

**Title 2: With reference to the SEND Code of Practice (2015) and its four broad areas of need and support, critically reflect on how theory and research have informed high quality teaching for children and young people, focusing upon a specific special educational need.**

The 2015 *Special educational needs and disability code of practice: 0-25 years* brought about a number of significant statutory changes for the consideration of pupils with special educational needs, not least was the introduction of disability to the previously entitled 2001 *Special Educational Needs Code of Practice*. The fact that age is also now included in the title, signifies that young people with special educational needs can be legally entitled to a form of education until they reach the age of 25 and accounts for their potential to keep making progress, albeit at a potentially slower rate than their chronological peers.

There are other substantial changes to the 2015 SEND Code of Practice that are centred less on linguistics and more on models of good practice. From Chapter 1, the *Code* outlines that local authorities must have regard to 'the views, wishes and feelings of the child or young person, and the child's parents' (Special Educational Needs and Disability Code of practice: 0 to 25 years, paragraph 1.1). The 2015 SEND Code of Practice has theoretically placed family and pupils at the heart of the decision-making process in relation to their strengths, needs, outcomes and provision, and with that has come the introduction of Educational Health and Care Plans (EHCPs), and the redundancy of Statements of Educational Needs. The move to EHCPs has also placed more emphasis on collaboration between services with a multi-disciplinary team approach being seen as having a greater impact on the outcomes for the young people with special educational needs (SEN). Alongside this comes the introduction of the Preparing for Adulthood section, which must be considered by pupils, families, schools and professionals from Year 9 onwards, offering greater focus on independence and aspirations for pupils with SEN.

Collaboration is clearly a key ideal that runs within the changes that have been made to SEND Code of Practice and it is not least pertinent in the insistence that Local Authorities must have a *Local Offer* that is readily available to all service users, with the expectation that schools must work with the local authority to provide up to date information about what their school can provide for pupils with SEN.

In the 2015 SEND Code of Practice, of the broad areas of need, three of the four remain the same from previously: communication and interaction; cognition and learning and sensory and physical needs. The notable change is that behaviour, emotional and social development (BESD) has been replaced by social, emotional and mental health (SEMH). Tutt and Williams (2015) argue that this allows professionals and practitioners to consider the causation of behaviours rather than the behaviour itself, as well as simultaneously increasing the consideration of mental health issues in case they are a factor in the pupils' difficulties. This seemingly, minor change in terminology, does bring about significant implications in the considerations of autistic spectrum disorder (ASD). One of the primary indicators of ASD is the repetitive behaviours (Wing, 1996) that children on the autistic spectrum display both in isolation of others and in the company of others.

I believe, the shift in focus to mental health perpetuates the debate around the social and medical models of inclusion, as we question whether society and professionals should modify our (teaching) environments for the benefit of positive mental health for those with a diagnosis of autism or should children with autistic spectrum disorder be exposed to a variety of unmodified environments in order for them to access wide and varied stimuli and experiences so that they can access an, at times, unforgiving society (Weedon, 2016). We could argue that the introduction in the SEND Code of Practice of the assess, plan, do, review graduated response, allows professionals to continually reassess what is most suitable for each individual pupil, including those with autism.

Over the last 70 years the very definition of autism has evolved. The work of both Kanner and Asperger in the 1940s who both described a set of characteristics albeit with some physical differences have acted as a guide for those wishing to define autistic spectrum disorder in recent years (Pimley and Bowen, 2006). Lorna Wing, influenced by the work of Kanner and Asperger, sets out her criteria for an autistic spectrum disorder diagnosis in her triad of impairments: impaired social development, especially interpersonal development; impaired and deviant language and communication skills; and depleted imagination which leads to rigidity in thought and behaviour (Wing, 1996). There are currently two international systems that are used in classification of psychiatric and behavioural disorders, they are the International Statistical Classification of Diseases of Related Health Problems (ICD), which is published by the World Health Organisation and the diagnostic of Statistical

Manuel (DSM) of the American Psychiatric Association, who until recently both utilised Wing's triad of impairments, in ICD-10 and DSM-IV respectively to form the basis for the diagnostic criteria for autism (Pimley and Bowen, 2006). Wing's triad of impairments has been used to diagnose children at all levels of the spectrum, including those with Asperger's Syndrome.

The DSM-V has introduced a number of changes to the set of diagnostic criteria that have both highlighted weaknesses with the DSM-IV criteria, but have also brought about scepticism within the field of autism. The key difference is the reduction of the triad of impairments, as cited above, to a dyad of impairments to include: social communication and social interaction skills; and restricted, repetitive patterns of behaviours, interests or activities including sensory seeking behaviours. Notably sensory difficulties were not mentioned in the previous diagnosis criteria (NAS, n.d). The major change to the DSM-5 criteria is that it encompasses: autism, Asperger Syndrome, childhood disintegrative disorder and pervasive developmental disorders under one broad definition: Autistic Spectrum Disorder.

Proponents of the changes suggest that the new criteria allow for more specificity within the continuum of need, as the DSM-V has introduced intellectual disability judged on IQ scores and daily life skills, which should theoretically lead to more specified provision and services (Baron-Cohen, 2013). Mandy, Charman and Skuse (2012) go as far to say that the DSM-5 model is "superior" to that of DSM-IV TR, despite only testing the validity of the criteria with 708 verbal participants, who were all diagnosed with mild to severe autistic difficulties, which eliminates those that are both high-functioning, and potentially those that have an additional learning difficulty as well the non-verbal cohort of autistic children. Critics of the DSM- V criteria suggest a number of flaws, including the requirement that verbal and non-verbal communication is impaired, Wing, Gould and Gilberg (2011) argue that this could be difficult to diagnose with an under 2-year-old, where speech is in the formative stages. Wing, Gould and Gilberg also criticise the lack of focus on the diagnosis of autism for females, and consequential potential lack of diagnosis or misdiagnoses, however a similar criticism could also be made of the DSM-IV diagnostic criteria.

Jordan espouses that “Autism is a rich source of psychological theorising” and attributes the richness to “intriguing and bizarre behavioural manifestations” (Jordan, 1999, p.59) that are apparent to a wide and varied degree in those with an autism diagnosis. Jordan also argues that autism offers practitioners an insight into how the cognitive, affective and conative factors play an important role in early childhood development. Baron- Cohen, Leslie and Frith (1985) posed the question ‘Does the autistic child have a “theory of mind”?’ and from this paper came the theory of mind theory which proposes that there is a possible cognitive deficit in autism, which could explain elements of the social impairment, especially in the way that behaviours manifest themselves in autism. Baron- Cohen, et al reasoned that autistic children do not have the ability to attribute beliefs to others and to predict others’ behaviour, which leads to the conclusion that autistic children lack a theory of mind, which in turn impairs the development of their social interaction skills.

Baron- Cohen et al developed the theory of mind theory based on a narrow cohort of 63 children, of which only 20 were autistic. All 20 of these autistic children were verbal and able to answer the closed reality question ‘Where is the marble?’, as part of the ‘Sally- Anne task’. However, when asked the question in the context of belief, 80% of the cohort were unsuccessful in answering the question, ‘Where will Sally look for her marble?’ after Anne had moved it into a different box, without Sally knowing (Baverstock Psychology, 2014). Baron- Cohen et al, argue that this test demonstrates that autistic children do not have the ability to empathise with others and take this argument further by stating that this is “specific to autism” (Baron- Cohen et al, p. 37). Their supposition arises as their control group of 14 Down’s syndrome children with lower mental ages than the autistic children were all able to answer both questions successfully, as would be expected by a typically developing 5-year-old. Baron- Cohen et al, themselves, point to the limitations of this study as 4 of the 20 autistic children did answer the belief based question correctly, so there is evidently room for further exploration within this theory and its implications for those with autism. Wing (1996) critiques the theory of mind theory by stating that it cannot be used to either confirm or refute the presence of autistic spectrum disorder largely based on the premise that children need to have some relative language comprehension, which in turn demonstrates the lack of test available to diagnose autism. The theory of mind theory, nevertheless, illustrates a need to teach social

interaction skills to those with a diagnosis of autism, above and beyond how you would expect to teach those skills to others.

The lack of explanation for the 20% of autistic children who did answer the belief questions correctly has inevitably led to further research including, but not limited to, Happe (1994), who developed an advanced test for the theory of mind. Happe presented stories to a total of 73 subjects with stories about everyday situations where people say things that they do not mean literally, she posited this as a more naturalistic challenge than Baron- Cohen et al's first and second theory of mind tests. Stories are always subject to interpretation, which is demonstrated clearly within the findings and the discord that was generated amongst those that were rating the answers, as they themselves failed to 100% agree whether the person giving the answer had indeed given the 'correct' answer. The purpose of this research was to establish whether autistic subjects were impaired at giving context appropriate explanations to stories that needed nonliteral comprehension e.g. figure of speech, sarcasm, double bluff. Some questions arise about the varying methods and conditions used for each control group: questions being repeated, the amount of time varying for participants, even the location differing however, not as many questions that arose based on the findings of this research.

Happe's (1994) conclusions are somewhat contradictory in nature, but ultimately reiterate the, perhaps, lack of understanding that practitioners still have about autism. Happe utilised three differing autistic groups in the study: those that had passed the first theory of mind tasks as discussed above; those that had passed the more challenging second theory of mind tasks devised for subjects to predict what one person thought another person thought; and those who had failed both. Happe argues that her advanced test reveals that there are underlying differences in the ability of people with autism to attribute mental states correctly in a variety of tasks. However, it is questionable how much explicit pre-linguistic knowledge and comprehension this cohort had about terms such as appearance/ reality, double bluff etc, which is illustrated by their marked repetitive answer it's "a joke" (Happe, 1994, p.143) to a variety of situations presented to them. Happe concludes her research by stating that one possible reason for the failure for people with autism in applying a theory of mind is due to an additional individual and persistent deficit in central

coherence. Frith (as cited in Frederickson and Cline, 2009) first proposed the argument that those with autism have a weak central coherence system in 1989. She argued that those with autism fail to integrate information across contexts but instead, have an ability to process localised, specific information, rather than generalising to wider more generalised contexts. Happe concludes her discussion about her advanced test findings with the suggestion that a “deficit in central coherence is a more universal or persistent impairment in autism than the ability to attribute mental states alone” (Happe, 1994, p.146). This somewhat, if not entirely, contradicts the intentions of her study and simultaneously demonstrates the need for further exploration of both these cognitive deficits. Irrespective of which theory is more acute in the deficits of autism, they both demonstrate that teachers of pupils with autism cannot expect their students to automatically transfer knowledge and previous learning to new contexts without support, guidance or training.

Studies in the late 1980s- early 1990s within cognitive neuropsychology identified cognitive disabilities in autism that appeared to reflect deficits in executive function (Ozonoff, 1991). Executive function has been defined as “the ability to maintain an appropriate problem- solving set for attainment of a future goal; includes behaviours such as planning, impulse control, inhibition of prepotent but irrelevant responses, set maintenance, organised search and flexibility of thought and action.” (Ozonoff, 1991, p.1083). Ozonoff et al, investigated the differences between high-functioning individuals with autism and those with a diagnosis of Asperger’s syndrome, to establish whether theory of mind, executive functioning, verbal memory and emotional perception were still deficits in high functioning autistic individuals. The results of Ozonoff et al’s research indicated that there were still deficits in all these areas, to which these findings extended the work previously carried out by Baron-Cohen et al. However, the results also indicated that only executive function deficits were found in both subjects with high- functioning autism and Asperger’s syndrome. Ozonoff claimed that the universality of the executive function deficit within these control groups could suggest that it is the primary deficit of autism. Ozonoff et al’s paper, however, offers no concrete assertions, it also highlights that executive dysfunctions are not unique to individuals with autism, but are also present in those with traumatic brain injuries (as one example). Ozonoff et al’s research does further demonstrate the complexities of autism and calls into question whether there is one

underlying cause of autistic spectrum disorder or whether it is a hybrid of two or more deficits. Nonetheless, deficits in executive function demonstrate the need to teach pupils with autism the skills needed to plan, prioritise and respond appropriately to situations.

Skinner's work on behaviourism does not offer a competing theory about the deficits faced by individuals with autism, instead his research focused on the way that our own behaviour could restructure social systems to improve life for us (Skinner, 1953) and those complying with the medical model of thought. His work as a behavioural scientist evolved from the work of Pavlov (a nineteenth century physiologist) and Watson who was the "first explicit behaviourist" (Skinner, 1974, p.5). Pavlov and Watson's work became known as classical conditioning in which they stated that behavioural changes are due to the presence of stimuli, we can this most clearly in the infamous Pavlov's dogs' experiments in which a metronomic tick made dogs salivate after a number of times of introducing food at the same time: this is also known as a stimulus – response chain (Davidson, 1999). Skinner developed the theory of operant behaviour, in which if behaviour is rewarded or reinforced it is likely to occur again, the opposite of what Pavlov argued, henceforth a stimulus leads to a consequence. Skinner postulated that if you change the consequence you can likely change the future likelihood of the act (Skinner, 1953). Much of Skinner's work was with individuals, and not groups, however his work has influenced those teaching autism, the term applied behavioural analysis (ABA) is based on his general principles. Alongside ABA is the work that Skinner did on verbal behaviour, in which he suggested that social communication is made up of learned behaviour that arises from and is maintained from the same operant conditioning processes from any other behaviour (Skinner, 1974). Wing is highly critical of operant conditioning in these terms and counters that language impairments in autistic disorders are primarily due to the lack of the normally innate drive to communicate with others. She furthers her argument by stating that communication disorders, cannot simply be overcome by teaching a child to speak (Wing, 1996). Skinner's work on conditioning and manipulation does little to promote the social model of inclusion and instead perpetuates the argument for the medical model.

Whilst Skinner's work was about the conditioning of behavioural responses, Vygotsky's 'zone of proximal development' documented the optimal conditions needed for learning (Vygotsky, 1978). He developed the notion that learning is a social construct, and that for a person to make continued progress their teacher must ensure that they remain within their zone of proximal development. Meaning that students are able to build on their previous knowledge in order to acquire new skills and learning with the anticipation that the teachers' role is to guide and to create a learning environment in which collaboration is seen as a mechanism for moving learning forwards (Vygotsky, 1978). This theory is an important one for all educators, however, for those teaching pupils with autism, whose documented deficits in social communication and interaction could alienate them from this model of learning, we could argue that it becomes even more pertinent for those educators as they need to work harder to construct social learning environments that facilitate learning for all.

It is evident that the educational needs of children with a diagnosis of autistic spectrum disorder vary considerably depending on their intellectual ability and their individual profiles of strengths and needs (DfE/DH, 2002). Therefore, it is somewhat unsurprising that in much of the literature and research centred on teaching autistic children there emerge several central themes, one such theme is the necessity for an individualised and tailored curriculum for those with ASD. Jordan (2008) takes this argument even further: she states that the curriculum needs to be adapted and tailored for all individuals; it needs to be flexible; and it should not be based on a centrally- determined curricula and teaching methodologies. Underpinning this argument is the expectation that mainstream teachers must know about learning and teaching pupils with ASD and that rather than specialist schools being the mere perpetuation of the medical model, they should be centres of excellence, hubs that mainstream schools can draw upon for expertise and guidance. Conclusively, Jordan believes, that if high quality teaching can get it right for the complex and myriad of autistic individuals, then teachers will be getting it right for all their pupils.

The development of individualised and tailored provision cannot be determined without a thorough assessment of the individual child's needs (DfE/ DH, 2002); another theme that emerges in research. Gulberg (2010) highlights that in a good assessment process parents and carers will be involved in the planning, facilitating



and the mapping out of provision for supporting their child in the engagement of learning opportunities, a major theme, also in the SEND Code of Practice (2015). Frederickson and Cline (2009), meanwhile, stress the importance of ongoing evaluation of progress to ensure that appropriate strategies are drawn from a range of different approaches, highlighting that assessment is not something that merely happens at the beginning of the child's educational experiences. Proponents of applied behaviour analysis (ABA), Leaf, et al (2016), also cite the importance of utilising multiple assessments to ensure that a programme is truly individualised. In their paper they indicate that for best practice to be achieved, ABA therapists must continually examine the impact of their chosen interventions. However, I would suggest that the same is true for qualified teachers working with autistic individuals and those with other special educational needs and is not something that is exclusive, nor should be exclusive, to ABA practitioners but merely a model of good teaching practice within education.

Pimley and Bowen (2006) suggest that in general people perceive disability as something that is visible, which is not the case for individuals with ASD. Signs of ASD are often only visible during times of distress, when there is something seriously wrong, or anxiety provoking, which in turn can result in behaviours that are problematic and challenging. Despite not mentioning or alluding to autism in his 1953 *Science and Human Behaviour*, Skinner's work has been utilised as the grounding principles for applied behaviour analysis (ABA), which in turn has been used to try and eliminate the problematic and challenging behaviours. The Lovaas study in 1987 argued that without early intensive behavioural therapy autistic children will continue to manifest "severe psychological handicaps later in life" (Lovaas, 1987, p.9). Lovaas' study was carried out exclusively with under 4- year olds, and without a control group in which autistic children were allowed to spontaneously develop. Questions have arisen about the positive effects of behavioural therapy on older children, and with no comparative study it is unclear what natural gains would have been made if the children had not been subjected to any behavioural therapy. In his study Lovaas highlights that there was weak transference of skills acquired across settings, which illustrates the need for autistic individuals to be taught generalisation skills. Jordan (2008) critiques the Lovaas study by suggesting that it led to parental pressure for behavioural strategies to be the main teaching choice for pupils with

ASD, perpetuating the increase in the number of specialist schools whose curriculum is based on the application of behavioural analysis. This not only preserves the medical model, but it also contradicts the earlier assertion that a child with an ASD diagnosis need an individualised needs assessed education plan, as not one model is appropriate for all.

It has already been suggested that parents/carers should be at heart of decision making in relation to the appropriacy of provision and Dillenburger et al (2012) carried out a study to ascertain parental and professionals' experiences with ABA, both at home and at school. The study involved 95 parents and 67 professionals and was carried out across two settings: one an intensive ABA school and the other a non-intensive ABA- based home programme, with children then attending eclectic schools. The results indicated that the parents were more satisfied with the intensive programme of ABA at school. However, the study was largely carried out using questionnaires which then became the quantitative data, with only 10 parents invited to the hour and a half focus group which became the qualitative data. Within this methodology it is impossible for the parents not to be subjective, and no quantitative data was considered for academic pupil progress or achievement during this time. There was one key finding, which links to the notion of the ASD child being an individual; the need for choice. Parents want to feel empowered to choose the appropriate educational setting for their children.

Lambert-Lee et al, (2015) also wanted to explore how the ABA model of teaching currently exists within the education system. In contrast to Dillenburger et al's study, they did look at progress data of 53 autistic pupils over the course of 12 months, using the assessment tool Assessment of Basic Language and Learning Skills (ABBLS) in one school setting. This study does build on some of the unknowns of the Lovaas study, as it seeks to prove that behavioural interventions also work for older pupils, progress was documented in case studies with the mean age of the pupils being 12). This research does also have limitations as it did not review progress in cognitive ability, core ASD symptoms or behavioural problems. I find the lack of evaluation of behavioural data difficult to comprehend as the expectations for an ABA school is that behavioural data is taken throughout each school, in order to modify and tailor programmes, as previously mentioned by Leaf et al (2016). The

model of the school is that it is multi-disciplinary, so it was not possible to assess which aspects of the pupils' day had the most impact of progress. This study may have shown how it is possible to deliver a behavioural teaching approach within the current statutory framework in the UK, however, it has done little to augment the inclusive model of education.

Guldberg's (2010) article, however, focuses entirely on what she identifies are the "key preconditions for inclusion" (p. 172) for autistic children. Similarly, to Charman et al (2011) Guldberg explores what is considered to be good practice within the field of educating autistic children. There are emergent similarities and differences. Both Charman et al and Guldberg have stated: there need to be collaboration between, education settings, parents and other professionals, which links to the ambitions of the 2015 SEND Code of Practice and the introduction of the Education, Health and Care plans; staff need to be appropriately trained and knowledge about the implications of autism; and an adapted curriculum. It is unsurprising that given their works have different intentions that they also have differences, Guldberg is clear that the environment in which autistic children learn is pivotal to their learning as they need strategies that enable them to successfully negotiate social environments with their peers and others. Whilst Charman et al cite: having ambitions and aspirations for pupils with autism as you would for typically developing pupils; effective communication between staff, between staff and parents and listening to the voice of the pupils; and broader participation within the local community including with mainstream pupils as key principles in good practice for educating those with autism. It is interesting that neither Guldberg nor Charman et al recommend one form of teaching strategy over another, in fact they both allude to the variety of teaching strategies that are available to teaching practitioners, but are hesitant to commendations. This is in stark comparison to Matson et al (2012) who despite a title which includes "pitfalls" of ABA, recommends only ABA as the "most effective" (p.145) teaching strategy to be used with autistic individuals. Whilst the work of Guldberg and Charman et al seek to encourage a model of inclusion, it appears that the literature written by the ABA community somewhat ostracises the approach by deliberately refuting other teaching approaches. It is perhaps for this reason, that the professionals who took part in the Dillenburger study were less keen than the parents to adapt the ABA approach.

Autism is a complex disability, one which continues to fuel much research into both theory and good teaching practice. The work of the theorists has highlighted deficits faced by autistic individuals as they attempt to make sense of the world around them which has consequently demonstrated areas that need to be targeted for specific teaching. However, within everything that I have read there has been one conclusive agreement: that those individuals with an autism diagnosis are unique.

As our knowledge of autism continues to evolve, so too is there a need for further research. Proponents of ABA allude to it being an outcome driven teaching approach, however, there is a gap, identified as early as 1987 by Lovaas, in the outcomes of autistic adults. If ABA is as successful as Matson claims it is, then an evaluation of final destinations for autistic individuals would be useful, is it possible that ABA can sufficiently eliminate deficits enough for those with ASD (and possible other learning difficulties) to be able to live independent or semi-independent lives, including access to work experience, supported living and personal relationships. There is also more need for exploration within the approaches used for autism (as a primary special educational need) and those with a co-morbid diagnosis, potentially with additional learning difficulties. Is it possible that further research could or should be compartmentalised in order to capture the broad spectrum of needs that autism covers more rigorously?

Currently, the research suggests that ABA works exclusively apart from other teaching approaches and settings, rather than inclusively together, further investigation into the application of ABA into mainstream settings would be useful, to consider the plausibility of this possibility. Regardless of the specificity of the teaching approaches used, Vygotsky's theory on the Zone of Proximal Development (ZPD) encapsulates how all learners can make cognitive progress through clear guidance and a social model, this is as true for autistic individuals as those with other needs.

Ultimately, we have to consider what the pupils' views are on the ways that they are educated and the choices that are made to them. Within the research that I have read, I have not seen the views of the autistic individuals considered or reflected on.

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Undeniably, due to the complexity of some autistic individuals' needs means that their voices often get lost in the decision- making and reflection processes and yet they are our valuable source of information.

Word count: 4829

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