2021

Adults with ASD Perceptions of Inclusion Education

Susan Mary Weiss
Walden University

Walden University

College of Education

This is to certify that the doctoral dissertation by

Susan M. Weiss

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Peggy Locke, Committee Chairperson, Education Faculty
Dr. Gary Lacy, Committee Member, Education Faculty
Dr. Charlotte Redden, University Reviewer, Education Faculty

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

Walden University
2020

Abstract

Adults with ASD Perceptions of Inclusion Education

by

Susan M. Weiss

MA, Adelphi University, 1989

BS, Hofstra University, 1987

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Education

Special Education

Walden University

February 2021

Abstract

The perspectives and experiences of adults with autism spectrum disorder (ASD) are not included in the body of educational research on inclusion education. Because students with ASD are academically capable, they are placed in inclusive education environments. The perspectives of adults with ASD about their inclusion experiences could offer valuable information to educational practitioners and parents of students with ASD. Using a conceptual framework of disability studies, the questions in this phenomenological study were designed to explore the lived experiences adults with ASD involving academics, social interactions, sensory experiences, and transition services in inclusion education. Participants were recruited from the Northeast and Midwest United States and included 12 adults with ASD between the ages of 19 and 55. In-depth interviews were transcribed and coded into themes using interpretative phenomenological analysis. Results revealed adults with ASD believed there was an absence of positive school-wide ethos regarding students with disabilities. Participants also expressed difficulties in learning, feelings of sensory overload, social confusion with peers and adults, and inadequate transition supports. They called for educational professionals to recognize them as experts on autism. This study offers educators the opportunity to include the voice of adults with ASD into the development of improved educational supports and positive social structures in inclusion education for students with ASD.

Adults with ASD Perceptions of Inclusion Education

by

Susan M. Weiss

MA, Adelphi University, 1989

BS, Hofstra University, 1987

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Education

Special Education

Walden University

February 2021

Dedication

To all the students with ASD that I have worked with over the years, you have taught me far more than I taught you. I am grateful and humbled by your persistence, courage, and friendship.

To my dad, I know you would have been proud.

Acknowledgments

To Rich, my loving husband, thank you for your patience, encouragement, nights alone, and for pushing me to succeed. I am forever grateful and appreciate you more than I can say. To my children, Lydia, Nathanael, and Nick, thank you for your willingness to listen to me talk endlessly about theory and research and for the magical notes of encouragement you would place in my books, on my computer, and write on research articles! You will never know just how motivating that was, and I hope I have made you proud.

To my mentor and chairman, Peggy Locke, thank you for sticking it out with me, encouraging me when I needed it, and providing the guidance I needed to complete this journey. Your support and kindness have been priceless, and I am lucky to share this passion of working with students with ASD with someone like you. Thank you for "getting me" and for seeing my vision. And to Gary Lacy, I am so grateful to have you as my methodologist. Your experience, insight, and edits have been invaluable. Thank you for staying with me until the end.

To my many friends and colleagues who have encouraged me, pushed me to keep going, and cheered me from the sidelines, thank you Kim, Courtney, Lynne, Karen, Anita, Jaime, and Maeve. Your support means the world to me. And to my dear friend Robin, meeting you at Walden was a gift! You are an inspiration and I appreciate your encouragement, love, and advice! I am lucky to have you in my corner!

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

The focus of this study was the lived experiences of adults with autism spectrum disorder (ASD) regarding inclusion education. Autism is a neural developmental condition categorized by needs involving social reciprocity, social and pragmatic language, sensory system sensitivity, and executive functioning (American Psychiatric Association [APA], 2013). In 2002, the Centers for Disease Control and Prevention (CDC, 2016) reported one in 150 children were diagnosed with autism. The number of children diagnosed with autism continued to rise and, in 2016, the CDC reported one in 68 children have been diagnosed with autism (CDC, 2016). ASD has been recognized as a primarily male-focused disability, and females have been overlooked with regards to this diagnosis (Ormond, Brownlow, Garnett, Rynkiewice, & Attwood, 2018). Although males are four and a half times more likely to be given the diagnosis than females, researchers are recognizing differences in terms of how ASD presents in females, and there is an increase in the number of girls and women now being diagnosed (Ormond et al., 2018, p. 391). The increase in diagnosis has impacted the public-school system with many students with ASD now educated in the inclusion education model (Goodall, 2018; Roberts & Simpson, 2016). The inclusion model of education is a framework where students with disabilities are educated together with their peers in the general education classroom (Baglieri & Shapiro, 2017, p. 265); however, there is a limited amount of research regarding best inclusion practice and supports for students with ASD. Ward and Webster (2018) argued that the implementation of inclusion education has preceded the research on the effectiveness for students with ASD and questioned whether inclusion educational policy has translated into effect practice for these students considering poor educational outcomes after high school. Pellicano, Crane, and Gaudion (2017) have called for an innovative approach to the research on inclusion education, one that includes collaboration with adults with ASD and views them as the experts.

To better understand students with ASD, there is a need for educators to collaborate with adults with ASD to understand how differently individuals with ASD interpret, perceive, and interact with the world. Adults with ASD have rarely been consulted as stakeholders or offered an active role within research on education and inclusion. Ward and Webster (2018) said "the experiences of individuals with ASD cannot be understood without listening to the individuals themselves as they describe their experiences" (p. 375) and believed they should be viewed as the experts on autism. The results reported in this study could provide educators insights into how individuals with ASD perceive and experience inclusive education and lead to social change in terms creating academic, social, and sensory support systems for students with ASD in the inclusion classroom. There is a gap in current research with regards to the lived perspectives of adults with ASD and the inclusion model of education.

In Chapter 1, I explain the background of the study, problem statement, purpose , and significance. Chapter 1 includes the nature of the study, research questions, theoretical foundations and conceptual framework, and definitions of terms used throughout the study. I close the chapter by describing and identifying the scope of the study, assumptions, limitations, delimitations, followed by a summary of main points.

Background

Educating all students in an inclusive public educational classroom is a positive goal; however, there is a lack of research regarding educational outcomes of this model for students with ASD. There is a misunderstanding among educators, educational policy makers, and parents that students with ASD who are academically capable can function and learn best within an inclusive mainstream environment (Goodall, 2018; Parsons, 2015). Students with ASD demonstrate unique academic, social, emotional, sensory, and behavioral needs. These needs must be identified, understood, and appropriately addressed for optimal learning to occur within the inclusive classroom.

The inclusion education model requires administrators, teachers, parents, and students to work together to create educational programs immersed in an ethos of acceptance and diversity; however, students with ASD educated in the inclusion classroom reported bullying (Dillon, Underwood, & Freemantle, 2016), sensory discomfort, and high levels of anxiety (Goodall, 2018; Saggers, 2015). Current research regarding inclusion and students with ASD relies heavily on reports from informants like administrators, teachers, and parents to provide descriptions and insights regarding inclusive practices for students with ASD, and it is from their perspective that educational policies and strategies for students with ASD are developed and constructed. Adults with ASD are missing from the research on inclusion education and there is a gap in the research regarding first-person narratives where adults with ASD describe their lived experiences in inclusive education. This type of personal and lived experiential data could provide insight and a rich descriptive perspective of what inclusion education is like for students with ASD. It is important to explore this educational practice from their point of view and for researchers to include adults with ASD as experts and collaborators in terms of how ASD is understood and viewed by educational professionals. This can provide a comprehensive understanding of autism and rich foundational knowledge about how to support their unique academic, social, emotional, sensory, and transition needs in the inclusion classroom. Through their lived experiences, teachers and practitioners can develop an understanding of what it means to be a learner with ASD and, in collaboration with adults with ASD, work together to provide specific supports designed to meet their unique needs. It is important to bridge understanding between educators, therapists, parents, and researchers and empower individuals with ASD as collaborators and research partners in the designing of inclusive educational practices. Adults with ASD are advocating for this and want to be recognized as experts on autism. This study included a collaboration between researchers and adults with ASD. The results of data offer a thick, rich description of inclusion education according to the lived experiences of adults with ASD, and this may contribute to teacher trainings and understanding of ASD as educators continue to refine current inclusion practices.

Problem Statement

As more students are diagnosed with ASD, more will receive educational services within the inclusion education model (Goodall, 2018). These students can be academically successful and demonstrate average or above average cognitive skills (Saggers, 2015, p. 35); however, there is a scarcity of research to support the inclusion model as best educational practice for students with ASD. This is an area of concern for educational stakeholders considering poor outcomes resulting from living independently, gaining and maintaining employment, and graduating from postsecondary education reported for students and adults with ASD. As more individuals with autism are identified, educated in inclusion models, and transition into communities, there is a pressing need for more specifically designed research to explore the unique academic, sensory, social, and transition needs of individuals with ASD throughout their lifetimes.

ASD is a different way of being, perceiving, and thinking. First-person narratives of adults with autism are not actively included in research and not often consulted or given an opportunity to dynamically contribute and participate in the educational research. It is important to open a dialogue where adults with ASD can describe their lived experiences with the inclusion model phenomena and be actively included in the research process. A collaborative approach between researchers and adults with ASD can also build understanding, respect, and value to the experiences of individuals with ASD, thus supporting and progressing the notion of treating individuals with ASD as experts in autism within research. Ward and Webster (2018) argued individuals with ASD should be included as collaborators in research and be viewed as experts in terms of developing an understanding of ASD; their voice needs to be recognized and valued in order to develop a constructive inclusive society. Including their perspectives provides important knowledge, insights, and positive implications for effective educational and social change.

Purpose Statement

The purpose of this qualitative study was to explore the lived experiences adults with ASD had with inclusion education. The focus of this study involved how adults with ASD perceived and described their experiences with academics, social interactions, sensory stimulation, and transition in the inclusion model of education. I used semi-structured interviews to explore the lived experiences adults with ASD have with inclusion education.

Research Questions

In consideration of the problem and purpose statement, the research questions are as follows:

RQ1: How would adults between the ages of 19 and 55 with ASD describe their experiences with the inclusion model in public schools?

RQ2: How do adults between the ages of 19 and 55 with ASD perceive their experiences with academic, social interactions, sensory experiences, and transition needs with the inclusion model in the public schools?

RQ3: What do adults between the ages of 19 and 55 with ASD want education professionals to know about the inclusion education model?

Conceptual Framework

The conceptual frameworks for this study were inclusion education and disability studies. In this section, I describe these conceptual frameworks and explain their interactive nature. The inclusion model of education is a framework where students with disabilities are educated together with their peers in the general education classroom

(Baglieri & Shapiro, 2017). Inclusion education has roots within the civil rights movement and is more than an educational paradigm. It serves as a model for society where equal opportunities and education are considered a basic human right for everyone (Baglieri & Shapiro, 2017, p. 665). Hornby (2014) explained, “Inclusive education is a multidimensional concept that includes the celebration and valuing of difference and diversity and consideration of human rights, social justice and equity issues” (p. 1). Inclusion education is about including all students regardless of social economic status, sexuality, religious, or ethnic backgrounds; it is about breaking down physical, social, and cultural barriers and creating a learning environment that supports the diverse needs of all students (Baglieri & Shapiro, 2017). The concept of inclusion education is complex and intricate and involves many different participants such as parents, teachers, administrators, and students working together to make it successful. Inclusion requires an ethos of acceptance and understanding of differences (Baglieri & Shapiro, 2017). In today’s society, there are current beliefs about disabilities that are rooted in ableism. Ableism is defined as a prejudice against individuals with a disability in favor of individuals without a disability (Baglieri & Shapiro, 2017). Inclusion education is designed to reach all learners through diverse teaching practices, removing physical, social, and learning barriers, and improving access to education for all students (Baglieri & Shapiro, 2017, p. 299). Because inclusion is complex and open to a broad range of interpretations, it is important to provide a strong foundation and clear structure for this research. The field of disability studies provides that important base.

Disability studies is a conceptual lens through which to view the inclusion model of education, current research on inclusion education for students with ASD, and lived experiences involving the inclusion model through the perspectives of adults with ASD. Baglieri and Shapiro (2017) described disability studies as “an interdisciplinary field of scholarship that seeks to expand the ways society defines, conceptualizes, and understands the meaning of disability” (p. 310). Disability studies has strong roots within the civil rights movement as well as ties to the civil rights inclusion movement where diversity is valued and seen as a strength. The scholarship of disability studies is open to unique and diverse experiences and perceptions of those with disabilities; disability studies involves using experiences to analyze and evaluate the way the current culture interacts with and accepts individuals with disabilities. It is through this lens that individuals with disabilities are encouraged to challenge social paradigms and work collaboratively to solve problems. The narratives of individuals with disabilities are at the foundation of disability studies; these narratives challenge what is considered the norm of human experience (Goodley, 2017). Disability studies provided a clear direction and foundation of thought through which I examined the experiences adults with ASD had with the inclusion model of education.

Nature of the Study

To understand the experiences adults with ASD had with the inclusion in the public schools, I used the qualitative methodology for this study. Patton (2015) described qualitative research as a way to explore phenomena with depth, detail, and openness. In qualitative studies, the researcher is the instrument; this type of inquiry requires the researcher to be an observer of the natural environment, detailed reporter, and interpreter of data (Creswell & Poth, 2018; Patton, 2015). A qualitative research methodology was appropriate for this study because when exploring the lived experiences individuals had with a particular phenomenon it can be well documented through the use of in-depth interviews from participants that experienced the phenomena.

I used the phenomenological methodology research design for this study to gain rich descriptions of the phenomenon. Phenomenological methodology is designed to explore lived experiences using thick, detailed descriptions of how people give meaning to a specific and clearly defined phenomenon (Creswell & Poth, 2018; Van Manen, 2016). For this study, the phenomenon is inclusion education and the phenomenological method provided the structure to explore how adults with ASD experienced, understood, and gave meaning to this phenomenon.

I used open-ended questions to conduct semi-structured interviews with adults between the ages of 18 and 45 with ASD. In qualitative research, the focus is placed upon rich, detailed accounts of phenomena, and therefore a large sampling size is not needed (Burkholder, Cox, & Crawford, 2016; Creswell & Poth, 2018). I recruited a heterogeneous group of 10-12 participants for this study using a sampling strategy designed to get information rich participants. Each 90-minute interview was transcribed and analyzed using interpretative phenomenological analysis (IPA). IPA analysis has roots in hermeneutic phenomenology and involves a step-by-step process designed to support the novice researcher. Steps used to analyze the data are as follows: reading and rereading the transcripts using epoche and bracketing by reflecting on my past and professional experiences and documenting my thoughts and feelings to reduce bias, initial noting of descriptive, linguistic, and conceptual comments, using research questions to identify patterns and connections among themes, searching for patterns and identifying the strongest themes (Smith, Flowers, & Larkin, 2009).

Definitions

Ableism: Exclusion of individuals with disabilities due to inaccessible social and physical structures in communities, cultural traditions, and prejudice and bias involved with social belief systems in favor of those without disabilities (Baglieri & Shapiro, 2017, p. 276-277).

Autism Spectrum Disorder (ASD): A neurodevelopmental disorder defined by deficiencies in social interaction and communication as well as repetitive and restrictive interests. Individuals with ASD are classified by three categories and levels of severity: mild, moderate, and severe (APA, 2013).

Disability Studies: An interdisciplinary field of study that involves studying the way a society views, defines, and understands what it means to have a disability (Baglieri & Shapiro, 2017).

Inclusion Education Model: A framework where students with disabilities are educated together with their peers in the general education classroom (Baglieri & Shapiro, 2017).

Medical Deficit-Model: This model of disability views students with disabilities as something to be cured or treated. Students with disabilities are seen as suffering from a deficit and in need of support and treatment so they can be cured. The problem of disability lies within the disabled individual (Goodley, 2017, p. 171-172).

Assumptions

There were two assumptions as I conducted this study. First, I assumed the qualitative approach was the best choice for exploring the lived experiences adults with ASD had with the inclusion model of education. Second, I assumed the participants were honest in their responses to the questions.

Scope and Delimitations

There is a paucity of empirical research regarding the lived experiences of adults with ASD using the inclusion model of education. This study included adults between the ages of 18 and 55 with a formal diagnosis of ASD educated in the inclusion model of education. I recruited participants from the continental United States. Purposeful sampling was used to provide detailed and rich information as well as an in-depth understanding of the phenomena involving lived experiences of adults with ASD using the inclusion model. I conducted one in-depth interview with each participant, examined data, and analyzed it into codes, categories, and themes. Because of time constraints, I interviewed 11 participants for this study. ASD is a unique social language disorder which can cause feelings of anxiety. During data collection and the interview process, I made every attempt to reduce any anxiety and stress participants might experience so that the data I collected was rich and deep and participants were comfortable throughout the data collection process.

Transferability is the responsibility of the researcher. It is important that the researcher gather rich, thick, detailed information so that readers and practitioners can decide if the data collected is reliable. I provided detailed, rich, and descriptive data collected from the participants. Disability studies provided the interdisciplinary view of the inclusion model that was necessary to create a structure of support as I explored inclusive education through the perspectives of adults with ASD.

Limitations

This study had four limitations. First, there was not a clearly defined definition of inclusion education, and this educational paradigm is open to a variety of interpretations and applications from the inclusion classroom level and a school wide ethos of inclusion. The findings may not be transferable to all inclusion education environments for students with ASD; therefore, detailed descriptions of inclusion experiences and students with ASD are provided in Chapter 2. The second limitation was that results from this study are not generalizable due to the small number of participants; however, care was given to provide rich, in-depth, and detailed data . Third, I could not control the amount of information I gathered from each person with ASD; some participants provided rich and detailed descriptions while others only responded in short answers, and some had preconceived notions or biases about the educational process and their experiences. I used member checking and asked participants to read and review their transcripts. This allowed for changes and additions as well as confirmation that data collected was detailed, credible, and reliable.

Significance of the Study

Inclusion education is a contemporary educational paradigm where students with disabilities are taught by a general education teacher in the mainstream classroom with their typical peers (Baglieri & Shapiro, 2017; Goodall, 2018; Saggers, 2015; Waddington & Reed, 2017). This general definition is open for interpretation and does not consider the dynamic nature of inclusion education. The application of inclusion education includes many moving parts and players, is socially dynamic, and has become universal practice for students with ASD (Goodall, 2018; Lyons, Thompson, & Timmons, 2016); however, educators, parents, and communities of adults with ASD are concerned about negative outcomes for students with ASD after high school. Adults with ASD struggle to gain and maintain employment, graduate from postsecondary institutions, live independently, and develop positive social relationships with others (MacLeod et al., 2018; Parsons, 2015; Ward & Webster, 2018). Missing from the body of inclusion education research are first person lived experiences of adults with ASD. It is critical to include their descriptions of inclusion education. Their perspectives can provide educators, parents, and policy makers valuable information about what it means to live with autism and be educated within this paradigm. It is the opinion of Pellicano et al. (2018) that adults with ASD want to be active participants in all discussions that impact their education, careers, and quality of life.

Implications for Social Change

The purpose of my research was to add to the current body of autism research and uphold Walden University's mission to effect positive social change. It is important to record experiences of adults with ASD into the current body of inclusion educational research. This phenomenological research study provides rich and detailed information about how adults with ASD experienced the inclusion education paradigm. These types of authentic and lived accounts provide educators, parents, and policy makers a unique understanding of inclusion from a different point of view and could support the development of unique, diverse, and collaborative changes to the inclusion education model for students with ASD.

The results from this study support positive social change in a variety of different ways. In listening to the experiences of adults with ASD involving inclusion model of education, teachers, parents, and educational policymakers could develop a clearer understanding of how individuals with ASD interpret and experience their educational environments, recognize unique cognitive, social, and sensory profiles of individuals with ASD, and develop an understanding and acceptance of diversity and difference. This data might guide educators towards more progressive ideas and teaching strategies designed to meet the unique needs of students with ASD. Lastly, adults with ASD provide unique and expert perspectives regarding lived experiences with autism, and it is important for researchers to collaborate with adults with ASD to better understand what autism means in terms of social structures like education.

Summary and Transition

Using a qualitative phenomenological research method interview and analysis format, I explored lived experiences involving the inclusion model of education with 11 adults diagnosed with ASD. The interviews explored the lived experiences adults with

ASD had with academics, social interactions, sensory experiences, and transitions in inclusion education. Interviews provided adults diagnosed with ASD the opportunity to include their lived experiences within the current body of inclusion education research.

Chapter 1 was designed to introduce this qualitative phenomenological study of adults with ASD and their lived experiences involving inclusion education. This chapter included the background of the problem, purpose of this research, research questions, conceptual framework, significance of the study, and implications for social change. Chapter 2 includes a literature review involving research that examines the education of students with ASD in the inclusion model, with a focus on current practices, and the conceptual framework of inclusion education and disability studies. Chapter 3 explains and describes the methodology for this study. In Chapter 4, I report and summarize an analysis of data, and in Chapter 5, I interpret my findings.

Chapter 2: Literature Review

Introduction

The purpose of this qualitative research study was to examine how adults with ASD described their experiences involving inclusion education. I examine inclusion education as a dynamic practice. I define and explain the current model of inclusion education using the conceptual framework of inclusion and special education law. In this chapter I included research that examined inclusion education processes including academics, social interactions, sensory experiences, and transition needs for students with ASD involved in inclusion educational practices. Research on students with ASD educated in public schools was included in this chapter to define the experiences of participants in the study. Perspectives of individuals with ASD and their first-person experiences involving inclusion education were also explained in the literature review.

Participants were educated using the inclusion education model and between the ages of 18 and 55. My intent was to gather retrospective data to explore the inclusion model of education through their first-person experiences and perceptions, describe lived first-person experiences involving academics, social interactions, sensory experiences, and transition services of inclusion education, and through their experiences, insights, and ideas, provide them the opportunity to propose changes to inclusion education policy, offer strategies for students with ASD in the inclusion classroom, and provide insights regarding how to improve the current system of inclusion education for students with ASD.

Peer-reviewed journal articles from educational journals published between January 2015 and June 2019 were the main sources used in this review. In searching and finding literature for this review, I started with a broad search on the topics of autism, autism spectrum disorder, and inclusion. To target a variety of databases, I used Thoreau to search broadly terms involving autism and inclusion education. Articles were chosen the following databases: Educational Source, Academic Search Complete, PsycINFO, ERIC, Teacher Reference Center, Complementary Index, Project MUSE, Social Science Citation Index, Supplemental Index, SocINDEX with full text, Taylor & Francis, and Wiley Online Library. I further refined my search using the following terms: *inclusion education*, *autism spectrum disorders*, *females with ASD, academics, social skills, sensory needs of students with ASD, transition IEP services, neurodiversity, self-efficacy and ASD, education of autistic children*, *mainstreaming in special education*, *education of students with disabilities*, *human rights education*, and *regular and special education relationships*. On, I systematically databases using combinations of the most used terms and citation chaining to guarantee necessary saturation of current research. During this thorough and exhaustive search, I confirmed a gap in special education research literature.

Topics Related to Inclusion Education

Inclusion Education

Inclusion has its constitutional roots in the Civil Rights Movement, where focus was placed on equality and equal education opportunities for all children regardless of social economic status, ethnic or minority position, and religious or sexual identity.

Inclusion education not only involves students with disabilities being included with peers in general education classrooms, but also including all children into the school community regardless of physical needs, intellectual differences, or social circumstances (Qvortrup & Qvortrup, 2018, p. 803). Inclusion education is a philosophy designed to celebrate and value what makes children unique, different, and diverse while promoting equal educational opportunities for all children; inclusion is about fair and equal educational practice. Because the key ideological components that comprise the framework of inclusion such as equality, diversity, and social justice are not clearly defined and open for debate, a clear definition of inclusion has been difficult to establish within something as varied and political as the public-school system. A clear universal description of inclusion education as a practice is not clearly outlined in the research. Lyons et al. (2016) explained, "despite the extensive literature on evidence-based practices at classroom and school levels, and legislative and policy direction, there continues to be a great deal of variability in whether, how, and for whom, inclusion education is implemented" (p. 890). This variability in inclusion education is particularly true for students with ASD. Teachers and parents argued inclusion education policy has preceded practice and supports designed to meet their unique needs in the inclusion classroom. How inclusion education is defined at a practical classroom level continues to be open for debate alongside a clear definition of inclusion education practice. Qvortrup and Qvortrup (2018) argued without an agreed upon definition of inclusion education among researchers, administrators, and educators, there will be continued problems regarding the application of inclusion education practice in schools (p. 807). Inclusion education rests on a foundation of civil rights and the right of all children to be included and educated without exception and intersects with political policies, social and cultural constructs, school structures, and teaching pedagogy; inclusion education is a dynamic process and a system of intersecting parts.

One area at the forefront of the discussion on inclusion educational practice is the idea that the foundational structures of inclusion education are built upon the field of special education. Danforth and Naraian (2015) explained special education intellectuals promoted the idea of educating students with disabilities in the same classrooms with their peers and encouraged the integration of the two groups (p. 70). The focus and design of this new inclusion educational paradigm was to bring students with disabilities out of separate and segregated classrooms and to education them alongside their peers in dynamic educational learning environments (p. 71). Danforth and Naraian (2015) said, "as the research and practical basis for inclusion education developed over the ensuing decades, the field of special education continued to bear the primary responsibility for building the intellectual and practical foundation for the new field of inclusion" (p. 70). They argued the field of special education may not be the best foundation for inclusion education since it is founded in diagnostic psychological measurements of deficit. The medical deficit-model of disabilities places the emphasis of remediation on the student with disabilities. Students with disabilities are identified as having a specific problem that needs specialized instruction so they can be cured or remediated to match their typically developing peers (Goodley, 2017). This practice of identifying students with disabilities using a deficit model led to a federal system of laws that support the diagnosis and educational provisions for students with disabilities (p. 71). They noted, although the supports, therapies, and behavioral modification of special education are grounded in scientific research, learning theories, and evidence-based practice, they are specifically designed to be implemented in separate, small group classrooms. Danforth and Naraian stated special education interventions were designed to be prescriptive and delivered in separated settings for students with disabilities and not within the mainstream classroom as described within inclusion education practice (p. 71). This intersection between special education and inclusion education continues to be an area of conflict and debate. When special education is the framework and foundation for inclusion education, there are difficulties in balancing a rights-based approach to learning while simultaneously meeting the specific learning needs of students with disabilities in the mainstream classroom environment.

Inclusion Education and Special Education

There are reported frustrations regarding a clear definition of inclusion education both in the research and in practice. Qvortrup and Qvortrup (2018) and Waddington and Reed (2017) explained this could be a factor in the delays observed in the implementation of inclusion educational practice. One reason, as stated before, could be the intersection of inclusion education and special education, and the difficulties of building an inclusion educational system on the foundation of special education (Danforth & Naraian, 2015). Inclusion education requires the amalgamation of general education and special education; two educational systems that are often in juxtaposition of one another. Mainstream teachers use curriculum designed for the average, typical learner and teach academic skills; students in the mainstream classroom are expected to have developed the necessary functional and social skills needed to learn in this dynamic environment. Special education teachers are explicitly trained to teach students with specific areas of needs using a specifically designed curricula and specially designed instruction. The difference between these educational approaches can cause confusion and challenges in the implementation of the inclusion model of education and it is at this intersection where the construct of inclusion can become lost in the application. Goodall (2015) explained, “the ubiquitous use of the word ‘inclusion’, specifically ‘mainstream inclusion’, often describes pedagogy which in reality is exclusionary at worst, or best assimilationist or integrationist” (p. 306). The inclusion model of education highlights the complexity of educating children with diverse needs in a public system and forces teachers to examine the diversity of all children; however, administrators, teachers, parents, and students with disabilities continue to struggle to understand inclusion education in relationship to academic success and best educational practice (Danforth & Naraian, 2015; Gibson, 2015; Goodley, 2017). Educators question the juncture between creating an ethos of equality, diversity, and social justice while meeting the unique academic, functional, social, and emotional needs of students with disabilities. To better understand this intersection, it is important to define and explore special education law and the concept of least restrictive environment (LRE).

Special Education Law

In 1975, Public Law 94-142 the Education for All Handicapped Children Act (EHA) was enacted in the United States. This law was revolutionary and opened the door for children with disabilities to be educated within the public-school setting (Baglieri & Shapiro, 2017, p. 286); this began an inclusion educational system for children that had previously been excluded from public education. Until this time, children with disabilities were educated in specific, private schools, institutional settings, or not educated at all. This practice of institutionalization has a long history embedded in the medical model of treatment and care; where focus is on the disability and the amelioration of symptomatology (Gibson, 2015; Marshall & Goodall, 2015). When Public Law 94-142 was enacted, special education adopted the medical model as a platform of treatment for students with disabilities now being educated within the public-school setting (Marshall & Goodall, 2015). Goodley (2017) said that special education classes were designed to house and teach students with disabilities within the public-school setting; these students were included in the public educational setting but not within the general education setting. Students with disabilities were educated in separated classes, using specialized curriculums taught by specialized professionals (p. 171). Students with disabilities were excluded from the general population, removed from their neighborhood schools, and offered limited opportunities to develop friendships and relationships with their non-disabled peers (p. 171). In 2004, a revision to Public Law 94-142, renamed the Individuals with Disabilities Education Improvement Act (IDEIA), set the stage for the inclusion education movement. This revision to the law encompassed the idea that students with disabilities needed to be educated not only in the public-school setting, but in the Lease Restrictive Environment (LRE). The LRE is defined in the law in the following manner:

> To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (20 U.S.C. 1412(a)(5)(B))

The addition of LRE to special education law fortified disability advocates, parents, teachers, and administrators to choose the educational preference of educating students with disabilities in the inclusion classroom with the idea that all special educational services, special designed curriculum, and any accommodations would be provided within the general education classroom (Baglieri & Shapiro, 2017). Conflict has arisen regarding this intersection of special education and the inclusion model of education for students with ASD. Educators, parents, and researchers questioned whether the current conceptual design of inclusion education can provide social components like equality and belonging while simultaneously providing students with ASD adequate instructional supports designed to meet their unique learning needs or if the self-contained classroom with special education supports would be best. Because there is not a clear definition of inclusion education in practice, the debate is contentious, and two camps of thought have formed between disability advocates and special educators (Pellicano et al., 2018).

Disability advocates argued that public schooling is not only about teaching academic subjects but also about teaching the morals, ideas, and traditional practices of a society; a student learns academic knowledge and social rules about the way citizens behave in society (Goodley, 2017, p. 170-171). Goodley (2017) clarified that inclusion educational practice is not just about students with disabilities having access to academics within the general education setting it is about students with disabilities being accepted and understood as equals. Inclusion education practice is intended to create a more accepting ethos between students with disabilities and those without disabilities. The interaction between these two groups of students is designed to support the power of diversity and highlight the social construct that diversity and acceptance build a strong society. Inclusion education is more than academic opportunities, it is about changing and shifting a cultural ethos from exclusion and prejudice to inclusion and acceptance. Inclusion education is a social movement towards social change and acceptance for all students with disability (p. 170-171).

Special education advocates illustrated a different viewpoint regarding inclusion education of students with disabilities. Kauffman, Hallahan, Pullen, and Badar (2018) challenged the full inclusion model of education and stated that LRE must be decided based on individual student needs (p. 135). They continued and explained, although there are similarities between the training of a general education teacher and special education teacher, special education is specifically designed and implemented with individual student's needs in mind and students with disabilities are provided an Individual Education Plan (IEP) designed to meet these unique needs (p. 74). They argued there are clear distinctions between general educator and special educator in the application of teaching practice within the classroom; special educators are trained to manage and support the unique needs of students with ASD by providing them specially designed instruction in a separate, small group environment (p. 74).

The intersection between general and special education continues to be filled with controversy and debate as educators work towards a definition of inclusion education practice (Pellicano et al., 2018). This delay has been detrimental for students with ASD and researchers reported increased levels of exclusion from school and school activities, increased levels of anxiety and bullying (Brede, Remington, Lorcan, Warren, & Pellicano, 2017), and poor outcomes after high school graduation (Parsons, 2015; Roberts & Simpson, 2016). Inclusion education has challenged the deficit medical model and opened a new educational paradigm of equity, diversity, and acceptance of difference (Goodall, 2015). Systems are slow to change, but inclusion education challenges old belief patterns of education, and promotes collaboration and innovation. Inclusion education must be created and defined as a collaborative model in which adults with ASD are co-creators with policy makers and educational professionals (Pellicano et al., 2018). Adults with ASD must be viewed as the experts on autism and by including them in the research process they can provide a "more accurate understanding of autism alongside greater acceptance and reduced stigma" (Gillespie-Lynch et al., 2017, p. 23).

Brede et al. (2017) and Pellicano et al. (2018) are calling for a more collaborative approach by reaching out to adults with ASD and the autism community as they look for ways to improve the inclusion education experience for students with ASD. Adults with ASD can provide retrospective insight about relevant inclusion education topics like academics, social skills, and sensory regulation; these areas are difficult for students with

ASD. This information can help focus educators and researchers on the real-life needs of students with ASD so that new supports can be added, and improvements can be made to the inclusion education structure. This type of collaboration balances power and offers opportunities for adults with ASD to be included in policy decision making, builds mutual understanding and respect, and defines what is most important for those with autism (Brede et al., 2017; Pellicano et al., 2018). In this chapter, I will define and explain the educational definition of autism, provide a synthesis of the current research on the academic, social interactions, sensory needs, and transition services for students with ASD in order to build a foundation of understanding regarding their experiences in the inclusion education model. I will also include stories adult advocates with ASD have shared about their school and work experiences to demonstrate their relevance to the discussion on inclusion education.

ASD

In order to understand the participants of this research project, a definition and description of the diagnostic criteria for ASD is provided. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5 5th ed.) is a universal tool used by practitioners and researchers for the diagnosis and cataloguing of mental disorders. In the DSM-5, autism is classified as a neurodevelopmental spectrum disorder. The DSM-5 lists several symptoms that must be present to be diagnosed with ASD. The symptom criteria include difficulties in social communication and social interactions across a variety of different contexts, and the demonstration of restricted and repetitive patterns of behaviors, interests, or activities (APA, 2013). Difficulties in social communication and social interactions can include deficits in the ability to engage in social reciprocity and a lack of interest in two-way conversations with others, an inability to fluidly interpret the nonverbal communication of others, and difficulty understanding and interpreting the emotions of others (APA, 2013). Deficits in social interactions with others are noted by unusual eye contact, a lack of non-verbal gestures, and a limited use of facial expression (APA, 2013). Restricted and repetitive patterns of behaviors or interests can include: repetitive body movements or unusual use of objects such as lining up toys, repeatedly spinning the wheels of a toy car, a strict following of daily routines or schedules, highly restrictive or fixated areas of interest that dominate conversation and thought, and ridged patterns of thinking (APA, 2013). These areas of deficits must be present in the individuals' early development and have a significant impact on their social interactions, employment, and other areas of critical functioning (APA, 2013). When a doctor or trained clinician uses the DSM-5 to diagnosis ASD, a medical diagnosis of autism is given. This is not the same as an educational diagnosis of ASD and does not mean they will qualify for services under the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA). A medical definition of autism, using the DSM-5, is not always congruent with special education law under IDEIA.

Unlike the medical setting, where a diagnosis may be given by a single practitioner, special education law under IDEIA requires a team of professionals to determine if a student qualifies for special education services under the label of autism. The school-based team may include: an autism specialist, school psychologist, speech language therapist, special education teacher, general education teacher, occupational therapist, and/or physical therapist, and the student's parents; other professionals may be included depending on the student's needs. This team will determine if the student qualifies under one of the 14 specific disability categories defined in IDEIA. For educational purposes IDEIA defined autism as follows:

> Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereo-typed movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. (IDEIA, 2004, Sec. 300.8)

Although a student may meet the criterion and be given the educational label of autism, the student will not qualify for special education services if the team decides there is no impact on the student's ability to learn in the educational setting. IDEIA states that to qualify for special education services, the evaluation team must agree that the student meets the educational definition of autism and autism negatively impacts the student's ability to make academic progress (Children's Hospital of Philadelphia, n.d.); IDEIA requires a two-pronged criterion for special education services. When a student meets both IDEIA requirements for autism, the educational team will create an Individual Education Plan (IEP) designed to meet the student's unique needs. The IEP will include the following information: present levels of performance, measurable academic and functional goals based on identified needs, supports for school personnel, related services, and a list of accommodations designed to support the student's annual goals (Wright & Wright, 2010, p. 119). The IEP will be delivered by special educators and could include: a special education teacher, speech language therapist, occupational therapist, or physical therapist. This is not an exhaustive list of services and more could be added depending on the student's needs. A student's IEP is reviewed and updated annually; however, it is a fluid document and changes can be made at any point to ensure that the student's needs are being appropriately serviced and met (Wright & Wright, 2010).

Although the diagnostic criteria are similar between the medical model and the IDEIA definition of autism, the therapeutic outcome may be different. The medical diagnosis of autism does not automatically qualify students for services in the school system under IDEIA. Under IDEIA, students with a diagnosis of autism will only qualify for special education services if it impacts their ability to learn (Children's Hospital of Philadelphia, n.d.). Goodall (2015) said that although students with ASD may do well academically, there continues to be misinformation and a lack of understanding regarding the social and sensory difficulties students with ASD encounter in the school environment and the impact these cognitive processes have on a student's ability to learn. The inclusion classroom is a dynamic and socially interactive environment. Students with ASD must manage the social contexts and interactions with peers and teachers while learning new concepts and managing the academic workload. The number of students in the inclusion classroom can impact the teacher's ability to provide individual attention and support, and the inclusion classroom can be a noisy and talkative environment for students with ASD with sensory needs. Managing the social, sensory, and academic workload can also have an impact on the behaviors and self-regulation of students with ASD. In this section, I will examine the research related to the social, academic, and sensory needs of students with ASD in the inclusion education classroom to provide an understanding of the current model and the impact it has on these students.

Social Difficulties in the Inclusion Classroom for Students with ASD

Students with ASD may be able to successfully manage the academic knowledge and structured instruction within the inclusion classroom; however, because autism is primarily a social disability, they may demonstrate difficulties with social communication and interactions with peers and adults. The school environment is a social context and there are many parts of a school day that are unstructured and require students to demonstrate both social understanding and social skills. Students with ASD demonstrate difficulties with the building blocks of social interactions such as: joint attention, social reciprocity, and pragmatic language which impedes the development and maintenance of friendships with others (Anderson, Locke, Kretzmann, & Kasari, 2016). Social relationships also require a dynamic interaction and understanding of hidden social rules or the hidden curriculum.

The hidden curriculum is defined as social rules that are intrinsically known, understood, and followed by a group of individuals without the need of direct instruction; it involves cultural rules, the interpretation of body language, and metaphoric and idiomatic language (Smith Myles, Trautman, & Schelvan, 2013). The classroom environment is full of hidden rules and expectations. These rules can be complex, dynamic, and change from teacher to teacher. For example, a teacher may encourage students to call out responses during a classroom discussion; however, that same teacher may change the rules during a lecture and expect the students to raise their hands when responding to a question. Another teacher may expect students to always raise their hands when responding in class; the rule of raising your hand can vary between teachers and contexts. Hidden context rules appear to be intrinsic; however, they are learned from an early age through the observation of social contexts (Smith Myles et al., 2013). These hidden rules are fluid and unspoken; most students learn them through observation, social interactions, and by drawing upon past social experiences and social memories. Students with ASD do not learn these rules fluidly and need specific direct instruction to recognize and develop the hidden cultural curriculum (Smith Myles et al., 2013).

Hidden rules can also change from context to context, across age groups, gender groups, and from culture to culture. Age also plays a role in the hidden rules and what might be allowed and accepted from a 5-year-old child might be considered rude or immature if a 13-year-old student acted in the same manner. These hidden rules are difficult to teach because there are many different social variables that intersect and contribute to knowing and responding appropriately. Something as simple as a greeting is multifaceted and most students quickly learn that they should not greet an administrator using the same vocabulary, tone of voice, and gestures as they would a peer. The nature of autism makes the interpretation of dynamic social situations, body language, tone of voice, and figurative language difficult for students with ASD. Roberts and Simpson (2016) explained “autism makes it difficult to make sense of the world, disables conventional insight and results in difficulty understanding and communicating about internal and external states and behavior (self and others)" (p. 1084). The difficulties students with ASD have recognizing and understanding the hidden curriculum and fluidly responding to social contexts can have a negative impact on the development of the social skills needed to develop positive relationships with others.

Social Skill Needs of Students with ASD

Able, Sreckovic, Schultz, Garwood, and Sherman (2015) asked teachers to describe, from their point of view, what type of social skills students with ASD needed to be successful in the inclusion education classroom (p. 38). An analysis of the data collected, targeted the following areas of social need for students with ASD to include: (a) students with ASD need to develop positive social relationships with peers; (b) students with ASD need strategies to navigate the social academics of a classroom in order to work with others; (c) students with ASD need to understand and identify their learning differences and needs in order to advocate for themselves; and (d) peers need to be taught about autism spectrum disorder as a way to build understanding and acceptance of their peers with ASD (p. 48). Roberts and Simpson (2016) examined research completed by educational stakeholders to included teachers who worked with students with ASD, parents of students with ASD, and students with ASD. The teachers in the research noted the need to adapt their social communication with students with ASD and recalled the need to restate and reiterate classroom directions to ensure they were clearly presented and understood by students with ASD. This need to change and adapt their social communication and interactions with students with ASD were viewed by the teachers as stressful and required extended time.

Able et al. (2015) explained that students with ASD struggled to play with peers on the playground and interact socially in the lunchroom. Roberts and Simpson (2016 described students with ASD enjoyed sitting and being alone during social times in the inclusion environment and only participated in conversations when the topic was of interest to them. The social communication deficits demonstrated by students with ASD may lead to social isolation and targets for bullying from other students and Able et al. (2015) reported the teachers participating in their research expressed a desire to help support their social learning needs but lacked the necessary skills to support them. Able et al. (2015) and Roberts and Simpson (2016) both described other social behaviors observed in the classroom that impeded the development of positive social relationships with peers such as: obsessively demanding peer attention, reporting other students for not following the rules, and unusual sensory behaviors lead to bullying and isolation by some of their peers. The inclusion classroom is a dynamic and socially interactive environment, it is difficult to maintain classroom order, support the social needs of students with ASD while simultaneously managing the learning needs of all students in the inclusion classroom (Able et al., 2015; Macdonald et al., 2017; Roberts & Simpson, 2016). Macdonald et al. (2017) explained that the inclusion classroom environment is every changing and fluid which may be difficult and stressful for students with ASD and may be one of the reasons they struggle with self-regulation and social interactions.

Social communication is not a one-way interaction; therefore, it is important to include both perspectives of the social interaction in order to develop positive strategies and interventions that meet the needs of all participants. Teachers and informants can offer a one-sided perspective regarding the social interactions of students with ASD; however, it is also important to include adults with ASD and their first-person experience to the discussion. Including them in the discussion can provide a better understanding of the hidden curriculum and social environments from their unique, lived experience. This could provide a balanced understanding of the communication process and provide equality and understanding of all the participants.

Social Context of Inclusion Described by Students with ASD

The inclusion education classroom is supposed to offer students with disabilities opportunities to socialize, build friendships, and support the development of understanding, awareness, acceptance, and diversity of others. These are the defining qualities of the constructs of inclusion education; the application of inclusion as an educational construct has proved to be difficult for students with ASD. DeLeeuw, DeBoer, and Minnaert (2018) reported that students with social, emotional, learning difficulties do not experience the positive effects of inclusion practice and are often isolated and rejected by their peers (p. 167). Students with ASD, at all levels of schooling, elementary, middle and high school, reported fewer reciprocal friendships and struggled to make deep connections with peers (Able et al., 2015; DeLeeuw et al., 2018; Hebron, Humphrey, & Oldfield, 2015; Marshall & Goodall, 2015; Saggers, 2015). Experiences with bullying can have devastating effects on students’ ability to learn, and focus; some students develop behavioral difficulties through the victimization of bullying (Hebron et al., 2015). When compared to their peer groups, students with ASD reported higher levels of anxiety, isolation, and loneliness in the inclusion classroom and isolation from popular peer groups can position them as targets for bullying (Able et al., 2015; Hebron et al., 2015; Saggers, 2015). Researchers revealed more episodes of bullying happened during unstructured times where students are less supervised like the lunchroom or playground; bullying happened less often in the inclusion classroom and special education classroom where a teacher can closely monitor the environment (DeLeeuw et al., 2018; Hebron et al., 2015). Students with ASD reported a variety of different types of bullying that ranged from verbal taunts to physical aggression and sexual harassment; many ignored the verbal abuse and reported physical and sexual harassment to a trusted teacher or their parents (Saggers, 2015). Students with ASD reported incidents of bullying three times more than their peers (Marshall & Goodall, 2015). Researchers proposed that it was more difficult for students with ASD to develop friendships than it was for their peers; this was a problem in the inclusion educational environments and many students with ASD felt socially isolated from their peer groups (Bond & Hebron, 2016; Dillenburger et al., 2015; Hebron et al., 2015; Saggers, 2015). Because of bullying and social rejection by peers, some students with ASD preferred to isolate themselves as a protective factor and avoid being rebuffed by their peers (DeLeeuw et al., 2018).

Although bullying is a recurring theme throughout the research, some students with ASD described friendships with peers and reported having peers to sit with at lunch and play with after school (Saggers, 2015). They described these peer relationships as positive and supportive; one student explained that these peers help to create a safe, protective school environment, and defended him from bullies (Saggers, 2015, p. 39). Participating in sports appeared to provide a social outlet for students with ASD and supported the development of positive peer relationships; being a part of a sports team provided a positive social context where they were accepted and could practice a variety of different social skills (Saggers, 2015, p. 39).

Some students with ASD explained that they preferred to sit alone and not socialize with peers. They enjoyed quiet time and social isolation during free time at school gave them opportunities to read a book and relax (Saggers, 2015). Erin Human, an advocate and adult with ASD, expressed a type of social burnout and described an emptying of her abilities to cope and navigate the social world when the social environment became too dynamic and complex (Bartmess, 2018). Bartmess (2018) said:

> Because our environments are so often ill-suited to our needs, autistic people are more likely than neurotypicals to run on a deficit for extended periods of time. When we have to cope on a regular basis with sensory overload or sensory deprivation, social situations that confound our natural abilities, and executive functioning demands with too little support, we are living beyond our means. (p. 207)

Students with ASD that sit alone at lunch and read a book might be preventing the type of burnout Human described. Human explained the strategies provided to her by practitioners designed to relive stress such as: engaging in social outings with friends and massage or meditation caused more stress and anxiety and the best way for her to relax and rest her mind was to engage in some type of work that required deep focus (Bartmess, 2018). She explained that she hoped to create a list of self-care strategies that work for individuals with ASD and offer it to parents and teachers when their children with ASD are overwhelmed and suffering from fatigue (Bartmess, 2018, p. 266). This type of first-person advice would be helpful for teachers and students with ASD in the inclusion classroom and could be a way to develop a deeper understanding of the unique needs of students with ASD.

Some students with ASD expressed online groups were a positive resource for developing friendships and maintaining relationships with others (Bartmess, 2018; O'Hagan & Hebron, 2017). They explained online environments reduced the anxiety of direct, face to face social interactions and provided opportunities for interactions with others that held the same interests (O'Hagan & Hebron, 2017). There is concern regarding online relationships and safety for students with ASD. Because students with ASD may not understand the hidden curriculum, they are vulnerable to potential manipulation by others and structures should be put in place to prevent harm (O'Hagan & Hebron, 2017). Human also promoted the development of friendships with adults with ASD for all individuals with ASD and noted these groups of individuals provided her with a sense of belonging, understanding, and connection that she does not have with other groups; she argued being with other individuals with ASD helped her develop a sense of autistic identity which was critical to her self-awareness and helped her feel understood (Bartmess, 2018, p. 228).

Acceptance of students with ASD by their peers. Cage, DiMonaco, and Newell (2018) examined the acceptance of individuals with ASD by peers and the possible impact on mental health. Cage et al. (2018) and Dillenburger et al. (2015) explored the comorbidity of mental health diagnosis such as depression, anxiety, and bipolar disorder and autism. Cage et al. (2018) reported a high incident of participants, around 77%, to have autism and either depression, anxiety, or bipolar disorder as well; other researchers estimated that approximately 34% of individuals with ASD also have a diagnosis of depression (p. 473). Cage et al. (2018) explained feelings of acceptance and appreciation could positively affect the mental wellbeing of individuals with ASD, and being left out and ostracized by others can have a negative impact on mental health (p. 473). They reported non-autistic peers made quick negative judgements about individuals with autism and, without knowing if the individuals were autistic, described photos and videos of them as “less likeable, less attractive, and the participant would be less likely to engage with them socially, suggesting that societal acceptance may be poor” (Cage et al., 2018, p. 473). Dillenburger et al. (2015) explained the general public reported positive attitudes regarding the inclusion of individuals with ASD; however, their behaviors and actions in practice may not reflect these reports, because individuals with ASD continued to report incidents of bullying in schools and in work environments (p. 337). Cage et al. (2018) suggested the acceptance and support from family, peers, and community could help to prevent feelings of depression for individuals with ASD (p. 480). Cooper, Smith, and Russell (2017) added to the idea that acceptance and supportive relationships can have positive influence on the well-being of individuals with ASD and explained the development of a positive self-identity as an individual with ASD was also a protective factor against anxiety and depression. They continued and argued self-awareness paired with positive self-esteem can also have a protective impact and improve the mental well-being of individuals with ASD (Cooper et al., 2017). Human described the positive impact relationships with other adults with ASD had on her wellbeing and positive self-identity as a person with ASD (Bartmess, 2018). Adding the experiences of adults with ASD into the research on inclusion educational practice could provide students with ASD positive role models and accelerate their development of self-identity as individuals with ASD; this may also have a positive preventative effect on their mental health. Davison (2018) explained many individuals with ASD believe they must change to fit into the world around them which can be draining and impossible due to sensory and social difficulties associated with a diagnosis of autism (para. 3). Davison said, "I do not believe it is possible to be a happy autistic person whilst trying to behave like a non-autistic person. It is futile" (para., 6). Davison offered advice to others and illustrated a life of self-acceptance, self-awareness, of educating her family and friends about her sensory and social needs, and taking breaks when feeling overwhelmed and stressed (para. 8). Davison (2018) said:

> Changing our environments is not necessarily a simple task, but for lots of us autistics it is far easier than long-term masking. Research shows it is also less dangerous to our mental health. I believe it is more likely to result in happiness too, but how to be a happy autistic person is not a priority in autism research, so that is just my personal view based on my experience (para., 8).

It is important for the support and mental health of students with ASD to include positive adult examples of how to manage and accept themselves as individuals with ASD; this should be a priority of inclusion education for students with ASD for their mental and emotional wellbeing and positive personal development.

Academics and Students with ASD in Inclusion Classrooms

More students with ASD are being educated in the inclusion classroom. Roberts and Simpson (2016) explained from 1989 to 2006 the number of students with disabilities included in the mainstream had increased from 31.7% to 56.8% and the number of students with ASD, reported by principals, to be as high as 86.3% (n=51) in an inclusion classroom environment (p. 1084-1085). Advocates, parents, teachers, and students with ASD believe the inclusion movement to be a positive step forward for the rights of students with disabilities; however, there are concerns about academic progress for students with ASD and if their learning needs can be effectively supported in the inclusion classroom (Biggs & Carter, 2016; Keen et al., 2016; Roberts & Simpson, 2016; Whitburn, 2017). In order to understand the academic nature of the inclusion education classroom for students with ASD, I explain and describe the Common Core curriculum, executive function, theory of mind, and central coherence to provide an understanding of how these areas impact their learning.

Impact of common core curriculum. The academic and social demands of the inclusion education classroom have increased, and students are now required to perform more rigorous academic tasks at younger ages (Meltzer, 2018). For example, early elementary school students are required to read longer passages and then respond in written form (Meltzer, 2018). There are academic demands placed on young students to work independently to research, organize, and write essays, listen to lectures and demonstrate effective note taking skills, and all students are expected to work cooperatively on group projects (Meltzer, 2018). Common Core State Standards (CCSS) have been one of the driving influences of this change in academic expectations .

CCSS were designed by teachers and educational experts to support students in the acquisition of skills needed to be successful in post-secondary environments and in the 21st century work force. The CCSS have been adopted in 43 of the 50 states in the United States of America and are now a part of the curriculum used in inclusion education (Marshall & Goodall, 2015, p. 68). Colleges and work environments necessitate critical and higher-level thinking, highly developed problems solving skills, and the ability to synthesize and analyze problems; the CCSS are designed to develop and advance these skills in all students (Marshall & Goodall, 2015). These higher-level cognitive skills are often not explicitly taught in the classroom and teachers expect students to come into class with the ability to plan, organize, self-regulate, and focus on curriculum with little support or instruction on these skills (Meltzer, 2018). The adoption of the CCSS into classrooms across the United States has increased the need for supports and direct instruction in these skills for students with ASD (Marshall & Goodall, 2015; Meltzer, 2018).

Students with ASD are identified with core deficits in social cognition and restricted, intense areas of interest and focus (DSM-5, 2013), and although not specifically addressed in the DSM-5, theorists and researchers have also examined important areas of cognition in students with ASD such as: executive function, theory of mind, and central coherence. Executive functioning skills, theory of mind, and central coherence are used in higher level cognitive processes needed for critical thinking, analysis, synthesis, and problem solving (Marshall & Goodall, 2015, p. 68). All students need these essential skills in order to demonstrate proficiency in the CCSS and in the contemporary mainstream classroom students are required to demonstrate conceptual knowledge, to make inferences and predict outcomes by synthesizing information, and demonstrate self-initiated organizational skills at a younger age; this can be challenging for students with ASD who demonstrate areas of need in executive functioning skills, theory of mind, and central coherence (Meltzer, 2018). Students with ASD may require both accommodations and modifications in order to be successful in the inclusion classroom and achieve academic proficiency in CCSS.

Executive dysfunction and students with ASD in the classroom. Executive function (EF) skills have been identified as an area of weakness for students with ASD (Meltzer, 2018; Torske et al., 2018). EF is the cognitive ability to manage and process information. This cognitive process involves a student's ability to plan, prioritize, organize, focus, remember, and self-regulate while demonstrating cognitive flexibility and the ability to shift from detailed information to the big picture ideas in order to problem solve (Meltzer, 2018). EF also helps individuals organize, evaluate, process, and learn social information (Kouklari, Thompson, Monks, & Tsermentseli, 2017). Kouklari et al. (2017) and Meltzer (2018) have explored the components of executive functioning and have discovered an interconnectivity in the brain regarding the cognitive process of executive functioning. Meltzer (2018) explained, “EF may be best appreciated as the manifestation of dynamic processes of connection and coactivation among brain regions that shift dynamically depending upon multiple contextual factors” (p. 57). EF is a dynamic and interactive cognitive process. Interruption or deficit in any one of the areas of EF can cause dysfunction, impact academic and social learning, and cause frustration in students with ASD. Kouklari et al (2017), Meltzer (2018), and Torske et al. (2018) have discovered that students with ASD demonstrate deficits in specific areas of EF such as: cognitive flexibility, planning, inhibition, working memory, and metacognition for problem solving that includes initiation, organization, and the ability to think about his or her actions (Kouklari et al., 2017; Meltzer, 2018; Torske et al., 2018; Vanegas & Davidson, 2015).

Students with ASD and executive dysfunction struggle to initiate tasks, inhibit responses, organize information, and make rapid social decisions in the dynamic environment of the mainstream classroom. The design and structure of the inclusion classroom requires students to use and integrate executive functioning skills into academic and social tasks all day long. Some researchers describe executive functioning skills as the brain’s conductor or secretary; a cognitive process that organizes, prioritizes, and integrates information in order to solve problems and complete tasks (Meltzer, 2018; Sivaratnam et al., 2018; Wilkins & Burmeister, 2015). For example, students with ASD are asked to respond to essay questions using details from the text, prioritize and organize multi-stepped projects, respond to writing prompts by recalling sequences, events, and processes, and problem solve through conflicts and difficulties (Meltzer, 2018); skills that are an important part of CCSS in all areas of academic functioning (Marshall & Goodall, 2015).

Executive dysfunction can affect the quality of academic work students with ASD produce and teachers report a disconnect between what a student with ASD knows and the demonstration of that knowledge (Meltzer, 2018; Roberts & Simpson, 2016). Roberts and Simpson (2016) have reported students with ASD do not do as well as their peers with academic performance. Keen et al. (2016) explained intelligence quotient (IQ) can predict academic outcomes; however, students with ASD demonstrated a variance between IQ and performance and the correlation between the two is not clearly definitive in students with ASD (p. 277). Wilkins and Burmeister (2015) argued "it may be tough to achieve in school, not because of a lack of effort or desire to do well, but due to a lack of the necessary skills" (p. 9). Students with ASD may need specific instruction, supports, and accommodations to help manage deficits in EF and demonstrate academic success in the mainstream classroom.

Because EF is a dynamic and interactive cognitive function, it has been difficult for researchers to examine the separate components of EF because students with ASD often do well on executive functioning tests in structured clinical environments but struggle with EF in real life, dynamic contexts (Torske et al., 2018). The use of informants has been a valuable resource in identifying and describing executive dysfunction in more natural and dynamic environments like school and home (Torske et al., 2018; Vanegas & Davidson, 2015). For example, Torske et al. (2018) discovered, using parent informants, that the metacognitive part of executive functioning played a critical role in the social functioning of students with ASD (p. 6). This important discovery suggested teaching and improving metacognitive skills such as: initiation, working memory, organization, and monitoring one's own thinking may improve social functioning for students with ASD; an analysis of the data also provided important information regarding the role EF plays in social skill development (Torske et al., 2018, p. 7). Researchers argued it is important for administrators, teachers, and therapists to understand the role EF plays in academic and social functioning for students with ASD so they can develop teaching practice and therapies designed to meet their unique needs; strategies designed to teach EF should be built into the classroom curriculum in order for students with ASD to develop the necessary skills to be successful in the mainstream classroom (Meltzer, 2018; Torske et al., 2018; Vanegas & Davidson, 2015; Wilkins & Burmeister, 2015).

Executive dysfunction can be frustrating for students with ASD and can manifest itself in negative classroom behaviors such as: work refusals, loss and disorganization of materials, the necessity of step by step prompting, an inability to focus and complete tasks, inappropriate comments or social interactions with teachers and peers, and emotional meltdowns (Meltzer, 2018; Wilkins & Burmeister, 2015). It is important for the general education teacher to remember that these behaviors are not deliberate, but rather the result of skill deficits (Meltzer, 2018). Executive dysfunction has also been linked to adaptive skills which can have a negative impact on quality of life measurements as the student with ASD becomes an adult with ASD (Torske et al., 2018; Vanegas & Davidson, 2015). The mainstream, inclusion classroom provides a dynamic and context rich environment where EF skills can be taught to students with ASD; this type of instruction could have a lasting impact on their academic, social, and emotional skills as well as their quality of life after high school graduation.

Theory of mind (ToM) and the impact on students with ASD. ToM is defined as the ability to think about the thoughts and feelings of others while simultaneously understanding their thoughts and feelings can be different from one’s own (Kouklari et al., 2017; Marshall & Goodall, 2015). It is the ability to think about the thoughts and feelings of others while stepping outside of oneself. EF and ToM are developmental cognitive processes and researchers believe that EF provides a foundation for the development of ToM (Kouklari et al., 2017, p. 400). In the mainstream classroom, the connection between EF and ToM can be observed during reading comprehension, written expression tasks, and social interactions with peers and adults. Meltzer (2018) said reading comprehension is a complicated interactive process that involves decoding text, understanding language, remembering, and saving information in working memory, and making inferences (p. 201). When reading texts, students are asked to identify and interpret the thoughts and feelings of characters by responding to questions and making predictions; skills that simultaneously require both EF and ToM. Students with ASD demonstrated deficits in both hot EF functioning and cool EF processes; hot EF functioning involves emotional motivations in decision making and cool EF processing involves the three key areas of inhibition, working memory, and planning (Kouklari et al., 2017). Both hot EF and cool EF processes play an important role in development of academic skills, learning, social interactions, and emotional regulation in the mainstream inclusion classroom. Students with ASD demonstrated both hot and cool EF processing deficits which impacted and impeded the development of ToM and the ability to make inferences about the thoughts and feelings of others (Kouklari et al., 2017, p. 410). Students with ASD also demonstrated difficulties with the recognition and identification of more complex emotions on ToM tests than typically developing peers; this inability to interpret complex emotions can have an impact on social communication and the development and maintenance of social relationships with others in the inclusion classroom (Kouklari et al., 2017, p. 411). The ability to inhibit, found in cool EF processes, played an interesting role in how well students with ASD were able to demonstrate ToM and identify the thoughts and feelings of others (Kouklari et al., 2017). Students with ASD who were able to inhibit did better on ToM tasks and in the identification of emotional states (Kouklari et al., 2017). Kouklari et al. (2017) reasoned students with ASD that were able to inhibit could remove themselves from their own emotional states and then infer how another person might be feeling; this ability to disconnect allowed them the necessary processing time to stop and think about the thoughts and feelings of others through a lens of empathy (p. 411). Understanding and interpreting the thoughts and feelings of others plays an important role in academic and social functioning in the mainstream classroom. Students are required to empathize and infer the mental states of characters and famous figures in literature and history. Essays and written projects must be written for specific audiences and students must work cooperatively in groups to solve problems and create projects (Marshall & Goodall, 2015). These tasks require ToM skills and the ability to understand, infer, and empathize with others; these skills are also a required part of the CCSS (Kouklari et al., 2017; Marshall & Goodall, 2015).

Students with ASD and weak central coherence. Students with ASD may also demonstrate weakness in central coherence which is the inability to identify the most salient details in a context (Marshall & Goodall, 2015; Mazza et al., 2017; Riches, Loucas, Baird, Charman, & Simonoff, 2016; Vanegas & Davidson, 2015). Students with ASD may focus on pieces of information in a context that are not important and then demonstrate difficulties using that information to create a comprehensive picture of what is happening (Vanegas & Davidson, 2015). Vanegas and Davidson (2015) that study central coherence in students with ASD have suggested they demonstrate excellent visuospatial skills when searching for a specific, hidden object in a picture because they can disengage from the most salient and important details of the picture and focus on finding that one key object. Students with ASD also demonstrate weak central coherence on linguistic tasks. When given word and sentence completion tasks, students with ASD struggled to use textual content to determine the correct pronunciation of words and were unable to select the correct word that accurately completed the sentence (Vanegas & Davidson, 2015, p. 78). Weak central coherence can impact students with ASD in a variety of ways in the mainstream inclusion classroom. Reading and writing tasks require students to respond, orally or in written form, using supporting evidence from the text. Students with ASD who demonstrate weak central coherence have difficulties locating and summarizing key points and without the ability to target relevant details their responses can be off topic or filled with non-salient details (Marshall & Goodall, 2015). Mazza et al. (2017) have also examined the connection between central coherence and ToM. They found students with ASD demonstrated difficulties in retelling narratives and evaluating the morals of the characters. In their research, Mazza et al. (2017) told stories to students with ASD and asked them to retell the story, place themselves in the character's shoes, and decide if the main character's behaviors were positive or negative (p. 1376-1377). The students with ASD demonstrated difficulties in all three of these areas. They were unable to correctly retell the story, could not accurately describe the thoughts and feelings of the main character, and were unable to determine whether the social behaviors of a character were positive or negative (p. 1376-1377). This type of social processing impairment could negatively impact social interactions and social relationships with peers in a mainstream inclusion classroom (Mazza et al., 2017). If students with ASD are not able to fluidly interpret the social behaviors of their classmates as good or bad, they may misinterpret social interactions, react, or respond inappropriately, or misunderstand the intent of their peers. This type of social misinterpretation could impact their peer relationships and could leave a negative imprint on the thoughts, feelings, and impressions of their peer group (Mazza et al., 2017). This type of misinterpretation could also leave them open to bullying and social isolation.

Group discussion and classroom conversation can also be difficult for students with ASD with weak central coherence. Discussions and conversations require the ability to process dynamic social information quickly in order to move the conversation and topic forward; students with ASD and weak central coherence may be unable to quickly recognize the salient points of a discussion or conversation topic. They may also provide too much information or information that is off topic and of interest to them; this may cause frustration for their communication partners and confusion for students with ASD. Central coherence and ToM also work together during classroom discussions. A discussion requires students to stay on topic, respond to key points by targeting relevant details all while fluidly monitoring and thinking about the thoughts, responses, and feelings of the other participants. The ability to participate effectively in classroom discussion is a complicated and dynamic skill and can be an area of difficulty for students with ASD with weak ToM and central coherence. The ability to actively listen, respond effectively, and synthesize information quickly are also critical parts of the CCSS (Marshall & Goodall, 2015) and because students with ASD demonstrate weak central coherence, deficits in ToM, and executive dysfunction they need modifications and accommodations in order to be successful in CCSS in the mainstream classroom environment.

Academic growth for students with ASD in the inclusion classroom. The debate regarding educational placements for students with ASD continue between researchers, educators, parents, and students with ASD. Inclusion educational placements are designed to provide better opportunities for academic growth, a more challenging curriculum for students with ASD, and opportunities for social interactions with typical peers to develop friendships (Keen et al., 2016; Roberts & Simpson, 2016). Keen et al. (2016) of the data revealed students with ASD with poor social skills and difficulties regulating their behaviors did not do as well academically as their peers (p. 291). It was also noted that academic areas requiring reading comprehension and problem solving were difficult for students with ASD and did not do as well as their peers (p. 291). Keen et al. (2016) and Roberts and Simpson (2016) also noted that the academic gap seemed to grow as students with ASD entered adolescence (p. 291). This gap was evident even in academic areas that once had been an area of strength for the students with ASD in elementary school (p. 291). It was noted that this research was limited in scope and did not examine external factors that could have an impact on academic growth and success in students with ASD such as: educational practices, classroom size, inclusion educational settings versus special education classrooms, classroom design, and access to technology (p. 292).

Some students with ASD reported being bored with the curriculum provided in the inclusion classroom and were not interested in the courses offered in high school; some explained the material was not intellectually stimulating (DePape & Lindsay, 2016). Students with ASD often have areas of intense interest and some have exceptional talents that should be explored and developed. Teachers need to be aware of this so they can enhance the curriculum and design lessons to target their areas of interest. This may reduce boredom and mental fatigue and could provide opportunities for students with ASD to focus on their strengths and passions. It could offer leadership possibilities within the inclusion classroom where students with ASD could be the expert on their topic of interest and provide instruction for their peers (DePape & Lindsay, 2016, p. 68).

Goodall (2018) and Saggers (2015) reported the academic outcomes for students with ASD are not equal with their intellectual abilities and they are not demonstrating the same academic growth as their peers (Goodall, 2018; Saggers, 2015). Teachers, parents, and students with ASD have queried if the inclusion educational movement is best practice for all students with ASD or if the philosophical nature of inclusion practice has come before adequate research and best practice designed to meet their unique social and academic needs have been explored, investigated, and implemented in all schools (Goodall, 2015; Hornby, 2014; Kauffman et al., 2018; Marshall & Goodall, 2015; Roberts & Simpson, 2016). Students with disabilities are exceptional and require unique specialized education that is designed to meet their needs. Goodley (2017) proposed students with disabilities have a right to the appropriate, specially designed education not just the right to be educated in the same space with their peers; education is about providing ethical, appropriate instruction not just a location of instruction (p. 23-24). It is important for students with ASD that inclusion education be structured to provide a multi-layered and interactive approach to meet their academic and social learning needs (Parsons, 2015). Even with a paucity of research, these findings are of concern to researchers, parents, and teachers considering the poor outcomes after high school reported for students with ASD

General Education Teachers and Students with ASD

Inclusion education practice requires many different components for successful implementation at the school level. The general education teacher plays an important role and is a critical stakeholder of inclusion education. Teachers play an important and critical role in the implementation of academic content, special designed supports, the classroom social climate, and the structural design of the inclusion education classroom. At the political and social levels of inclusion education, teachers in the research done by

Roberts and Simpson (2016) believed the inclusion education model to be a positive educational paradigm for students with disabilities and agreed inclusion education is a structure designed to reduce negative stereotypes about autism and encourage the acceptance and understanding of differences. Able et al. (2015) explained that the teachers in their research also understood that inclusion education was intended to promote peer socialization and the development of social skills for students with ASD while providing access to a robust academic curriculum. Acceptance of diversity, socialization with peers, increased opportunities for growth and practice of social skills, and access to rigorous academics may be some of the goals of the inclusion education classroom; however, there continues to be a gap in the application and understanding of how to apply these principles at the classroom level. There are difficulties and struggles with the implementation of inclusion education practice for students with ASD at the classroom level.

Gap from theory to practice in the mainstream classroom. There is a gap in the research regarding teacher perceptions of the social cognition needs students with ASD need in the inclusion education classroom. This type of information could be valuable to successful inclusion practice for students with ASD. In research conducted by Able et al. (2015), teachers, across grade levels, believe inclusion education to be a positive structure designed to encourage a philosophy of acceptance and diversity (Able et al., 2015; Roberts & Simpson, 2016). These teachers argued inclusion education provided students with ASD better opportunities to engage in challenging academic rigor; they also noted the behavioral strategies used with students with ASD were beneficial for all students and supported the development of a positive classroom climate (Roberts & Simpson, 2016, p. 1086). MacDonald et al. (2017) reported that teachers described positive benefits of inclusion education, they also explained the dynamic nature of the inclusion education environment was challenging for students with ASD and described situations where the academic, social, and sensory pressures found in the inclusion classroom had caused students with ASD to become unregulated and disruptive.

Teachers reported a lack of training. Able et al. (2015) and Roberts and Simpson (2016) explained that teachers reported a lack of knowledge and training in the specific areas of supports needed to effectively implement inclusion education for students with ASD (Able et al., 2015; Roberts & Simpson, 2016). Autism is a spectrum disorder and Able et al. (2015) noted teachers explained the differences they observed between students with ASD in the inclusion classroom and the difficulties they had in generalizing their knowledge of autism from one student to another. Able et al. (2015) and McCrimmon (2015) described some teachers elucidated they did not want to teach in an inclusion education classroom because they did not feel confident and lacked training in the specific features and strategies designed to meet the needs of students with ASD such as: social skills curriculums, the impact theory of mind has on learning, deficits in central coherence and how to support it, and delayed executive functioning. Learning strategies to help manage the behaviors and specific needs of students with autism was identified as a critical factor for positive inclusion practice by teachers. Roberts and Simpson (2106) explained that special educators reported a better understanding of students with ASD and how to effectively support them in the inclusion classroom;

however, general education teachers reported feeling unprepared and under trained to manage their unique needs within the classroom environment (p. 1088).

McCrimmon (2015) noted teachers expressed the desire for more hands-on training in their preservice programs with students with ASD in inclusion education classrooms. This type of hand-on, interactive training could provide a first-person perspective of how to best support them. Preparing new teachers at the college level to adequately support students with disabilities could improve inclusion education at the classroom level by providing new teachers with the confidence and skills required to meet the needs of all students with disabilities (McCrimmon, 2015). This could be a step towards systemic change with teaching training and new pedagogy for students with unique needs, a positive step towards efficacy in inclusion education practice. Able et al. (2015), Bond and Hebron (2016), and Macdonald et al. (2017) showed that teachers are calling for more comprehensive in-service trainings regarding students with ASD.

Difficulties general education teacher reports related to inclusion. Able et al. (2015) explained in addition to in-service training, teachers reported a need for more time to plan and prepare to teach students with ASD in the inclusion education classroom. Able et al. (2015) reported some teachers argued that teaching students with ASD required more meetings with support personnel such as: special education teachers, speech therapists, occupational therapists, and parents; however, when teachers asked for this time to be built into their schedules they were denied by administrators. Able et al. (2015) asked 34 general education teachers, across all grade levels, what types of support they would need to successfully meet the needs of students with ASD in the inclusion classroom. The teachers in this study described adequate time for collaboration with special education teachers, school counselors, and parents to be paramount when supporting students with ASD. They also endorsed an integrated model of support where the general and special teachers worked and taught collaboratively in the inclusion classroom. This co-operative teacher model was reported by general education teachers to be superior to the pull-out special education model in supporting students with ASD (Able et al., 2015).

Sensory Impact of Inclusion Education

The sensory needs of students with ASD in the inclusion classroom cannot be underestimated. The inclusion education environment is noisy, crowded, and overwhelming for many students with ASD. They reported sensory stimuli can cause a physical response, one they cannot always control or predict (Kirby, Dickie, & Baranek, 2015). Individuals with ASD experience sensory stimulation in a variety of ways such as: hyperresponsiveness or a strong reaction to stimuli, hyporesponsiveness or a weak response to sensory stimuli, sensory seeking behaviors designed to gain sensory input, and hyper perception of sensory stimuli which can cause pain and distress for the individual with ASD (Kirby et al., 2015). For example, loud noises and tactile input can cause physical pain, strong movements like being bumped or spun can cause nausea, strong smells can initiate their gag reflex or cause vomiting (Kirby et al., 2015); these sensory situations are uncomfortable and often uncontrollable in the dynamic inclusion education environment. Saggers (2015) explained students with ASD reported high levels of anxiety related to the uncomfortable sensory sensations they experienced in the inclusion classroom and described the inclusion environment as loud and demanding. Saggers (2015) also explained students with ASD reported feeling overwhelmed by the workload required by teachers particularly at the secondary level and their hyperresponsiveness and enhanced perceptions of sensory stimuli in the inclusion classroom only added to the academic pressure.

Kirby et al. (2015) described students with ASD learned strategies to manage their sensory sensitivities. These students with ASD reported avoiding certain foods, smells, and activities because they made them gag, vomit, or itch (Kirby et al., 2015). In the same study, other students with ASD described a strong fear response to the sensory stimuli of everyday activities because they experienced physical pain when brushing their hair, showering, flushing a toilet, and to the feel of certain types of fabrics and clothing (Kirby et al., 2015). These first-person reports may provide insight into the foundation of fear some students with ASD experience in the inclusion environment and offer insight to why students with ASD sometimes refuse to participate in what may appear to be a fun social activity such as: swimming at the beach, playing tag on the playground, or trying a new food at a party. In research that asked students with ASD to design a sensory sensitive school, McAllister and Sloan (2016) gave each of the students pieces of a jigsaw kit with different parts of a school and asked them to design a floor plan of a school that would best suit their sensory systems. In many of the designs, noise was an area of concern and the students designed classrooms that had soundproofing around noisier environments such as the music room, lunch room, and the gym; they also placed noisier classrooms away from their academic rooms in order to reduce noise and commotion (McAllister & Sloan, 2016, p. 340). The students also designed the school environment with larger and more hallways to avoid crowding and being pushed when changing classes (McAllister & Sloan, 2016, p. 341). All the students with ASD that participated in the study added a specific resource room that was designed for them to go when they need a quiet space to regroup, relax, and to complete work; they also wanted this space to look like any other classroom, so they could be integrated into the school environment (McAllister & Sloan, 2016, p. 343). These researchers pointed out that the students wanted to be included in the school environment while simultaneously have a specialized, safe space where they could go and get the supports and comfort they needed to manage the dynamic school environment (McAllister & Sloan, 2016, p. 343-344). This type of research that included the first-person perspective of students with ASD could shape the school environment in a positive and supportive way designed to improve academic, social, and emotional skills of students in inclusion educational environments.

Transition and Students with ASD

The transition from high school into post-secondary education, employment, and living independently in a community is an important time in the lives of all students. This transition can be a stressful time for all students; however, Cai and Richdale (2016) explained students with ASD reported higher levels of anxiety than their peers during this time period. An analysis of the research on transition planning and supports for students with ASD from high school into the community is limited. After high school graduation, support services and therapies provided under IDEA stop, and it can be difficult for parents and students with ASD as they try to manage and navigate the transition process with insufficient resources (Cai & Richdale, 2016; DePape & Lindsay, 2016; Hume et al., 2018). Hume et al. (2018) noted these difficulties are reflected in an analysis of research that indicated 80% of students with ASD will continue to live with their parents, and only half of those students will be employed. Bouck and Park (2018) examined the long-term projections of employment for students with ASD and discovered that six years after graduation 84.7% of the participants reported being employed during that period but only 52.6% were employed at the time of the interview (p. 259). An analysis of this study suggested students with ASD could gain employment but had difficulties maintaining employment (Bouck & Park, 2018). IDEA requires a transition service plan to be a part of the IEP plan of students with ASD (IDEA, 2004; Hume et al., 2018); these plans must include: goals designed to prepare students with ASD to live independently, develop self-advocacy skills, employment skills, and leisure activities (DePape & Lindsay, 2016; Hume et al., 2018). Bouck and Park (2018) argued that transition plans should be designed to help students with ASD understand their strengths and the types of jobs that might be best for them. They explained secondary transitional supports should include connections with vocational rehabilitation agencies to ensure students with ASD have access to provisions designed to find employment and the ongoing supports they may need to maintain employment (p. 259). Secondary transition programming for students with ASD should also include social skills training since social skills are a predictor of postsecondary success and maintaining employment (Bouck & Park, 2018; Nasamran, Witmer, & Los, 2017)

Transition planning is a critical part of a student with ASD's educational services. Transition services are designed to improve the quality of life and provide opportunities after high school graduation for students with ASD (Biggs & Carter, 2016); however, adults with ASD reported a failed system and lack of transition supports specifically designed to meet their unique needs (Booth, 2016). Cai and Richdale (2016) said that many students with ASD did not receive transition planning during high school and were not prepared for post-secondary education (p. 38). For students with ASD who did receive transition services during high school, their teachers, parents, and counselors were highly involved and controlled the process (Cai & Richdale, 2016; Hume et al., 2018). Hume et al. (2018) explained students with ASD demonstrated limited participation and leadership during their transition planning process (p. 41). DePape and Lindsay (2016) also disclosed that students with ASD are not provided adequate information, training, and supports during the transition process and there is a paucity of research focused on first-person accounts of adults with ASD that have successfully transitioned into post-secondary education or the work force. Cai and Richdale (2016) said those students with ASD who did not receive adequate transition services at the secondary level were unprepared for the academic and social rigors of post-secondary education. They explained, when students with ASD did not receive transition planning services in high school, they were left without supportive disability services in college; supportive services such as: staff advocates knowledgeable in autism, academic supports, counselling services, peer mentoring, and other types of social supports (Cai & Richdale, 2016, p. 39). Cai and Richdale (2016) explained a lack of adequate supports left students with ASD in post-secondary education open to anxiety, stress, and depression which impacted their ability to successfully complete their education.

DePape and Lindsay (2016) suggested there is a lack of first-person, perspectives from adults with ASD describing what is needed to provide the best type of transition services and supports for students with ASD in public education. Booth (2016) explicated adults with ASD argued they did not receive adequate supports and training from the public-school system and described how this impacted their skills level and ability to gain employment after high school (p. 19). Booth (2016) highlighted that adults with ASD also described an absence of post-secondary job training programs and college programs designed to meet their unique needs; this lack of support after high school has impacted their ability to gain and maintain employment and live independently (Booth, 2016, p. 19). Hume et al. (2108) examined transition goals for students with ASD using parents, teachers, and the students themselves and found the areas of focus for teachers was different from parents and students with ASD. For example, teachers were more focused on goals surrounding areas of academic, social, and behavior skills while parents and students with ASD focused on skill development in problem solving, goal setting, task persistence, and task completion (Hume et al., 2018). An analysis of the research by Hume et al. (2018) and Booth (2016) showed parents and students with ASD focused on goals that highlighted the skills employers wanted when searching for new employees such as: working as a team to complete projects, finding solutions to complex problems, and strong communication skills. Students with ASD can identify their needs and when given the opportunity to express these needs, describe their experiences, and work collaboratively with researchers, parents, and teachers there is an opportunity to create transition plans that are effective, comprehensive, and designed to help them reach their future goals. Parsons (2015) argued the quality of life (QoL) demonstrated by adults with ASD is directly relational to the types of educational support they received in the public education system and she questioned whether inclusion education was preparing students with ASD to live quality lives within their communities.

Employment and Adults with ASD

There is a limited amount of research regarding employment and students with ASD. An analysis of the limited research available described specific support structures such as: vocational rehabilitation support, social skills trainings, and supported employment strategies aided students with ASD in finding jobs and maintaining employment. Finding work experiences continued to be an area of difficulty for high school students with ASD and many do not engage in paid work experiences when compared to peers with disabilities (Alverson & Yamamoto, 2018). Alverson and Yamamoto (2018), reported 23% of high school students with ASD had paid jobs compared to 40% of high school peers with IEPs; their analysis suggested students with ASD are not obtaining the same level of paid work experiences as other students with disabilities (p. 151). This lack of work experience could hinder them as they enter the job market and work force. An analysis of Parsons' (2015) research revealed 34% of the adults with ASD were not in post-secondary education programs or employed and 61% of the participants received some type of government support (p. 407). Only 26% of the seventy participants were employed full-time without some type of support designed to maintain employment (Parsons, 2015). Employment was the area of QoL where the participants in this study were least satisfied, and they did not believe they received enough supports to gain and maintain employment (Parsons, 2015). Dillenburger et al. (2015) explained that individuals with ASD, in this study, struggled with employment and in their analysis of research reported that only 15% of individuals with ASD are employed and in need of special services to stay employed, but there are none available (p. 336). Dillenburger et al. (2015) identified a need for on the job training designed to educate workers about inclusion practice and how to work collaboratively in an environment that accepts and understands the diversity individuals with ASD bring to the work place; however, that is not commonplace and does not exist in most work environments. Booth (2016) explicated when included in the discussion, the adults with ASD she talked to told similar narratives with regards to their lived experiences in the workforce and complained about the lack of vocational rehabilitation services available to them and described long waiting lists for services (Booth, 2016, p. 19). Booth (2016) revealed companies search for employees that have the following characteristics: able to work well in a team, strong verbal communications skills, problem solving skills and confident decision-making skills; technical skill and knowledge was at the end of the list (p. 20). Adults with ASD demonstrate strength in technical skill and can be knowledgeable in their specific area of interest; however, their weak social skills and executive functioning skills can negatively impact their ability to work in groups; these characteristics of ASD make working relationships difficult to develop and maintain (Booth, 2016; DePape & Lindsay, 2016). There continues to be a limited amount of information about the lived perspectives of adults with ASD and their experiences in the work environment. This type of research is an important part of building understanding and could support the development of collaborative work environments designed to overcome the social challenges individuals with ASD experience in the workplace. The interview process is also difficult for individuals with ASD. Booth (2016) explained when she discussed the interview process with adults with ASD, they described difficulties with the sensory experience of sitting in a room with bright lights, managing the smells and sounds of a new environment, responding quickly to a variety of different technical and social questions, handling directed eye contact, navigating predictive questions that require the ability to infer, and regulating their tone of voice, rate, and inflection (Booth, 2016, p. 22). Once they are employed, there are a variety of barriers they must overcome every day in order to maintain employment such as: navigating unclear directives from supervisors, socializing with coworkers, working on team projects, and managing the sensory environment (Booth, 2016, p. 22). Human, an adult with ASD, elucidated how fatiguing and overwhelming the work environment can be for individuals with ASD and how it caused feelings of burnout and anxiety for her (Bartmess, 2018). She explained she had to learn how to manage and balance her sensory system and workload by scheduling quiet time alone to help her cope with the stressors of employment (Bartmess, 2018). Johnson, an adult with ASD and advocate, explained that she was able to gain employment but had difficulties maintaining her employment situations (Bartmess, 2018, p. 681-6991). She described her work experience as overload and she easily became overcommitted and struggled to set work limits and boundaries with coworkers and her boss (Bartmess, 2018, p. 691). When this happened, she would shut down; she explained, “I become overwhelmed by everything I have to do, and then freeze and can get nothing done at all…I then become angry at myself and fear letting everyone down” (Bartmess, 2018, p. 696). Johnson made modifications to her work life and now works from home where she can manage the sensory environment, the workload, and number of hours she works; this new work system has allowed her to work effectively without the feelings of exhaustion at the end of her day (Bartmess, 2018, p. 776). These first-person descriptions of work from the perspectives of adults with ASD provide valuable insight into how individuals with ASD experience the work environment, manage workloads and coworkers, and how they were able to effectively build supports to avoid anxiety and burnout. Including the lived perspective of adults with ASD to the current body of research regarding employment and transition planning could provide teachers, parents, vocational rehabilitation workers, and high school students with ASD valuable information in the development of services and supports, and provide a level of understanding that cannot be provided by informants.

Independent Living and Quality of Life for Adults with ASD

There is a concern among parents, researchers, and adults with ASD regarding the reported outcomes of students with ASD post-graduation. A review of current research, Parsons (2015) and Roberts and Simpson (2016) showed students with ASD do not do as well as their peers and other disability groups after graduating high school (Parsons, 2015; Roberts & Simpson, 2016). Much of the research on the QoL for adults with ASD described difficulties in gaining and maintaining employment, difficulties living independently, and complications developing strong personal relationships with others. Difficulties in gaining and maintaining employment, living independently, and developing strong personal relationships with others are areas of growing concern as the numbers of students with ASD continue to increase and transition from inclusion education into the workforce and their communities. In addition, questions have been raised regarding current inclusion education as an effective way to educate and prepare students with ASD for gainful employment and living independently within the community.

Independent living skills continued to be an area of need for students with ASD and the levels of independent living skills adults with ASD demonstrated varied significantly within the research. Parsons (2015) described a variety of different types of living situations, for example, some participants in the study rented apartments or houses while others reported buying a house and paying a mortgage. An analysis of Parsons' (2015) research indicated that most of the participants lived with other people such as: spouses, children, or partners; however, it is noteworthy that 31% of the participants lived with their parents or other family members. Parsons (2015) and Bouck and Park (2018) described that even though the participants, in their studies, reported feeling satisfied with their current living arrangements the participants did not believe their high school transition plan provided the skills needed to plan, organize, and locate suitable living options. Bouck and Park (2018) explained the participants argued these skills should be incorporated into their transition plans, so they have the skills to live successfully on their own.

Parsons (2015) examined the personal relationships of adults with ASD and discovered a variety of different types of social connections. For example, 51% of the research participants in the study reported having a partner; however, many of the participants did not have friendships outside of that one relationship and did not spend time with other people after work or on the weekends (p. 407). Parsons (2015) also explained 58% of the participants described friendships they made on online and believed having ASD was an advantage for developing positive online friendships (p. 408). Most of the participants were satisfied with their relationships and they appreciated the supports they received from their family and friends (Parsons, 2015, p. 409). In contrast, Biggs and Carter (2016) proposed that students with disabilities often do not experience the same social opportunities as their peers. For example, Biggs and Carter (2016) explained students with disabilities do not often participate in extracurricular activities or community programs, so their chances to develop rich, meaningful relationships outside of the school day are limited. Biggs and Carter (2016) expressed a need for educators to encourage community opportunities for students with ASD during transition planning such as: part-time job opportunities, volunteering, community art and music classes, Special Olympics, and civic organization so they can develop and generalize their social skills and to encourage the development of friendships in the community (p. 201). Self-determination skills were also seen as a positive trait for students with ASD and were correlated to a positive QoL and positive decision making (p. 201). It is important to include the perspective of adults with ASD in the planning and development of social programming; their experiences and ideas can help parents, teachers, and community workers tailor programs that meet their unique needs. The participants in the Biggs and Carter (2016) study described socially dynamic group activities. This is in contrast to the lived experiences described by and reported in Parsons' (2015) research study where the adults with ASD in this study preferred online friendships and social interactions with their families. Parsons (2015) noted there is a gap in the QoL research for adults with ASD; researchers that examine key areas of QoL such as: employment, living arrangements and self-care, and relationships with others often use informants to describe their current situation rather than adults with ASD (p. 398). This may cause a misrepresentation of the lived experience when personal QoL measurements are only reported by informants; there is a difference between what the families and researchers report in comparison to the perceptions, thoughts, and feelings reported by adults with ASD regarding their QoL (Parsons, 2015, p. 399). Adults with ASD also argued that their perceptions and experiences should not be rated in the same way as other disabilities and their way of living may not match traditional standards; therefore, rating scales regarding QoL must be completed by them and not family members (Parsons, 2015). If researchers want to explore autism and understand the needs of this community, then they need to include their perspectives and provide opportunities for adults with ASD to share their first-person, lived experiences. This collaborative approach to research can build understanding and create a more inclusive society.

Missing Voices of Adults with ASD in Inclusion Education

Information from adults with ASD is missing in the research on inclusion education. This creates a gap in the perspectives of educators, parents, and policy makers about what it means to live with autism. Adult advocates with ASD have started to actively address this gap and many have written about their experiences in books, on social media, and on websites; this type of information is critical and essential as researchers, educators, parents, and policy makers work towards common understanding, universal acceptance, and positive social change for all people with ASD. Individuals with ASD want to be included in all areas of decision-making that affect their learning, employment, emotional growth, and well-being (MacLeod et al., 2018). Not including them in the decision-making process on inclusion education is a form of exclusion which is in opposition to inclusion practice. Adults with ASD can offer a unique retrospective perspective and understanding of inclusion educational practice which can give teachers a foundation of acceptance, diversity, and difference upon which to build their teaching practice.

Adult advocates offer parents, teachers, and students with ASD a positive and optimistic perspective of life with autism. Sutton (2015) explained, “rest assured that autistic people can thrive, and do thrive. Autistic people, including your child, can have good lives full of joy and love and meaningful connection and creative fulfillment” (p. 18). It is also critical in inclusion educational research to include the first-person perspectives of those most affected by this educational policy and paradigm. This is the definition of inclusion and when researchers incorporate first-person, lived experiences into the discourse they build understanding, help reduce stigma, and advance a framework of diversity. Although there continues to be a gap in the research of first-person experiences of individuals with ASD, Conn (2018) rejected the treatment as usual and argued it is imperative to include these first-person experiences into the body of research if there is to be social change. This type of research, one that includes individuals with ASD within the process, can provide rich descriptions of the inclusion classroom environment, clear accounts of the academic and social interactions, and explanations of the value of their experiences. Roberts and Simpson (2016) argued without input from students with ASD about how the environment impacts their sensory systems and learning, teachers will not understand and be able to create environments designed to soothe their sensory needs and support their academic, social, and emotional learning (p. 1092). Marshall and Goodall (2015) argued that in order create specially designed inclusion curriculum that meets the unique needs of students with ASD their voice must be included in the discussions on the development of best practice (p. 3163). Conn (2018) said that individuals with ASD have been excluded from the research because some believe individuals with ASD do not have the self-awareness and metacognition to describe their experiences (p. 54).Autism is understood as the inability to understand self in relation to social contexts and the environment; this idea has paved the way for research methods that do not include first-person accounts of individuals with ASD and relied heavily on informant accounts and experiences of what it is to live with ASD (p. 54). Conn argued individuals with ASD are able and have provided researchers valuable insights about their experiences, for example, their personal accounts of social situations and descriptions of events and emotional perceptions (p. 54). Adults with ASD have written several autobiographies describing their experiences of living in a neurotypical world and Conn explained both adults and children with ASD have written powerful personal narratives that have helped to define what it means to live with autism (p. 54). She argued, “Increasingly, it is understood within the helping professions that personal narratives are an important way of giving voice to service users and guiding the practice of professionals” (Conn, 2018, p. 54). Adults with ASD provide a much needed, first-person account of the experience of growing up and living with autism. These advocates have written a variety of first-person accounts of their thoughts, experiences, and have provided valuable insights into their world for parents, teachers, and practitioners. It is time to include their voices into the body of research on ASD and inclusion educational practice.

Conceptual Lens of Disability Studies

Disability studies is primarily viewed as a heterogenous foundation of thought that challenges the power given to practitioners working in a medical model as the experts on disability (Baglieri & Shapiro, 2017, p. 764). Disability studies gives the power and expertise to individuals with disabilities so that they can direct and control the social narrative on what it means to be disabled (Baglieri & Shapiro, 2017, p. 764). In disability studies, disability of autism provides the focal point through which to examine and explore the academic, social, and emotional experience of inclusion practice as a person with autism (Baglieri & Shapiro, 2017, p. 20). Goodley (2017) explained, “Disability studies provides a critical space to think through some key challenges facing us today as researchers, writers, activists and practitioners” (p. 20). Adult advocates with ASD are now actively speaking out about wanting to be involved and included in the research so their first person, lived experiences can be included as everyone works together to define best inclusion education practice for students with ASD (Bartmess, 2018; Parsons, 2015; Pellicano, Crane, & Gaudion, 2017). As teachers, parents, students with ASD, and educational policy makers move towards an inclusion model of education, it is imperative to included adults with ASD into the narrative; without the addition of adults with ASD in the discussion and research on inclusion education there is no understanding, no acceptance, and no true inclusion practice (Bartmess, 2018; Pellicano, Crane, & Gaudion, 2017). Activists with ASD explained the importance of listening to their stories and experiences; they urged parents to actively seek out adults with ASD, listen to their stories of success and failures, explore the history of the Disability Rights Movement and become educated in what it means to be autistic; they want to become positive role models for children with ASD and share their experiences (Bartmess, 2018). Disability studies allows adults with ASD to become experts, explore the autism in relation with the social world, and lead the way towards social change designed to meet their specific needs (Goodley, 2017).

Summary

The theoretical roots of inclusion are found in the civil rights movement where equality and opportunities are paramount. Inclusion educational practice is not clearly defined or delineated in the research which has caused difficulties in the implementation of best practice and in supporting the needs of students with ASD. Inclusion education has been built upon a structure of special education where students are identified using a deficit medical model and offered services designed to support their educational needs. Some educators and parents support the full inclusion of students with ASD into the mainstream classroom while others advocate for a mixed model of inclusion combined with specialized classrooms for support.

Teachers, parents, and researchers question if the needs of students with ASD can be effectively met within the inclusion classroom (Roberts & Simpson, 2016). Inclusion is a social and dynamic model of education and students with ASD demonstrate difficulties with social interactions. Students with ASD reported feelings of social isolation, rejection by peers, and incidents of bullying (Armstrong, 2017; Goodall, 2015; Marshall & Goodall, 2015; Roberts & Simpson, 2016). This impacted their academic growth and Goodall (2015) and Saggers (2015) reported students with ASD do not perform as well academically as their peers with the same intellectual ability. There is also growing concern about poor outcomes after high school graduation for students with ASD and Parsons (2015) reported difficulties for adults with ASD in gaining and maintaining employment, living independently, and developing positive connected relationships with others. Inclusion educational practice includes many different dynamic parts; these parts must work together to effectively meet the unique needs of students with ASD.

This study is designed to close a gap in literature through the exploration and examination of inclusion education using the perspectives of adults with ASD. This research can advance a framework of diversity and provide a lens for adults with ASD to be viewed as experts. This information could provide a collaborative foundation as educators and adults with ASD work to improve inclusion education for students with ASD. Furthermore, not including adults with ASD in the research process is a form of exclusion which is in opposition to the theory of inclusion practice; therefore, the purpose of this research is justified.

Chapter 3: Research Method

Introduction

The purpose of this research was to explore the retrospective experiences adults on the autism spectrum had involving inclusive education. I described and identified the foundational principles of inclusive education and its intersections with special education, difficulties students with ASD have with the academic, social, and sensory components of the inclusive classroom, and transitions into employment which impact QoL outcomes for students with ASD after high school graduation. There is a significant gap in the body of educational research involving the lived experiences of adults with ASD and their perspectives of the inclusion model as an educational paradigm. This study was designed to understand inclusion education using lived retrospective experiences of adults with ASD.

I used a qualitative phenomenology design for this study and rich phenomenological descriptions. For this study, I used the practice of phenomenological methodology. I used phenomenology to explore the unique and authentic first-person experiences adults with ASD had in inclusive education. This chapter included the methodology and reasons I selected it, a description of the research design and research questions, the context and descriptions of sample participants, explanations of data sources and data collection, and descriptions of data analysis. My role was also discussed and described. I described considerations provided to participants designed to make them comfortable during the data collection process and explained ethical considerations regarding confidentiality, data protections, and fidelity.

Research Design and Rationale

The three research questions for this study are as follows:

RQ1: How would adults between the ages of 19 and 55 with ASD describe their experiences with the inclusion model in public schools?

RQ2: How do adults between the ages of 19 and 55 with ASD perceive their experiences with academic, social interactions, sensory experiences, and transition needs with the inclusion model in the public schools?

RQ3: What do adults between the ages of 19 and 55 with ASD want education professionals to know about the inclusion education model?

The central phenomenon of this study involves how adults with ASD describe their academic, social interactions, sensory experiences , and transition experiences in inclusion education. The phenomenological tradition of research provides the structure to explore lived experiences in rich detail and make meaning of people's reactions to a single definable phenomenon. The intent of this study is to explore how adults with ASD experienced inclusion education and focus directly on their perceptions of this phenomenon.

Other qualitative designs were explored but did not adequately meet the needs for this study. A case study methodology was considered but rejected. Yin (2014) described case study research as a methodology used to comprehend complex social phenomena. A case study research design is best suited to explore participant experiences within a bound context using multiple sources of data (Patton, 2015). For this research, the focus is on the experience adults with ASD had with inclusive education, not on the phenomena of inclusive education as a practice. I was not interested in exploring inclusive education or evaluate it as a program using the experiences of adults with ASD in inclusion education. Experimental design where the phenomena is separated and studied outside of context also were not appropriate for this study. This study is not designed to evaluate inclusion education according to the perceptions of adults with ASD in order to develop interventions. The focus of this study was to understand adults with ASD and inclusion education based on their lived experiences and perceptions and how they constructed and recalled inclusion education from their perspectives; therefore, case study methodology was rejected.

A grounded theory methodology was also explored; however, it was not an appropriate design for this study. Grounded theory methodology is designed for researchers to gather data and analyze actions and processes to develop a theory (Patton, 2015, p. 109). Grounded theory involves specific processes and procedures to analyze large and varied data sets using induction and deduction to examine emergent concepts (Patton, 2015). This type of data analysis was not appropriate because I was interested in the lived experience adults with ASD had with inclusion education and was not interested in collecting data in order to develop theory.

Role of the Researcher

I currently work for a public-school district as the autism facilitator. I have worked in this position since 2010. I hold teaching certifications as a teacher of the hearing and speech-impaired, deaf and hard of hearing, secondary English, and special education. Prior to this job, I worked as a speech and language therapist and special educator. My current job includes providing therapies for students with ASD from kindergarten through high school, building social skills programs, developing transition programs, and consulting with teachers, support staff, administrators, and parents. I have a broad knowledge of the strengths and needs of individuals with ASD, and my strong background as a speech language therapist is a benefit to the interview process and data collection. Participants in this study were unknown to me prior to this study and I had no personal or professional relationships with them.

Van Manen (2014) explained that "phenomenological research begins with wonder at what gives itself and how something gives itself. It can only be pursued while surrendering to a state of wonder" (p. 755). I have wondered about how individuals with ASD experience inclusion education. This sense of wonder is not without my own thoughts, reflections, and bias. Because phenomenology research is focused on the prereflective and prepredicative experience of participants, it will be critical that I recognize and understand any preconceived and personal perceptions I have about the phenomena of inclusion education practice and ASD. Van Manen (2016) argued that the difficulty the researcher has with phenomenological research as that she comes to the study with too much knowledge, experience, and information about the phenomenon she wishes to explore (p. 46). This causes bias and judgements about the phenomenon we are exploring and researching. In order to manage any bias, I kept a research journal where I wrote down my thoughts, wonders, and personal questions. The use of a journal helped to reduce bias and developed a perspective of epoche and bracketing. Epoche is a way to reduce bias and to view phenomena from a new and clean lens without judgement and with an open sense of perspective (Moustakas, 1994). Using a tradition developed by Husserl, bracketing was used throughout the study to epitomize the data collection and analysis and to manage judgement and bias (Husserl, 1931). Bracketing is a process of removing judgement and bias from ethos of epoche. This was a process where I set aside what I have come to understand about the phenomenon of inclusion education as I examined the data collected from the participants; I investigated their understanding and interpretations of the phenomenon through the different structures they explained and described.

In the tradition of qualitative inquiry, I used open-ended questions to allow the participants to respond freely and independently. Constant phenomenological reflection was followed throughout the interview process with the use of bracketing to control bias and glean the essence of the participants' experiences. With permission of the participants, I audio recorded all the semi-structured interviews. Throughout the interview process care was given to ensure the sensory and social comfort of the participants. Participants were not forced to respond to questions they were uncomfortable answering and they were allowed to end the interview session if they became fatigued. Specific attention was given to the sensory, social, and language needs of the participants for this study and accommodations were made to ensure their comfort throughout the interviewing process.

Methodology

My intent for this study was to explore the retrospective, lived experiences adults with ASD had with inclusion education using a qualitative phenomenological approach.

Although phenomenology has a philosophical foundation, the purpose of this research is connected towards the phenomenology of practice (Saevi, 2014; Van Manen, 2016). I approach this research as a teacher with a pedagogical view and interest, Van Manen (2016) explained, “when we raise questions, gather data, describe a phenomenon, and construct textual interpretations, we do so as researchers who stand in the world in a pedagogic way” (p. 1). The focus of phenomenology of practice is to examine the meaning within educational paradigms and to understand the essence of educational practice (Saevi, 2014); my goal was not to solve an educational problem but to open contemplation and questioning towards inclusive education practice for students with ASD. Phenomenology of practice provided a methodology to explore the lived experiences of those in education and offered a practical understanding of the dynamic nature of teaching practice (Creswell & Poth, 2018).

Participant Selection Logic

Creswell and Poth (2018) and Moustakas (1994) provided the following guidance on participant selection: participants must have experienced the central phenomena of the study, be able to fluently describe their experience, be willing to engage in a long interview that is recorded, and grant the researcher permission for the data to be collected, published, and disseminated. Phenomenology research is designed to explore the depth of a phenomena through the lived experiences of the participants (Burkholder et al., 2016). Because the focus is on the depth of the experience, a large sample size is not necessary; the aim is to achieve rich, sufficient data from approximately 10-12 participants (Burkholder et al., 2016; Creswell & Poth, 2018). The goal of phenomenological research is to achieve depth of understanding about the participants' perception of a phenomena and not about gathering a breadth of data; the purpose is not about the generalization of results but transferability to other contexts and people (Burkholder et al., 2016; Creswell & Poth, 2018).

To find a heterogeneous group of participants for this study, I used a criterion based sampling logic and participants were included based on the following criteria: they must be adults and 18 years old or older, have a formal diagnosis of ASD (including high-functioning autism or Asperger's syndrome), and must have been educated in the inclusion model. Participants were recruited through social media sites like Facebook, Twitter, national, state, and local autism societies, for example, National Autism Society ASERT PA, Central PA Autism Society, autism organizations like Organization for Autism Research, and Autism Mentorship Program, the Walden University Participant Pool, and colleague referrals. These agencies acted as the gatekeepers and I sent an email to these organizations explaining my study and asked for their willingness to send out information to adults with ASD via email or social media. This initial email included an invitation letter, found in Appendix B, that explained who I was, briefly described the study and what was required of them, and contained my contact information. The participants contacted me directly if they were interested. This protected the privacy of the participants and I did not have access to these individuals until they agreed to participate in the study. Once the participants agreed to volunteer for the study and contacted me, I discussed the purpose of the study, answered any questions or concerns, and built rapport (MacLeod et al., 2018). During the initial contact with the participants, I explained the anonymity and confidentiality of all data and created an environment of trust by providing the participants opportunities to ask questions throughout the process (MacLeod et al., 2018). With participant consent, I scheduled the interview.

Participants who met the criteria were selected based on whoever contacted me first. Once I reached a required sample size, I contacted any remaining volunteers by email and explained they will be placed on a waiting list should I need to contact them after the first round of interviews. If the first round of interviews did not produce the deep, rich data needed for a phenomenological study, I planned to contact the participants on the waiting list.

Instrumentation

Before any data is collected, I gained Institutional Review Board (IRB) approval from Walden University to ensure ethical practice throughout the study. I created an initial email that explained the study and invited them to participate; my contact information was provided both my email and phone number requesting they contact me. Once contact was established, I mailed or emailed them participant packets that included an informed consent form that had the questions I asked embedded into it. Embedding the research questions into the consent form was designed to prepare the participants, reduce anxiety, and allow the participants to review the questions prior to the interview. I also included an initial data form, found in Appendix A, for them to complete that asked for their personal demographic information. The packets included self-address, stamped envelopes for the participants' convenience to return the forms to me. I emailed participants that were not selected and explained why they were not selected. I thanked them for their interest in the study. I was not able to gather enough participants to create a waiting list.

Using the research questions for this study as a guide, I created a semi-structured interview protocol. The interview protocol was designed to provide guidance and structure, and avoid confusion. Van Manen (2016) explained, “Before embarking on a busy interview schedule one needs to be oriented to one’s question or notion in such a strong manner that one does not get easily carried away with interviews that go everywhere and nowhere” (p. 67). In the tradition of qualitative research, open ended questions were used in the interview protocol, to allow the participants to reflect and respond using their own thoughts and words (Patton, 2015). Open ended questions were paired with probes and follow-up questions to clarify participant responses, illicit more details, and to explore a response more deeply (Patton, 2015). On a conceptual level, inclusive education has many different moving parts and is dynamic and interactive paradigm. In order to manage the dynamic nature of the inclusion education phenomenon, I have narrowed inclusive education into four defined topics of academics, social interactions, sensory experiences, and transition needs to create the question protocol (Van Manen, 2016). Table 1 seen below provides an example of how the research questions support the interview protocol. In order to reduce anxiety and to help the participants prepare for the interview, sample questions were sent to them to preview. This allowed the participants to review the questions before the interview and gave them an opportunity to become familiar with the questions and to focus on the question topics.

Table 1

Research Questions and Interview Protocol

Research questions	Interview protocol
RQ 1: How would adults between the ages of 18 to 55 with autism spectrum disorder describe their experiences with the inclusion model in the public schools?	**IQ 1:** (warm up) Tell me about your school experience. **(Probes)** a. Where did you go to school? b. When were you diagnosed with ASD? c. Did you receive special education services?
	IQ 2: How would you describe inclusion education based on your school experience? **(Probes)** a. Describe the school philosophy on inclusion education. b. Tell me about how you were included in the classroom, the lunchroom, recess, and extracurricular activities?
RQ 2: How do adults between the ages of 18 to 55 with autism spectrum disorder perceive their experiences with academics, social, sensory, and transition with the inclusion model in public schools?	**IQ 1:** How would you describe your academic experience in the inclusion model? **(Probes)** a. Describe the academic work and workload. b. Describe the teacher's role.
	IQ 2: How would you describe your social experience in the inclusion model? **(Probes)** a. Describe your relationship with your teachers. b. Describe your relationships with your peers.
	IQ 3: How would you describe your sensory experience in the inclusion model? **(Probes)** a. Describe any physical sensations to the inclusion environment. b. Describe how your sensory experience impacted you in the inclusion model.
	IQ 4: How would you describe your transition experience in the inclusion model? **(Probes)** a. Describe your high school transition plan. b. Describe how your transition plan supported your post-secondary goals.
RQ 3: What do adults between the ages of 18 to 55 with autism spectrum disorder want education professionals to know about the inclusive education model?	**IQ 1**: As an adult with ASD, what do you want education professionals to know about what inclusion education is like for students with ASD? **(Probes)** a. How would you define inclusion education for students with ASD? b. How would you create an inclusion environment for students with ASD? What would you change about the current practice of inclusion education?

Procedures for Recruitment, Participation, and Data Collection

Van Manen (2016) explained a researcher must be sensitive to the "phenomena of human experience" (p. 164) and participants with disabilities may require specific care to ensure their experiences are being interpreted accurately. Adults with ASD interpret and experience contexts and situations in a different and unique way; it is the researcher's responsibility to recognize and accommodate for these differences so they can be viewed as the experts and valued stakeholders (MacLeod et al., 2018; Pellicano et al., 2017; Russell et al., 2019).

When the participants contacted me with an interest to participate in the study, I emailed or mailed them the participation packets. Once they confirmed their agreement to participate in the study and returned the signed consent form, I set up the interview. During this follow up communication, I reviewed the purpose of the study and answered any questions about the research study. I also asked questions to understand any specific needs they might have during the interview process such as: aversion to certain smells and sounds, type of environment they need to reduce distractions, and their level of comfort with eye contact (Pellicano et al., 2017). I also explained to the participants that I have chosen to use people-first language throughout this study. For example, I have used student with ASD or adult with ASD. I did understand that some adults with ASD prefer identity first language such as autistic adult or autistic community. I respected this format and understood their opinion; however, for the purpose of this research study, people-first language was used. The participants were able to withdraw from the study at any time throughout this process.

In order to reduce anxiety and provide specific levels of comfort, participants were given the option of the following interview formats: person to person in an environment where they feel comfortable, via telephone, or the use of Skype or Facetime technology. The length of each interview was approximately one- and one-half hours. I explained to each participant that this time frame may be flexible, and they were able to end the interview at any time should they wish to do that. A second interview would then be added to make sure rich and detailed data was collected. At the time of consent, I also explained to each participant that it may be needed to contact them for a second interview in order ensure I have enough rich, deep, meaningful data that accurately describes the essence of their experience.

All the interviews were digitally recorded with participant consent and accurately transcribed. Care was given to ensure that the interview environment was free of distraction and I clearly described the interview process, how long the interview may take, and expectations using concrete language and specific details Confidentiality was managed by giving each of the participants a pseudonym. At the conclusion of the interview, I provided each participant with a debriefing summary. The summary included the following bulleted points: reason for the study, the value of their participation in the study, plans for the dissemination of the research results, my contact information, contact information for the National Autism Society and the Autistic Self Advocacy Network (ASAN) for access to support and support group networks, and a statement of gratitude for helping me complete my research study. All data collected will be held for 5 years in a locked cabinet to protect the identities of all participants.

Data Analysis Plan

Van Manen (2016) said researchers involved in the fields of human science are immersed in and observers of the everyday contexts of their participants lives and are enthusiastic readers of the scholarly research that pertains to their area of interest. As a special education teacher, I am immersed in inclusion education and observe students with ASD in this dynamic and interactive environment. I have also read and studied the scholarly research on inclusive educational pedagogy for students with ASD. This experience has provided the background and foundation for the research questions for this study and are reflected in the interview protocol in Table 1.

IPA was used to provide structure for the analysis of the data collected during the interviews. IPA has a strong connection to hermeneutic phenomenology, and both focus on the interpretation of the lived experience within a context (Smith et al., 2009). IPA provides a systematic approach to data analysis and offers a structure for the analysis of large amounts of data which can be overwhelming to the novice researcher (Smith et al., 2009, p. 81); however, it is important to remember that hermeneutic phenomenology is designed to explore, interpret, and be open to meaningful insights that unfold (Van Manen, 2017, p. 779). I used the steps laid out by Smith et al. (2009) as a guide for data analysis. First, I read and re-read transcripts. I listened to the audio recordings while reading the transcript to focus on the participant and to hear their voice. I then bracketed my own thoughts, ideas, and experiences to reduce bias. I used initial noting of descriptive comments, linguistic comments, and conceptual comments to understand how the participant experienced and described the phenomena. I developed emergent codes and focused on the hermeneutics to focus on the participants' words and thoughts. I used the research questions as a guide, identified patterns and made connections among the themes; some weak themes were discarded at this stage. I repeated this analysis process for each set of data and bracketed any ideas that presented in the first case in order to reduce bias and to analyze each set of data on its own merit and individuality. At the end of this process, I examined and searched for patterns and identified the strongest themes (Smith et al., 2009, p. 82-103).

Qualitative data collection is both an iterative and inductive process (Smith et al., 2009). The interview process can produce large amounts of data to analyze (Patton, 2015); to organize this data, I used the computer software program Dedoose version 8.3.17. Computer software programs are designed to store data and support the researcher through coding, retrieving, comparing, and linking data; however, the researcher is responsible for the creative processes of coding and analyzing the data collected (Patton, 2015, p. 531-532).

Discrepant cases and contradictions were included as a part of the summary of each of the participant's lived experience. Including the discrepant cases enhanced the data collected by providing the subtle differences and nuances to the rich, thick descriptive account of the phenomena. This also demonstrated credibility and strengthened the analysis of the data collected by reporting the unexpected and contradictive.

Issues of Trustworthiness

Lincoln and Guba (1985) described four standards used to confer the trustworthiness of a qualitative research study credibility, transferability, dependability, and confirmability (p. 300). They describe credibility as a variety of different strategies used to produce valid results and an accurate reliable interpretation of the data collected. The three techniques I used are prolonged engagement, peer debriefing, and member checking. Prolonged engagement is designed to develop an understanding of participants, evaluate the quality of information, and build a sense of trust and understanding between the researcher and participants (Lincoln & Guba, 1985). In order to build rapport and trust, I contacted each participant before the interview to discuss the research study, explain the process and reason for the study, and answer any questions they may have about the study. Before the interview, I spent time developing a conversational partnership with each participant to help them feel at ease with the interview process and to provide a warm climate where they feel comfortable to open up and provide rich, detailed, honest responses. I asked a neutral colleague to assist me with peer debriefing. This colleague is a certified speech and language therapist with years of experience working with students and adults with ASD. During the peer debriefing, she helped to uncover any bias I had and clarified the methods and procedures of the study. A written record of these discussions was kept as a point of reference. I used both formal and informal member checks throughout the data collection and analysis process. Member checks are a critical part of credibility and I allowed participants to review the interview tapes and provided them a copy of the transcripts for them review to ensure the data collected was an accurate interpretation of what they wanted to convey. This also provided the participants the opportunity to make corrections to the meaning of their responses, add more information, and confirm accuracy of the data collected and interpreted. It was important to explain the member checking process to the participants before they began to make any alterations or edits; therefore, I included a separate paragraph in the member checking email. This paragraph included an explanation about how the transcripts are transcribed. It described the need for an authentic, accurate, verbatim transcription of the interview; it also reassured the participants that any verbal errors are a part of the conversational process and this added to the authenticity of their interview.

Transferability is fluid and subjective in qualitative research because it is impossible to control for all the contextual variables (Lincoln & Guba, 1985). The best way to offer any type of transferability is to provide rich and detailed descriptions of the phenomena or thick description using purposeful sampling (Lincoln & Guba, 1985). For this study, I used purposeful sampling in order to obtain rich, thick, detailed descriptions of inclusive education from the lived perspectives of adults with ASD.

Dependability is defined as the reliability of the study to be duplicated or repeated by another researcher (Lincoln & Guba, 1985). One reliable way to demonstrate dependability is to create an audit trail that includes a clear plan of action and a detailed description of the methodology used for the study. This audit trail can be reviewed by other researchers to ensure that they would report similar results if they had followed the same procedures and analyzed the same data (Lincoln & Guba, 1985).

The final component of trustworthiness is confirmability. Confirmability relates to an audit trail that includes the steps taken during the data collection process and analysis, and a description of how the data was interpreted and analyzed by the researcher (Lincoln & Guba, 1985). One way to provide transparency to the interpretation of the data collected is through reflexivity. I kept a reflexive diary to record how I made decisions throughout the study with regards to data interpretation, analysis and the presentation of results, and conclusions. This reflexive diary provided insight into my thought processes, background knowledge about the phenomena, and highlight my experience and values as an educational researcher.

Ethical Procedures

The researcher has the responsibility to follow ethical procedures throughout the research study. Before I began this study, I gained approval from the Institutional Review Board (IRB) to ensure the safe and ethical treatment of all participants. My IRB approval number is 01-09-20-0071138 and my IRB approval expires on January 8, 2021. I received signed informed consent forms from all participants that explained the reason for the study, described the interview process and data collection, and acknowledged any potential risks.. Participants had access to my contact information and were able to contact me during the process. Because I am interviewed a specialized population, I needed to modify my language, reword their responses into manageable parts, ask for detailed clarification, and rephrased the questions in order to gain clear details and the best responses from the participants. This was done with respect and care for the participants. The interview process could have contained some uncomfortable emotional memories considering the reports of bullying from students with ASD suggested in the current body of research; however there was no need to stop the interview and the participants explained they were comfortable throughout the interview process. Their mental health was a priority and they could stop the interview or discontinue their participation in the study. All participants were permitted to withdraw from the study at any part of the process.

Ethical consideration was taken during the recruitment process to avoid perceived coercion. Researchers often use shared social networks to recruit participants for their study. During the recruitment process, I did not recruit participants that had a personal or professional relationship with me; however, I did use family, friends, and colleagues to help me find possible participants for this study. The participants in the study were not provided any type of compensation and participated on a volunteer basis.

All data collected during this study was managed with confidentiality. The names of the participants were changed, and a name pseudonym was used to protect their identities. These pseudonyms were used throughout the data collection, analysis, and in the written presentation of the results. The raw data is stored in a locked cabinet for up to five years and I am the only person who has access to it. The results of this study were published and disseminated to each of the participants. Once the research study was published, participants were no longer able to withdraw from the study.

Summary

The purpose of this study was to explore the retrospective experience adults on the autism spectrum had with inclusive education and to give meaning to the essence of this experience. A qualitative research design was the best way to gain the deep, rich data necessary to discover the essence of a lived experience; the phenomenological research designed aligned with the purpose of my study, the problem statement, and the research questions. For this study, I used a purposeful intensity sampling process and selected 12 participants that met the established criteria. Data were collected using 1:1 semi-structured interviews and analyzed using an inductive process of IPA.

In Chapter 3, I include a description of the role of the researcher, procedures for recruitment, participant selection, the interview process and protocols for confidentiality, data analysis and use of Dedoose software, issues of trustworthiness, and ethical procedures and considerations. Chapter 4 includes demographics of participants, descriptions of data collection, data analysis using quotes from participants, detailed explanations of evidence of trustworthiness, and results of the study in relation to the research questions.

Chapter 4: Results

Introduction

The purpose of this study was to examine the lived experiences adults with ASD had with the inclusion education model and to add their voice to the current body of educational research. Inclusion education is a dynamic interactive paradigm which includes many different moving parts and participants. First-person lived experience perspectives from adults with ASD are absent in research on inclusion education and their perspectives could provide valuable knowledge and promote positive and effective educational change.

Research Questions

RQ1: How would adults between the ages of 19 and 55 with ASD describe their experiences with the inclusion model in public schools?

RQ2: How do adults between the ages of 19 and 55 with ASD perceive their experiences with academic, social interactions, sensory experiences, and transition needs with the inclusion model in the public schools?

RQ3: What do adults between the ages of 19 and 55 with ASD want education professionals to know about the inclusion education model?

This chapter includes a description of the setting and participant demographics. I have included any pertinent characteristics of the setting and participants that were applicable to the study. It also includes descriptions of data and the data analysis process, evidence of trustworthiness, results of data. The conclusion of this chapter included a detailed summary of answers to the research questions.

Setting

There were no personal or organizational conditions that influenced experiences of the participants or the results of the study. Participants were recruited across the continental United States, and those who responded came from the Midwest and northeast parts of the country. Of the 12 participants, 10 of them preferred telephone interviews while two of the participants preferred face to face meetings; these two interviews were conducted at a public coffee shop.

Participant Recruitment Procedures

In order to participate in this study, all participants needed to meet three criteria: they must be adults and 18 years old or older, have a formal diagnosis of ASD (including high-functioning autism or Asperger's syndrome), and must have been educated using the inclusion model. All participants met all three of the qualifying criteria; however, throughout the recruitment process, two distinct groups of participants began to emerge. Group 1 met all three of the criteria; however, they were diagnosed as adults with ASD and did not experience inclusion education when they were younger. This group included of females with ASD, whose perspectives are not always addressed in the body of research. Males are 4.5 times more likely to be given an ASD diagnosis than females, and there is now developing recognition that a diagnosis of ASD may appear and express itself differently and less overtly in females (Ormond et al., 2018). Group 1 also did not receive special education services in the inclusion model because they did not have a formal diagnosis of ASD. This made their experiences valuable and provided a unique perspective. Group 2 included adults with ASD diagnosed in preschool or before entering elementary school, and all received some type of special education support. Table 2 demonstrates unique differences between these two groups and highlights differences in supports and educational paths experienced by these two groups.

Table 2

Participant Group 1 and Group 2 Supports and Education Paths

Group 1	**Childhood Diagnosis**	**Adult Diagnosis**	**Inclusion**	**Inclusion and Special Ed Services**	**Type of Special Ed Services**	**Other Information**
Jill		X	X			Gifted
Lydia		X	X			
Beth		X	X			Gifted
Kim		X	X			Gifted
Rich		X	X			Gifted
Meg		X	X			Gifted

Group 2	**Childhood Diagnosis**	**Adult Diagnosis**	**Inclusion**	**Inclusion and Special Ed Services**	**Type of Special Ed Services**	**Other Information**
Erica	X			X	Speech Therapy and Special Ed	No IEP after 2nd grade
Nate	X			X	Special Ed	
Nick	X			X	Speech Therapy, Paraprofessional, and Special Ed	
Matt	X			X	Speech Therapy, Occupational Therapy, Special Ed, Transition Services	
Mike	X			X	Speech Therapy, Occupational Therapy, Special Ed, Life Skills Social Supports	
Tim	X			X	Paraprofessional, Psychology Services, Special Ed, Transition Services	

Demographics

Twelve participants who met the study criteria contacted me via email and text . Included in the study were six males and six females with an age range between 19 and 55. Each group is represented by a description of their diagnosis, a summary of their educational experiences, and their current work and living status.

Group 1

Jill

Jill was a female in her late 30s and married with children. She was recently diagnosed with ASD in 2019. Jill explained she sought a diagnosis after her anxieties became unmanageable. Her therapist suggested autism as a possible diagnosis when Jill reported difficulties navigating through a complicated personal and social situation and described her lifelong struggles with social contexts. Jill explained, as long as she can remember, she struggled to understand and manage social situations and relationships. Jill said:

> I had started therapies a year ago because my anxiety was to a point where I couldn't cope with it anymore and I didn't know how to move forward. I have always been a very anxious person. I remember being very anxious at school and at home. As a child, I was able to work around it but it got to a point where I was in a situation that I didn't know how to navigate. My therapist kept throwing out a few things it could have been because she knew it wasn't just anxiety. I was evaluated and diagnosed with ASD which came as a big surprise. (Jill)

Feelings of anxiety and socialization issues were continuous themes throughout her reflections of her experience in inclusion education. For example, although not formally diagnosed by a psychologist, she presented as selectively mute in kindergarten. Children that exhibit selective mutism usually have extreme social anxiety or social phobia. In order to support her social development, she was placed in a piloted pre-first classroom as a transition class between kindergarten and first grade; however, Jill described this classroom as not academically challenging and boring. Her educational team created a plan to differentiate her work and offered her a placement in the gifted and talented program. She continued to receive weekly pull out gifted and talented services throughout elementary school and middle school; however, she did not always find the activities challenging, and by the end of middle school, she no longer wanted to participate in the program. In high school, she participated in advanced placement (AP) classes in subjects she felt most comfortable and regent courses for the rest. Jill did not always feel as though the inclusion classroom environment met her desire to learn and explore a topic deeply. She made apparent her desire to be academically challenged and enjoyed participating in AP classes; however, the level of work was heavy, and this caused her stress and increased her feelings of anxiety. Peer relationships were difficult and she explained that she always felt different from her peers and did not understand "stereotypical female chitchat;" most of her friendships were because of context and circumstance, and she did not know how to make a friend or have the skills to develop friendships with others. Looking back at her inclusion education experience, Jill wished she would have been socially and emotionally supported throughout her schooling.

She lives with her husband and children and is currently working as a graphic artist.

Lydia

Lydia identified as transfeminine autistic. She was not diagnosed with ASD until she was 27 years old. Throughout her school experience, she was fully included in regular mainstreamed classes without any special education. Lydia described her elementary school years as being difficult. She explained that she was a perfectionist and wanted to dig deep into topics of interest. This impacted her ability to complete assignments. She explained:

> I had two big problems. First one being that I was a perfectionist and I didn't know when to stop. I didn't know when my homework was good enough…. I'd want to spend three days on something they wanted me to spend three hours on. And then that also played into the fact that I could never keep up. I was always too slow. And that's the overarching comments, feedback I've gotten from everybody in my life… they just get frustrated because I'm too slow.

These two areas of being a perfectionist and not being able to keep pace were a constant struggle and frustration for Lydia and she never felt as though school satisfied her need for deep learning and curiosity. She also explained that she has recently been diagnosed with dysgraphia which causes difficulties with writing and fine motor control. This made both writing and typing challenging and impacted her ability to take notes and complete written course work. She described how dysgraphia and her executive function skills impacted her in the inclusion classroom:

> I can't take notes in a lecture and I have no working or functioning long-term verbal memory. Cause my brain is like Google image search, like Temple Grandin. I can't remember anything I say or anything anybody else says after the conversation is over…I only remember the things that I see visually, so almost attending a lecture is like, besides the point.

Because Lydia was academically, smart she was never evaluated by the school or provided special education supports. She explained the difficulties of going through school without supports:

> I graduated high school, barely. I needed 27 credits…. I had 27 and one half…. I wasn't diagnosed with anything anxiety, depression, or autism until well into my twenties. Although I have two loving parents, they had no clue. They always blamed me; everything was my fault. They never sought out help for me. They just pegged me as lazy or stubborn and never thought to get me any kind of academic assistance whatsoever. So yeah, school has been nothing but frustrating.

Lydia current lives independently and loves to read. She has identified this as a strength and is considering returning to college to study linguistics with the goal of becoming an editor.

Beth

Beth is a female diagnosed with ASD in her early twenties. She started her school experience in a Montessori preschool which she remembers as a great experience. Beth recounted that the teacher would follow her lead and sometimes would read to her for long periods of time. She was able to explore, draw, and did math where she taught herself her multiplication tables. From 1st grade through 8th grade she attended a public magnet school for gifted and talented students. Beth described her experience in that school as great and she enjoyed being with other students that were academically successful students. She explained that most of the students were identified as gifted with some other type of disability. Many of the students she went to elementary and middle school with also were diagnosed with ASD as she explained:

> Autism was kind of something that we knew about and that the teachers were willing to talk about sometimes. We had one classmate who was nonverbal. Most of the other kids on the spectrum were…I don't love functioning labels, but less obviously autistic.

Although she enjoyed her elementary and middle school experiences in inclusion education, she described high school as a vastly different type of inclusion experience, and she went to the biggest high school in her city and enrolled in a full international baccalaureate diploma program. She said:

> I pushed myself really, really hard. I felt like I wouldn't have been able to live with myself if I hadn't been pushing myself so hard, but it was also really difficult to keep up with the work. In high school I felt like I was a number…I felt like the teachers didn't like the jobs as much and didn't want to be there as much as the teachers had before…I didn't feel as cared for or as seen as I had before and so I did not really enjoy high school.

On top of the academic pressures, Beth did not feel as connected to the friends she had made in elementary and middle school and her friend group dwindled to a small group of three girls and her boyfriend. She described these friendships as complicated and "there was a lot of infighting in high school especially" and, throughout high school, she did not make any new friends outside of this group. This made it difficult when there was group conflict because she did not have anyone else to turn to when she needed support. Beth described her social interactions in high school as complicated and she was easily confused by the hidden social rules of the inclusion classroom:

> I was always the person who had done the reading and who was like top of the class…I didn't really have the social skills to like do that in a way that was charming. People found me obnoxious and full of myself and kind of holier than thou. I was pretty widely disliked for trying as hard as I did …and of course I felt like I couldn't stop trying…nor did I really want to be a mediocre student for the sake of gaining social points. It was a hard-social position to manage because, I didn't enjoy being widely disliked.

After struggling with anxiety and breaking down in class, she started counseling therapy her sophomore year of high school. She explained that she was misdiagnosed as bipolar her sophomore year of college and two years after that received the correct diagnosis of ASD. The diagnosis of ASD was a relief for her, and Beth wished she would have gotten it sooner so she could have been better supported throughout her school career. Beth completed high school and graduated from college. She is currently employed and lives independently.

Kim

Kim was a female identified as an adult with ASD. She was educated in the inclusion classroom in the 1970s from kindergarten through eighth grade and then attended a religious private school from ninth through twelfth grade. She described her elementary and middle school experiences as being difficult even though she was academically gifted. She said, "I was a really bright kid. I taught myself to read when I was two. So, in school they thought about having me skip grades." Kim explained that in the 1970s, there were no special education supports and if you needed support you were moved into a lower grade. For example, if a student was in 6th grade but needed reading supports you were moved to a 4th grade classroom for reading. Because Kim was gifted in the area of reading, she was moved into a higher grade for that class. She described the social impact that had on her peer relationships and was bullied for being smart. Her parents divorced when she was in fourth grade. This traumatic event caused Kim to become selectively mute and she refused to talk to her teacher and her peers. Recognizing that something was wrong, her fourth-grade teacher sent her to the speech teacher to be evaluated:

> I remember her [speech therapist] telling me, she says, I'm really not sure why your teacher sent you to me because we've had a really nice conversation. And she sent me back to class. The reason, I talked to her was because she was a safer person…it was one to one. But basically, in class, I was selectively mute. And that's a characteristic of autistic kids. It's hard when you don't feel safe. (Kim)

Kim described being the target of constant bullying in both elementary and middle school. She detailed her experience in middle school, "I was getting physically assaulted every day…you know…like my books knocked out of my hands." Overall, Kim detailed her inclusion school experience as difficult and she also struggled with co-occurring mental health problems which led to her adult diagnosis of ASD. Kim graduated from a four-year college with a degree in psychology and special education and currently advocates for students with disabilities. She lives with her partner and children.

Rick

Rick was a middle-aged male diagnosed with ASD as an adult. The diagnosis of ASD has helped him to understand some of the struggles in his life. Rick went to school in the 1970s and completed elementary, middle, and high school without a diagnosis or any type of special education supports. As a child, Rick recognized that he understood language literally and this type of thinking caused him social confusion and anxiety in the inclusion education classroom. In elementary school, some of his teachers recognized that he was different and tried to support him; however, Rick did not feel as though his social needs were recognized or supported stating, “Academically I did very well…but socially I needed more support bonding with my peers.”

Rick’s ability to make friends and develop a social peer group at school was impacted by his family moving several times during his elementary school years. He explained, “Changing schools was extremely difficult for me and I think it left me very lost until about 9th grade when I started to catch up in terms of having a social network.” Rick has a strong interest in making social connections and enjoys social interactions; however, he demonstrates a weakness in making social judgments. He explained it is difficult to know if people are angry at him or when they are being mean to him. This inability to make social judgments about others made him a vulnerable social target for bullying at school. He explained,

> I don’t think I felt vulnerable. I was vulnerable. I don’t think I knew what even feeling safe felt like cause I don’t think I knew what being safe meant. So, I don’t think I ever had been safe…because as an autistic person in a non-autistic world…there is not safety. There is none. (Rick)

He described being bullied by a friend at school, and how it was difficult to get the support and help he needed. In order to get help from others, he explained you must be able to explain the context and detail the interaction and was unable to do that with accuracy. This left him open to bullying and abuse in the inclusion education model.

Rick was able to learn academic concepts quickly and with depth. He described some of the difficulties he had with inclusion education, “the brutal part about the academics was that it was too slow, and the teachers were too often wrong about what they were teaching.” This caused a problem for Rick and he became confused when his teachers taught or shared incorrect information with the class; he didn’t understand the hidden social rules of correcting a teacher and he found this frustrating and difficult to manage in the inclusion classroom.

He left his job as an IT consultant soon after his diagnosis and currently lives with his partner. Rick is actively involved with the community of autistic adults and on the board of his state’s Autism Society.

Meg

Meg was a middle-aged female diagnosed with ASD in her 40s. Meg and her identical twin sister were raised Catholic and attended a private Catholic school from kindergarten until 5th grade. In order to encourage the girls to develop their own separate identities, her parents placed them into a public middle and high school. Meg said:

> I was trying to make connections with other humans because I was left out a lot. My sister seemed to put the mask on a little bit more than me…. Kids seem to like her more. I couldn't really mask it that young, so I kind of was a little wildflower back then. (Meg)

Trying to fit in with her peers was a recurring theme and she explained how she changed her hair and the way she dressed in order to connect with different peer groups, but none of this worked and it was hard to acclimate to her new school. She started to drink alcohol in middle school, "I got into drinking…I wanted to fit in… I ended up being around a lot of the kids that would accept me…so I tended to be [with] the misfits".

Meg described being good academically and was placed in gifted classes, but math was difficult, and she struggled to understand mathematical concepts. She excelled in art and music and did best in classes that involved hands on learning and did not do as well in lecture-based classes. By 10th grade she had stopped trying to fit in with her peers and had developed a reputation with the teachers as being a bad kid; however, she was able to maintain her grades and continued to do well academically. She described her inclusion education experience to be one of social confusion and rejection. Her teachers did not understand her way of learning, and a lack of supports designed to meet her unique needs caused her frustration and anxiety. Her senior year of high school was filled with turmoil and she dropped out of school. Her father encouraged her to continue her education and she pursued her graduate equivalent diploma (GED) and went on to graduate from community college. She lives with her husband and is an artist.

Group 2

Erica

Erica was a female and a recent 2019 high school graduate. She was diagnosed with autism spectrum disorder at 3-months-old and attended a special education early intervention program. She did not start speaking until she was 4 years old and sign language was her first mode of communication. In kindergarten, she was placed in an inclusion model with pull out special education supports twice a week to provide her speech and language therapy, sensory, and social supports. These special education supports continued through kindergarten and1st grade. By 2nd grade, her IEP team decided that she no longer needed special education to meet her educational needs and she was fully included in the mainstream classroom without special education supports. Erica explained, “I have always been more advanced academically and they could see that I was higher functioning…for a lack of a better word. They could see that I was ready for general education.” Erica participated in full inclusion throughout middle and high school and took advance placement (AP) classes in high school. She described her experience in inclusion education,

> I like the academics because I’ve always had a love of learning and I was able to just do accelerated classes in middle school and in high school. Senior year I had AP classes cause that was a nice challenge for me; however, there was an issue with stress and anxiety, and being diagnosed with an anxiety disorder. (Erica)

She expressed feelings of anxiety and being overwhelmed throughout her school career. Erica described her academic interests to be in English, anatomy, and physiology. She also participated in the band as a trumpet player in both middle and high school and used this experience as an opportunity for developing peer relationships. She described her inclusion experience as both positive and negative. It was positive because she enjoyed the academic challenge of being in the inclusion classroom, but she also struggled with stress, anxiety, and changes in her routines. Erica explained the social interactions were challenging in the inclusion classroom because she struggled to recognize and interpret the emotions of those around her. She also described sensory sensitivities in the inclusion classroom to the florescent lights, strong smells in the cafeteria, and to the loud crowed hallways and classrooms. Even though she developed strategies to cope with the sensory overload of the inclusion classroom, Erica explained that she needed alone time to rest and recover at the end of each school day. She is currently living at home and attending her first year at a 4-year college.

Nate

Nate was a male who was diagnosed with ASD as a preschooler. He was educated in the inclusion model with special education supports during his early elementary school years. Later in elementary school, his family moved, and he transferred to a new school. This elementary school wanted to place him into a life skills program to support his social needs. Nate explained, “They wanted to put me in the life skills program because I wasn’t connecting socially. They wanted me in the life skills program because they thought academically, I couldn’t handle the academic pressure.” His parents refused this placement and he continued his education in a full inclusion education model throughout elementary school. After elementary school, his parents thought it would be best to move him into a small, private, Christian school as he transitioned from elementary to middle school. Nate enjoyed the small community he developed at this school but the school closed, and he transferred back into his home school during his sophomore year of high school. The school district re-evaluated him and he was given special education supports in the inclusion model throughout high school. He described the transition, “I went back to my high school and there was a huge culture shock for me. I went in thinking, oh good, I’ll be able to reconnect with some of my old friends. Well, it turns out they weren’t as good as friends as they once were, so it was just a mess.” Nate described this transition back to public school as stressful and he focused primarily on his academic work. He explained he did not develop peer relationships. During his junior year of high school as a part of his transition plan, he attended a Technology Center for computer repair. The summer between his junior and senior years he developed serious health problems and returned to high school, but he was not stable enough to continue so he finished his senior year in a blended program of home school with teacher and special education supports. Nate completed his senior year in this blended program, graduated from high school, and went on to graduate with a degree from community college. He lives at home and is engaged to be married in the fall. He currently works part-time for an International airport.

Nick

Nick was a male and diagnosed at age 5 with Asperger's syndrome and attention deficit disorder. He received speech language support throughout kindergarten and 1st grade and then received special education supports from kindergarten through 12th grade. There was a change in the diagnostic label of Asperger's syndrome from the DSM-4 to the new DSM-5 and instead of Asperger's syndrome being a standalone diagnosis it has been absorbed and placed under the new label of autism spectrum disorder. Nick did not agree with this change and described himself as having Asperger's syndrome. He does not identify as a person diagnosed with autism spectrum disorder. He explained,

> I've worked over the years with people that have had both Asperger's, like myself, and that have had autism. I've always kind of described myself as having Asperger's cause I know the history of it. I know the original diagnosis and I know that it [Asperger's syndrome] was never considered autism really until the DSM-5. It was kind of a subset from my understanding of it. So, I label myself not as autistic, but as having Asperger's (Nick)

He described his school experience as a difficult time in his life and he struggled to regulate his emotions. During his school years, Nick explained he took a variety of medicines designed to help him regulate his thoughts and his emotions; however, whenever he would change medicine his behaviors would increase. This impacted his inclusion education experience in a negative way. He recounted:

> I know that I still had a lot of flare ups....it wasn't the easiest time…they would send us out to out of school suspension. I ended up figuring out that I enjoyed it

> because of how bad everything was going in the middle school…the teachers were all pretty cruel. I had had a couple of flare ups cause the medication; and they would start pulling me out of stuff.

Nick recalled that things became so bad between him and the school that he was removed from regular education and placed into an alternative education placement from the end of his sixth grade year until his freshman year of high school and was excluded from the inclusion classroom for behavioral concerns. He explained his experience in an alternative school placement, “It was just not the best overall experience, but I did by 9th grade have a good sense of what I wanted and everything that I had done within the previous two years kind of just completely stopped. No acting out, nothing.” He returned to his high school at the beginning of his freshman year and noted that he “graduated with over a 4.0 GPA, never had any issues, was a star student and a member of the honors society.” He explained that he enjoyed high school and he was able to focus on his academic work. Nick did not have peer relationships in high school and he explained that he “didn’t really care about making friends.” Before he transitioned to college, he went off all medication and terminated his individual education plan, he explained, “I did college just like any other normal person with nothing to help…and you know, I am a normal person.” He graduated college with a 4-year degree in environmental sciences with a focus on environment and sustainability. He is currently living at home and searching for employment in this field.

Matt

Matt was a male and was diagnosed with ASD at age 5. He had an IEP throughout his school career which included a variety of special education services such as: speech and language therapy, occupational therapy, learning support, and transition services. He was educated in the inclusion classroom with a therapeutic support teacher's aide throughout elementary and middle school, continuing until the end of his sophomore year of high school. During his junior and senior years of high school he went to a local technical school where he trained for a job as a maintenance worker. His senior year he worked for the school in their maintenance department as a part of his IEP transition plan where he did half day school and then half day job co-op. He explained that he enjoyed school and liked his teachers. He recounted, "They [my teachers] were funny and stuff…they were nice, and they always helped me." Matt felt supported by his teachers and encouraged to follow his passions and areas of interest. Some of his areas of interest included large equipment and machinery, building, and recycling. He said his favorite class in high school was shop class, where he enjoyed building a pole barn, using "the small engine equipment technology," and working with the other 15 students. His inclusion teachers and special education teachers helped support his areas of interest and create learning opportunities for him that matched his interests and career goals.

Matt explained that he had friends in school and considered the teachers to be his friends too. He described one close friend that he has known since preschool and he noted that he "gets along [with] most people." Matt explained that he did not spend time with these friends outside of school, but he does participate in Special Olympics and plays Challenger baseball. He currently lives at home with his parents and works part-time at an amusement park in the utilities department. He hopes to be hired full-time once he gets his driver's license.

Mike

Mike was a male diagnosed with ASD at the age of 4-years-old. He was educated in the inclusion classroom as a student with an IEP and received special education supports such as: occupational therapy in early childhood, paraeducator support, learning support, life skills/social skills support, and speech and language support. His story is unique. He went to a public school with full inclusion philosophy and special education supports for students with ASD. The school staff was well trained in autism and in providing specially designed supports. He explained:

> That school district was on the cutting edge of trying to figure out how you could provide programs for kids on the spectrum but actually still keep them in the mainstream classrooms, still have them engaged in the school and not just separate them off. So at least in elementary school the biggest thing I remember was I had a fair amount of para support. So that kind of help[ed] me manage interpersonal interactions with adults.

Throughout elementary, middle, and high school, Mike had a variety of supports to help him manage the academic rigor of the inclusive classroom and help him integrate and understand the social environment. He explained that as he grew and developed these supports were reevaluated and, based on his level of need, adjusted, and tapered off to encourage independence. In high school, he was placed in a social skills class with other students with ASD. Here, he was able to develop his social skills and peer relationships. He said:

> I think that was super big for me having the first long term friendship with someone on the spectrum…sort of my first experience being on friendly terms with someone who was so different from me….and I think it was a little bit weirdly transformative for me because it made me think about who I really was as a person.

Mike described a level of comfort he felt being with other students with ASD. He continued and explained how they helped him to be comfortable with “the fact that there are aspects of yourself that are just kind of weird and crazy and hard to explain” and they helped him to define his own individuality.

Mike excelled in English in high school, graduated, and attended a four-year college. He graduated from college this spring as an English major. He is currently employed. Mike is considering the possibility of going back to graduate school for his Master’s and PhD with a goal of teaching English on the collegiate level.

Tim

Tim was a male diagnosed with ASD at the age of 7. He received early intervention services through Head Start for some behavioral concerns; however he entered public education at 5 without a formal diagnosis. He was referred and diagnosed with ASD in 2nd grade. Tim received special education supports such as: special education, paraprofessional supports, and psychological services. In high school, he received after school special education services through a transition program specially designed to meet his IEP transition goals. Tim expressed difficulties with learning in school. He explained he struggled to stay focused and complete his work. He also felt that being placed in the special education program caused him to feel insecure and stigmatized. Although Tim developed a small group of friends in elementary school, he continued to feel different and bullied by the other students in school. He explained that he thought his peers hated him. Tim explained his perception of special education,

> I was the kid in the special ed room in elementary and middle school, but I was mostly mainstreamed in middle school. I would always spend very limited time in the special ed. It kinda made me feel more insecure, you know, the kid that rode the little [bus], like the whole stigma behind the special ed room, the little bus and all of that. And so all of that, probably more so internally messed with me than people actually bullying me. (Tim)

During his transition from elementary school to middle school, Tim experienced a traumatic event of his sister dying and he struggled to regulate his emotions and behaviors. He explained why he was transferred to a more restrictive placement,

> My sister died at home and I was there. And then something clicked in my head cause I started having kind of a behavioral issue which is why I ended [up] having to transfer to a middle school. I'm having behavioral problems then because I was acting out. I didn't know how to handle grief. I was basically about to get kicked out of the school district because of it. (Tim)

Although he never had any formal counseling after the death of his sister, Tim was able to change his behavior and move forward. He explained that he enjoyed high school and liked his teachers. He had a unique transition experience and went to an after-school program his junior and senior years. This transition program focused on independent living skills like cooking and budgeting, social skills, and job training. He described his experience in the transition program,

> They based everything off of my IEP and see how that would fit in with me and my independent living skills. I would be trying to learn more there. We've had like cooking classes…and looking into getting apartments for the future. (Tim)

Tim also went to a career and technology school his junior and senior years for graphic art and design and "getting really passionate about that." He graduated as a certified graphic designer. Because it is expensive to invest in the equipment to start his own business, he is not currently working as a graphic designer. Tim is employed by a local school district as a bus aid. He explained that he loves his job and working with students, "It's very rewarding. I connect with all the kids and I've tried to grow friendships with the kids, so it's great." He lives at home with his mother.

Data Collection

A total of 12 participants were recruited through social media sites like Facebook, Twitter, an autism mentorship program, the Walden University Participant Pool, and colleague referrals. Participants were selected based on criterion-based sampling logic outlined in Chapter 3 and a first-come first-served basis. It was difficult to recruit participants through social media sites and I recruited most of the participants through colleagues that had personal connections with the participants. This connection provided a foundation of trust and a willingness for the participant to make the initial contact with me; most of the participants relied on that trusted individual to serve as a bridge between me and the participant. Once the participant made initial contact with me, I established rapport and answered any and all questions they had about me, my background, my interest in this research, and my connection to the autism community. This initial contact was important and helped to create a basis for trust, acceptance, and understanding between me and the participant before the interview was conducted. A total of 23 participants contacted me; 12 of them did not meet the criterion; six were former students of mine and I had a personal connection to them; two were educated outside of the United States, and four did not have a formal diagnosis of ASD and were self-diagnosed. Data were collected through in-depth interviews using a semi-structured interview protocol; each interview lasted approximately 90 minutes and only two participants requested face to face interviews which were conducted at a local coffee shop. The other ten participants chose to be interviewed via telephone. With participant permission, all interviews were audio recorded and transcribed by me. There were no variations in the data collection plan summarized in Chapter 3 and there were no unusual conditions or events encountered during the data collection process.

Data Analysis

All interview data was transcribed accurately word for word and then organized and analyzed using Dedoose 8.3.17 software. IPA was used to interpret and analyze the data collected and provided a systematic approach to data analysis. The first step in the data analysis process was to read and reread transcripts while listening to the audio recordings at the same time bracketing my own thoughts, ideas, and experiences to reduce bias. During the second step, I noted descriptive comments and conceptual comments to recognize how the participants experienced and described inclusion education. The third step involved the development of emergent codes as I worked to understand and interpret the participant's words and thoughts about inclusion education. This led to the fourth and final step where I used the research questions as a guide to identify patterns and connections throughout the themes; I discarded any weak themes. This pattern of analysis was systematically applied to each set of interview data. The final step was to examine and search for repeated patterns and identify the strongest themes seen throughout data (see Table 3, Table 4, & Table 5).

Table 3

RQ1 and Categorization of Codes

Theme	**Developing Emergent Codes**	**Sample Text**
School Inclusion Philosophy	Inclusion Philosophy	"That school district was on the cutting edge of trying to figure out how you could provide programs for kids on the spectrum by actually still keep them in the mainstream classrooms."
Special Education Supports	Late Diagnosis	"I think that[ASD diagnosis] would have been helpful. I do wish we had known earlier."
	No Specialized Supports	"There should be some type of intervention or support group given because without socialization there is a lack of confidence that will be for a lifetime."
	Early Diagnosis	"I was in a special needs class with inclusion education for those first few years. I would go to this special needs class about twice a week."
	Special Education Supports	"In middle school we had a life skills kind of program it was its own classroom kind of separate from the rest of the curriculum. We had structured social time."
Communication Difficulties	Literal Communication	"I take things literally and do not understand sarcasm. It was a foreign language to me, and it was a native language to everybody around me."
	Pragmatic Language Misunderstandings	"I can go through the motions of interacting with others, but there lacks a true understanding of why neurotypicals communicate the way they do."

Table 4

RQ2 and Categorization of Codes

Theme	Developing Emergent Codes	Sample Text
Academics		
Challenges in Learning	Focus and Attention	“I was diagnosed with ADHD at the age of five.”
	Reading Comprehension	“I never read a book in school. My book reports, I made them up every single one of them.”
	Executive Dysfunction	“So, my executive functioning was really not there. I’d have a 10-page term paper due and I’d be scrambling two days beforehand to get it written and there’d be panic.”
	Workload and Anxiety	“I didn’t know there could be anxiety with autism but I get worked up over if had a test or if I have a quiz.”
Sensory		
Sensory Overload	Sensitivity to Noise	“I still hate loud noises. I feel extra vibration in my ears and it [is] just really annoying. Whenever we had fire drills, it was just too loud for me. I seriously hate the noise.”
	Sensitivity to Light	“Visually, I think schools are already changing out florescent lights into LEDs which is helpful. I know dimming a room for me can help me regain focus.”
Social		
Social Confusion	Confusion with Social Expectations	“I think it was because there was an expectation because I was academically bright, I would understand social things. You’re so bright! Why don’t you get that?”
	Feeling Different	“It wasn’t the easiest time. I always knew I wasn’t like everyone else.”
Transition		
School Supports	Group 1	“I think we did a career choice on the computer with our guidance counselors at one point. I don’t honestly remember the results of that. No one told me what I should be when I grow up [laugh].”
	Group 2	“We had cooking classes and refreshing some things that you might’ve learned in high school, like civics [and] looking into getting apartments for the future.”

Table 5

RQ3 and Categorization of Codes

Theme	**Developing Emergent Codes**	**Sample Text**
The Culture of ASD	The Unique Nature of ASD	“I want them to know that every kid with autism is different.”
	Listen to Them as Experts	“Actually, the first thing I would say is listen to us, study us, ask us questions, take us seriously, do not dismiss us no matter how we describe our experiences.”
	Identity-first Language	I identify as an “autistic” adult. I don’t say I have autism. I’m not somebody with autism. I am “autistic” because it flavors and colors, everything that I do. If I wasn’t autistic, I wouldn’t be me.”
More Supports for Students with ASD	Better Professional Training about ASD	“I think the therapy that I experience would have been a lot more helpful if I had been seeing a therapist who specialized in autism or just knew more about it and understood more about how to work with me.”
	Increased Accommodations	“I think sensory wise it will be so different for every student, but I think it is identifying what that student really needs.”
	More Social Supports	“You can’t assume we know anything, especially not social information. So, once somebody sits down and explains, it doesn’t take me long to comprehend it.”
Acceptance	Listen and Learn from Each Other	“Hey, I’m going to learn from you just like you’re gonna learn from me. You’re going to teach me things just like I’m going to teach you.”
	Self-Disclosure and Self-Acceptance	“One of the conclusions we came to as “autistic” adults was that autism in general needs to move beyond the medical model into the social and cultural model. That autism is a culture and a lifestyle unto its own.”
	Neurodiversity	“My point of view is that cognitive diversity is an important aspect of the human species. That’s one of the fundamentals that allows us to thrive.”

Evidence of Trustworthiness

In order to measure the quality of this study and ensure trustworthiness, I following the guidelines established by Lincoln and Guba and used the four standards of credibility, transferability, dependability, and confirmability. For this study, I conducted one in-depth interview with every one of the 12 research participants. I selected a heterogeneous group of participants that met the criterion established in Chapter 3 for this study and focused on 12 information rich cases to explore inclusion education through the lived experiences of all of the participants; my goal was to achieve deep, thick, sufficient data from the 12 participants.

To ensure credibility, I used the techniques of prolonged engagement, peer debriefing, and member checking to ensure valid and accurate interpretation and reporting of the data I collected. The three techniques I used were prolonged engagement, peer debriefing, and member checking. I used prolonged engagement before the interview process to ensure the participant's comfort with me before the interview and spent time answering questions, describing my teaching experience, and explaining my interest in autism research. I used two professional colleagues for peer debriefing; one was speech and language therapist and the second colleague was a special education teacher. Both have years of experience working with students with ASD and were helpful in uncovering any bias I had and helped organize the language in clarifying methods and procedures for individuals with ASD. I kept a written record of the peer debriefing session. I used member checking and had each of the participants review their transcripts to ensure the accuracy of the information transcribed and to make any changes or additions to their transcripts. Two of the participants added more details to the information provided to ensure accuracy and provide a richer representation of their responses.

To enhance transferability, I provided rich, detailed descriptions of inclusion education from the lived experiences of adults with ASD using purposeful sampling. I also included detailed descriptions and demographics of each of the participants which makes it easier for the reader to decide if the results from this study are relevant and transferable to their situation or context.

In order to demonstrate dependability, I maintained an audit trail that included: interview notes, a personal journal, a peer debriefing diary, participant records, and calendars and timelines. This audit trail can be used by future researchers to help guarantee similar study results. Confirmability was maintained throughout the data collection process, interpretation, and analysis through the use of a reflexive diary. This diary was used to demonstrate transparency of my thought process, provide information about how I made decisions with regards to the interpretation and analysis of the data collected and how I determined the presentation of the results and reported all conclusions.

Results

The results of this study are organized and presented using each of the three research questions. The first research question includes themes related to the participants' experiences with the inclusion education model. In the second research question, the results reveal themes related to their experiences with academics, social, sensory, and transition in the inclusion model. The third and final research question suggest themes related to what participants want education professionals to know about the inclusion model for students with ASD. The results are as follows.

RQ1

Three subthemes emerged related to the participants' experiences with inclusion education: school inclusion philosophy and experiences, special education versus no supports, and communication difficulties.

School inclusion philosophy. Eleven of the 12 participants described some type of inclusion education practice and philosophy in their schools and recognized there were students with disabilities that were included into their general education classes. The exception, Kim, grew up and went to school in the 1970s. She said:

> There really weren't any, I mean there weren't any special ed programs even in our schools at the time. So, anybody who needed special services was somewhere else. I mean some of the kids who needed special help, like reading help and stuff, basically the 6th graders who needed special help were brought down to the 4th grade, so they shifted us by age groups instead of by need.

The other participants recognized and understood some type of inclusion education practice as a part of their school experience. Rick recalled there were students that were different in his regular education classroom; however, he would not have identified it as inclusion but rather mainstreamed:

> I remember feeling that Tina [pseudonym] and I, the special ed kids in class, and so she was mainstreamed…that's been the word we used at that point…I just

> remember strongly identifying with her. We didn't talk a lot and so on, but I just felt like she and I are alike. There were not many students with disabilities in my classes and I was not identified as a student with a disability, so I was, you know, in with everyone.

Lydia explained although educators at her school did not discuss inclusion education as a philosophy or school ethos, students with disabilities were often included in the non-academic classes like art and music. Lydia recalled the inclusion philosophy in her school:

> It wasn't anything that was enforced…they were more comfortable with their separation, separate but equal kind of thing. I mean, I remember there being special ed, but I don't remember having the special ed students in my regular classrooms much. I think they were given the option to have lunch separate, but I don't think they were required to, and I remember seeing them at recess and stuff…like gym and art class. Yeah…regular, more social parts of school they were pretty much included.

Inclusion experiences that were not positive. Not all participants recalled positive experiences with their school's inclusion education philosophy. Five of the participants described feelings of confusion, rejection, exclusion, and ableism. Lydia said, "They were excluded, you know, academically without much effort to include them." Jill described feelings of confusion as to why some students with disabilities were included into her classes:

> We had two students that had severe intellectual disabilities and they had brought them into our math class. An aid would help them walk and they would sit in the back of the classroom and almost every single day they would kinda groan and throw a temper tantrum or act violently and they would have to be removed from the classroom. I say it was strange because we were never taught how to interact with these students. We were never told why they were in our classroom. But I do remember it did hinder us from learning on several occasions.

Meg agreed that there was little communication from educational professionals about students with disabilities and how to interact or learn about them. This lack of transparency opened the door for the development of negative thoughts and perceptions about the students with disabilities and special education. She explained:

> Back when we were growing up, this is in the early 90s when we were learning about this, it was oh, that's where all the retards go. That's where all the dummies go. That's were all the juvenile delinquents go. And you didn't want to go there because you knew that would be the outward sign that you were different.

Nick described his own experience in the inclusion education classroom and the pressure to behave and "be the same as every other student in that school." He continued and explained his experience with ableism and the inclusion philosophy of the school:

> It didn't matter if I had a disability. They were punishing me for being different when I should have been just like anyone else. And at least that's how I felt, and I still feel like that was the case today. That's kind of their approach to it was this person needs to be assimilated into the group and needs to be part of the group,

> but we don’t want to put in the effort and make that happen. It just needs to happen. Punishment is a way to force that to happen, which doesn’t quite work….and [I] could recognize some of the things they were doing were wrong as it pertained to me…entirely a conscious recognition on my part that things were not right. You’re treating everyone the same, which is good in theory, but not everyone’s the same and not everyone learns the same.

Inclusion experiences that were positive. Four of the participants described positive and supported experiences in inclusion education. Matt described being fully included into the regular education classroom with support and “really loved his English teacher” because she connected and included him into her classroom by focusing on his unique areas of intense interest. Tim described the positive support he received from his mainstreamed teachers and how they made him feel safe and protected from potential bullies, “In my music class, it was the last class for my day and these group of kids that were kinda more like street kids, would always mess with me. And so I used to have the music teacher actually walked me out of the school. So then I felt protected.” Mike described a unique inclusion education experience. He went to a public school with a strong inclusion education policy for students with ASD. In this school district, the regular education teachers were trained how to include these students into their classroom. He recalled his experience in this inclusion model of education:

> The school district was really sort of on the cutting edge of trying to figure out how you could provide programs for kids on the spectrum by actually still keep[ing] them in the mainstream classrooms, still have them engaged in the

> school and not just separate them off. So at least in elementary school I had a fair amount of para support. So yeah, in terms of a philosophy, I don't know. I definitely think that the approach of Fairland School District [pseudonym] is very different from other schools.

Erica explained that being in the inclusion classroom was both a positive and negative experience; however, being a part of the mainstream academic classroom helped her to feel normal:

> I definitely had both ups and downs. On the upside I guess it made me feel more normal like I get to be one of the normal kids now. I wasn't labeled by my autism but at the same time I have always been introverted and never really related to a lot of people or the need to have super close friendships like in elementary [school].

Special education supports versus no special education supports Group 1. Members of Group 1 were diagnosed with ASD as adults and did not receive special education supports in the inclusion education model. The participants in this group discussed having some type of gifted or advanced academic skill and took advanced placement or were placed in gifted programs. Because they were academically advanced or average, their teachers did not recognize or address their social needs. The members of this group were not referred for a special education evaluation or provided special education supports to address their social and emotional needs. Members of Group 1 described different levels of anxiety, academic pressure, difficulties making friends, and situations of bullying.

She described that few, if any, females were given the diagnosis of ASD and, at that time, educational and mental health professionals did not recognize ASD as a possible diagnosis for females. She did not have any academic supports or mental health supports which negatively impacted her growth and development; she was not diagnosed with ASD until she was 40 years old. She revealed, “I feel like I’ve spent most of my adult life trying to heal from the damage that was done to me as a kid.” Kim said:

> So because it was the neighborhood school, I’d go home and the same kids that were picking on me at school were picking on me in the neighborhood, but it was also the older kids. So, you know, it was, it was not fun. You know, I was the last kid picked on teams. I started asking my parents to change schools by about 4th or 5th grade.

Beth was identified with ASD in her 20s after struggling with mental health. She placed in gifted classrooms and took advanced classes in full inclusion throughout her educational career. Beth described feelings of anxiety and being overwhelmed academically and socially in the inclusion model. She explained, “I started going to therapy at the end of my sophomore year of high school. That semester was really, really awful for me and I mostly was able to hide it from my parents, but I was crying at school all the time. Just like breaking down in class a lot.” Jill did not receive special education in school to support her socially or emotionally. She explained the impact this had on her life and career decisions:

> I think the most important part for an autistic person…especially someone like me that is incredibly shy…is to not overlook that in the school setting. There should

> be some type of intervention or support group given because without socialization there is a lack of confidence that will be for a lifetime. For example, I didn’t realize in high school that I could have gone to an ivy league college easily because I didn’t have that confidence. So I think students like that miss out on a lot of opportunities because they are not given the supports that they need.

Meg described inclusion education as both a positive and negative. She enjoyed being challenged by the work but struggled to keep up with the other students and wanted extra supports. She explained:

> We have local regions and honor classes and I remember freaking out cause they were trying to make everybody just regions and honors…and I didn’t know how I was gonna handle that….everybody just kept saying, you could do it…and I was really upset because I knew I needed more time than others and I wasn’t going to get that. I thought it was going to be too hard and I wanted to challenge myself, but no…they were challenging me in ways that I couldn’t [do].

Rick was not diagnosed with ASD until he was in his 40s even though he felt different from his peers in the inclusion classroom. Although Rick was gifted in math, he struggled to make friends and develop peer relationships. He explained, “I needed more support, bonding with my peers.” At the end of 5th grade, he was given the opportunity to go to a gifted and talented magnet school for 6th, 7th, and 8th grades. This turned out to be a difficult decision for him because he finally made a friend and would have to leave him behind if he went to the magnet school. Rick explained this difficult social decision:

> For 6th grade, the school districts had a gifted and talented program. And so the question was, do you want to be in the gifted program? You will go to a different school for 6th grade. And I remember that debate because I did have a friend, his name was Rob [pseudonym] in 5th grade. And I remember it was a miracle to have a friend. We had a good friendship, but in 6th grade, um, I went to a different school. I remember how difficult that choice was

Special education supports versus no special education supports Group 2. All six of the participants in Group 2 received some type of early intervention and special education to support their growth and development in the inclusion model. Nate received special education supports for math; he explained, "It was only math that I was getting special ed for… And even then, it was on the same level just being taught in a different way. So, it's not like I was learning any less than what the other classmates were… same curriculum." Matt reported a variety of different types of educational supports throughout his school career. He spoke about receiving speech therapy in elementary school, occupational therapy in elementary school and middle school, special education support for academics and transition, and therapeutic support staff (TSS) from kindergarten through his sophomore year of high school. Tim received special education classroom supports and had a paraeducator that supported him in his mainstream classes. He explained, "She'd be there for me, you know, just in case I started getting frustrated or you know, overwhelmed or anything like that and help[ed] me stay on task and focused." Erica recalled the benefits of her early special education supports in inclusion education:

> She's [mother] been really devoted to getting me better…to getting me in kindergarten on time because the doctors that first diagnosed me didn't think I [would] amount to anything cause they thought my autism was so severe. They ended up being wrong, because now I'm in college. I was in a special needs class with inclusion education for those first few years. But not all throughout. I would go to this special needs class about twice a week. I could tell they tried to help me out when they could, but I know it was hard to adapt to.

Mike described his special education support as being frontloaded in elementary school and then, as he progressed through the grades, these services were reduced:

> In the beginning when I was early diagnosed, it was much more heavily intervention, which I think helped jumpstart me a little bit integrating better. I had a lot of para support. Typically, I would have a para that went with me to classes. I also had additional kinds of support classes in elementary school…I think either reading and writing class to help with the speech confidence. I had an adaptive gym ed class.

Four of the six participants in Group 2 received social supports in a special education program designed to meet their unique social needs. Matt described participating in a social skills group in high school, "I know it was a group and sometimes on Fridays we went on field trips and stuff. We went [on] hiking trails and stuff and canoeing." Tim also received social skills services after school at a transition center where he enjoyed discussion topics on morals and ethics, "We would dive into like deeper into the basic topics from the school days, which I like…we would watch John

Stossel videos. I really enjoyed that." Mike also explained he participated in a separate and specific support class designed to meet his social needs as a student with ASD. He provided a positive description of the class:

> In middle school we had a life skills kind of program it was its own classroom kind of separate from the rest of the curriculum. We had structured social time. I think it was also really the first place where you felt like you were socializing in a less or non-judgmental way because you were doing it with other people on the spectrum. I think that was really interesting to experience that.

Nate was also offered supports to help meet his social needs; however, the school could only provide this service through their life skills program and did not have a social skills group designed specifically for students with ASD. Nate explained, "They wanted to put me in the life skills program because I wasn't connecting socially. They wanted me in the life skills program to develop social skills, um, because they thought academically, I couldn't handle the academic pressure." His parents refused that placement because they did not believe he required this level of support. The school was not able to offer him a different placement where he could learn to develop his social skills with other students with ASD. In retrospect, Nate agreed with his parents and does not believe that social skills delivered in a life skills classroom would have met his unique social needs as a student with ASD.

Only one participant from Group 2 was excluded from the inclusion classroom and placed into a more restrictive placement. Nick received special education supports in the inclusion classroom; however, his behaviors escalated and at the end of his elementary schooling, the IEP team decided to place him in a more restrictive placement in an alternative education program. He explained:

> In reality they did nothing but to send me to probably the worst place they could have. I think back to if they would've had anyone in middle school even tried to understand me and even if anyone would have caught what I was doing, maybe if someone could have attempted to change how things were going and I never would've had to go up there. But nobody ever did. It was just not the best overall experience. This experience changed me and made me into the more cynical person I am today. It kinda exposed me to some of the crap the districts .... how the districts saw us as the quote unquote problem kids.

Communication difficulties in inclusion education. Difficulties communicating with teachers and peers in the inclusion model was reported by seven of the participants. Rick explained social questions were difficult for him to interpret and respond to because he could not understand what motivated the teacher to ask these types of questions. He described himself as a literal thinker and social questions confused him and caused anxiety because he couldn't quickly formulate an appropriate response. In elementary school, Rick described a situation in the inclusion classroom where he was to respond to a social question and could not formulate a response even though he was a capable communicator. He recounted:

> The teacher is welcoming the class and we have to go around the room and say, the question to answer is, what did you do this summer? And I was terrified…It's

> like, well, the summer is a really big thing. I don't know what to say….I don't know what the expectation is and also what the question means.

Jill described difficulties understanding the communications of her peers in inclusion education and did not feel connected to them through the use of every day small talk her peers engaged in:

> I can go through the motions of interacting with others, but there lacks a true understanding of why neurotypicals communicate the way they do. For example, I don't think I'll ever understand the importance of small talk to a neurotypical. I can engage in it most of the time, but this process for me is just a process in communication. It doesn't give me a connection to the people in the conversation like it seems to for others. I am just going through the motions of following social rules or scripting. I'm doing this, so it makes me seem normal. When I seem more normal to others, it makes the neurotypical more comfortable.

Nate described himself as a literal communicator. He explained how this impacted his social interactions with his peers and the difficulties he had relating to his peers and fitting in:

> This is probably the hardest part for me in terms of making friends and developing social connection with people…I take things literally and do not understand sarcasm. It was a foreign language to me, and it was a native language to everybody around me. It was where somebody would be like, "okay, captain obvious" and I'm like, oh no, I'm just a student. I'm not a captain in any way.

He explained his peers did not bully him or criticize him for not understanding and being a literal thinker, but it did make him feel disconnected from peers in the inclusion classroom.

Beth explained her inability to understand the hidden curriculum (Smith Myles et al., 2013) embedded within assignments. This caused her frustration and anxiety and she described feeling overwhelmed by the enormous amount of work she felt compelled to complete. She explained the communication difficulties she encountered in completing an assignment:

> I think one of the things is that I rarely felt like teachers were prepared for me to take them literally. I feel duty bound to do exactly what the assignment sheet said, but no one else in the class is doing that. And I'm not the only person getting an A. That was a really frustrating place to be because I didn't know how to determine which things to take literally, and which things not to take literally.

Four of the participants discussed difficulties being able to express themselves in a way they could be understood by teachers and peers. Erica revealed her difficulties learning to communicate as a young child, but received special education that helped her develop language:

> I used a lot of sign language because I didn't start speaking until I was 4. I was very angry because I couldn't communicate, but once I learned sign language, I was able to communicate more effectively. So that was helpful.

Meg detailed her experiences and described her struggles to communicate verbally and effectively in inclusion education with her teachers and peers. She put into words how she communicates differently, "I think in pictures, and I think this specific way, I do everything based on what I see, I use my physical senses to create. Like everything I see, touch, hear, smell, feel, that creates the things that are in my mind." This unique form of communication was not recognized in the inclusion classroom. Meg also explained her inability to take the perspective of others. Her failure to explain herself and be understood caused frustration and pain. She expressed her struggles:

> I feel like I didn't understand, I didn't have the perspective and [I] needed the adults to give me that perspective. I was able to understand if somebody could speak my language and respect me. I've always been able to use my artwork to express myself…so I was gifted that way. If somebody could have seen my strength, they could have possibly used that to communicate with me. It's a way of communication, not just art, but as a way to communicate.

RQ2

Because the inclusion model of education includes many different moving parts, this question was divided into four key ideas of academics, social, sensory, and transition within inclusion education. The most salient theme in each of these four areas is described and reported. The sub-theme that emerged related to academics was *challenges in learning.* The sub-theme that developed related to sensory was *sensory overload.* The sub-theme that formed related to social was *social confusion.* The sub-theme that emerged related to transition was *school supports* and is reported between how Group 1 and Group 2 experienced transition.

Academics and challenges in learning. All of the participants recounted a variety of different challenges to their learning in the inclusion education classroom. Matt and Tim described difficulties with focus and attention. Tim explained that he struggled to learn in his social studies class. He was unable to stay alert and learn, "Social studies…I'll [never] forget, I fell asleep like every day, fall asleep in that class every day. Wake up and everybody's looking back at me. Yeah, I don't know why." Nate also discussed difficulties with focus and with notetaking, "I was diagnosed with ADHD at the age of 5. The big thing per the IEP was the notes. I was not a good note taker. I did have accommodations. I would get a copy of the teacher's notes." Meg referred to difficulties with reading comprehension even though she was a fluid writer, she explained:

> I never read a book in school. My book reports, I made them up every single one of them. And this was before Google, so I was lucky the teachers weren't about to go and find out it was not a real book. So I'd make it up, I'd make up the title and the author and I would just make up a story. They really weren't trying to see the ability of writing but what they were trying to see was reading comprehension. So, they didn't understand that I wasn't comprehending because I was writing so well, and I've always wanted to write because I can use words really well. I understand language, but I don't really understand when someone else is using language to describe to me.

Lydia discussed difficulties with writing and was diagnosed with dysgraphia or difficulties with the motor planning of writing. She explained, "I don't have fine motor controls. I still use wide rule notebooks for everything". Jill expressed difficulties with certain specific subjects, "history and science were always very difficult for me although I did get good grades, but I had to work very, very hard for those good grades." Nate noted several difficulties he had with math. He said:

> Math was the hardest hands down was the hardest. The hardest part for me was graphing, learning how to use your graphing calculator. It's the interpretation of graphs. Counting money was also the hardest part for me. Um, like making change. If someone has a bill of 3.38 and they give me a 10. Yeah, I don't know what to give them.

Kim said:

> So, my executive functioning was really not there. I was the kid who'd have a 10-page term paper due and I'd be scrambling two days beforehand to get it written and there'd be panic and there would be all-nighters and there would be, you know, a lot of drama. I'd still end up getting it done because there was just not ever an option not to get it done. I still have the same trouble, so I'll spend all my time thinking about it, but not [be] able to make myself start. Yeah, initiation was a big deal.

Six out of the 12 participants described heavy workloads in their academic inclusion classes and feelings of anxiety and burnout. Beth explained pushing herself to succeed academically and her anxiety caused her to feel as though she never did enough to complete an assignment and that there was always more she could do, "The way my anxiety works is that I go way overboard on assignments because I just never think that I feel [I did] enough and I need page limits or else I'm just gonna keep going." Mike described difficulties with his written work and overthinking and revising his work until he would become stuck and stressed, "It definitely could be an issue at times. I will obsessively revise things. In the workloads that I did care about I fixatedly revised."

Erica was diagnosed with an anxiety disorder and she described difficulties managing her anxiety and the stress of her AP classwork:

> I didn't know there could be anxiety with autism but I get worked up over if had a test or if I have a quiz. In that moment or the day of I get super anxious cause I get so obsessed with doing well. I forget to calm down and realize it's not as big a deal as I think it is. So, I've always had that issue…overreacting. (Erica)

Beth described a distinct reaction to the academic pressure and stress she was under in the inclusion classroom environment. When she was in 7th grade her mother became ill and Beth thought her mother might die, "So what kinda hit me, was the fragility of life and how charmed my life had been before that." She described, using this experience of almost losing her mom, to do well academically and succeed in school:

> So, after that I became kind of hyper aware that I felt like I took and took and took. I consumed food, I consumed education, I consumed clothing, right? I just didn't see myself as giving anything back really. I was like, man, I'm just, I'm taking up all these resources. I don't deserve this. And I was like, well, the one way, I can try to deserve this is to throw my whole self into my education. (Beth)

Sensory and sensory overload. All 12 of participants described some type of sensory difficulties and overstimulation with light, smell, taste, heat, noise, and social commotion in the inclusion classroom. Rick said:

> When I was a kid, punishment was go stand in the corner. So I never had a remote clue what was going on because you did something bad, I'm going to punish you by giving you the thing you want very much most! Like what? Stand in the corner. Sensory control. All good. Great. Like I'm supposed to understand that this is a punishment. Baffled!

Meg said, "I tend to use all my senses, which is where the extra sensory stimulation [happens]. I have meltdowns because it's too much coming into me all at once. It's too much for me to handle." Jill said:

> Auditory and visual are big for me, right? Visually, I think schools are already changing out florescent lights into LEDs which is helpful. Even sometimes dimming the classroom could be helpful. I know dimming a room for me can help me regain focus.

Erica said:

> I still hate loud noises. I feel extra vibration in my ears and it [is] just really annoying. And an example with fire alarms at school, whenever we had fire drills in the middle of high school and elementary school, it was just too loud for me. I had to walk in the hallways plugging my ears. I feel like people thought I'm being dramatic…no, I seriously hate the noise.

The participants also described aversions to smells and certain food. Beth explained that she preferred to eat with a small group of friends and her Econ teacher in his room. This was an opportunity to escape the noise and smells of the cafeteria, Beth recounted, “I didn’t enjoy it [cafeteria]. I didn’t like it, but I was able to manage it. It was really nice my senior year when we stopped eating there. There were four of us that went to eat with our Econ teacher and that was really nice.” Erica said:

> Something about my autism specifically. I know this is less common, but when I was a little kid, my mom did a lot of research and she found out that about 10% of autistic kids can’t digest wheat or dairy and it is harder for them to communicate with wheat or dairy so she tried taking them off from me and I was able to speak again. That helped my communication specifically. And I still steer away from wheat and dairy.

Kim said:

> School field trips were a nightmare because we’d get on that loud bus in our coats and then I’d overheat. But because we’re in [the Midwest], we had to wear winter gear and you’d get someplace, and you be indoors and the heat would be too much. I got physically ill from that a lot.

Nick explained that he liked to play with things and keep fidgets in his hands to help him relax and be calm, “In high school I would spin pencils…so unintentional things like that so I can keep part of my mind busy while I’m doing other things.”

Social confusion. All 12 of the participants described feelings of social confusion, feelings of being different, and not fitting in socially. Kim explained that her teachers had a preconceived idea that she was gifted so she should automatically understand the social world, but she didn't, "I think it was because there was an expectation because I was academically bright, I would understand social things. You're so bright! Why don't you get that? You know…I don't." Nick described feeling different and not fitting in with his peers in the inclusion classroom, "It wasn't the easiest time. I always kind of knew I wasn't like everyone else." Rick was more negative in his description of how he fit into the inclusion classroom, "I always knew I was weird." He said:

> So just that modeling on peers. I didn't get my whole cohort. I mean we were isolated. Yeah. I think people in special ed classes have a significantly different experience with that because they were in groups where they could identify people they could model on. But still, I think we're starved for it because, you know, 90% of our interaction are with non-autistic people. You just don't get the feedback.

Beth said:

> I had just gone on a January term abroad where I had been a complete social pariah for reasons I couldn't figure out and no one had spoken to me for the last week and a half of the trip. So, I rationalized it by being like, 'I do not deserve human companionship.' It took me a very long time to realize that those people were cliquey and mean. For a long time I thought I must have done something really really bad and just didn't realize it. So, I totally blamed myself and [thought] I can't have friends…

Nick explained it was difficult to make and keep friends in the inclusion classroom in elementary school because of his emotional outbursts. This continued into middle school where he was excluded from the inclusion classroom and sent to a more restrictive placement. He said:

> Back at that time any friends that I may have had, I lost almost all of them when I was treated differently or I had outbursts and the kids were like, oh why is he getting treated like that? So, I lost a lot of my friends that I had in elementary school just because of, outbursts or cause I was treated differently. And then being in middle school apart from any of those people [and] essentially "poofing" for a couple of years.

Erica also discussed not feeling connected to her peers and not needing constant companionship in the inclusion classroom environment. She said:

> I have always been introverted and never really related to a lot of people. Or the need to have super close friendships like in elementary school. Another example would be at recess…I would just want to be alone. I think other people interpret that as being rude and as a kid I just thought, I'm just doing my own thing. (Erica)

Jill said:

> Towards middle school when the girls were starting to talk about relationships and makeup and clothing brands, it was completely baffling to me. I didn't get that and I always wonder[ed] why people were so weird. It was middle school that I realized it wasn't people that were weird it was me that was weird [laugh]. (Jill)

Nate found peer relationships confusing and difficult to develop and maintain. He said:

> I didn’t really know what was expected of a friend. If I’m someone’s friend, what does that mean for me? Okay, I’m you[r] friend (laugh)…now what do I have to do here? What’s expected of me? What’s in it for me? (Nate)

He said:

> It just didn’t come naturally to me. There was also the, are you really my friend? Are you my friend because you want to be? Are you my friend because you feel like you have to be my friend because you feel sorry for me for whatever reason? That might be…you don’t have friends, so I’m your last resort kind of thing. Am I your last draft pick?

Transition and school support. Five participants from Group 1 and six from Group 2 discussed their transition from high school. The participants from Group 1 discussed taking part of career and college surveys and their struggle transitioning into college without supports. The participants from Group 2 discussed their IEP transition plans, supports and job training, and the need for supports in a post-secondary environment.

Group 1 and transition supports. The participants in Group 1 described taking part in career and college surveys to help prepare them for a career. Beth explained that she took the same career planning survey that her peers did, but did not think that they met her needs or provided her the clarity and support she wanted, “We talked a lot about college readiness in most of the AP [advanced placement] IB [international baccalaureate] classes I took and everyone had their opinion about what college was going to be like and what they looked for in application." Jill said:

> I think we did a career choice on the computer with our guidance counselors at one point. I don't honestly remember the results of that. No one told me what I should be when I grow up [laugh]. I also took what I think was supposed to be a transitional class, it was an elective…I think it was called "career planning." But it wasn't very good.

Lydia explained when she went to school educational professionals were not knowledgeable about ASD and did not understand how students with ASD functioned in the inclusion education classroom. She said, "you know how I said earlier, I was two or three years ahead of the curve. That is exactly what happened there [transition services] too." She said, "the first few times I've tried college it was small schools or private places and they never had a functioning disability department. And so yeah, school has been nothing but frustrating."

Three of the participants described being unprepared for living independently and were not provided the daily living skills they needed. Beth said:

> I think the only time that the idea that we were going to have to function outside as human beings outside of college and potentially work and deal with the other parts of life was in my driver's ed class. Which happened at school but not during school hours and that was the only time that acknowledged there was more to life than academics.

Jill explained that she would have liked a transition class that focused on daily living skills like budgeting, cooking, and social problem solving. She recalled:

> Quite honestly, I needed a lot more of it. I really struggle[d] when I got to college outside of academics. I was a homebody my entire life. I very rarely spent the night at a friend's house. Nor did I even care to socialize with friends outside of school really. So, I was very unprepared to be around a bunch of strangers in a strange atmosphere with teenagers and young adults that were not like me.

Group 2 and transition supports. The participants in Group 2 described their transition plans and the supports they received as they planned for the future. Mike said:

> The only thing that I think really prepped me for college [was] teachers kind of mentioning it to students, cause junior-senior year there starts to be a lot more talk around post high school what you're going to do. But other than that, the only thing that really kind of prepped me for college was I took one or two kind of college level classes. I mean that was about it in terms of transition.

Four of the participants in Group 2 noted their transition plans did not focus on the daily living skills they would need to live independently. Nate explained that his transition plan focused on academic accommodations and not on the functional daily living skills of cooking, cleaning, and personal finance, "No, not really. Those are skills I kinda had to learn on my own when I went to college and lived in the dorm." Matt explained that his transition plan did not include learning about daily living skills and living independently and that is why he does not have any plans to live on his own. He explained, "That's why I plan on staying with my parents."

Only one participant in Group 2, Tim, described a detailed transition plan that included career planning, job training, social skills, and daily living skills. Tim described a transition center were these services were provided based on his IEP and his identified needs as he transitioned from high school into the community. He recalled, “The transition center based everything off of my IEP and how that would fit in with me and my independent living skills. I would be trying to learn more there.” He said:,

> We’ve had cooking classes. Refreshing some things that you might’ve learned in high school, like civics [and] looking into getting apartments for the future. I know because we took a tour of three apartment buildings for me to look at. We would dive deeper into the basic topics from the school days…we would watch, John Stossel videos. I really enjoyed that.

Matt also had a transition plan that included job training and preparation to take his driver’s licensing test. He explained:

> Co-op is where [you go] when you’re a senior. You spend half your day at school and then the rest of your day you go to work. And you get paid. You know for the job but not for learning. They said you can learn, earn…get educated and a paycheck at the same time. My case manager kinda tried to help me with that [getting his driver’s license]. They tried to help me study over the driver’s ed manual.

RQ3

The themes that emerged from RQ3 were focused on what the participants wanted educational professionals to know about inclusion education and about their own experiences with autism. The participants focused on self-identity, neurodiversity, and acceptance of those that are different. Three subthemes developed related to what participants' want educational professionals to know about inclusion education: the culture of ASD, increased supports for students with ASD, and acceptance.

The culture of ASD and their identity. Seven out of 12 participants indicated they have accepted their diagnosis of autism and how it is now embedded as a part of their identity. They wanted educational professionals to recognize and understand autism as an identity.

Rick reported that he believed his diagnosis of autism helped him develop self-awareness and self-understanding. He said, "I've found the autism diagnosis to be very helpful as a framework for understanding myself and the struggles I've had in life." He explained, before the diagnosis of ASD, he was "not being authentic" with himself. He said, "After my diagnosis I spent a lot of time with other autistic people and that's really helped me get to a place where I'm perfectly comfortable being autistic." He said:

> We really are different; our cognitive physiology is different than non-autistic and it's not a little different. It's not kind of different on some days. Not that we could be kind of the same if we want to be, no, our cognitive machinery is very, very different. I would like providers to pursue their connection with that difference…because you know, all of us are different than each other…we're the same, but we're different. And the only way to figure that out is by engaging with us. Oh, I like to say we're very nice people once you get to know us.

Kim wanted educational professionals to understand how important it was for her to learn to accept herself as a person diagnosed with ASD and the power of learning to self-advocate so her unique needs can be effectively met. She wanted professionals to recognize the need to teach self-awareness and self-advocacy skills to students with ASD,

> I'm not going to mask when it takes too much energy. I don't have to hold it together in the checkout line. If I'm confused or frustrated by something, I can look at the checkout person and say, I'm having a difficult time. I'm autistic. I appreciate your patience. You know, and in that way, I'm advocating not only for myself but other autistic people.

She explained:

> I think we need to recruit autistic people to be mentors. I think we need to recruit autistic people to be teachers and I think we need to support them in the ways they need in order to be able to do that. We need to keep on bringing in both adult voices who know from their lived experiences, what autistic kids need.

Nick argued for full inclusion of students with ASD. He explained:

> Not separating people like us from the group is a better way to deal with things. It's better to treat us like everybody else as much as you can and to reinforce behaviors that are more acceptable and like your peers. So, basically being more inclusive than excluding people for being different. I don't mean to compare it to racial segregation of the past, but it's almost as if they segregated us based on traits that were seen as undesirable. I have always seen that as wrong. I am no different than anyone else is. I'm a human just like anyone else is. As long as I'm

> not hurting anyone and as long as I'm able to function, include people as much as you can. I'd rather see people on the spectrum be in normal classrooms.

Tim wanted educators to know that all students with ASD are different and unique and teachers need to take the time to get to know them as individuals. He explained:

> I want them to know that every kid with autism is different. You know, every day there's something that you might struggle with [and] it's all about building a bond with them. It's making them feel like you're a safe person to be around for them to be comfortable, for them to open up about issues. You have to be patient with them. You have to work with them, and listen to them, and understand where they're coming from.

Lydia explained that people diagnosed with ASD want to be listened to, heard, and included. She wanted educational professionals to listen to the voice of individuals with ASD in order to build understanding and develop inclusion education practice from their perspective. She explained:

> Actually, the first thing I would say is listen to us, study us, ask us questions, take us seriously, do not dismiss us no matter how we describe our experiences. I'd also say include us, but don't force us to be included. Respect our need for alone time. Don't just assume we're isolating. Don't expect us to learn at the speed of a neurotypical because in general we're processing things on a much deeper level and we're taking in much more information than everybody else. We have to consciously sort through it all. Our brains don't automatically ignore things. And

> don’t give up on any autistic person. Realize that there’s nothing that a neurotypical can do that we can’t do. There just needs to be time and energy put into how we can do it differently. It’s all about figuring out what works for us. (Lydia)

More supports for students with ASD. Six out of the 12 participants explained their ideas for a variety of improved supports for students with ASD in the inclusion classroom. Beth explained that early diagnosis of ASD is important and said, “I think that would have been helpful; I do wish that we’d know earlier. I think the therapy that I experience would have been a lot more helpful if I had been seeing a therapist who specialized in autism or just knew more about it and understood more about how to work with me.”

Beth described the importance of training educators to recognize the unique nature of ASD in female students and how they may require more specific social supports in the inclusion environment. She explained how important it is for educators to help female students with ASD understand the hidden social rules. She said:

> Being a girl on the spectrum is hard because it’s so important as a girl to know the social rules. I think I kind of subconsciously knew that I was missing some rules and these are the kinds of rules that are often unwritten and unspoken, right? If I could find a social rule, I was going to cling to it as hard as I possibly could, even if it wasn’t a great one. Because no one ever told me that making out with someone in public was bad [and] the guy I dated in high school, was on the spectrum and also didn’t know…so we just made out in the hallways like all the

> time. And I had a reputation as a slut for the entire rest of high school because of that behavior that I hadn't known was wrong. So, I think just laying out social rules is important. And also addressing the fact that you might pick up on this rule from media, don't follow that one actually, that one's bad.

Meg expressed the idea that teachers work with students with ASD and design learning opportunities that teach how to work on team collaborations to improve their creativity and cooperation skills. Jill wanted teachers to make more modifications and accommodations in the inclusion classroom for students with ASD. Accommodations that are designed to meet their unique needs. She explained:

> I think sensory wise it will be so different for every student, but I think it is identifying what that student really needs. If that student can't listen to a chatty classroom for an entire 40-minute class, maybe the teacher needs to break it up into small independent work as well to cut down on that so there is quieter times in the classroom as well. Instead of group work all the time or lecture all the time. Changing it up and allowing that difference in teaching style could be helpful.

Because it is difficult for students with ASD to understand social contexts and social situations, Lydia explained:

> Take the time to explain things, in a straightforward, respectful, calm, civil way; there's almost no problem going forward with the way we are behaving. You can't assume we know anything, especially not in social information. Once somebody sits down and explains how things work or ask[s] me questions, it

> doesn't take me long to comprehend it. And I can pretty much change my behavior on the spot.

Acceptance. Eleven out of 12 participants wanted educational professionals to accept them as neurodiverse individuals with unique gifts. They want to be heard and valued for what they bring to the classroom and the community. Meg explained that working collaboratively as a team is a good place for teachers to start when teaching students with ASD, "If everybody, even the teacher was a teammate. Hey, I'm going to learn from you just like you're gonna learn from me. You're going to teach me things, just like I'm going to teach you." Erica said:

> I guess maybe the special needs teacher at school could maybe [do] a presentation to depict that not all autistics are this low functioning kind of person. Some people with autism ended up being very successful and I just wish people could maybe do more research on it. Like for example, I know Einstein had Asperger's and he's famous for [being a] Nobel Peace Prize winner.

Lydia wants educational professionals to use identity first language because she believes it helps to create an environment of acceptance. She explained why she prefers to be called an autistic adult and not a person with autism. She explained, "I identify as an autistic adult. I don't say I have autism. I am autistic because it flavors and colors everything that I do. If I wasn't autistic, I wouldn't be me." Lydia continued and explained researchers need to examine autism from a cultural perspective not from the medical model. She said:

> Autism is how I do everything. The vehicle I can't get out of…I drive in every day. There's no way for me to turn off my autism. I was going to the autism society [and] one of the conclusions we came to as autistic adult[s] was that autism in general needs to move beyond the medical model into the social and cultural model. That autism is a culture and a lifestyle unto its own.

Nate wants acceptance and equality for all students with ASD. He explained:

> I mean for me, I guess it's all about equality. I have just as much of a right to learn as you do. It's acknowledging, especially those in the educational system, and looking at every student and realizing you can learn something from them. You can learn as much from them as you can your best students.

Kim said, "You know, I mean figuring out that I was autistic was probably the biggest gift that was ever given me." Rick said, "My point of view is that cognitive diversity is an important aspect of the human species. That's one of the fundamental[s] that allows us to thrive. And so that doesn't mean we always have to understand the exact nuances of a different cognitive type." He explained:

> So what's your favorite tree? And let people answer that in their head. So when you go north do you see a forest that is made out of only that tree? No, no you don't. But why is that? Well that's because biodiversity…you build a strong forest, strong community by having different species that do different things. Some survive burns, some sprout only after burns, some take strong sunlight at the top of the canopy, some take it at the edge of wetlands, some grow in the wetlands. And that same thing is true [for] humanity where we have different

> cognitive styles…autism is a very distinct cognitive style that's valuable because of a difference.

Summary

The results from this study provide insight into the lived experiences adults with ASD had with the inclusion model of education and their perceptions and ideas for social change. This chapter included description of the setting and participants' demographics as well as a chart that provided information about the two distinct groups that formed. The data collection process, data analysis steps, and evidence of trustworthiness were delineated. This chapter contains thick, deep, and rich data collected from participants in response to the three research questions.

RQ1 asked participants to describe their experiences with the inclusion model of education. Participants described their school's philosophy on inclusion education and educating students with disabilities, and their difficulties communicating with their peers and teachers. They also described their special education supports in the inclusion model or their lack of supports. Participants explained the positives and negatives of these supports.

RQ2 asked participants to describe their experiences with academics, social interactions, sensory experiences, social and transition needs in the inclusion model. Each one of these four areas was broken down into one salient theme. Participants described academic challenges they had in learning in the inclusion classroom, sensory overload, social confusion, and transition supports they experienced in inclusion education.

For RQ3, participants focused on understanding self and self-identity and acceptance of those that are neurodiverse. The participants shared what they wanted educators to know about students with ASD in the inclusion model and provided three visions for social change: understanding ASD as a culture and personal identity, offering more supports for students with ASD, and develop an ethos of acceptance through education, openness, and through the strength of neurodiversity. They provided a strong message of acceptance for students with ASD and for educators to become advocates for their students with ASD in the classrooms and to communicate this acceptance in their school and in their communities.

In Chapter 5, I discussed the interpretation of the findings with more depth. I also explained the limitations of the study in detail. At the end of chapter 5, I made recommendations and described implications for social change.

Chapter 5: Discussions, Conclusions, and Recommendations

Introduction

The purpose of this qualitative study was to explore the lived experiences adults diagnosed with ASD had with inclusive education. In this study, I examined how adults with ASD described inclusion education philosophy, their experiences with academics, social interactions, sensory experiences, and transition needs in inclusion, and what they wanted educators to know and understand about their experiences. This phenomenological study provided the opportunity for adults with ASD to be viewed as the experts on autism and to be included in the body of educational research on inclusion.

This study was guided and organized by three essential questions:

RQ1: How would adults between the ages of 19 and 55 with ASD describe their experiences with the inclusion model in public schools?

RQ2: How do adults between the ages of 19 and 55 with ASD perceive their experiences with academic, social interactions, sensory experiences, and transition needs with the inclusion model in the public schools?

RQ3: What do adults between the ages of 19 and 55 with ASD want education professionals to know about the inclusion education model?

The participants reported important educational themes that emerged from analyses of each of the three research questions. In chapter 5, I included an in-depth discussion of these findings, the limitations of the study, future study recommendations involving positive social change, implications, a summary and conclusion.

Interpretation of the Findings

RQ1

An analysis of the results found experiences of participants were characterized by an absence of a positive school wide ethos involving students with disabilities as well as a lack of transparency a of disabilities involving educational practitioners. Participants from both Group 1 and Group 2 reported feeling different from their peers. Both groups explained that difference or disability was not acknowledged or openly discussed as a part of the school culture or mentioned in their inclusion classrooms.

Participants from Group 1 explained students with disabilities were sometimes included in their academic classrooms, but education professionals did not welcome them into the classroom, address disability, or answer any questions students might have about their peers with disability. Participants in Group 1 described their teachers as feeling uncomfortable and not sufficiently trained to incorporate students with disabilities in the inclusion classroom. Because disability was not openly addressed in the inclusion classroom, participants described their own feelings of confusion and negative narratives about disability that included words like retards and dummies. Many of the participants from Group 1 recognized they were different from their peers, and although not formally diagnosed with ASD in school, worried about being different and were fearful of being identified and labeled as different by their peers. All participants from Group 1 and Group 2 explained they did not want to be viewed as different or as a part of special education. Participants from Group 1 explained although they would have liked educational supports to help them manage inclusion classroom, they did not want to be labeled as students with disabilities and stigmatized as different in the inclusion classroom. The lack of open discussion and transparency involving disabilities also lead participants from Group 2 to describe feelings of isolation, rejection, and stigmatism because they received special education services in the inclusion classroom. Even though participants from Group 2 expressed gratitude for academic and social supports they received through special education services, some participants described feeling proud when they no longer needed special education or IEPs; they explained they felt normal and "just like everyone else. These experiences, thoughts, and ideas are in juxtaposition to the social construct of inclusion education were every student is celebrated and valued for what makes them unique, different, and diverse while providing equal educational opportunities (Hornby, 2014, p. 1).

There continues to be no clear definition of inclusion education and it continues to be difficult to put into practice. The lack of open discussion about disability led some participants feel less or not equal to their peers; they felt stigmatized. When Public Law 94-142 law was enacted to provide free public education to children with disabilities, the medical model was used for the identification, diagnosis, and as a foundation for special education supports. Students identified with a disability were provided specially designed instruction to rehabilitate them in separate classrooms and schools. Special education continues to be a practice of supports founded in diagnostic measurements of statistical averages and is a deficit model of education (Danforth & Naraian, 2015; Qvortrup & Qvortrup, 2018). In order to be recognized as a student with a disability and receive special educational supports, students must demonstrate a deficit that impacts their academic progress (Children’s Hospital of Philadelphia, n.d.). Students identified with a disability are provided an IEP only when they demonstrate a deficit or educational need; this addresses students’ unique learning needs but does not address the culture and acceptance of the school. Placing students with disabilities into inclusion classrooms does not automatically make the classroom inclusive, accepting, and welcoming. Participants in this study highlighted and explained how the values and ethos of school culture must be developed first in order to create true inclusion.

The results from this study highlight complications of educating children with disabilities using the inclusion model. Experiences reported by participants reiterated a foundational need that educators understand disability from a lived perspective. Adding experiences of adults with ASD to research and discussions involving inclusion challenges current cultural ideas about disability, diversity, and acceptance. This can provide teachers with the knowledge and skills needed to demonstrate acceptance within the inclusion classroom; inclusion education is a teaching paradigm that forces teachers to accept and understand the diverse nature of all students. These dynamic and open discussions could have a lasting impact on how educators view and understand disability, which can have a positive effect on the ethos of school culture towards positive social change. Goodley (2017) explained that inclusion education practice is not only about creating equal opportunities for academic growth but also developing an ethos of acceptance, understanding, and equality. This may not be achievable for students with ASD without including their lived experiences in inclusion narratives. This research highlights the importance of including individuals with disabilities into educational decisions surrounding inclusion. These discussions can provide a foundation of acceptance and understanding of difference and encourages the need for social justice where everyone with a disability is heard and respected as the expert in their disability.

Two distinct types of experiences emerged. Participants from Group 1 obtained their diagnosis of ASD as adults and did not receive special education supports. All of the participants from Group 1 explained because they were academically advanced their teachers did not address or recognize their unique social and sensory needs. All of the participants described struggles managing the workload in their advanced classes which led to feelings of anxiety. They also reported difficulties making friends and maintaining peer relationships in the inclusion education environment. Goodall (2018) and Parsons (2015) confirmed these findings and argued it is a mistake to assume academically gifted students with ASD can effectively manage the socially dynamic nature of the inclusion classroom. Reports from the participants in Group 1 also confirmed students with ASD demonstrate unique academic, social, and sensory needs that must be recognized, understood, and effectively supported in order for ideal learning to happen within the inclusion education environment.

The Participant from Group 2 were identified with ASD as children and received special education supports in the inclusion education model. This group reported a variety of supports designed to meet their unique needs such as: speech and language therapies, paraeducator support to help with focus and social interactions, and social skills classes. Most of the participants from Group 2 expressed gratitude and were thankful for the special education support they received in the inclusion education model;

however, all of the participants mentioned difficulties fitting in and wanting to be view as normal by their peers.

Another important finding was a lack of teacher training about ASD and how to manage students with ASD in the inclusion classroom. This lack of training had a negative impact on one of the participants from Group 2 and he reported being excluded from the inclusion classroom due to his behaviors. This participant explained he was removed from the classroom because his teachers did not understand him, lacked knowledge of autism, and were poorly trained with how to manage the social and behavioral needs of students with ASD. His experience was confirmed by Able et al. (2015) and Roberts and Simpson (2016) and Able et al. (2015) explained that teachers reported insufficient training on how to manage and work with students with ASD in the inclusion education classroom (Able et al., 2015; Roberts & Simpson, 2016). McCrimmon (2015) also reported teachers did not feel confident providing the necessary social, sensory, and behavioral support and academic strategies designed to meet the unique needs of their students with ASD. This lack of understanding and training had a negative impact on this participant, and he believed he was a more cynical adult because of his inclusion education experience. A lack of teacher training and acceptance of students with ASD has been documented by Brede et al. (2017) and Pellicano et al. (2018) and this participant's experience of exclusion reinforces these reports. If inclusion education is going to work, teachers must be trained to deliver it with efficacy, understanding, and compassion. Inclusion requires teachers to challenge old ideas and beliefs about disability in order to create an educational paradigm of equality, diversity, and acceptance. A new solution and idea to drive this social change is to examine ASD in collaboration with adults with ASD, being open to create a partnership for greater acceptance, and creating a new narrative that is designed to reduce the stigma that surrounds disability and ASD.

Communication difficulties were experienced by both Group 1 and Group 2 and all participants reported being literal thinkers, experiencing difficulties engaging in typical social banter with peers, and problems recognizing the hidden curriculum or the intrinsic social rules known, understood, and followed by their peers. All of the participants described difficulties with ToM or the ability to think about the thoughts and feelings of others while recognizing that their own thoughts can be different which caused difficulties with recognizing, understanding, and interpreting the thoughts and feelings of their peers in inclusion education. These findings support ToM research done by Kouklari et al. (2017). They reported individuals with ASD demonstrated difficulties processing ToM which impacted the development and interpretation of complex emotions. These researcher explained these difficulties can impact social communication and the development and maintenance of social peer relationships. This correlates with descriptions the participants provided regarding their difficulties communicating effectively and socially with their peers and the struggles they reported understanding sarcasm and social banter. The link between the social communication experiences of adults with ASD and ToM is another important finding and an area for continued exploration and examination in the research. Adults with ASD can provide detailed examples of their social interactions and provide a rich foundation of information for examination and exploration into ToM and its impact on social communication patterns for students with ASD.

RQ2

In RQ2, the participants described a variety of difficulties experienced in the inclusion education environment. An analysis of the data revealed challenges in learning and with academics. Both Group 1 and Group 2 also described sensory overload in the inclusion classroom, social confusion, and a lack of functional transition supports were reported by both Group 1 and Group 2.

Academics

Participants reported challenges to learning and described areas of executive dysfunction such as difficulties with focus, attention, initiation of tasks, planning, and organization. This is highlighted in the current body of research. Executive dysfunction is widely reported for students with ASD (Kouklari et al., 2017; Meltzer, 2018; Torske et al., 2018). Kouklari et al. (2017) and Meltzer (2018) explained that executive functioning skills such as the ability to plan, organize, focus, remember and problem solve are all areas of cognitive difficulty for students with ASD. The participants also described heavy workloads and struggled to know when assignment was complete or if they had written enough information. This is a demonstration of weak central coherence and is well documented in the body of researcher on students with ASD by Marshall and Goodall (2015) and Mazza et al. (2017). Weak central coherence is the inability to identify the most salient details in a context in order to complete an assignment or respond effectively to a writing prompt (Marshall & Goodall, 2015; Mazza et al., 2017; Riches et al., 2016; Vanegas & Davidson, 2015).

Sensory Experiences

The participants described feelings of sensory overload in the inclusion classroom and described sensitivities to lights, sounds, movement and commotion, smells, and temperature. They explained the inclusion classroom was busy and overwhelmed their sensory systems which made it difficult to concentrate, focus, and participate in group activities. This is also widely reported in the current body of research for students with ASD and Kirby et al. (2015) described how the sensory input of the inclusion classroom can cause students with ASD to have strong physical responses such as: physical pain, nausea, gag reflexes, and vomiting. Participants described some of these experiences in the inclusion educational environment and corroborated with the researchers' findings that the inclusion classroom can often be an uncontrollable, dynamic, and uncomfortable sensory environment for them.

Social Interactions

Participants described their social experiences in the inclusion education environment to be filled with social confusion. They explained feeling different and not fitting in with their peer along with not understanding the social banter of their peers. The participants described difficulties developing friendships with peers in the inclusion education environment. They explained friendship was difficult to define and they struggled to know who was their friend and who was not; peer relationships were hard to initiate and a struggle to maintain. This study supports the findings of Able et al. (2015), Macdonald et al. (2017), and Roberts & Simpson (2016) who reported students with ASD demonstrate difficulties making friendships and developing deep relationships with peers. Participants described incidents in which they did not recognize when they made social errors or know how to correct the problem. They also described situations where they became overwhelmed with social interactions and had a meltdown which alienated them from their peers and made it difficult to maintain social relationships with peers. Participants explained their peers did not understand their reactions to social contexts and became upset if they reacted strongly by crying or yelling. Committing these social errors left the participants with feelings of social confusion, isolation, and rejection. Participants explained committing social errors also made them targets for bullying.

Conn (2018) argued that researchers have focused on reports from informants about how to support the social needs of students with ASD. Able et al. (2015), Macdonald et al. (2017), and Roberts & Simpson (2016) explained that teachers have responded with a list of social skills students with ASD need in order to successfully interact with their peers in the inclusion classroom. The teachers in research conducted by Able et al. (2015) wanted to support and help students with ASD develop social skills; however, the focus, attention, and onus has been primarily placed upon the students with ASD to correct the problem and to change their behaviors. Social interactions are interactive and reciprocal in nature and require that all of the members of the group recognize and understand each other’s perspective. The use of informants provides only one perspective of a social interaction which creates an imbalance in the response and solution to the problem. The findings from this study emphasized the need to include the voice of students and adults with ASD into the discussion about social interactions in the inclusion classroom. Research that focuses on the use of informants has disregarded the voice of students and adults with ASD and their perspectives regarding the social environment in the inclusion classroom and has created a one-sided and shallow narrative in the current body of research. This study highlights the need to include students and adults with ASD in this discussion. Their perspective is a critical part of understanding social reciprocity between students with ASD and their peers. Participants in this study focused on their own personal feelings and experiences such as: feeling different, making social errors, and being ostracized from peer groups, not understanding or recognizing the social errors they were making, and not having peer models or other students with ASD to interact with in the inclusion classroom. This study could provide researchers a different perspective on the dynamic nature of social interactions in the inclusion classroom and offer comprehensive insight into the social communication between students with ASD and their peers. This newfound perspective of students and adults with ASD could also build bridges of understanding and a foundation of respect where the onus of correction is not solely placed upon the students with ASD but is a part of the inclusion classroom ethos where all students are held accountable and supportive of each other. A positive inclusive ethos could also decrease the cases of bullying reported by students with ASD and improve the social acceptance of students with ASD by their peers.

Transition Needs

Because the members of Group 1 were not identified as students with ASD during their schooling, they did not receive formal transition planning as a part of an IEP; however their experiences were not vastly different from Group 2. Group 1 described some type of transition support that focused heavily on the academic experience and transitioning from the academic high school environment into the college classroom. They did not receive support with independent living skills such as cooking, cleaning, budgeting, or social problem solving. All of the participants reported they could have used this type of support as they transitioned from high school into college. Some but not all of the participants from Group 2 experienced transition in the inclusion education. Those that did not receive supports had given up their IEP by high school and were no longer being supported through special education so transition services were not required. Those that continued with special education services, received transition support to help them secure the academic accommodations they would need to transition into the workforce and college environments. The transition focus was on academics and not on daily living skills for this group as well and only one participant received daily living skills supports. The participants from Group 1 and Group 2 explained this was a gap in their education and all reported needing transition services to help move out into the community, entered post-secondary education and the workforce, and develop everyday living skills to prepare to them to live successful independent lives.

This study supports the current research on transition by Cai & Richdale (2016), DePape & Lindsay (2016), and Hume et al. (2018) which reported limited services designed to help students with ASD in their transition from high school into the community. This lack of transition support in the inclusion model is a serious concern considering the reportedly poor outcomes for adults with ASD after high school. Parsons (2015) reported that out of 70 participants only 26% of them were employed full-time and 31% of the participants lived with their parents or other family members. In research described by Bouck & Park (2018) and Parsons (2015), adults with ASD reported difficulties gaining and maintaining employment which made it difficult to live independently and they did not feel their high school transition plan prepared them to live independently. This lack of transition supports impacted their quality of life and the skills needed to support the development of self-determination skills for students with ASD in the inclusion education model. This study highlights the need for more comprehensive research that targets and focuses on the unique transition needs of students with ASD with an emphasis on including the voice of adults with ASD. Adults with ASD offer a unique lived experience of what transitioning into college, the workforce, and community is like and allows researchers to explore their unique perspectives and way of being as a person with ASD. This type of qualitative research could drive the development of programs designed to improve the quality of life for individuals with ASD by providing the lived experiences of adults with ASD and offering their perspective and ideas for systemic change.

The findings from RQ2 contributed to the current body of research that described the dynamic nature of inclusion education and the unique needs of students with ASD. It is important that educators understand the needs of students with ASD from their perspective so they can create learning environments and unique programs designed to meet their unique needs. Students with ASD want to do well in school but need to be supported and provided the necessary skills and accommodations in order to achieve their goals.

RQ3

RQ3 asked participants what they wanted educational professionals to know about the inclusion model. Participants revealed they wanted educational professionals to recognize and understand autism as a part of their identity and to accept autism as a form of self-identity. They wanted educational professions to provide early diagnostic services, early intervention services, and more supports for students with ASD in inclusion education. Lastly, they want educational professional to accept students with ASD as neurodiverse and to celebrate their differences.

Understanding Identity

Participants urged educational professionals to help students with ASD develop self-awareness and an understanding of their strengths, their weaknesses, and how ASD is a positive part of their identity. They want teachers to embrace what makes individuals with ASD unique and different and to fight against an ableist society. In an ableist society there is a structure and believe that creates a body standard, assumes body wholeness, and establishes the norm which cultivates the ableist concept of the ideal person (Goodley, 2017, p. 96). Silberman (2015) explained that our society continues to view ASD as a something to be fixed, cured, eradicated; however, researchers like Bond and Hebron (2016), MacLeod et al. (2018), and Ward and Webster (2018) have started to discuss a different perspective, one that embraces neurodiversity and celebrates what makes all individuals unique and different. Silberman (2015) said ASD is not something to be cured but it is a genetic change in human DNA and described ASD as “a strange gift from our deep past, passed down through millions of years of evolution” (p. 470). Participants from this study wanted teachers to recognize and embrace what makes students with ASD unique, different, and valuable to the classroom community.

These ideas are a part of disability studies. Disability studies is a field of scholarship designed to expand and broaden how a society defines, understands, and creates a narrative around what it is to be disabled (Baglieri & Shapiro, 2017). Participants in this study wanted educators to support students with ASD as they explore and create their own identities and not to force them to emulate the norm or adopt an identity that is not their own. When students with ASD are forced to emulate the norm, they lose a part of their true identity (Goodley, 2017). Without the opportunity to create an authentic self-identity, the cycle and generation of an ableist society continues. Participants wanted teachers to help students with ASD develop their own identity as valued members of the community. They wanted teachers to confront old systems of belief and agitate against the creation of an ableist classroom by collaborating with adults with ASD to develop a new understanding and knowledge of autism.

The results of this study reinforced the recurring theme of self-awareness and social acceptance that can be found in books, social media posts, and on websites written by adults advocates with ASD (Bartmess, 2018; Booth, 2016); Bartmess (2018) and Booth (2016) agreed that including their voices into the educational research is a critical and important part of helping students with ASD develop a sense of self-awareness and self-acceptance which will ultimately have a positive impact on their mental health. Adults with ASD have developed their own unique identity and self-awareness about what it means to live in society as an individual with ASD. Their unique perspective and understanding can serve as positive role model and example for students with ASD as they learn how to manage and accept themselves as unique individuals.

More Supports

The participants from this study explained there needs to be better training for educational professionals about ASD. The participants explained the critical need for early diagnosis and early intervention for students with ASD. They explained a need for researchers and educational professionals to explore and develop accurate diagnostic tests to identify females with ASD. Lastly, they explicated and described the importance of specialized and specific accommodations and modification to support the unique needs of students with ASD with academics, social interactions, sensory experiences, and transition needs in inclusion education. (see Figure 1).

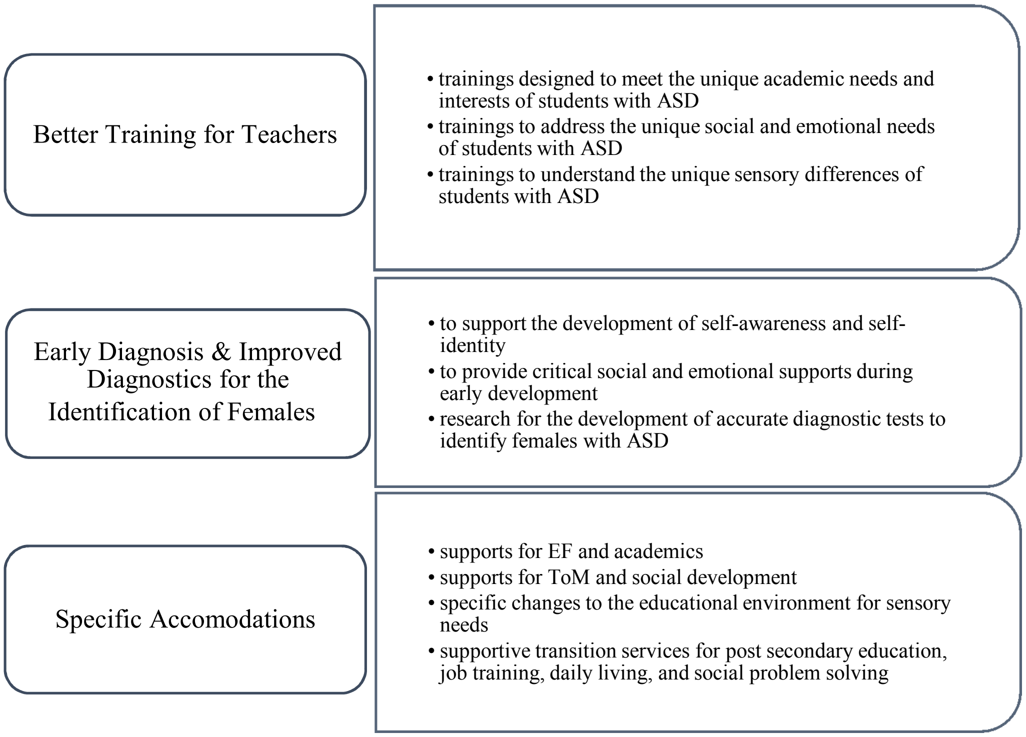

Figure 1. Adults with ASD ideas for more supports for students with ASD in inclusion.

Participants in the study explained the need for comprehensive trainings for teachers in the inclusion education classroom. Teachers need to be trained to recognize and understand the academic needs, social differences, and the unique sensory needs of students with ASD. They discussed the critical need for early diagnosis. Participants in Group 1 were diagnosed as adults and explained being diagnosed earlier could have helped to support the development of their self-awareness and provided them with critical educational, social, and emotional supports they needed. Participants discussed a need for better diagnostics and research regarding the identification of females with ASD. Out of the six female participants, five were diagnosed as adults only after being referred through mental health services and after years of mental health struggles. Participants also expressed the need for ASD specific accommodations designed to meet the academic, sensory, social, and transition needs of students with ASD in the inclusion classroom. The results from this study is echoed within the body of educational research for students with ASD. Bond and Hebron (2016), Conn (2018), MacLeod et al. (2018), and Ward and Webster (2018) argued that ASD is a unique way of being, thinking, and perceiving the world; therefore, students with ASD require specific educational strategies in order to be successful in the inclusion educational environment.

Neurodiversity

The participants in this study wanted to be accepted and respected as the experts on ASD. They explained that professionals should include them in any and all decisions that surround students with ASD and inclusion education. The participants want teachers to discuss and address ASD with their peers as a way to reduce the stigmatization of ASD and disabilities. Finally, they want educational professionals to view ASD as a way of being and as a culture; they want to be viewed and respected for their unique way of thinking and experiencing the world. (see Figure 2).

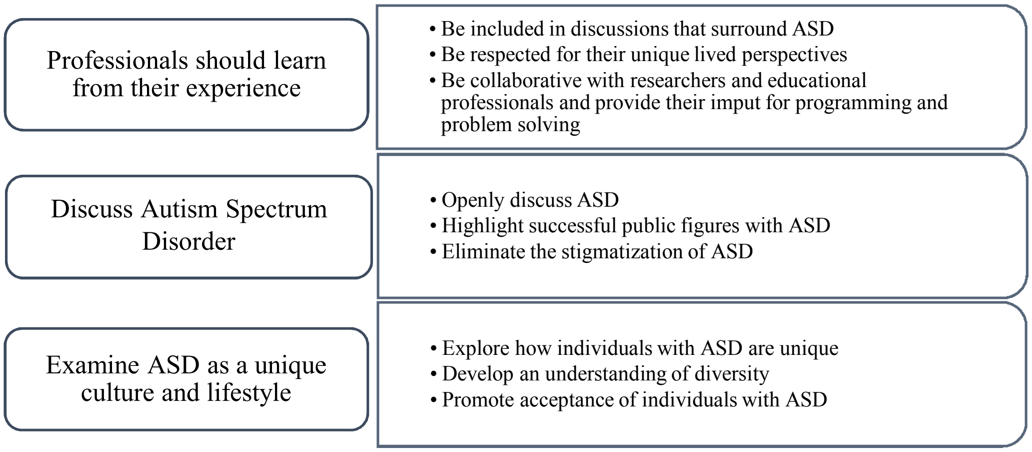

Figure 2. Adults with ASD ideas for social change in inclusion education.

They wanted educational professionals to learn from their experiences and perspectives and to value and appreciate their thoughts, and ideas as neurodiverse individuals. All participants discussed equality and being included in the discussions that effect their education and their lives. They wanted teachers to openly discuss autism with their peers and to share individuals with ASD that have made a difference in the world, such as Einstein, to help reduce the current cultural stigma that surrounds ASD. All participants urged researchers to examine ASD as a culture with a lifestyle all its own; they wanted researchers to understand they are unique, different, and bring diversity to the inclusion education environment. Indeed this is being addressed by some researchers like Bond and Hebron (2016), MacLeod et al. (2018), and Ward and Webster (2018) in the current body of research on ASD and Pellicano et al. (2017) recognized the need to include individuals with ASD into the body of research in order to examine and understand the unique perspectives they have about the world around them. Conn (2018) argued adults with ASD are capable and able to share this type of personal, rich, experiential data with researchers and these first-person accounts must be provided to practitioners as a guide for developing effective programs and therapies.

Lessons Learned

This study and its findings gave clarity to the conceptual lens of disability studies which states that the power, expertise, and control of cultural narratives should be given to individuals with disabilities so they are viewed as the experts and given the authority to direct and control what it means to live in a society with a disability. For this study, the conceptual lens of disability study addressed the need to shift power from researchers and educators to the adults with ASD and to allow them to tell their stories, become strong advocates, and to lead the inclusion education paradigm. The data gathered and analyzed for this study confirmed the need to include the experiences and perceptions of adults with ASD into the inclusion education narrative. This type of research can help to redefine inclusion education for students with ASD to better meet their educational, social, sensory, and transition needs and enact positive social change.

Limitation of the Study

As stated in Chapter 1, four limitations for this study were noted. First, there continues to be no clear definition of inclusion education in the research. Inclusion education continues to be a dynamic practice that is subject to interpretation at the policy, state, local, and district level; therefore, the findings in this study may not be transferable for all students with ASD educated in inclusion education. In order to manage these variances in inclusion education, a comprehensive description of inclusion education as a students with ASD was provided in Chapter 2. Because of the broad age rage of the participants, ages 18 to 55 years old, and the historical differences in their inclusion experiences, two distinct groups were created to help report and organize the data. The second limitation was, as per a qualitative study, the small number of participants which does not allow for the generalization of the study results; however, attention was given to ensure rich, deep, detailed data in accordance with the purpose and design of the study was collected . The third limitation was that I could not control the amount of data gathered from each of the participants with ASD and some of the participants required more prompting to achieve the rich, deep, thick descriptions needed for the study.

Finally, member checking was used and I asked the participants to read through their transcripts, make changes, and, if they desired, add more details. This was to ensure and confirm that the data gathered was thorough, credible, and reliable. One final limitation emerged during the recruiting process. It was difficult to locate participants that were willing to discuss their experiences with an unknow researcher and only two of the participants responded to the social media posts. Most of the participants were recruited through my friends and colleagues. This helped the participants to feel safe knowing I was trusted by someone they knew. All of the participants required approximately 30 minutes to ask me questions about myself and the study before I started the interview; this time was critical to build rapport with each participant. It also helped to reduce any anxiety they may have had about sharing their experiences with an unknown person and to understand the nature of the study.

Recommendations

This study was designed to explore the lived experiences adults with ASD had with inclusion education with a focus on their first-person, lived experiences. Because their voice is missing in the research on inclusion education, this study offered researchers and educators a foundational understanding of how inclusion education is experienced by individuals with ASD. A clear definition of inclusion education continues to elude researchers, educators, and practitioners and there is no clear road map that describes the implementation of inclusion education from an ethos of equality, acceptance, and neurodiversity. This study provides adults with ASD the opportunity to be heard and become the vanguards of a new inclusion education paradigm by placing their voice in the forefront of the research and discussion. An analysis of this research study provided researchers, educators, and policy makers the opportunity to include adults with ASD into the discussion and collaboration as they work towards building a common understanding, universal acceptance, and positive social change for students with ASD educated in the inclusion classroom.

When adults with ASD are added into the discussion and have the opportunity to collaborate with educational professional, they are viewed as important members of the educational team. This allows teachers to listen to their stories, ask important questions, and to learn what life is like as an adult with ASD. Through dynamic interactions, teachers will have the opportunity to see adults with ASD as positive members of the community and to celebrate and honor their differences. This will help to build understanding and welcome neurodiversity into the inclusion education classroom.

Bond and Hebron (2016), MacLeod et al. (2018), and Ward and Webster (2018) have suggested that ASD is a different way of being, perceiving, and thinking. When combined with the first-person narratives the adults with ASD provided for this study about their experiences with inclusion education this could provide educational professionals a foundational understanding about how students with ASD experience inclusion education and offer a basis of thought for future research questions. Each one of the four areas are open for exploration and a deeper dive into the experiences and perceptions of students with ASD in the inclusion classroom. This type of research can also provide educators and practitioners understanding and insight as they work to develop comprehensive programs designed to meet the unique needs of students with ASD in the inclusion education environment.

Lastly, this study provided the opportunity for adults with ASD to be recognized as the experts on autism by sharing their stories, experiences, and ideas for social change for students with ASD in inclusion education. This research study gave them the opportunity to share their lived experiences and provide ideas for social change which opened the door and offered a much-needed place for them in the discussions that surround inclusion education. This study also gives researchers the opportunity to recognize the valuable information and insight adults with ASD can offer to the research process and provides a foundation for future collaboration between the two. Adults with ASD need to be included as collaborators and partners in educational research in order to positively change the ethos of inclusion education for students with ASD.

Implications

This phenomenological research study is unique because it fills a gap in inclusion education research by adding the experiences of adults with ASD to the current body of research and provides them a voice. The data gathered from this study can promote positive social change in a variety of ways. By listening the voice of adults with ASD and being open to their experiences, together researchers, educators, adults with ASD can further shape the ethos of the inclusion education model. Inclusion education is built upon values of equality, diversity, and opportunity. This study included the voice of adults with ASD into the current body of inclusion research and opened the door for their perspectives and experiences to be view on equal footing to the research that used informants to describe the inclusion experience for students with ASD. Including their voice into the body of inclusion research, demonstrates the nature of true inclusion practice and offers adults with ASD the social justice and equality they deserve.

By listening to the voice of adults with ASD, educators can develop more comprehensive and specific supports designed to meet the unique needs of students with ASD. The lived perspectives of adults with ASD can help bridge understanding about the experiences, difficulties, and obstacles students with ASD experience every day in the inclusion education environment. These detail descriptions can provide practitioners with insights, ideas, and creative solutions to support students with ASD and could provide a foundation upon which to develop a connection of understanding and encouragement with their peer groups. Open and honest communication between adults with ASD and educators can build connection and collaboration and respectful partnerships where adults with ASD are viewed and accepted as the experts on autism.

Finally, communication is not a one-way street, but a reciprocal, dynamic interaction. If researchers only focus on a one-sided point of view or from an informant vantage, the dynamic and reciprocal communication between adults with ASD and researcher is lost. This research study offers the opportunity for the development of a collaborative, two-way dialog between researchers and the community of adults with ASD. Inclusion education is not only about including students with ASD into the regular education classroom, it is about teaching others about acceptance, diversity, and equality; this study opens the dialog were adults with ASD are given a seat at the table and are accepted and recognized as valuable and equal. This type of collaboration provides positive role models for future generations about how citizens behave and act in an inclusive society.

Conclusion

The purpose of this qualitative phenomenological study was to explore the lived experiences adults with ASD had with inclusion education. The study examined their perspectives of inclusion education, their experiences in the inclusion classroom, and their ideas for educators and social change. This study addressed the gap and their missing voice in the body of inclusion education research.

Researchers have called for more in-depth qualitative research that includes the perspectives and experiences of adults with ASD focusing on their experiences in the inclusion education environment. The current study provides a phenomenological account of their experiences in the inclusion education environment. This is important to the body of research because it involved a one-to-one interview methodology to provide lived experiential data and not data collected by informants.

Using the conceptual framework of inclusion education and disability studies, it was anticipated that the current study would demonstrate the importance of including the lived experiences of adults with ASD as a way to develop understanding, insight, clarity, and collaboration between researchers and educators. Their lived experiences also highlighted and reinforced findings in the current body of research regarding difficulties students with ASD have with communication, their struggles with academics, sensory overload, social confusion, and lack of transition supports. The participants of this study also echoed the sentiments of disability studies and wanting to be heard, respected, and included as the experts on autism in the research. They expressed a desire to participate in the research process as future collaborators.

The results from this study offered a valuable point of reference for further research designed to explore the ethos of inclusion education for students with ASD and to dig deeper into the academic demands, sensory struggles, social needs, and transition supports from their perspective and lived experiences. The data collected and analyzed also provided researchers a different vantage point and opportunity to explore autism as a unique way of being and perceiving the world. This study provided a view into inclusion education from the perspective of those that have lived it as an adult with ASD. Their perspective is valuable and important as researchers and educators develop new inclusive paradigms that accept diversity, include the voice of those that are neurodiverse, and develop opportunities to build inclusive social structures with a foundation of acceptance for all.

References

Able, H., Sreckovic, M. A., Schultz, T. R., Garwood, J. D., & Sherman, J. (2015). Views from the trenches: Teacher and student supports needed for full inclusion of students with ASD. *Teacher Education and Special Education 38*(1), 44-57. doi:10.1177/0888406414558096

Alverson, C. Y., & Yamamoto, S. H. (2018). VR employment outcomes of individuals with autism spectrum disorders: A decade in the making. *Journal of Autism and Developmental Disorders*, *48*, 151-162. doi:10.1007/s10803-017-3308-9

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

Anderson, A., Locke, J., Kretzmann, M., & Kasari, C. (2016). Social network analysis of children with autism spectrum disorder: Predictors of fragmentation and connectivity in elementary school classrooms. *Autism 20*(6), 700-709. doi:10.1177/1362361315603568

Armstrong, T. (2017). Neurodiversity the future of special education. *Educational Leadership, 74*(7)*,* 10-16.

Baglieri, S., & Shapiro, A. (2017). *Disability studies and the inclusive classroom.* (2nd ed.). [Kindle DX version]. Retrieved from amazon.com

Bartmess, E. (2018). *Knowing why adult-diagnosed autistic people on life and autism.* [Kindle DX version]. Retrieved from amazon.com

Biggs, E., & Carter, E. W. (2016). Quality of life for transition-age youth with autism or intellectual disability. *Journal of Autism and Developmental Disorders 46,* 190-204. doi: 10.1007/s10803-015-2563-x

Bond, C., & Hebron, J. (2016). Developing mainstream resource provision for pupils with autism spectrum disorder: Staff perceptions and satisfaction. *European Journal of Special Needs Education, 31*(2), 250-263. doi: 10.1080/08856257.2016.1141543

Booth, J. (2016). *Autism equality in the workplace: removing barriers and challenging discrimination*. [Kindle DX version]. London, UK: Jessica Kingsley Publishers.

Bouck, E. C., & Park, J. (2018). Exploring post school outcomes across time out of school for students with autism spectrum disorder. *Education and Training in Autism and Developmental Disabilities, 53*(3), 253-263.

Brede, J., Remington, A., Lorcan, K., Warren, K., & Pellicano, E. (2017). Excluded from school: Autistic students' experiences of school exclusion and subsequent re-integration into school. *Autism and Developmental Language Impairments, 2*, 1-20. doi:10.1177/2396941517737511

Burkholder, G. J., Cox, K. A., & Crawford, L. M. (2016). Phenomenology. In P. Dawidowicz (ed.), *The scholar-practitioner's guide to research design* (p. 217-231). Baltimore, MD: Laureate Publishing.

Cage, E., DiMonaco, J., & Newell, V. (2018). Experiences of autism acceptance and mental health in autistic adults. *Journal of Autism and Developmental Disorders, 48,* 473-484. doi:10.1007/s10803-017-3342-7

Cai, R. Y., & Richdale, A. L. (2016). Educational experiences and needs of higher education students with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 46,* 31-41. doi: 10.1007/s10803-015-2535-1

Centers for Disease Control and Prevention. (2016). *ASD Homepage.* Retrieved from http://www.cdc.gov/ncbddd/autism/index.html

Children's Hospital of Philadelphia. (n.d.). *Medical diagnosis vs. educational eligibility for special services: Important distinctions for those diagnosed with ASD.* Car Autism Roadmap. https://www.carautismroadmap.org/medical-diagnosis-vs-educational-eligibility-for-special-services-important-distinctions-for-those-with-asd/

Conn, C. (2018). Pedagogical intersubjectivity, autism and education: can teachers teach so that autistic pupils learn? *International Journal of Inclusive Education, 22*(6), 594-605. doi:10.1080/13603116.2017.1390003

Cooper, K., Smith, L., & Russell, A. (2017). Social identity, self-esteem, and mental health in autism. *European Journal of social Psychology.* doi: 10.1002/ejsp.2297

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design choosing among five approaches.* (4th. ed.). [Kindle DX version]. Retrieved from http//:www.amazon.com

Danforth, S., & Naraian, S. (2015). This new field of inclusive education: beginning a dialogue on conceptual foundations. *Intellectual and Developmental Disabilities, 53*(1), 70-85.

Davison, S. (2018, July 24). *Why I do not hate autism.* Retrieved from http://www.thinkingautismguide.com

DeLeeuw, R. R., DeBoer, A. A., & Minnaert, A. E. M. G. (2018). Student voices on social exclusion in general primary schools. *European Journal of Special Needs Education, 33*(2), 166-186. doi:10.1080/08856257.2018.142783

DePape, A. M., & Lindsay, S. (2016). Lived experiences from the perspective of individuals with autism spectrum disorder: a qualitative meta-synthesis. *Focus on autism and other Developmental Disabilities, 31*(1), 60-71. doi: 10.1177/1088357615587504

Dillenburger, K., McKerr, L., Jordan, J. A., Devine, P., & Keenan, M. (2015). Creating an inclusive society. how close are we in relation to autism spectrum disorder? a general population survey. *Journal of Applied research in Intellectual Disabilities, 28,* 330-340. doi: 10.111/jar12144

Dillon, G. V., Underwood, J. D. M., & Freemantle, L. J. (2016). Autism and the u.k. secondary school experience. *Focus on Autism and Other developmental Disabilities, 31*(3), 221-230. doi: 10/1177/1088357614539833

Gibson, S. (2015). When rights are not enough: what is? Moving towards new pedagogy for inclusive education within UK universities. *International Journal of Inclusive Education. 19* (8), 875-886, doi: 10.1080/13603116.1015177

Gillespie-Lynch, K., Kapp, S., Brooks, P., Pickens, J., & Schwartzman, B. (2017). Whose expertise is it? Evidence for autistic adults as critical autism experts. *Frontiers in Psychology,* 1-42.

Goodall, C. (2015). How do we create ASD-friendly schools? A dilemma of placement. *Support for Learning, 30* (4), 306-326. doi:10.1111/1467-9604.12104

Goodall, C. (2018). 'I felt closed in and like I couldn't breathe': a qualitative study exploring the mainstream educational experiences of autistic young people. *Autism & Developmental Language Impairments, 3*, 1-16. doi: 10.1177/2396941518804407

Goodley, D. (2017). *Disability studies an interdisciplinary introduction.* (2nd ed.). [Kindle DX version]. Retrieved from amazon.com.

Hebron, J., Humphrey, N., & Oldfield, J. (2015). Vulnerability to bullying of children with autism spectrum conditions in mainstream education: a multi-informant qualitative exploration. *Journal of Research in Special Educational Needs, 15*(3), 1-9. doi: 10.1111/1471-3802.12108

Hornby, G. (2014). *Inclusive Special Education.* [Kindle DX version]. Retrieved from amazon.com.

Hume, K., Steinbrenner, J. D., Sideris, J., Smith, L., Kucharczyk, S., & Szidon, K. (2018). Multi-informant assessment of transition-related skills and skill importance in adolescents with autism spectrum disorder. *Autism, 22*(1), 40-50. doi:10.1177/1362361317722029

Husserl, E. (1931). *Ideas: General introduction to pure phenomenology* (D. Carr, Trans.). Evanston, IL: Northwestern University Press.

Individuals with Disabilities Education Act (IDEA). P.L. 104-47-642, U.S.C. (1990).

Individuals with Disabilities Education Improvement Act of 2004. Pub.L. No. 108-446, 118 Stat. 2658 (2004).

Kauffman, J. M., Hallahan, D. P., Pullen, P. C., & Badar, J. (2018). *Special education: what it is and why we need it.* (2nd ed.). [Kindle DX version] Retrieved from http//:www.amazon.com

Keen, D., Webster, A., & Ridley, G. (2016). How well are children with autism spectrum disorder doing academically at school? An overview of the literature. *Autism, 20*(3), 276-294. doi: 10.1177/136361315580962

Kirby, A., Dickie, V. A., & Baranek, G. (2015). Sensory experiences of children with autism spectrum disorder: in their own words. *Autism, 19*(3), 316-326. doi: 10.1177/1362361314520756

Kouklari, E. C., Thompson, T., Monks, C. P., & Tsermentseli, S. (2017). Hot and cool executive function and its relation to theory of mind in children with and without autism spectrum disorder. *Journal of Cognition and Development, 18*(4), 399-418. doi:10.1080/13248372.2017.1339708

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry* (Vol.75). Beverly Hills, CA: SAGE Publications.

Lyons, W. E., Thompson, A., & Timmons, V. (2016). We are inclusive. we are a team. let's just do it: commitment, collective efficacy, and agency in four inclusive schools. *International Journal of Inclusive Education, 20*(8), 889-907. doi: 10.1080/13603116.2015.1122841

Macdonald, L., Keen, D., Asburner, J., Costley, D., Hass, K., & Trembath, D. (2017). Piloting autism intervention research with teachers in mainstream classrooms. *International Journal of Inclusive Education, 21*(12), 1228-1244. doi:10.1080/13603116.2017.1335355

MacLeod, A., Allan, J., Lewis, A., & Robertson, C. (2018). 'Here I come again': the cost of success for higher education students diagnosed with autism. *International Journal of Inclusive Education, 22*(6), 683-697. doi: 10.1080/13603116.2017.1396502

Marshall, D., & Goodall, C. (2015). The right to appropriate and meaningful education for children with ASD. *Journal of Autism and Developmental Disorders, 45,*3159-3167. doi: 10.1007/s1803-015-2475-9

Mazza, M., Mariano, M., Peretti, S., Masedu, F., Pino, M. C., & Valenti, M. (2017). The role of theory of mind on social information processing in children with autism spectrum disorders: a mediation analysis. *Journal of Autism and Developmental Disorders,* 47, 1369–1379. doi:10.1007/s10803-017-3069-5

McAllister, K., & Sloan, S. (2016). Designed by the pupils, for the pupil: an autism-friendly school. *British Journal of Special Education, 43*(4), 330-357. doi:10.1111/1467-8578.12160

McCrimmon, A. (2015). Inclusive education in canada: issues in teacher preparation. *Intervention in School and Clinic, 50*(4), 234-237. doi: 10.1177/1053451214546402

Meltzer, L. (2018). *Executive function in education from theory to practice.* (2nd ed.) [Kindle DX version] Retrieved from http//:www.amazon.com

Moustakas, C. (1994). *Phenomenological research methods.* [Kindle DX version]. Retrieved from http//:www.amazon.com

Nasamran, A., Witmer, S., & Los, J. E. (2017). Exploring predictors of postsecondary outcomes for students with autism spectrum disorder. *Education and Training in Autism and Developmental Disabilities, 52*(4), 343-356.

O'Hagan, S., & Hebron, J. (2017). Perceptions of friendship among adolescents with autism spectrum conditions in a mainstream high school resource provision. *European Journal of Special Needs Education, 32*(3), 314-328. doi:10.1080/08856257.2016.1223441

Ormond, S., Brownlow, C., Garnett, M. S., Rynkiewice, A., & Attwood, T. (2018). Profiling autism symptomatology: an exploration of Q-ASD parental report scale in capturing sex differences in autism. *Journal of Autism and Developmental Disorders, 48,* 389-403. doi: 10.1007/s10803-017-3324-9

Parsons, S. (2015). 'Why are we an ignored group?' Mainstream educational experiences and current life satisfaction of adults on the autism spectrum from an online survey. *International Journal of Inclusive Education, 19*(4), 397-421. doi:10.1080/13603116.2014.935814

Patton, M. (2015). *Qualitative research and evaluation methods* (4th ed.). Thousand Oaks, CA: Sage Publications, Inc.

Pellicano, E., Crane, L, Gaudion, K. (2017) Participatory Autism Research: A Starterpack. London: UCL Institute of Education.

Pellicano, L., Bolte, S., & Stahmer, A. (2018). The current illusion of educational inclusion. *Autism, 22*(4), 386-387. doi: 10.1177/1362361318766166

Qvortrup, A., & Qvortrup, L. (2018). Inclusion: dimensions of inclusion in education. *International Journal of Inclusive Education, 22*(7), 803-817. doi: 10.1080/13603116.2017.1412506

Riches, N. G., Loucas, T., Baird, G., Charman, T., & Simonoff, E. (2016). Elephants in pajamas: testing the weak central coherence account of autism spectrum disorders using a syntactic disambiguation task. *Journal of Autism and Developmental disorders,* 46 (1), 155-163. doi:10.1007/s1080301525600

Roberts, J., & Simpson, K. (2016). A review of research into stakeholder perspectives on inclusion of students with autism in mainstream schools. *Journal of Inclusive Education, 20* (10), 1084-1096. doi: 10.1080/13603116.2016.1145267

Russell, G., Kapp, S. K., Elliot, D., Elphick, C., Gwernan-Jones, R., & Owens, C. (2019). Mapping the autistic advantage from the accounts of adults diagnosed with autism: a qualitative study. *Autism in Adulthood, 1*(2), 124-133. doi: 10.1089/aut.2018.0035

Saevi, T. (2014). Phenomenology in educational research. *obo* in Education. doi: 10.1093/obo/9780199756810-0042

Saggers, B. (2015). Student perceptions: improving the educational experiences of high school students on the autism spectrum. *Improving Schools 18*(10), 35-45. doi: 10.1177/136548021456613

Silberman, S. (2015). *Neurotribes: the legacy of autism and the future of neurodiversity* [Kindle DX version]. Retrieved from amazon.com

Sivaratnam, C., Newman, L., & Rinehart, N. (2018). Emotion-recognition and theory of mind in high-functioning children with asd: relationships with attachment security and executive functioning. *Research in autism spectrum disorders 53,* 31-40. doi: 10.1016/j.rasd.2018.05.005

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis.* [Kindle DX version]. Retrieved from http://www.amazon.com

Smith Myles, B., Trautman, M. L., & Schelvan, R. (2013). *The hidden curriculum* (2nd ed.). [Kindle DX version]. Retrieved from http://www.amazon.com

Sutton, M. (2015). *The real experts: readings for parents of autistic children.* [Kindle DX version]. Retrieved from http//:www.amazon.com

Torske, T., Naerland, T., Oie, M. G., Stenberg, N., & Andreassen, O. A. (2018). Metacognitive aspects of executive function are highly associated with social functioning on parent-rated measures in children with autism spectrum disorder. *Frontiers in Behavioral Neuroscience, 11,* 1-12. doi: 10.3389/fnbeh.2017.00258

Vanegas, S. B., & Davidson, D. (2015). Investigating distinct and related contributions of weak central coherence, executive dysfunction, and systemizing theories to the cognitive profiles of children with autism spectrum disorders and typically developing children. *Research in Autism Spectrum Disorders,*11, 77-92. doi: 10.1016/j.rasd.2014.12.005

Van Manen, M. (2014). *Phenomenology of practice meaning-giving methods in phenomenological research and writing.* [Kindle DX version]. Retrieved from http//:www.amazon.com

Van Manen, M. (2016). *Researching lived experience human science for an action sensitive pedagogy.* (2nd. ed.). [Kindle DX version]. Retrieved from http//:www.amazon.com

Van Manen, M. (2017). But is it phenomenology?. *Qualitative Health Research,27*(6), 775-779. doi: 10.1177/1049732317699570

Waddington, E. M., & Reed, P. (2017). Comparison of the effects of mainstream and special school on national curriculum outcomes in children with autism spectrum disorder: an archive-based analysis. *Journal of Research in Special Education Needs 17*(2), 132-142. doi:10.1111/1471-3802.12368

Ward, D., & Webster, A. (2018). Understanding the lived experiences of university students with autism spectrum disorder (ASD). *International Journal of Disability, Development and Education, 65(4)*, 373-392. doi: 10.1080/1034912X.2017.1403573

Whitburn, B. (2017). The subjectivities of ‘included’ students with disabilities in schools. *Discourse: Studies in The Cultural Politics of Education, 38*(4), 485-497. doi: 10.100.01596306.2015.1105787

Wilkins, S., & Burmeister, C. (2015). *FLIPP the Switch Strengthen Executive Function Skills.* Shawnee Mission, Kansas: AAPC Publishing.

Wright, P., & Wright, P. (2010). *From emotions to advocacy.* (11th ed.). Hartfield, VA: Harbor House Law Press, Inc.

Yin, R. K. (2014). *Case study research design and methods.* (5th ed.). [Kindle DX version]. Retrieved from http://www.amazon.com

Appendix A: Initial Data Form

First Name _______________________________________ First Initial of Last Name___

Participant #_________ (researcher's use only)

Pseudonym given: ____ (researcher's use only)

PLEASE ANSER THE FOLLOWING QUESTIONS ABOUT YOURSELF

Where you in inclusion classes in elementary school? Yes_____ No_____

Where you in inclusion classes in middle school? Yes_____ No_____

Where you in inclusion classes in high school? Yes_____ No _____

How old were you when you received an autism diagnosis? ____________ years old

Did you receive special education services? Yes_____ No_____

If yes, please describe the following special education services (learning support, speech and language, OT, PT) you received:

____

____

____

____

MY CONTACT INFORMATION IS:

Phone (cell): ________________________ (home) _______________________

E-mail address: ____

Home address: _____________________________

Appendix B: Invitation Letter

INVITATION LETTER

Dear Invitee,

My name is Susan Weiss and I am a PhD student at Walden University's Education Program. I am kindly requesting your participation in a doctoral research study that I am conducting titled "Adults with Autism Spectrum Disorder Perspectives of Inclusion Education". The purpose of this study is to focus on the voice of individuals with ASD and include their lived perspectives into the body of educational research. I want to learn more about how adults with ASD experienced the inclusion model of education and to give them the opportunity to be viewed as the expert on autism. This type of research can provide valuable information about how students with ASD experience inclusion education. The study will involve completing a basic demographic information form and participation in a one-hour interview to be conducted in a manner most comfortable for you (Face to Face, Skype or FaceTime, Telephone). Your participation is completely voluntary, and all research data will be confidential, and identity protected. **Please contact me to express interest in participating in the study by emailing me.**