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**SECONDARY SCHOOL COUNSELORS' IDENTIFICATION OF STRATEGIES  
FOR MEETING THE NEEDS OF HIGH-FUNCTIONING AUTISM SPECTRUM  
DISORDER STUDENTS PLACED IN THE GENERAL EDUCATION PROGRAM**

by

Sandra M. Griffin

A Dissertation

Submitted to the  
Department of Educational Leadership  
College of Education  
In partial fulfillment of the requirement  
For the degree of  
Doctor of Education  
at  
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April 2, 2015

Dissertation Chair: Michelle Kowalsky, Ed.D.

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Sandra M. Griffin

## **Dedication**

*I dedicate this dissertation to my parents, John and Rosemary Griffin who demonstrated unconditional love, encouraged a quest for knowledge, and shared in the joy of accomplishments. I also dedicate this dissertation to my children, Michael, Laura, Alex, John, Sarah, and MaryKate who have enriched my life beyond measure.*

## **Acknowledgments**

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Finally, I am deeply grateful to the many friends, my doctoral cohort, colleagues, and especially my family whose encouragement and support made all the difference in the world. I could not have completed this journey without your support.

## **Abstract**

Sandra M. Griffin

### **SECONDARY SCHOOL COUNSELORS' IDENTIFICATION OF STRATEGIES FOR MEETING THE NEEDS OF HIGH-FUNCTIONING AUTISM SPECTRUM DISORDER STUDENTS PLACED IN THE GENERAL EDUCATION PROGRAM 2015**

Michelle Kowalsky, Ed.D.  
Doctor of Education

The rising prevalence of autism spectrum disorder has resulted in more children being educated in the general education setting resulting in concern about their educational experience. School counselors as advocates, leaders, and collaborators in schools have special training and skills to educate and assist teachers design more effective and useful strategies. The purpose of this qualitative research study was to examine what secondary school counselors identified as the issues and challenges they experienced when working with students diagnosed with HFASD, the strategies they employed to assist these students, the strategies counselors utilized to collaborate with parents and teachers, and the strategies they employed to assist HFASD students in identifying strengths that can lead to careers and postsecondary education. Results indicated a need for professional development to educate teachers and school personnel on the nature of autism spectrum disorder, on the behavioral and academic challenges that are inherent with these students in the classroom and school environment, and on evidence-based strategies to assist teachers, school counselors, and educational personnel. It is recommended that knowledge about the characteristics of children with ASD and research-based interventions be integrated into the curricula of teacher training and counselor education programs.

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## **Chapter 1**

### **Introduction to the Study**

Meeting every student's need has become increasingly challenging when students diagnosed with high functioning autism spectrum disorder (HFASD), which includes Asperger Syndrome (AS), are now being mainstreamed into regular education classrooms. The American School Counseling Association (ASCA, 2005) National Model specifies that school counselors are advocates, leaders, and collaborators in the school and should be prepared to work with all students (Gibbons, 2008).

Professional school counselors are certified/licensed educators with a minimum of a master's degree in school counseling. This enables them to be uniquely qualified to address the needs of all students by designing and implementing a comprehensive school counseling program that promotes and plays a vital role in student achievement and success (ASCA, 2005; Lapan, Gysbers, & Kayson, 2007). Prior to the 1960's, school counseling was limited to high schools with a primary focus on vocational guidance to assist students in finding occupations so that they could become contributing members of society (Gybers & Henderson, 2000). The term guidance counselor was used throughout this time and is still utilized in many settings; however, the role of the counselor has expanded to incorporate advocacy, consultation, collaboration with school stakeholders, and leadership. School counselors function as crucial educational personnel whose role is to assist students, parents, teachers, administrators, and other school staff in meeting the educational, behavioral, and developmental needs of children and adolescents in attaining school achievement and success. The term school counselors will be used in this research study.

Autism spectrum disorders (ASD) can be referred to as an umbrella label that describes a cluster of developmental disabilities that are identified by significant impairments in social interaction, impairments in verbal and nonverbal communication, repetitive behaviors, and restricted range of interests. Schools and researchers utilized the label autism spectrum disorder as the designated term for those with autistic conditions, but other labels are used in other situations (Auger, 2013). The American Psychiatric Association (2013) recently published the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The diagnostic criteria for autism spectrum disorder has been modified based on the research literature and clinical experience in the 19 years since the DSM-IV was published in 1994. A significant change is that a diagnosis of ASD now encompasses Asperger Syndrome (AS), Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS), and Disintegrative Disorder; there will no longer be sub-diagnoses (Hyman, 2013). The goal of the new categorization in the DSM-5 is acknowledgement of the prevalent consensus that AS is part of the autism spectrum, and this will serve to clarify contradictory diagnostic plans that may be unreliable across different diagnosticians and clinicians (Happé, 2011). The removal of AS from the DSM-5 (APA, 2013) has generated movement away from labels and movement towards the more universal term of ASD (Auger, 2013).

### **Problem Statement: HFASD Students in Secondary Schools**

The scholarly literature on autism has grown substantially during the past two decades. As a result research that provides a greater understanding of the nature of the disorder, the rising prevalence of the disorder, and the value of early intervention of the disorder has been made available. Despite the considerable body of research, there is a

lack of evidence-based strategies and their outcomes which can be utilized by school counselors (Trincal, 2007). The purpose of this research study was to examine what secondary school counselors identify as the needs and challenges of students diagnosed with HFASD, the strategies and tools secondary school counselors employ to assist these students to succeed in general education setting, the strategies secondary school counselors utilize to collaborate with parents and teachers to assist HFASD students in their responses to the social demands and making their needs known especially in response to an increased risk of aggression and victimization from bullying (Humphrey & Symes, 2010), the role secondary school counselors have in assisting teachers in understanding the impact of ASD on students and to reframe HFASD students' social behavior, and the strategies and tools employed by school counselor to assist students in identifying strengths that can lead to careers and postsecondary education.

### **Research Questions**

The study was guided by the following research questions:

- RQ1: What needs and challenges do secondary school counselors identify when working with students diagnosed with HFASD?
- RQ2: What strategies do secondary school counselors employ to assist students diagnosed with HFASD to succeed in general education classrooms?
- RQ3: How do secondary school counselor assist students diagnosed with HFASD when responding to increased risk of aggression and victimization from harassment, intimidation, and bullying?

RQ4: What strategies and tools do secondary school counselors employ in assisting students diagnosed with HFASD in career and college readiness?

RQ5: What strategies do secondary school counselors identify to build a collaborate relationship with parents and teachers?

### **Autism Defined**

Autism spectrum disorders (ASD) are considered lifelong developmental disabilities. As autism is a description of symptoms, it is recognized as a syndrome rather than a disease (Shriver, Allen, & Matthews, 1999). There is no medical test that can diagnose ASD (Sicile-Kira, 2004) as diagnosing is determined by a thorough evaluation that includes clinical observations, parent interviews, developmental histories, speech and language assessments, and psychological testing (Center of Disease Control, (CDC) 2002). Autism varies in degree over the three domains of social functioning, communication, and behavior (Fombonne, 2003; Safran, 2008; Yearsin-Allsopp, Rice, Karapurkar Doerberg, Boyle, & Murphy, 2003) with individuals exhibiting cognitive functioning deficits, attention, learning, and sensory processing. Asperger Syndrome, which now falls under the umbrella of ASD, is a neurobiological disorder diagnosed by a developmental pediatrician, neurologist, or psychiatrist. Individuals are diagnosed with HFASD when their set of symptoms fit the criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Asperger Syndrome was not included in the DSM until 1994 (Rosaler, 2004).

The Individuals with Disabilities Education Act (IDEA) is a federal law enacted in 1990 and reauthorized in 1997 and 2004. IDEA was designed to protect the rights of



students with disabilities by guaranteeing a free appropriate public education (FAPE), regardless of ability.

The federal definition of autism in IDEA is 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 characteristic often associated with autism are engagement in repetitive activities and stereotypical movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences (U. S. Department of Education, 2013, Regulations Sections, 300.8 C1).)

It is important to note the IDEA definition includes the criteria of adversely affecting educational performance with general onset by age three but is not inclusive for diagnosis or development after that age. This raises concerns for the group of children on the higher end of the autistic spectrum who may not display early onset symptoms because of appropriate language and cognitive development (Safron, 2005). Children with high functioning spectrum disorders, specifically AS, share similarities in autism's core diagnostic features in social relatedness and interactions, repetitive and regulated interests and behavior; however, they display strengths in cognitive and language abilities (Attwood, 2007; Bellon-Harn, & Harn, 2006; Lopata, Toomey, Fox, Volker, Chow, Thomeer, Lee, Rodgers, McDonald, & Smerbeck, 2010; Sansosti & Powell, 2006) which clouds their core deficits.

Although children diagnosed with Asperger syndrome (AS) show no apparent delays in cognitive or language development, they exhibit substantial impairments in the use of social skills necessary to accrue meaningful social interactions. Children diagnosed with HFASD including AS appear to lack understanding of human relationships and the rules of social etiquette and convention that govern them. Because

of this deficiency these students face many challenges in interactions and communications with peers and adults (Williams, 2001). A tendency for egocentric fixation on a specific area or topic of interest results in a detailed monologue with no regards to the listener and an inability for social reciprocity. A lack of social reciprocity and inability to understand another's verbal and nonverbal social cues compounds the difficulties in interactions (Sansosti & Powell-Smith, 2006).

### **Historical Context**

The word "autism" comes from the Greek word *autos*, meaning "self," and was used by Swiss physician Eugen Bleuler in 1912 when he described behaviors of individuals disengaged with everything in the outside realm but highly engaged in their internal world. Austrian born psychiatrist, Leo Kanner, immigrated to the United States in 1924 and specialized in treating disabled children who were typically institutionalized. He began seeing children with marked peculiarities he deemed "extreme aloneness." These children exhibited elevated rote memories, obsession with sameness and repetition, and tended to be highly skilled in one or two tasks. Kanner's basic description and definition of autism reflected an innate ability to see shared characteristics in this group of children, and his basic tenets are embedded in research today (Grinker, 2007).

Coincidentally, while Kanner was conducting research in America, Austrian pediatrician, Hans Asperger, noticed some children who were referred to his clinic had similar behavior and personality traits, but he could not find a term that provided a description or explanation of these characteristics. His observations resulted in descriptive writings of children with delays in social maturity and reasoning who displayed impairments in verbal and non-verbal communication, especially with regards

to conversation. Although many of the children appeared intelligent, they had an egocentric preoccupation on a topic or interest that dominated their actions, thoughts, and conversation. Some children had a heightened sensitivity to sound, textures, smell, and touch. Asperger's published detailed descriptions of four children, and this provided the bridge to what later became known as autistic personality disorder (Attwood, 2007). Since Kanner's and Asperger's identification of the prototype of autistic disturbances of affective contact, our understanding has developed from recognizing a single condition to one that encompasses a spectrum of difficulties and disorders and identified these disorders as autistic psychopathy (Humphrey, 2008; Safran, Safran, & Ellis, 2003). In 1981, Lorna Wing of the United Kingdom initiated the term, "Asperger syndrome" (AS), but it wasn't until 2002 that the American Psychological Association (APA) formerly recognized AS as a specific clinical disorder (Safran, Safran, & Ellis, 2003).

### **Prevalence of Autism**

Thirty years ago autism was considered a rare childhood disorder. The growing concern in the rising prevalence of autism has fueled the discussion about the possibility of an epidemic and has highlighted its significance as noteworthy of public agenda. The high prevalence rate of HFA has resulted in more children being educated in regular education classes, and this has created a growing concern about their educational experience (Humphrey, 2008). Research findings garnered from numerous epidemiological studies have remained inconsistent despite the increase in the number of studies (Fombumme, 2003; Safran, 2008; & Yeargin-Allsopp et al, 2003) because of the difficulty in generalizing small population studies to the larger context of the United States as well as differences in definition, geographical location, and diagnostic and

identification methods. Data based on the number of students identified with autism from ages three to twenty-two under IDEA increased from 15,580 in 1993-94 to 97,906 in 2001-02 resulting in a 528% increase and a growth rate of 22.69% (U.S. Department of Education, 2002; Safran, 2008). Recent prevalence estimates of HFASD range from 3.6 to 7.1 per 10,000 with a ratio of 2.3 males to 1 female (Stoddart, 2005) and the Social Policy Report (2010) estimated prevalence to be 1 in 110. The prevalence rates for different subgroups of ASD have differed considerably across research findings (Autism and Developmental Disabilities Monitoring Network Surveillance (ADDM), 2009). In many epidemiological studies individuals diagnosed with AS because of intact cognitive and language abilities implies a diagnostic imprecision. (Fombunne, 2003; Humphrey, 2008; Jordan, 2006) The escalating prevalence of children diagnosed with HFASD now exceeds other major developmental disorders, and this impacts educational policy and decisions. Although surveillance and epidemiological studies have resulted in prevalence estimates, it is disconcerting that there is a substantial number of ASD children who do not have an autism classification (ADDM, 2009). This may be the result of children not being identified, children given an incorrect classification, children who are multi-disabled but have one classification, and children whose parents do not want social stigmatization with an ASD classification. State databases, surveillance and epidemiological studies have fallen short in their efforts to report accurate prevalence, and this suggests there are more ASD children yet to be identified. As a result of increased public awareness resulting from the growing number of children, adolescents, and adults with ASD, schools must address the significant educational needs of this population. (Odom, Bryant, & Maxwell, 2010).

## **Conceptual Framework**

Children and adolescents diagnosed with HFASD demonstrate average to high cognitive function; however, these individuals have difficulty in conducting appropriate social interchanges because of their literal thinking, poor problem-solving skills, generalizing ideas, preference to focus on a single task of interest for long periods of time, and need for sameness (Gibbons, 2008). The autism literature is replete with the psychological term Theory of Mind (ToM). This term serves to explain the capacity of a person having the ability to understand and to make sense of the beliefs, emotions, intentions, and perceptions of others (Attwood, 2007; Baron-Cohen, 1989a; Baron-Cohen, Leslie, & Frith, 1985; Lind & Bowler, 2009; Rutherford, 2004). The ability to understand and conceptualize other's behaviors and mental processes plays an integral role in social interactions (Kinderman, Dunbar, Bentall, 1998). Lovecky (2004) stated that typically most children between three to four years of age begin to develop an understanding that others have thoughts and feelings separate from their own. Children with deficits in ToM experience difficulty grasping what others think and cannot recognize that others have their own mind. ToM deficits occur for individuals diagnosed with ASD despite ages and IQ scores. Research has consistently studied the difficulties individuals with ASD manifest in recognizing the emotions of others. Findings have been consistent in the position that a core deficit for individuals diagnosed with autism rests in their ToM, which is their inability to ascribe mental states of others (Attwood, 2007; Beumont & Sofronoff, 2008; Golan, Baron-Cohen, Hill, & Rutherford, 2006; Kinderman, Dunbar, & Bentall, 1998; Kleinman, Marciao, & Ault, 2001; Lind & Bowler, 2009).

ToM has also been referred to as ‘mind reading’ and ‘mind blindness’ (Baron-Cohen, 2004), or the difficulty in putting oneself into another person’s shoes (Attwood, 2007). Individuals diagnosed with ASD are hindered by the inability to achieve joint attention with others, and they become unable to build on the fundamental step to intuit what others are thinking, perceiving, intending, or believing; essentially they become blind to others’ mental states (Baron-Cohen, 1995; Baron-Cohen, 2000). Children with deficits in ToM also experience difficulty grasping what others think and cannot recognize that others have their own mind. Individuals diagnosed with ASD do not have age appropriate abilities to recognize or respond to the cues that indicate the feelings or thoughts of another person that would be typical of someone their age (Attwood, 2007).

Attwood (2007) suggests that the maturity of ToM skills should be included in the assessment and diagnostic process of children, adolescents, and adults thought to be HFASD. He suggests utilizing Happe’s, 1994 *Strange Stories* and Kaland’s, 2002 *Stories from Everyday Life* developed for children ages 4 to 12. This literature incorporates stories with comprehension questions that assess an individual’s ability to determine what someone in the story is thinking or feeling.

The skills embedded in ToM are needed for management of conflict; therefore, students diagnosed with HFASD have difficulties with conflict resolution. The research suggests that understanding ToM can heighten awareness in teachers and also assist these teachers in planning and structuring instruction. ToM will help facilitate a deeper understanding of why students diagnosed with HFASD have difficulty with understanding figurative speech, recognizing social cues, and handling conflict during group work (Attwood, 2007).

Although ToM has been utilized for explaining the impairments in the social, communicative, and imaginative realm for individuals diagnosed with ASD, it has failed to explain other features of the disorder such as high IQ profiles, restricted range of interests, and fixations on parts of objects (Hoy, Hatton, & Hare, 2004). Frith (1989) believed that other theories recognized the core deficits of individuals diagnosed with ASD but did not recognize the incredible strengths and talents in areas such as music, computers, technology, mathematics, and memory. The theory of central coherence was the term given to a human being's ability to derive overall meaning from a mass of details. It is the ability to pull information from different sources, experiences and schemas, both internal and external with the result of gleaning a higher meaning. When looking at an endless expanse of trees, a person with strong central coherence would see a forest; a person with weak central coherence would see only a great deal of individual trees.

Frith (1989) postulated that individuals diagnosed with ASD tended to have an amazing ability to focus on minute details enabling them to identify a tiny component among a larger amount of data or complex object. She theorized ASD as a lack in central coherence and referred to it as a specific perceptual-cognitive style that describes a limited ability to understand context, to get to the point, or to see the big picture. Lacking central coherence can leave an individual vulnerable to misinterpreting situations and communications. The lack of central coherence has been regarded as a common theme in individuals diagnosed with HFASD. Grandin (2011) states that individuals diagnosed with ASD learn concept formation in a bottom-up manner by grouping specific

examples or situations surrounding a particular concept whereas the typical person thinks in a top-down manner by forming a concept first and then adding the specific details.

Executive functioning is a set of mental processes that helps connect past experience with present action. People use executive functioning to perform activities such as planning, organizing, strategizing, paying attention to and remembering details, and managing time and space. The impact on executive functioning (EF) on individuals diagnosed with HFASD provides another approach to gain understanding. Many studies have identified individuals diagnosed with ASD as having EF deficits (Geurts, Verte, Oosterlaan, Roeyers, & Sargeant, 2004; Hill, 2004), and this make school-related tasks difficult to accomplish. The crucial role of executive function processes begins in the preschool years and increases as students progress through middle and high school. During the secondary education years, students are expected to master complex skills that involve summarizing, note taking, and writing. Student success depends on their ability to plan, organize and prioritize tasks, materials, and information, separate main ideas from details, think flexibly, memorize content and monitor their progress. Difficulties in the area of Executive Functioning can manifest themselves in many different ways. Verte et al. (2006) reported that executive dysfunctioning plays a significant role in ASD; however, there are many variations among individuals. These variations may present with some individuals diagnosed with HFASD focusing their attention on minor details but failing to see how these details fit into a bigger picture, others have difficulty with complex thinking that requires holding more than one train of thought simultaneously, and others having difficulty maintaining their attention or organizing their thoughts and actions. These individuals often lack the ability to utilize executive functioning skills



such as planning, sequencing, and organizing, and self-regulation (Autism Speaks, 2013). Individuals with HFASD often lack the ability to use skills related to executive functioning like planning, sequencing, self-regulation, and may lack impulse control.

### **The Role of School Guidance Counselor**

The role of school counselor has continued to evolve in response to the needs of social, educational, political, and economic trends (Wingfield, 2010). Major legislation such as IDEA and No Child Left Behind (NCLB) have mandated school counselors to provide evidence-based and accountability measures to promote academic achievement for all students and address closing the achievement gap (Gysbers, 2004). The passing of this legislation resulted in tremendous pressure for public schools to demonstrate the promotion of learning or risk the loss of students, teachers, and funding. In response, the American School Counseling Association (ASCA) supports school counselors' efforts to help students focus on academic, personal/social, and career development so they can achieve success in school and are prepared to lead fulfilling lives as responsible members of society. The ASCA developed a National Model of student standards that addresses the academic, social, emotional, and career needs of students that should be met by the school counseling program (ASCA, 2005). This model sets the precedence for school counselors as school leaders to be facilitators of student advocacy, collaborators with school and community stakeholders, and agents of systematic change (Wingfield, 2010). The ASCA model serves as a comprehensive framework to guide school counseling programs with a basis in leadership, collaboration, advocacy, and the process skills needed for implementation (Singh, Urbano, & Haston, & McMahon, 2010).

The role of the 21<sup>st</sup> century school counselor has seen a shift from a focus on delivering services from a menu of ancillary services to one as a school leader who develops a comprehensive program with demonstrated outcomes that serve all students. The ASCA National Model suggests that there has been a significant shift in school counselors' commitment to school improvement, a willingness to utilize and integrate data to address equity, and the emphasis of a social justice approach (Stone & Dahir, 2007). School counselors utilize a developmental advocacy role and work collaboratively to build a positive school climate that promotes optimal development for all students (Adelman & Taylor, 2002; Galassi & Akos, 2004). Amatea & West-Olatunji (2007) purported that school counselors have special training and skills to educate and inform others and can help teachers design more effective and useful strategies and learning experiences for students. School counselors as advocates of social justice are encouraged to address inequities in educational, socio-economical, sexual orientation, gender, and disability status that may inhibit or prevent students from obtaining academic, social, and personal potential (Holcomb-McCoy, 2007).

School counselors as advocates and change agents educate the school community about social contexts for achievement and equity for marginalized students. As school counselors get to know their most important stakeholder, the students, they can serve as advocates for their students' needs and help build self-advocacy skills such as self-determination, empowerment, and social justice (Astramovich & Harris, 2007).

### **The Role of Parents**

The interaction between parents with children diagnosed with ASD and educational professionals is critical because of the increasing prevalence rates as well as

the increasing litigation that involves parents and local education agencies (Booth, Donnelly, & Horton, 2000). ASD children were traditionally segregated and educated in specialized schools; however, they are returning and assimilating into their neighborhood schools at an increasing rate. According to the United States Department of Education, (2010), autistic spectrum disorders (ASD) represent the fastest growing disability group and are found across all socioeconomic, racial, cultural, and ethnic populations. The Center for Disease Control and Prevention (CDC, 2008) estimated that about 1 child in 65 has been identified with an ASD. New Jersey has the highest reported rates of autism in the country; 1 in 45 children in this state are diagnosed with ASD (CDC, 2010).

The ASD children are a group of individuals with developmental disabilities who exhibit social, communication, and behavioral challenges. These children's brains process information differently, and the way they understand and react to people, situations, and events in their world can be vastly different than their non-disabled peers. As these children are being increasingly educated in the public school system, building strong parent-teacher collaboration and communication to meet the specific educational, social, and behavioral needs of ASD children will benefit the learning experience of these students, their non-disabled peers, and the educational environment and society at large (Moores-Abdul, 2010).

The amendments to the 1997 IDEA mandated that parents of children with disabilities have the legal right for involvement in all aspects of their child's education. Although the specification of IDEA are well intentioned, many times the interactions between parents and education professionals is poorly integrated and fragmented resulting in confusion, frustration, and tension (Lake & Billingsley, 2000). Parental

involvement has been identified as a key component to building a substantial and effective educational experience for students diagnosed with ASD. (Stoner, Bock, Thompson, Angell, Heyl, & Crowley, 2005). Parents reported the need to secure appropriate and sufficient services for their child diagnosed with ASD and noted that they often had to demand the related services. Lake & Billingsley (2000) indicated that inability to secure related services as prime reason for litigation. Stoner & Angel (2006) reported that parental trust in education professionals increased when they perceived the educational professional as a competent and trustworthy individual who acknowledged the parents' understanding of ASD and interventions and had their child's best interest as the major component in decision making.

Children with ASD are four times more likely to require school-based educational services as compared to children without the disorder (Mandel, Walrath, Manteuffel, Sgro, & Pinto-Martin, 2005). Parents of children diagnosed with ASD need to be targeted for increased and improved parent involvement and communication. As these parents are likely to attend IEP, 504, and teacher-parent meetings and meet with the school counselor, these interactions provide ideal circumstances for improving communication and forming partnerships between the family and school (Zablotsky, Boswell, & Smith, 2012).

The impact of parent involvement on regular education students has been linked to positive academic and social outcomes (Topor, Keane, Shelton, & Calkins, 2010) as well as the likelihood of their children graduating from high school. Parental involvement is considered to be best practice. Although there is a large body of research on the positive influence of parental involvement on regular education students, there is a

paucity in the literature on parental involvement on parents with children diagnosed with ASD.

### **Impact on HFASD Students Placed in the General Education Classroom**

The school experience of students with HPASD and their parents can be positively or negatively impacted by the attitudes, strategies, and behaviors employed by students and school personnel. The placement of HFASD children in the regular education program has resulted in great difficulty for the teachers as they feel they do not have adequate information and formal training to provide instructional accommodations to meet the needs of these students. Teachers also reported that they are experiencing great difficulty in meeting the needs of all students in the classroom while trying to meet the needs of students diagnosed with HFASD. Although there are students with other disabilities in the classroom, the students diagnosed with HRASD have some inherent differences that have been challenging to the teachers (Safran, 2002).

School counselors can examine and assess school climate in relation to students with HFASD in order to advocate for interventions and change (Milsom, 2006). The unique characteristics of this particular population necessitates parental involvement in the educational process of their children and provides the opportunity for parents to gain an understanding of their child's needs. Parents can also provide valuable insight to school personnel.

The Individuals with Disabilities Act (IDEA, 2004) and No Child Left Behind (NCLB, 2001) have effected major changes in the education of students with disabilities. NCLB has emphasized access to the general education curriculum as well as access to state mandated testing for identified special education students. As a result of IDEA and

NCLB, general education teachers are held responsible to adapt their educational programs and strategies in the general education classroom to accommodate students with disabilities (Karger, 2005). Because of the variability inherent in their disability, students diagnosed with HFASD need various degrees of curriculum modifications and accommodations to their academic program in the general education classroom (Moore-Abdool, 2010). As general education teachers are often apprehensive about the placement of special needs children in their classrooms, many feel unprepared to meet the needs of ASD students (Rubble, Dalrymple, & McGrew, 2010). Additionally, teachers often lack the training necessary to implement strategies or specialized approaches that could effectuate positive intervention with students diagnosed with HFASD. Without support, teachers are not apt to implement evidence-based strategies (Trincani, 2007). As public schools are dynamic social systems, implementing interventions for students diagnosed with HFASD need collaborative teams to respond to the myriad of factors associated with this disorder in order to design evidence-based effective interventions. There have been limited research studies that examine how general education teachers adapt instructional strategies to accommodate students with disabilities, and there are fewer studies on how general education teachers utilize strategies when working with students identified as ASD or HFASD especially in the secondary education level.

In addition to ToM, theories of differentiated instruction (Tomlinson & McTighe, 2006) can provide knowledge and competencies to enable teachers to provide instruction with the goal of designing lessons to meet the needs of each student. Access to the general education curriculum is contingent on the general education teacher's ability to differentiate instruction to meet the needs of students diagnosed with HFASD. The

research suggests that lack of effective teacher training hinders students diagnosed with HFASD, and HFASD students may not be reaching their potential because of the lack of training of teachers.

The National Longitudinal Study-2 (NLTS2), a funded subsidiary of the United States Department of Education, Institute of Sciences (2009), conducted a six-year study requiring researchers to track youth with disabilities from middle to high school. This study surveyed general education teachers to determine what they used for curriculum modifications and instructional accommodations. A limited number of studies actually observed what teachers are doing to provide access to general education curriculum to students diagnosed with ASD (Morres-Abdool, 2010).

The school classroom provides children diagnosed with HFASD an avenue to learn what is needed to navigate the world and given the right kind of education these students can cope with their deficiencies (Rosaler, 2004). Although teachers have been trained to work with students with disabilities, there exists a need to systematically educate teachers about HFASD (Myles, 2001). Each student diagnosed with HFASD is different and has his or her own unique challenges, and teachers must understand and recognize that each student diagnosed with HFASD will exhibit academic strengths; teachers must also accept that there will inherent challenges. School personnel must address the need to educate themselves about students diagnosed with HFASD as their absence of training and knowledge may infringe on the academic achievement these students are capable of reaching (Organization for Autism Research [OAR], 2010a). Moores-Abdool (2010) states that there is a disturbing absence in the research that

identifies what regular education teachers are employing in their classrooms to make general education curriculum accessible for HFASD students.

It is important for researchers to identify their own paradigm and the constructs they associate with their philosophic assumptions. In formulating a theoretical perspective in the research study by examining how school counselors identify and address the needs of students diagnosed with high functioning autism placed in regular education programs, a transformative paradigm can provide a framework that raises questions about assumptions that undergird research. The research addresses issues of social justice and contributes to enhancing human rights (Mertens, 2007). This paradigm rests on the assumption and recognition of power differences and ethical associations of inclusion and challenges oppressive social structures (Creswell, 2014). The central focus of the transformative paradigm acknowledges that people are born into circumstances that associate them to higher or lower opportunities of access to privilege; this can be based on social, historical, economic, or physical factors. The transformative paradigm emerged as a means to give a voice or visibility to those who have been marginalized and give them a voice in the research.

Prior research has shed light on the importance of early identification and intervention and the prevalence of ASD and defining features of the disorder; therefore, there is a need for research and research-based practices to be available to teachers, school counselors, and school personnel (Denning, 2007; Olley, 1999). Students diagnosed with HFASD present a distinct challenge to the educational setting as they exhibit impairment in social interaction, lack an understanding of the rules of social convention, have an insistence on sameness, have a restricted range of interests, and



demonstrate a tendency to poor motor coordination. School counselors have a significant role in helping students diagnosed with HFASD navigate the world around them and feel safe and secure as they deal with uncertainties and stress. School counselors who work with students diagnosed with HFASD can help provide stability, structure, and organization which will facilitate the progress of these students towards academic success and help them feel less alienated from others and the demands of their emerging world (Williams, 2001). Secondary school counselors can have a significant influence on students diagnosed with HFASD in guiding career and employment options based on their strengths by using a concrete, sequential step-by-step process and employing Carol Grays's Social Stories™ to better understand the social component necessary to gain entrance into post-secondary institutions and/or successful employment. The utilization of this strategy will help students diagnosed with HFASD gain an understanding of what they need to do and provide the structure they need to be able to respond to situations (Grandin, 2011).

Schools across America have been challenged to increase rigor and content knowledge. The Common Core State Standards (CCSS), the national educational initiative, purports to be a beginning step in providing children with a high quality education. President Barack Obama emphatically stated in *A Blueprint for Change, The Reauthorization of the Elementary and Secondary Act* (2010) that a world-class education is a necessity for success and the need to support families, communities, and schools to work in partnership is necessary to ensure the delivery of services to meet the needs of all students. The children of New Jersey will be in the future workforce and need the necessary skills to compete in a world of information technology and global competition.

The state of New Jersey believes that every child should have an opportunity to achieve and succeed (New Jersey Governor's Commission, 2010). Recent legislative reforms including the adoption of the Common Core State Standards (2011) have increased demands on schools to demonstrate that all students including students with disabilities have learning outcomes (McLaughlin & Thurlow, 2003).

Curriculum needs to apply not only the tools to expand the content of new knowledge but also to instill and nourish a climate that cultivates creativity in all students (Jacobs, 2010). Many of those on the autism spectrum have exceptional abilities in areas such as visual skills, music, computers, and mathematics. These individuals exhibit the ability to focus on something to the exclusion of everything else, the ability to attend detail and repetitiveness, and the ability to identify imperfections despite the predictable, monotonous work (Tachibana, 2009). When working with students diagnosed with HFASD there is often a great deal of focus on their deficits and a lack of focus on developing the unique and special talents that they may possess. These special talents can be the basis of skills that can be developed into future careers and job opportunities (Grandin, 2011).

Education is the cornerstone of a successful society, and creating an educated citizenry is of paramount importance to the success of an individual. The preparation of each child to succeed in an ever-increasing global society is a moral responsibility and must be the motivating principal for all educational leaders and institutions (Theoharis, 2007). A significant responsibility for school leaders including school counselors is to provide a high quality public education and create positive outcomes for students with disabilities.

Schools serve as the mechanism that transmits society's core beliefs and values, creates and shapes students' learning experiences, and helps provide self-descriptors and messages about the world. Schools can motivate and reflect students' abilities and interests or disregard or ignore these abilities or interests (Goodwin, 2010). Schools as institutions of learning strive to impart knowledge about academic disciplines to all students. Schools are also social institutions in that they serve to initiate and enhance one's ability to interact, understand, appreciate, and respect others. It is within the school experience that students have the opportunity to build the capacity to experience and understand the many aspects of diversity (Gurung & Prieto, 2009). School counselors play a significant role in helping students feel secure and comfortable in classrooms as they serve to reflect back the experiences students have had to help them normalize and feel part of the educational community. As an issue of social justice, students with disabilities are a historically marginalized population (Mertens, 2007). It is important to gain an understanding of the barriers, obstacles, and challenges that prevent students diagnosed with HFASD from experiencing positive outcomes and initiate the development of effective educational program that will decrease the incidence of marginalization (Theoharis, 2007). When marginalized students do not have this reflection from school counselors and educators, the result is one of isolation and doubt of belonging (Neumann, 2009).

### **Limitations to the Study**

There are some limitations in the design of the study. One of the limitations was that the secondary school counselor participants who responded to the survey were members of the New Jersey School Counselor Association, and because many secondary

school counselors are not members of this organization, this narrowed the scope of possible participants. Another limitation of the study was that it was deployed in New Jersey; therefore, it may be difficult to generalize the experiences of secondary school counselors in other states.

This research study employed an online survey that was disseminated to secondary school counselors practicing in public middle and high schools in New Jersey. The New Jersey secondary school counselors were identified through an email database from the New Jersey School Counselors Association membership. The survey was designed to ask secondary school counselors to respond to how they identified and address the needs and challenges of students diagnosed with HFASD, what strategies and interventions they utilized to assist these students, what strategies have been successful in collaborating with parents and teachers, and tools and strategies they employed to assist students diagnosed with HFSAD to identify career and college readiness. After collection of the data, it was coded and analyzed using a Thematic Content Analysis (TCA) that provided a descriptive presentation of the qualitative data. The themes or reporting patterns that emerged captured important components of what secondary school counselors ascribed as meaningful events, situations, communications, and people when they are working with students diagnosed with HFASD. Based in a realist framework, thematic analysis rendered what experience, meanings, and reality secondary school counselors identify and report in their work with students diagnosed with HFASD.

## **Chapter 2**

### **Literature Review**

The review that follows addresses first the emphasis on the increasing prevalence of autism spectrum disorders, now referred to as an umbrella label that describes a cluster of developmental disabilities that are identified by significant impairments in social interaction, impairments in verbal and nonverbal communication, repetitive behaviors, and restricted range of interests. This is followed by an examination of the diagnostic criteria, the theoretical framework and the role of parents and teachers assisting secondary school children and adolescents diagnosed with HFASD.

The review also examines the role of the secondary school counselor as an advocate for social justice, working in partnership with teachers and parents to assist children and adolescents diagnosed with HFASD in navigating the school and social environment to promote academic, social, career, and behavioral success for these students.

### **Prevalence**

Thirty years ago autism was considered a rare neuropsychiatric childhood disorder. Individuals with autism were believed to be severely disabled intellectually as they exhibited a lack social awareness and an absence in meaningful expressive language (Lord, Bishop, Dawson, Mandell, & Volkmar, 2010). In the past a diagnosis of autism conjured mental images of a child isolated in a corner of a room, rocking back and forth, or banging his or her head; often parents were blamed for this behavior (Boyd & Shaw, 2010). Today, the meaning of autism and public awareness of this disorder has changed. ASD is commonly associated with a set of developmental disorders that now includes a

spectrum of behaviors beyond the classic features (Newschaffer & Curran, 2003).

Although ASD was once considered quite rare, there has been a dramatic increase in the prevalence of ASD in the United States over the past few decades and this has presented unique challenges to public school systems.

There may be many factors contributing to the prevalence of ASD, such as increased public awareness, more refined screening and diagnostic tools, and earlier diagnosis (Steyaert & Marche, 2008; Volkmar et al., 2004). There continues to be a growing concern about the rising prevalence in children diagnosed with ASD, and many have used the term epidemic to describe the dramatic increase (Boyd & Shaw, 2010). The Center for Disease Control (CDC) (2012) has reported that the number of school-aged children diagnosed with ASD has risen dramatically with a 78% initial report in 2007 (CDC, 2012, p.6) and a 23% increase since their last report in 2009. The CDC (2009) reported that in the United States the average prevalence for ASD is 11.3 in 1,000 8-year old children; this is an equivalent of 1 out of 88 children. The incidence of autism is four to five times more common among boys than girls resulting in an estimated 1 out of 42 boys and 1 in 189 girls diagnosed with autism in the United States. The Autism and Developmental Disabilities Monitoring Network (ADDM) (2012), an active surveillance system used in the United States, provides prevalent estimates of ASD and other characteristics among children 8 years of age. The ADDM Network gathered information from the parents or guardians of children with ASD living in one of the 11 designated sites in the United States that included: Alabama, Arkansas, Arizona, Colorado, Georgia, Maryland, Missouri, North Carolina, New Jersey, Utah, and Wisconsin. The 2010 ADDM Network's overall prevalence estimate exceeds previous

surveillance years in the total number of children identified with ASD, with a prevalence estimate of 14.7 per 1,000, or 1 in 68 children eight years old representing a 29% increase from the 11.3 per 1,000 or 1 in 88 children eight years old in 2007. This represents a ten-fold increase in prevalence in the past 40 years.

Research findings garnered from numerous epidemiological studies have remained inconsistent despite an increase in the number of studies (Fombumme, 2003; 2005; Safran, 2008; Yeargin-Allsopp et al, 2003) because of the difficulty in generalizing small population studies to the larger context of the United States as well as differences in definition, geographical location, and diagnostic and identification methods. Data based on the number of students identified with autism from ages three to twenty-two under IDEA increased from 15,580 in 1993-94 to 97,906 in 2001-02 resulting in a 528% increase and a growth rate of 22.69% (U. S. Department of Education, 2002; Safran, 2008). Prevalence estimates of HFASD range from 3.6 to 7.1 per 10,000 with a ratio of 2.3 males to 1 female (Stoddart, 2005) and the Social Policy Report (2010) estimated prevalence to be 1 in 110. The prevalence rates for different subgroups of ASD have differed considerably across research findings (Autism and Developmental Disabilities Network Surveillance [ADDM], 2009). Individuals diagnosed with HFASD have intact cognitive and language abilities creating a diagnostic imprecision (Fombunne, 2003; Humphrey, 2008; Jordan, 2006). Fombonne (2005) reported on the difficulties in the analysis of prevalence trends over time. He concluded that the prevalence increase may be a result in diagnostic criteria and that most of the increase is accounted for by changes in diagnostic concepts and criteria, heightened awareness, and improved identification.

According to the United States Department of Education, ASD represents the fastest growing disability group and is found in all socioeconomic, racial, cultural, and ethnic populations. As the number of children diagnosed with ASD in the United States has increased, these children now comprise the need for special education and related services (U.S. Dept. of Ed, National Center for Education Statistics, 2010). What is compelling is the low proportion of ASD children in American public schools that receive special education services (CDC, 2012). Children on the lower end of the ASD spectrum are identified earlier than children on the higher functioning end of the ASD spectrum as their symptoms are more visible and impacting to families. Children on the higher functioning end of the spectrum typically exhibit average to above average intellectual functioning, attain academic achievement, and display appropriate language abilities. This level of functioning masks symptoms and makes diagnosis difficult at a younger age (Safran, 2005). Many children diagnosed with HFASD may remain unidentified; however, their deficits in social skills, unusual mannerisms, rigidity of patterns and thoughts, and an absence of empathy are many times interpreted as rude and inappropriate (Safran, 2008). The increased prevalence in ASD has resulted in more children attending their neighborhood schools.

### **Diagnostic Criteria**

Autism spectrum disorders are considered lifelong developmental disabilities. As autism is a description of symptoms, it is recognized as a syndrome rather than a disease (Shriver, Allen, & Matthews, 1999). There is no medical test that can diagnose ASD (Sicile-Kira, 2004) as diagnosing is determined thorough evaluations that include clinical observations, parent interviews, developmental histories, speech and language



assessments, and psychological testing (Center of Disease Control, (CDC) 2002). As there are no known blood tests, brain scans or genetic markers to confirm a diagnosis of ASD, it is often difficult to identify, assess, or diagnose (Grandin, 2011). As autism is considered a developmental disorder, a diagnosis is made based on a behavioral profile using the Diagnostic Statistical Manual-5. A diagnosis of a developmental disorder such as ASD is made by a neurologist or doctor who specializes in ASD. Hyman, (2013) states the DSM-5's new criteria has been reconfigured into two areas. These are social communication/interaction and restricted and repetitive behaviors. Additionally, symptoms must cause functional impairment and must begin in early childhood although these symptoms may not be fully recognized until social demands exceed capacity. The following symptoms must be met and describe persistent deficits in social communication and interaction across contexts that cannot be as a result of developmental delays:

1. Problems reciprocating social or emotional interaction, including difficulty establishing or maintaining back-and-forth conversations and interactions, inability to initiate an interaction, and problems with shared attention or sharing of emotions and interests with others.
2. Severe problems maintaining relationships — ranges from lack of interest in other people to difficulties in pretend play and engaging in age-appropriate social activities, and problems adjusting to different social expectations.
3. Nonverbal communication problems such as abnormal eye contact, posture, facial expressions, tone of voice and gestures, as well as an inability to understand these.

Two of the four symptoms related to restricted and repetitive behavior need to be present:

1. Stereotyped or repetitive speech, motor movements or use of objects.
2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change.
3. Highly restricted interests that are abnormal in intensity or focus.
4. Hyper or hypo reactivity to sensory input or unusual interest in sensory aspects of the environment (American Academy of Pediatrics, 2013).

Autism varies in degree over the three domains of social functioning, communication, and behavior (Fombonne, 2003; Safran, 2008; Yearsin-Allsopp, Rice, Karapurkar Doerberg, Boyle, & Murphy, 2003) with individuals exhibiting cognitive functioning deficits of attention, learning, and sensory processing. HFASD, that now includes AS, is a neurobiological disorder diagnosed by a developmental pediatrician, neurologist, or psychiatrist. Individuals are diagnosed with HFASD when their set of symptoms fit the criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM)-V.

Kanner's (1943) purported that deficits in affective contact were considered the identifying characteristic in an autism diagnosis. The social difficulties exhibited by individuals diagnosed with HFASD vary from individual to individual; however, the difficulties tend to manifest in poor eye contact, lack of verbal initiation, lack of ability to joint attention or shared interest, and difficulty developing age appropriate relationships and friendships (Dawson, Toth, Abbott, Osterling, Munson, & Estes, 2004). Children and individuals with ASD have fewer positive responses to social initiations by others, specifically by initiations from their peers, and tend to seek and respond to adults because of the fulfillment of their needs through interactions (Jackson, Fein, Wolf, Jones, Hauck, & Waterhouse, 2003).

Social difficulties appear to be a predominant characteristic for HFASD individuals. Typically individuals diagnosed with HFASD lack an understanding of social cues, and this inhibits social-communicative competence. Conversation, defined by Brinton & Fujiki (1989), is a naturally occurring interaction between two people and acts as the cornerstone of the social world (Bellon-Harn & Harn, 2006). Individuals

diagnosed with HFASD may be unable to adjust their language production to the context or the person with whom they are conversing. These individuals may lack the desire to communicate, have difficulty initiating socially appropriate topics, or initiate discussions not relevant to the conversation or other person's interest (Myles & Simpson, 2002). Additionally, individuals diagnosed with HFASD may have difficulty generalizing knowledge and skills they have learned to new situations, people, and circumstances (Owen-DeSchryver, Carr, Cale, & Blake-Smith, 2008).

Wing & Gould (1979) were the first to make a distinction among individuals with ASD based on their social interaction style. They identified three different subtypes which included the aloof child who seeks no interaction and is nonresponsive to the approaches of others, the passive child who lacks initiation of social interaction but appropriately responds to interactions initiated by others, and the active but odd child who seeks interaction with others although in an atypical ways such as talking about their particular range of interest without acknowledging the viewpoint or input of others or standing too close to another person in conversation. Scheeren, Koot, & Begeer (2012) studied whether differences in social interaction style were associated within the autism spectrum. Their study examined whether the differences were related to the severity of autistic symptoms and increased disruptive behaviors, psychological and social health, and executive functioning and perspective taking skills. Results of the study confirmed the relevance of Wing and Gould's (1979) social interaction styles. The active but odd social interaction style resulted in a positive association with autistic symptoms, hyperactive behaviors, difficulty in self-regulation and inhibiting impulses, attention deficit and executive functioning difficulties; this group tended to be negatively related

with a child or adolescent's psychological and social health. This group was also attributed to be more intelligent and exhibited less severe form of autism than passive or aloof children and adolescents (Scheeren, Koot, & Begeer, 2012). Although this group had a general increase in autistic and disruptive behaviors, the HFASD participants did not identify themselves as having psychological and social problems. The aloof and passive interaction styles were somewhat related to lower social motivation. The differences between social interaction styles elicit patterns of strengths and weaknesses and can be utilized as a starting point for interventions (Schreiber, 2011).

The difficulty to utilize social skills to interact with others can lead to negative outcomes in academic and social development. Social skills can be identified as specific behaviors that result in positive social interactions that incorporate the necessary verbal and non-verbal behaviors for effective interpersonal communication (Elliott & Gresham, 1987). Social skills include smiling and making eye contact, asking and answering questions, and giving and acknowledging a compliment during a social interaction (Beidel, Turner, Morris & Morris, 2000). Children who exhibit appropriate social skills are likely to encounter positive peer acceptance, academic achievement, and positive developmental outcomes (Rao, Beidel, & Murray, 2008).

Children and adolescents diagnosed with HFASD exhibit deficits in social skills and lack the necessary behavioral format found in social convention even though they have intelligence and language skills within the normal range (APA, 2013). The social skills deficits include difficulties with social relationships and interactions manifested in varying degrees and result in negative responses and judgments by others (Stichter, Herzog, Visovsky, Schmidt, Randolph, Schultz, & Gage, 2010). As a result, these

individuals experience difficulties that pervade interactions with family, peers, classmates, and other adults resulting in long-term negative outcomes (Krasny, Williams, Provencal & Ozonoff, 2003; Stichter, O'Connor, Herzog, Lierheimer & McGhee, 2012). The impaired level of social competence impedes the ability of children and adolescents diagnosed with HFASD to make and sustain friendships, recognize and handle incidents with bullying, and navigate the complexity of social environments. Children and adolescents diagnosed with HFASD differ from children and adolescents with more severe symptoms of ASD because they typically desire to be social but lack the social skills necessary to accomplish this goal (Stichter et al. 2010).

The development and improvement of social competence occurs during the developmental period in early adolescents. Friendship is a critical phase of human development and provides social and emotional growth (Bauminger & Kasari, 2000; Howard, Cohn, & Osmond, 2006). It involves a close, affective, intimate, and possible long-term span (six months or longer) between children and adolescents and is based on reciprocal interactions and the capacity to build companionship (Parker & Gottman, 1989). The quality of preadolescent and adolescent friendship is associated with various outcomes such as self-esteem, school adjustment, depression, loneliness, and social dissatisfaction. As children and adolescents diagnosed with HFASD have social deficits in the typical developmental tasks indicative of adolescents, it is important that long-term supports are initiated prior to this period (Eaves & Ho, 2008; Rao et al. 2008). The transition time into adolescents is a particularly stressful time for children and adolescents diagnosed with HFASD especially as they generally have a greater awareness that they are different from their peers and have social difficulties (Stichter et al. 2010).

Children and adolescents diagnosed with HFASD need interventions focused on treating social skills deficits to prevent social isolation and further social incompetence. Left untreated, social skill deficits and isolation negatively affect the quality of life for children and adolescents diagnosed with HFASD and may lead to other difficulties. Exposure to typically developing peers in general education settings is not precursor to learning social skills (Dunn, 2006); however, cognitive behavioral interventions (CBI) are significantly useful methods for social skills instructions with children and adolescents diagnosed with HFASD as they provides a context for the integration between social behavior and social cognitive processes (Stichter et al. 2010). The integration between the internal and external processes is correlated with higher rates of maintenance of outcomes and generalization to other settings. Researchers have posited that individuals diagnosed with HFASD have unique combinations of deficits in the cognitive processes of emotional recognition, ToM, and executive functioning, and these traits pose significant challenges to these individuals.

Stichter et al. (2010) studied the outcomes of social competence interventions (SCI) for male individuals diagnosed with HFASD utilizing CBI. The SCI curriculum was designed and organized to systematically teach the specific skills that are parts to the whole that are interconnected to develop social competence. Results indicated significant improvement on parent reports of social skills and executive functioning specifically in demonstrating measures of emotion recognition through facial expression. There is limited research studying social interventions with children and adolescents diagnosed with HFASD compared to other ASD interventions (Buaminger, 2002; Solomon, Buaminger, & Rogers, 2011; Rao et al. 2008; Stichter et al. 2010).

Children and adolescents diagnosed with ASDs are at an increased risk for involvement in bullying because of their difficulties maintaining relationships and the challenges that impair social and communication abilities (Zablotsky, Bradshaw, Anderson, & Law, 2012). Olweus, (1993) stated that bullying is a relationship problem that involves repeated antagonistic, hostile actions that result in a power differential. Harassment, intimidation, and bullying (HIB) is defined by the State of New Jersey as, “any gesture, written, verbal or physical act, or any electronic communication, whether it be a single incident or a series of incidents that is reasonable perceived as being motivated either by any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory handicap disability, or by any other distinguishing characteristic, that takes place on school property, at any school sponsored function or on a school bus, or off school grounds that substantially disrupts or interferes with the orderly operation of the school” (Section 16 of P.L. 2010, Chapter 122).

Bullying in schools has become widely viewed as an urgent social, health, and education concern that has moved to the forefront of public awareness on the local, state, and national level resulting in procedural and policy changes. It is estimated that 30% or more of school-aged children are affected by bullying resulting in health and mental health problems, academic difficulties, and decreases in social functioning (Bradshaw, Sawyer, & O’Brien, 2007; Seals & Young, 2003).

Children and adolescents diagnosed with HFASD who exhibit social skill deficits and impairments in reading social cues appear to be at higher risk for victimization compared to other disability groups (Kaukiainen, Salmivalli, Lagerspetz, Tamminen,

Vauras, Maki, & Poskiparta, 2002). These individuals, characterized by their impairments in social skills and a lack of understanding and response to emotional and social cues and difficulties in initiating and maintaining friendships, have a high risk for bullying (vanRoekel, Scholte, & Didden, 2010). Adolescents diagnosed with HFASD have difficulty perceiving bullying and victimization when it happens because of deficits in ToM skills that enables individuals to attribute the mental states of others and themselves so that they understand and predict the intentions and behaviors of others (Baron-Cohen, 2000; Frith, 1989; Happe & Frith, 2006). Additionally, adolescents diagnosed with HFASD who are in the regular education settings may be at a greater risk for victimization and bullying because of features of ASD such as their deficits in social competence, communication, restricted range of interests, and difficulty with developing friendships (Bauminger & Kasari, 2002; Chamberlain, Kasari, & Rotheram-Fuller, 2007). Results of studies conducted by Little (2002) indicated that HFASD adolescents were victimized by peers at a rate four times higher than their non-disabled peers in the general education setting. Adolescents diagnosed with HFASD may have the ability to handle the academic requirements and demands in the general education program; however, they are often a target for bullying because of their peculiar, idiosyncratic behaviors. The lack of social skills to effectively respond or identify bullying when it occurs is a major concern for this population of students. Research indicated that poor social skills, lack of trust in others, and a propensity for isolation can heighten the impact of bullying (Humphrey & Symes, 2010). Children and adolescents diagnosed with HFASD need supports to protect them from the bullying and the negative outcomes associated with bullying experiences (Auger, 2013).



## **Comorbidity with Psychiatric Disorders**

Along with the characteristics of impairment in social relatedness, challenges in social interactions and relationships, restricted range of interests, and repetitive behaviors, children and adolescents diagnosed with HFASD are at an increased risk for a number of mental health problems (Hess, Matson, & Dickson, 2010; Lopata et al, 2010; Gobrial & Roghavan, 2012). Epidemiological studies indicated that mental health problems are higher in children and adolescents diagnosed with ASD compared to children and adolescents without autism or intellectual disorders (Gillberg & Billstedt, 2000). Research also indicated that children and adolescents diagnosed with HFASD are more likely to have a comorbidity with mental health problems than children and adolescents without autism; in fact, approximately two-thirds of children and adolescents diagnosed with ASD have a comorbidity with a psychiatric condition and a third more have two or more psychiatric conditions (Bradley et al., 2004). Children and adolescents diagnosed with HFASD have a high tendency to internalize problems such as depression and anxiety (Ghaziuddin, 2002). Although the etiology of the internalization has not been clinically identified, it has been purported that repeated negative experiences and outcomes contribute to anxiety in the social world of these individuals. Furthermore, children and adolescents diagnosed with HFASD may have an increased vulnerability because they typically have more self-awareness and social awareness, and they are interested in having social interactions and relationships with others (Klin, McPartland, Volkmar, 2005). The identification of comorbid conditions can be difficult as core symptoms between ASD and other conditions can overlap.

Anxiety disorder has been repeatedly associated with ASD (Auger, 2013; Gibbons & Goins, 2006; Gobrial & Raghavan, 2012; Lopata et al, 2010). Gobrial & Raghavan (2012) studied 150 children and adolescents diagnosed with ASD in England and found a 32.6 prevalence of anxiety for these individuals. Recent research has resulted in providing important information about how ASD characteristics enhance triggers that accelerate episodes of anxiety and how anxiety is pervasive in their lives (Simonoff et al., 2008). There are a number of triggers that produce anxiety such as loud noises, fear of being ridiculed or embarrassed, changes or disruptions to schedules and routines, and some these of triggers can be managed when school personnel have prior knowledge when students diagnosed with HFASD are placed in their general education classrooms (Gibbons & Goins, 2006).

Ashburner, Ziviani, & Rodger (2010) stated that attention difficulties, which include symptoms of inattentiveness and hyperactivity, are considered one of the most frequently reported symptoms for individuals with HFASD resulting in challenges and concerns for educators (Barnard, Broach, Potter, & Prior, 2002; Macintosh & Dissanake, 2006). In a study involving 101 students with HFASD, Sturm, Fernell & Gillberg (2004) found that 95% of the group had attention difficulties and 75% exhibited symptoms characteristic attention deficit hyperactive disorder (ADHD).

### **Conceptual Framework**

In examining the conceptual framework on descriptors of ASD, three contextual frameworks are discussed, ToM, Theory of Central Coherence, and Executive Functioning. These frameworks are not in isolation; rather, they are reflective of the many variations found in this population of individuals. Each individual diagnosed with

HFASD has variability within the conceptual framework of the diagnosis and there may be ToM deficits along with deficits in central coherence and executive functioning.

Figure 1 below shows the interconnectedness of each framework.

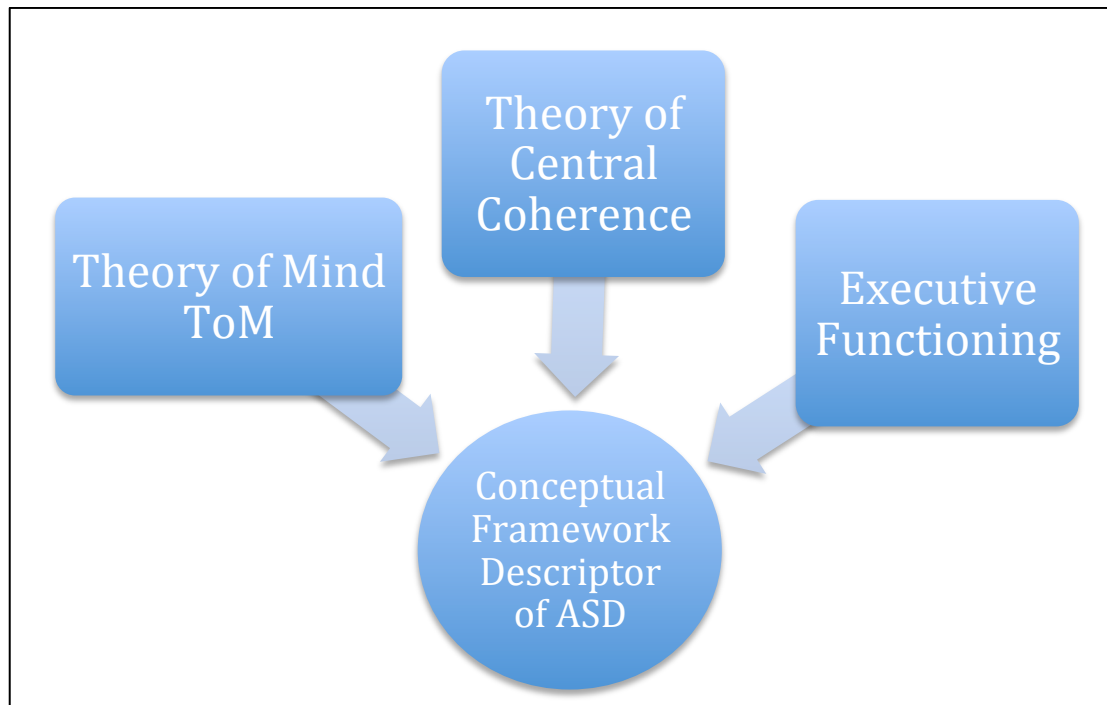


Figure 1. Conceptual Framework Descriptor of ASD

### **Theory of Mind**

Children and adolescents diagnosed with HFASD demonstrate average to high cognitive function; however, these individuals have difficulty in conducting appropriate social interchanges because of their literal thinking, poor problem-solving skills, generalizing ideas, preference to focus on a single task of interest for long periods of time, and need for sameness (Gibbons, 2008). The autism literature is replete with the psychological term Theory of Mind (ToM). This term refers to a person's ability to

understand and to make sense of the beliefs, emotions, intentions, and perceptions of others (Attwood, 2007; Baron-Cohen, 1989a; Baron-Cohen, Leslie, & Frith, 1985; Lind & Bowler, 2009; Rutherford, 2004). ToM includes the ability to think about one's own and others mental states, and many researchers suggest the lack of it may be the core deficit in autism including individuals diagnosed with HFASD (Lyons & Fitzgerald, 2004).

ToM has also been referred to as 'mind reading' or of 'mind blindness' (Baron-Cohen, 2004) or the difficulty in putting oneself into another person's shoes (Attwood, 2007). Individuals diagnosed with ASD are hindered by the inability to achieve joint attention with others, and they become unable to build on the fundamental step to intuit what others are thinking, perceiving, intending, or believing; essentially they become "blind" to others' mental states (Baron-Cohen, 1995; Baron-Cohen, 2000).

The ability to understand and conceptualize other's behaviors and mental processes plays an integral role in social interactions (Kinderman, Dunbar, Bentall, 1998). Lovecky (2004) stated that most children between three to four years of age typically begin to develop an understanding that others have thoughts and feelings separate from their own. The typical developing child's minds appears to be wired from birth to quickly attain the ability to discern what others are thinking or planning; children tend to have an innate, natural ability to read the intentions of others. This is imperative for people not only in the social context but also in determining if another person is friend or foe. A deficit in this ability leaves an individual to be blind to others' intentions or beliefs rendering a significant disadvantage (Baron-Cohen, 1995). Further, children with deficits in ToM experience difficulty grasping what others think and cannot recognize that others have their own mind. ToM deficits occur for individuals diagnosed with ASD

despite ages and IQ scores. Individuals diagnosed with ASD do not recognize or respond to the cues that indicate the feelings or thoughts of another person that would be typical of someone their age (Attwood, 2007).

Attwood (2007) suggested that the maturity of ToM skills should be included in the assessment and diagnostic process of children, adolescents, and adults thought to be HFASD. He suggests utilizing Happe's, 1994 *Strange Stories* and Kaland's, 2002 *Stories from Everyday Life* developed for children ages four to twelve. This literature incorporates stories with comprehension questions that assesses an individual's ability to determine what someone in the story is thinking or feeling.

Research has consistently studied the difficulties individuals with ASD manifest in recognizing the emotions of others. Findings have been consistent in the position that a core deficit for individuals diagnosed with autism rests in their ToM, the inability to ascribe mental states of others (Attwood, 2007; Beumont & Sofronoff, 2008; Golan, Baron-Cohen, Hill, & Rutherford, 2006; Kinderman, Dunbar, & Bentall, 1998; Kleinman, Marciao, & Ault, 2001; Lind & Bowler, 2009). Children diagnosed with HFASD have great difficulty understanding that others have distinct thoughts and beliefs that are different from their own and a diminished ability to make inferences about what others are thinking and feeling; as a result, these individuals cannot predict behavior outcomes (Attwood, 2007; Frith, 1989). Research into the ToM has recognized the empirical associations between ToM deficits and psychological problems distinctive of autism and has recognized the difficulties in communication, imagination, and the ability to develop and sustain relationships that are reflective of the disorder (Kinderman, Dunbar, & Bentall, 1998). Soloman, Goodlin-Jones, & Anders (2004) examined ToM in

regards to first-order belief attribution tasks that involved distinguishing one's own beliefs from those of other people and second-order belief attribution tasks that assessed the ability of individuals diagnosed with ASD to think about another person's thoughts or mental states. Most children diagnosed with HFASD exhibit impairments of first and second order ToM (Baron-Cohen, 2000).

There are many proponents of thought around the core deficits identified in ToM with individuals diagnosed with HFASD, and many have suggested that emotion-based deficits have fundamentally resulted in these individuals having eccentric and idiosyncratic ways of perceiving and understanding emotions. It has been stated that autistic symptoms result from the lack of the necessary components of action and reaction that are essential for the development of reciprocal, affective engagement of interpersonal relationships with others (Attwood, 2007; Baron-Cohen, 1989a; Baron-Cohen, Leslie, & Frith, 1985; Hobson, 1990; Solomon, Goodlin-Jones, & Anders, 2004). Studies supporting this view have found that individuals diagnosed with HFASD have more difficulty labeling their own complex emotions such as pride and embarrassment (Soloman, Goodlin-Jones, & Anders, 2004). A recent research study on ToM found that adolescents diagnosed with ASD who viewed videotapes of interactions between pairs of teenagers had great difficulty in inferring the thoughts and feelings of the teenagers. Additionally, the adolescents diagnosed with ASD and their parents both rated the adolescents diagnosed with ASD in the low range for their ability to understand the perspectives of others. In reviewing both sets of ratings it was found that the adolescents diagnosed with ASD have a deficit in their ability to experience feelings of compassion, warmth, and concern for others as well as a diminished response to where others are

distressed (Demurie, DeCorel, & Roeyers, 2011). These findings clarify how the inability of individuals diagnosed with ASD not understanding the experiences of other people markedly diminishes their ability to feel compassion for others who are distressed.

Attwood (2007) stated that ToM is needed for management of conflict; therefore, students diagnosed with ASD have difficulties in conflict resolution. This research suggested that understanding ToM can heighten awareness in teachers and also assist in planning and structuring instruction. ToM will help facilitate a deeper understanding of why students diagnosed with HFASD have difficulty with understanding figurative speech, recognizing social cues, and handling conflict during group work.

### **Theory of Central Coherence**

Although ToM has been utilized for explaining the impairments in the social, communicative, and imaginative realm for individuals diagnosed with ASD, it has failed to explain other features of the disorder such as high IQ profiles, restricted range of interests, and fixations on parts of objects (Hoy, Hatton, & Hare, 2004). Frith (1989) believed that other theories recognized the core deficits of individuals diagnosed with ASD but did not recognize the incredible strengths and talents in areas such as music, computers and technology, mathematics, and memory. Central coherence was the term given to a human being's ability to derive overall meaning from a mass of details. It is the ability to pull information from different sources, experiences and schemas, both internal and external with the result of gleaning a higher meaning. A person with strong central coherence, looking at an endless expanse of trees, would see a forest. A person with weak central coherence would see only a great deal of individual trees.

Frith postulated that individuals diagnosed with ASD tended to have an amazing ability to focus on minute details enabling them to identify a tiny component among a larger amount of complex object or data. She theorized ASD as a lack in central coherence and referred to it as a specific perceptual-cognitive style that describes a limited ability to understand context to get to the point or seeing the big picture in things. Lacking central coherence can leave an individual vulnerable to misinterpreting situations and communications. The lack of central coherence has been regarded as a common theme in individuals diagnosed with HFASD. Grandin (2011) stated that individuals diagnosed with ASD learn concept formation in a bottom-up manner by grouping specific examples or situations surrounding a particular concept whereas the typical person thinks in a top-down manner by forming a concept first and then adding the specific details to it.

Beumont & Sofronoff (2007) developed a study utilizing a computerized, multimodal measure, The Animated Theory of Mind Inventory for Children (ATOMIC), that examined ToM abilities of children diagnosed with HFASD. The ATOMIC included questions about characters' thoughts and perceptions and complex emotions that included items representative of numerous child, adolescent, and adult themes. The goal of the study was to improve on previous tests by including how central coherence deficits contribute to the ToM task performances and examine whether children diagnosed with HFASD are differentially impaired at inferring the beliefs and intentions in regard to complex emotions and/or whether they are better able to attribute the cognitive states of others in personally relevant situations. Additionally, the study examined whether or not children diagnosed with HFASD demonstrated global processing deficits on task configuration and whether or not their tendency to process information in context varied



as a function of the number of items needed to be answered simultaneously (Beumont & Sofronoff, 2007). Results indicated that participants diagnosed with HFASD performed more poorly than matched controls on the ATOMIC ToM questions. Individuals diagnosed with HFASD had great difficulty inferring characters' cognitive states compared to the matched controls, and the mental attribution deficits did not appear to be a result of attending to, remembering, or integration of the information contained in the configurations. The participants diagnosed with HFASD showed impairment on the cognitive and emotion ToM questions and impairment at attributing a varied range of mental states of others as compared to the control group. Additionally, individuals diagnosed with HFASD performed equally to the matched controls on the ATOMIC central coherence questions. These results indicated that individuals diagnosed with HFASD are able to integrate details into a structure or composition on perceptual processing tasks and process the information at a meaningful level (Mottron, Burack, Strauder, & Robaey, 1999). Both groups took an equivalent amount of time in response to the ATOMIC central coherence questions, and this finding disputed the idea that processing information in a coherent, comprehensible manner is a non-preferred approach for individuals diagnosed with HFASD. This finding suggested that when individuals diagnosed with HFASD are cognizant of the requirement of integration of information, they are as competent at performing this task as typically performing peers (Beumont & Sofronoff, 2007). This finding has strong implications for school personnel who have students diagnosed with HFASD in their general education classroom. When teachers utilize clear, cohesive directives, these students can integrate themes to gain relevant information and achieve successful outcomes.

Nicpon, Doobay, and Assouline (2010) examined ToM in individuals diagnosed with HFASD in regards to the intrapersonal awareness of their behaviors, thoughts, and perceptions in a self-rated analysis and compared it to the ratings from parents and teachers. The findings indicated that the students consistently underreported incidences or difficulties and viewed themselves as synonymous to their peers in being well adjusted. The individuals diagnosed with HFASD were much more likely to lack self-awareness of their own behavioral and social deficits.

Numerous studies of emotion recognition in children and adults with ASC have tested the recognition of the basic six emotions: happiness, sadness, fear, anger, surprise, and disgust from faces and voices. Although these six emotions are considered to be expressed and recognized across cultures, studies measuring the recognition of these emotions with individuals diagnosed with ASD have been inconclusive (Golan, Baron-Cohen, Hill, & Rutherford, 2007). Some individuals diagnosed with HFASD recognize basic emotions; however, emotion recognition becomes significantly impaired when recognition of more complex emotions and mental states is involved. Complex emotions differ from basic emotions by being belief-based rather than situation-based emotions. Studies have verified the difficulties in the recognition of complex emotional states that involved using pictures of the eye region (Adolphs, Sears, & Piven, 2001) and video clips and films reflective of social situations (Heavey, Phillips, Baron-Cohen, & Rutter, 2000). Individuals diagnosed with HFASD have been shown to exhibit impairments in providing justifications for mental states for story characters' non-literal utterances, deficits in inferring emotions of others from pictures of their eyes or voice tone, recognizing faux

pas, and providing explanations of the mental states in cartoon animations (Beumont & Sofronoff, 2008; Rutherford, Baron-Cohen, & Wheelwright, 2002; Golan et al., 2007).

### **Executive Functioning**

Executive functioning is a set of mental processes that helps connect past experience with present action. People use executive functioning to perform activities such as planning, organizing, strategizing, paying attention to and remembering details, and managing time and space. Executive function involves utilizing higher cognitive functions to accomplish goals in a changing environment (Jurado & Rosselli, 2007). The impact on executive functioning (EF) on individuals diagnosed with HFASD provides another approach to gain understanding. Many studies have identified individuals diagnosed with ASD as having EF deficits such as planning, inhibition, cognitive flexibility, impulse control, creativity, and initiation of action (Geurts, Verte, Oosterlaan, Roeyers, & Sargeant, 2004; Hill, 2004; Saxe, Schilitt, Hainz, Ciaramidaro, Shirman, Walter, Poustka, Bolte, & Freitag, 2013), and this make school-related tasks difficult to accomplish. The crucial role of executive function processes begins in the preschool years and increases as students progress through middle and high school. During the secondary education years, students are expected to master complex skills that involve summarizing, note taking and writing. Student success depends on their ability to plan, organize and prioritize tasks, materials, and information, separate main ideas from details, think flexibly, memorize content and monitor their progress. Difficulties in the area of Executive Functioning can manifest themselves in many different ways. Verte et al. (2006) reported that executive dysfunctioning plays a significant role in ASD; however, there are many variations among individuals. These variations may present

with some individuals diagnosed with HFASD focusing their attention on minor details but failing to see how these details fit into a bigger picture, others have difficulty with complex thinking that requires holding more than one train of thought simultaneously, and others having difficulty maintaining their attention, or organizing their thoughts and actions. Individuals diagnosed with HFASD often lack the ability to utilize executive functioning skills such as planning, sequencing, and organizing, and self-regulation (Autism Speaks, 2013). Individuals with HFASD often lack the ability to use skills related to executive functioning and tend to have difficulties in the classroom.

Verte et al. (2006) study investigated whether or not children with different Pervasive Developmental Disorders Not Otherwise Specified (PDDNOS) which includes Asperger Syndrome (AS), High-Functioning Autism Disorder (HFASD, and PDDNOS could be differentiated from each other and from a normal control group in EF. The results indicated that compared to the normal control group children diagnosed with HFASD, PDDNOS, and AS exhibited difficulties with cognitive flexibility, verbal fluency, and planning. Cognitive flexibility is the ability to quickly switch between multiple tasks (Mondell, 2003). Individuals diagnosed with ASD have difficulty adapting to the various demands of the environment and respond in rigid or previously prescribed behavior, and are resistant to alterations or changes in their daily routines. This restrictedness and repetitive behavior is related to individuals diagnosed with ASD impairment in cognitive flexibility (Yerys, Wallace, Harrison, Celano, Giedd, & Kenworthy, 2009). Impairments in cognitive flexibility can be seen with rigidity to rules that result in difficulty shifting social rules and norms to match social situations and conversations resulting in deficient social interactions (Leung & Zakzani, 2014).

## **Parental Role**

Interaction between parents with children diagnosed with ASD and educational professionals is critical because of the increasing prevalence rates as well as the increasing litigation that involves parents and local education agencies (Booth, Donnelly, & Horton, 2000). ASD children were traditionally segregated and educated in specialized schools; however, they are returning and assimilating into their neighborhood schools at an increasing rate. According to the United States Department of Education, (2010), autistic spectrum disorders (ASD) represent the fastest growing disability group and are found across all socioeconomic, racial, cultural, and ethnic populations. The Center for Disease Control and Prevention (CDC, 2008) estimated that about 1 child in 88 has been identified with an ASD. The ASD children are a group of individuals with developmental disabilities who exhibit social, communication, and behavioral challenges. These children's brains process information differently, and the way they understand and react to people, situations, and events in their world can be vastly different than their non-disabled peers. As these children are being increasingly educated in the public school system, the need for building strong parent-teacher collaboration and communication to meet the specific educational, social, and behavioral needs of ASD children will benefit the learning experience of these students, their non-disabled peers, and the educational environment and society at large (Moores-Abdul, 2010).

The amendments to the 1997 Individuals with Disabilities Act (IDEA) mandated that parents of children with disabilities have the legal right for involvement in all aspects of their child's education. Although the specifications of IDEA are well intentioned, the interactions between parents and education professionals is often poorly integrated and

fragmented resulting in confusion, frustration, and tension (Lake & Billingsley, 2000). Parental involvement has been identified as a key component to building a substantial and effective educational experience for students diagnosed with ASD. (Stoner, Bock, Thopson, Angell, Heyl, & Crowley, 2005). Parents reported the need to secure appropriate and sufficient services for their child diagnosed with ASD and often had to demand the related services. Lake & Billingsley (2000) indicated that inability to secure related services is a prime reason for litigation. Stoner & Angel (2006) reported that parental trust in education professionals increased when they perceived the educational professional as competent and trustworthy, acknowledging the parents' understanding of ASD and interventions, and having their child's best interest as the major component in decision making.

Children with ASD are four times more likely to require school-based educational services as compared to children without the disorder (Mandel, Walrath, Manteuffel, Sgro, & Pinto-Martin, 2005). Parents of children diagnosed with ASD need to be targeted for increased and improved parent involvement and communication. As these parents are likely to attend IEP, 504, and teacher-parent meetings as well as meeting with the school counselor, these interactions provide ideal circumstances for improving communication and forming partnerships between the family and school (Zablotsky, Boswell, & Smith, 2012).

The Individuals with Disabilities Education Act (IDEA) emphasized the important role of parent involvement in their child's education. A student's Individual Education Program (IEP) should be developed with goals and objectives of the curricular and instructional services that are provided for a student with disabilities. It should be

developed with parents, teachers, other stakeholders such as speech and occupational therapists. As a result school professionals and families are equally involved in determining the disabled child's educational program. Additionally, children with disabilities who are over the age of 14 should also participate in creating their IEP (Grigal & Neubert, 2004; Zablotzky, Boswell, & Smith, 2012). Barnard-Brak, Davis, Ivey, & Thomson (2004) discussed the importance of including the students in the IEP process to reflect the student's interests and preferences especially when students are transitioning into the secondary and postsecondary levels. Although by the age of 14 students diagnosed with HFASD can fulfill the legal mandates by inclusion in their IEP, they also garner the opportunity of an important psychosocial need, the development of self-determination. Wehmeyer (1996) stated that self-determination is "acting as the primary causal agent in one's life and making choices and decisions regarding one's quality of life free from undue external influence or interference" (p. 24). Self-determination comprises many behaviors that include the ability to set one's own goals, the ability to plan life transitions, and the ability to envision and predict one's future life (Skouge, Kelly, Roberts, Leake & Stodden, 2007). The research has identified the importance of student participation on self-determination, and the research also indicated that schools often lacked compliance to legal mandates. Powers, Gil-Kashiwaara, Geenen, Powers, Balandran, & Palmer (2005) reported that 76% of the IEPs were signed by the student; however, only 5% could validate any indication of student involvement in career planning. Additionally, Powers et al., (2005) found that students diagnosed with HFASD and students with developmental disabilities were not as likely to attend their IEP meetings as students with emotional disabilities, students with learning disabilities, and

students with physical disabilities. Parents considered student involvement in the IEP process to be beneficial to their child as it promotes self-determination and improves the connection between school and home (Grigal, Neubert, Moon, & Graham, 2003; Zablotzky, Boswell, & Smith, 2012).

It is common for students diagnosed with HFASD to have an IEP that provides the objectives necessary to promote the development of independent living, academic skills, and appropriate social functioning skill and behaviors. It is important for these students to have goals and objectives that address skill deficits in their early schooling years as waiting until their secondary education to remediate these deficits will limit their ability to live independently, achieve academic success, and transition into higher education or secure gainful employment (NEA, 2006). It is also typical for students diagnosed with HFASD to have a 504. The Office for Civil Rights (2008) stipulated the Section 504 regulations require a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met" (Office for Civil Rights, 34 C. F. R., Part 104). The New Jersey Department of Education (2010) stated, "Section 504 is a civil rights law that prohibits discrimination against individuals with disabilities." Section 504 ensures that students with medical or other disabilities have equal access to an education. Qualified students may receive accommodations and modifications planned by people



knowledgeable about the students, the meanings of evaluation data, and placement and accommodation options.

As a child transitions into adolescence, parents report higher levels of stress because of the increased experimentation and independence and the possibility of increased risk taking behaviors (Mulye, Park, Nelson, Adams, Irwin & Brindis (2009). Adolescents with ASD have the same basic health needs as adolescents who do not have ASD; however, they have a tendency to experience higher levels of stress and anxiety, depression and suicide, lack of physical activity, and unsafe sexual practices (Cappadocia, Weiss, & Pepler, 2012). Parents experience great difficulty navigating the health care system, struggle to locate information about ASD, lack an understanding of the medicines prescribed for their child, and lack support from health care professionals (Strunk, Pickler, McCain, Ameringer, & Myers, 2014). Although effective communication between parents and school is essential to develop partnerships, involvement, and strategies utilizing family-centered approaches, studies involving parents with children and adolescents diagnosed with ASD and HFASD reported considerable communication problems between home and school (Feinberg & Vacca, 2000).

The relationship between parents of children or adolescents diagnosed with ASD and school personnel is essential for the facilitation of necessary services and positive outcomes. This relationship can be filled with tension and conflict (Stoner & Angell, 2006) or be supportive and positive resulting in building strong and effective educational experiences for children and adolescents diagnosed with ASD or HFASD (Stoner, Bock, Thompson, Angell, Heyl, & Crowley, 2005).

Stoner & Angell, (2006) examined the roles parents assumed as they monitored their child or adolescent diagnosed with HFASD in their educational programs and their interactions with school personnel. Their findings indicated that parent participation, especially participation by mothers, resulted in four areas of role engagement: negotiator, monitor, supporter, and advocate. The level of perceived parental trust in educational professionals influenced the degree of their engagement in the roles of negotiator, monitor, supporter, and advocate. The findings also indicated that parents' education monitoring was influenced by the trust parents placed on educational professionals. These findings have strong implications on the importance of improving parents and school professional interactions.

Parental involvement has been recognized as an essential component of transitional planning for students diagnosed with HFASD especially as they navigate through the secondary school years. Barnard-Brak, et al. (2009) utilized the National Longitudinal Transition Study-2 (NLTS-2), a nationally representation study, that tracked adolescents with disabilities into adulthood and specifically used the identified 1,019 adolescents with ASD as their sample group to determine how student IEP participation was positively correlated with parent satisfaction with the IEP process and the school. They found a strong association between parent satisfaction with the IEP process and parent satisfaction with the school. Ivey (2004) noted that in a study of parents with ASD children parents ranked having their child achieve success at the secondary school level significantly lower than the importance they placed on their child being accepted into a postsecondary institution.

A great deal of research has focused on the needs of the elementary school students diagnosed with HFASD. As this population of student ages into the secondary schools, there is an impending need for information and planning to set goals and aspirations for life beyond the secondary school years (Camerena & Sarigiani, 2009). Individuals with HFASD are often highly intelligent, creative, and may possess unique talents in technology, mathematics, and science with the potential for significant contributions to society (Safran, 2002; Camerena & Sarigiani, 2009).

Camerena & Sarigiani (2009) focused their research on the educational aspirations and the perceived obstacles faced by students diagnosed with ASD and their parents as these students transition to postsecondary education. In their study they interviewed 21 students diagnosed with HFASD and their parents. Parents and adolescents were very interested in postsecondary educational opportunities but were unsure about what type of postsecondary education would be the most beneficial. The interview results of the adolescent students diagnosed with HFASD emphasized the concerns they had about their ability to be accepted socially and this outweighed their concerns in the academic accommodations and resources. This finding is important because postsecondary institutions differ in their availability of resources and reasonable accommodations that facilitate academic performance. These are significantly different from the more comprehensive and tailored services that students diagnosed with HFASD obtained in their middle and high school experiences. Families reported that there was limited information available to help them make decisions about college choices and how to navigate the college transition process (Camerena & Sarigiani, 2009).

The role of the parents is essential in preparing their adolescents for the independent living skills necessary for college. The main concern reported by parents of students diagnosed with HFASD and ASD who are planning to attend college is social adjustment (Camerena & Sarigiani, 2009). Students diagnosed with HFASD who are transitioning from high school to college are likely to experience unique and substantial challenges in adjusting to the college setting (Adreon & Durocher, 2007). Parents of adolescents diagnosed with HFASD can provide important information to school counselors about their adolescent's developmental concerns or idiosyncrasies. This collaboration will assist students diagnosed with HFASD and their parents in the transition to postsecondary education (Krell & Perusse, 2013).

### **Role of Educators and Evidence-Based Strategies**

The increase in the prevalence of ASD has also resulted in the increasing numbers of children and adolescents now being included in the general education setting. Children and adolescents diagnosed with HFASD often have high IQ scores and exhibit typical or advanced language abilities; however, the majority of these students will struggle with social aspects of language especially in initiating and engaging conversation with others (Marans, Rubin, & Laurent, 2005). With the deficits in social interactions, communication, and restricted range of interests, most of these children and adolescents need additional support at school (Lovelad & Tunali-Kotovskiy, 2005). Children and adolescents diagnosed with HFASD have limited abilities to effectively receive, process, and respond to social signals; this impairs their ability individuals to learn in groups. A major emphasis in school life consists of various group interactions,

and individuals diagnosed with HFASD have a tendency to withdraw from these interactions (Probst & Leppert, 2008).

Evidence-based practices (EBPs) are the foundation on which teachers, educational personnel, and other service providers are required to utilize in designing educational programs for students with ASD. These practices are based on scientific evidence of their effectiveness, have become the key feature for programs for individuals diagnosed with ASD, and have driven educational policy in the United States (Odom, Collet-Klingenberg, Rogers, & Hatton, 2010; U. S. Department of Education, 2008). Odom et al, (2010) developed a process for reviewing the research literature and establishment of criteria for identification of EBPs. The results identified 24 intervention practices but lacked the process and procedures for systematic implementation of the practices. Although there are many practices, strategies, and programs that may be described as an evidence-based practice because of a brand or developer, at this time there is no universal standard or set of standards to determine an evidence-based practice; however, research is moving in that direction (Odom et al, 2010).

Hart & Whalon (2011) stressed that success for children and adolescents diagnosed with ASD in the general education setting is highly dependent on teachers utilizing strategies and techniques that build on students' strengths, reflecting knowledge and understanding of the students' ASD characteristics, and providing opportunities to elicit participation and social communication. As students diagnosed with HFASD are increasingly placed in the general education setting, many teachers feel inadequate to meet their specific learning, social, and behavioral needs. Additionally, special educators often work in collaboration with the general education teacher in the general education

setting and serve as consultants in providing strategies, techniques, and interventions resulting in instruction that is positive and responsive in the classroom. As there are many challenges given the characteristics of children and adolescents diagnosed with HFASD, support must be provided to teachers on how to teach these individuals instead of what they teach (Marks, Shaw-Hegwer, Schrader, Lonaker, Peter, Powers, & Levine, 2003).

Ashburner, Ziviani, & Rodger (2010) compared teacher perceptions of students diagnosed with ASD to teacher perceptions of typically developing students. They examined the ability to perform academically, the regulation of emotions, and behavior in general education settings. The results indicated that teachers who rated students diagnosed with HFASD felt that these students displayed attention and behavioral difficulties, anxiety, and depression significantly higher than their typically developing peers. Teachers also reported that as a result of these difficulties students diagnosed with HFASD did not perform relative to their ability and struggled to maintain focused attention and emotional control in the general education setting. Support is needed for students diagnosed with HFASD to develop strategies to manage their role as a student (Ashburner, Ziviani, & Rodger, 2010).

It is essential for teachers to be cognizant of the interests of students diagnosed with HFASD and use these interests to build on apparent strengths as this will serve to engage and motivate their academic work and bridge to new skills and topics (Grandin, 2011; Shore, 2001). Educators can alleviate many of the stressors experienced by students diagnosed with HFASD by placing these students in the front of the classroom to provide verbal and physical cueing to assist them in focusing and remaining on task and

increasing the likelihood of hearing and understanding the teacher (Shore, 2001).

Teachers can also allow the students to move around when needed or utilize a stress ball to reduce stress and anxiety.

The identification of effective interventions to utilize with children and adolescents diagnosed with HFASD can be challenging for teachers because of the wide span of educational, verbal, and social skill deficits associated with this disorder (Ryan, Hughes, Katsiyannis, McDaniel, & Sprinkle, 2011). The placement of HFASD children in the regular education program has resulted in a feeling of inadequacy for the teachers as they feel they do not have sufficient information and formal training to provide instructional accommodations to meet the needs of these students. Teachers also reported that they are experiencing difficulty in meeting the needs of all students in the classroom while trying to meet the needs of students diagnosed with HFASD. Although there may be students with other disabilities in the classroom, the students diagnosed with HFASD have some inherent differences that have been challenging to the teachers (Safran, 2002).

The Individuals with Disabilities Act (IDEA, 2004), and No Child Left Behind (NCLB, 2001) has effectuated major changes in the education of students with disabilities. NCLB has emphasized access to the general education curriculum as well as access to state mandated testing for identified special education students. The current reauthorization of the Elementary and Secondary Education Act will require students across the United States, including students with disabilities, to meet the Common Core State Standards (CCSS). These standards are a set of grade level expectations and define what students should know and be able to do to be ready for career and college (CCSS, 2010). As a result of IDEA, NCLB, and CCSS general education teachers are

responsible to adapt their educational programs and strategies in the general education classroom to accommodate students with disabilities (Karger, 2005).

Students diagnosed with HFASD need various degrees of curriculum modifications and accommodations to their academic program in the general education classroom because of the variability inherent in their disability (Moores-Abdool, 2010). The children and adolescents diagnosed with HFASD placed in the regular education setting experience a wide array of negative interactions both in and out of school. These students have been rated by teachers as being more anxious, more depressed, more withdrawn, more perfectionist, and more likely to be underachievers compared to typically developing peers (Ashburner, Ziviani, & Rodger, 2010). As the general education teachers are often apprehensive about the placement of special needs children in their classrooms, many feel unprepared to meet the needs of ASD students (Rubble, Dalrymple, & McGrew, 2010). Teachers often lack the training necessary to implement strategies or specialized approaches that could effectuate positive intervention with students diagnosed with HFASD. Without support, teachers are not apt to implement evidence-based strategies (Trincani, 2007).

As public schools are dynamic social systems, interventions with students diagnosed with HFASD need collaborative teams to respond to the myriad of factors associated with this disorder in order to design evidence-based effective interventions. There have been limited research studies that examine how general education teachers adapt instructional strategies to accommodate students with disabilities, and there are fewer studies on how general education teachers utilize strategies when working with students identified as HFASD or autistic especially in the secondary education level. The



school experience of students with HPASD and their parents can be positively or negatively impacted by the attitudes, strategies, and behaviors employed by students and school personnel.

Differentiated instruction (Tomlinson & McTighe, 2006) can provide knowledge and competencies to enable teachers to provide instruction with the goal of designing lessons to meet the capability of each student. Access to the general education curriculum is contingent on the general education teacher's ability to differentiate instruction to meet the needs of students diagnosed with HFASD. The research suggested that lack of effective teacher training hinders students diagnosed with HFASD, and HFASD students may not be reaching their potential because of the lack of training of teachers.

The National Longitudinal Study-2 (NLTS2), a funded subsidiary of the United States Department of Education, Institute of Sciences, (2009) conducted a six-year study requiring researchers to track youth with disabilities from middle to high school and into post-secondary institutions. This study surveyed general education teachers to determine what they used for curriculum modifications and instructional accommodations and found a limited number of studies actually observed what teachers are doing to provide access to general education curriculum to students diagnosed with ASD (Morres-Abdool, 2010).

The classroom has the potential to be a major instrument for change for children and adolescents diagnosed with HFASD as it provides these students an avenue to learn what is needed to navigate the world. Given the right kind of education, these students can cope with their deficiencies (Rosaler, 2004). Although teachers have been trained to

work with student with disabilities, there exists a need to systematically educate teachers about HFASD (Myles, 2001). Each student diagnosed with HFASD is different and has his or her own unique challenges, and teachers must understand and recognize not only that each student diagnosed with HFASD will exhibit academic strengths but also accept that there will inherent challenges. School personnel must address the need to educate themselves about students diagnosed with HFASD as their absence of training and knowledge may infringe on the academic achievement these students are capable of reaching (Organization for Autism Research [OAR], 2010a). Students diagnosed with ASD have expressed that teachers would be more effective if they would include students' interests, utilize visuals, encompass project-based instruction, and incorporate a variety of assessments (Kluth, 2004). Moores-Abdool (2010) stated that there is a disturbing absence in the research that identifies what regular education teachers are employing in their classrooms to make the general education curriculum accessible for HFASD students.

Teaching is a dynamic process, and the strategies employed may work with one individual but not work with another. It has been seen that this is particularly true in teaching students diagnosed with HFASD. Given the considerable variability of children and adolescents diagnosed with HFASD, no universal or single intervention or instructional strategy or approach has been successful for this population (NRC, 2001). The following are evidence-based strategies that have been successful with some children and adolescents diagnosed with HFASD.

## **Evidence-Based Strategies**

### **Social Stories**

An effective evidence-based strategy is the use of Social Stories (Gray & Garand, 1993) which are individually and personally tailored descriptive stories designed to help children and adolescents diagnosed with ASD or HFASD understand social situations (Auger, 2013; Ryan et al, 2011). Social stories describe “a situation, skill, or concept in terms of relevant social cues, perspectives, and common responses in a specifically defined style and format” (The Gray Center for Social Learning and Understanding, 2013). The goal of a Social Story is to expose and prepare the individual to better understand an event in a reassuring manner that is easily understood. The individualized story can explicitly inform the child or adolescent diagnosed with HFASD, prior to the experience, to help them understand what to expect especially if they have had anxiety or proven difficulty in the past (Ryan et al, 2011). The Social Story helps give children and adolescents diagnosed with HFASD an accurate understanding of the social information for a specific incident or setting (Gray, 2013) and provides a “how-to” instruction for the child or adolescent to initiate, respond, and maintain social interactions (Sansoti, Powell-Smith, & Kincaid, 2004).

Surveys of teachers who utilized Social Stories with children and adolescents diagnosed with HFASD indicated that they are user friendly, correspond to other interventions, contain numerous social issues, and are effective (Reynhour & Carter, 2009). Teachers also reported less satisfaction with the degree in which Social Stories resulted in social learning that maintained and generalized to other situations (Reynhour & Carter, 2009). Although there may be limited maintenance and generalization, the

research on Social Stories indicates they can help the reduction of problematic behaviors, anxieties, and nurture positive social skills especially when utilized with children and adolescents diagnosed with HFASD (Auger, 2013).

### **Video Modeling**

Video modeling is an intervention utilized for increasing positive social interaction for children and adolescents diagnosed with HFASD. In video modeling, desired behaviors are learned by watching a video demonstration and then imitating the observed behavior. In video self-modeling (VSM), individuals observe themselves performing a behavior successfully on video and then imitate the targeted behavior. It is seen as a form of feed forward instead of feedback as students diagnosed with HFASD watch videos of themselves that show them using prosocial behavior in a setting that has typically been problematic for them; the negative behavior has been edited from the video (Victor, Little, & Akin-Little, 2012). Video modeling may be an effective tool for teaching and acquiring appropriate social responses that were previously missing from the range of behavior of an individual diagnosed with HFASD (Apple, Billingsley, & Shwartz, 2005).

### **Graphic Organizers**

Children and adolescents diagnosed with HFASD easily become overwhelmed when a great deal of information is presented in the classroom. Frith (1989) discussed the lack in central coherence exhibited by individuals diagnosed with ASD that results in focusing on details and not grasping or picking out the main idea or most important information. Visual structures can present abstract concepts in a concrete manner (Griffin et al., 2006). The use of graphic and visual organizers can assist many students

diagnosed with HFASD who tend to be visual learners as they illustrate and depict relationships to understand key ideas (Marks et al., 2003). Graphic organizers are helpful to students diagnosed with HFASD because they present topics visually, provide the time to process the information, and utilize a concrete approach to facilitate abstract information (Myles & Simpson, 2003).

### **Priming**

Priming is an intervention that previews information, activities, or situations which a child or adolescent diagnosed with HFASD is likely to find difficult. When utilized in the classroom it serves as a preview activity that is conducted prior to the instructional lesson and uses the same material that will be used in the lesson. Priming occurs prior to the activity, event, or situation and is concise and short with the purpose of familiarizing the child or adolescent with HFASD with the information; therefore, priming should reduce anxiety, lessen frustration, and increase success. When utilizing priming, children and adolescents diagnosed with HFASD can be exposed to instructional materials at home prior to classroom instruction resulting in enhanced collaboration between teachers and parents (Myles & Simpson, 2001).

### **The Role of the School Counselor**

Historically, researchers suggested that the school counseling profession originated in response to the industrial boom in the late 1800's and the public uproar about child labor (Krumboltz & Kolpin, 2003). School counselors have emerged and continue to evolve in response to the needs of social, educational, political, and economic trends (Wingfield, 2010). In 1996, the Transforming School Counseling Initiative (TSCI) in conjunction with the Education Trust examined innovative roles for school counselors,

especially the critical role of advocacy in relation to the collection of data that revealed educational disparities (Paisley & Hayes, 2002). Major legislation such as IDEA and NCLB has mandated school counselors to provide evidence-based and accountability measures to promote academic achievement for all students and address closing the achievement gap (Gysbers, 2004). The passing of this legislation resulted in tremendous pressure for public schools to demonstrate the promotion of learning or risk the loss of students, teachers, and funding. In response the American School Counseling Association (ASCA) supports school counselors' efforts to help students focus on academic, personal, social, and career development so that they can achieve success in school and are prepared to lead fulfilling lives as responsible members of society. The ASCA developed a National Model of student standards that addresses the academic, social, emotional, and career needs of students that should be met by comprehensive school counseling programs (ASCA, 2005). This model sets the precedence for school counselors as school leaders to be facilitators of student advocacy, collaborators with school and community stakeholders, and agents of systematic change (Wingfield, 2010). The ASCA model serves as a comprehensive framework to guide school counseling programs with a basis in leadership, collaboration, and advocacy and the process skills needed for implementation (Singh, Urbano, & Haston, & McMahon, 2010).

The role of the 21<sup>st</sup> century school counselor has seen a shift from a focus of delivering services from a menu of ancillary services to one as a school leader who develops a comprehensive program with demonstrated outcomes that serve all students. The ASCA National Model suggested that there has been a significant shift in school counselor commitment to school improvement, a willingness to utilize and integrate data

to address equity, and the emphasis of a social justice approach (Stone & Dahir, 2007). School counselors utilize a developmental advocacy role and work collaboratively to build a positive school climate that promotes optimal development for all students (Adelman & Taylor, 2002; Galassi & Akos, 2004). Amatea & West-Olatunji (2007) purported that school counselors have special training and skills to educate and inform others and can help teachers design more effective and useful strategies and learning experiences for students. School counselors as advocates of social justice are encouraged to address inequities in educational, socio-economical, sexual orientation, gender, and disability status that may inhibit or prevent students from obtaining academic, social, and personal potential (Holcomb-McCoy, 2007).

With the increase in prevalence of ASD, school counselors are more likely to be working with these children and adolescents (Layne, 2007). Although school counselors may not be involved in the actual diagnosis, they can play a significant role in supporting the HFASD students and their families and educating the school personnel on these student's characteristics and needs (Layne, 2007). School counselors can examine and assess school climate in relation to students with HFASD in order to advocate for interventions and change (Milsom, 2006). The unique characteristics of this particular population necessitates parental involvement in the educational process of their children and provides the opportunity for parents to gain an understanding of their child's needs. Parents can also provide valuable insight to school personnel about their child. School counselors can build partnerships between the school and families and help educate parents of children and adolescents diagnosed with HFASD about the benefits of

providing structure and predictability at home as well as set times for homework, meals and bedtime (Myles & Simpson, 2001).

Children and adolescents diagnosed with HFASD exhibit higher levels of ADHD, anxiety, depression, social isolation, and incidences with bullying and harassment than typically developing peers (Ashburner, Ziviani, & Rodger, 2010). Adolescents with HFASD have to cope with both the condition along with the challenges typically inherent during adolescent development. In the secondary school context, these challenges can be intensified by the ongoing change in routines, inconsistency in the expectations of different curriculum teachers, and the intricacies of relating with peers and others in a changing school environment (Attwood, 2007; Safran, 2005). Friendship and forming positive social relationships become exceedingly important during adolescence, and there is a reciprocal relationship between students' low self-concept, low coping mechanisms, and low peer relationships and friendships resulting in higher levels of anxiety and depression (Frey, Nolen, Van Schoiack-Edstrom, & Hirschstein, 2005; Flook, Repetti, and Ullman 2005).

Research findings emanated in the area of childhood ASD have several implications for school counselors. Narendorf, Shtuck, & Sterling (2011) indicated that approximately half of the students diagnosed with ASD who receive mental health service are receiving them at school, and these services are proportionally higher in African American and low income families. School counselors can facilitate partnerships with school-based specialists and community health professionals to develop and increase access to school-based services for children and adolescents diagnosed with HFASD. School districts have a fiscal responsibility for all assessments related to the identification



of disabilities including autism as described by IDEA. Parents are not required to pay for a medical diagnosis of autism by a physician or mental health professional to meet the requirements for services under IDEA (U.S. Department of Education, 2011). School counselors as advocates for students diagnosed with HFASD and change agents for social justice address educational inequities in academic achievement that may be based in issues of race, ethnicity, disability status, and sexual orientation and reduce the external forces that inhibit students' abilities to achieve social and intellectual success (Cox & Lee, 2007; Singh, Urbano, Haston, & McMahon, 2010).

The unique characteristics of children and adolescents diagnosed with HFASD result in a lack of social reciprocity and inadequate ability to interpret others' verbal and nonverbal social cues. In response, individuals perceive the child or adolescent diagnosed with HFASD to be self-absorbed, lacking empathy, or rude (Sansosti & Powell-Smith, 2006; Myles & Simpson, 2002). Furthermore, children and adolescents diagnosed with HFASD may not adhere to the unwritten social norms of conduct and behavior and engage in blurting out inappropriate comments, responding to people and situations in the purely literal form, telling on other students in the classroom, and obsessively talking about their interests. The inappropriate comments and obsessive interests in obscure subjects results in alienating children and adolescents diagnosed with HFASD from the social world and subjects them to possible ridicule. School counselors play a significant role in helping students feel secure and comfortable in classrooms as they serve to reflect back the experiences students have and, in doing so, help them normalize and feel part of the educational community. As an issue of social justice, students with disabilities are a historically marginalized population (Mertens, 2007). It is

important to gain an understanding of the barriers, obstacles, and challenges that prevent students diagnosed with HFASD from experiencing positive outcomes and initiate the development of effective educational programs that will decrease the incidence of marginalization (Theoharis (2007). When marginalized students do not have this reflection from school counselors and educators, the result is one of isolation and doubt of belonging (Neumann, 2009).

Not only are children and adolescents diagnosed with HFASD misunderstood by their peers but teachers also tend to misunderstand these students because of their high verbal and cognitive skills and average to above average academic ability. Volkmar & Klein (2000) stated that teachers described children and adolescents with HFASD as “normal” or “typical” but also described them as having eccentric and odd behaviors. Educators often label these social behaviors as a lack of impulse control or intentional (Safran, 2001; Myles & Simpson, 2002). Research has documented the propensity for teachers to misinterpret the ToM issues and idiosyncrasies of children and adolescents diagnosed with HFASD and perceive these individuals to be disinterested or disrespectful in the classroom (Eman & Farrell, 2009). School counselors can provide relevant information to teachers on HFASD and reframe the teacher’s understanding that the students’ behaviors are characteristics of the disability instead of intentional acts. This information will assist teachers in supporting and developing positive relationships with students diagnosed with HFASD especially since these students need a confidant or trusted adult with whom they can discuss difficult situations such as bullying (Humphrey & Symes, 2010).

School counselors as advocates and change agents educate the school community about social contexts for achievement and equity for marginalized students. As school counselors become more knowledgeable about their most important stakeholder, the students, they can serve as advocates for their students' needs and help build self-advocacy skills such as self-determination, empowerment, and social justice (Astramovich & Harris, 2007). Students diagnosed with HFASD have difficulty with the changes that result in the transitioning from elementary to middle school, middle school to high school, and high school to college. These transitions are very challenging and stressful because of the lack of adaptive skills and the anxiety produced by changing to a new environment (Gibbons & Goins, 2008). Although the repetitive behaviors and misunderstanding of social cues may have been redirected, ignored, or accepted in the elementary grades, these same behaviors may become a cause for embarrassment, teasing, harassment, or bullying in the secondary environment (Safran, 2005). Students diagnosed with HFASD will be required to move between a variety of classrooms, interact with a greater number of students and teachers, and be more organized and responsible. The anxiousness these students feel about the transition coupled with negative responses from peers can be very detrimental (Jordan, 2005). School counselors can work in collaboration with students diagnosed with HFASD and their parents and provide a transition plan that encompasses prior navigation of the school building, discussion with the student and parents about the changes, accessing the counselor during the school day, and ways to manage anxiety and stress (Adreon & Stella, 2001).

Despite legal mandates that promote equitable education, the percentage of students with disabilities attending postsecondary institutions is less than that of the general population (Krell & Perusse, 2013). School counselors play an important role in assisting students in the preparation and transition to postsecondary education. School counselors also act as advocates for their students as they access services and resources to help students in career and college preparation. When school counselors are working with students diagnosed with HFASD, they need to identify strategies and interventions that are evidence-based. These include student participation in seminars, experiences in activities that heighten self-awareness, development of self-advocacy skills, and knowledge of postsecondary schools and requirements (Milsom & Dietz, 2009). Secondary school counselors have an important role in teaching students diagnosed with HFASD the vital skills of advocating for themselves especially when facing difficult barriers and situations at home or in school and how to access resources to provide assistance and support. As advocates and agents of social justice, school counselors need to navigate the complex school environment and access resources for the HFASD students (Singh, Urbano, Haston, & McMahon, 2010).

Students diagnosed with HFASD are capable of the intellectual and rigor of postsecondary education, but most will necessitate accommodations and support from higher education institutions and will encounter unique academic, social, and institutional barriers that make it difficult to access a postsecondary education. School counselors must be prepared to assist HFASD students in their unique education, personal, social, and career development needs (Gibbons & Goins, 2008). There is a lack in empirically based research on college readiness for students diagnosed with HFASD and specifically

on the school counselor's role for providing college readiness for the HFASD population (Graetz & Spampinato, 2008).

Milsom & Dietz (2009) study recognized 60 factors or competencies that contribute to college readiness for students with learning disabilities. The highest competency factor identified was confidence, the belief the student holds that he/she can succeed. Other top competency factors included being willing to self-advocate, self-determination skills, and awareness of strengths and weaknesses.

Schools serve as the mechanism that transmits society's core beliefs and values, creates and shapes students' learning experiences, and helps provide self-descriptors and messages about the world. Schools can motivate and reflect students' abilities and interests or disregard or ignore these abilities or interests (Goodwin, 2010). Schools as institutions of learning strive to impart knowledge about academic disciplines to the many students. Schools are also social institutions as they serve to initiate and enhance one's ability to interact, understand, appreciate, and respect others. It is within the school experience that students have the opportunity to build the capacity to experience and understand the many aspects of diversity (Gurung & Prieto, 2009).

Given the increase in prevalence there is a need for programs that can educate our schools, parents, and communities about students diagnosed with HFASD. This will enable these students to have positive outcomes in schools that can lead to postsecondary opportunities (Baynard-Brak, Davis, Ivey, & Thomson, 2004; Zablotsky, Bosell, & Smith, 2012). There has been significant research that has focused on ASD children and youth with an emphasis on preschool and early intervention, comparison with respect to severity, and performance of the ASD child in the elementary schools. However, there

has been limited research on strategies to facilitate and nurture secondary and postsecondary aspirations of students diagnosed with HFASD. The literature review reveals a lack of research that examines the role and competencies of secondary school counselors working with children and adolescents diagnosed with HFASD.

## **Chapter 3**

### **Methodology**

A review of the literature indicated a need for more research in what secondary schools identify as strategies to assist children and adolescents diagnosed with HFASD who are placed in the general education program. In addition, it revealed a paucity in the literature on secondary school counselors' roles and viewpoints with this population of students.

This research study employed a qualitative survey instrument. Surveys are primarily a tool for asking a sample of people from a specific population a group of questions and using the answers to describe what that population thinks, believes, and knows (Fink, 2013; Fowler, 2009). The survey design utilized Likert and open-ended questions to gather information to describe, explain, and compare secondary school counselors' ideas, beliefs, behaviors, feelings, and preferences when working with HFASD students (Creswell, 2014; Fink, 2013). The use of open-ended questions allowed the territory to be explored by the secondary school counselor participants in the direction he or she intended (Seidman, 2006).

The researcher analyzed results by utilizing a thematic content analysis approach. Seidman (2006) stated that in qualitative research the emphasis is not based on finding or giving the right answers to questions. Rather, questions are asked with the purpose of gaining an understanding of the lived experiences of others and how they make meaning of the lived experience. School counselors were asked Likert-scaled and open-ended questions with the objective of reconstructing the participant's experience and how they ascribe meaning of their experiences when working with students diagnosed with

HFASD. The questionnaire format in the survey enabled school counselors the opportunity to voice their insight, experiences, and descriptions. It is through the rich, descriptive language of participants that meaning of their lived experience was garnered (Seidman, 2006).

### **Research Questions**

The research design is guided by the following research questions:

- RQ1: What needs and challenges do secondary school counselors identify when working with students diagnosed with HFASD?
- RQ2: What strategies do secondary school counselors employ to assist students diagnosed with HFASD to succeed in general education classrooms?
- RQ3: What strategies do school counselors utilize to assist students diagnosed with HFASD when they are involved in incidents with harassment, intimidation, and bullying (HIB)?
- RQ4: What strategies and tools do secondary school counselors employ to assist students diagnosed with HFASD in career and college readiness?
- RQ5: What strategies do secondary school counselors identify to build a collaborate relationship with parents and teachers?

### **Participants**

The participants were 100 secondary school counselors who are members of the New Jersey School Counseling Association (NJSCA). School counselors as educational leaders in a school setting are expected to take the initiative in assisting our nation's



young people to become healthy, happy, productive citizens. NJSCA provides information on legislative issues, support and networking among school counseling professionals, and designs relevant professional development conferences which incorporates pertinent, important information to keep school counselors current in their skills and practice. The NJSCA supports school counselors' role to support and assist students in their academic, personal/social and career development so that they can achieve success in school in preparation to lead fulfilling lives as responsible members of society (NJSCA, 2013). The NJSCA provided the membership database of email addresses of practicing school counselors, and an online survey was deployed to participants' email addresses through CVent which the organization utilizes for events, registrations, membership, survey, and research. CVent is the largest international event management software company that also includes software with inclusive web survey tools for research purposes. CVent has the capacity to track participants, to remind non-participants to respond, and to avoid contacting those who have already completed the survey.

The survey included an informed consent stating that all participants' responses were anonymous and that by continuing the survey the participants acknowledged an understanding that consent was voluntary. Participants had the opportunity to withdraw consent and discontinue the survey at any time without consequence. Participants were informed that knowledge garnered from their responses would be used in research intended to inform educational personnel to better assist and support students diagnosed with HFASD.

The survey determined what secondary school counselors identified as the needs and challenges when working with students diagnosed with HFASD; the strategies and tools school counselors employed to assist these students to succeed in the general education setting; the strategies school counselors utilized to assist students diagnosed with HFASD in incidents with HIB; the strategies and tools for assisting students diagnosed with HFASD in career and college readiness; and the strategies to build a collaborative relationship with parents and teachers.

The data collected from the survey was analyzed using Thematic Content Analysis (TCA) that provided a descriptive presentation of the qualitative data. Content analysis is native to communication and social science research as it seeks to analyze data in a specific setting of a specific group or population and how they ascribe meaning to observable events, communications, properties, things, and people. This research method makes replicable and valid inferences from data to the context being studied (Krippendorff, 1989). It is intended that after the collection of data, results were generalized to this population and the research can act as a change agent to advocate and assist students diagnosed with HFASD (Creswell, 2014; Fowler, 2008; Mertens, 2007).

Thematic analysis is a qualitative analytic method that Braun & Clarke (2006) attributed to “identifying, analyzing, and reporting patterns (themes) within data. It minimally organizes and describes the data set in rich detail. However, frequently it goes further than this and interprets various aspects of the research topic” (p. 79). Rich, descriptive characterizations of data set(s) from accounts from school counselors provided particular themes. A theme captured important components about the data and

how it related to the research questions and is representative of an emerging patterned response or meaning within the data set (Braun & Clarke, 2006).

One of the primary benefits for utilizing thematic content analysis is the ability for researcher flexibility across theoretical and epistemological approaches. In response to this theoretical freedom, thematic content analysis provided flexibility because it is not married to a particular theoretical framework; however, it is a useful tool which serves to impart a rich, descriptive, and detailed, yet complex, interpretation of the data (Braun & Clark, 2006). The thematic analysis is based in a realist framework that elicited what experiences, meanings, and reality school counselor participants identified and reported in their work with students diagnosed with HFASD.

### **Data Collection**

The survey was deployed over a four week period. CVent utilized an email manager to enable the download and collection of participants' responses from the questionnaire template survey each day and also created custom charts. The researcher systematically analyzed each response to each question and found repeated patterns of meaning. Themes capture something relevant that relates to the research questions and emerged as patterned responses within the data collection. The patterned responses, categories, and themes gathered during the first tier were followed by increasingly more abstract information units. An inductive process between the themes and the database continued until a thorough set of themes emerged (Creswell, 2014).

Six phases are involved in the process of data collection. The first phase involved reading and rereading to gain familiarity with the data and to begin recording initial ideas. Phase two involved the coding of interesting characteristics of the data in a

systematic manner across the data set and were organized into initial codes. Phase three began after data have been coded and organized with a long list of different codes assigned across the data set and essentially involved searching for themes and sub-themes that emerged with a sense of significance. Excel spread sheets and charts were created to provided to visualize and sort the different codes as the themes emerged. Phase four began with a revised a set of aspirant themes which involved a review of how each theme was coded and a rereading the organized data and ordered themes determined if they formed a coherent pattern. Inter-rater reliability was utilized in an effort to ensure reliability of the researcher's assessment of themes. Two secondary school counselors accessed the themes that emerged from the data to determine if their interpretation of the themes demonstrated knowledge of the themes being assessed and found by the researcher. When it was determined that a coherent pattern captured the coded data, a thematic map was created. Additionally, this phase also examined the entire data set to determine whether the concept map was reflective and representative of the meanings in the data set as a whole as well as considered the validity of individual themes in relation to the data set (Braun & Clarke, 2006). Phase five named, defined and again refined the themes that were identified to tell the story of the analysis of the data. Phase six evolved when themes were emerged and refined and involved the responses of the complicated process that elicited the story of the data within and across the themes.

During the collection process, the researcher's primary focus was learning what the school counselor participants' identified as the needs and challenges they faced when working with students diagnosed with HFASD in the general education setting, the strategies secondary school counselors identify to assist student with HFASD when they

are involved with incidents of HIB, the strategies and tool secondary school counselors employ to assist these students with career and college readiness, and the strategies secondary school counselors utilized to build a collaborative relationship with parents and teachers. The researcher utilized what secondary school counselor participants' responded and not the meaning of what was reported in the literature or the assumptions of the researcher (Creswell, 2014).

Lather (1986) purported that in research one cannot make assumptions but must utilize a self-critical posture in regards to assumptions that are inclusive into one's research approaches. Research is more than following a correct method and does not ensure results that are true. Lather emphasized that researchers must heed the importance of instituting trustworthiness in their data. In an effort to safeguard against the researchers own enthusiasms and biases and protect the research, data creditability checks and self-reflexivity practices must be instituted. Lather stressed the need for triangulation, reflexive subjectivity, face validity, and catalytic validity to be constructed into the research design.

Trustworthiness is a qualitative research term reflective of credibility and validity. Creswell (2013) states that many writers have utilized equivalents analogous to traditional quantitative approaches. Lincoln and Guba (1985) reflected in Creswell (2013) use the terms credibility, authenticity, transferability, dependability, and confirmability to denote validity in qualitative research. Toma (2006) stated that trustworthiness in qualitative approaches encompass validity; however, it is framed in terms of reality and how others constitute meaning of their lived experiences. Further, validity as a construct in qualitative research focuses on what the researcher observes,

identifies, and measures. In an effort to attain accuracy and authenticity of the research, the researcher strived for triangulation of data sources, methods, and used rich descriptions between the researcher and participant (Creswell, 2013). Toma (2006) suggested member checking which asks participants to review their responses and comments to check/clarify their interpretation, debriefing right after interviews to check for understanding of data, and later participant contact as the study reveals emerging categories. There is a concern with isolating the researcher's assumptions and biases so that the researchers does not fall back on what the researcher knows or believes to be true when interpreting the data and findings. Further, the researcher believed that utilizing inter-rater reliability with peer review was an effective tool that kept the research honest in that it asked the hard, direct questions about the methods, meanings, and interpretation.

### **Summary**

Students diagnosed with HFASD demonstrate significant social deficits that effect outcomes in their peer relationships, interaction with teachers, increased risk of victimization and bullying, and the probability of social anxiety experiences (Auger, 2013; Enam & Farrell, 2009; van Roekel, Scholte, & Didden, 2010). School counselors play a significant role in providing assistance and support to students diagnosed with HFASD as they have the training and experience necessary to work with these students. These counselors can develop and implement strategies and interventions aimed at improving the social deficits of students diagnosed with HFASD students so that these students can better adjust to their educational and social environment (Auger, 2013; Rao, Beidel, & Murray, 2008). School counselors can provide individual and group counseling services to students diagnosed with HFASD and through consultation can

educate and assist teachers and parents to gain a better understanding of the unique features of ASD. School counselors can be instrumental in shifting the emphasis from these student's deficits to emphasizing the development of the special talents that many of them possess (Grandin, 2011). As the prevalence of ASD continues to grow, school counselors need to be better informed to meet the needs of this unique population of students.

The qualitative research study addressed what New Jersey secondary school counselors identified as the needs of students diagnosed with HFASD, the strategies and tools secondary school counselors employed to assist these students to succeed in general education setting, the strategies secondary school counselors utilized to collaborate with parents and teachers to assist HFASD students, the strategies secondary school counselors utilized to assist students diagnosed with HFASD in response to incidents of HIB, the strategies and tools secondary school counselor utilized to assist student diagnosed with HFASD with career and college readiness, and the strategies needed to build a collaborative relationship with teachers and parents. The findings of the research will be shared with secondary school counselors and higher education teacher and school counseling education programs to provide a more in depth understanding of this unique population so they are more equipped to assist them in providing a more equitable and accessible educational experience rich in opportunities for students diagnosed with HFASD.

## **Chapter 4**

### **Results**

This research study employed an online survey deployed to 1,026 school counselors who are members of the New Jersey School Counselor Association. New Jersey school counselors work in their capacity at the elementary, middle, and high school levels; however, this survey was designated for secondary school counselors and resulted in 106 secondary school responses which represented 10% of the membership. Six of the participants were eliminated because they did not answer the majority of the questions; therefore, the surveys of 100 participants were used for this study.

Students diagnosed with HFASD present a distinct challenge to the educational setting as they exhibit impairment in social interaction, lack an understanding of the rules of social convention, have an insistence on sameness, have a restricted range of interests, and demonstrate poor motor coordination. School counselors have a significant role in helping students diagnosed with HFASD to navigate through the school environment and feel safe and secure as they deal with uncertainties and stress. School counselors who work with students diagnosed with HFASD can help provide stability, structure, and organization which will facilitate the progress of these students towards academic success and help them feel less alienated from others and the demands of their emerging world (Williams, 2001). Secondary school counselors can have a significant influence on students diagnosed with HFASD in providing academic, behavioral, and social support to students and prepare them for the adjustment and skills necessary to transition to the work force or gain entrance into post-secondary institutions.



The survey design utilized Likert and open-ended questions to gather information to determine secondary school counselors' ideas, beliefs, behaviors, and practices when working with HFASD students (Creswell, 2014; Fink, 2013). The use of open-ended questions allowed the territory to be explored by the secondary school counselor participants in the direction he or she intended (Seidman, 2006). The survey asked secondary school counselors to respond to how they identified and addressed the needs of students diagnosed with HFASD, the background and training they have had with students diagnosed with HFASD, what strategies and interventions they utilized to assist these students, what approaches have been successful in collaborating with parents and teachers, and tools and strategies utilized to assist students diagnosed with HFASD to identify strengths to navigate potential careers and postsecondary education.

The open-ended questions were coded using a Thematic Content Analysis (TCA) process that provided a descriptive presentation and categorization of the qualitative data. The themes or reporting patterns that emerged captured important components of what secondary school counselors utilized when working with students diagnosed with HFASD. The secondary school counselors' responses to the open-ended questions may have resulted in more than one response to the question; however, when possible responses were calculated as the percent of the specific response to a given question.

The responses of the participants were categorized below to address the following four areas: Secondary School Counselor Descriptions, Secondary School Counselor Relationship with HFASD Students, Secondary School Counselors' Collaboration with Teachers, and Secondary School Counselors' Collaboration with Parents. data we would expect to obtain according to a specific assumption.

### Descriptors of Secondary School Counselors

The survey results show that 54% of the counselors identified high school as their work setting and 46 % identifying middle school as their work setting. Options were also provided to identify more specific settings such as suburban, urban, rural, technical, or charter (see Figure 2 that follows).

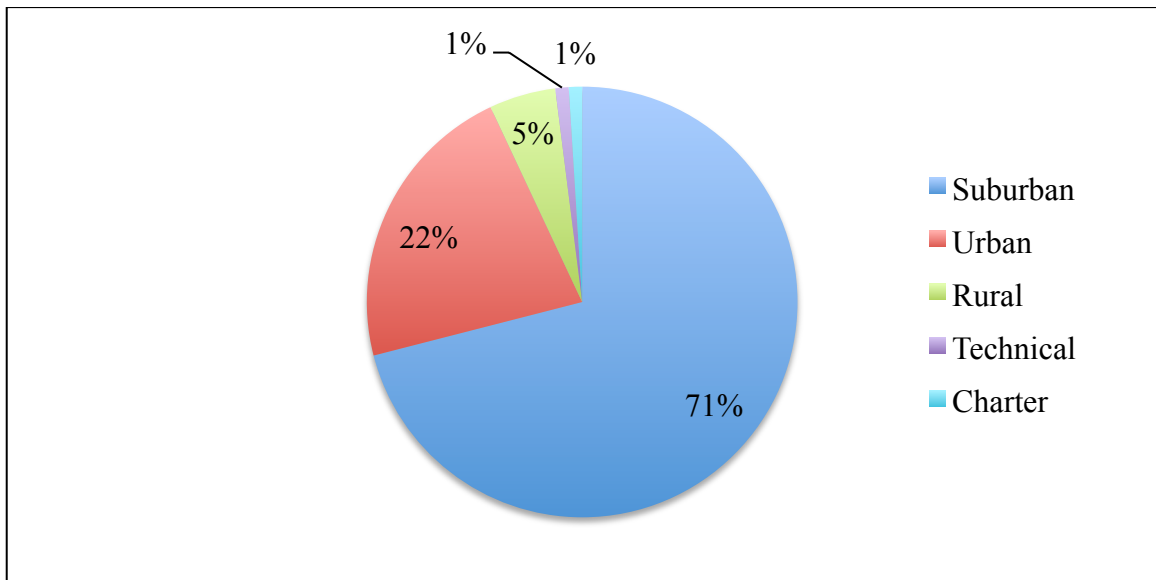


Figure 2. Distribution of Participants' School Setting

Secondary school counselor participants responded to the Likert scaled questions asking about their perceptions of their own skills when serving the needs of students diagnosed with HFASD. As shown in Figure 3, 11% of the participants responded being very skilled, 47% responded being skilled, and 42% responded with the view that they were not skilled in this area.

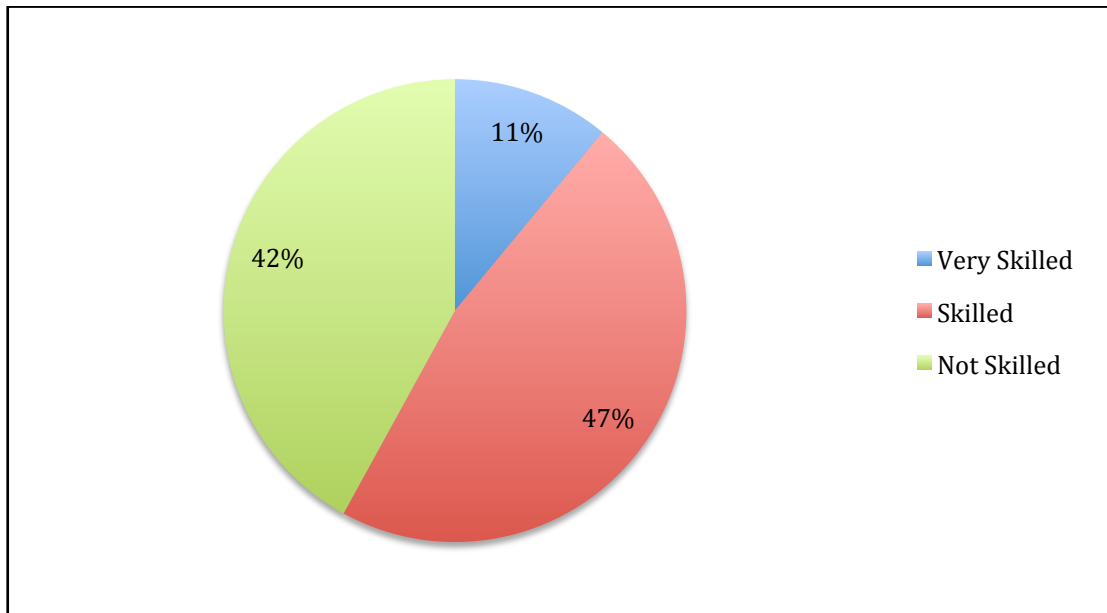


Figure 3. Skill Level Identified by Secondary School Counselors When Working with Students Diagnosed with HFASD

The secondary school counselors responded to a Likert question that asked how often they work with students diagnosed with HFASD. The choices for the answer and results were Often, Occasionally, and Never, with most of the counselors choosing the often or occasionally as their involvement levels (See Figure 4 that follows).

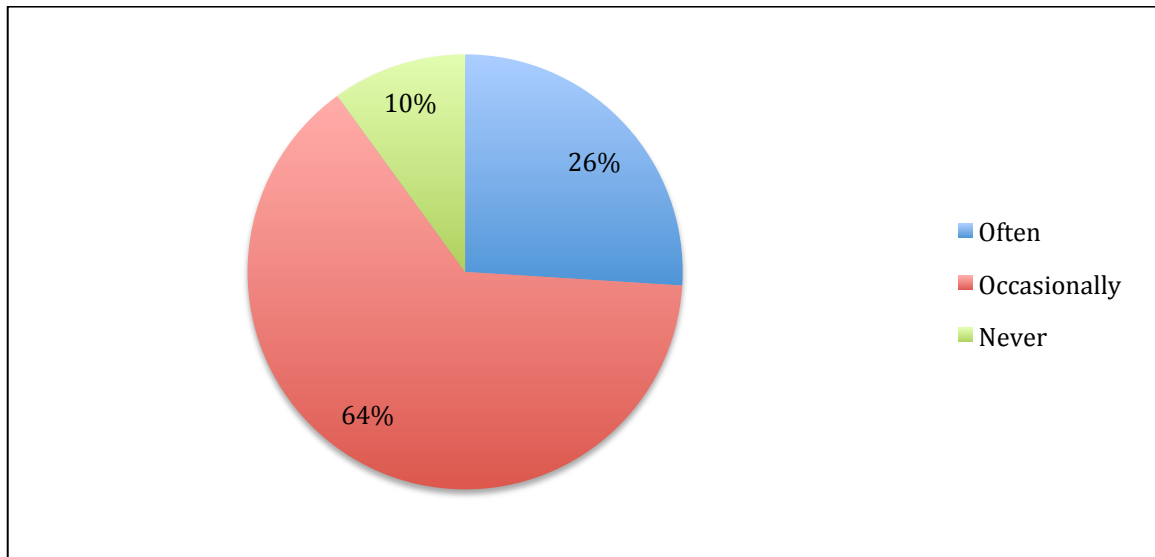


Figure 4. How Often Secondary Schools Counselors Work with HFASD Students

Since the counselors who responded to this survey did so voluntarily, these results cannot be interpreted as representative. However, the detail and honesty which participants answered the questions which follow provide incredible insight into their experiences in the school counseling profession.

### **Background and Training in Autism Spectrum Disorders**

Secondary school counselor participants responded to questions that asked about the background and training the counselor had in working with students diagnosed with HFASD. The themes that emerged from the responses to this question were professional development, graduate and undergraduate coursework, professional training, on the job learning, and no training. The themes and percentage of responses to counselors' background and training appears in Table 1 and are described below.

Table 1

*Background and Training of Secondary School Counselors*

Theme	Number of Responses
Undergraduate-graduate coursework	25
No Background or training	25
Professional development	23
Professionally trained	22
On the job learning	14

The first theme secondary school counselor participants identified was gaining information and education from coursework at the undergraduate and graduate level, noted by 25 counselor responses. The counselors stated they had one or two courses in their undergraduate or graduate program that either provided a unit of study on autism or mentioned autism. This type of answer is reflected in the responses of participants who stated, “One class in Masters program and no formal training in working with students diagnosed with HFASD” and “My only coursework that briefly described ASD was psychology but there was no focus on educational settings.”

The second theme that emerged identified that the secondary school counselors had not participated in any specific or formal training when working with students diagnosed with ASD. This theme was represented by 25 different responses.

The third theme secondary school counselor participants identified was obtaining information and education from professional development in their districts or professional development in the form of workshops and conferences offered by

educational organizations and this was reported by 22 responses. The counselors indicated that the information given during professional development provided the opportunity of gaining background and training to work with autism spectrum disorder students.

The fourth theme that emerged concerned related training undertaken by these educators. Many counselors were professionally trained as teachers of the handicapped and functioned as special educators prior to their school counseling position. Additionally some counselors are professional trained as licensed clinical social workers and licensed professional counselors and currently work in the capacity as secondary school counselors. This theme was mentioned by 22 of the respondents.

The fifth theme secondary school counselor participants identified were that they learned and gained understanding about students diagnosed with HFASD from experiences on the job. Counselor respondents stated, “Only experiences have been on the job.” The response rate for on the job learning of ASD was represented by 14 respondents.

### **Relationship with Students**

In this section, results related to the school counselors’ relationships with students are addressed. This includes an analysis of the issues and challenges they encountered on the job, the approaches they used to deal with those issues and challenge, and strategies employed to important areas of this work included bullying and career and college readiness. Counselors’ responses once again were provided by Likert survey answers or short written responses to open-ended questions as indicated.

## Issues and Challenges Identified by Secondary School Counselors

Specific issues and challenges identified by secondary school counselors when working with students diagnosed with HFASD placed in the general education setting were provided by the participants in their own words. The four major themes that emerged from secondary school counselor participants were issues and challenges with Theory of Mind (ToM) deficits, issues and challenges with emotional regulation, issues and challenges with perseverance, and issues and challenges related to lack of teachers' and others' understanding. The strategy issues and challenges identified by counselors and the number of responses are shown in Table 2.

Table 2

### *Issues and Challenges Identified by Secondary School Counselors*

Theme	Number of Responses
Theory of Mind (ToM) deficits	61
Emotional Regulation	36
Lack of Understanding	18
Perseverating	15

The first theme identified by 61 of the participants' responses indicated that students diagnosed with HFASD demonstrated ToM deficits. The ToM deficits indicated that the students had difficulty conceptualizing and understanding the mental processes and intentions of others. They lacked the ability to understand that others have beliefs, ideas, and perceptions that are separate from their own and had difficulty in understanding social cues and body language of others. Responses such as, "difficulties

with social relationships, reading cues, understanding the body language and nonverbal signals given by other students” and “understanding social cues and appropriate responses to various social interactions” were indicative of social issues students diagnosed with HFASD face and challenges identified by secondary school counselors.

Additionally, these students lacked the ability to achieve joint attention with others and the ability to connect with peers that resulted in difficulty in peer relationships and working in groups. These deficiencies often result in these students being socially isolated. The counselor participants indicated that these students often displayed a restricted range of interest with a tendency for complete focus on their personal interests and this resulted in a lack of reciprocal conversation with others. For example, one counselor stated, “It can be difficult to relate to them when they do not talk about anything but their specific interest and they focus exclusively on that topic to the exclusion of others.”

The second theme that emerged was the difficulty of students diagnosed with HFASD to regulate their emotions as reported in 36 answers by the counselors. Many of these students have great difficulty managing their emotions when responding to sensory overload, anxiety, frustration, anger, transitions, and fears. Counselor participants responded, “these students have significant anxiety, feelings of being overwhelmed with issues that are not solved simply with typical “black and white” scenarios “and they have great difficulty regulating their emotions and with coping skills.” Common examples of this type were shared by multiple counselors in their answers.

The third theme that emerged was lack of teacher and staff understanding, noted in 18 responses. Teachers did not understand the diagnosis, behaviors, and students’



difficulties and needs and were not aware of potential social issues inherent with these students. Counselor participants reported typical problems including, “Teachers not understanding students’ difficulties and needs. Lack of empathy towards students’ problems” and “When these students have difficulties with regulating emotions, teachers and staff not understanding why they react and respond.”

The fourth theme that emerged in 15 responses was the tendency for students diagnosed with HFASD to persevere and display a rigidity of thought on a topic, interest, or situation. The perseveration was indicated in the counselor response, “Many of these students have a restricted range of interest and persevere on their topic and repetitively talk on it without social reciprocity of others and even if someone changes the topic the HFASD student perseverates on their interest.”

### **Strategies and Approaches Employed by Secondary School Counselors**

Secondary school counselor participants identified strategies and approaches they utilized in assisting and supporting students diagnosed with HFASD who are placed in the general education setting. The themes counselor participants identified as strategies and approaches were individual counseling, social skills training, collaboration with parents, collaboration with teachers, and educating teachers and staff. The strategy themes identified by counselor participants and responses are shown in Table 3 that follows.

Table 3

*Strategies and approaches employed by secondary school counselors*

Theme	Number of Responses
Individual counseling	47
Social skills training/groups	41
Collaborating with teacher	32
Providing safe place	20
Educating teachers and staff	16
Collaboration with parents	15

The first approach theme that emerged related to assisting the student through individual counseling. Individual counseling includes meeting with the student and building a rapport that allows students a place to express themselves, vent their frustrations and anxieties, and provides an opportunity for the counselor and student to work on appropriate student behavior. This is reflected by a counselor participants responding, “Meeting with them on a regular basis has been helpful as it allows for the situations to be dealt with immediately and ensures the student does not feel overwhelmed the expectations and demands of the classwork.” This type of approach was mentioned 47 times by the counselor participants.

The second theme that emerged was the importance of incorporating social skills training or facilitating social skills group. Social skills training and groups incorporate a small group of students composed of students diagnosed with HFASD and their neuro-typical peers. The group provides assistance to students diagnosed with HFASD by utilizing modeling of appropriate school behavior and responses and learning the social

skills necessary to increase connection with peers. This approach was noted in 41 counselor responses.

The third theme indicated a need to provide a safe place for students diagnosed with HFASD to stabilize and regulate their emotions when there is an escalation of emotion because of frustration, anxiety, fear, transition, and sensory overload. This approach was noted 20 different times in the counselor participants' responses. As one counselor stated, "Providing a safe environment when students experience sensory overload or anxiety is extremely beneficial for the student to regain composure and limit more significant meltdowns." Another indicated, "We have a system worked out with the teachers that the students comes down to my office for a break to calm down and then we talk and work on coping mechanisms for upsetting situations."

Counselor participants identified the importance of collaborating with teachers and Child Study Team (CST) members to problem solve, access, and develop strategies that assist students in the classroom. As one counselor participant indicated, "I meet with the teacher and CST to review concerns and we problem solve to find strategies to help the student." Approaches of this type were mentioned by 32 participants.

The fifth theme, noted in 16 responses, indicated that educating the teachers and staff to garner a better understanding and sensitivity of the unique needs of students with HFASD was essential. Counselor responses that reflected the need for educating teachers and staff stated, "I work on educating the teachers to the best of my ability on how to interact with these students," and "I try to help the teachers understand their behavior is part of the disorder and not being rude or disrespectful."

School counselor participants identified the importance of collaborating with parents as they can identify effective and useful strategies they have used to help their child (15 responses). Parents can also collaborate and work in partnership with skill development, social skills, and providing consequences for positive and negative behaviors. A number of counselors indicated that “Working with parents to understand their child’s needs helped build a better understanding and collaboration with teachers and staff.”

### **Counselors’ Responses to Harassment, Intimidation, and Bullying**

Secondary school counselors responded to a Likert question asking how often are students diagnosed with HFASD are involved in incidents with harassment, intimidation, and bullying. The choices for all the answers and results were Often, Occasionally, and Never with most counselors choosing often or occasionally as their involvement levels (See Figure 5 below).

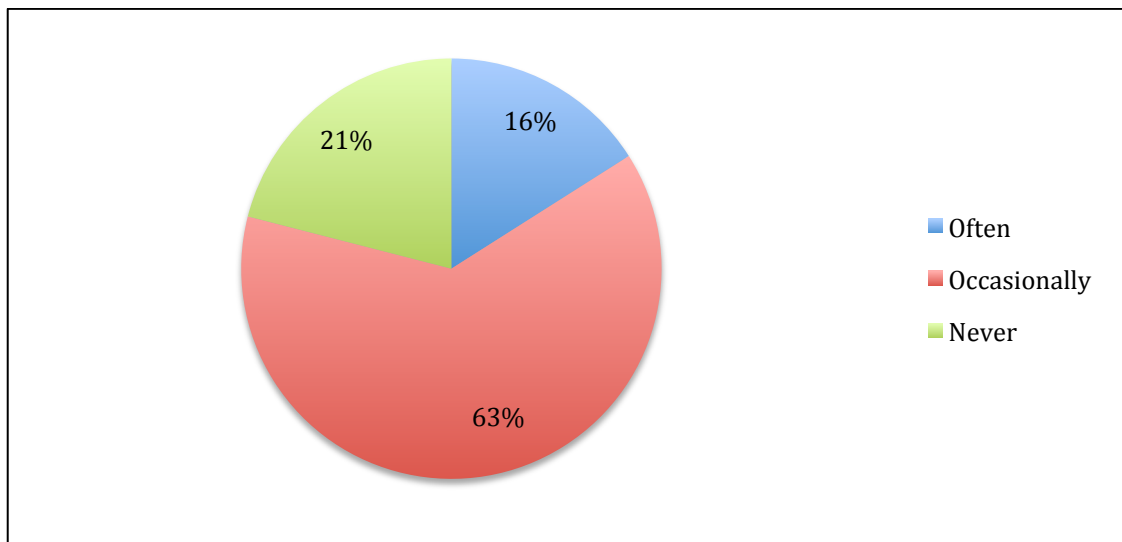


Figure 5. Frequency of HFASD Students Involved With Incidents of HIB

## Strategies to Assist in Incidences of Harassment, Intimidation, and Bullying

Secondary school counselor participants responded when asked what strategies and approaches were utilized when assisting students diagnosed with HFASD when they are involved with incidents of bullying, harassment, and intimidation. The strategy themes that emerged were individual counseling, utilizing mediation, collaboration with the CST and parents, educating teachers and staff, and providing classroom lessons. The themes and responses are shown below in Table 4.

Table 4

*Counselor Strategies to Assist HFASD Students with HIB*

Theme	Number of Responses
Individual counseling	47
Collaboration with CST and parents	25
Mediation	24
Educating teachers and staff	20
Classroom lessons	10

The first strategy theme secondary school counselors identified was utilizing individual counseling to assist students who experienced incidents with bullying, harassment, and intimidation (HIB) and this was mentioned in 47 responses. The counselor works with the student to listen and provide support to the student as well as identification and reporting practices, techniques for responding such as ignoring, asking person to stop, and getting help, utilizing role-playing, and coping skills. A participant responded, “I often practice role-playing, coping strategies, and how to differentiate

between what is harassment and what is not. Another counselor stated, “I often rehearse appropriate social responses to assist them in coping.”

The second strategy theme identified resulted in 25 counselor responses was collaboration with the CST and parents. The counselor works with the CST and parents to inform them of the incident and collaborates to find strategies and interventions that will help the student. One counselor stated, “I collaborate with the CST and the case manager and we consider how the disability may have contributed to the behavior.” Another counselor responded, “We work hand in hand with the CST and students are always advised to tell adults so the situation can be investigated and handled appropriately. Social stories can be used to help students in understanding the situation.”

The third strategy theme secondary school counselor participants identified was utilizing mediation with both parties involved in the incident, and this was noted in 24 responses. Mediation is one of the procedures used in most school districts as a response to HIB behaviors. The counselor may determine that peer mediation would be beneficial for all the parties involved. As one counselor noted, “Mediation between the parties is helpful, and I typically modify the standard approaches to the need and limitations of the student.”

The fourth strategy theme identified by 20 counselor responses was educating teachers and staff regarding HFASD students to increase awareness and tolerance. Participants noted, “I work closely with teachers regarding high functioning autism to increase awareness and tolerance,” and “I meet with the teachers and staff that work with the student and help them understand the needs of the student. In doing this I might be able to diffuse situations before they escalate.”

The fifth strategy theme secondary school counselor participants identified was providing classroom lessons that educate students on identifying HIB behaviors, responses to others who harass, intimidate, or bully, reporting to HIB, and bystander's responsibilities. This was noted 10 different times by counselors.

### **Strategies Utilized to Assist HFASD Students with Career and College Readiness**

Secondary school counselor participants were asked what strategies they utilized to assist students diagnosed with HFASD in identifying career and college readiness. The college and career readiness strategy themes that emerged were the use of Navience, interest inventories and surveys, individual meetings with students, CST collaboration with CST, and locating post secondary schools that support special education including students diagnosed with ASD. The themes and responses are shown in Table 5 that follows.

Table 5

#### *Counselor Strategies to Assist HFASD Students with College and Career Readiness*

Theme	Percentage of Responses
Interest inventories and survey	43
Individual meeting with students	29
Navience	27
Locating postsecondary institutions	11
Collaborate with CST and parents	10

The first career and college readiness strategy identified by 43 of the counselor responses was exploring students' interests and career options through utilizing learning

style, personality, and interest inventories and surveys. A counselor noted, “I help students identify their strengths and likes through using interest and career inventories available online.” Another counselor responded, “I have the students take free online career interest inventories and then present them with job descriptions.”

The second career and college readiness strategy secondary school counselor participants identified was using individual meetings with students to help them identify their strengths and interests, review inventories and strategies, SAT and ACT information, and finding colleges and universities that have good support services. This strategy was mentioned in 29 counselor responses.

The third career and college readiness strategy noted by 27 counselor responses was the use of Navience. Navience is a college and career readiness software tool that works in partnership with secondary schools to provide college planning and career assessment. This tool also provides academic exploration and planning for career and college, demonstrates how to navigate the admission process, and incorporates skills to assist in the transition from high school to college enrollment. A high school counselor stated, “Much like any other student, I use Navience with its career interest inventories, and promote connecting their interests and strengths into a college/career path.”

The fourth career and college readiness theme was noted by 11 responses and identified finding postsecondary institutions that support special education and autistic spectrum disorder students as a strategy they had employed. A high school counselor noted, “I educate myself on the student’s strengths and weaknesses to guide them in a appropriate direction. I also research to find colleges and universities that have good support services for students with special needs.”



The fifth career and college readiness strategy resulted in 10 counselor responses, and they identified collaborating with CST on transitioning strategies to postsecondary colleges or universities or the work force. One counselor responded “I collaborate with the CST case manager who works on post secondary education and we work together with the student and parent on skills, self advocacy, and how to secure services.” Another counselor stated, “Generally I work with the CST and utilize Navience, work on transition skills, and help student identify strengths that will guide them to career choices.”

### **Counselors’ Relationships with Teachers**

Secondary school counselor responded to a Likert question asking how often teachers seek their assistance when students diagnosed with HFASD are placed in the general education setting. The choice and results of Often, Occasionally, and Never with most of the counselors choosing often or occasionally as their involvement level with teachers. See results below in Figure 6.

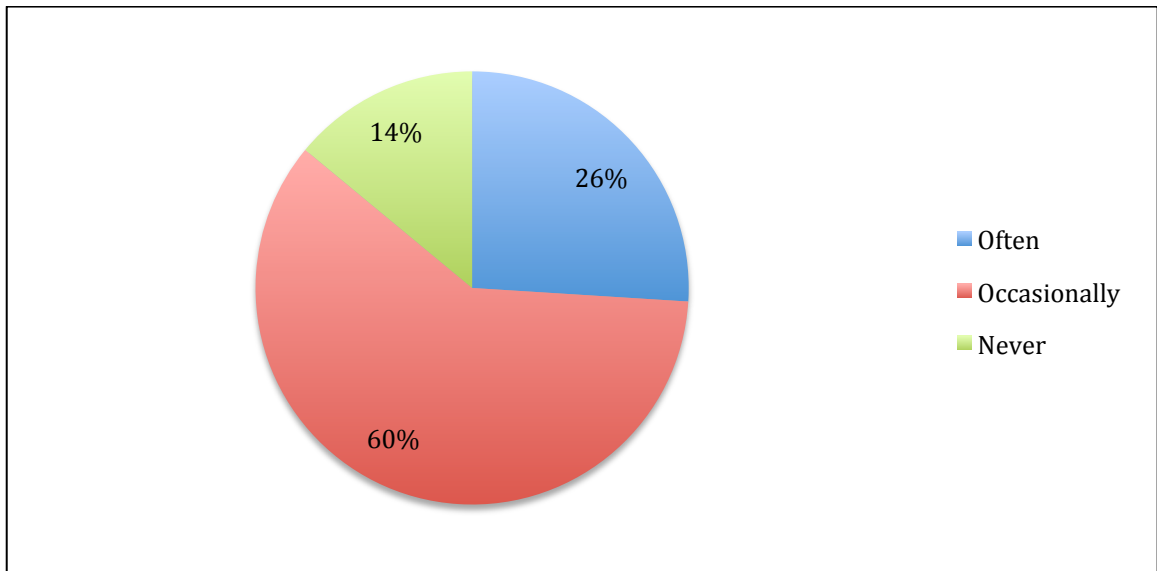


Figure 6. The Frequency of Teachers Asking for Assistance

### **Teachers' Challenges Identified by Counselors**

Specific challenges were identified by secondary school counselors when teachers sought their assistance working with students diagnosed with HFASD placed in the general education setting. The themes that emerged were teacher challenges in handling social issues, challenges with handling behavioral issues, challenging in handling emotional regulation, and teachers feeling overwhelmed. The themes that teachers identified as challenges to counselors and the number of responses are shown in Table 6 that follows.

Table 6

*Challenges Reported by Teachers to Secondary School Counselors*

Theme	Number of Responses
Social Issues	38
Teachers Overwhelmed	38
Emotional Regulation	24
Behavioral Issues	19

The first theme that secondary school counselor indicated by 38 respondents was that teachers had difficulties in handling the social issues of students' diagnosed with HFASD. The counselors identified that teachers had challenges with students who lacked the ability to understand social cues, a lack of social reciprocity with peers resulting in poor peer relationships and social struggles, inappropriate interactions with peers, and difficulty with these students when working in groups. One counselor stated, "Teachers see a lack of social skills. Some have challenges when students have difficulty in group work or get stuck on a thought and need attention during class which can derail the lesson." Another counselor responded, "Teachers come to me with concerns that the student is bickering with classmates whose opinions vary from his/her own."

The second theme that secondary school counselor indicated were teachers being overwhelmed having students diagnosed with HFASD in their classrooms, and this was represented by 38 different responses. The teachers reported being overwhelmed by meeting the needs of the students, lacking an understanding about the disorder, how to effectively utilize modifications and accommodations to the students' academic program, and a lack of knowledge of how to assist the regulation of emotions when these students

are stressed, experiencing sensory overloaded, or frustrated. As one counselor stated, “Teachers come to me completely overwhelmed because they may have other students with needs along with the student diagnosed with HFASD and feel stressed in ensuring modifications and accommodations are being met.”

The third theme that secondary school counselor identified was that teachers had difficulties with handling students’ diagnosed with HFASD emotional responses to sensory overload, stress, and anxiety in the classroom and school environment. This was noted by 24 respondents. One counselor indicated, “Teachers have great difficulty with these students and do not know how to deal with the emotions or sensory overload that happens within the classroom.” Another counselor stated, “Teachers come to me because of the emotional challenges and outbursts that become disruptive in the classroom.”

The fourth theme that emerged from secondary school counselor indicated the challenges teachers experience with behavior issues, and this resulted in 19 responses. Behaviors such as impulsivity and calling out, keeping the student on task, perseveration, challenging the teacher’s authority, and making inappropriate comments to others in the classroom were difficulties for the teacher. As one respondent stated, “Many of the teachers report students’ behaviors such as vocalizing at inappropriate times during the lesson, talk repeatedly off topic, and questioning the teacher’s authority.”

### **Counselors’ Strategies to Assist Teachers**

Secondary school counselor participants were asked what strategies and approaches they have employed to assist teachers when students diagnosed with HDASD were placed in the general education setting. The strategy themes that emerged were collaboration with teachers that may include the CST, incorporating specific strategies,

counseling the student, educating the teachers and staff, and collaborating with parents.

The themes that counselor participants identified as challenges to teachers and the percentage of responses are shown in Table 7 that follows.

Table 7

*Counselor Strategies to Assist HFASD Teachers*

Theme	Number of Responses
Counseling the student	33
Specific strategies	31
Collaboration with teachers and CST	27
Educating teachers and staff	30
Collaborating with parents	10

The first strategy theme secondary school counselors identified that assisted teachers was counseling the student. This entails the counselor meeting with the student to understand and clarify expectations, to assess what the student needs, help the student problem solve, and assist the student in coping skills. This theme was represented by 33 responses. One counselor stated, “I usually meet with the student to discuss the difficulty the students is experiencing and discuss what is expected in terms that are literal and specific.”

The second strategy theme secondary school counselor participants identified was providing teachers with specific strategies such as providing a structured environment that includes clear, concise directions, expectations, and rules, preferential seating, the use of ear plugs when appropriate, review of modifications and accommodations, and

providing a safe place to go to regulate emotions. This was reported in 31 counselor responses. One counselor responded, “ Organization, prompting, cueing, clear, consistent, and well-defined expectations and directions will be beneficial to these students.” Another counselor stated, “They may need assistance to stay organized and it is strongly advised to be clear in giving directions and assignments.”

The third strategy theme secondary school counselor identified was collaborating with teachers and the CST to determine the needs, difficulties, and situations that have become problematic in the classroom. This resulted in 33 different responses. A counselor responded, “ I consult and collaborate with the teacher and CST for collective brainstorming on solutions.” Another counselor indicated, “Communication is key. Collaborating with teachers to talk about progress, difficulties, roadblocks...all this invites solutions.”

The fourth strategy theme secondary school counselors identified was educating teachers and staff, and this was represented by 30 different responses. This was reflected in the following counselor response, “Helping teachers understand student’s difficulties and needs, I am hopeful to bring about an awareness about the disorder and that students are not intentionally trying to get over on the teacher.” Another counselor indicated, “I help educate and coach on using specific examples and situations to help pinpoint what works best with each HFASD student.” An additional counselor stated, “ I educate teachers about the cause of the social or behavior issue in an effort to develop the teacher’s understanding, patience, and empathy.”

The fifth strategy theme secondary school counselor participants identified was the role of teacher collaboration with the student’s parents as they provide valuable

insight into their child and share effective strategies they have utilized at home.

Additional teacher and parent collaboration enables consistency in the educational and behavioral program, especially in response to challenging behaviors. This strategy theme was noted by 10 responses.

### **Counselor's Relationship with Parents**

Secondary school counselors responded to a Likert question asking how often they communicated with parents whose children diagnosed with HFASD. The choices and results were Often, Occasionally, and Never with most of the counselors choosing often and occasionally. The counselors' responses are shown below in Figure 7.

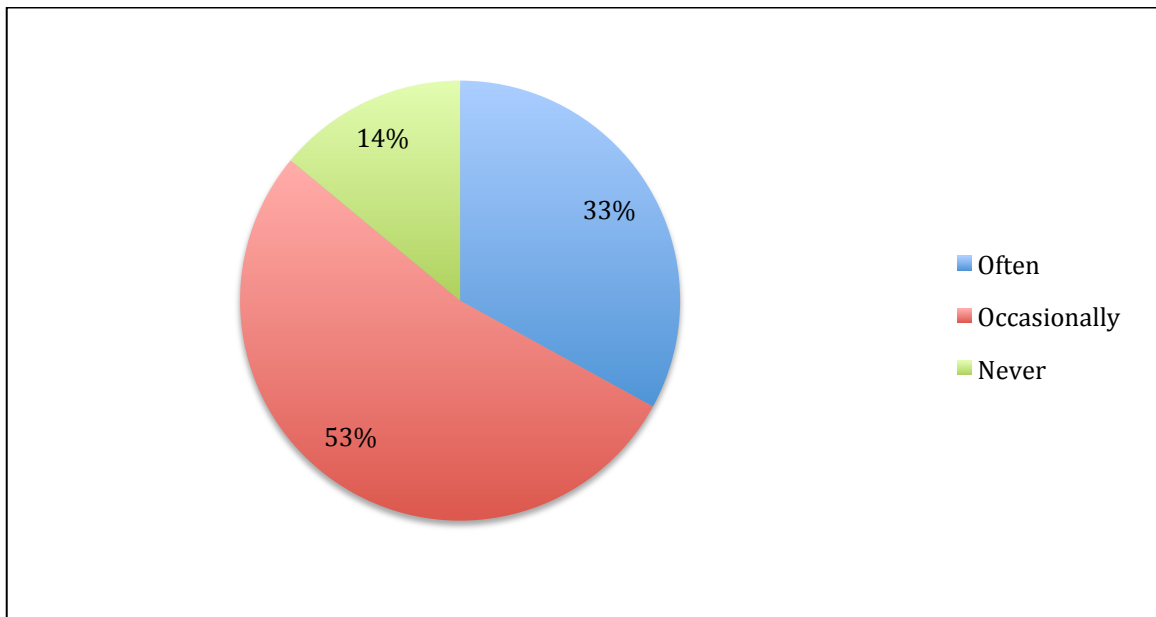


Figure 7. Frequency of Parent Communication with Counselors

## Parents' Request from Teachers

Secondary school counselors were asked what parents with children diagnosed with HFASD request that teachers do in order to assist their child. The parent request themes that emerged from secondary school counselor participants responding were teacher understanding, modifications and accommodations, parent communication, and collaboration with teachers, CST, and other school professionals. The parent request themes and the counselors' responses are shown below in Table 8 that follows.

Table 8

### *Parent Requests from Teachers*

Theme	Number of Responses
Parent communication	28
Modifications and accommodations	28
Teacher understanding	25
Collaborating with teachers, CST, and school personnel	21

The first parent request theme represented by 28 counselor responses was requesting parent communication. The communication was requested through phone calls, emails, communication logs, and meetings. A counselor stated, "Parents welcome partnering and teacher contact and appreciate being able to be reached when needed." Another counselor responded, "The parents wish that the teachers communicated their concerns or problems with them more often so they can use a teamwork approach to problem solve." Additionally, a counselor indicated, "Keeping the parent informed about



progress, activities, and issues is important for all of us, the student, parent, teacher, and school.”

The second parent request theme was mentioned by 28 of the counselor respondents and identified the teacher utilizing modifications and accommodations in the academic, behavior, and social areas that they believe will help their child achieve success in school. A counselor responded, “Parents want accommodations to help keep their child engaged and focused to enable learning.” Additionally, another counselor reported “Providing accommodations and modifications for their child to learn and include them in the strategies was important to the parents,”

The third parent request theme was noted by 25 counselor responses and identified parents wanting teachers to be understanding, sensitive, and display patience and flexibility when dealing with their child. A counselors stated, “Parent often request teachers be sensitive to their child’s frustrations and difficulties.” Another counselor indicated, “Parents want teachers to have an understanding of the diagnosis and what it means in the classroom. Maybe they can then show some flexibility in working with their child.” And another counselor noted, “They want teachers to show they care and will provide the assistance to help their child succeed. Parents just want teachers to understand them!”

The fourth parent request theme as reported by 21 counselors, was collaboration with teachers, CST, and other school personnel. Counselor participant stated, “Parents want collaboration with teachers and staff to help make sound decisions to help their child succeed in the academic and social world.”

## **Strategies to Facilitate Collaborative Relationship with Parents and Teachers**

Secondary school counselors identified strategies they have utilized to facilitate a collaborative relationship between parents of students diagnosed with HFASD and their teachers. The strategy themes that emerged were encouraging parent communication, parent-teacher-counselor meetings, collaboration with teachers, and parent-counselor meetings. Strategy themes and the counselors' responses are shown in Table 9 that follows.

Table 9

### *Strategies to Facilitate a Collaborative Relationship Between Parents and Teachers*

Theme	Number of Responses
Encouraging parent communication	37
Parent-teacher-counselor meetings	32
Collaboration with teachers	27
Parent and counselor meetings	12

The first theme that was noted by 37 counselor responses identified the strategy of encouraging parent communication. This strategy involved encouraging teachers to communicate to parents through phone calls, emails, communication logs, and/or writing in the student's agendas. As one counselor participant stated, "Parents want to be kept informed, included in the decision making, and I encourage regular communication between teachers and parents." Another counselor indicated, "Communication is most

important. Teachers are busy people and may forget or overlook things but open communication is critical in keeping everyone on the same page.”

The second strategy theme secondary school counselors mentioned by 32 responses was using meetings with the parent, teacher, and counselor to discuss the student and difficulties they are experiencing, and collaborate on strategies and goals to assist the student. A counselor stated, “Bringing the teachers, parents, and counselor together can help facilitate the communicating skills and techniques parents can practice with their children to work in tandem with teachers.” Another counselor commented, “We have meetings with all of us (parents and teachers) and we keep the communication open between all the parties to help the student be successful.”

The third theme identified collaborating with their child’s teacher helps to facilitate a consistent educational program for the student and also incorporates input from the parents or guardians. This theme was mentioned in 27 different responses. As one counselor stated, “The communication either through email, phone call, or written communication on school assignments must never let up as the parent and teacher can directly impact the student’s success.”

The fourth theme that resulted in secondary school counselor participants identified was parent-counselor meetings. This theme was noted by 12 responses. Counselors identified that parent meetings clarified expectations, modifications and accommodations, and provided an avenue for parents to communicate concerns, needs, and difficulties their students are experiencing at home and school. One counselor expressed, “When I meet with parents, it generally results in honest communication. I

always listen to them and try to be understanding and supportive to their concerns and create agreements for direct communication.”

### **Summary**

This chapter has described the characteristics and descriptors of secondary school counselors who work with students diagnosed with HFASD in the general education setting. Through the use of an online survey deployed through the New Jersey School Counselor Association, secondary school counselor participants identified how often they assisted students diagnosed with HFASD, identified what challenges and issues they faced when working with these students, and identified their background and training in ASD. Secondary school counselor participants responded to questions about their relationship with students who are diagnosed with HFASD, the relationship with teachers who seek their assistance when working with students diagnosed with HFASD, and the relationship with parents whose children are diagnosed with HFASD.

The results of the survey were coded into themes that analyzed the responses according to the counselors’ setting and level in relation to their work with students diagnosed with HFASD and how they ascribed meaning to observable events, communications, behavior, and strategies.

Secondary school counselor participants play a vital role in working with students, teachers, and parents especially when identifying effective strategies for supporting students diagnosed with HFASD. The difficulty with Theory of Mind deficits in the social realm and emotional regulation were themes identified by the majority of participants. Findings of the study indicated that although 90% of secondary school counselors reported working with students diagnosed with HFASD, 58% felt they had

adequate skills and background to work with this population and 42% felt they lacked the skill and background.

A consistent theme throughout the survey was the need to educate teachers and staff about students diagnosed with HFASD to increase understanding of the diagnosis, bring an awareness to the characteristics behaviors inherent to this population, and collaborate with teachers and parents to assist in addressing social and emotional issues that affect learning.

In the final chapter the importance and relevance of the findings to the research questions are discussed and their implications for coursework for counseling education in higher education, professional development, and best practices in secondary schools.

## **Chapter 5**

### **Summary, Conclusions, and Recommendations**

The role of the 21<sup>st</sup> century school counselor has seen a shift from a focus on delivering ancillary services to one as a school leader who develops a comprehensive program with demonstrated outcomes that serve all students. According to the American School Counseling National Model (2012), school counselors are specially trained educators who are responsible to address inequities in schools that limit and hinder students' ability to achieve academic success. This model sets the framework for school counselors as school leaders to be facilitators of student advocacy, collaborators with school and community stakeholders, and agents to transform systematic change (Wingfield, 2010).

School counselors function as crucial educational personnel whose role is to assist students, parents, teachers, administrators, and other school staff in meeting the educational, behavioral, and developmental needs of children and adolescents. They serve as advocates for their students and assist them academically, behaviorally, and socially. A significant responsibility for school leaders including school counselors is to provide a high quality public education and create positive outcomes for students with disabilities.

Schools in New Jersey have experienced challenges as a result of the high incidence of autistic spectrum children being educated in neighborhood schools. The Centers for Disease Control and Prevention (CDC, 2014) reports a prevalence rate of one in 68 children diagnosed with ASD. New Jersey has the highest rate of autism in the nation with one in 45 children identified as ASD. Currently there are an estimated 40,000

children with autism in New Jersey. The increase in prevalence in this population has resulted in the need for schools to adequately address the specific needs and behaviors of these students and ensure they have access to a high quality educational program.

Students diagnosed with HFASD placed in the general education setting present unique challenges to schools and school counselors. The student diagnosed with HFASD exhibits academic strengths and weaknesses similar to all children; however, these students display significant impairments in cognitive and social skills, lack an ability to read the verbal and nonverbal cues and body language of others, and exhibit a restricted range of interest. Students diagnosed with HFASD have an increased risk for a number of problems that include social deficits and isolation, anxiety, underachievement, aggression, peer victimization and bullying (Ashburner, Ziviani, & Rodger, 2010) as well as a comorbidity with other disorders such as anxiety, depression, attention deficit hyperactive disorder (ADHD), and obsessive-compulsive disorder (Auger, 2013).

Prior research has provided a greater understanding of the nature of the disorder, the rising prevalence of the disorder, and the importance and of early intervention. Despite the considerable body of research, there is a lack of research and research-based practices and strategies that address the unique needs of the secondary school student diagnosed with ASD. There is a need to provide evidence-based strategies to school counselors, teachers, and school personnel to assist these students (Denning, 2007; Olley, 1999; Trincai, 2007).

The current study was conducted to determine what secondary school counselors identified as the needs and challenges of HFASD students, the strategies and tools they employed to assist these students to succeed in the general education setting, the

approaches secondary school counselors utilize to collaborate with parents and teachers to assist HFASD students in their responses to the social demands and making their needs known especially in response to an increased risk of aggression and victimization from bullying (Humphrey & Symes, 2010), and the strategies and tools employed by school counselor to assist students in identifying strengths that can lead to careers and postsecondary education.

Data was obtained from a survey deployed through the New Jersey School Counseling Association resulting in a response rate of 100 secondary school counselor participants throughout New Jersey. Secondary school counselors reported their educational level as either middle school (46%) or high school (54%) and also identified their educational setting as an urban, suburban, rural, technical, or charter school. Through the use of Likert and open-ended questions, secondary school counselors provided insight and understanding of the needs and challenges when working with HFASD students.

### **Frequency of Student Contact**

School counselors reported a 90% frequency of having often or occasional contact with students diagnosed with HFASD. Although 90% of secondary school counselors often or occasionally work with students diagnosed with HFASD, 98% of counselors in the suburban setting worked with these students but only 66% of the counselors in the urban setting worked with these students. The lower incidence of urban counselors responding to the frequency of working with these students is disconcerting as ASD is the fastest growing disability group and is found in all socioeconomic, racial, cultural, and ethnic populations. As these students exhibit a range of difficulties with social deficits,



anxiety, sensory overload, and perseveration on their restricted interest, school counselors are needed to provide support to students, teachers, and parents.

### **Background and Training of Secondary School Counselors**

Secondary school counselors identified their background knowledge and training when working with students diagnosed with HFASD, and this resulted with 58% of the participants responding that they were somewhat or very skilled in working with this population and 42% responding that they lacked the background and skill for working with this population. When secondary school counselors lack educational background and training, they may be hesitant to participate in strategies and interventions that are necessary for a student with HFASD to achieve school and social success. This hesitation may limit the opportunity of these students to gain the support needed to help them navigate the school and social environment, identify modifications and accommodations to their academic program that will provide avenues for success, and connect their strengths and interests to career and college readiness.

There appears to be a relationship between the secondary school counselors' educational setting (suburban, urban, rural, charter, technical) and educational background and training. Results indicated that 48% of the urban secondary school counselors responded as having no background or training, and 23% of suburban school counselors responded as having no background or training. Perhaps the lack of educational background and training indicated by the urban counselor has resulted in a lower efficacy in understanding the disorder and its characteristics and challenges and this limits their ability to work with students diagnosed with HFASD.

As more and more students are diagnosed with HFASD, school counselors need adequate skills and training to support these students and their families through direct and indirect services. School counselors are seen as educational leaders and serve as consultants and collaborators with parents or guardians, teachers, and parents to identify the concerns and needs of students and assist in the implementation of developmentally appropriate strategies to meet student's needs and goals. School counselors can play a significant role in the social success of students diagnosed with HFASD by developing and implementing interventions that target the social deficits, the hallmark of the disorder.

### **Needs and Challenges of Secondary School Counselors**

Secondary school counselors identified issues and challenges in regards to ToM deficits, emotional regulation, perseverating, and a lack of understanding by teachers and staff when working with students diagnosed with HFASD. Despite their age or functioning level, nearly all students diagnosed with HFASD have difficulties with social relationships and have few reciprocal friendships. Social relationships and inclusion in the classroom environment can potentially improve the social skills of these students (Rotheram-Fuller et al, 2010). A strong theme identified by 61 participants' responses were the difficulties in relation to ToM deficits which speaks to the core issues with HFASD students, and their difficulty in the social realm. ToM is the ability to attribute that others' have beliefs, view, perceptions, intents, desires, and knowledge that are different than one's own. ToM deficits result in great difficulty for students diagnosed with HFASD to understand verbal and nonverbal body language, lack of social and

emotional reciprocity needed to initiate and develop peer relationships, a tendency to a restricted range of interest, and lack of seeking to share others' enjoyment or interests.

The issue and challenge of regulating emotions in response to sensory overload, anxiety, transitions, frustrations, and anger was another theme identified by counselors. Students who exhibit difficulty with emotional regulation can be challenging and disruptive in the classroom, and school counselors can assist these students during an emotionally charged time. School counselors identified strategies of providing a needed break, relaxation techniques, and individual counseling to assist these students. The lack of understanding of teachers and staff of students diagnosed with HFASD was identified as an issue and challenge for counselors. The counselors noted that many teachers and staff lacked patience and tolerance of these students because of a lack in understanding the disorder and lacking the ability on how to handle these students in the classroom. School counselors as educational leaders can educate and inform teachers and staff to increase the awareness and understanding about the social, emotional, and educational needs of students diagnosed with HFASD and, in doing so, create more positive outcomes for these students.

### **Incidences of Harassment, Intimidation, and Bullying**

Students diagnosed with HFASD are at an increased risk for involvement in bullying because of their difficulties in maintaining relationships and the challenges that impair social and communication abilities (Zablotsky, Bradshaw, Anderson, & Law, 2012). Children and adolescents diagnosed with HFASD who are in the regular education settings may be at a greater risk for victimization and bullying because of features of ASD such as their deficits in social competence, communication, restricted range of

interests, and difficulty with developing friendships (Bauminger & Kasari, 2002; Chamberlain, Kasari, & Rotheram-Fuller, 2007). Results of studies conducted by Little (2002) indicated that HFASD adolescents were victimized by peers at a rate four times higher than their non-disabled peers in the general education setting. Although students diagnosed with HFASD may have the ability to handle the academic requirements and demands in the general education program, they are often targets for bullying because of their peculiar, idiosyncratic behaviors. These students exhibit a lack of social skills to effectively respond or identify bullying when it occurs resulting in a major concern for this population of students.

Secondary school counselors responded with an 84% frequency when indicating how often students diagnosed with HFASD are involved in incidents of harassment, intimidation, or bullying (HIB). There was a relationship between educational setting and incidence frequency of HIBs with suburban counselors responding to often and occasionally 85% and 15% never having an incidence. Urban school counselors responded with a 57% often or occasionally incidence frequency and 43% never having incidences with HIB. School counselors who know their students, the most important stakeholder, are better able to advocate for their needs and provide advocacy skills, specifically empowerment, self-determinism, and social justice (Astramovich & Harris, 2007). Perhaps the urban counselors' lack of background and training about ASD limits the school counselors' ability to assist students diagnosed with HFASD with the deficits in social competence, social skills, and communication commonly associated with incidences of HIB. The rural, charter, and technical schools had a small response rate, and there was no significance.

Children and adolescents diagnosed with HFASD who exhibit social skill deficits and impairments in reading social cues appear to be at higher risk for victimization, and they need supports to protect them from the bullying and the negative outcomes associated with bullying experiences. Counselors identified strategies they had employed when working with HFASD students involved in incidents of HIB. The strategies they employed were individual counseling to gain an understanding of the needs of the students and build rapport and trust that allows students to express themselves and enables the counselor to work on appropriate social skills and behavior. New Jersey public schools have the responsibility of implementing district HIB policies. The use of mediation between the parties involved is a strategy that helps students diagnosed with HFASD the opportunity to understanding HIB behaviors and their behavior and role in the incident. It also enables the counselor and student to work on appropriate social responses and coping strategies when involved in HIB incidents. Counselors also stated that educating teachers and staff on the social deficits challenges characteristic of students diagnosed with HFASD enable teachers and staff to become more aware of situations. The strategies of collaborating with teachers, CST, and parents to identify effective strategies and problem solve can serve to reduce HIB incidents and victimization. This awareness can help teachers and staff to decrease HIB incidences with this population. Additionally, school counselors can educate and inform the student population through classroom lessons. The lessons can educate students on identifying HIB behaviors, responses to HIB situations, HIB reporting, and the importance of reactions of bystanders.

## **Career and College Readiness**

School counselors play an essential role in assisting students diagnosed with HFASD by providing equitable college and career readiness tools and counseling to help these students transition to postsecondary education or the work environment. Secondary school counselors identified college and career readiness strategies and tools they have employed to help students. The counselor participants utilized interest inventories and surveys and individual meetings to assist students diagnosed with HFASD to identify their strengths and interests that could lead to career and college programs. The college and career software tool, *Navience*, which is utilized in many high schools and is gaining momentum for inclusion in middle schools, provides academic and career and college exploration, navigation of the college admission process, and navigates students on transition to college skills and experience. Counselors also identified collaborating with parents and the CST to ensure that the IEP is realistic and provides the essential tools to assist the student toward being more independent and allow for postsecondary transition planning to begin early in the student's high school career. Parents and students are informed about the differences between high school and college and the counselor works with the parents and student to help foster self-advocacy skills. Additionally, the counselor works with the student and parents to identify postsecondary institutions that support special education and the ASD population and encourages them to visit the campuses.

### **Assisting Teachers with HFASD Students in the General Education Setting**

The middle and high school environment can be especially stressful for the student with HFASD. The secondary school setting presents the student diagnosed with

HFASD with the complexity of the school environment both academically and socially. These students no longer are educated in the safety of one classroom they experienced in elementary school. They are challenged by the navigation and transition skills to acclimate to different subjects and classrooms and the rules and expectations for each class. Additionally, there is greater attention to organizational skills, following directions, and understanding how parts of an assignment fit together.

Although there are students with other disabilities in the classroom, the students diagnosed with HRASD have some inherent differences that have been challenging to the teachers (Safran, 2002). The placement of students diagnosed with HFASD into the general education setting has resulted in great difficulty for the teacher as they feel they are not adequately informed or prepared to work with this population of students.

Secondary school counselors were asked how often teachers sought their assistance when students diagnosed with HFASD were placed in their general education classrooms. Counselors indicated an 86% frequency of often or occasionally being asked for assistance by teachers. Middle school counselors had a 90% frequency of teachers asking for assistance and 13% of teacher not seeking assistance whereas high school counselors had a 72% frequency of teacher assistance and 28% of teachers not seeking assistance. Middle school counselors reported a higher frequency of teachers asking for assistance because these students experience difficulty with the transition and the expectations in the classroom. By the time these students get to high school they have become more acclimated to changing classes and adapting to the rules and expectations.

The challenges that prompt teachers to seek the assistance of the secondary school counselor are social issues, teachers feeling overwhelmed, issues of emotional regulation,

and behavior issues. Teachers identified the lack of the ability of students diagnosed with HFASD in understanding social cues and body language of others as well a lack of ability in social reciprocity with peers that resulted in difficulty in group work. Teachers sought the assistance of counselors because they were overwhelmed in meeting the needs of all students in the classroom while trying to meet the needs of students diagnosed with HFASD. Teachers reported they often lacked the understanding and training to implement strategies, approaches, and interventions to assist these students. Teachers needed the assistance and support of counselors when HFASD students had difficulties regulating their emotions because of stress, anxiety, or sensory overload. Additionally, teachers asked for assistance with behavioral issues such as calling out, impulsivity, challenging the teacher's authority, and making inappropriate comments in the classroom.

Secondary school counselors are advocates, leaders, and collaborators in the school and should be prepared to work with all students (Gibbons, 2008). Secondary school counselors identified strategies to assist teachers. They responded that they collaborated with teachers and CST to incorporate specific strategies such as providing a structured environment using clear, consistent directions and expectations, preferential seating, and use of priming. Priming provides exposure to content material prior to instruction to help the student become familiar with the most important concepts in greater detail and helps reduce stress. When working with teachers regarding the difficulty with emotional regulation it is important to help teachers understand that this typical happens when a student is overwhelmed by an assignment or situation and that they are not purposefully acting out; rather, their behavior is a reaction to their inability to



cope of the demands of the school environment. Teachers and counselors need to collaborate and arrange for a designated safe place where a student can go to regain control during times of increased anxiety and stress.

Counselors meet with students diagnosed with HFASD in individual counseling sessions that provide the opportunity to enable the student to express how they are doing in the class and the difficulties they are experiencing. Counselors can provide essential feedback and social modeling skills to assist the student and help them gain an understanding of rules and expectations. Students can benefit from working with the counselor to build social and academic abilities and foster self-advocacy skills. Additionally, understanding how the student diagnosed with HFASD understands and processes information, situations, and events in the classroom can help the counselor help the teacher understand the student.

Secondary school counselors identified a need to educate teachers and staff in understanding students diagnosed with HFASD difficulties and needs. As teachers and staff gain an understanding and awareness, they will gain the competencies to assist these students in the general education setting. It is important for teachers and staff to understand that there is variability inherent in the disability, resulting in the need for various degrees of curriculum modifications and accommodations to their academic program in the general education classroom (Moores-Abdool, 2010). Counselors play an essential role in assisting teachers in identifying strategies that may include modifications and accommodations to the academic program to help the students achieve academic success. Additionally, teachers often lack the training necessary to implement strategies or specialized approaches that could effectuate positive intervention with students

diagnosed with HFASD. Without support, teachers are not apt to implement evidence-based strategies (Trincani, 2007). As public schools are dynamic social systems, implementing interventions for students diagnosed with HFASD need collaborative teams to respond to the myriad of factors associated with this disorder in order to design evidence-based effective interventions.

### **Needs of Parents**

Secondary counselors also identified the importance of collaborating with students' parents as the parents provide insight and understanding of their child and can share practices and strategies they have utilized that were successful. Parent collaboration also enables a partnership with teachers and staff in creating an educational program that promotes consistency and support.

The unique characteristics of this particular population necessitates parental involvement in the educational process of their children and provides the opportunity for parents to gain an understanding of their child's needs. Parents can also provide valuable insight to school personnel. Parents of ASD children are more likely to attend their parent-teacher conferences, meet with the school counselor, and help their child with homework; however, they are also less satisfied with the level of communication from their child's school (Zablotsky, Boswell, & Smith, 2012).

In regards to parent communication, 86% of the secondary school counselors identified that they often or occasionally communicated with parents. There was a relationship between the educational setting of the school counselors and the frequency of parent communication. In the suburban setting, 80% of the counselors responded they often or occasionally communicated with parents and 20% responded they never

communicated with parents. In the urban setting, 52% of the counselors responded often or occasionally communicating with parents and 48% responded to never communicating with parents. In the rural setting 84% of the counselors responded to often and occasionally communicating with parents and 16% never communicated with parents. If school counselors do not have the adequate educational background and training for working with students diagnosed with HFASD, they may not understand the importance of collaborating with parents or may be hesitant because of the lack of skill and competencies.

Secondary school counselors were asked what parents with children diagnosed with HFASD requested from teachers to assist their child. Counselors' responses indicated that parents wanted to have communication with the teachers through phone calls, emails, communication logs, and meetings. Parents indicated that they wanted notification about events and activities, to be kept informed about their child's progress, and contacted if their child had a difficult day. Parents also indicated they wanted modifications and accommodations to assist their child succeed in the classroom.

Counselors indicated that parents wanted teachers to be sensitive, patient, and understanding and demonstrate a level of flexibility when dealing with their child. Teachers must be educated on the disorder and the inherent characteristics that can be challenging in the classroom environment. This awareness will increase the ability of teachers to handle issues, be flexible with assignments, and be tolerant of HFASD students perseverating on their restricted range of interest and exhibiting peculiar behavior.

Parents want a collaborative relationship with teachers, CST, and other school personnel. Parents want the best possible educational program and believe that by incorporating their ideas and beliefs with the views, beliefs, ideas, and strategies from the teachers, counselor, CST, and other school personnel, an effective plan can be designed for their child to have positive outcomes to achieve success in school.

### **Facilitating a Positive Collaborative Relationship Between Parents and Teachers**

The children diagnosed with HFASD are a group of individuals with developmental disabilities who exhibit social, communication, and behavioral challenges. As these children are being increasingly educated in the public school system, there is a need to build strong parent-teacher collaboration and communication to meet the specific educational, social, and behavioral needs of ASD children to benefit the learning experience of these students, their non-disabled peers, and the educational environment, and society at large (Moores-Abdul, 2010).

Parental involvement has been identified as a key component to building a substantial and effective educational experience for students diagnosed with ASD. Secondary school counselors identified strategies that facilitated a collaborative relationship between parents and teachers. These strategies include parent communication, parent-teacher-counselor meetings, collaboration with teachers, and counselor-parent meetings.

Counselors identified that parents desire communication with teachers and that this will increase the likelihood for a cooperative partnership that will enable a more consistent educational program that supports their child's learning. Consistent communication with parents enables parents to follow strategies, guidelines, and

practices the teacher is utilizing with their child at home. Parents also want to be involved in the decision-making process and be kept informed about the progress or difficulties experienced by their child. The practice of regular parent communication by teacher through phone calls, emails, and/or communication logs is strongly recommended in the building of a collaborative relationship with parents.

Counselors indicated that parents requested meetings with teachers and the school counselor, and this helped increase parental trust in education professionals. Parents need to perceive educational professionals as competent and trustworthy individuals who acknowledge the parents' understanding of ASD and interventions and have the best interest of their child when making decisions. Parent meetings provide the opportunity to collaborate and share ideas, strategies, and to secure appropriate and sufficient services that will assist the HFASD student to achieve success in the classroom and school environment. The meetings also build the parent teacher collaborative relationship that incorporates feedback and support from parents.

### **Implications**

This study indicated that students diagnosed with HFASD present unique challenges to schools and school counselors. School counselors utilize their background and training to conduct needs assessments to identify areas that are problematic and need to be changed in order to create a positive school climate for students diagnosed with HFASD. School counselors collaborate with school personnel to establish policies that communicate respect, high expectations, and ensure equitable opportunities for all students. They need to inform school principals of the need for professional development

for school personnel to gain an understanding of the disorder and strategies that can be utilized in the classroom that can help the student achieve success.

## **Policy**

A principal policy objective should be in educational capita, the increase in the number of educators with high levels of relevant knowledge and skill. Research has shown that teacher quality and school leadership are the most important factors that lead to increased student achievement (Mizell, 2010). In the 21<sup>st</sup> century there is an emphasis on school counselors to serve as leaders, advocates, team members, and consultants to students, parents, teachers, administration, and community to ensure success for all students. In addressing the 21<sup>st</sup> student school counselors need to identify and address systematic barriers to student learning and incorporate a vision where all students can have success (Mason & Paisley, 2009).

Policymakers and school and community leaders have a responsibility to make certain that educators in their schools participate in ongoing professional development to explore avenues to increase student achievement. Teachers must continually expand their knowledge, competencies, and skills to implement best educational practices. School counselors can assist stakeholders in identifying barriers to student success such as the need for professional development that can provide the necessary skills to inform teachers and educational staff about HFASD, strategies that will assist teachers and staff, and the importance of collaboration between parents and teachers.

With the increasing prevalence of students diagnosed with HFASD in the secondary school general education setting, school districts need to include professional development to educate teachers and school personnel on the nature of the disorder, the

behavioral and academic challenges that are inherent with these students in the classroom and school environment, and research and evidence-based strategies to assist teachers, school counselors, and educational personnel. Through policy driven professional development, school counselors, teachers, and educational staff will begin to implement new paradigms for teaching and learning as well as benefitting from the support and training necessary to familiarize themselves with many aspects of the ASD diagnosis, characteristics, and strategies to improve student achievement and school success (Stone & Dahir, 2007).

For schools and teachers to be more effective, the utilization of knowledge acquired through professional development can help ensure that educators continue to increase and strengthen their practice throughout their career. The most effective professional development engages teachers to focus on the needs of their students. When school districts include professional development, they provide the opportunity for teachers to learn and problem solve together so that all students achieve success.

Although there are many practices, strategies, and programs that may be described as an evidence-based practice because of a brand or developer, at this time there is no universal standard or set of standards to determine an evidence-based practice; however, research is moving in that direction (Odom et al, 2010).

### **Practice**

The incidences of harassment, bullying, and intimidation (HIB) among students diagnosed with HFASD are twice as high as found in the general population (Cappadocia, Weiss, & Pepler, 2011). These students are at a high risk for victimization as many lack the social competence and communication skills when relating to peers.

The deleterious effect of victimization calls for systematic interventions that change the school environment. School counselors as educational leaders and advocates play a significant role in working with the school leadership to change the social architecture of the school environment to ensure that students, teachers, and staff are educated to respect all students including the atypically developing student. Future research is important in determining effective preventative measures that benefit these vulnerable students.

It is recommended that knowledge about the characteristics of children with ASD and research-based intervention strategies are integrated into the curricula of teacher training and counselor education programs. To prepare school counselors to meet the needs of this unique population, graduate programs must provide a conceptual understanding of the promotion of academic opportunities, social justice, and educational equity within educational environments. Graduate counseling education programs must prepare future counselors to work with students diagnosed with ASD as the increasing prevalence will necessitate counselors' having the educational background to assist these students and their teachers and parents. States differ in the requirements for special education coursework needed for certification. CACREP accredited programs require school counseling educators to teach future teachers and counselors the implications of ability level on learning and development. Currently, there is no requirements or coursework for working with the ASD population (CACREP, 2009). This study revealed secondary school counselors reported a lack of educational background and training, and they also reported limited students contact, limited contact with teachers, and limited parent contact.



The educational pipeline can be systematically changed to create positive outcomes for individuals diagnosed with ASD. The increasing prevalence of ASD necessitates higher education to include coursework that provides an essential understanding of the diagnosis and its characteristics and strategies to assist ASD students and their families as well as working as educational partners with teachers and educational personnel. Higher education institutions can work in partnership with school districts to focus on student achievement and learning. These partnerships can provide benefits to the student, school district, and university in research, practice, and acquiring knowledge. Additionally, universities can collaborate across disciplines and departments within the university. For example, educational leadership and school counseling can work cooperatively to share classes and professors to gain understanding and skills in facilitating student learning. Encouraging school counselor students to guest lecture in disciplines such as teacher education, special education, and educational leadership and encouraging professors and students from those disciplines to speak to counseling students can help future educators understand the role each of them play in K-12 students' achievement. This collegiality would also open up the lines of communication necessary in professional collaboration (McMahon, Mason, & Paisley, 2009).

## **Research**

The need for further research to determine the effectiveness of social skills intervention for individuals diagnosed with ASD is essential. Social skills are crucial for success in the classroom, the workplace, and the community. They also are essential to interpersonal success and building friendships and relationships and also in regards to mental health. Although there may be the stereotype that individuals diagnosed with ASD lack the impetus for personal connection with others, many HFASD children and adolescents long

for social and interaction and acceptance, for without it in a sense of isolation (Bauminger, Shulman & Agam, 2003).

Research has been limited in determining the effectiveness of social skills training for students diagnosed with HFASD. This limitation might be because clinicians and practitioners have observed these students in isolation outside of their typical school and social environment. Therefore, research is needed to determine effective interventions in the student's natural setting such as the classroom rather than in a removed, pull-out setting.

As children and adolescents diagnosed with HFASD in the general education setting are at a greater risk for victimization and harassment, intimidation, and bullying because of the characteristic deficits in social competence, communication, and restricted range of interests, research is recommended in this area to identify and implement social strategies that increase self-awareness and self-esteem and use strategies that make social rules concrete and improve social responding while reducing interfering behaviors. Additionally, research is needed to ascertain the effectiveness of utilizing Video Modeling where students can watch themselves perform a social task or situation and then reviewing it to what went right or wrong. The video can also assist students diagnosed with HFASD how to identify and interpret body language in a social situations such as harassment, intimidation, and bullying as it can be slowed down to isolate the specific gesture, movement, or verbalization and the student can then practice appropriate responses to situations (LeBlanc, L. A., Coates, A. M., Daneshvar, S., Charlop-Christy, M. H., Morris, C., & Lancaster, B. M., 2003).

Through the collaboration with counselors, regular and special education teachers, speech pathologist, social workers, and school psychologists, a K-12 developmentally-based social skills program that changes in responses to grade expectations and age can be utilized as guides for interventions for students with social disabilities. Research is suggested to assess the success and outcomes of the program.

The research can be shared with the university and professional organizations such as the American School Counseling Association and New Jersey School Counselor Association. Membership in these professional organizations provides school counselors with the mechanisms to knowledge, skills, and resources to promote student success in the school, the community, and the world.

As change agents and advocates of social justice, school counselors must assess the school climate to determine the needs of students diagnosed with HFASD to ensure that they are not misunderstood or underserved. Secondary school counselors are in the unique position to support and advocate for students diagnosed with HFASD, and these students deserve to have opportunities in school and a focus on what the child can do instead of what they cannot do (Grandin, 2012).

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## Appendix A

### Informed Consent Form

Dear Secondary School Counselor,

You are invited to participate in a research study that examines strategies utilized by secondary school counselors to assist students diagnosed with High-Functioning Autism Spectrum Disorder (HFASD), which includes Asperger Syndrome who are placed in the general education setting. This study is being conducted as part of my doctoral program at Rowan University.

This survey will take approximately 15 minutes to complete. The study focuses on your experiences as a secondary school counselor with students diagnosed with HFASD in regards to identification of student's needs, strategies employed to address social, behavioral, and academic issues; teacher, parent, and student needs; and transition into postsecondary career and college readiness.

All survey responses you provide will be anonymous. By continuing with the survey you acknowledge that you have read and understand that you have given consent to be a subject of this research and that your participation is voluntary. You may withdraw your consent and discontinue participation in the online survey at any time, skip any question, or decline without penalty. Your refusal to participate will not result in any penalty. There is no known risk of harm or discomfort from participating in this research study. The knowledge garnered from your participation will help others in the future.

Thank you for assisting me with my research study. The intent of this study is to provide insight and understanding of how secondary school counselors identify the needs and strategies when working with students diagnosed with HFASD placed in the general education setting. Please contact Sandra Griffin at [griffi73@students.rowan.edu](mailto:griffi73@students.rowan.edu) or Dr. Michelle Kowalski at [kowalsky@rowan.edu](mailto:kowalsky@rowan.edu) with any questions or concerns regarding this study.

Sincerely,

Sandra M. Griffin  
Doctoral Student, Rowan University

## Appendix B

### Survey

#### Demographic Questions

Educational Setting: \_\_\_\_\_ Suburban \_\_\_\_\_ Urban \_\_\_\_\_ Rural  
\_\_\_\_\_ Charter \_\_\_\_\_ Technical

Middle School \_\_\_\_\_ High School \_\_\_\_\_ Years in Position: \_\_\_\_\_

The survey below will help identify and examine strategies utilized by secondary school counselors to assist students diagnosed with High-Functioning Autism Spectrum Disorder (HFASD) which includes Asperger Syndrome in adapting in the general education setting. Please circle or write your answer in the spaces below. Thank you for participating in this survey.

1. How often have you worked with students diagnosed with Autism Spectrum Disorder (ASD) students?

Often                      Occasionally                      Never

2. What specific issues have you experienced when working with students diagnosed with HFASD placed in the general education setting?

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3. How skilled are you serving the needs of students diagnosed with ASD?

Very Skilled                      Skilled                      Not Skilled

4. What background or training do you have in working with students diagnosed with High-functioning Autistic Disorder?

Coursework and/or Professional Development:

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5. What needs do students diagnosed with HFASD exhibit in the general education setting in your school?

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6. What strategies and approaches have you employed when working with students diagnosed with HFASD who have been placed in general education classes?

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7. How often are students diagnosed with HFASD involved in incidents with harassment, intimidation, and bullying?

Often

Occasionally

Never

8. What strategies and approaches have you utilized to assist students diagnosed with HFASD when they are involved in incidents with harassment,

intimidation, and bullying?

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9. How often do **teachers** of student diagnosed with HFASD placed in the general education classroom come seek your assistance?

Often

Occasionally

Never

10. What challenges have **teachers** identified when working with students diagnosed with HFASD?

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11. What challenges do you encounter when working with a student diagnosed with HFASD?

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12. What strategies and approaches have you used to assist teachers?

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13. How often do parents with students diagnosed with HFASD communicate with you?

Often

Occasionally

Never

14. What do parents with children diagnosed with HFASD request that teachers do in order to assist their child?

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15. What strategies have you utilized to facilitate a collaborative relationship between parents of students diagnosed with HFASD and their teachers?

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16. What strategies do you utilize to assist students diagnosed with HFASD in identifying career opportunities and college readiness?

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17. What resources have you utilized when working with students diagnosed with HFASD?

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**Thank you for participating in this survey.**