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Cross-Cultural Comparison for Treatments of Autism Between Germany and the United States

Jenna Hicken

Western Michigan University, jenna1hicken@gmail.com

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Cross-Cultural Comparison for Treatments of Autism between Germany and the United States

Jenna Hicken

Western Michigan University

Committee:

Dr. Yvette D. Hyter, Chair

Dr. Olivia Gabor-Peirce

Dr. Richard Malott

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Abstract

The purpose of this study is to compare perceptions of interventions for children with Autism between Germany and the United States. As the rate of Autism continually rises, more questions are asked about what are the most effective methods of treatment, and how children with Autism can be integrated into society together with children without disabilities (Newschaffer, Falb, & Gurney, 2005). A survey was developed and sent to teachers, psychologists, and speech-language pathologists in the United States and Germany. There were 9 participants from the United States and 3 participants from Germany. The majority of participants from both countries were teachers. Overall participants from the United States said that students with Autism should be graduating high school with communication skills, and skills to prepare them for a job. Only half of the participants indicated that students with Autism have these skills upon graduation. German participants also indicated students should have skills applicable for a job after graduation. Participants from the United States and Germany differed in their opinions of different school systems, and rated them differently.

Literature Review

Germany and the United States are compared in this study because the overall school systems in both countries are different, and the main method of schooling for both countries is different from one to the other. In the US, most children with Autism attend a school with other typically developing children, and are either in the same classroom or attend a special-education classroom (Powell, 2009). In Germany, however, it is more common for students with Autism to attend a special school, or *Förderschulen*, for students with mental disabilities (Lohmar & Eckhardt, 2013). Although this practice is common in countries around the world, Germany is an

industrialized nation similar to the United States in many regards. One way to systematically determine the comparability of countries is to use the Human Development Index (HDI).

The HDI is “a composite index measuring average achievement in three basic dimensions of human development” (United Nations, 2014, p. 163). The three dimensions measured by the HDI are: “long and healthy life, knowledge and a decent standard of living” (United Nations, 2014, p. 163). The United Nations ranked the United States fifth on the Human Development Index, and Germany is ranked number six, out of 195 recognized countries (United Nations, 2014). The main components of the score are life expectancy, mean years of schooling, expected years of schooling, and Gross National Income (GNI). The US scored 0.914/1.00, and Germany scored 0.911/1.00, with the largest difference for the two countries being the Gross National Income (United Nations, 2014). The two countries are close in most aspects, so factors such as resources and socio-economic issues would less likely be confounding variables when examining perceived differences among these two school systems and how children are treated.

In the U. S., with the introduction of the Individuals with Disabilities Act (IDEA) in 1975, and the most recent amendments in 2004 (now called the Individuals with Disabilities Education Improvement Act of 2004), more and more students with disabilities have been included in traditional schools (U.S. Department of Education, 2004). Before IDEA was introduced, millions of individuals with disabilities were denied access to education and opportunities to learn (Office of Special Education Programs, 2004). For example, in 1970 only one in five children with disabilities attended school (Office of Special Education Programs, 2004), and many laws were in place that excluded students with disabilities, such as deafness, blindness, “mental retar-

dition¹” and mental illness, from attending schools. Also, many children diagnosed at that time as having “mental retardation” or mental illness were confined to institutions which did not provide an appropriate education (Office of Special Education Programs, 2004). Many groups advocated for the inclusion of children with disabilities into public school systems, and then the Individuals with Disabilities Act was created (U.S. Department of Education, 2004). IDEA states that, “A free appropriate public education is available to all children with disabilities residing in the State between the ages of 3 and 21, inclusive, including children with disabilities who have been suspended or expelled from school” (Individuals with Disabilities Education Improvement Act, 2004, Sec. 612, (a)(1)(A)). The United States has been in favor of the inclusive model of service for those students with disabilities. With the introduction of IDEA, the inclusive model started in the US, which was the preferred model so that children could stay in their neighborhood schools and not have to travel to a separate school or institution. In the United States in the Fall of 2010, only 3% of students with disabilities attend a separate school (National Center for Institutional Statistics, 2013).

The German school system differs from the U. S. school system in several ways. Every student after 4th grade (or 6th grade in some states) is assigned to one of three secondary schools based on performance and assumed intelligence (Lohmar & Eckhardt, 2013). Because of this practice, 83% of students with special education needs are placed in special schools (Powell, 2009), compared to 3% in the United States (National Center for Institutional Statistics, 2013). The laws and regulations regarding educating those with disabilities also differ. Advocacy for all individuals with disabilities did not begin in Germany until the 1980’s, where groups tried to de-medicalize and eliminate stereotypes of individuals with disabilities. The law, however, states

¹ This term was used in 1970. Now the term “intellectual disability” is used (Center for Disease Control, 2013)

that it is up to each state as to how students with disabilities are educated (Kock, 2005). Only some states have chosen the co-education (or inclusion) method for educating students with disabilities and those without disabilities. If co-education is not set up in the state, then the public school within that state has no obligation to give assistance to the child with a disability (Kock, 2005). In states, however, where co-education is the standard, then the public school must give “as much special assistance as necessary, as much shared learning with non-disabled classmates as possible” (Kock, 2005, p. 1387). If the assistance given in the public schools are not sufficient, or co-education is not the standard in the state, then there are 10 types of special schools, or *Förderschulen*, each dealing with a specific disability or set of disabilities (Lohmar & Eckhardt, 2013). Specifically, there are separate schools for children with difficulties in learning, speech, language, emotional and social development, cognitive development, physical development, hearing, vision, chronic illness, and autism (Lohmar & Eckhardt, 2013).

The United Nations has stated that the inclusive education or co-education model is the favorable model, because it upholds the fundamental rights of children with special needs towards education (Razali, Toran, Kamaralzaman, Salleh, & Yasin, 2013, United Nations General Assembly, 1959). Inclusive education can be defined as incorporating children with disabilities into general classes with typically developing children and providing them with educational support (Razali et. al, 2013). There are several documented advantages for inclusive education. Mavropoulou and Sideridis (2014) reported that students with Autism Spectrum Disorder display three significant gains when placed in an inclusive setting. First, they have more social interactions with their peers. Also, they receive “higher levels of social support” (p. 1869) in comparison to those in segregated schools, and achieve higher competency scores. Including children with disabilities in the classroom assists these children in “reducing anxiety in building friend-

ships and attaining respect from others around them” (Razali et. al, 2013, p. 261). Parents of children with disabilities are also more likely to choose mainstreaming for their child, as opposed to a separate school (Kasari, Freeman, Bauminger, & Alkin, 1999). However, it did depend on the level of functioning for the particular child.

Although inclusion is the more common practice, there are limitations to consider. One study finds that children with Autism Spectrum Disorder experienced significantly more loneliness than their typically developing peers, because although they were involved in the social structure, they lacked the social skills to make and maintain friendships (Locke, Ishijima, Kasari, & London, 2010). Researchers used to believe that children with autism did not want to engage with their peers in social situations; however, Locke et. al (2010) found that children with high functioning autism do have the desire to engage socially with their peers, but “lack the skill and opportunity” (p. 74). Children with Autism Spectrum Disorder have the same understanding as their typically developing peers that a close friend can protect them from loneliness; however, studies have shown that “children with Autism are poorly accepted by their peers and are often not engaged with them” (Locke, et. a.l., 2010, p. 75).

Along with social issues, many general education teacher’s are not trained enough to work appropriately with children with autism. The National Research Council recognized teacher training as the weakest element in providing “sufficient and effective services for children with autism and their families” (Razali et. al, 2013, p. 261). Teachers have noted that the two main obstacles when educating children with autism are not enough training or none at all, and time constraints. In a study conducted in 2013 by Razali et.al teachers noted that they had little knowledge about special education and autism, which made it difficult to incorporate these students in their classrooms. Razali et. al (2013) also indicated that “84.3% of mainstream teachers

in schools...were poorly informed about the aspects of cognitive, social, and emotional development of children with autism” (p. 263-264). Razali et. al. also mentions, “providing appropriate resources, support services and training is necessary in order to ensure the success of inclusive education” (p. 264). General education teachers are also finding it very difficult to find the time to teach all of the children in the general education classroom, plus give the attention needed for the children with Autism in their classrooms. The teachers involved in the study conducted by Razali et al. (2013) indicated that “every student had their own target to be achieved such as reading and counting” (p. 264). It was then difficult to develop a curriculum for both children who are typically developing and children with special needs.

Germany continues to use segregated schools as their main form of special education (Powell, 2009). Around the world, especially in Western society, school integration and inclusive education is the goal and most preferable model. The development of this philosophy in Germany has been much slower (Powell, 2009). For Germany, there are benefits to using the segregated system. Special education schools that are segregated receive more funding from the government. Also, as stated previously, Germany’s school system in general is based on assumed intelligence and performance of students, and therefore students without disabilities are segregated into three different tracks by 4th grade (or 6th in some states) (Lohmar & Eckhardt, 2013). With this system in place, “integration has been exceedingly difficult to achieve” (Powell, 2009, p. 171). Currently it seems as if segregation is in Germany’s best interest; however, there are limitations to segregation. Not only has it been proven that integration increases social and cognitive skills, but segregation also “causes fear, discrimination, and prejudice towards people with disabilities” from their typically developing peers (Razali et. al, 2013, p. 261).

Methodology

Survey Development

The survey was designed to decipher whether educational personnel perceive that the *Förderschulen* in Germany and center based schools in the U. S. positively or negatively effect students with Autism. Teachers, psychologists and speech-language pathologists were asked if they perceived these systems to be beneficial for students with Autism, or if there are many perceived disadvantages of this system. The survey questions, all developed by myself, were phrased to ask about participant demographics, treatment methods used with children diagnosed with Autism, and expected outcomes of individuals with Autism. The survey contained questions about the differences of the two school systems. A survey was sent out in January 2015, and data were collected until the middle of March 2015. The survey generator *question pro* was used to create the survey format, and send it out via email. There are two forms of the survey, one in English and one in German. The original English language survey was translated into German, and a professor of German at Western Michigan University edited and corrected it accordingly. The main objective of the questions were to determine how inclusive education and segregated education are viewed by professionals in the United States and Germany, and how these models are perceived to effect the students in both of these countries. Multiple choice, short-answer, and matrix tables were all used for this survey. Based on the pilot survey, it took about 5 minutes to complete.

Participants

Convenience and snowball sampling was used to identify participants for the study, who were teachers, psychologists, and speech-language pathologists working in the United States and Germany. Participants known to the researcher were contacted via email. A survey link was sent (in English or German, depending on the individual) and these persons were asked to send the link along to friends or colleagues in their field. There were 9 participants from the United States, and three from Germany. Both groups had a majority of participants with Master's degrees. Also, both groups consisted primarily of teachers. The study was approved by the Human Subjects Institutional Review Board (HSIRB) on November 12th, 2014. The letter of approval can be found in Appendix C.

Response Rate

The response rate from participants was lower than expected. In the United States, 15 individuals were contacted, who each sent out the link to the survey to an average of 10 people for a total of 150 potential participants. From this, 9 individuals completed the survey for a response rate of less than one percent (.06%). The survey was sent to 10 people in Germany, who each sent out the survey to 5 individuals for a total of 50 potential participants. From this, 3 completed the survey, resulting in a response rate of less than one percent (.06%). The survey was sent out at the beginning of the academic year, and this could have had an effect on the number of people who had the time to respond.

Results

From the United States, there were 9 total participants, with 3 being speech-language pathologists, 1 being a psychologist, and 7 were teachers (See Table 1). The average education level among these participants was a Master's degree (See Table 2).

<u>United States: Occupation</u>	
<u>Occupation</u>	<u>Total</u>
Speech-Language Pathologists	3
Psychologist	1
Teachers	7

<u>United States: Education</u>	
<u>Degree</u>	<u>Total</u>
Bachelor's	0
Master's	8
Ph.D	2
Other	1

Participants from the United States had, on average, either 0 or 2-4 students on their caseload with Autism. Four participants indicated they had 0 students, and 4 indicated they have 2-4 students with Autism on their caseload. Three participants said that they worked with the same child an average of 1-2 times per week, and 3 participants said they worked with the same child 5-6 times per week, making the average both 1-2 times and 5-6 times per week. The average age of children with which the participants work was 15 and older. Participants were asked how often children without disabilities had the opportunity to interact with students with disabilities, and vice versa. Participants from the United States unanimously said that children without disabilities always had the opportunity to interact with children with disabilities. When asked the opposite question, whether children with disabilities had the opportunity to interact with children without disabilities, 6 participants indicated "always" and one indicated "sometimes".

When asked what a typical session/day looked like, participants from the United States gave a variety of answers. Supporting students with disabilities was a common theme, as many wrote that their jobs focused on giving extra support to students with disabilities in their general education classrooms. Others had more specific roles, such as teaching students functional forms of communication. See Table 3 for specific examples of a typical day or session.

Table 3

United States: Typical Day or Session

Comments:

“I work as a teacher consultant. I work with general education teachers to fully support students in Special Education in their general education classes. I meet with my students to monitor their progress and see how they are doing. I help to advocate on their behalf and teach them self-advocacy skills.”

“Functional communication skills are addressed through a variety of AAC systems”

“My students are high functioning & require my support for gen Ed courses/accommodations”

“I help support preschool-aged children with all disabilities, including ASD, through providing interventions in the classroom. Our basic classrooms are half-day programs that meet 4 times per week. Two-three times per week I also am part of a multidisciplinary team that evaluates students suspected of having a disability, including ASD.”

“I teach several daily in my 6 hours of classroom teaching. I have 5 hours of Resource Room support and one hour in which I co-teach in the general education setting. I work with on average 6 students per hour. I modify assignments, consult with teachers, offer encouragement, monitor potential triggers, redirect focus, facilitate socialization opportunities.”

“The students may be very capable but require more attention in the daily lesson, or with help with work.”

Skill acquisition upon graduation was another question posed to participants. All participants indicated that children with Autism should graduate with communication skills, as well as

vocational skills that would benefit them in the working world. However, when asked if children have these skills upon graduation, 3 participants indicated yes, and 3 indicated no.

Participants were asked to rate the inclusive model on a scale of 1-5, and also rate the separate school model using the same scale. American participants ranked the inclusive model 3.71 out of 5, and the separate school model 2.86 out of 5.

The final question of the survey was a short-answer question asking what should be changed about the current model. Three participants indicated that these children should have more skills, which would prepare them for a job. Two other participants expressed the need for

Table 4

United States: What Should Change?
Comments:

Better employability skills and training

I think that the attention given to both students with ASD and the general education students would be greater. For example, we have a LINK program, which is excellent, but with more time / focus on this program it could grow.

More post high school opportunities. More realistic expectations from parents.

More adult support to work with the students

There would be more resources (i.e., courses, assessments, materials, evidenced based intervention models) related providing effective services to this population.

I wish our services were longer than half-day as I believe our students would benefit from more time receiving services and interventions.

more resources and adult support. See Table 4 for specific examples.

From Germany, there were a total of 3 participants; of these 1 was a psychologist and 2 were teachers (See Table 5). Each of the three participants had different education levels, with one holding a Master's, and two indicated "other". One specified they had taken the State Exam for teaching, and the other had an advanced high school degree, indicating this participant was a teaching assistant (See Table 6)

Table 5

Germany: Occupation

<u>Occupation</u>	<u>Total</u>
Speech-Language Pathologist	0
Psychologist	1
Teacher	2

Table 6

Germany: Education Level

<u>Degree</u>	<u>Total</u>
Bachelor's	0
Master's	0
Ph.D	1
Other*	2

*One indicated they had taken a state exam,
and one indicated they had an advanced high school degree

Only one participant from Germany said they worked with children with Autism, and the average caseload was 2-4 students. This participant said they saw the same child an average of 3-4 times per week. The average age of these children was 9-14 years old.

When asked if children with Autism have the opportunity to interact with children without disabilities, one participant indicated "always". When asked if children without disabilities

have the opportunity to interact with children with Autism, one participant indicated “always,” and one participant indicated “rarely.”

German participants did not answer the short-answer question, “What skills should students with Autism have upon graduation?”, but they did indicate that most students do have the skills necessary to obtain jobs after they graduate. Also, when asked to rate the inclusive model and segregated model, the participants rated the inclusive model a 2.5 out of 5, and the segregated model as a 2.5 out of 5.

The final question asked about what changes should be made to the current system. One German participant answered, but said that those with Asperger’s syndrome mostly attend a mainstream school, and he/she said, “Ich habe keinen Vorschlag zur Veränderung, weil ich persönlich keine Erfahrung habe mit wirklich stark behinderten Kinder”, translated means: “I don’t have any suggestions for change, because I do not personally work with severely disabled children”.

Discussion

The results of this study are not able to determine any significant information due to the small sample sizes in both groups. Small sample sizes inherently have greater variability and are not representative of any particular group (Hardy & Bryman, 2009). The results of this study, however, do lead to further questions. The data from the participants from the United States showed a difference in the ratings of inclusive education versus segregated education. On a five point scale, participants rated inclusive education higher (i.e., 3.71) than they rated segregated education (2.86). Although there are improvements to be made for inclusive education, it seems to be preferred to the segregated model. For the German participants, the ratings were equal (i.e., 2.5 out of 5), but lower than the ratings given by participants from the United States. This finding

could be indicative that the German respondents perceive that both models may need improvements.

There were limitations in this study that could be addressed in further research. The first is sample size. The sample size of this study was small, with less than 1% of potential participants responding from both the United States and Germany. With a larger sample size, or the survey being sent out several times throughout the year, there could have been a larger response rate. If there had been a larger response rate, more conclusive results may have been found. Also, a similar number of teachers, speech-language pathologists and psychologists should be asked in order to get a varied sample. From the United States and Germany, the majority of participants were teachers. In order to see the range of opinions from several kinds of professionals, a larger sample would need to be taken from each profession. A larger data set could also lead to more conclusive data about perceptions of both school systems, and how each system effects students.

This study was small, but leads to additional questions. For example, one might explore the reasons that all educational systems do not follow an inclusive approach particularly because research typically shows inclusive education is better (Marvropoulou & Sideridis, 2014). More education systems are taking an integrative approach to educating students with disabilities, but there are still education systems around the world that are not following this approach (Powell, 2009). Further research could also address diagnoses issues. If children with Autism are diagnosed differently between countries, this could also affect how they are perceived and how different severities are integrated into the school system.

Overall, the data was inconclusive when determining how different countries perceive the inclusive education system versus the segregated system. The data does lead to further research questions, and more extensive research would lead to conclusive data. It was interesting, howev-

er, to view the differences among participants from the United States and Germany. Participants from the United States gave inclusive education a better rating, whereas German participants seemed to rate both school systems poorly. It would be interesting to see further data and how the school systems affect children with Autism in both the United States and Germany.

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Appendices

Appendix A: Survey in English

In which country are you currently working?

- Germany
- United States

What type of degree do you have?

- Bachelor's
- Master's
- Ph.D.
- Other – Please specify:

What is your position?

- Speech-Language Pathologist
- Teacher
- Psychologist

How many children that work with are diagnosed with Autism?

- 0 (Please continue to question 17)
- 2-4
- 5-7
- 8-10
- 11+

What is the average age of children on your caseload?

- 0-2

- 2.5-5
- 5.5-8
- 8.5-12
- 12.5-15
- 15+

How many times per week do you work with the same child?

- 1-2
- 3-4
- 5-6
- 7+

Do most of the children on your caseload attend an inclusive school (i.e. attend school along side children who are typically-developing)?

- Yes
- No

Do most of the children on your caseload attend a separate school for children with disabilities (i.e. attend a school only with other children who have disabilities)?

- Yes
- No

Do the children on your caseload have the opportunity to interact with other children outside of their immediate family members?

- Always
- Sometimes
- Rarely
- Never

Do children without Autism have a regular opportunity to interact with children with Autism?

- Always
- Sometimes
- Rarely
- Never

If rarely or never, how do you think this affects the typically developing child's views towards peers with disabilities? (Short-answer)

Do you work with children with Autism with all levels of severity?

- Always
- Sometimes
- Rarely
- Never

Describe a typical day when working with a child with Autism: (Short answer)

Do most students with Autism graduate high school (or receive any certificate of completion)?

- Yes
- No

Please list what skills a child with Autism should possess after graduating high school (or must leave the school system). For different levels of severity, please list different sets of skills. (Short answer)

Do most students with Autism graduating high school have these skills?

- Yes
- No

What types of jobs do people with Autism typically have post-education? (Short answer)

On a scale of 1-5, with 5 being best and 1 being worst:

- How would you rate the inclusive school model (children with Autism attending the same school with children who are normally-developing)?
- How would you rate the separate school model (children with Autism attending a separate school, either only with other students with Autism or other disabilities)?

If you could change one thing about the current model within which you work, what would it be? (Short answer)

Appendix B: Survey in German

Im welchem Land arbeiten Sie?

- Deutschland
- Vereinigen Staaten

Was ist Ihre Abschluss?

- Bachelor's
- Master's (Magister)
- Doktorgrad
- Andere

Was ist ihre Tätigkeit?

- Logopädie
- Leher(in)
- Psychologe/Psychologin

Mit wie vielen Kindern mit Autismus arbeiten Sie?

- 0
- 2-4
- 5-7
- 8-10
- 11+

Was ist im Durchschnitt der Alter von den Kindern?

- 0-4
- 5-9

- 9-14
- 15+

Wie viele Mal pro Woche sehen Sie die gleichen Kindern?

- 1-2
- 3-4
- 5-6
- 7+

Die meisten Kinder, mit denen Sie arbeiten, besuchen eine Schule mit anderen, typisch-entwickelnden Kindern?

- Ja
- Nein

Die meisten Kinder, mit denen Sie arbeiten, besuchen eine Behindertenschule.

- Ja
- Nein

Haben diese Kinder die Gelegenheit mit Kindern ohne Behinderungen zusammen zu sehen, ausser die Familie?

- Immer
- Manchmal
- Selten
- Niemals

Haben Kinder ohne Behinderungen die Gelegenheit, mit Kindern mit Behinderungen zusammen zu sehen?

- Immer

- Manchmal
- Selten
- Niemals

Wenn nicht, oder nicht ausserhalb der Familie, welcher Einfluss, meinen Sie, hat es auf die Kinder?

Arbeiten Sie mit allen Schweregraden von Autismus?

- Immer
- Manchmal
- Selten
- Niemals

Beschreiben eine Typisch Therapiestunde

Bekommen Kindern mit Autismus einen Abschluss?

- Ja
- Nein

Welche Fähigkeiten sollen Kindern mit Autismus haben, wenn sie einen Abschluss bekommen? Für verschiedene Schweregraden können Sie verschiedene Arbeitskräftepotenzial schreiben.

Können die Meisten von Kindern mit Autismus, die einen Abschluss bekommen, dieser Fähigkeiten machen?

Welche Stellen haben Menschen mit Autismus?

Bitte wählen:

- Was sind Ihre Meinung über allumfassende Schulen (Kinder mit und ohne Behinderungen besuchen die gleiche Schule)?
- Was sind Ihre Meinung über die Behindertenschulen?

Wenn sie eines Teil des Model verändern können, was werden Sie machen?

Appendix C: HSIRB Approval

WESTERN MICHIGAN UNIVERSITY



Human Subjects Institutional Review Board

Date: November 12, 2014

To: Yvette Hyter, Principal Investigator
Jenna Hicken, Student Investigator for thesis

From: Amy Naugle, Ph.D., Chair *Amy Naugle*

Re: HSIRB Project Number 14-10-01

This letter will serve as confirmation that the change to your research project titled "Cross-Cultural Comparison of Autism Treatments between Germany and the United States" requested in your memo received November 11, 2014 (to extend data collection through February 2015) has been approved by the Human Subjects Institutional Review Board.

The conditions and the duration of this approval are specified in the Policies of Western Michigan University.

Please note that you may **only** conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: **October 16, 2015**

251 W. Wolwood Hall, East Lansing, MI 48824-5436
PHONE: (269) 387-8293 FAX: (269) 387-8276