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# Autism Spectrum Disorder: The Gap Between Specialized and General School Systems

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Autism Spectrum Disorder: The Gap Between Specialized and General School Systems

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Capstone submitted in partial fulfillment of the requirements for the degree of Bachelor of Social  
Work

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### Abstract

Functionality, communication, socialization, and the ability to have some degree of independence are common attributes that many may not take the time to consider. However, for individuals who are autistic, these attributes are critical to forming secure relationships and successfully adapting across the lifespan. The two primary care systems paramount in supporting and nurturing social competence for children include general and specialized school systems. General school systems may not always have a well-developed understanding or awareness around a particular diagnosis or developmental disability; however, they may have a holistic special education program. Specialized schools often have access to trained professionals along with unique curriculums focused on how to effectively teach and engage individuals on the autism spectrum. Currently, a gap exists in the transition from the specialized programs to the general education model for many autistic children. This research examines the gap in knowledge between specialized programs for children with autism spectrum disorder (ASD) and general school systems. An overview of the scholarly literature is presented including best practices for individuals with ASD related to holistic services, emotional regulation, and sensory processing. To provide support within the knowledge gap, educational training is proposed to increase awareness around the complex needs of children with ASD, along with tangible strategies to promote safety and support students within the classroom environment.



## **Introduction**

According to the Individuals with Disabilities Education Act (IDEA), public schools are mandated to supply special education, related services, and resources to eligible students. The eligibility extends to students who may fall in one or more of the thirteen categories declared, one of those categories being autism spectrum disorder. Recent data depicts autism spectrum disorder (ASD) as increasing in diagnosis. In 2014, the evaluation of ASD diagnosis showed that one in every sixty-eight, eight-year-old children were identified with autism spectrum disorder (Centers for Disease and Control, 2022). While in 2016 it was one in every sixty-four, and in 2018 one in every forty-four eight-year-old was diagnosed with ASD (Centers for Disease and Control, 2022). With a clear increase in diagnosis, there has also been a decrease in teachers and supporting staff with specializations in areas like ASD. This information parallels the lack of school readiness for students with disabilities and reflects the continuum of divorce between specialized services and practices and general education schools.

This capstone research examines the gap in knowledge between specialized education schools for children with autism spectrum disorder (ASD) and the general education school systems. An overview of the scholarly literature is presented, including current best practices for individuals with ASD related to holistic services, emotional regulation, and sensory processing. To provide support within the knowledge gap, educational training for teachers is proposed to increase awareness of complex needs of children with ASD along with tangible strategies to promote safety and support within the classroom environment.

### **Practice Context: Vanderbilt Bill Wilkerson Center**

Dr. Wesley, an otolaryngologist who started practicing in the early 1920's, developed what is now known as Vanderbilt Bill Wilkerson Center (VBWC) (Seventy, n.d.). Dr. Wesley's

original motive for the VBWC derived from his passion to increase accessibility to deaf children, specifically through education methods (Seventy, n.d.).

The first doors to the Bill Wilkerson Center opened in 1951; however, the Center did not merge with Vanderbilt until 2004, and it was not until eleven years later that the Preschool for Children with Autism was incorporated (Seventy, n.d.). VBWC serves as an outpatient clinic for pediatrics, a preschool for children with ASD, and the home for Mama Lere Hearing School. Most patients coming in are referred through their healthcare professional and the general age range starts with newborns and goes to eighteen years of age. However, recently, there has been an increase in adult visits to the VBWC due to the general lack of resources for adults dealing with autism spectrum disorder (ASD), hearing impairments, and/ or certain types of therapies related to these two areas.

The current outpatient resources available at VBWC are audiologists and audiology resources, speech-language pathologists, the Pi Beta Phi rehabilitation center, occupational and physical therapists, and those who aid with feeding and swallowing. Through the VBWC, there is a shared purpose and mission and that is to personalize the care of the patients through the specialties, capabilities, and caring spirits of its people. There is also a shared goal specifically in the Preschool of Autism and, in its simplest form, it is that every child should have at least one means of communication. Communication types can be verbal, American Sign Language, or through electronic- assisted communication. Electronic-assisted communication uses pictures with voice commands on a tablet device.

ASD is an essential concept to discuss, because the number of people diagnosed with it is not decreasing. The school of autism in the VBWC is a preschool that sets the patients up for

grade school and aids the parents with resources on how to advocate for their child's needs and on how to navigate situations parents may meet with a child that has ASD.

While the staff of VBWC attempts to equip the patient and their family with an abundance of resources and connections, there is still a disconnect between the specialized and general education schools. The Center can directly communicate with the school, but if there is communication, it is limited to aiding with resources needed and not focused on best practices to help the school staff. Schools do not have plans or training that can be used by the staff to bring awareness around ASD, or strategies on safety and needs of those with ASD within the classrooms.

### **Social Work and Disability Advocacy**

One in three people during their life span will be diagnosed with a disability (National, n.d.). History reflects societies' tendency to neglect and segregate from individuals with disabilities. There have been improvements, but discrimination against those with disabilities still is a pervasive societal problem (National, n.d.). Social work's holistic perspective values the dignity and worth of a person, supplies services and/or aid to promote service and social justice and ensures, or advocates, for healthy development for the youth.

When discussing the holistic perspective of social work, it means that social workers are seeing the whole person, not pinpointing, or ignoring one's emotional health, physical health, and social and spiritual well-being. Observing the issue at hand through this type of perspective would ensure no one person, or one person's being, is ignored or overlooked. It is easy to overlook and separate from things we are unaware of, uneducated about, and unsure on how to approach; social work acknowledges this and still pursues to make change for the better of the people.

Next, when thinking of ASD, it is important to know that it can be considered as a disability, and those who have disabilities have been identified as a minority by the minority-group civil rights model (National, n.d.). When examining the negative connotations that derive from the word minority, it can be juxtaposed with injustices and unfair biases. The field of social work is relevant in this since, because they not only value the dignity and worth of a person as mentioned earlier, but the profession also has an ethical standard, 1.05 states one in the profession must be, "culturally aware and socially diverse, which means to obtain education about and seek to understand the nature of social diversity and oppression with respect of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, and mental physical ability" (National, n.d.). Also, the social work profession is to promote and advocate for social justice, and healthy development for the youth. In return, this means that this profession requires the professional to speak up against the possible injustices one encounters.

An advocator, an educator, or a researcher are just a small selection of roles a social worker could serve in when discussing and looking at the gap between specialized and general school systems. A social worker could be all three but also serve in just one role at a time. So, a social worker could be an educator to the school staff on some resources that could inform their practice with students who have ASD. A social worker could be an advocator and researcher as one could go through resources to educate themselves on ASD and then, based on that knowledge, advocate for the injustices viewed through all levels of practice.

After naming some of the individual jobs a social worker can do, social work as a profession also has an outlook on ASD. Social workers are notorious for seeing social and ecological systems that drive economic and social injustices on micro, mezzo, and macro levels (Bishop-Fitzpatrick, 2018). However, it has been said that social workers have not yet made a



commitment to educate about ASD for there to be more inclusivity for those who are diagnosed with it (Bishop-Fitzpatrick, 2018).

Social workers have the values, ethics, standards, and ability to hold space in complex areas, and it is through the social work profession, advocacy, justice, inclusion, and equality can be proved.

## **Literature Review**

### **History**

Historically known as childhood schizophrenia from the cold parenting, or refrigerator mother method. ASD eventually derived into the term used today, autism spectrum disorder. Leo Kanner was the first to describe characteristics of autism in the year 1943 (Ostimo, 2021). His association with the term came from personal observations on kids said to have delayed echolalia and a desire to support sameness through their living experiences (Ostimo, 2021). Leo Kanner concluded that autism was a psychiatric condition, an emotional disturbance rather than a developmental or cognitive delay (Ostimo, 2021). This published idea of Leo Kanner's blamed mothers for the children's diagnosis and has been at fault for the dehumanizing nature of those with autism and a deficit-focused medical model of individuals living with autism. Leo Kanner's perspective set up a framework that autism was something that could be treated, something that needed to be fixed, and a reason to displace young children away from society because of their inability that would derive from having autism. Lingering implications of Kanner's perspective are still prevalent today, however, since his research, there has been discoveries and findings on what autism is, its categories, and how the diagnosis of autism spectrum disorder is used as an umbrella term for autism and Asperger syndrome.

### **Conceptualization of Autism**

“Autism spectrum disorder is a neurodevelopmental disorder defined by persistent deficits in social communication and social interaction, accompanied by restrictive patterns of behaviors, interests, or activities” (Autism Navigator, n.d). Autism is a topic of constant discovery, but there are currently a few known identifiers a parent, guardian, or professional can be on the lookout for if there are concerns of an autism diagnosis. Those identifiers are broken down into three categories including social interaction, social communication, repetitive behaviors/ restricted interests. Some of the characteristics to be aware of when seeing social communication are the use of gestures, delayed speech or no social babbling, production of odd sounds, unusual tone of voice, little to no pretending or imitating behaviors, the process of using words that were once used, using another person’s hand as a tool, or using any of these in combination with another (Autism Navigator, n.d).

Additionally, social interaction characteristics can resemble lack of shared enjoyment or interests with others, does not draw another person's attention to object, does not respond when someone calls their names, and lacking warm joyful expressions, and not looking at people or hard to get them to look at you (Autism Navigator, n.d). The last category list declares that there can be unusual body movements, a development of ritual behaviors, a deep focus on unusual kinds of objects other than toys, an excessive interest in particular object/ action/ activity, unusual sensory interest, and over or under- reaction to certain sensory inputs.

## **Diagnosis**

There is no determined cause for autism, in fact the developing research on ASD defines that it could be caused by many things besides fragile X syndrome or tuberous sclerosis. It is said that some crucial factors to consider for the cause of ASD can derive from genetics and environmental factors. Diagnosing autism early on would mean the child could be younger than

twenty-four months of age, but most are diagnosed between the ages three and five years (Autism Navigator, n.d). However, this does not mean one cannot be diagnosed in later years of development. The formal diagnosis process occurs in two stages. The first phase consists of a screening checklist of questions that the parent(s) will be asked (Autism Navigator, n.d). This may occur at well-checked visits that often track development milestones. The second phase is a comprehensive diagnostic evaluation that requires observation and interaction with the individual receiving the possible diagnosis from a licensed medical provider trained to assess for an official diagnosis (Autism Navigator, n.d).

Autism affects a wide variety of individuals, as such, there is not one prevalent racial, ethnic, or socioeconomic group affected more than the other (Centers for Disease Control and Prevention, 2022). Anecdotally when considering ASD diagnosis sites, one disclosed that the number of Hispanic children identified with ASD at said site was less when compared to the White or Black children identified with it (Centers for Disease Control and Prevention, 2022). Also, boys are said to be four times more likely to be identified with ASD than girls (Centers for Disease Control and Prevention, 2022).

### **The scope of the problem.**

The scope of ASD is drastic in differences when looking at individuals who have been diagnosed with it. There is not one social or communication behavior that is like another, and there is not one solution or method that will always help the environment and behaviors of someone with ASD. There are specialized programs that one with ASD can be a part of, or accepted in, and those programs have a curriculum that supports the person, specifically children, with their educational, physical, social needs, and any other therapies or resources needed. This

is beneficial because it is specialized care critiqued, supported, and run by those experts; however, what happens when the child ages out of these programs?

There are pamphlets with resources distributed, meetings held to discuss next steps, and then the child is usually left to transition to a new school. Children with autism have a particularly challenging time transitioning to school because of their individual and unique social communication and behaviors (Izuno-Garcia, 2022). It is because of communication and behavior that children with disabilities usually face more barriers when going into schools and lack having a positive experience (Izuno-Garcia, 2022). They can meet bullying, school exclusion, and peer rejection, because of their difficulties with self-regulation, inhibitory control, planning, and cognitive flexibility (Izuno-Garcia, 2022). Teachers, while knowing this occurs, have said that it relates to the need of basic social skills and not academic skills so that a successful school adjustment occurs (Izuno-Garcia, 2022).

Therefore, with paucity of empirical studies that examine children with ASD transitioning from specialized learning programs to school systems, it has been plain that the research available is not disseminated, and there is a lack of synthesis evidence that so prohibits the current knowledge base of school's preparedness around ASD (Marsh, 2022). This means that the research is minimal and not widely sourced when looking at the context, specialized programs, and school system transitions and preparedness for students who have ASD.

### **General Education Outlook**

Starting at the college level, university students studying for their general education teachers license only take a few classes in special education (Al, 2022). However, very few programs specialize in autism, and the requirement to start their careers leaves little flexibility for outside training sources (Al, 2022).

Teachers spend a median of fifty-four hours per week teaching, planning, tutoring, supporting, and caring for students (Will, 2022). There are exorbitant expectations with unavoidable curriculum standards that teachers withstand, which, in return, leaves only forty-six percent of them feeling accepted and respected as professionals (Will, 2022).

Furthermore, it has been seen that when teachers must deal with their duties and demands of teaching, they can experience stress which then will change their quality of instruction, classroom management, and relationships with students (Will, 2022). The relevance of this is substantial as students typically thrive only, or mostly, in positive environments, and those with autism spectrum disorder need highly functional positive environments to have a thriving experience.

Also, recent studies have acknowledged that, “Teachers’ perceptions of ASD and inclusion appear to be shaped by both (1) their past or current experiences of autistic students, including the pervasiveness of child behavior problems and modification needs in the classroom, and (2) teacher variables, including training and perceived teaching efficacy” (Bolourian, 2021). Moreover, general education teachers have been prone to have negative attitudes towards ASD and autistic students, if they have never received training, and/or lacked prior knowledge, of what this diagnosis could mean in and outside a classroom.

There has been adoption and research behind effective early intervention for the students with ASD, and while schools are focusing on including those with this diagnosis the best practices, sensory processing, and emotional regulation have lagged, which highlights the need for improved focus and professional development around inclusivity of educational practices for teachers (Bolourian, 2021).

### **Best Practices within Holistic Services**

In 2004, there was legislation passed and the Individuals with Disabilities Act (IDEA) was implemented with the purpose of all children with disabilities to have access to free and proper education in the least restrictive but most supportive environment (Bolourian, 2021).

Since then, schools are incorporating a standard where children with an autism diagnosis are learning in the general education classroom with other traditional developing students. This method is being adopted at an increasing rate as it reflects how a positive environment can encourage a student with autism to communicate, socialize, and even develop positive identities (Bolourian, 2021). Prosocial development is important when looking at someone with ASD because it is one of the deficits defined in autism that directly coordinates with the complexities of learning and fitting into that type of environment (Bolourian, 2021).

Another best practices method includes communication with visual supports. Visual support can aid in understanding what is going on, because some with ASD may not understand social cues that derive from daily activities. Visual supports assist with spoken instructions that can be hard to follow or understand, can be used to describe what is happening next so those who are highly anxious with change can feel prepared, and it also aids the students express how they feel when unable or unsure on how to do so.

Connecting with the visual supports is American Sign Language (ASL) as it can also be used as a connector to what is actively occurring, what is coming, an action, or feeling. However, ASL is not as common, and this can be because of the accessibility to augmentative and alternative communication devices. These devices allow for communications through a digital tablet, and it has visuals that one can click on, and the tablet will then announce what the button pushed reflects.

Furthermore, the basis for best practices within holistic services focuses on communication and strengthening or introducing ways to communicate. If there are barriers to communication, it can lead to barriers of expression, social development, and lack of understanding verbal communications that will then hinder the ability to learn.

### **Emotional Regulation and Sensory Processing**

Emotional Regulation and Sensory processing have no singular method, concept, strategy, or “how to” that works every time for every situation. There are therapies such as occupational, physical, applied behavior analysis (ABA), and feeding that can be implemented to aid with emotional regulation and sensory processing. The therapies expose textures, methods of engagement, eye contact, and more in hopes for the focused palate to eventually expand.

While no one situation encourages the same behaviors or emotions for everyone, there have been four common strategies that appear often when advising about these two concepts. The four strategies are: to limit sensory overload, use a rewards and incentives method, supply feedback to students, and focus on comprehension strategies (National, 2021).

More in depth, the concept of limiting sensory overload could look like providing quiet time, encouraging less loud environments, down time, a plan, or area to go to when there is any degree of overwhelmed feelings, and the creation of an environment with minimal distractions. The concept of the rewards and incentives method derives from ABA therapy, and that is more of if there is a positive behavior or preventative measure done then the teacher can acknowledge it and give a verbal affirmation as an incentive, or another incentive if the child or class has like a toy box or candy box (National, 2021). The next strategy is said to provide feedback for students with ASD; it can look like check-ins or recommending times for continued conversations. The

last strategy defines a focus area as it is essential to notice the reading comprehension, because it lays the foundation for self-esteem, and feelings of inadequacy (National, 2021).

### **Connection to Practicum**

Vanderbilt Bill Wilkerson Center is an outpatient care facility that specializes in hearing and speech, houses the Mama Lere Hearing School, and the Preschool of Autism. The preschool of autism is composed of three classes with a speech language pathologist being the main instructor, and then a supporting technician. At the center, they specialize in play as the means to encourage communication. By using therapies for deriving behaviors, leaning into fidgets to help with emotional regulation, and having designated times for sensory regulation activities.

The structural occurrences for the students are routine and have been labeled to minimize anxiety. The school has labeled most actions, feelings, toys, and foods with visuals. The usage of these visuals can look like a designated area where there are pictures for the students to grasp when needed, they will then have to engage in social interaction to get a response for what they might want, need, or feel. These visuals also help with order as they describe what will, or needs to, happen first and then what will happen next.

The four strategies and the usage of therapies occur at the center, can be offered at schools or through outside programs when the children age out of the Bill Wilkerson Center. However, school programs and outpatient specialized care programs like Vanderbilt's have a disconnect. It is not because the programs are hindered for those with autism diagnosis, it is not because of the continuance of support systems, and it is not because of social economic barriers. The Bill Wilkerson Center will aid with that. The disconnect is in teaching, the preparedness on how to create the most positive and effective environment that encourages learning, communication, and interaction. The disconnect continues to the main categories of sensory



processing and emotional regulation, and while there are things being implemented in the classroom, the systems involved, the statistics, and personal reflections define the need for more to be done.

### **Proposed Intervention**

Based on the literature review and gaps seen within local service delivery, the following project is proposed to inform school board members and school staff on neurodivergence, specifically autism, and provided with best practices to implement in the classroom that will focus on emotional regulation and sensory processing from a holistic perspective. The school board members, and different school staff, should take part in this intervention. The program will target recruitment of school staff from both private and public elementary, middle, and high schools. This population would be recruited by proposal, first proposing to the school board(s) to seek their input, and then, after that input, requesting their support for this to be discussed at schools for all staff. The people able to present this information would be social workers, individuals who specialize in special education, speech language pathologists, therapists with different specialties, and individuals who specialize in autism studies.

The first goal would be to increase knowledge and skills about best practices for students who are neurodivergent, specifically because of an autism diagnosis, to all school staff from all grade levels. The second goal would be to provide support for educators and other school staff, so that they feel competent when working with students who are autistic, or neurodivergent from other diagnosis. Support can resemble a variety of principles; however, the characteristics that define this specific support would consist of two categories. The first one would be supplying support through follow-up meetings, and the second way of supplying support would be holding time for school staff to process the emotions, feelings, and concerns that could derive from

teaching in a classroom. Overall, the goals are to ensure the school staff feel supported when implementing the new practices and informed about what they are for and how to use them.

The training or educational curriculum will consist of three sessions. Topics for each session are as follows; the first meeting would start with an introduction to the presenter, and a general outline of the training sessions which can be viewed in the Appendix. It would then continue to inform the population of what autism is and some of its identifiers. The second meeting would consist of discussion and questions over current best practices being used. Then there would be a visual poster provided with five modified best practices focusing on holistic perspectives around sensory processing and emotional regulations- view Appendix B for visual. Finally, there will be time for examples which will display how to use the best practices in classroom settings. Those examples will be randomized and created by peers in the audience. The third meeting would be a follow-up meeting to discuss how the proposed best practices have been used, how they have not been, any concerns, and questions. A more in-depth description of what will be taught in the training meetings is below.

<b>Topic</b>	<b>Content</b>
<b>Understanding Autism Spectrum Disorder</b>	<ul style="list-style-type: none"> <li>• <b>Trainees will see the definition of autism spectrum disorder</b></li> <li>• <b>Trainees will learn the commonality of autism spectrum disorder and who it affects the most</b></li> </ul>
<b>What Does Autism Spectrum Disorder Look Like?</b>	<ul style="list-style-type: none"> <li>• <b>Trainees will learn potential identifiers for autism and how the identifiers are classified</b></li> </ul>
<b>What Methods are Specialized Outpatient Programs Utilizing?</b>	<ul style="list-style-type: none"> <li>• <b>Trainees will learn current best practices used by specialists, for interacting with individuals who have an autism diagnosis</b></li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Trainees will be encouraged to discuss how the best practices by specialists are currently being implemented in their classrooms</b></li> </ul>
<b>Implementing Best Practices in Classrooms for Individuals with and without Autism Diagnosis</b>	<ul style="list-style-type: none"> <li>• <b>Trainees will learn modified best practices to implement in their rooms that focus on holistic services, emotional regulation, and sensory processing</b></li> <li>• <b>Trainees will be given one resource to display in their classrooms as reminders of these best practices</b></li> </ul>
<b>Follow-up</b>	<ul style="list-style-type: none"> <li>• <b>Trainees will reflect on best practices used, questions, and concerns.</b></li> </ul>

The tools needed for these meetings would include a phone (or any available electronics) for the school staff, a display screen and electronic device for the presenter, pencils, and paper for notes, and a space to hold the intervention proposal (like the library of a school). There would be command strips, or tape supplied, so that staff could display the tip sheet for best practices. And lastly, there would also be drinks and snacks provided by the school board, as this training can last a minimum of an hour.

As this proposal progresses, the goal would be to have meetings one and two completed by October first, with the last meeting occurring during the last week of March. The five-month gap between the first two meetings and the last one would give time for the best practices to be implemented in the schools so that the school staff could have time to reflect on how beneficial the training was and what suggestions or feedback the staff has about the proposed items.

### **Project Evaluation Plan**

For the proposed intervention, there has already been allusion to a follow up meeting, and this will coexist with the one-group pretest/posttest design. The group being tested would consist

of school staff that would implement the practices, so the school board staff that would be used for support would not be tested as they have limited ability to implement the suggested five best practices.

The test would resemble a survey and be readily accessible for all school staff as there would be a QR code that would direct them to the link, and if that does not work, there will be a copy of the direct link for the staff to type in. There would be two different Google Form tests/surveys given; one would be given before the training started at the first meeting and the second test, the posttest, will be given at the conclusion of the second training session. The first test, pretest, would have two Likert scale questions, and one open response question. The questions are as follows: On a scale of 1-5, how much do you think you know about ASD, on a scale of 1-5, how comfortable and confident are you in teaching those who have autism or a neurodivergent diagnosis, and what do you hope to learn from this training. The second test would have about four Likert scale questions, three open-ended questions, and two closed-ended questions. The questions for this Form could look like: On a scale of 1-5, how much do you know about ASD after the training, On a scale of 1-5, how comfortable and confident are you in teaching those with ASD diagnosis or other neurodivergent diagnosis, On a scale of 1-5, how well did you feel supported by your coworkers, On a scale of 1-5, how well did you feel supported by the trainer, did you find this training helpful, how likely are you to implement the best practices in the classroom, would you like a continuance of support via email until the follow up meeting in March, how feasible will it be to follow through with the suggested best practices, and are there any lingering questions, feedback, or suggestions. The responses will not show any personal information, like names, of those who take the test, but the responses will result in a mixture of qualitative and quantitative data.

The variables named within the first Google Form would consist of current level of knowledge around ASD, the competence and comfortability of teaching individuals who are neurodivergent, and what is wanted from the training. The second Google Form variables named would consist of variables that would measure an increase in competence, understanding, and comfortability around ASD. The second Form would also gauge desired support, if questions still linger, and the predicted feasibility of implementing best practices provided.

Once the data is acquired from both Forms, it will be looked at in comparison to each other, to evaluate if the group feels educated around ASD, and to see if the staff feels supported enough to implement the best practices proposed, as those are the direct goals of the intervention. To display this information, a bar graph could be completed. The bar graph would numerically pinpoint the understood knowledge around ASD before and after the training, and one school's bar graph can be added to a chart display with other schools to see the differences in the focus groups from different schools.

The questions, concluding data comparisons, and the training is to aid the research group in their current environments. The person delivering the training is to meet the staff where they are and supply support and information so that the focus group feels prepared to instruct students who have neurodivergent diagnosis, specifically autism.

Autism diagnoses are growing exponentially, teachers and other school staff have many things to be aware of and educated on and this training takes that into consideration, because, instead of just supplying the information and ending the source of information, there is a continuance of support, a tip sheet that can be used as reminders, and the suggested tips or reminders are not something else the teacher has to be one hundred percent in control of. These

practices focus on the classroom holistic function, and the holistic functions of the human pinpointing emotional regulation and sensory processing.

The data collection will consist of qualitative and quantitative data, so there is both formal and informal feedback. The types of questions asked need to reflect a degree of self-reflection for the surveyors, because the intention of this training is to aid and help the staff in their current environments

### **Strengths and Limitations**

This capstone project proposal has several strengths. For example, the literature review provides a general educational perspective on the complexities of teaching those who are neurodivergent, and specifically diagnosed with ASD. The proposal adds information about the population served at Vanderbilt Bill Wilkerson Center as it describes current best practices focused on, and differing activities that could be easily implemented into the current services provided. The proposal and literature review together supplies information of ASD that may be unknown, as it is easy to not know all the deriving concepts of something as evolving as ASD. Furthermore, the information from both sections can further the knowledge of the specialists at the Bill Wilkerson Center, which can then be reflected in performance of actions and practices with their client populations that have an official ASD diagnosis. Lastly, the proposed project addresses a critical gap in programming and wrap around services for clients and families served by the program. It also partners with external agency providers to ensure that clients are being served appropriately in the community once they transition from the program.

Despite the strengths, there are limitations. The first one being that the literature review does not mention the perspectives of the professionals who specialize in ASD. This gap can lead to a limited conclusion as there is limited diversity in perspectives displayed. The suggested

proposal is defined as universal for all grade levels, and while this can be so, it lacks conclusive evidence on the negative impacts of including those with ASD diagnosis in a classroom with average functioning students. Both the literature review and proposal are limited as the focus is only on children and not adults, and because neither allude to the schools that are specifically dedicated to teaching those with ASD for contrast in best practices.

The suggested proposal exemplifies how the teachers and school staff should be educated and knowledgeable on ASD; however, the proposal does not distinctively mention how other staff personnel can benefit from using the best practices suggested. The proposal also lacks a clear definition of where the trainer(s), who would supply the information to the school staff, would come to know about the opportunity or what occupational affiliation they would or could come from. This adds pressure to the promoter of the proposal, because without specialized personnel conducting the training, the training will never begin.

It is essential to pinpoint that the literature review supplies relevant examples to two fundamental areas of ASD functionality- emotional regulation and sensory processing. The literature review amplifies the voices of the teachers and school staff, and the proposal supplies techniques of support that the staff clearly says is a need through statistical data in the literature review. While the literature review and proposal build on one another, they reflect the hope for understanding and research related to the diagnosis of ASD and what that means for the individuals diagnosed.

### **Implications for Practice**

The social work profession can benefit from this research and proposal and use it to promote education, awareness, and understanding in what ASD can look like, and best practices that can aid with emotional regulation and sensory processing. Social workers can receive

education from this research, and advocate for those who have this diagnosis, and amplify their voices.

The research conducted examines the disconnect between specialized education programs for children with autism spectrum disorder and the general education school systems. An overview of the scholarly literature consisted of current best practices for individuals with ASD in relation to holistic services, sensory processing, and emotional regulation. For the disconnect, the gap, to be addressed there is a proposed educational training for all school staff. This training will develop tangible strategies to promote safety, support within the classroom environment, and increase awareness of the complex needs for children diagnosed with ASD. This research and proposal are just minor points to an overarching and constantly evolving diagnosis. The research articulates a critical transition for a child's academic success, it is a transition that demands attention that it is not receiving. If the proposal is not considered by the targeted professionals, then there is a risk of continued lack of awareness around ASD, and those with ASD may continue to be outcasted by teachers and students. Not acknowledging the research proposed allows for kids with ASD to be bullied, segregated, and unjustly treated. School is to instruct all children, because every child has the right to education; taking away any child's right of that for any reason is unlawful and unacceptable. As such, this project addresses direct service delivery, community care, and the broader issue of advocacy for individuals and their families living with ASD.



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Appendix

# TRAINING SESSION OUTLINE


**WARM UP**




Google Form: What do you know about autism spectrum disorder?

**LEARNING INTENTIONS**

Meeting One: Provide Education on autism  
Meeting Two: Provide information on best practices in three categories that can be utilized in the classrooms




**MAKE CONNECTIONS**




Group Discussion: What is being done at t this school that models the concept of the best practices mentioned?

**CONCEPT DEVELOPMENT**

Google Form: At the end of the second meeting, describe how much more you know about autism and how this training was beneficial.




**PRACTICE**



Implement best practices and display resource reminder on how to implement

**FOLLOW-UP**



Revisit learning intentions and success criteria.  
Discuss relevance and next steps.  
Develop ways to reflect continuance of support

Appendix B

**FOCUS-CONNECT-EVALUATE**

**5 SIMPLE TIPS**

**Meditation:** utilize a two minute sand timer and perform deep breaths until time has ran out. .

**Emotions:** have different colors of paper readily available so students can write about their current feelings and then before the end of class have time for them to share

**Movement:** in the middle of class take a few minutes to move (jump, run in place, wiggle arms and legs)

**Center:** have a designated corner with headphones and two minute timer for a moment of quiet !

**Fidgets:** have a readily accessible container for a variety of fidgets

**REMINDER:** physical visuals that describe feelings, actions, and next steps can be beneficial