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Special Education Legal Alert

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This monthly legal alert summarizes two recent articles, one that is an updated outcomes analysis of the aftermath of *Endrew F*. upon its first anniversary and the other that is a caselaw analysis of the obligations to students with disabilities in private schools. For automatic e-mailing of future legal alerts, sign up at **perryzirkel.com**; this website also provides free downloads of various related articles, including the two summarized in this legal alert.

Continuing the trend of the first six months after the Supreme Court's *Endrew F. v. Douglas County School District RE-1*, the lower court rulings for substantive FAPE for the remaining half of first year's anniversary show very limited outcomes change from the hearing officer's rulings under the *Rowley* standard in these same cases.	
In 44 (90%) of the 49 cases that had substantive FAPE rulings before and after the Court's *Endrew F*. decision at the one-year mark, the rulings was the same. In 7 of these 44 cases, the original ruling was in favor of the parents, which makes the lack of change unsurprising. However, for the remaining 37 cases, the original ruling was in favor of the district, which suggests that the lack of change countered the assertion that the Court had dramatically raised the substantive standard for IEPs.	The full analysis is available as the third *Endrew F*. article under the "FAPE" subheading of the Publications part of my website. A related finding is that the lower courts thus far have also provided a rather superficial and scattered treatment of the Supreme Court's decision, including limited attention to the Court's differentiation between Amy's Rowley's inclusive setting and Endrew F's segregated setting. Perhaps the impact will be more evident in future cases and/or, where it is most important, in professional practice.
In 2 (4%) of the 49 cases, the lower court remanded the issue for reconsideration in light of the new, refined substantive standard, and the case had not resurfaced in the case law databases. One possibility is settlement, but if either or both of these cases reach a final adjudication, the odds do not favor a change in outcome.	The lack of a subsequent reported ruling for these cases reinforces the ponderous, time-consuming nature of litigation. However, other remanded cases, as illustrated by the latest ruling in *Endrew F*. (reported in the next category), are no longer in this open-question category.
Finally, in 3 (6%) of the 49 cases, the ruling changed from one side to the other from before to after. The most evident example is the district court's recent decision in *Endrew F*., which was in the parents' favor. However, the district has appealed this ruling. Moreover, in another of these three cases, the shift oddly was from the parents' to the district's favor.	Although the district's court decision is the major example of an outcomes change, thus far it is an outlier, subject to further developments for this case and for other substantive FAPE cases. However, the various potential intervening variables include the prevailing perception among school practitioners, the pre-existing substantive standard under *Rowley*, and the individual

	features in each case, including the attorneys and adjudicators.

A recent analysis focuses on the legal obligations to students with disabilities, extending to students reasonably suspected of having a disability, in private schools. These students include not only what the IDEA refers to as "parentally-placed private school children with disabilities" (i.e., voluntary placements) but also the separate IDEA category of "children with disabilities where FAPE is at issue" (i.e., unilateral placements). As summarized below, these obligations extend to the district of residence under the IDEA and to the private school, in most cases, under Section 504 and/or the Americans with Disabilities Act (ADA). For a copy of this article, see my website's Publications list under the subheading "Other IDEA and/or Sec. 504 Issues"	
For both voluntarily and unilaterally placed children in private schools, the <u>school district of location</u> has the obligation under the IDEA to provide child find and equitable services.	This obligation is generally well known as a result of the 2004 amendments of the IDEA. Moreover, state laws in some jurisdictions extend the services obligation to related services and/or full FAPE.
However, as an independent aspect of the IDEA, a lengthening line of cases has ruled that the <u>district of residence</u> has an ongoing obligation for child find (i.e., evaluation) and FAPE (including annual proposed IEPs).	Within this lengthening line of cases, some courts apply this obligation regardless of parental initiative whereas other courts condition it upon the parents' communication that they are considering returning their child to the public school.
Moreover, regardless of district obligations, <u>Section 504</u> obligates private schools that received federal financial assistance to provide "minor adjustments" to their students with disabilities. In contrast, school districts have no obligation to these students under Section 504 (although state laws in a few states add district obligations).	Section 504 applies to a wider group of students based on its broader eligibility standards for disability status. Although "minor adjustments" is less rigorous than FAPE, in those private schools to which the ADA applies, a different standard (see the next row) has a superseding effect.
Finally, the <u>ADA</u> obligates private schools regardless of federal financial assistance, except those private schools that are religiously controlled, to provide "reasonable modifications" for their students who meet the broader eligibility standards of the ADA, which are identical to the eligibility standards for the definition disability under Section 504.	Neither Section 504 nor the ADA impose obligations to students with disabilities in the limited segment of private schools that are both religiously controlled and without any federal financial assistance. For the remaining private schools, i.e., those that are religiously controlled and those that are not, the specific respective contours of "minor adjustments" and "reasonable modifications" are not clear.

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Underlying Factors and Solutions for the Achievement Gap

Bonnie L. Rosenblum

Abstract

This paper will discuss the circumstances that occur to create an overrepresentation and underrepresentation of minority students in the special education system within the United States. This disproportionality is referred to as the achievement gap. The effects of the achievement gap are far reached. Various strategies to minimize the achievement gap will be discussed as more solutions are identified.

Underlying Factors and Solutions for the Achievement Gap

The achievement gap continues to be an issue in America today (Chu, 2011). There are several factors which play a role in the underrepresentation and overrepresentation of minorities in special education and two times as many outcomes that result as an effect from it (Irvine,

2012). Public schools and communities have tried to implement strategies to combat this issue. Some have worked, others have not. Yet there is still a great deal of room for improvement. The purpose of this research is to identify the factors that create the achievement gap and determine which strategies have proven to show consistent success in producing positive outcomes.

Factors Contributing to the Achievement Gap

Lower expectations from teachers

A teacher's perception of a student is paramount in properly identifying a student with special needs and pursuing the appropriate path for the student to receive the best education and services (Irvine, 2012). This misperception may occur if teachers have a personal bias toward other cultural groups, if they are inexperienced or if they are improperly educated in culturally responsive pedagogy (CRP). Culturally responsive pedagogy is a method of educating students in a manner that encourages learning through cultural awareness and individual strengths within a student-centered classroom. In a study conducted by Gregory and Thompson (2010), they identified teachers who believed many of their African American students were defiant, disruptive and uncontrollable since they would respond to questions by shouting out the answers and not raising their hands.   This behavior prompted many disciplinary actions. If the teachers had been educated with cultural diversity training, these suppositions would have been rejected and identified as cultural behavior traits. As a result, the students would not have been subjected to the punishments. The cultural misunderstanding also commonly occurs as an assumption about students from low-socioeconomic families. Many teachers use poverty as a catch all for what they consider unacceptable classroom behaviors. The stereotypes blame one parent households, low income households, low birth weight, and cultural and linguistic minority races as reasons for lower academic ability, emotional struggles and behavioral issues (Morgan, Farkas, Hillemeier, & Maczuga, 2012). According to studies by Tomlinson (2016) students have been

consistently referred to special education programs solely based on their socio-economic status, not necessary other data specific to each student. Teachers would immediately justify the referral by rationalizing child neglect, drug abuse or dysfunction at home as the reasons. In 2011, Chu conducted a pilot study to identify if special education teachers in urban schools felt adequately prepared to teach the culturally diverse student population. He concluded that many teachers expressed the need for additional in-service training and experiences to effectively become culturally responsive teachers.

Inadequate communication

It is essential to effectively implement clear and accessible lines of communication between families, school and the community. If this process is not adequate, the students may not receive the appropriate referrals, the parents may not be able to share their concerns and the teachers will not effectively identify the student's needs and services to help them to excel. All of these factors can negatively impact the student with regard to their academic development, behavior issues and self-esteem (Irvine, 2012). Throughout the years minority parents of children who were placed in special education programs have expressed concern that their children were chosen based on stereotypes and placed in these programs to fulfill an accountability standard. They also believed that their children would always remain in the program after the initial placement. This was referred to as "trapped in circle of labels and failures" (Obiakor, Harris, Offor, & Beachum, 2010).

Family challenges

Decreased Awareness

The school system in the United States is constantly changing as are the laws and documentation for assessments and services. When parents are not properly educated with the current policies and terminology, it may become too challenging for them to advocate for their children. They may not attend meetings out of embarrassment which may ultimately come across as disinterest (Irvine, 2012). Most parents are unaware of the warning signs to identify various delays or disabilities. If their child's disabilities remained unnoticed by them, but easily apparent to the teacher, this may add another level of embarrassment for the family (Cooc & Bui,

2017).

Unmet needs

Insufficient access to healthcare has also been a factor in the growing achievement gap leading to an underrepresentation of some minorities in special education programs. Their socioeconomic status may prevent the students from receiving an evaluation or diagnosis for their disability (Morgan et al., 2012). There have additionally been studies which indicate that minorities who have access to medical care also experience a delay in their diagnosis (Morgan et al., 2012), (Mandell et al., 2002); (Pastor & Reuben, 2005). According to Brown et al. (2010), they have determined that perceived unmet needs are directly correlated to a child's level of functional independence. Functional independence is a measurement of a child's disability with regard to their behaviors, social skills, and adaptive skills. Evidence shows that parents with children on the extreme ends of the functional independence range, identify themselves with the highest levels of unmet needs. There

are several reasons to explain this. These children may not exhibit behaviors or skill levels extreme enough to qualify them to receive services. The opposing factor is that the child's needs are so vast that the services required are overwhelming.

Additionally, parents who perceive their child's services to be adequate for assisting their child may indicate that their needs are being met. Opposingly, if they are dissatisfied with the level or quality of services, they may indicate that their needs are not being satisfactorily met.

Cultural beliefs

Some cultures believe their personal family life should remain private. If a member has a disability that would benefit from receiving outside services, the family may not approve for the individual to receive assistance. The culture may frown upon exposing the "weakness" in exchange for improving the individual's quality of life (Lalvani, 2014). Other cultures believe the son should possess many similar traits to the father and the daughter should mimic those of the mother. If this does not occur, perhaps as a result of a disability or other circumstances, they may believe the evil spirit has taken over their child. They could possibly feel embarrassed and isolate themselves from others including families within their own culture. There are various cultures who prioritize gender-based social skills over intellect to determine future success. Families within these cultures, who have a daughter, may not want to make it known to others that their child has a disability to avoid the perception that their daughter is not worthy of marriage. Others are paralyzed by denial and anger that their child is defiant or "unwilling" to conform to their cultural norms (Lalvani, 2014). It is not uncommon for parents who have a child with disabilities to place blame each other or consider the disability an "act of God". Lastly, some families may be unaware of the importance of early intervention or the benefits of any intervention strategies (Chu, 2011). They may believe that as their child gets older, the disabilities will diminish or disappear. It is important for us, as educators, to find the best manner to inform the families of the types of interventions available and present the conceivable benefits the child may gain from them.

School-based challenges

Some schools are driven by a financial focus to identify minority students with special needs. According to Irvine (2012), several school districts in lower socio-economic areas have falsely placed minority students into special education classrooms to enable their schools to receive additional funding. The motivation stems from a current lack of resources available to their schools in which to provide a quality education to all of their students. Inaccessibility of funds carries over to other issues such as a greater number of inexperienced teachers and administrative staff. These factors additionally impact the students with the aforementioned cultural biases from untrained teachers in respect to cultural responsive pedagogy. Other schools may take the opposite approach and fear accusation of being biased toward minority groups. This would result in an underrepresentation of minority students receiving services. The impact is equally biased and detrimental to the academic development of the students (Morgan, 2012).

Effects from the Achievement Gap

There has been a cyclical trend in the United States that many minorities do not have the same opportunities for education which would impose negative effects in various other facets of their lives and the lives of their

families. Evidence shows that children who are raised in low socio-economic homes are more likely to be exposed to influences that would impact their ability to receive adequate nutrition, sleep and other necessities. The effects would impact their health and development possibly attributing to developmental delays or disabilities (Morgan, 2012).

Consequences from a diminished education reach greater distances than each individual.

According to an article by Barbara Langham, 75% of inmates in the U.S. State prisons are high school dropouts. The average earning for a high school dropout is $18,900 annually. These factors contribute to higher educated individuals paying more taxes into our country's infrastructure and production. It is apparent that the effects of the achievement gap are detrimental not only to those unfairly represented, but to our entire nation.

Solutions to minimize the Achievement Gap

School-based Solutions

Educating the teachers is the first step in creating a culturally conscious environment and encouraging them to create a culturally diverse classroom of empowered learners. Requiring teachers to get to know their students and find a way to connect with them is essential. By taking the time to gain the knowledge and understanding of each student's interests, skills, learning style, cultures, beliefs, and family composition, while sharing similar information about their own life, they will follow culturally responsive practices. This strategy has proven to be successful among African American students as identified by Scott, Allen, and Lewis (2014). As cultural awareness among the school communities develops, a shared, safe and successful learning environment will form. Communication is another factor that, when effective, breaks down tension and improves collaboration between families and school. When parents and teachers can share strategies and implement interventions within both environments, children have a greater ability to improve their skills and reduce their challenges (Gonzalez, Moll, & Amanti, 2005). Implementing the appropriate intervention strategies to meet the needs of minority students with academic challenges is key. There have been a number of programs that have existed in schools to target the academic achievement for minority groups. Response to Intervention (RtI) for early intervention and Head Start is an intervention that has proven to be successful across a multitude of age ranges (Albritton, Stuckey, & Patton, 2017).

Parent Focused Solutions

Parent-School collaboration

Identifying educational programs to assist students with disabilities requires participation from the child's family and school. Without this collaboration, the strategies may not be as comprehensive or effective (Burke, 2013). This is the premise behind the IEP team. It requires the involvement from multiple parties to create the most appropriate educational plan. Proper advocating for the child, ensures they will receive FAPE. Sheldon and Epstein (2005), conclude that studies from the mid 1960's through today reinforce the need for collaboration between these parties to provide the most beneficial outcomes for each student. The first step is to educate parents about child developmental milestones, delays and disabilities. Next, providing them with the resources for their child to receive screenings and referrals. During this process, parents may encounter

other barriers which prevent them from assisting their child in following this streamlined process. Logistical issues such as transportation for child care and IEP meetings may be challenging since they tend to coincide with standard work hours. Parents may also feel intimidated by their lack of knowledge as compared to teachers and specialists and limit their interaction in their child's education (Leiter & Krauss, 2004). The combination of these factors may minimize the parent's ability to successfully advocate for their child, causing a disconnect in the collaboration process (Turnbull, Turnbull, Erwin, Soodak, & Shogren, 2010).

Third Party Advocacy for families

There have been numerous studies to identify the benefits of community-based programs to assist in advocating for minority students with special needs. One randomized control trial, conducted by Flores et al. (2015) showed the benefit of placing bilingual advocates within their communities to provide assistance. The outcome was successful in increasing the number of individuals receiving healthcare. Other strategies include community resources or partnerships to join families with the necessary services to improve their quality of life (Cooc and Bui, 2017). A highly beneficial approach is through the establishment of volunteer advocacy training programs which are available throughout the United States. These programs educate individuals about special education laws and the most effective methods to communicate with families and schools to provide the best outcome for the child. The programs vary based on each state and the needs of the children they intend to assist. Ultimately, the goals are two-fold. First, they aim to assist the students in receiving the proper services while educating school staff with the appropriate tools to best support the student. Second, the goal is to work independently with the families and provide them with the knowledge to advocate for their child. The Special Education Advocacy Program (SEAT) and Volunteer Advocacy Program (VAP) are two of the most well known and accepted programs in the country (Burke, 2013). The ultimate goal of this method of advocacy is to improve collaboration between school and families while focusing on the best interest of the child.

Conclusion

This literature review supports the necessity for future research to identify the factors that create the achievement gap in an effort to determine which strategies have proven to show consistent success in producing positive outcomes for minority students. It has become evident that teachers who possess a pre-established bias or have not received culturally responsive training tend to hold lower expectations of their culturally diverse students. Additionally, if they do not implement clear lines of communication or acknowledge the families' challenges, the achievement gap will continue to expand. The compilation of data has confirmed that these factors have an adverse effect in successfully educating minority students. It presents a need for further research to identify the most effective strategies to eliminate the achievement gap.

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Bonnie L. Rosenblum is a certified teacher in general and special education. She received a Bachelor of Science from the George Washington University School of Education and Human Development and is completing a Masters in Special Education from Florida International University. Bonnie works with the Guardian Ad Litem program as a court appointed advocate for abused and neglected children with special needs.

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Book Review: Lost at School: Why Our Kids with Behavioral Challenges are Falling Through the Cracks and How We Can Help Them

By Janine Castro

The biggest concerns in most of the schools nationwide in education remains in behavior problems. The behavioral problems are associated with lower achievement, and affects the whole classroom. Students who have behavior problems prevent themselves and other students from learning, teachers addressing behavior issues spend precious instructional time on discipline and behavior management. The purpose of this book review, is to find the principal criteria, content, and organization as a resource to students, parents, educators, and administrators to use strategies and help behaviorally challenging students.

To understand students with behavior issues, we need to find what is causing this kind of behavior, children with behavior problems present several challenges at home, for parents; at schools for educators, and for any other personnel involved in the children's life or education. The constant need for attention, directs administrators, educators and parents to look for new strategies that can be used in both classrooms, and homes to help these students to reach their goals, to fulfill unmet needs and have a high-quality life.

Behavior problems bring some bigger issues as low achievement scores, it also affects students' self-esteem, their motivation, and outlooks toward future academics' education. The author describes how and why behavior problems occur, and provides evidence-based strategies to reduce these problems

Professor Ross Greene, author of this book; shares an important philosophy and is determined by the acknowledgement that "kids who haven't responded to natural consequences don't need more consequences, they need adults who are knowledgeable about how challenging kids come to be challenging." (Greene, 2014), his system, which is clearly explained during the book, accentuates finding challenging behaviors such as acting out, hitting, swearing, poor performance in class-and then targeting student's problems and find definite, practical ways to minimize, avoid, and eventually extinguish them.

Professor Greene creates different environments and situations, using scenarios based on his experiences, in each of the chapters he narrates and illustrates anecdotes. Greene's technique to help and improve students' behavior problems is the requirement of good will and hard team work of all participants; he implements Plan B using logic and solid strategies for parents and educators.

Greene proved disciplinary approaches do not help at all, and increases the undesired behavior, he shows how the lack of skills is reflected on the student's daily manifestation of the problem. He taught to prioritize needs instead of forcing students to do something it might not be necessarily critical now, for instance if the student is refusing to work in a project, "the teacher can decide whether this problem is a high priority right now, if it, the teacher would handle the problem proactively" (Greene, 2014)

Greene writes that students who are frustrated will become disruptive and disciplinary action is not the answer to this problem, with the perspective of seeing frustration and lack of learning skills, or any learning disability as a strong reason for the misbehavior, we can understand the causes being the behavior, and apply Greene's

positive strategy to reduce the undesired behavior. The teacher will address the issue and help the student, in this way, the class will be successful, instead of using a punitive approach and increase the student frustration and escalate the behavior.

The Collaborative Problem Solving is a process Professor Greene uses to deal with the behavior issues, is a clear step-by-step resource to be used in the classroom during the process of correcting the behavior, according to the author, the undesired behavior is happening because of the students lack the skills to face, deal, and solve a specific situation, Greene mentioned different ways to support students, One of them is identifying the behavior and create a plan to help students to handle successfully difficult situations, as he mentions most students know how to behave but their lack of skills do not help to do it. If the adult punishes for this behavior, which he calls Plan A, children are not learning and the behavior will be repeated, hence his emphasis on using plan B which consists on working together and finding solutions and eventually decrease and extinguish inappropriate behavior.

Greene explains a Plan C which consists in not having expectations, as he considers this is not a goal, as an example he mentioned is a child is not working on his assignment, and the teacher has not determined this was a priority, then not finishing the assignment will not be addressed.

Greene invites educators to restate the problem, identify it and collaborate with students to solve it, his final goal is having an agreement in a realistic and satisfactory manner. His strategies have been used during different scenarios and proved to improve student's behavior.

In the book Leading in a Culture of Change, Michael Fullan uses his experience and provides powerful and valuable concepts to convince us that there exists a key in changing principles that will lead us to be a positive change in education organizations. The writer's work in this book is extraordinary, he explicitly proves how leaders can positively improve their performance even in situations that are not too favorable, using an original method for direct the complexity of the changes process. Fullan brings most current ideas and theories on the field of effective leadership, giving real life examples, based on his experience and knowledge, revealing an outstanding conjunction of convincing themes, as he mentioned in his book; the five core components

Fullan's expositions have brought the creativity and the desire to make systematic changes in education.

After reading this book, I have found valuable and useful strategies to be used in my classroom, to approach my students and help them to find the necessary skills to identify and solve problem behaviors, I will definitely have it and use as part of my resources to address my classroom behavior challenges.

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About the Author

Ms. Janine Castro taught in several capacities including special education, in South America, spanning a professional course for over 20 years. Whilst at Dade County Public Schools, she has taught in field of special education, varying exceptionalities including autism and intellectual disabilities, for the last 14 years, have also

trained teachers and paraprofessionals. Ms. Castro's current position is a special education high school teacher, in a low-income community, she worked at an Adult Center teaching ESOL at nights for the last 12 years. Ms. Castro is passionate about teaching, and believes in empowering and supporting families who struggles in raising children with disabilities.

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The Use of Visual Support for Children with Autism Spectrum Disorders

By Nathalee Reyes

Abstract

This Literature Review will address the benefits of using visual support for students with Autism Spectrum Disorders. Here you will find a thorough review of different journal articles that have been published about this topic. At the end of this paper, the reader will have more information about the diverse ways in which visual support can be implemented to keep students engaged and to promote positive behavior in the classroom and out of the school.

The Use of Visual Support for Children with Autism Spectrum Disorders

Throughout the years, researchers have found many approaches that benefit students with Autism Spectrum Disorders in the school setting and at home. These methods do not only help students but teachers, parents and other professionals when assisting them. Visual support is proven to be one of the most beneficial procedures when working with children with Autism Spectrum Disorders because it provides them with structure and clear expectations of what they must do.

Implementing Visually Cued Imitation Training

In the article "Implementing Visually Cued Imitation Training with Children with Autism Spectrum Disorders and Developmental Delays", the authors mention that imitation is a vital skill that all children should have to succeed in school, however, a" deficit in imitating others have been well documented among those with autism spectrum disorders" (Ganz, Bourgeois, Flores, & Campos, 2008). According to the authors, many types of research have proven that children with ASD learn and understand better when the content being taught is presented visually. They also mention that "visually based cues and information have been reported to improve attention to socio-communicative information, joint-attention and short- and long-term memory"(Ganz, Bourgeois, Flores, & Campos, 2008). Having this in mind, they decided to do a study to see if imitation skills would increase when using visual cues. According to the article, for this research, four children were selected that met the criteria for Autistic Disorder or Pervasive Developmental Disorder, Not Otherwise Specified; they were selected because they failed to imitate the other children during classroom activities. The article explains that the researchers briefly explained to the students what the person from the picture was doing and told the students to do the same. The researchers helped the students imitate what the person in the picture was doing. They stopped prompting the students once they started to imitate what the person from the picture was doing without being told. The study concluded that those students participating "showed an increase in imitative behavior"(Ganz, Bourgeois, Flores, & Campos, 2008) and that the "use of visual cues decreases the students' dependence on the teacher's verbal cues"(Ganz, Bourgeois, Flores, & Campos, 2008). This article provides useful information that shows that there is a benefit when utilizing visual support to teach children with Autism Spectrum Disorders different strategies. The study was a success in proving that imitation increased when the students saw what they were expected to do instead of just listening to the instructions. This study is significant to teachers because it provides them with a new strategy that promotes the independence of children with

Autism Spectrum Disorders; in this case is imitation. Also, it validates that there is a positive impact on students and teachers when using visual support.

Learning Through Seeing and Doing

The authors of "Learning Through Seeing and Doing: Visual Supports for Children with Autism," wrote the article to inform teachers, parents and other professionals about the importance of using visual support when assisting students with ASD. The articles begin by explaining the different disorders that fall in the Autism Spectrum Disorders and explains that there are different methods to deal with different students because there is no method for all students. However, the author mentions that although there is no standard approach that works with all the students, "using supports based on concrete and visual teaching aids is largely upheld" (Rao & Gagie, 2006) because it helps students with autism process and understands the whole message. According to the authors, children with autism are "visual rather than hearing/auditory learners and prefer alternative modes of communication, such as pictures"(Rao & Gagie, 2006). The article also mentions that visual support helps teachers and students with "structure, routines, and sequence"(Rao & Gagie, 2006); this is of high importance because establishing a routine and structure is fundamental in a classroom. This article also mentions how when you provide students with ASD they will understand what they are supposed to do. To conclude this article, the authors state that visual support "can attract and hold attention, thus enabling the students to focus on the message, reduce anxiety and make abstract concepts more concrete"(Rao & Gagie, 2006). This article provided with up-to-date information about the many ways in which you can use visual support in the classroom. Not only this, but the article also contained several types of visual support that can be used and how to use them; for example, visual cues, visual schedules, and visual boundaries.

Using Visual Cues to Promote Positive Behavior

The article "Using Visual Cues in the Classroom for Learners with Autism as a Method for Promoting Positive Behavior" explains how teachers can use visual cues in the classroom to keep students on track and to promote positive behavior. The author mentions that "teacher can use visual supports to successfully assist students with ASD (and other disabilities) who struggle with social interactions, behavioral challenges, organization, transitions from one activity to another, and communication difficulties" (Wheeler & Carter, 1998). This proves that visual support help students in different areas of their lives, not only in the classroom. The author then explains the distinct types of visual representations that can be used for example real objects, photographs, drawings, and visual scripts. The authors mention that using visuals is a great way to structure the classroom environment because you can model expectations for students to see. Lastly, the author shows guidelines for developing visual support. Some of these guidelines include identifying the purpose for using visual support, identify what is the correct type of visual support and teaching students how to use them. Overall, this article provides with useful information that teachers and other professionals can use to assist students with ASD. The authors organized the article by explaining what are Autism Spectrum Disorders and what different strategies that can be used when assisting students with ASD. The authors also included the distinct types of visual support and how to use them.

Photovoice and Children's Engagement

The authors of "Photovoice: Engaging Children with Autism and Their Teachers" targeted this article for those students with Autism Spectrum Disorder who cannot communicate verbally but use pictures. According to the authors, photovoice is "an educational action research tool that embraces visual communication through

photography and allows for individualization" (Carnahan, 2006). This process is better for students because it is more personalized since every student gets to photograph objects that are personally relevant to them. After the students this, the students are encouraged to share their pictures with other classmates. By doing this, the students are already communicating and expressing their interests with one another. The authors also mentioned that "students with autism increased attention to task, adults, and peers in the environment" (Carnahan, 2006). This is the goal of using different strategies when working with different students that have various learning styles. The article also states that photovoice can "be used with teachers in reflection on their practices" (Carnahan, 2006). At the end of this study, photovoice proved to be effective for everyone in the classroom starting with the teachers and the students.

Conclusion

As we can see, many types of research and studies have proven that visual support for children with Autism Spectrum Disorders is a useful practice that should be implemented more. These articles provided current up-to-date proof that using visual aid is beneficial for all students with ASD as well as for parents, teachers and other professionals that work with children.

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Book Review: Shattering the Stained-Glass Ceiling: A Coaching Strategy for Women Leaders in Ministry
By Phenelope Peña

Wilkerson, Robyn, DMIN. *Shattering the Stained-Glass Ceiling: A Coaching Strategy for Woman Leaders in Ministry.* Springfield, MO: Influence Resources, 2017. 251pp. $14.99.

"Our world is in desperate need of your unique leadership" (18). In Shattering the Stained-Glass Ceiling: *A Coaching Strategy for Women Leaders in Ministry,* Dr. Wilkerson writes to women leaders of today expressing to them that every woman has leadership qualities. Dr. Wilkerson is a co-pastor at Trinity Church in Miami, Florida. This is her first publication from completing her doctrine in Ministry studies. Throughout her book she coaches and guides her readers in understanding how to stimulate their leadership potential. She uses personal examples in the book and gives her perspective on how to cultivate your vision and how to have others buy into your vision.

Throughout the book Dr. Wilkerson focuses on five essential leadership attributes, they are as follows; missional, reframing, connecting, engaging, and renewing. "Leaders are neither born nor made. Leaders are summoned (32)", but before diving into the five themes Dr. Wilkerson makes it clear that women leaders are called to be leaders in their own capacity. She coaches her readers to identify the journey they have had so far and where do they see themselves going. She gives her own testimony as a leader, moving across the country to co-pastor a church that was on its last leg in an urban inner city town of Miami, which is now a thriving church that serves the urban setting of Miami. By the process in which Dr. Wilkerson defines as "reframing" (willing to change your thinking and mindset), Trinity church has over 150 partnerships with the community, which includes schools, hospitals, non-profits etc. They have attained over 40 million dollars in funding for social services such as schools, afterschool programs, a homeless initiative, and conferences just to name a few. Dr. Wilkerson's perspective on women leaders in today's society is a strong attribute to focus on. The final chapter on the attribute of renewing, is a huge topic to discuss, where a deeper focus could have been given to this section.

Dr. Wilkerson's outlook on leadership is that there is a new type of leadership for women, "transformissional" (41). When a leader is transmissional, she can describe her vision to others and create followers that have her same vision. "As a leader, you must be able to connect with those around you, deal successfully with conflict and build trust" (130). Michael Fullan and Dr. Wilkerson both agree that relationships with others is extremely vital when it comes to great leadership. "They must try to build good relationships even with those who may not trust them "(42), states Fullan.

To be a great leader your character displays your leadership qualities in all aspects of one's life. Having a coach that can help you transform your mission is also a critical part of the leadership process. Fullan also agrees that great leaders should have coaches or should coach themselves. "Coaching – the leader develops people for the future (35)", states Fullan, he states coaching as one of the leadership styles. An important difference between the two leadership books is that Fullan touches on "*reculturing*", which mean transforming then culture of change or creating a new culture. When Dr. Wilkerson, suggest one uses their leadership qualities to enhance or

add on to the culture. Another difference between the two books their view on management. Fullan address management in small sentence on page 2, when Dr. Wilkerson states that "the main problem with organizations is that they are over managed and under-led (127)". On her focus on women leaders she gives a powerful statement saying "Managers are women who do things right, but leader are women who do the right thing (127)". Fullan does not differentiate between sexes in his book, which is another difference between the two perspectives.

Shattering the Stained-Glass Ceiling: *A Coaching Strategy for Women Leaders in Ministry* is a book that I would recommend to all women leaders of today. Keeping in mind of the spiritual principals of the author, this book focuses on foundational characteristics and strategies for all women in all different leadership roles. Besides the main audience being women, I would recommend this book for men as well. It is book that gives men the insight of strong powerful women leaders and how both roles can work together to make an even stronger alliance and make a true difference in society.

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Book Review: Lead Like a Pirate
By Martha Nuñez

Who knew the secret to inspiring positive change in schools lay in channeling the life of a pirate? *Lead Like A Pirate* was written by Shelly Burgess and Beth Houf as an extension to *Teach Like A Pirate*, which was authored by Shelly's husband Dave. In *Lead Like A Pirate*, the writers try to impart what they term "the PIRATE spirit" into revamping school systems. *Lead Like A Pirate* sees effective leaders as charting their own course to be the leaders they always wanted to be.

The authors characterize the features they say are essential to effecting positive change in schools, by using the letters in the word "PIRATE." According to the book, to be a "PIRATE leader" means to have PASSION for the job and takes IMMERSING yourself in the most significant projects; also, it requires the commitment to building RAPPORT among teachers, so they feel administrators have confidence in them; it takes the ability to ask the right questions and ANALYZE your school culture, as well as a desire to want TRANSFORMATION – and the courage to make changes. Finally, the authors believe to "lead like a pirate" administrators need ENTHUSIASM – even if one needs to pretend to be excited.

Lead Like A Pirate essentially seeks to inspire positive change in educational leaders, in order for this optimism to trickle down to students and school staff. The authors validate their stance by stating, "In an era of standardized testing with high-stakes consequences, it can be easy to lose focus on what is really important in our roles as leaders: raising human potential in our students, in our staff, in our parents, and in ourselves."

Additionally, *Lead Like A Pirate* discusses various strategies that the authors believe are fundamental to creating leaders in schools, irrespective of a staff member's job capacity. Many of them include popular approaches such as pushing for more professional development, getting the right staff on board, or creating a culture of teamwork. Some of the other tactics discussed in the book include having a vision and ensuring school staff stay focused on it. The authors also discuss something many people are guilty of – and that's blaming everyone else on their staff for failure. "How you perceive the people on your team directly influences how you treat them…If you don't believe in them, how can you expect to lead them?" To this, the authors suggest "Let go of the blame…Most people want to learn, grow, and thrive. Every person on your crew has knowledge, gifts, and talents to share."

Lead Like A Pirate offers plenty of advice on how, according to the authors, to inspire positive and effective change in schools. The authors recount stories from their time as administrators for each individual section of the book -- with examples of what may or may not have worked for them. However, there are so many personal accounts of success and failure in the book – frequently from both authors in the same section -- that these portions of the text often seem tedious. It would have been more advantageous to have the authors take turns adding personal insights to different sections of the book.

One of the more noteworthy portions of *Lead Like A Pirate* is a section called "Be a Better Captain." In this portion, the authors discuss what it takes to be an awesome leader, discussing critics, professional learning

communities, and taking the leadership leap, among other things. However, in terms of "Going for Greatness," the authors reveal, "You never actually arrive at greatness; it's a moving target, a lifelong pursuit." Instead they offer a bit of important advice. "It is more important to support those going above and beyond than to pander to those who try to maintain the status quo."

In comparison, *Leading in a Culture of Change* analyzes different themes that, according to author Michael Fulton, leaders need to focus on to implement change: moral purpose, understanding change, developing relationships, knowledge building, and coherence making. This book discusses some of the same characteristics that *Lead Like A Pirate* cites as important to effective leadership – enthusiasm, passion, building staff relationships, and strong teacher communities, among others. However, while Lead Like A Pirate offers guidance to the reader by recounting personal accounts of success and failure, *Leading in a Culture of Change* takes a more straightforward approach to implementing positive changes in our school systems, giving advice but also citing important data results from educational researchers, to prove their point.

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Coping Self-Efficacy, Outcome Expectancy Beliefs, and Parental Educational Attainment as Predictors of Parents' Use of Coping Strategies When Their Child has Autism Spectrum Disorder

By Konabe Bene, PhD

The stress that parents of youngsters diagnosed with autism spectrum disorder (ASD) undergo is high. The researcher hypothesized that the stress that parents experience may reflexively add to the suffering that their child undergoes while impacting the parents' social, professional, and emotional functioning. In order to have a better understanding of how parents cope with their child's diagnosis of ASD and the factors that influence parents' coping behaviors the researcher collected data from 124 parents of children diagnosed with ASD using four instruments and then ran multiple regression analyses. Only the coping outcome expectancy beliefs scale and parental educational attainment predicted parental coping strategies significantly. In a post hoc analysis in which the researcher used the subscales of the predictor variables, two of the three subscales pertaining to the coping self-efficacy beliefs alongside parental educational attainment predicted parental coping strategies. The findings are discussed and recommendations are provided.

Key words: Autism spectrum disorder (ASD). Coping behaviors. Educational attainment. Outcome expectancy beliefs. Regression analysis. Self-efficacy beliefs. Stress

Introduction

Recently, data from the Centers for Disease Control and Prevention demonstrated that one in 68 children is positively diagnosed with autism spectrum disorder (ASD). This novel estimation is practically 30 percent greater than aforementioned approximations stated in 2012 of one in 88 youngsters being officially recognized with an autism spectrum disorder (Mandell & Lecavalier, 2014). The approximations also showed that male children are nearly five times more likely to be affected than female children (CDC, 2012). ASD is a neurobiological developmental disorder (Bradford, 2010) which is diagnosed in youngsters and is defined by several insufficiencies in social collaboration and talking, in intellectual skills, and in fine and gross motor abilities (American Psychiatric Association, 2000).

As the statistics showed, ASD has been considered the quickest growing and very expensive diagnosed developmental incapacity. According to Elsabbagh, Divan, Koh, Kim, Kauchali, Marcín, et.al. (2012) the annual budget spent to tackle the condition has been valued to be $90 billion. It is clear that ASD approximations have increased over time, the estimates however differ relatively depending on the source of the information. Three factors affect the diagnosis. It was found that the diagnosis of ASD changes from other developmental disabilities to Pervasive Developmental Disorders (PDD). The diagnosis also is due to whether there is service available or not. Finally the diagnosis depends on the awareness of the disorder in both the unqualified and expert community (Elsabbagh et al., 2012).

ASD affects society as a whole. Luther, Canham, and Cureton (2005) argued that despites health professionals and school staff members, parents and siblings are also impacted by the difficulties and apprehensions related

to the availability of services and caring for a youngster who is diagnosed with ASD. Yet, it was argued that insufficient devotion has been given to parents' psychological reaction to cope with their youngster's diagnosis of the disorder (Blackledge & Hayes, 2006). Furthermore, ASD has an enormous effect on household and augments family member worry (Cassidy, McConkey, Truesdale-Kennedy, & Levin, 2008). Research suggests that the fathers and mothers of youngsters diagnosed with ASD suffer from more stress than the fathers and mothers of youngsters diagnosed with other infirmities due to the fact that they experience less community backup and sporadically have less optimistic views of their youngsters (Sanders & Morgan, 1997). There are a lot of factors that give rise to parental stress.

In terms of the burden of stress, it was said that much indication suggest that the consequence of ASD is established to the degree that it brings about misery as a foremost public tragedy and that people may possibly be hyper vigilant. As a result, close relatives can feel traumatized and also feel that they are cut off from their communities (Alvarez & Reid, 1999). Two brands of stressors have been acknowledged. They were chronic stressors and life events. Chronic Stressors take in long-term problems, fights, and intimidation that individuals face in their daily lives (Cohen, Kessler, & Gordon, 1997). Types of chronic stressors are role stressors.

According to research that has interest in the occupational health, role stressors involve role vagueness, role fight, and role excess (Gilboa, Shirom, Fried, & Cooper, 2008). Out of the three role stressors, role vagueness and fight have robust associations with numerous employee responses, such as job enjoyment, organizational duty, emotional exhaustion, and tension and apprehension, than role overload (Fried, Shirom, Gilboa, & Cooper 2008). Role stressors are interrelated with family life, caregiving, romantic relationships, and work. It was argued that the costs of repetitive stressors could be habitually austere when the stressors place inside main social spheres, such as workplace or household (Pearlin, 1989). Ambient stressors are loneliness, finances, health, and neighborhood and are related life domains. Life events such as matrimonial life or death, as opposed to prolonged stressors, are disconnected and apparent happenings with tangible early development and endings (Wheaton, 1999). They can be knotted to the life sequence and related evolutions such matrimonial life, retreat from work, and death of one's spouse (Holmes & Rahe, 1967).

More than a few factors contribute to parental stress. For example, stress related to childrearing and overall stress were significantly associated with household functioning, marital functioning, social functioning, child-rearing sense of capability, awareness of diagnosis, and harshness of diagnosis (Gaitonde, 2011). ASD has been connected with violent behavior on the part of the child diagnosed with ASD. Research established that self-aggression and aggression toward others occurs in up to 68% of youngsters who are diagnosed with ASD between the ages of six to 14 (Brown & Radford, 2007). ASD related violence also is associated with a variety of ecological influences such as neglect, poor nutrition, caregivers' low emotional attachment and aggressiveness in caregivers (Brown & Radford, 2007; Farmer & Aman, 2010). It is highly probable that problem behavior such as aggression results in more stress for parents of youngsters diagnosed with ASD than for other parents (Hastings, 2003; Lecavalier, 2006). Youngsters who are diagnosed with ASD pose problems to their parents (Luther, Canham, & Cureton, 2005).

However, research has not yet examined how self-efficacy beliefs and outcome expectancy beliefs influence how fathers and mothers cope with their child's diagnosis of ASD. It is essential to study the role of self-efficacy beliefs and outcome expectancy beliefs as they contribute to the development of rewarding coping approaches

that families of children diagnosed with ASD can use (Guimond, Wilcox, & Lamorey, 2008). In this light, Social Cognitive Theory posits that a person's beliefs can affect their actions (Bandura, 1997). When an individual believes that they can take action to resolve a difficulty successfully, they gain more capability to do so and they see themselves as more devoted. As such, it is also essential to further comprehend the role of self-efficacy beliefs and outcome expectancy beliefs both as individual variables but also as combined determinants of parents coping performance.

As far as ASD is concerned the researcher hypothesized that parents can act as behavioral health providers and special educators to their own child if trained. The purpose of this study was to add to the existing knowledge base regarding how parents cope with their child's diagnosis of ASD and the factors that influence parents' coping behaviors. To accomplish this, the study was designed to obtain statistical quantitative results from a sample. Survey data was collected from parents of children diagnosed with ASD to examine the relationship between self-efficacy, outcome expectations, coping behaviors, educational attainment, ages, and family size. This study was designed to answer the following research questions:

1. What is the nature of parents' coping self-efficacy and outcome expectancy beliefs regarding their child's diagnosis of ASD?

2. What is the nature of parents' coping strategies regarding their child's diagnosis of ASD?

3. Do parents' coping self-efficacy beliefs, coping outcome expectancy beliefs, educational attainment, ages, and family size predict the coping strategies they use when their child is diagnosed with ASD?

Review of the literature/Theoretical Framework

The theoretical framework that the researcher used to support this study is Social Cognitive Theory (SCT). SCT explicates how human functions through the collaboration of the three factors that are behavior, cognition, and environment (Bandura, 1988). Bandura (1977) stated that human behavior, cognition, and the environment act together and affect each other. Bandura suggested that the beliefs an individual embraces of one's capabilities and the environment determine behavior. People contribute to their own incentives, behavior, and growth through mutual causation and reciprocal determinism of human behavior, cognition, and the environment through human agency (Bandura, 1986).

Human agency is also known as an individual's ability to exercise control over their actions with particular intentions. Human agency is a fundamental constituent of SCT (Bandura, 1997). According to Bandura (2006), individuals shape circumstances of their lives by intentionality, forethought, self-regulation, and self- reflection. Individuals' actions are based on forethought or visualized futures that take in the preparation of action plans and approaches.

Bandura (1997) also asserted that self-efficacy is the core belief that empowers human agency. The belief that a man or a woman is capable of shaping and influencing the circumstances of their lives and projected futures enables human agency. When self-efficacy is nonexistent, there is slight incentive or motivation to follow goals and insist through complications (Bandura, 2006). Perceived self-efficacy denotes the "beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments" (Bandura,

1997, p. 3). Self-efficacy must not be confused with other self-beliefs (Pajares & Schunk, 2001). It is essential that self -efficacy be notable from self-beliefs such as self-concept and self-esteem.

According Bandura (1997), the construct self-efficacy has become fame because of its aptitude to foretell forthcoming conducts. As an indispensable element of social cognitive theory, outcome expectancy beliefs reflect a belief that a given performance will yield a consequent outcome. Self-efficacy is a man or a woman's persuasion that he or she can perform the actions necessary to bring about the preferred result (Bandura, 1997). Bandura (1986) has suggested self-efficacy beliefs and outcome expectancy beliefs as two instruments of mental self-evaluation that arbitrate people's skilled performances.

This study attempted to contribute to the knowledge base by examining the role of self-efficacy beliefs, outcome expectancy beliefs, parental educational attainment, parents, ages, and family size in helping parents cope with their child's diagnosis of autism spectrum disorder. First, a review of literature suggested that there are not many studies that have combined self-efficacy, outcome expectancy beliefs, parental educational attainment, parents, ages, and family size in a single study that addressed parental coping strategies when their child was diagnosed with autism spectrum disorder.

Next, despite the great number of existing studies on paternal and maternal self-efficacy and autism spectrum disorder, it was discussed that there is deficient evidence on the aptitude of training models to boost paternal and maternal self-efficacy, exclusively for mothers and fathers of children diagnosed with ASD. This breach was worth examining, bearing in mind the important contests this group of fathers and mothers face in their interactions with their children and the effect these contests can have on mothers' and fathers' intellects (Raj & Salagame, 2010). There are many reasons why the parents of a child diagnosed with ASD need care as well. For example, researchers found that the knowledge of ASD was not related to childrearing self-efficacy beliefs. Self-efficacy beliefs nevertheless, seem to be connected to delight, support, and emotional state of guilt among mothers of youngsters diagnosed with ASD. Furthermore, it was also discussed that interventions solely intended for parents to support their health condition and concentrating on parenting intellects could increase childrearing self-efficacy beliefs (Kuhn & Carter, 2006).

Lastly, this study added to the existing literature about the expectation for future results of parents of youngsters diagnosed with ASD (Scher, 2010). Scher found that developed parental outcome expectancy beliefs are negatively linked to the ASD diagnosis and fathers and mothers of children diagnosed with more severe ASD reported low level outcome expectancy beliefs and high level parenting stress levels. Similarly, parents of younger children with ASD reported high level outcome expectancy beliefs when compared to parents of older youngsters diagnosed with ASD. The results of this study emphasized the need for mental health specialists to be able to assist parents in both comprehending the characteristics of ASD and the best selections for treatment, but also in shaping both positive and realistic outcome expectancy beliefs (Scher, 2010). Although the two studies have resemblances, the current one focused on whether outcome expectancy beliefs are a significant predictor of parental coping strategies.

Methods

Participants

Participants were 124 parents whose children have been diagnosed with ASD. This number includes 114 (91.90%) females and 8 males (6.50%). Participants' age range varied from 21 to 67 and their age mean was 41.60 (SD = 9.81). Three (2.40%) participants described themselves as Asian, 12 (9.70%) as Black, 12 (9.70%) as Hispanic and 95 (76.60%) as White (Caucasians). Convenience sampling was utilized to gather participants (Teddlie & Tashakkori, 2009). One (2.40%) participant attended elementary school, 30 (24.20 %) respondents reached high school, 57 (46.00 %) attained College, 33 (26.6 %) went to graduate school. Seventy eight (62.9%) of the respondents were married, 20 (16.10 %) were divorced, and 23 (18.5%) were single parents:

- 102 of the participants were mothers,

- 6 were fathers,

- 9 were grandmothers,

- 6 were other caregivers,

- One hundred and three (83.10%) children were male and 19 (15.3 %) were female.

Children's age range was 2-53 and their age mean was 10.32 (SD = 7.01). In terms of numbers of children in the house,

- 39 participants indicated that they have 1 child,

- 44 parents indicated they have 2 children,

- 23 parents indicated that 3 children were still in the home,

- 4 participants indicated that they still have 4 children in the house,

- 3 participant indicated that they have 5 children in the house,

- 1 participant indicated that they have 7 children in the house,

- And 1 participant indicated that they have 11.

The total number of children in the participants' homes was 245.

Measures

The demographic and background questionnaire. The purpose of the background questionnaire was to gather data regarding participants' gender and age. The background questionnaire contains 10 questions.

The coping self-efficacy scale. The purpose of the Coping Self-efficacy Scale was to measure parent's beliefs in their ability to utilize coping strategies successfully. The Coping Self-Efficacy Scale is a 26 items, Likert-type instrument (Chesney, 2006) which asks participants to indicate their degree of confidence for using specific coping technique using a scale ranging from 0 (no confidence at all) to 10 (completely confident). The following is an example of an item from the Coping self-efficacy scale: How confident are you that you can

break an upsetting problem down into smaller parts?" Coping self-efficacy scores will range from 0 to 260. High scores on the coping Self-efficacy scale indicate a greater sense of self-efficacy for using coping strategies. Exploratory (EFA) and confirmatory factor analyses (CFA) exposed a 13-item, three factor instruments: The three factors are the following: use problem-focused coping (6 items= .91), stop unpleasant emotions and thoughts (4 items = .91), and get support from friends and family (3 items= .80) (Chesney, 2006). Cronbach's alpha for the coping self-efficacy scale was .95 in the current sample.

The brief cope scale. The purpose of the Brief Cope Scale (Carver, 1997) was to measure coping strategies. The Brief Cope Scale is a Likert-type instrument that includes 28 items which asks participants to indicate how often they have engaged in targeted behaviors since their child's diagnosis of autism, using a scale ranging from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot). For example, parents were asked to rate to what extent "I've been getting emotional support from others?" The Brief cope Scale scores will range from 28 (low score) to 112 (very high score). Most of the sub-scales from Brief COPE Scale indicated fair internal and Cronbach's Alpha value was less than .75. Cronbach's alpha for the Brief Cope Scale was .70 in the current study.

The coping outcome expectations scale. The purpose of the Coping Outcome expectation Scale was to measure parents 'outcome expectations to cope with their child's diagnosis of ASD. The Coping Outcome Expectations Scale is a 26 items, Likert-type instrument that asks participants to indicate their expectations on a scale that goes from much worse (1) to much better (5) what their stress would become if they were to use specific coping techniques. For example "if I were to break an upsetting problem down into smaller parts, 1 (my problem would become much worse), 2 (my problem would become somewhat worse), 3 (my problem would remain about the same), 4 (my problem would become somewhat better), and 5 (my problem would become much better). Coping outcome expectations scores will range from 26 to 130 and high scores on the coping outcome expectations scale will indicate a greater sense of coping outcome expectations for coping.

The Coping Outcome Expectations Scale was modified from the Coping Self-Efficacy scale (Chesney, 2006). To address outcome expectations criteria, the researcher preceded each item of the instrument by the conditional sentence "If I were to" and provided five possible outcome expectations that range from 1 (much worse) to 5 (much better). Cronbach's alpha for the coping outcome expectancy scale was .95 in the current sample.

Procedure

Once the Institutional Review Board approval was received, the researcher corresponded with research centers, autism associations and networks, Autism Awareness on Facebook, and webmasters of websites (e.g. the National autism Association website and My Autism Team) designed for parents whose children are diagnosed with autism. A survey packet was sent to 5 gatekeepers. The packet included a recruitment letter for gatekeepers, a recruitment letter for parents and guardians, and information sheets. The quantitative instruments that were used were the Demographic and Background Questionnaire, the Coping Self-Efficacy scale, the Brief Cope scale, and the Coping Outcome Expectancy Belief scales. The instruments were administered online through Qualtrics, an online survey software program available for students and faculty of a southwestern public university. Participants' responses were collected, entered into SPSS, cleaned, and prepared to be analyzed.

Data Analysis.

The research attempted to answer the following questions: What is the nature of parents' coping self-efficacy and outcome expectancy beliefs regarding their child's diagnosis of autism? What is the nature of parents' coping strategies regarding their child's diagnosis of autism spectrum disorder? Do parents' coping self-efficacy, coping outcome expectancy beliefs, educational attainment, ages, and family size predict the coping strategies they use when their child is diagnosed with ASD?

The researcher analyzed the data using SPSS software and presented the results in the form of descriptive analysis. He then ran bivariate analyses (correlations) to inspect the relationship between the independent and dependent variables. They also used multivariate analyses (standard multiple regression) to examine the influence of coping self-efficacy, coping outcome expectations, parent age, educational attainment, and family size on parents' coping strategies.

To answer the question, the researcher first ran correlations to determine if there was a relationship between parents' coping self-efficacy, their coping outcome expectancy beliefs, and their coping strategies. Next, He conducted a standard multiple regression analysis to estimate how well the coping self-efficacy scores, the coping outcome expectancy beliefs scores, parent age, educational attainment, and family size predicted coping strategies. The independent variables were the scores on the coping self-efficacy, the coping outcome expectancy beliefs measures, parent age, educational attainment, and family size whereas the dependent variable was the scores on the coping strategy measures.

The researcher also used the result of multiple regression analysis, especially the R square to provide information regarding how much variance in the coping strategies could be explained by the combination of variables. R square is the ratio of the sum of squares explained by a regression model and the total sum of squares around the mean.

Finally he provided information regarding the best predictor(s) of the coping strategies by looking at Beta on the result of the multiple regressions. Also called standardized coefficients, beta coefficients are the approximations that are the result from an analysis that was executed on variables that were standardized so that they have variances of 1. The beta weight informs us of the relative significance of an independent variable in predicting the criterion. The greater the absolute value of the beta weight, the more influential this factor is on predicting the criterion.

<div align="center">

Results

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Descriptive Analysis

Research question 1. What is the nature of parents' coping self-efficacy and outcome expectancy beliefs regarding their child's diagnosis of autism?

 Nature of parents' coping self-efficacy regarding their child's diagnosis of autism. Participants' total scores on the CSE Scale ranged from 71 to 260, with a mean of 175.29 (SD = 38.62).   Using item-specific means, the researcher identified specific tasks in which participants felt more and less efficacious in their ability to successfully execute. In this study, parents felt most efficacious in their ability to:

- "Stand your ground and fight for what you want" (M = 8.15, SD = 2.17);

- "Try other solutions to your problems if your first solutions don't work" (M = 7.77, SD = 1.91);

- and "Make a plan of action and follow it when confronted with a problem" (M = 7.48, SD = 2.17).

In this study, parents felt less efficacious in their ability to:

- "Get emotional support from community organizations or resources" (M = 5.21, SD = 3.06);

- "Make new friends" (M = 5.25, SD = 3.21);

- and "Get friends to help you with the things you need" (M = 5.42, SD = 2.73).

Nature of parents' coping outcome expectations regarding their child's diagnosis of autism.

Participants' total score on the Coping Outcome Expectancy Beliefs Scale ranged from 52 to 130, with a mean of 108.37 (SD = 13.62). Using item-specific means, I identified specific outcome expectancies for which participants would be highly motivated to engage in their tasks. In this study, parents had high expectancy beliefs for:

- "If I were to find solutions to my most difficult problems, my problem would become much better " (M = 4.55, SD = .67);

- "If I were to make a plan of action and follow it when confronted with a problem, my problem would become much better " (M = 4.33, SD = .79);

- and "If I were to sort out what can be changed, and what cannot be changed, my problem would become much better" (M = 4.33, SD = .86).

In this study, parents had low outcome expectancy beliefs for:

- "If I were to make new friends, my problem would remain about the same" (M = 3.64, SD = 1.17);

- "If I were to develop new hobbies or recreations, my problem would remain about the same" (M = 3.84, SD = .95);

- and "If I were to pray or meditate" (M = 3.89, SD = 1.29).

Research question 2. The descriptive analysis attempted to answer the following question. What is the nature of parents' coping strategies regarding their child's diagnosis of autism? Parents of children diagnosed with autism were asked to rate their use of coping strategies to cope with their child's diagnosis of ASD, using a scale1 (I haven't been doing this at all) to 4 (I've been doing this a lot). Participants' total scores on the Coping Strategies (Brief Cope) Scale ranged from 45 to 88, with a mean of 65.75 (SD = 7.24). Using item-specific means, I identified the coping strategies that parents used most and least frequently. In this study, parents reported using the following strategies more often:

- "I've been accepting the reality of the fact that it has happened" (M = 3.77, SD = .57);

- "I've been learning to live with it" (M = 3.60, SD =.64).

- "I've been taking action to try to make the situation better" (M = 3.58, SD = .63).

- In this study, parents reported using the following coping strategies less often:

- "I've been refusing to believe that it has happened" (M = 1.09, SD = .36);

- "I've been using alcohol or other drugs to help me get through it" (M = 1.20, SD = .54);

- and "I've been giving up the attempt to cope" (M = 1.22, SD = .54);

Inferential analysis

Research question 3. The analysis attempted to answer the following question. Do parents' coping self-efficacy, coping outcome expectancy beliefs, educational attainment, ages, and family size predict the coping strategies they use when their child is diagnosed with ASD? To answer the question, correlation coefficients were computed among six variables under investigation. The results of the correlational analyses show that five correlations were statistically significant and were greater than .19. Parent age was positively correlated to Coping Self-Efficacy, Parent Educational Attainment was positively correlated to Coping Strategies, Self-Efficacy and Coping strategies were positively associated, self-efficacy was positively related to Outcome Expectancy Beliefs, and Coping Strategies was positively associated with Outcome Expectancy Beliefs. Correlations between Family size and Coping self-efficacy, outcome expectancy beliefs, and coping strategies were not significant. Table 1 shows all the correlations.

Table 1

Correlation

	1	2	3	4	5	6
Parent Age	1					
Parent Ed. Attainment	-.019	1				
Family Size	-.060	.127	1			
Coping Self-Efficacy	.331*	.161	-.016	1		
Coping Strategies	.057	.232*	-.028	.185*	1	
Coping Outcome Expectancy Beliefs	.048	.074	.027	.321*	.233*	1

To better understand the relationship between the predictor and criterion variables, and to further examine variables that contribute to the prediction of parent coping strategies, a standard multiple regression analysis was conducted. Before running the analysis, the researcher checked the assumptions related to the analysis of standard multiple regression: The assumption of sample size was checked. In the current study, the number of 124 participants was large enough to run standard multiple regression analysis with 5 predictor variables. Green (1991) suggested a rule to compute sample size in which N ≥ 50 + 8K, K being the number of variables.

The assumption of level of measurement was checked by visualizing the variable and deciding whether the criteria for the dependent variable and the independent variable are met. In terms of the variable type, outcome was continuous and predictors were continuous as well. Also all values of the outcome came from different persons.

The following assumptions could only be checked through Statistical software packages such as SPSS. They are the assumptions of linearity, the assumption of collinearity, the assumption of normality, the assumption of homoscedasticity, and the assumption of independence of errors. The assumption of linearity was checked by visualizing the output in SPSS. Any systematic pattern or clustering of the residuals suggests violation (Stevens, 2009). I created a scatterplot using SPSS Statistics where I plotted the dependent variable against the independent variable and then visually inspected the scatterplot to check for linearity. The relationship between the current outcome and predictor variable was linear.

The assumption of collinearity was checked by examining the table of correlations. The Predictors (Coping self-efficacy beliefs and coping outcome expectancy beliefs) were not highly correlated. In addition, collinearity statistics was observed. Tolerance was more than .2 (Menard, 1995) and VIF was less than 10 (Myers, 1990). The assumption of collinearity was met. Regression assumes that variables have normal distributions. To test this assumption, I visually inspected the histogram which gives researchers information about normality. I also checked the normal P-P plot and the plotted points followed the straight line. The assumption of normality was met, the data was normally distributed and the histogram presented a bell-shaped curve. The assumption of homoscedasticity was checked by visual examination of the scatterplot of the standardized residuals. Residuals were randomly scattered and had the shape of a rectangle. The assumption of homoscedasticity was then met.

The assumption of independence of errors was checked by inspecting the value of Durbin-Watson statistics in SPSS. The Durbin-Watson statistics for this current study was 2.11 which fell within the acceptable range from 1.50 to 2.50. The analysis satisfies the assumption of independence of errors.

For this analysis, the predictor variables were the coping self-efficacy beliefs, the coping outcome expectancy beliefs measures, and demographic variables that were parent age, parental education attainment, and family size. The criterion variables in this analysis were the scores on the coping strategies measure. Because all the assumptions were met, the researcher interpreted the standard multiple regression analysis output. A significant model emerged ($F_{(5, 112)} = 2.65$, $P < .05$). .033 of the variance accounted for the parents' coping strategies ($R^2 = .11$, Adjusted $R^2 = .066$). The examination of the Beta coefficients suggested that parent educational attainment and coping outcome expectancy beliefs with coefficient equaling respectively .21 and .18 made the strongest contributions to explaining the dependent variable. For other contributions to the predictor variables, see Table 2.

Table 2

Results of multiple regression analysis

Variable	B	Standard Error	β	P
(Constant)				
Coping self-efficacy	.01	.02	.07	.42
Coping Outcome Expectancy	.09	.05	.18	.05
Parent age	.02	.07	.03	.74
Parent Ed. attainment	1.7	.78	.21	.02
Family size	-.29	.48	-.06	.54

Discussion

The purpose of this study was to add to the existing knowledge base regarding how parents cope with their child's diagnosis of autism spectrum disorder and the factors that influence parents' coping behaviors. Unlike past studies (Nicholls, Polman, Levy, et al 2010), coping self-efficacy beliefs did not significantly predict parental use of coping strategies. For example, Nicholls, Polman, Levy, et al (2010) examined the relationship among global coping self-efficacy, coping, and coping effectiveness within sportspersons. Participants were 100 athletes from individual sports and 253 athletes aged 18 to 29 from team sports. The researcher used Pearson product–moment correlations to assess the correlation between overall coping self-efficacy, task-oriented coping, distraction-oriented coping, disengagement-oriented coping, and coping effectiveness. The results of their study suggested that greater global coping self-efficacy scores were significantly correlated with coping effectiveness task-oriented and disengagement-oriented coping. Possible reasons why coping self-efficacy beliefs did not predict coping strategies significantly are not known. There was no statistical difference between coping self-efficacy beliefs and coping strategies. We recommend caution in the interpretation of the preceding results because all the studies used different instruments with different sample sizes.

Similar to past studies, coping outcome expectancy beliefs significantly predicted parental use of coping strategies. In a study the purpose of which was to examine the coping behaviors utilized by patients with long-lasting low back discomfort to test hypothesized mediators of the relationships between self-efficacy and discomfort outcomes, and also to decide what the roles of self-efficacy and outcome expectancy beliefs were (Lin & Ward, 1996), self-efficacy beliefs and outcome expectancy beliefs were both positively correlated with perseverance of coping effort. The current results indicated that the higher parental coping outcome expectancy

beliefs, the more coping strategies they use. We also recommend caution in the interpretation of these results because of the use of different instruments. Also other past studies have found non-significant results. It was discussed that outcome expectancy beliefs were generally not associated with coping strategies. For example, in a study conducted to test hypotheses from social learning theory by investigating the influences of these beliefs in predicting coping strategies, patients completed surveys of health-related dysfunction, ache severity, utilization of several coping techniques, and outcome and self-efficacy expectancies about these coping techniques. Results showed that the patients' beliefs about their competences were strongly associated with coping determinations. Coping outcome expectancy beliefs however were generally unrelated to coping strategies (Jensen, Turner, & Romano, 1991).

The theory of self-efficacy positions that specific efficacy beliefs impacts human behavior, level of motivational, form of thought, and emotion-related results in reply to a given condition (Bandura 1997). Social cognitive theory depicted two forms of efficacy. They are Self-efficacy beliefs, defined as a person's beliefs in their capability to perform a specific behavior and Outcome expectancy defined as the beliefs that performing a specific behavior will bring about a desired result. According to Fitzgerald, Singleton, Neale, et al (1994), the two forms of efficacy expectations make it possible to implement and maintain good behaviors.

Bandura (1997) proposes that outcome expectancy beliefs are founded principally on self-efficacy beliefs. As a matter of fact, outcome expectancy beliefs cannot contribute substantially the prediction of performance and anticipated results can be partly detachable from self-efficacy in the events extrinsic results are unalterable. Much research however has evidenced the fact that outcome expectancy beliefs have a central influence on older grown-ups' exercise (Resnick, Palmer, Jenkins, et al 2000; Resnick and Spellbring 2000). Conn (1998) and Schneider (1997) also found that outcome expectancy beliefs were significantly related to bodybuilding and bodybuilding performance. Furthermore, numerous investigations found that outcome expectancy beliefs were superior predictors of bodybuilding conduct than self-efficacy beliefs (Jette et al. 1998; Resnick 1998a).

In addition, Parents' level of education also predicted parent use of coping strategies. The current result was consistent with past studies. For example, Tonge, Brereton, Kiomall et al (2006) attempted to define the influence of parental learning and behavior controlling intervention on the psychological wellbeing and regulation of fathers and mothers who have preschoolers diagnosed with autism spectrum disorder. They found that a four-months parent schooling and abilities teaching program for fathers and mothers of youngsters recently diagnosed with autism spectrum disorders gives significant increases in parental intellectual health and change. This was a good reason for the advocacy for an early intervention program for fathers and mothers of children diagnosed with autism spectrum disorder.

Moreover, in a study conducted by Kuhaneck, Burroughs, Wright, et al (2010), the researcher found that it was very important to recognize the facts and information concerning their younger's condition and also to be cultivated on things such as state and national regulations, available resources and services, procedures and organizations in the school structure, and the insurance business. They interviewed mothers of children with autism spectrum disorder and they reported a range of stressors in relation with the absence of knowledge of other parents and the frequent battle to get services. Mothers asserted that their personal knowledge was of paramount importance as coping parents. The present finding on the present study suggests that the more parents learn, the more their knowledge about autism spectrum disorder, the better they use coping strategies. Parents can be first health providers to their child as far as ASD is concerned.

Bene (2015) conducted an interview of parents of children diagnosed with ASD. The findings suggest that ASD is not a condition that can be addressed solely by mental or health professionals. Parents asserted that they can assist their own youngster if they learn how to do so. Also, parents reported that they took several courses when they received official diagnosis of their child's condition. The courses as coping strategies were meant to assist their child.

Unlike educational attainment, although Parent age was positively correlated with coping self-Efficacy, parent age did not significantly predict the use of coping strategies, indicating that number of years does not necessarily imply that one can use many effective coping strategies. The finding also implies that the number of years lived is not the same as the amount of knowledge or accumulation of experience. Parents may be old but may be short of skills as related to coping strategies, especially if their child is very young. In a study conducted by Gray (2006) coping strategies were found to alter from the period of the original investigation. The study found that a smaller number of family members would cope through dependence on service providers, family member backing, escape and isolation. It was also argued that more or less parents coped through their spiritual beliefs and other coping techniques based on emotion. The results cautiously support preceding investigations on coping that shows that aging is associated with the use of more coping strategies that related to emotion (Gray 2006) and emotion-focused coping strategies were found to be non-effective as they increase depression, escape, and problems among married couples (Dunn, Burbine, Bowers, & et al 2001).

Finally, family size did not predict the use of more and effective coping strategies either, indicating that the present of multiple individuals in the household does not necessarily make it easy for fathers and mothers to use coping strategies. The results about family size also indicated that the larger the family the less effective parents' use of coping strategies. Research that addressed the parents of children diagnosed with autism spectrum disorder has showed that social backing from close and remote family member, contacts, community members, health care personnel and parent associations is essential in decreasing stress and boosting healthy change (Failla & Corson-Jones, 1991; Gray & Holden, 1992). It was argued that social and demographic factors such as number of individuals in a family and gender have been studied, mainly their effect on the psychosocial regulation of siblings of youngsters diagnosed with autism spectrum disorder. These investigations, nevertheless, have not yielded constant outcomes. For example, some studies found that family size (Mates, 1990) and the gender of the brothers and sisters (Rodrigue et al., 1993) were not related to sibling adjustment.

Mates (1990) discussed that earlier researches on brothers and sisters of children diagnosed with autism spectrum have not found a relationship between family size and psychosocial modification. In their study, Kaminsky and Dewey (2002) however found that superior psychosocial regulation in brothers and sisters of youngsters diagnosed with autism spectrum disorder was related to a larger number of brothers and sisters in the household.   McHale et al. (1986) found that brothers and sisters of teenagers diagnosed with autism spectrum disorder who live in households with many other brothers and sisters reported feeling of a reduced amount of embarrassment about their brother's incapacity and reported reduced moods of burden regarding their brother. It was argued that constructive fraternal relationships in typically evolving household have been found to be vital (Jenkins & Smith, 1990). In this light, having one or more normally growing youngsters in the household to associate with may be very helpful. No research however has addressed the impact of large family size on the coping strategies used by the parents.

Post hoc analysis.

Furthermore, given the incoherent findings about the predictive values of self-efficacy and outcome expectancy beliefs, the researcher ran a post hoc analysis in an attempt to better understand the discrepancies across studies. The researcher hypothesized that subscales on the predictor variables rather than the whole scales could yield significant different results. Subscales rather than entire scales were then used. All the three factors on the coping self-efficacy instruments (Chesney, 2006) and all the three factors on the coping outcome expectancy beliefs scale were used as independent variables in addition to two demographic and background variables that were parental educational attainment and family size. Sample size was large enough to run a standard multiple regression. Green (1991) suggested a rule to compute sample size in which N ≥ 50 + 8K, K being the number of variables. There were eight independent variables and a sample size of 124 participants. In addition, reliability estimates were good for all the subscales.

For this analysis, the predictor variables were the following coping self-efficacy subscales: *Use problem-focused* with Cronbach's alpha of .92, *Stop unpleasant emotions and thoughts* with Cronbach's alpha of .94 and *Get support from friends and family* with Cronbach's alpha of .87; the following coping outcome expectancy belief subscales: *Use problem-focused* with Cronbach's alpha of .91, *Stop unpleasant emotions and thoughts* with Cronbach's alpha of .92, *Get support from friends and family* with Cronbach's alpha of .90; and the following demographic and background variables: parental educational attainment and family size. The criterion variables in this analysis were the scores on the coping strategies measure. All the assumptions were checked and all were met.

The researcher then interpreted the standard multiple regression analysis output. A significant model emerged (F (8, 115) = 4.90, P< .00). .50 of the variance accounted for the parents' coping strategies (R2 = .25, Adjusted R2 = .20). The examination of the Beta coefficients suggested that the subscale *Get support from friends and family* on the coping self-efficacy scale, the demographic and background variable parental educational attainment, and the subscale *Problem-focused coping* on the coping self-efficacy scale with coefficient equaling respectively .36, .24, and -.29 made the strongest contributions to explaining the dependent variable. For other contributions to the predictor variables, see Table 3.

When subscales rather whole scales were utilized, two subscales out of three on the coping self-efficacy belief scales predicted coping strategies. They were *Get support from friends and family* and *Use problem-focused*. No subscales on the coping outcome expectancy beliefs however predicted coping behaviors. Like in the first analysis, parental education attainment also significantly contributed to predicting parental coping behaviors. The reasons why the subscale *Stop unpleasant emotions and thoughts* on the coping self-efficacy scale did not make a significant contribution are not known. The researcher however believed that it is difficult for parents whose child has been diagnosed with autism spectrum disorder to use the strategies as suggested by the individual items on the subscale related to emotions and thoughts. For example, the researcher wondered how parents could make unpleasant thoughts go away if they have not done so previously successfully. They also wondered how parents could take their mind off unpleasant thoughts and stop themselves from being upset by unpleasant thoughts. The researcher hypothesized that if parents could not accomplish the mentioned skills on the items, it is likely that these coping self-efficacy beliefs would not predict significantly their coping behaviors. Finally it might be difficult for parents to rate their beliefs about their capability to perform the skills on the nine items related to the factor or subscale titled *Stop unpleasant emotions and thoughts*.

Table 3

Results of multiple regression analyses with subscales as independent variables

Variable	B	Standard Error	B	P
CSE: Use problem-focused	-.11	.04	-.29	.01
CSE: Stop unpleasant emotions and thoughts	.03	.05	.07	.54
CSE: Get support from friends and family	.29	.06	.36	.00
COEB: Use problem-focused	.21	.13	.19	.11
COEB: Stop unpleasant emotions and thoughts	-.16	.14	-.10	.41
COEB: Get support from friends and family	.27	.20	.15	.18
Parental Educational attainment	2.1	.71	.24	.00
Family size	-.26	-.43	-.05	.56

Conclusion

The purpose of this study was to add to the existing knowledge base regarding how parents cope with their child's diagnosis of ASD and the factors that influence parents' coping behaviors. The researcher hypothesized that the better parents would cope with their child's diagnosis of ASD the better they would help them achieve successfully their special education alongside mental, behavioral health providers, and special education teachers. Only parental coping outcome expectancy beliefs and parental educational attainment significantly predicted parental coping strategies. In the post hoc analysis, when subscales were used in lieu of the entire scales, two subscales in the coping self-efficacy beliefs instrument (*Get support from friends and family* and *Use problem-focused*) and parental educational attainment significantly predicted parental coping strategies. Subscales in the coping outcome expectancy beliefs did not significantly predict coping behaviors. The subscale in the coping self-efficacy scale that did not predict parental coping strategies (*Stop unpleasant emotions and thoughts*) mainly addressed how parents can manipulate their thoughts and emotions in order to cope with their child's diagnosis of autism spectrum disorders. The researcher suggests that future research investigate operational skills that can be actually performed. The researcher hypothesized that it might be difficult for parents to control their emotions and thoughts. Parents could yet get involved in some activities that would

eventually control their emotions and thoughts as replacement strategies. The researcher concluded that some factors or subscales rather than whole instruments can lead to different results and conclusion. Systematic review of ASD-related research that has yielded positive and usable results is encouraged and findings should be made available to parents. The findings would reinforce parental outcome expectancy beliefs to cope with their child's diagnosis of ASD. The researcher made some recommendations:

- Make it possible for parents of children diagnosed with autism spectrum disorder to further their education because the more educated they are the better they cope with their child's diagnosis.

- Provide parents with much literature related to ASD, its early manifestations, and successful coping strategies that have been used by other families in similar situations.

- Give parents operational definitions of skills to use when coping with their child's diagnosis.

- Give parents real examples of daily coping and avoid abstract coping strategies.

- Encourage parents to use support from friends and families and also encourage parents to use coping that are problem-focused.

Finally, the researcher found some limitations related to this study that should be taken into consideration when interpreting the results. The primary limitation is the utilization of convenience sampling by the researcher. Convenience sampling prevents the generalizations of the findings as the researcher cannot warrant that the sample represents the population that was studied (Trochim, 2001). To reduce threats to generalizability, the researcher documented detailed characteristics of the population sampled to be used in forthcoming researches so as to decide whether these findings may be generalizable to another population. Another limitation was that the accuracy of the self-reporting instruments relied on the accuracy of parents' recall of their child's early diagnosis. Some of the children were grown-ups who still lived with their parents at the time of the data collection, indicating that the parents might have forgotten how they coped with their child's diagnosis throughout the years.

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Parents can use this script to kick off a conversation with their children.

Latest Disciplinary Data: Restraint and Seclusion

New data on nearly every public school in the nation shows that students with disabilities continue to be disciplined and experience restraint and seclusion at far higher rates than others.

Mom's Emotional Video About IEP Frustration

This powerful video gave voice to the frustrations and hopes of so many others in similar situations. Also check out the additional resources available (posted below the video link).

How to Recognize and Celebrate Success at Work

Here are some suggestions for celebrating group success that you might find helpful.

Everything You Need to Know About Repeating Social Media Posts

This tidy little article focuses on social media practices, but it amply covers why it's okay to re-offer news you've shared before.

How to Share Your Accomplishments

Interesting tips that include story-telling.

Data Dissemination

A summarizing slideshow full of dissemination insights. From the CDC.

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Latest Employment Opportunities Posted on NASET

* Primary Grades Lead Teacher - Primary Teacher positions are for an education professional eager to participate in the development of a growing Reggio-Emilia inspired academic program and help create and support a unique school culture. Bennett Day School teachers understand that the craft of teaching is dynamic; they adapt to and integrate this belief in his or her daily work in the classroom and school community. The primary grade teacher will work in collaboration with other teaching teams, the TESLab teacher, and the Principal to integrate rich, developmentally appropriate programming in the classroom. The primary grade teaching position follows a two year loop. To learn more - Click here

* PRESIDENT - St. Rita School for the Deaf - The President provides leadership to achieve the fullest attainment of the mission of St. Rita School for the Deaf (SRSD). The President serves as an administrative officer of the Board of Limited Jurisdiction and serves on the board as ex-officio member without vote. The President is the overall leader and facilitator of the school and bears ultimate responsibility for the integration of faith and culture, consistent with the mission and core values of St. Rita School for the Deaf. To learn more - Click here

* Science Test Developer, Alernate Assessment -The Science Test Developer will lead state assessment projects and tasks that include the development and management of Science Assessment programs. Responsibilities include: Managing the review, revision, and delivery of Science test items and ensuring item quality. To learn more - Click here

* Learning Specialist -Bennett Day School is a progressive independent day school looking for passionate educators with innovative spirit and rich background in adolescent learning and school experience. We are a new type of independent school; unabashed believers in the values of progressive education, we put students at the center of the process of learning. To learn more - Click here

* Special Education Teachers-All Areas - Stafford County Public Schools is actively seeking certified Special Education-All Areas Teachers for the upcoming 2018-2019 school year. We also offer Travel Reimbursement for out of state applicants available ONLY with a signed contract. To learn more - Click here

* Special Education Teacher - DHH (2 positions open) - The teacher will implement into daily instruction appropriate educational curriculum based on the Nevada State Standards and the CCSD Curriculum Essentials Framework (CEF) or secondary syllabi into daily student instruction. The teacher will create and maintain an educational atmosphere that encourages effective student learning and supports school and district programs and goals. To learn more - Click here

* Family Assistant - Working single parent with 5 children, aged 8 through 16, seeks an experienced Family Assistant in Lake Forest to join the household team. The ideal candidate has an active, fun, easy-going personality and will enjoy a bustling household with a pool, tennis court, game room, etc. Education degree or certification in special education required. To learn more - Click here

* Special Education Teacher - *Jewish Child & Family Services* (JCFS) provides vital, individualized, results-driven, therapeutic and supportive services for thousands of children, adults and families of all backgrounds each year. JCFS is currently seeking a Special Education Teacher to work with individuals and small groups of children (K - 12) with emotional and behavior disorders in a therapeutic special education classroom. The Therapeutic Day School is located in West Rogers Park, Chicago, IL. To Learn More - Click here

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