these children become more independent, achieve a higher level of education, and reduce the repetitive and unruly behaviors associated with autism (Barnheart, 2016).

Summary

Head Start programs are designed to influence the education outcomes for children with disabilities positively (Lee et al., 2016). Although numerous researchers

examined various aspects of Head Start teachers, a gap in the literature exists concerning Head Start teachers' self-efficacy and experiences while teaching children with autism spectrum disorders. This chapter described the problem and purpose of this study. This chapter also provided background information, the significance, and the nature of the study. A review of relevant literature is provided in chapter 2.

Chapter 2: Literature Review

Introduction

The purpose of this research is to address the gap in the literature concerning the self-efficacy and experiences of Head Start teachers who teach children with autism spectrum disorders in Head Start programs in Metropolitan Atlanta. In this chapter, an explanation of the national stimulus for the need for services for children with disabilities, including those children with autism spectrum disorders, is provided. In addition, I provide a chronological examination of the federal laws that made public school accessible for children with disabilities, which include self-contained, resource services, and least restricted environments. I also explained what autism spectrum disorder is and how federal laws affect all children with disabilities, including those children with autism spectrum disorders.

Although I could find no studies relating to Head Start programs and teacher self-efficacy, I reviewed peer-reviewed related studies of children on the autism spectrum. I also discuss Bandura's self-efficacy theory, include studies that used this theory as their foundation, and explain how this theory relates to the current study. Finally, I end this chapter with conclusions drawn from the discussed studies and provide a summary of the entire chapter.

Research Strategies

To write this literature review, I used public libraries for books and articles as well as Walden University Library for an electronic search of dissertations and peer-reviewed articles, which included ProQuest, EBSCOhost, ProQuest Digital Dissertations, and Sage Publications. As much as possible, I limited the search to articles and

dissertations published between 2014 to 2019. For some information, especially statistical information relating to autism, I used Google and Google Scholar. Parameters consisted of words that addressed the topic of autism spectrum disorders, Asperger's syndrome, teacher self-efficacy, self-efficacy, Head Start programs, kindergarten students, pre-school teachers, and persuasive developmental disorders.

In this literature review, I included peer-review articles, books, studies, federal laws, and dissertations. Sub-topics reviewed were a direct result of references to specific authors and studies. Special consideration was given to certain authors: Bandura, Alberta, Troutman, and Barnheart. Key terms used included *teacher self-efficacy, students with severe disabilities, students with autism, students with Asperger's syndrome, students with autism spectrum disorders, pre-school students with disabilities, Head Start teachers' self-efficacy, federal laws and disabled children*, and *children with persuasive developmental disorders, autistic disorder, Rett's disorder, childhood disintegrative disorder,* and *Asperger Syndrome.*

Conceptual Framework

The conceptual framework for this study was based on Bandura's self-efficacy theory. Bandura's self-efficacy theory defines how individual beliefs determine success, expended effort, and sustainability when faced with obstacles or aversive experiences (Bandura, 1977). Bandura proposed that expectations of self-efficacy were derived from experiences. This approach provides a foundation for understanding the factors that influence self-efficacy and how self-efficacy impacts teachers of students with autism spectrum disorders.

Literature Review

Early History of Treatment of the Disabled

Before laws for the disabled were passed, children and adults who exhibited signs of unusual behavior or mental illness were not always treated kindly. In fact, people with pronounced symptoms of maladaptive behaviors, regardless of age, were often treated cruelly (Special Needs Alliance, 2016). “In ancient times [a disability] was related to the presence of an evil spirit within the body of an individual or influence of a demonic activities” (Sharma & Dunay, 2016, p. 257). Children and adults who showed signs of physical or mental disability were often treated as witches, forced to endure exorcisms, tortured, or excluded from the community. The Old Testament of the Bible, which is honored by both Christians and Jews, taught that the sins of the father were evident in his offspring. Therefore, “disabled people were excluded from others and were not allowed at religious places” (Sharma & Dunay, 2016, p. 257).

Devotees who follow the world’s fourth largest religion, Hinduism, believe in the concept of Karma where past life actions (either good or bad) follow the soul of an individual into the next life. Therefore, a disabled child was typically considered someone who did bad things in his or her past life (Sharma & Dunay, 2016,). Sadly, people in many African countries continue to believe that disabilities, including autism, are a result of, “Preternatural causes that involved external forces happening included witchcraft, evil spirits and curses” (Gona et al., 2015, para. 17). Within communities that hold this belief, those who show signs of disability are typically offered up in prayer and sent to spiritual healers for the relief of their symptoms (Gona et al., 2015).

In contrast, “According to Islamic laws and sharia, persons with disabilities should be treated with high respect and esteem” (United Nations Human Rights, 2017, para. 2). Islamic countries have been forefront in treating the disabled with respect. However, women, especially those who display signs of mental illness, remain subject to discrimination and maltreatment (Brenton, 2014; Islam, Jahan, & Hossain, 2018).

Society must become more aware of the causes of a disability. In some countries today, unless the family can take care of their loved ones, children or adults who show signs of peculiar or disturbing behavior are often institutionalized, where they were often victims of neglect, physical abuse, lengthy confinement in small cages (MacLeod, n.d.), and/or sexual abuse (Behavior research, 2015; Timmerman, & Schreuder, 2014). This pattern of abuse toward marginalized children and adults persisted throughout history and continues today in many African countries (Gona et al., 2015; United Nations Human Rights, 2017). It was not until the mid-19th century that a few members of society fought for humane treatment of these citizens (Special Needs Alliance, 2016).

First Hospital for the Disabled in the United States

In 1773, at the urging of Virginia Governor Fauquier, the Public Hospital for Persons of Insane and Disordered Minds in Williamsburg, Virginia opened to become the first asylum for the insane in the United States. “Treatment consisted of restraint, strong drugs, plunge baths and other ‘shock’ water treatment, bleeding, and blistering salves. An electrostatic machine was installed” (Public Hospital, n.d., para. 10). In1841, the Public House was renamed the Eastern Lunatic Asylum.

During the operational years of this asylum, patients included soldiers from the Civil War. The superintendent from 1841-1862, Dr. John Galt, brought forth *Moral*

Management Therapy to replace the inhuman treatments that had been used before his arrival. Dr. Galt believed the patients should be treated compassionately, which was not the held opinion at that time. He was the first American physician to advocate for humane treatment of the mentally ill; he also advocated for the mentally ill to leave the institution and function in society. Galt was the author of the first of 40 volumes of the peer-reviewed, *American Journal of Psychiatry* [renamed] (1844-1921). On October 12, 1873, the Eastern Lunatic Asylum was renamed the Eastern State Hospital. This institution was the first hospital in the United States managed solely for the treatment of the mentally ill. Under the superintendency of Dr. Galt, some of the barbaric methods of treating the mentally ill stopped.

The Disabled in the Nineteenth Century

Prior to the Progressive Era (1890–1920), beginning in the mid-1840s, for 40 years, activist Dorothea Dix (1802-1887) worked tirelessly on behalf of children and adults who were housed in state institutions where they were subjected to deplorable conditions, including neglect and physical, emotional, and sexual abuse (Module 2: A Brief History, 2015). Dix petitioned the federal government for help for these citizens. Because of her efforts, 32 state psychiatric hospitals were established in the United States for children and adults with symptomology of mental illness. Although circumstances had improved, for decades, children and adults were housed in these psychiatric hospitals simply because they lacked family or the ability to function in society. With passage of the *Community Health Services and Facilities Act of 1961* (Pub. L. 87-395) and the *Community Health Services Extension Amendments of 1965* (Pub. L. 89-109), regulations

were imposed to allow residency in psychiatric hospitals only to citizens who were a danger to themselves or others (Module 2: A Brief History, 2015).

The Disabled in the First Half of Twentieth Century

At the turn of the 20th century, Clifford W. Beers (1876-1943), a Yale graduate and Wall Street financier who suffered from psychiatric problems and had been subjected to numerous internments in state institutions, published a book of his maltreatment within these facilities. Beers named his book *A Mind That Found Itself* (1908/2010), which details decades of abuse, including sexual abuse (Goldman, 1982). Beers and his four siblings suffered from psychiatric problems and were in and out of mental health facilities for most of their lives. Among other atrocities he and his siblings endured, Beers documented 27 incidents where staff placed him in a straitjacket in solitary confinement (Goldman, 1982).

In 1908, Beers established the Connecticut Society for Mental Hygiene, which was renamed the Mental Health Connecticut (Goldman, 1982). Beers continued his efforts to make the public aware of the atrocities perpetrated on the mentally ill, who were often warehoused along with prisoners. In 1909, Beers founded the National Committee for Mental Hygiene, which was later renamed Mental Health America. Beers is considered the American founder of the Mental Hygiene Movement, which was mostly because of the publication of his book and the attention it attracted to the plight of the institutionalized. Throughout his life, Beers showed compassion and acceptance of all people and continued tolerance for those who needed someone to validate their self-worth. With the publication of his book, society became more aware of the cruelties imposed on institutionalized patients (Goldman, 1982).

Involvement in the education of children with special needs and early reform and cultural trends preceded federal law (Spalding & Pratt, 2015). In 1912, Helena Trafford Devereux founded the Devereux School in Devon-Berwyn, Pennsylvania (Larson, 2015). The Devereux School provided specialized and individualized lesson plans to students who were intellectually challenged and developmentally delayed. The Devereux Foundation was established in 1938. In 2019, 13 states had Devereux Centers: Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Massachusetts, Rhode Island, New Jersey, New York, Pennsylvania, and Texas (Devereux Advanced Behavioral Health, 2019). Rosemary Kennedy, daughter of Joe and Rose Kennedy and sister of President John F. Kennedy, attended the Devereux School (Larson, 2015).

President Franklin Delano Roosevelt was an ambassador for children with disabilities (Berish, 2016; O'Brien, 2004). In 1921, Roosevelt contracted polio and was subsequently enfeebled in his lower extremities. At that time, no cure for polio exists nor was it understood how one contracted polio. To relieve some of the problems he sustained because of polio, in 1924, he began frequenting the warm spring waters at Warm Springs, Georgia. He soon invited local children who had also contracted polio to enjoy these warm springs as well. In 1927, Roosevelt established the Georgia Warm Springs Foundation and invited all children who had contracted polio to visit, enjoy the warm springs, and partake in rehabilitation. Warm Springs remains a rehabilitation center for children with disabilities (Roosevelt Warm Springs Hospitals, 2019).

Later, President Roosevelt and Basil O'Connor formed the National Foundation for Infantile Paralysis, which was later renamed the March of Dimes. Roosevelt was an advocate for research into the cause of polio. This foundation provided much of the

necessary funds that led to the Salk and Sabin vaccines for polio (Berish, 2016). Over the years, the March of Dimes has provided funding for medical care for millions of children with physical or mental problems. Today, the March of Dimes remains involved in the health of newborn babies and their moms (March of Dimes, 2019).

The Influence of Rosemary Kennedy

The Kennedy family is well known for their involvement in programs to help people with special needs, such as mental retardation, probably because of the obvious problems with the oldest daughter, Rose Marie "Rosemary" (1918-2005). The Kennedy family has spent a significant amount of time and provided substantial money to President John Kennedy's Task Force and the Special Olympics (O'Brien, 2004). However, for Rosemary, who had behavioral and developmental problems and was "tragically retarded" (Dallek, 2003, p. 21), physicians could not reduce her disruptive symptomology, which became worse as she grew older. The Kennedy family and many others were advised to institutionalize their mentally impaired family members because no compassionate support or education was available to help these families (O'Brien, 2004). It is commonly believed that the limitations President Kennedy's sister Rosemary endured and the challenges she faced led to the funding of educational and recreational support for all children with special needs.

In 1941, Joe Kennedy Sr., the father of Rosemary, reached out to Dr. Walter Freeman and Dr. James Watts for help with Rosemary, who had become increasingly hard to manage at home (Larson, 2016). Freeman and Watts were touting a new treatment for both physical and mental problems—a lobotomy. At age 23, Rosemary was subjected to a frontal lobotomy; however, the results were devastating. After the lobotomy, she

could no longer speak or walk. Her mental capacity diminished to that of a 2-year-old child. Rosemary spent the remainder of her life in an institution with minimal contact with her family.

Historians view Rosemary Kennedy as a tremendous influence for other people with disabilities through the development of the Special Olympics by her sister Eunice Kennedy Shriver and legislation introduced and passed by her brothers, President John, and Senators Robert and Edward Kennedy. Eunice founded the Special Olympics for children with special needs, and in 1968, the first Olympics were held in Chicago, Illinois with about 1,000 athletes from Canada and the United States. As of 2018, Special Olympics and Para Olympics had personally helped 4.9 million children from 172 countries (McNamara, 2018).

The First Laws for Civil Rights for All Citizens

Louisiana passed the *Separate Car Act* in 1890. which mandated separate accommodates in railcars for Blacks and Whites. Homer Plessy, with one-eighth African blood, bought a first-class ticket, sat in an all-White section, and refused to move to the Black section. The police were called, and they forcibly removed Plessy from the train. Plessy was found guilty but fought the decision within the courts claiming he had protection under the *Equal Protection Clause of the 14th Amendment*. His case made it to the United States Supreme Court (*Plessy v. Ferguson*, 163 U.S. 537 [1896]). In 1896, the Supreme Court ruled against Plessy and ruled that separate but equal was constitutional, which remained the law for more than 50 years.

On May 17, 1954, the United States Supreme Court, in a unanimous decision, ruled that racial segregation of children in public schools was unconstitutional (*Brown v.*

Board of Education of Topeka, 347 U.S. 483 [1954]). Oliver L. Brown's daughter Linda's segregated school was one mile away although the all-White school was only seven blocks away. Brown fought to get her daughter into the all-White school. Eventually, the case made its way to the United States Supreme Court (*Brown v. The Board of Education of Topeka, Kansas*, 1954). In a landmark decision for civil rights, the Courts ruled that segregation was unconstitutional. *Brown v. the Board of Education* paved the way for the rights of all people, including the disabled.

President John Kennedy, during his short time as president, pushed for and was able to pass the Maternal and Child Health and Mental Retardation Planning Amendments of 1963 (Pub. L. 88-156), Mental Retardation Facilities Construction Act of 1963 (Pub. L. 88-164), the Civil Rights Act of 1960 (Pub. L. 86-449), and amendments to the Social Security Act (1963; Pub. L. 88-156), which is considered the forerunner of the Americans with Disabilities Act (1990). In 1962, President John Kennedy established the National Institute of Child Health and Human Development, the President's Panel on Mental Retardation, and the Division of Handicapped Children and Youth in the Department of Education.

After President Kennedy's death, President Lyndon B. Johnson with his promise of a Great Society followed through with many of President Kennedy's plans: War on Poverty and health care reform, *Mental Health Amendments of 1967* (Pub. L. 90-31), the President's Committee for People with Intellectual Disabilities, the Head Start program, the Food Stamp program, the School Breakfast program, community health centers, and Foster Grandparents. During Johnson's time as president, he along with Congress passed the *Elementary and Secondary Education Amendments of 1966 and 1967* (Pub. L. 89-

750; Pub. L. 90-247), *Americans with Disabilities Act of 1990* (Pub. L. 101-336), *War on Poverty, and the Civil Rights Act of 1964 and 1968* (Pub. L. 88-352; Pub. L. 90-284) (O'Brien, 2004).

Rosemary's two younger brothers also fought for the rights of the disabled. Robert F. Kennedy, while serving as United States Attorney General, worked with his brother, President Kennedy, to pass the *Civil Rights Act of 1960* (Pub. L. 86-449) although the 1964 part passed through Congress after the death of President Kennedy (Matthews, 2017). Edward Moore Kennedy, "Teddy," promoted or sponsored several pieces of legislation that greatly benefited children with disabilities and their parents (Kennedy, 2009): the Division of Handicapped Children and Youth in the Department of Education; WIC, help for women, infants, and children; Title IX, which guaranteed equal funding for men and women in sports programs; *Individuals with Disabilities Education Act of 2004* (Pub. L. 108-446); *Civil Rights Commission Act Amendments of 1994* (Pub. L. 103-419) to protect the disabled from discrimination; *Employment Opportunities for Disabled Americans Act of 1998* (Pub. L. 93-112; Pub. L. 99-643; Pub. L. 105-220); Even Start to promote literacy for children from economically disadvantaged families; *Fair Housing Amendments Act of 1988* (Pub. L. 100-430) to prevent housing discrimination against the disabled; and the *Americans with Disabilities Act of 1990* (Pub. L. 101-336).

Special Education Laws

Prior to 1990, IDEA was known as the *Education for All Handicapped Children Act* (1970; Pub. L. 91-230). In 1990, the United States Congress changed the title to IDEA (1975; Pub. L. 94-142). IDEA ensures a *Free and Appropriate Education* to all

children identified with a disability from birth to age 22. The overall goal of IDEA is to provide students with disabilities the same quality of education as their typical peers, yet the law is tailored to the individual needs of each child. This goal can only be accomplished by making every effort to provide full educational opportunities for students with disabilities.

IDEA is composed of four parts, A-D, with each covering different issues. Each part of the law has remained the same since 1975. Part A covers the general provisions of the law, and Part B provides educational assistance for all children with disabilities. Part C covers infants and toddlers up to age 3 with disabilities, and Part D is the support of national programs administered at the federal level. In practice, the six elements of IDEA are (a) Individualized Education Program (IEP), (b) Free and Appropriate Public Education (FAPE), (c) Least Restrictive Environment (LRE), (d) Appropriate Evaluation, (e) Parent and Teacher Participation, and (f) Procedural Safeguards. Additional components include Confidentiality of Information, Transition Services, and Discipline.

The *No Child Left Behind Act of 2001* (NCLB; Pub. L. 107-110) is an educational act passed by President George W. Bush to address the academic achievement disparity in many public schools in the United States (Yell, Drasgow, & Lowrey, 2005). NCLB mandated all that all teachers be highly qualified, hold at least a bachelor's degree, have full certification, and a show a demonstration of subject-area expertise through completed coursework, passing a state test, or other criteria (What is "highly qualified" worth, 2007). NCLB changed the way educators teach both students in general education and the students with special needs. Specific changes included accountability among teachers and a requirement to use scientifically based practices with special education students,

including students with autism (Yell et al., 2005). NCLB provides funds and resources for additional educational assistance for underprivileged children, which impacts special needs students as well.

Special Education Eligibility Category Autism

Autism is a developmental disability generally evident before age three that adversely affects a child's educational performance and significantly affects developmental rates and sequences, verbal and nonverbal communication, and social interaction and participation (Autism Society, 2016). Other characteristics often associated with autism spectrum disorder are unusual responses to sensory experiences, engagement in repetitive activities, stereotypical movements, and resistance to environmental change or change in daily routines (preservation of sameness). A diagnosis of autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance. As noted by the Autism Society, the term *autism spectrum disorder* includes the following subtypes:

- Asperger Syndrome
- Pervasive Developmental Disorder (such as Autistic Disorder; Rett's Disorder; Childhood Disintegrative Disorder)
- Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS)

Of the subtypes of autism, differences exist in an individual's level of functioning, socially and cognitively (Autism Society, 2016). Autism within itself is an individualized disorder that occurs in all racial, ethnic, and social-economic groups, yet presents differently in each person. Some symptoms are milder and may only manifest as

communication and social deficits, and other symptoms are more severe and present significant problems with intellectual ability.

Autism Spectrum Disorder

"Autism spectrum disorder is a developmental disability characterized by social, communication, behavioral, and, sometimes, cognitive challenges" (U.S. Department of Health and Human Services, 2016, para. 1). Autism spectrum disorders present differently in each child; therefore, the term *spectrum* indicates skills are varied in range. Although the disorder is characterized by many developmental weaknesses, these weaknesses are not always present in every child diagnosed with autism spectrum disorder. Children with autism spectrum disorder display differences in their learning, thinking, and problem-solving ability, which can range from high functioning to severely delayed. The diagnosis of autism is given when an individual displays some characteristic behaviors, which may include some or all of these behaviors (U.S. Department of Health and Human Services, 2016):

- arching back in infancy
- failing to anticipate being picked up in infancy
- head banging
- rocking behavior
- falling behind developmentally from their same-aged peers
- self-stimulatory behaviors
- self-injury
- sleeping and eating problems

- poor eye contact
- insensitivity to pain
- hyper-/hypo-activity
- attention deficits
- preservation or insistence on sameness
- echolalia (repeat [or echo] words and/or phrases)
- impairment in one or more of their senses
- sensitive to certain sounds or frequencies
- a narrow or focused attention span

The prevalence of autism has increased beyond estimations for the years 2000-2018, as shown in Figure 1 (CDC, 2016). Professionals estimated that one in 68 children would be diagnosed with autism in 2015; however, statistics show that one in 59 children were diagnosed. In 2014, the estimation was that one in 59 children would be diagnosed with autism in 2018; however, statistics show that one in 40 children was diagnosed in 2018 (CDC, 2016: Nedelman, 2018),

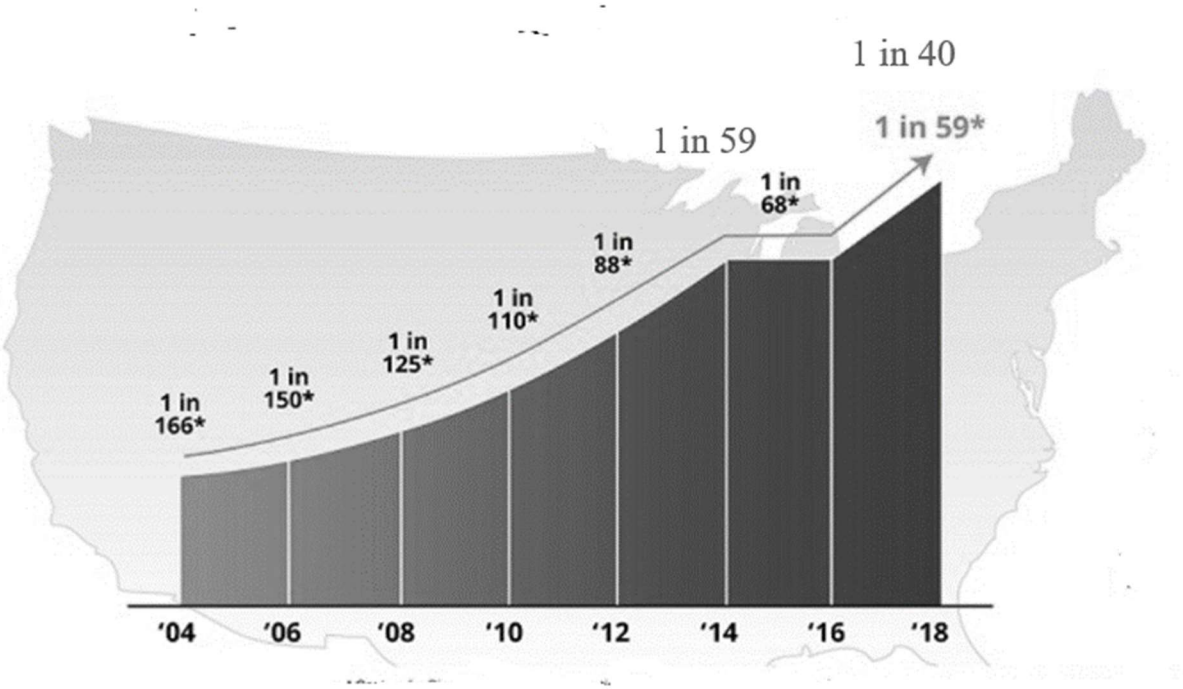

Figure 1. Discrepancy in autism estimations
Note: Adapted from Centers for Disease Control and Prevention, 2016, *Data and statistics: Identified prevalence of autism spectrum disorder*. Public Domain.

According to statistics from 2016, in 2014, autism was about four and a half times more prevalent among boys than among girls. Among boys, 1 in 42 was diagnosed each year whereas 1 out of 89 girls was diagnosed each year (CDC, 2016). In 2014, one in 59 children was diagnosed with autism (Nedelman, 2018). The increase in autism since 2000 resulted in more disabled children introduced into the education system. Children with autism require early intervention, qualified teachers, support personnel, and other professionals to meet their educational needs (Autism Society, 2016). Early intervention provides the necessary support for children with disabilities and developmental delays while they are still young. Qualified teachers and professionals possess the knowledge and training required to fulfill the educational needs of students.

History of Autism

The history of autism spans back to 1908 when it was initially described as a subset of schizophrenia. In 1943, it was named *early infantile autism* by Dr. Leo Kanner, an American child psychiatrist (Chown & Hughs, 2016). In 1944, another form of autism, Asperger's syndrome, was introduced by German scientist Hans Asperger (Chown & Hughs, 2016). Asperger was described as a form of autism characterized by high intelligence, obsessive interests, and deficits with social interactions.

In 1967, the *International Statistical Classification of Diseases and Related Health Problems* continued to classify autism under the label of schizophrenia (Chown & Hughs, 2016). A decade later in 1977, research on twins revealed that biological differences in brain development and genetics might be one of the causes of autism. The progression of research on autism led to the term *infantile autism* listed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) for the first time. Once autism was listed in the DSM-5, it was officially separated from childhood schizophrenia. In 1987, the DSM-5 replaced *infantile autism* with *autism disorder* and included a checklist of diagnostic criteria (Chown & Hughs, 2016). In 2009, the CDC estimated that 1 in 110 children had autism spectrum disorders, which was up from the previous statistics of 1 in 150 in 2007. The CDC attributed the increase in autism to improved screening and diagnostic techniques. In 2015, the DSM-5 described the diagnosis of autism spectrum disorder as an umbrella, with many subsets to include Asperger's syndrome. The CDC (2018b) noted the following:

Autism spectrum disorder (ASD) is a developmental disability that can cause significant social, communication and behavioral challenges. Often, nothing about how

people with ASD look sets them apart from other people, but people with ASD may communicate, interact, behave, and learn in ways that are different from most other people. The learning, thinking, and problem-solving abilities of people with ASD can range from gifted to severely challenged. Some people with ASD need a lot of help in their daily lives; others need less.

Federal Laws that Helped Children with Disabilities

In 1991, during the term of President George H. W. Bush, the federal government established autism as a special education category, and the public schools began identifying and offering special education services to children with autism. The public-school system saw many children with autism characteristics had high intelligence. In 1994, Asperger's syndrome was added to the DSM, to include the definition of highly functioning individuals with a social deficit (Ozonoff, 2012). In 2001, President George W. Bush passed NCLB (Pub. L. 107-110), a controversial law, in response to low student achievement in public schools (Yell et al., 2005). NCLB was designed to include children with disabilities, including autism, in public school.

Teachers' Knowledge of Autism Spectrum Disorders

Early childhood educators do not always have a formal educational background to prepare them for teaching children with autism (Hauber et al., 2015). Often professional development and alternative certification are used as a buffer between inadequate teacher preparation and teacher knowledge of autism. Alternative certification is also used as a mechanism to meet the high demand and need for special education teachers, who often do not have adequate knowledge of autism or related disabilities (Hauber et al., 2015). Lack of knowledge of autism for teachers includes the identification of symptoms,

behaviors, treatments, and perceived etiology (Harrison et al., 2016). Lack of knowledge leads to instructional and treatment disparities for children diagnosed with autism (Harrison et al., 2016).

Although I could find studies on teaching strategies and identification of K-12 school-age children with autism and studies on parents' self-efficacy and their children on the autism spectrum (García-López et al., 2016; Román-Oyola et al, 2018; Zhou et al., 2019), I could find no peer-reviewed studies on teaching strategies for pre-K children with autism. Also, I could find no studies on early identification of in pre-K children with autism by school staff, including teachers and counselors. Although a classroom teacher cannot definitively identify a child with autism, a teacher can speed up the process of identification by referring children who demonstrate autism symptomology to the appropriate professional. The earlier children with autism are identified, the sooner intervention can begin (Christensen et al., 2016). Furthermore, research shows that treatment improves when autism are identified in children before the age of 4 (Knopf, 2017).

Once referred by parents, pediatricians, or teachers, instruments are available for use by school counselors and other professionals to identify young children and toddlers of autism spectrum disorders. For instance, professionals have used the Autism Diagnostic Observation Schedule (ADOS; Lord, Rutter, DiLavore, & Risi, 1999) since 2000 with great success. In fact, Luyster et al. (2009) noted the ADOS was the *gold standard* in diagnosing autism spectrum disorders. Luyster et al. noted that at the time of their study, children under the age of 2 had become one of the main focuses of autism researchers. Luyster et al. continued that this instrument, however, had restricted use for

children age 30 months and younger. Therefore, Luyster et al. modified the ADOS for toddlers and young children and developed the ADOS Toddler Module (or Module T). The Toddler Module is intended for use with children 30-months of age or younger with non-verbal mental ages of at least 12 months. Other instruments available for use to screen or identify young children and toddlers suspected with autism spectrum disorder include the following:

- The Screening Tool for Autism in Two-Year-Olds (Stone, Coonrod, Turner, & Pozdol, 2004)
- The Communication and Symbolic Behavior Scales Developmental Profile (Wetherby, 2001)
- The Autism Observational Scale for Infants (Bryson, Zwaigenbaum, McDermott, Rombough & Brian, 2008).

To evaluate the stability of a diagnosis of autism in young children and toddlers, Guthrie, Swineford, Nottke, and Wetherby (2013) evaluated the stability of diagnosis with 82 children previously screened by the FIRST WORDS ® Project. The ADOS Toddler Module was used with the children at two periods: average age of 19.39 months (*SD* = 2.12) and average age 36.89 months (*SD* = 3.85). Results indicated 100% stability to confirm or exclude a diagnosis of autism spectrum disorder with these children. Guthrie et al. noted that early diagnosis and subsequent professional intervention for children with ASD improved social and communicative skills as well as decreased repetitive symptoms and inappropriate behaviors.

Self-Efficacy

Self-efficacy is a person's confidence in his or her ability to achieve goals and successfully perform even when presented with challenges (Bandura, 1977). Self-efficacy often serves as a motivator in a person's expectation in successful outcomes. The central role for outcome expectancy for an individual is based on that person's feelings of self-efficacy in any given situation (Bandura, 1977). The concept of self-efficacy is important because it contributes to a person's chances of success. According to Bandura, self-efficacy is often more dominant than talent regarding determining a person's success rate. A person's perceived self-efficacy enhances accomplishments and well-being because of his or her belief to produce designated levels of performance.

Different sources of self-efficacy exist, such as experiences, motivation, and knowledge. A person's resilience and self-efficacy are gained through mastery experiences of success and vicarious experiences, which require overcoming obstacles (Bandura, 1994). People motivate themselves by anticipating likely outcomes of their designated goals and plans. Motivation based on personal standards contributes to goal accomplishment based on the exertion of great effort. Knowledge and training are important factors in developing self-efficacy because having adequate knowledge increases a person's confidence in his or her capabilities to achieve success in that particular area (Bandura, 1994).

Adequate teacher training increases a teacher's knowledge and builds a foundation to increase self-efficacy to achieve success in the field of teaching. A teacher's ability to create a learning environment conducive to learning relies heavily on that teacher's self-efficacy (Bandura, 1994). Teachers' self-efficacy also influences a

school's culture because teachers operate collectively rather than in isolation (Bandura, 1994).

Research on Teachers' Self-Efficacy

In a study somewhat similar to the current study, Emmons and Zager (2018) studied changes in special education teachers, administrators, and related service providers' perceptions of their self-efficacy as they worked with children with autism spectrum disorders. The researchers studied 8 cohorts of participants over a 7-year period, which totaled 104 participants in all. Participants were evaluated after they had completed a graduate certificate program on working with children with autism. All participants collaborated with other team members in the planning for students with ASD. After completion of the certificate program, the participants were measured on their perceptions of their skills while working with students with autism spectrum disorders.

Emmons and Zager (2018) used a pretest, posttest model and measured participants twice using the Self-Efficacy Study Scale. Participants were measured as they started the one-year certificate program and at the conclusion of the program. The researchers used descriptive statistics to show a percent change in self-efficacy scores and a *t*-test to show statistical significance of differences from the pretest to the posttest scores for all cohorts. They also measured effect sizes for mean differences for pretest and posttest scores for all eight cohorts. Only a slight increase ($\leq .006$) was found for six of the cohorts on their perceptions of self-efficacy from beginning the certificate program to the conclusion of the program. The size of the effect was large for one cohort and

medium for the other. However, it should be noted, that self-efficacy scores increased for all cohorts from beginning training to completion of the certificate program in autism.

Research emphasizes the importance of a teacher's self-efficacy as a determinant of positive educational outcomes and teacher success (Holzberger, Philipp, & Kunter, 2013; Lev, Tatar, & Koslowsky, 2018). Teachers' self-efficacy and attitudes toward teaching influence their instructional quality, educational outcomes, and student achievement. Teachers with higher self-efficacy are motivated to work harder and display more enthusiasm than do teachers with lower self-efficacy, which become a self-fulfilling prophecy for success (Holzberger et al., 2013).

Various researchers, both globally and in the United States, have conducted studies on a teacher's self-efficacy. Using Bandura's theory of self-efficacy as the framework, George, Richardson, and Watt (2018) conducted a longitudinal study in Australia with beginning schoolteachers from both secondary and primary schools. George et al. referenced the high attrition rate of new teachers in the United States (46% of new teachers leave teaching in the first 5 years) and noted that Australian's new teacher attrition rate was almost as alarming (40% of new teachers leaving teaching within 5 years). To help Australian educational leaders understand this problem and find ways to help reduce the loss of new teachers, for 5 years, George et al. tracked 74 new teachers. The researchers used confirmatory factor analysis of changes in self-efficacy twice: at the beginning of the new teachers' careers and the end of 5 years. A repeated-measures MANOVA analyzed changes in the mean scores of the three sub-scores of the *Teachers' Sense of Efficacy Scale* (Tschannen-Moran & Woolfolk Hoy, 2001): (a) classroom management, (b) instructional strategies, and (c) student engagement.

Results of George et al.'s (2018) study showed no significant differences in self-efficacy between full-time or part-time teachers, primary or secondary teachers, private or public-school teachers, or men and women. Results showed an increase in self-efficacy with time, and primary teachers showed higher self-efficacy than did secondary teachers. Interestingly, primary school teachers started with higher efficacy scores than did secondary teachers, and they maintained this higher level throughout the five years. No difference in self-efficacy was found between primary and secondary teachers regarding instructional strategies.

Recommendations from George et al.'s (2018) study included the need to provide professional development early in a teacher's career. The authors noted that professional development, while worthwhile, tended to lose effect as the teachers advanced in their careers. In other words, new teachers gained more from professional development than did teachers who had taught longer. Although teacher collaboration was noted to be important for new teachers, the authors cautioned that negative feedback could lower a teacher's self-efficacy.

In an Israel study of self-efficacy, Lev et al. (2018) found a correlation between predictors and hierarchical multiple regressions, by conducting a quantitative study with approximately 2,500 students and 110 teachers. Lev et al.'s purpose was to determine if a relationship existed between a teacher's self-efficacy and students' ratings of the teachers. The researchers used Bandura's definition of self-efficacy. A modified version of Rich, Lev, and Fisher's *Teacher Self-Efficacy Questionnaire* was given to teachers at the beginning of the school year. The high school students completed their surveys at the end of the school year. Results indicated that students rated their homeroom teachers

higher than they did their academic teachers. Lev et al. explained that a homeroom teacher was under much less pressure than was an academic teacher. Also, because of a lessening of the pressure of all the requirements involved in teaching, homeroom teachers had the luxury to get to know their students on a more personal basis than did academic teachers. Homeroom teachers could be more relaxed and personable than academic teachers; therefore, homeroom teachers scored higher on self-efficacy than did academic teachers (Lev et al., 2018).

Referencing Bandura's self-efficacy theory, Lev et al. (2018) recommended school administrators lessen the number of students in each class to allow for more personal interaction between student and teacher. The researchers noted that dialogue was imperative for a trusting relationship between student and teacher. The authors further recommended time be allotted for academic teachers to spend with individual students. Lev et al. also explained that feedback from colleagues, parents, and administrators was essential for a teacher to develop and grow.

To comply with the White House Task Force on Childhood Obesity (2010), primary school teachers must teach nutrition to students. Hovland (2016) conducted a multiple regression analysis to determine if training in technology and training in nutrition could predict a teacher's self-efficacy when using technology to teach nutrition. All teacher respondents taught in one of the 47 schools located in the Appalachian Region of West Virginia, which is an economically poor region. Although 116 teachers participated in the study, only 107 teachers answered all 16 questions.

Also using Bandura's theory of self-efficacy, Hovland (2016) sought to increase children's nutritional awareness through technology. She believed that a teacher's lack of

training in nutrition or technology would result in low self-efficacy. Hovland also explained that the more comfortable a teacher became in a specific content area (e.g., nutrition and technology), the more enhanced his or her teaching would become and the higher the teacher's self-efficacy.

Hovland (2016) conducted a quantitative survey design study. She sent surveys to elementary (K-6) teachers in 47 schools in both urban and rural areas of Appalachia in West Virginia. With permission from the authors, Hovland modified *Wang's Computer Technology Integration Survey* (Wang, Ertmer, & Newby, 2004) for this study. Hovland used descriptive statistics for demographic data and multiple regression to determine if variables nutrition training and technology training could predict a teacher's self-efficacy to teach nutrition with the use of technology. Almost half the teachers (49.1%) reported no training in nutrition. The respondents' technology skills varied greatly from beginner (4.3%), moderately trained (56.9%), had advanced training (36.2%), or was an expert (2.6%).

Results of Hovland's (2016) study showed, when controlling for technology training, nutrition training was not significantly uniquely predictive of integration self-efficacy of the use of technology (R = .414 and R^2 = .171, p<.05). However, when controlling for training in nutrition, "technology training was significantly (p = .032) uniquely predictive of technology integration self-efficacy for teaching nutrition" (p. 114). A correlation analysis revealed a fairly weak correlation between variables. In using technology to teach nutrition, self-efficacy increased as training increased in both nutrition and the use of technology. The respondents said the biggest barriers to using

technology to teach nutrition was the lack of working computers in the classrooms, lack of students with home computers, and lack of time in the school day.

A study on student-teacher quality and students with autism spectrum disorders, Caplan, Feldman, Eisenhower, and Blacher (2016) conducted a one-year longitudinal study; specifically, the researchers studied teachers, students and their parents, and classroom characteristics that could predict prospective and concurrent quality of early student-teacher relationships. The authors researched 162 children, ages 4 through 7 (pre-k through 2nd grade), with autism spectrum disorders, their parents, and their teachers. However only 3% of the children in the study were enrolled in Head Start. Caplan et al. looked at potential risk factors that could negatively affect teacher-student quality over time.

Caplan et al. (2016) collected data observations and assessments of the children. Parents-and teachers completed questionnaires. The researchers used the *Wechsler Preschool and Primary Scale of Intelligence* to confirm that each student's IQ was greater than 50. One measurement used with all children who met criteria for the study was the *Autism Diagnostic Observation Schedule*, which measures "social interaction and restricted or repetitive behaviors in a semi-structured environment" (p. 3657). Measurements also used were the *Comprehensive Assessment of Spoken Language,* the *Student–Teacher Relationship Scale*, the *Teacher Response Form*, and the *Classroom Climate Inventory*. Variables considered were the teacher's educational level, the number of years teaching, the number of students in the classroom, and the ratio of students with special needs to students without special needs. The researchers used descriptive statistics, *t*-test, the Pearson's correlation, and multiple regression to analyze data.

Results of Caplan et al.'s (2016) study showed that teacher's preparedness to work with children on the autism spectrum disorder did not either positively or negatively affect student-teacher closeness. Student language skills were also both positively and negatively associated with teacher-student closeness. The years of teaching were positively correlated with teacher-student closeness. The IQ of the child was positively associated with student-teacher closeness and negatively associated with student-teacher conflict. The severity of a child's autism was predicted to negatively affect teacher-student quality over time. Oppositional defiant disorder was reported as having the strongest negative affect on teacher-student quality over time. Another behavior that negatively affected teacher-student quality over time included attention deficit hyper-activity disorder. The variables noted to positively affect teacher-student quality were a child's social skills and IQ of the child. No relationship was found between teacher-student closeness and teacher-student conflict. The most surprising results, as they apply to the current study, were that a teacher's training in autism spectrum disorders, teacher preparedness, or the classroom setting were unrelated to student-teacher quality.

Georgia Pre-K Certification and Training

Any person who seeks to teach public school children ages 3 to 5 (pre-K) in Georgia is required to obtain Georgia certification and attend annual training (Georgia Department of Early Care and Learning, 2018-2019). Certification for a lead teacher of a pre-K program must hold Georgia T4 certification and a bachelor's degree related to Early Childhood Education (ECE) or equivalent. An assistant teacher must hold a valid Georgia Paraprofessional Certificate or equivalent (Georgia Department of Early Care and Learning, 2018-2019). To teach in a Georgia Head Start classroom, teachers or

assistants only needs certification for a Georgia pre-K teacher or assistant. No additional training is required (Bruens, 2012). Training on how to identify symptoms of autism are not required. Professional development may or may not cover this issue. According to the Wrightslaw (2019):

Child Find requires all school districts to identify, locate and evaluate all children with disabilities, regardless of the severity of their disabilities. This obligation to identify all children who may need special education services exists even if the school is not providing special education services to the child. ([20 U.S.C. 1412{a}]; Wrightslaw: Special Education Law, 2019, p. 206). However, few teachers of pre-K students in Georgia are subjected to specialized training to identify children with autism. The CDC does offer courses on how to identify children with autism; however, as of September 30, 2018, credit for these courses was no longer available (CDC, 2018a).

Many children with autism can be diagnosed and therefore begin specialized training to minimize symptoms as early as 18 months. However, a professional can make a reliable diagnosis by age 2 (CDC, 2018c). The earlier a child is diagnosed with autism, the sooner specialized training can begin, and the better the life-long predications for the child. Although a teacher or assistant cannot make a diagnosis, he or she can become aware of the symptomology of autism and notify the appropriate professional (Tjossem, 1976).

The Georgia Head Start Association

In 1964, the Head Start programs began during the War on Poverty. The goal of Head Start was to provide services for children ages 3 to 5 from economically disadvantaged areas. The Georgia Head Start Association, Inc. (GHSA) is a statewide

non-profit organization. GHSA represents the 31 Head Start and Early Head Start agencies in the state of Georgia. The Georgia Head Start programs provide education and services to more than 25,000 low-income preschool children, age birth through 5-years-and their families (GHSA, 2018). The following statistics are from the 2016-2017 school year:

- 24,038 children served
- 2,288 children with disabilities
- 749 homeless children
- 13,201 three-year-old children
- 10,587 four-year-old children
- 472 foster children

Summary

Previous researchers have studied the areas of ASD and teachers' self-efficacy with varying results. However, no studies could be found that involved Head Start programs, teacher self-efficacy, and children with autism spectrum disorders. Therefore, a need exists for further study into Head Start teachers' self-efficacy when teaching students with autism spectrum disorders.

Chapter 3 provides information about the research design, population, and participants. Also, given in chapter 3 are the data collection procedures, data analysis, ethical considerations, and informed consent are detailed. Finally, I give a detailed summary of the research methodology.

Chapter 3: Research Method

Introduction

In Chapter 2, I addressed autism, teachers' knowledge, and Head Start teachers' experiences and self-efficacy. The literature review was conducted in alignment with the theoretical framework, Bandura's theory of self-efficacy. I reviewed numerous studies to identify gaps in the literature regarding Head Start teachers and the effects of early intervention on children with autism. In addition, I specifically looked at literature that focused on autism, autism symptomology, autism symptomology intervention, types of intervention, and teachers' experiences instructing students with autism and self-efficacy. However, current research published between 2016 and 2020 on teacher self-efficacy and autism spectrum disorder could not be found.

The purpose of this research was to address a gap in the literature concerning the self-efficacy and experiences of Head Start teachers who work with children with autism spectrum disorder in Head Start programs in metropolitan Atlanta. In previous chapters, I provided detailed research regarding autism and teacher self-efficacy. This chapter outlines the research design and rationale, role of the researcher, research methodology, and trustworthiness of the researcher. In conclusion, I provide a summary of the methodology.

Research Design and Rationale

This study had one research question: How do Head Start teachers describe their self-efficacy and experiences teaching children with autism spectrum disorders in Head Start programs in Metropolitan Atlanta? For this study, I used nonrandom purposeful sampling to find participants. I interviewed a sample of eight teachers until saturation of

data occurred (Lowe, Norris, Farris, & Babbage, 2018). In this study, I looked at how Head Start teachers described their self-efficacy regarding teaching children in this population.

A phenomenological research design was selected to explore the experiences of Head Start teachers who instruct students with autism spectrum disorders. A phenomenological research design was appropriate for this study because I described the experiences of teachers who work with children in a Head Start program regarding self-efficacy. Conducting a phenomenological study also brought understanding to a specific phenomenon from the Head Start teachers' point of view. Phenomenology regards perceptions based on experiences as the primary source of knowledge (Moustakas, 1994). During the phenomenological interviews, I collected qualitative data one-on-one and used of a series of open-ended questions.

Role of the Researcher

As the researcher in this qualitative study, I was the primary instrument of data collection, data interpretation, and data analysis (Brinkman & Kvale, 2015). As the primary researcher, I collected data through structured interviews (Brinkman & Kvale, 2015; Moustakas, 1994). When recording interviews, I showed empathy and understanding toward participants (Brinkman & Kvale, 2015). Bias exists in all studies. With this in mind, I practiced bracketing and epoché as outlined by Moustakas (1994) to keep any bias from showing. I did my best to interpret the data and report the findings without bias. Finally, during data collection and analysis, I protected the participants' confidentiality and privacy. I maintained all information gleaned from the participants in a locked safe at my home. I transposed all typed information onto a single thumb drive.

After 5 years, I will erase and then destroy the thumb drive and all recordings of the interviews and shred all other information. During the 5 years, no one will have access to my safe. I will not share the participants' names or any other identifying information with anyone. At all times, I will safeguard participants' identities (Brinkman & Kvale, 2015).

Research Methodology

Qualitative methodology was selected as appropriate for data collection in this study. I did not collect any numerical data except for the participants' demographic information; therefore, I rejected quantitative and mixed methods methodologies. Qualitative research allows researchers to collect data in natural settings and interpret the meaning of phenomena based on people's perspectives (Merriam & Tisdell, 2016). Qualitative research also uncovers the meaning of a phenomenon by understanding how people interpret their experiences (Merriam & Tisdell, 2016). The overall purpose of this research was to address the gap in the literature concerning the self-efficacy and experiences of Head Start teachers who teach children with autism spectrum disorders in Head Start programs in Metropolitan Atlanta.

Participant Selection Logic

A phenomenological study as the qualitative approach enables a researcher to understand the experiences of participants by collecting data with interviews (Moustakas, 1994). Interviews with Head Start teachers who taught at the time of data collection or previously taught children with autism spectrum disorders was conducted. In all, I collected data from 8 Head Start teachers until saturation of data occurred (Lowe et al., 2018). Prior to the start of an interview, I went over the criteria for the study with each

potential participant. Only those potential participants who met criteria were included in this study. Criteria for participating in this study follow:

- at least 18 years of age or older
- not be part of a vulnerable population
- work as a teacher at least one full school year at a Head Start school or worked as a teacher in a Head Start program within the past 3 years
- work in Metropolitan Atlanta at the time of data collection
- associate, bachelor's, or advanced degree in Early Childhood Education
- hold current Georgia certification appropriate to teach pre-K students

Instrumentation

As the researcher, I was the primary instrument in this study. The main data collection process for this qualitative phenomenological study involved the interview questions with Head Start teachers from Metropolitan Atlanta. The interview questions were used to collect qualitative data to answer the research question for this study. My dissertation chair and I developed the interview questions based on the research question.

I used responsive interviewing because it involved interviewing Head Start teachers who teach students with autism, listening to their responses, and asking follow-up questions if needed in response to the answers provided (Merriam & Tisdell, 2016). The most common form of interviewing is to conduct a one-on-one interview with each participant, where the interviewer elicits information from the participant. For this study, I used structured interviews with preselected questions. During the interviews, I asked the same questions in the same order with each participant (Merriam & Tisdell, 2016).

When interviewing Head Start teachers, I practiced epoché to examine my existing prejudices and assumptions (Merriam & Tisdell, 2016). Edmund Husserl developed the concept of epoché to enable researchers to eliminate personal biases and raise knowledge above all possible doubt (Moustakas, 1994). As a former special education teacher of students with autism, I had a similar educational background to participants in the study. However, I did not allow my experiences or perceptions as a special education teacher to influence or lead participants, which is a strategy called bracketing (Moustakas, 1994). Also, I did not use participants in the study that I supervised or knew personally (Sheperis, Young, & Daniels, 2016).

Procedures for Recruitment, Participation, and Data Collection

The following procedures were used to select participants and collect data. First, I spoke to the directors of the Head Start programs where I recruited participants for this study. Once Walden University Institutional Review Board (IRB) gave me the approval to proceed (approval #01-21-20-0160135), I began recruiting participants. For those schools where I received permission, I asked the directors how they would like me to contact potential participants: by email, by phone, in person, with a flyer (see Appendix A) posted at the specific location, or a combination of these options.

Before contacting any potential participant, I completed the requirements of Walden University's IRB (Appendix B). I visited 5 Head Start schools in Metropolitan Atlanta to recruit participants. I recruited participants in agreement with each specific director's request: in person, with a flyer, or a combination. After I recruited potential participants who meet the criteria for the study, I contacted them to discuss the purpose of

the study, criteria for the study, and a place to meet. To each participant, I provided an informative letter describing the purpose of the study (Appendix C).

Before any interviewing started, I provided each participant with an Informed Consent form, which detailed the study. Once signed, the form also gave me permission to record the interview sessions. I explained that all information would remain confidential. I asked that each participant not to mention his or her name during the interview or mention anyone else's name. If this had happened, I would have stopped the recording, backed up the tape, and taped over that part of the tape with identifying information. I also explained how to withdraw from the study before publication: I asked each participant to choose a 4-digit number and use that number on the demographic questionnaire and on the interview recording. If a participant chose to withdraw before publication, he or she could provide me with the 4-digit number, and I would delete all information relating to that participants. No repercussions would ensue if someone elected to withdraw. However, no one withdrew. Risk to participants was no more than that experienced in a typical workday. Once a time and location had been agreed upon, I began the interview phase of this research.

I conducted each interview in person during a one-on-one session at a Head Start school. However, if any participant felt uncomfortable with interviewing at a Head Start location, I would have acquiesced and interviewed at a more convenient place for that participant. In addition, I gave participants the option to use Skype or Facetime to conduct the interview if they felt more comfortable. All participants agreed to one-on-one, in person interviews.

During the interview phase of this research, I reviewed the Informed Consent form and asked each participant to sign the form. I summarized the purpose of the study with each participant. I also made certain the interviews were not interrupted. I placed a *Do Not Disturb* sign on the door and asked the participant to turn off his or her phone. I asked each participant for permission to audio record the interview. I explained to participants that if they did not agree with the audio recording, I would take notes during the interview. In every way possible, I made the participants feel comfortable.

Upon completing participant interviews, I transcribed each interview using NVivo transcription and hand coding. After transcription, I deleted the recordings. I stored all transcripts, informed consent forms, and demographic questionnaires in my personal safe at my home, where no one else has access to this safe.

Then, as a form of member checking and respondent validation, I sent each transcribed interview to the appropriate participant (Birt, Scott, Cavers, Campbell, & Walter, 2016). Birt et al. explained, "Data or results are returned to participants to check for accuracy and resonance with their experiences" (2016, p. 1802). Once I completed member checking, I began the data analysis phase of the research.

Data Analysis Plan

Data analysis is used to interpret and bring meaning to the data (Merriam & Tisdell, 2016). According to Flick (2014), data analysis is the use of written statements that interpret what visual material mean and represent. During data analysis, I looked for common trends and themes in the transcribed interviews. I used a modified van Kaam method, as suggested by Moustakas (1994), to collect, interpret, and analyze all data.

Issues of Trustworthiness

I interviewed 8 participants until saturation of data occurred. Saturation of data was determined when new data no longer provided any additional insights to the emerging phenomenon (Lowe et al., 2018; Sheperis et al., 2017). Member checking also helped to provide trustworthiness in the study (Birt et al., 2016). I ensured that the analysis of this study was derived from the data collected from participants and reflected the justification of the phenomenon researched.

Ethical Procedures

This study involved human participants; therefore, the IRB of Walden University assessed and approved my study plan before beginning the study or contacting participants (# 01-21-20-0160135). Before commencing research within the Metropolitan Atlanta Head Start programs, the IRB board approved all conditions. After approval, I gained clearance from the director of selected Head Start programs to recruit teachers as participants. All participants in the study remained anonymous because of the nature of the interviews.

At the beginning of each interview, I explained the purpose of the study and my role as the researcher. I explained that I was a doctoral candidate at Walden University completing my dissertation on Head Start teachers' self-efficacy and experiences teaching children with autism spectrum disorders. In addition, I reviewed informed consent and confidentiality with all participants. I obtained signed documents from participants stating they understood and agreed to participate in the study. Research resources (i.e., interview transcripts, audiotapes, and documentation) remained securely with me and were only shared with authorized individuals to validate data and results.

I observed all possible ethical practices by respecting the rights of participants, honoring the research site, and reporting all data fully and honestly (Creswell, 2018; Sheperis et al., 2017). All participants were given the option to leave the study or withdraw their interview data at any point in the study. If a participant requested to withdraw from the study after interview data were collected, the participant would have been granted that request and all data collected from that participant would be destroyed. However, no one asked to withdraw. I honored and respected the research site by gaining permission before entering any Head Start program where data were collected.

Summary

In this chapter, I provided information about the methodology, research design, data collection, data analysis, and instrumentation of my research study. The purpose of this phenomenological study was to address the gap in the literature concerning the self-efficacy and experiences of Head Start teachers who teach children with autism spectrum disorders in Head Start programs in Metropolitan Atlanta. Study participants included Georgia certified Head Start teachers from Metropolitan Atlanta. I protected participants by providing informed consent, a statement of confidentiality, and by ensuring anonymity of participants. The results of this study could provide insight into the experiences of Head Start teachers who teach students with autism spectrum disorders and improve teachers' self-efficacy when working with these students. The results of this study are intended to advance several aspects of the literature for Head Start teachers, special education, and self-efficacy.

In Chapter 3, I discussed the research design and rationale. Also, I discussed the role of the researcher and a proposal to alleviate the probability of researcher bias.

Finally, I discussed the research methodology regarding the participant pool, instrumentation, and process for collecting data in this study. In Chapter 4, I will provide the results of the data transcription and analysis of data.

Chapter 4: Results

Introduction

The purpose of this qualitative phenomenological study was to address the gap in the literature concerning self-efficacy and experiences of Head Start teachers who teach children with autism spectrum disorders in Head Start programs in Metropolitan Atlanta. At the time of data collection, I could not find any research on how Head Start programs affected the social-emotional outcomes of children with disabilities (Lee, Calkins, & Shin, 2016) or studies on parents' self-efficacy and their children on the autism spectrum (García-López et al., 2016; Román-Oyola et al, 2018; Zhou et al., 2019). I could not find any research regarding Head Start teachers' self-efficacy or pre-K teachers' self-efficacy and experiences when teaching children with autism spectrum disorders.

In Chapter 3, I addressed the research design, research methodology, and ethical considerations of this study. In this chapter, I discuss the data collection procedures I followed as well as the data analysis method I used to find the results of the study. I also discussed the themes generated from the data gathered from interviews with eight Head Start teachers.

Setting

At the time of data collection, the Georgia Head Start Association, Inc. (GHSA) represented the 31 Head Start and Early Head Start agencies in the state of Georgia; six were located in Metropolitan Atlanta. This non-profit organization provides education and services to more than 25,000 low-income preschool children, age birth through 5-years- and their families (GHSA, 20202). The population for this study was the teachers

from the Head Start programs in Metropolitan Atlanta. I personally spoke to the directors of the Head Start programs where I recruited participants for this study.

I conducted the interviews at a location convenient for the participants. I conducted four interviews at a public library in the back-conference room for privacy and confidentiality. Four interviews were conducted before school hours at the Head Start location in the conference room for privacy and confidentiality.

Data Collection

Before contacting any potential participants, I visited seven Head Start schools in metropolitan Atlanta and spoke with directors. For those schools where I received permission, I asked supervisors how they would like me to contact potential participants: by email, by phone, in person, with a flyer (see Appendix A) posted at the specific location, or a combination of these options. All directors allowed me to post my flyer at their location and recruit participants in person. I recruited participants in agreement with each specific director's request. After I recruited potential participants who met the criteria for the study, I contacted them to discuss the purpose and criteria for the study, as well as a place and convenient time to meet. For each potential participant, I provided an informative letter describing the purpose of the study (see Appendix C).

Prior to each interview, I expressed gratitude to participants for participating in the interviews. I then reviewed informed consent forms including information regarding audio recording interviews and then obtained signatures prior to conducting interviews. I carefully explained that participants could withdraw from the study prior to or at any time up to publication of the dissertation without any repercussions or penalties. Once each participant agreed to the conditions, I used an audio recorder to record answers for each

interview. I used a prewritten list of interview questions (see Appendix D) and asked each question in the same order with each participant.

In all, I interviewed eight participants. All were involved with Head Start in metropolitan Atlanta. Participants included seven females and one male. Range of experience was between 1 and 28 years, with a standard deviation of 10.96, mean of 10.88 years, and median of 7 years. Table 1 displays the teaching positions of each participant, levels of education, years of experience, and gender.

Table 1

Participants' Demographic Information

Participant	Job Title	Education	Years' Experience	Gender
P1	Head Start lead teacher	master's degree	28	female
P2	Early Head Start teacher	master's degree	28	female
P3	Early Head Start teacher	associate degree	10	female
P4	teacher	associate degree	8	female
P5	assistant Head Start teacher	associate degree	6	female
P6	Head Start teacher	master's degree	3	female
P7	teacher	bachelor's degree	1	male
P8	pre-school teacher	bachelor's degree	3	female

Before any interview started, I provided each participant with an Informed Consent form, which detailed the study. Once signed, this form also gave permission to record the interview sessions. I explained that all information would remain confidential. Once we agreed upon a time and location, I began the interview phase of this research. During the interview phase of this research, I reviewed the Informed Consent form and asked each participant to sign the form. I summarized the purpose of the study with each participant. I also asked each participant for permission to audio record the interview. I

conducted each interview in person during a one-on-one session at a Head Start school or at a local library. In every way possible, I tried to make participants feel comfortable.

Responses to Interview Questions

Do you feel equipped to teach students with autism spectrum disorders? One teacher with 28 years of experience, said she did feel equipped to teach children with autism. Three teachers said they did not feel equipped to teach children with autism. Four teachers said they needed formal training to teach children with autism; however, these teachers said they had not been given training.

Tell me about your experiences teaching children with autism. Three teachers found it challenging to describe their experiences teaching children with autism. Five teachers said they would need more training to feel confident when teaching children with autism. P1 said that autism could be challenge and a blessing if teachers were adequately trained well and had teaching experience. P1 also explained that there were many challenges and difficulties for teachers who did not have experience teaching children with autism and did not have knowledge about child development.

What resources have been provided either by your educational program or by your employer to help you teach children with autism? Three teachers said they had not received any training. P6 explained that the Head Start programs often did not have any specific training in terms of how to teach children with autism. P5 and P6 reported that there were people on staff they could go to with questions about autism. P5 said that although there were people on staff that could answer general questions about autism, there was a long process of completing paperwork before receiving help. P1 was the only participant who seemed content with the amount of training she had received.

Notably, P1 had 28 years of teaching experience. The remaining participants reported they had some or minimal training.

What resources have you found to help you teach children with autism: what resources have you found on your own? Five teachers said they searched the Internet for help. Three teachers said they used books as a source. They did not specify what types of books or where they found these books. Two teachers said they asked other staff members for help. One teacher said she used YouTube as a resource. P5 said that it was difficult to receive help from staff members at the Head Start program; however, when collaborating with parents, she worked better with her students.

How does your belief or disbelief in your ability to teach children with autism impact your job performance? Three teachers expressed optimism that they could teach children with autism. Four teachers said they might feel more confident if they received more training. One teacher felt the more she was exposed to teaching these children, the better she would become. P5 reported that she was negatively impacted by lack of support because she wanted to be able to provide adequate teaching and support to all her students. P5 also explained that she understood that including every student in all activities may not help all students, because students function at different cognitive and developmental levels. She also noted that additional training was needed regarding behavioral support and knowing what triggers children with autism. Lastly, she stated that some students need individualized attention that could not be provided because of a lack of staff.

Upon completing participant interviews, I transcribed each interview. After transcription, I sent a copy of the transcribed interview to the appropriate participant.

During member checking, I asked the participants to make certain I collected accurate data and they did not need any changes to the transcript. All eight teachers agreed the transcript accurately captured their feelings.

Data saturation occurred during the eighth interview. Saturation of data is determined when new data no longer provide any additional insights to this emerging phenomenon (Lowe et al., 2018; Sheperis et al., 2017). After I transcribed each interview, I presented the transcript to the appropriate participant for member checking. I asked each participant to read the transcript and tell me if I had made any errors or had not included everything they wanted to say. No corrections nor additions were required. Member checking also helped me provide trustworthiness (Birt et al., 2016). Once I was confident that no adjustments or additions were needed, I deleted the recordings. I will store all transcripts, informed consent forms, and demographic questionnaires in my personal safe at my home for 5 years. No one else has access to this safe. After 5 years, I will delete all paper, crush all thumb drives, and destroy all audio tapes used for the interviews.

Data Analysis

This study had one research question: How do Head Start teachers describe their self-efficacy and experiences teaching children with ASD in Head Start programs in metropolitan Atlanta? With a sample of eight participants, I looked at how Head Start teachers described their self-efficacy regarding teaching children in this population. During a phenomenological interview, I collected qualitative data with the use of a series of open-ended questions, in person, one-to-one.

A researcher uses data analysis to interpret and bring meaning to the data (Merriam & Tisdell, 2016). According to Flick (2014), data analysis is the use of written

statements that interpret what visual material mean and represent. During data analysis, I looked for common trends and themes in the transcribed interviews. I use a modified van Kaam method, as suggested by Moustakas (1994), to collect, interpret, and analyze all data.

First, I used horizontalization and listed and grouped each pattern or group of words related to self-efficacy and experiences of the Head Start teachers regarding children with autism spectrum disorders. Second, I used reduction and removed all words and phrases not applicable to that previously stated. Third, I took the patterns and expressions from the eight interviews and organized them into themes. Fourth, I used the emergent themes and constructed a story from those themes. Fifth, I took those themes and developed a structural description of the themes. Sixth, I grouped the themes into categories. Seventh, I developed a synthesis of the overall expressions and meanings of the themes. Using the modified Van Kaam method, themes emerged regarding self-efficacy and teaching children on the autism spectrum.

Themes

Five themes emerged during data analysis. The participants expressed negative feelings or concerns about teaching children with autism. The participants were asked to describe their experiences, whether they feel equipped, and feelings of self-efficacy regarding teaching these children. All eight teachers reported either negative experiences characterized as: “difficult, challenging, scary, okay, bad, or needing more help.” Seven out of eight teachers reported not feeling equipped to teach children with autism. However, one teacher reported that she did feel equipped to teach children with autism. Six out of eight teachers reported negative feelings of self-efficacy to the degree that they

felt it negatively affected their job performance. Two out of seven teachers reported positive feelings of self-efficacy when working with children on the autism spectrum.

Training needed, specific training, or formal training needed was mentioned 18 times. Although two teachers did not state they needed more training, they did not express confidence when working with children with autism spectrum disorder. P6 said, she learned about children with special needs in her educational program, however, she did not learn about autism spectrum disorders specifically. She also stated that the Head Start program does not provide any training specifically for autism spectrum disorders. One teacher noted that she could get help on her job, but the paperwork held her back. P5 reported that although there were people on staff that can provide general help about children with disabilities, the paperwork process took so long that she felt discouraged to ask for the help. She stated that it took too long to get help in the building and get the child's needs met. P4 reported that she did not have enough training to deal with kids with autism, and that proper training would enable her to do a better job with her students.

Nine mentions were made of using the Internet, YouTube, or Google to learn about autism spectrum disorder. Eight mentions were made that teaching children with autism spectrum disorder was difficult, challenging, frustrating, or simply hard to do. Lack of confidence or feelings of inadequacy were mentioned eight times. P4 said that teaching children with autism had been very challenging, because she did not have much experience teaching children with autism. She also stated that she was still currently learning and was researching techniques about how to teach children with autism. P6 said that she liked teaching children with autism, however, she did not feel she could provide

her students with the help they needed. P8 said that she believed her lack of confidence caused her to not do well on her job. She also stated that if she had more resources then she would feel more confidence when teaching children with autism (see Table 2).

Table 2

Themes Generated from the Interviews

Themes	Times mentioned
Lack of training or training needed	18
Use of Internet, YouTube, Google to self-instruct	9
Working with children with autism was difficult, challenging, frustrating, or simply hard	8
Lack of confidence or feelings of inadequacy	8
Negative feelings of self-efficacy	6

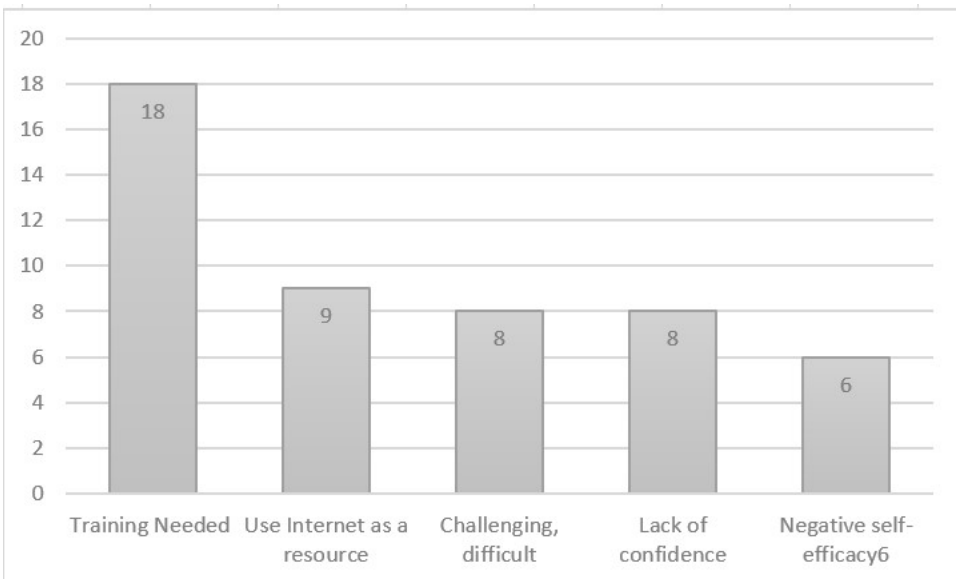

Figure 2. Themes generated from interviews

Evidence of Trustworthiness

In Chapter 3, I explained that trustworthiness could be provided by interviewing until saturation of data occurred and by member checking. For this study, I interviewed eight participants and did interview until saturation of data occurred. In other words, I interviewed until no new information was forthcoming about self-efficacy and teaching children on the autism spectrum. Saturation of data was determined when new data no longer provide any additional insights to this emerging phenomenon (Lowe et al., 2018; Sheperis et al., 2017). I also conducted member checking to provide trustworthiness in a study (Birt et al., 2016). Finally, to enhance trustworthiness, I ensured that the analysis derived from the data collected from participants and reflected the justification of the phenomenon researched.

Results

The one research question for this study was, "How do Head Start teachers describe their self-efficacy and experiences teaching children with autism spectrum disorders in Head Start programs in Metropolitan Atlanta?" Based on the themes collected from the interviews with eight participants, the majority of Head Start teachers have poor or negative feelings of self-efficacy and they hold negative feelings about teaching children on the autism spectrum. However, all participants expressed a need for either training or more training to help them teach children on the autism spectrum.

Summary

Discussed in this chapter were the setting, recruitment methods and outcomes, and the demographic data collected from the teacher participants. Although one teacher with 28 years' experience teaching said she felt equipped to teach children on the autism

spectrum, the remainder of teachers did not. Also, only one teacher had positive feelings of self-efficacy whereas seven of the teachers did not feel they had self-efficacy. Trustworthiness was also discussed as well as direct quotes by the participants. In Chapter 5, I will provide the conclusions and implications of the study a well as recommendations for future researchers.

Chapter 5: Discussions, Conclusions, Recommendations

Introduction

The purpose of this phenomenological study was to describe Head Start teachers experiences and self-efficacy when teaching students with autism. The phenomenological method in this study focused on participants' experiences. After I transcribed all interviews and used the modified Van Kaam method to analyze the data, I found certain themes emerged. The implications for positive social change included a better understanding of Head Start teachers' experiences when teaching students with autism. The following research question was used in this phenomenological study, and it was used as the foundation for the interview questions: How do Head Start teachers describe their self-efficacy and experiences teaching children with autism spectrum disorders in Head Start programs in metropolitan Atlanta?

After analyzing the data, certain themes emerged, which included (a) training needed to teach children with autism, (b) using the Internet as a resource when formal training was not available, (c) teaching children with autism was challenging, hard, difficult, (d) a lack of confidence when teaching children with autism, and (e) a lack of self-efficacy teaching children with autism spectrum disorder. According to Holzberer et al. (2013), teachers with higher self-efficacy are more motivated and work harder than do teachers with lower self-efficacy, which become a self-fulfilling prophecy for success.

Interpretation of the Findings

This section includes an interpretation of the findings on the topic of Head Start teachers' experiences and self-efficacy teaching students with autism. The interpretation presented revealed that many Head Start teachers do not feel equipped to teach children

with autism and had both rewarding and negative experiences. Several teachers reported that the level of confidence with teaching children with autism correlated to the amount or lack of training they received. The teachers reported that combined they had taught approximately 30 children with autism spectrum disorder with a combined 87 years of teaching.

According to research from peer reviewed articles in Chapter 2, a teacher's lack of knowledge leads to instructional and treatment disparities for children diagnosed with autism spectrum disorder (Harrison et al., 2016). The Head Start teachers also reported using the Internet to research additional resources and to gain knowledge about how to teach children with autism. Often professional development and internet research are used as a buffer between inadequate teacher preparation and teacher knowledge of autism. Although many early childhood educators do not have formal education, all of the Head start teachers in the study had formal education ranging from an associate degree to a master's degree in education.

Many teachers expressed negative experiences teaching students with autism because of the lack of training and resources provided to them. P1 and P8 both reported having both positive and negative experiences when working with children with autism. P1 reported that her experiences had been both positive and negative, stating that when teachers are trained, they work better with students than teachers who lack training and knowledge. P8 also reported having good and bad experiences, stating that although she loved her students and found joy in working with them, because she had not been formally trained, she did not know how to help them. P2, P3, P4, P5, P6, and P7 all

reported that they had some challenges with working with children with autism that they attributed to the lack of training and resources.

Participants were also asked if they felt equipped to work with children with autism. P2, P4, P5, P6, P7, and P8 reported that they did not feel equipped to teach children with autism. P1 reported that she felt equipped to teach children with autism because she had in-house and outside training on instructing children with autism at her Head Start location. Additionally, she conducted internet searches to find the additional needed information and consults with parents regarding strategies they use at home. Participant 3 reported that both yes and no applied to the question about feeling equipped to teach children with autism. She stated that trainings provided at her Head Start location helped; however, the trainings were not enough. She also stated that the teachers needed more sufficient training to provide children with autism with instruction. P2, P4, P5, P6, P7, and P8 reported that they did not feel equipped to teach children with autism. P2 reported that she did have some training with a mental health specialist and did have a screening process for students with characteristics of autism. She also reported that the training was not detailed or consistent. P4, P5, P6, P7, and P8 all reported that they did not feel equipped because of the lack of training and resources. They all stated that the knowledge and training regarding children with autism came from internet searches for articles, Google, searches, and YouTube videos.

The teachers reported that more training, resources, and professional development were needed to teach children with autism effectively. George et al.'s (2018) study included the need for professional development early in a teacher's career. George et al.

also noted that new teachers gained more from professional development than did veteran teachers.

The participants were asked about their self-efficacy and belief in the ability to teach children with autism. P1 reported that her belief in her ability to teach children with autism made her experiences as an educator better. P3 reported that her belief in her ability was impacted by the amount of training she received. She believed when she had more training and help, she did a better job working with children with autism. P4 reported that her belief was negatively impacted because she did not have enough training. P5 reported that her belief was negatively impacted by the fact that she wanted to help every child, but without enough training she felt it was impossible to work with children with autism. P6 reported that when she did not believe she was good at something then she did not do well. P7 reported that he was new at the job and did not feel confident in his belief to do the job because of lack of resources. P8 reported that she did not feel confident and believed that if she had more resources, she would have more confidence in teaching children with autism.

Participants' belief or disbelief in their ability to teach children correlated with how equipped they felt when teaching children with autism. Research emphasizes the importance of a teacher's self-efficacy as a determinant of positive instructional quality, educational outcomes, and teacher success (Holzberger et al., 2013; Lev et al., 2018). Self-efficacy becomes a self-fulfilling prophecy for teachers with poor self-efficacy (Holzberger et al., 2013).

Limitations of the Study

This phenomenological research study was conducted with eight participants in the metropolitan Atlanta area. Interviews in this study were conducted until saturation of data was achieved. Although the data were not representative of all Head Start teachers, participants provided insight into the experiences and self-efficacy of Head Start teachers who teach children with autism.

Recommendations

This phenomenological research study was conducted to address a gap in the literature concerning self-efficacy and experiences of Head Start teachers who teach children with ASD in Head Start programs in metropolitan Atlanta. Data were obtained from eight Head Start teachers in the metropolitan Atlanta area; seven of the participants were female and one participant was a male. Teachers' educational background ranged from associate to master's degrees. Teachers experience ranged from 1 to 28 years of teaching.

The study included mostly female participants and only had one male participant. Because mostly female participants were included in the study, results are not reflective of the male population. Therefore, additional research could be conducted to address male Head Start teachers' experiences and self-efficacy when teaching children with autism. An additional recommendation is that a larger study be conducted with more teachers of students in pre-kindergarten to determine if the experiences of Head Start teachers are similar to the experiences of other pre-K teachers.

Implications for positive social change include an increase in autism and special education trainings for novice teachers. George et al.'s (2018) study reported that

professional development should be provided early in a teacher's career. These findings might also contribute to the establishment of training programs in Head Starts that provide teachers with professional development, instructional strategies, and resources that help them better instruct children with autism. Providing Head Start teachers with adequate training increases their knowledge and builds a foundation for higher success when teaching children with autism.

Implications

The findings from the study have the potential to create positive social change in teachers and students with autism by providing additional knowledge of the experiences and self-efficacy of Head Start teachers. For example, participants in this study reported not feeling equipped to teach children with autism based on the amount of training or lack of training received. The majority of the participants reported negative experiences and negative feelings of self-efficacy. These negative feelings were related to the limited training. Implications for positive change include the teacher training and implementation of strategies when teaching children with autism.

Conclusion

In this chapter, I provided information about the data collected from the study. The phenomenological research method was chosen to provide inquiry into the experiences of Head Start teachers and their beliefs when teaching children with autism. My study's finding supported existing peer-reviewed literature regarding self-efficacy, and the importance of training and professional developmental for teachers.

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Appendix A. Flyer for Recruitment

Appendix B. IRB Approval

Dear Ms. Phillips,

Institutional Review Board (IRB) has approved your application for the study entitled, "Head Start Teachers' Self-Efficacy and Experiences Teaching Children with Autism Spectrum Disorders.

Your approval # is 01-21-20-0160135. You will need to reference this number in your dissertation and in any future funding or publication submissions. Also attached to this e-mail is the IRB approved consent form. Please note, if this is already in an on-line format, you will need to update that consent document to include
the IRB approval number and expiration date.

Your IRB approval expires on January 20, 2021. One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application document that has been submitted as of this date. This includes maintaining your current status with the university.
Your IRB approval is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, your IRB approval is suspended. Absolutely NO participant recruitment or data collection may occur while a student is not actively enrolled.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 10 business days of

submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the Documents & FAQs section of the Walden web site: http://academicguides.waldenu.edu/researchcenter/orec

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Appendix C. Recruitment Letter

Dear Participant,

My name is Leronda Phillips, a doctoral student in Walden University's General Educational Psychology Program. I am requesting your participation in my doctoral research study titled: Head Start Teachers' Self-Efficacy and Experiences Teaching Children with Autism Spectrum Disorders. The intention is to examine the self-efficacy and experiences of Head Start teachers of young children with autism.

The research study involves completing and interview, which includes basic demographic information.

Participation in this study is voluntary and participants may withdraw from the study at any time. The study is also anonymous, and participants are not required to provide names or any other identifying information.

Your participation in this research study will assist with providing social change in determining if self-efficacy and experience impact Head Start teacher's quality of education they provide to preschool children with autism.

Thank you for your time and participation.

Sincerely,

Leronda Phillips, MEd, Doctoral Student, Walden University

Appendix D. Interview Questions/Demographic Questionnaire

Participant Background/Demographic Questionnaire

1. What is your job title?

2. What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.

3. How many years' experience, do you have teaching pre-school aged children?

4. How many students have you taught with autism spectrum disorder?

5. Are you currently teaching a child or children with autism spectrum disorder?

Researcher Interview Questions

6. Tell me about your experiences teaching children with autism spectrum disorder?

7. What resources have been provided to you in your educational program or by your employer, about teaching children with autism spectrum disorder?

8. What resources have you found independently, that help you teach children with autism spectrum disorder?

9. Do you feel equipped to teach students with autism spectrum disorder?

10. How does your belief or unbelief in your ability to teach children with autism impact your job performance?