

‘On the Spectrum’: Teachers’ perspectives of the implications of labelling children with Autism Spectrum Disorder

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Abstract

Labels have been argued to pathologise difference and stigmatise individuals as ‘deviant’ from societally-enforced ‘norms’. Currently situated within an ‘autism epidemic’, the implications of labelling a child with Autism Spectrum Disorder (ASD) are important to investigate in order to recognise the potential impact an ASD label may have upon a child’s wellbeing. There is limited literature discussing the impact of an ASD label within the contemporary shift to inclusive education. This qualitative study explored ten primary school teachers’ perspectives of the implications of labelling children with ASD within the current educational environment. Thematic analysis identified that teachers were active in making meaning of the ‘autism’ label, whilst further data-driven themes reflected the perceived implications of a label. Findings indicated that teachers framed a diagnosis as largely beneficial to the outcomes of a child. The ASD label provided necessary funding, informed teaching practices, managed expectations and acted as an explanation for behaviours perceived as ‘different’, thereby informing understandings. Analysis also suggested a conflict in the framing of the label between teachers and parents; some parents were perceived as resistant to recommendations for diagnosis due to fears of stigmatisation. Teachers acknowledged, however, that increasing prevalence, changes in societal awareness and a shift to inclusive education aided in the mitigation of stigmatising attitudes. These findings provide initial evidence that teachers frame the ASD label as helpful to the social and academic outcomes of primary school children within the current educational environment. This positivist outlook may be useful for parents struggling to reconcile with the idea of ascertaining a diagnosis of ASD and provide guidance for conversations between schools and parents.

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Declaration

This thesis contains no material which has been accepted for the award of any other degree or diploma in any University, and, to the best of my knowledge, this thesis contains no materials previously published except where due reference is made. I give permission for the digital version of this thesis to be made available on the web, via the University of Adelaide's digital thesis repository, the Library Search and through web search engines, unless permission has been granted by the School to restrict access for a period of time.

Stephanie Wood

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CHAPTER 1

Introduction

1.1 Overview

Autism Spectrum Disorder is an increasingly prevalent diagnosis globally (Lobar, 2016) and within the Australian population (Williams et al., 2008). The diagnostic criteria changes published in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5;* American Psychiatric Association [APA], 2013), describes Autism Spectrum Disorder (ASD) as an umbrella term for a range of disorders, presented along a spectrum of severity. These changes have caused controversy in regard to using a single classification for a disorder renowned for its unique presentation and heterogeneity of characteristics (Kite et al., 2013; Johnson & Myers, 2007).

Hebding and Glick's labelling theory (1987), suggests social groups impose labels of 'deviance', constructing and reinforcing identities in regard to labels, rather than individual characteristics. Diagnostic labels can be perceived as symbols of 'deviance', whereby the societal and human context of individuals is negated through the pathologising of difference (Ben-Zeev et al., 2010; Gensler, 2012). Indiscriminate application of stereotypes may result in social groups positioning labelled people as fundamentally different from others (Link & Phelan, 2001; 2006) thereby 'spoiling the identities' of individuals (Goffman, 1963).

Literature demonstrates that the 'autism' label has been the subject of stigmatisation. Individuals with ASD are perceived as 'different' and in some instances 'inferior' to the societal norm (Baron-Cohen, 2000; Huws & Jones, 2010). The ASD label also impacts upon service eligibility (Williams et al., 2005), management of self (Mogensen & Mason, 2015) and the formation of attributions and expectancies of others (Ling et al., 2010; Ho, 2004). There is limited research regarding the impact of ASD labels within the current era of increasing prevalence and inclusive education. The present study thus aims to address the implications of labelling a child with ASD in the current educational environment by exploring the perceptions of mainstream primary school teachers.

1.2 Defining Autism Spectrum Disorder

The *DSM-5* specifies Autism Spectrum Disorder as a pervasive neurodevelopmental disorder characterised by persistent deficits in social communication, social interaction and behaviours (APA, 2013). Deficits are manifested by difficulties in social-emotional reciprocity, nonverbal communicative behaviours, developing and maintaining social relationships and restricted and repetitive patterns of behaviour, interests or activities (Lauritsen, 2013). Restricted behaviours are demonstrated through stereotyped movements or speech, excessive adherence to routines, ritualised verbal or nonverbal behaviour, extreme fixation on special interests and high sensitivity to sensory input (Brian et al., 2015; Lauritsen, 2013). A diagnosis of Autism Spectrum Disorder requires meeting criteria within the social-communication domain and behavioural domain, across a continuum of severity. Despite criteria-based classifications, the heterogeneity of characteristics across individuals complicates ASD diagnosis as the severity of deficits varies significantly (Johnson & Myers, 2007; Dillenburger et al., 2012).

The *DSM-5* introduced the umbrella term ‘Autism Spectrum Disorder’, combining autistic disorder, Asperger’s disorder and Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS) into one diagnostic criteria. The introduction of a ‘spectrum’ demonstrated that ASDs are not discrete, but rather on a continuum of similar disorders with varying characteristics and severities of behaviour (Lobar, 2016). Such changes in diagnostic criteria has contributed to a proposed ‘autism epidemic’ (McPartland et al., 2012; Basu & Parry, 2013; Lobar, 2016). Statistics estimate a 42.1% increase in ASD prevalence in the Australian population between 2012 and 2015 (Australian Bureau of Statistics, 2015).

1.3 Diagnostic classifications as labels

The categorical labelling of disorders provides clinicians with an efficient means of describing individuals within an established set of symptoms, disorder characteristics, aetiology and treatment responses (Ben-Zeev et al., 2010). Diagnostic labels may offer a sense of identity and community as

individuals can orient towards others with similar experiences, whilst also being instrumental in the sourcing of entitlements, treatments and reimbursements (Gensler, 2012).

Diagnoses are based upon the assumption, however, that “all members of a group are relatively homogeneous and that all groups are distinguished by definable boundaries” (Ben-Zeev et al., 2010, p.320), therefore relying upon reductionistic “current certainties” and negating the societal and human context of every individual (Gensler, 2012, p.87). The *DSM*, it is argued, pathologises difference; those diagnosed with a disorder are perceived as a homogeneous ‘out-group’ (Ben-Zeev et al., 2010). A diagnosis distinguishes clinical populations from general populations, adding salience to ‘groupness’ and potentially resulting in misconceptions that all members of a group manifest the same characteristics (Ben-Zeev et al., 2010; Link & Phelan, 2001). This is consistent with the ‘*homogeneity bias*’ (Linville, 1998); people have a tendency to perceive an ‘out-group’ as more similar than within comparable ‘in-groups’. The perceived homogeneity of the ‘out-group’ exacerbates stigma and discrimination towards the diagnosed population, caused by stereotypical overgeneralisations of abnormality or ‘deviance’ (Link & Phelan, 2001).

1.3.1 Labelling theory

Hebding and Glick’s labelling theory (1987) builds upon the social construction of meaningful groups by proposing that social groups have the power to impose deviant labels upon others, thereby defining, constructing and reinforcing identities on the basis of a label. Labelling theory suggests labelling individuals as ‘different’ results in the “assigning [of] a new identity, a new role, and a new set of expectations” (Hebding & Glick, 1987, p.136). Rules and definitions are henceforth constructed and projected by social groups to create ‘deviant’ or ‘abnormal’ behaviour, resulting in the identification and labelling of non-conformists (Shulman, 2005). Behaviours are then interpreted in the context of the assigned label, with little regard to the individuality of the person, thus forming a stereotyped understanding of the individual in terms of their label (Globokar, 2008). Reality may become distorted for those bearing the label, as it becomes a ‘self-fulfilling prophecy’ (Merton, 1948). An individual incorporates the label into their self-definition, resulting in the self-stigmatisation and

adherence to assigned identities and expectations (Osterholm & Nash, 2007; Globokar, 2008). A label therefore possess the power to influence both social group perceptions and a labelled individual's self-concept.

1.4 Implications of labelling children with Autism Spectrum Disorder

Research has indicated that labelling a child with ASD can impact eligibility for accessing support, management of self, likelihoods of stigmatisation, attributions and expectations and peer interaction.

1.4.1 Accessing Support

The ASD diagnostic label is formally required for access to health and educational services, interventions and funding (Williams et al., 2005). Conclusive diagnoses permits funding eligibility from Australian governmental packages and the National Disability Insurance Scheme (Australian Government, 2015; Taylor et al., 2016) which may result in additional school funding (Skellern et al., 2005). A diagnostic label therefore serves as a “focus for advocacy” and a “mechanism for providing services” (Keogh, 1987, p.5). Literature contests that families are “black mailed into diagnosis” (Hodge, 2005, p.346) as they must adopt the ASD label to receive professional help. Consequently, parents may experience psychological dissonance as they perceive the need to accept the label to access resources, but simultaneously distance themselves from perceived negative connotations of the label (Russell & Norwich, 2012).

1.4.2 Identity Management

Poole suggests that individuals “are not passive recipients of negative labels; rather, they are actively managing or coping with these labels” (1986, p.347). Diagnosis can provide a sense of control, in which an individual positively identifies with the ‘autism’ label and feels empowered by better understanding oneself (Linton, 2014). Mogensen and Mason's qualitative study (2015) found that while some adolescent participants experienced an ASD diagnosis as liberating and a means of legitimising experiences of difference, others found the label oppressive and symbolic of difficulties.

Participants either incorporated the label into their self-concept and were proud of differences or attempted to de-identify with the negative, stigmatised attitudes towards autism. As behaviours are often interpreted in terms of the 'autism' label, individual characteristics are overlooked and underestimated. The internalisation of surrounding public-stigma results in self-stigmatisation (Linton, 2014; Corrigan et al., 2004). An individual accepts and incorporates the stereotypes of ASD diagnosis dictated by society's public-stigma (Corrigan et al., 2004) into self-concept and identity, as consistent with labelling theory. A diagnostic label possesses the ability to become "more significant than the nature of the child" (Hodge, 2005, p.345) resulting in Goffman's notion of a 'spoiled identity' (1963), whereby the child is named as their diagnosis (ie. the autistic boy) and individuality is denied. Others may avoid the pathologising of identity by hiding differences and deidentifying with the negative connotations of the ASD label (Davidson & Henderson, 2010). This identity management is consistent with 'label avoidance' in which individuals refuse to be perceived purely as the negative attributes of a diagnostic label (Corrigan et al., 2004).

1.4.3 Stereotypes and stigma

Goffman's theory of social stigma (1963) denotes how groups categorise others based on discrediting conditions to form stereotypes. Learned from explicit cues such as psychiatric symptoms, skill-deficits and diagnostic label knowledge structures (Ben-Zeev et al., 2010; Corrigan, 2007) these cues reduce perceptions of individuals from "whole and usual" to "tainted and discounted" (Goffman, 1963, p.3).

Previous research regarding stigma and ASD has largely focused upon parents' experiences of stigma as a result of their child's diagnosis of ASD (Gray, 2002; Russell & Norwich, 2012). Kinnear et al. (2016) identified that 95% of parents believed individuals with autism were stigmatised whilst Gray (2002) conceptualised that parents experience 'associative stigma' as a consequence of being connected to a stigmatised group. Gray highlighted that several factors manifest stereotypes of ASD and experiences of stigma, including discrepancies between 'normal' physical appearance and socially inappropriate 'abnormal' behaviours, the severity of perceived autism and lack of ASD

knowledge (1993; 2002). These findings indicate that stigmatisation is largely influenced by observations of ‘abnormal’ behaviours characteristic of ASD, supported by studies demonstrating that stigmatised attitudes are based upon behavioural cues rather than the ASD diagnostic label (Butler & Gillis, 2011; Brosnan & Mills, 2015). The basis for stigma towards ASD as solely dependent upon diagnostic labels is difficult to identify within the literature. Research examining the language associated with ASD demonstrates that stigma is manifested through associative labels. Terms such as ‘disorder’ (Baron-Cohen et al., 2009) and ‘disability’ (Jones et al., 2015; Huws & Jones, 2010) are constructed as potentially stigmatising due to the negative associations of limitations in ability, resulting in conceptions of a ‘marred identity’ (Goffman, 1963). Huws and Jones (2010) interviewed laypeople with no prior experience of autism and found that perceptions denoted violations of societal norms, incapacities for independent functioning and mental retardation, thereby illustrating the negative connotations of a label. Further studies have also highlighted the differential attitudes towards autism and Asperger’s disorder, in which autism was considered to be more stigmatised than its associated counterpart (Kite et al., 2013).

1.4.4 Attributions and Expectancies

Attribution theory has also been employed to explore how people make meaning of both the disorder and individuals with ASD. The theory stipulates that individuals form attributions of causality influenced by internal or external sources (Fiske & Taylor, 1991). Weiner (1985) identified three domains for making causal attributions; ‘Locus of causality’ refers to the internal or external source of the attribution, ‘Stability’ denotes how enduring the cause appears and ‘Controllability’ describes the perceived level of control an individual has over behaviour. Causal attributions were further conceptualised within the realm of education by utilising aspects of attributional thinking to the perceived causes of success and failure in achievement-related environments (Weiner, 2010). Teachers who attribute student failure to external factors may implement proactive accommodations and modify teaching practices, compared to teachers who attribute failure to the internal disposition of students (Brady & Woolfson, 2008). This idea raises important implications for the relationship

between attributional causality and diagnostic labels. Ling et al. (2010) found that teachers' perceptions of levels of controllability within children with ASD influenced the presence of negative emotions and likelihood of punishment. If children were perceived as not in control of behaviours, teachers were more likely to implement adjusted strategies and demonstrate supportive affective responses (Ling et al., 2010). Studies have also identified that attributions based on labels act as expectancy-generating stimuli in which expectations may be restricted by the stereotypic assumptions of a diagnostic label (Algozzine & Stoller, 1981),

1.4.5 Social implications

Classifications are argued to establish persistent symbolic and social boundaries between groups, thereby legitimising inequalities in social contexts (Powell, 2003). Individuals with ASD must navigate social realms to actively position themselves in relation to others, in some instances purposefully distancing oneself from the 'autism' label in order to appear 'normal' (Baines, 2012). Literature is scarce regarding the effect ASD labelling has upon peer perceptions. Research has demonstrated that students with ASD are less likely to be accepted by peers and have fewer reciprocal friendships as children get older (Rotheram-Fuller et al., 2010). This illustrates that peers may become aware of associative stigma if they continue a friendship with a child perceived as inherently different (Major & O'Brien, 2005). Studies also indicate that primary school children were unable to provide definitions of autism and were unfamiliar with the term (Swaim and Morgan, 2001; Campbell & Barger, 2011), suggesting children are influenced by 'abnormal' behavioural cues more than diagnostic labels (Cornett-Ruiz & Hendricks, 1993).

1.5 Study Summary & Rationale

There is extensive evidence demonstrating that labelling children with ASD results in profound implications involving both children with ASD and associated individuals. Stigmatisation and stereotyping on the basis of the ASD diagnostic label has the potential to inform one's identity-management and the attributions and expectancies of others. The theoretical perspectives of labelling

theory and social stigma are therefore relevant; increasing prevalence rates of ASD and diagnostic criteria changes have created a context in which individuals must interpret and make sense of the ASD label.

Less literature has focused upon an educators perspective of labelling, despite the importance of teachers' utilisation and interpretations of the ASD label. Teachers are in frequent contact with children diagnosed with ASD and are actively involved in the fostering of social, communication and academic skills (Helps et al., 1999). As such, two trends have been identified as affecting educators' involvement with students with Autism Spectrum Disorder; 1) the increasing prevalence of ASD diagnoses and 2) the contemporary emphasis of including students with disabilities into mainstream classroom environments (Leach & Duffy, 2009). Research has indicated that inclusive education for children with ASD increases positive peer interactions (Deshler et al., 2002; Copeland et al., 2002), social learning (Guralnick et al., 1995; McDonnell et al., 2003) and academic outcomes (Freeman & Alkin, 2000). Inclusive education is becoming increasingly common in the modern schooling environment (UNESCO, 2016). Individualised and flexible educational pedagogy is emphasised (Gonski et al., 2018), a practice unachievable without a teacher's involvement in developing an individualised need-based focus (Lynch & Irvine, 2009). Educators are consequently situated to offer insight regarding the perceived influence of the 'autism' label within the contemporary educational environment.

This study utilises a qualitative methodology to focus upon perceptions of meanings behind the autism construct and the implications of labelling children with Autism Spectrum Disorder within the professional experiences of mainstream primary school teachers.

CHAPTER 2

Method

2.1 Participants

The sample included ten mainstream primary school teachers from the South Australian metropolitan area; eight females and two males aged 35-60 ($M = 47.1$, $SD = 8.8$). A sampling frame ensured that five participants taught at two independent schools and five were teaching at three Department for Education schools. Study requirements dictated that participants were current primary school teachers in mainstream classrooms, fluent in English; have a minimum of five years teaching experience and at least one experience working with a child with Autism Spectrum Disorder. Special education teachers not teaching in the mainstream classroom environment were excluded. Some participants also held ancillary leadership roles to reflect a wider breadth of educatory perspectives. Participant demographics are detailed in Table 1.

Table 1

Participant Demographics

ID	Gender	Age	Current school classification	Teaching experience (years)	Current employment status	Current role	Highest level of education
A	Female	54	Independent	28	Full-time	Deputy principal	Post graduate
B	Female	46	Independent	24	Full-time	Classroom teacher	Bachelor
C	Male	36	Independent	16	Full-time	Principal	Masters
D	Female	54	Independent	32	Full-time	Classroom teacher	Bachelor & Diploma
E	Female	50	Independent	24	Full-time	Deputy principal	Bachelor
F	Female	42	EDU	16	Full-time	Classroom teacher	Post graduate
G	Female	60	EDU	40	Full-time	Well-being leader	Bachelor & Diploma
H	Female	55	EDU	34	Full-time	Deputy principal	Diploma
I	Female	35	EDU	13	Part-time	Classroom teacher	Bachelor
J	Male	39	EDU	16	Full-time	Classroom teacher	Honours

Note: EDU is used as acronym for Department of Education

2.2 Procedure

2.2.1 Recruitment & Ethics

This study received ethics approval from the School of Psychology sub-committee of the University of Adelaide Human Research Ethics Committee and the Department for Education. Purposive sampling was facilitated by contacting administrators of Independent and Department for Education schools across the metropolitan area of South Australia. A letter was sent by email (Appendix A) to the principal of each school, outlining the study and seeking permission to disseminate an information sheet (Appendix B) to staff via school administration. Interested teaching staff were invited to contact the researcher to check eligibility and schedule an interview. Snowball sampling was used to distribute information regarding the study to potential eligible participants within participants' and researcher's social networks. Participation was voluntary and the researcher did not have direct contact to eligible participants. Informed, written consent was obtained from each participant prior to undertaking and recording interviews (Appendix C). Data was de-identified and responses which included sufficient information to identify students were altered to maintain confidentiality. Although the research questions were not expected to result in distress, participants were provided with the *beyondblue* hotline and could stop interviews if required.

2.2.2 Data collection

Semi-structured, face-to-face, audio recorded interviews were employed to collect qualitative data. Rapport was established with introductory demographic questions before conversation was led towards definitions and interpretations of the label 'Autism Spectrum Disorder'. Discussion was flexible and participant-led; a series of open-ended questions (Appendix D) guided but did not dictate the structure of interviews. Participants were able to provide any additional concluding remarks at the end of the interviews. Initial interviews found that questions surrounding the management and treatment of children with ASD resulted in responses focused upon teaching pedagogy rather than providing an indication of personal experiences regarding differential treatment. To avoid heavy focus upon teaching practices, these questions were eliminated in subsequent interviews. All

interviews were conducted by the student researcher, and occurred at the school where the participant taught, with the exception of one participant with whom there was a prior affiliation. Interviews were approximately one hour in length (ranging from half an hour to 1 hour and 7 minutes). Data collection continued until data saturation occurred (Braun & Clarke, 2013) with no new information provided in the last two consecutive interviews.

2.2.3 Data Analysis

Thematic analysis (TA; Braun & Clarke, 2013) was employed to examine the data, a process which involved the identification, analysis and description of meaningful themes existent within the data. Audio-recordings were transcribed and de-identified by the researcher before Braun and Clarke's systematic six-phase process of TA (2013) was utilised. The first step '*familiarisation with data*' was completed by initial transcription, repetitious reading of transcripts and writing preliminary notes on thoughts and common ideas presented. '*Complete coding*' was achieved through the identification of data relevant to the research and providing a label for key analytical ideas from the data, both manually and using computational analysis software, '*NVivo*'. Related, identified codes were then collated into candidate, central themes in the third step of '*identifying themes*'. The researcher then '*review[ed] themes*' whereby the representativeness of the themes in terms of the coded data and the overall data set was assessed. The process of '*defining and naming themes*' involved the ongoing description, analysis and refinement of themes, whilst the final step of '*producing the written report*' concluded the TA process.

An independent qualitative researcher reviewed codes and candidate themes and confirmed identified themes as representative of the corpus of data. During analysis an audit trail recorded thoughts, reactions, challenged assumptions and critiques of interviewing techniques, allowing the researcher to be aware of the influence of personal opinions and affinities. With a propensity towards wellbeing outcomes related to ASD, the researcher practiced reflexivity to avoid influencing the

identification of themes. Self-awareness enabled the researcher to document rationale behind the identification of themes, ensuring the validity of the TA process was maintained.

2.3 Assessing Quality in Qualitative Research

Tracy's (2010) '*eight 'big-tent' criteria for excellent qualitative research*' was used as a pedagogical tool to guide methodology. Tracy's (2010) criteria of '*worthiness*' and the practical and theoretical rationale behind the study's '*significant contribution*' have been previously discussed in Chapter One. '*Ethical considerations*' have been previously discussed (Chapter Two). The criteria of '*rigour*' emphasises that quality qualitative research is characterised by "a rich complexity of abundance" (Tracy, 2010, p.841) demonstrable within theoretical constructs, data sources, contexts and samples. Rigour was established within methodology by continuing interviews until data saturation, maintaining an appropriate and well-represented sample, ensuring high accuracy in transcription of interviews and complete immersion in data analysis. Themes are presented and communicated in such a way to ensure '*resonance*' and relevance to readers as demonstrated in Chapter Three. The study emphasised '*sincerity*' through the self-reflexive process of maintaining an audit trail and demonstrating transparency of challenges throughout the study. '*Credibility*' was established through the reviewing of themes by an independent qualitative researcher. The study demonstrates '*meaningful coherence*' by using a suitable methodology for the research aims and intending to interconnect existent literature with identified themes and interpretations (Chapter Three; Chapter Four). The research also adhered to Tong et al.'s '*consolidated criteria for reporting qualitative research*' (COREQ; 2007) to ensure appropriate, rigorous collection and analysis of data.

CHAPTER 3

Results and Discussion

Interpretations of diagnostic labels and ASD terminology are discussed first to contextualise emergent themes in regard to the implications of labelling a child with ASD.

3.1 Autism Spectrum Disorder as an interpretable construct

Although Autism Spectrum Disorder is stipulated within *DSM-5* diagnostic criteria (APA, 2013), interpretations of ASD and associated diagnostic labels of being ‘on the spectrum’ or being ‘autistic’ varied. Individuals were active in making meaning of the ASD label; diagnostic criteria guided but did not form understandings. Instead, participants negotiated ASD labels to frame understandings of Autism Spectrum Disorder in the context of individual interactions. Analysis reflected the variable interpretations of autism through the identification of three themes; ‘*Autism Spectrum Disorder as a disorder*’, ‘*Autism label as a double-edged sword*’ and ‘‘*On the spectrum*’ *as both a diagnostic label and common language term*’ (Table 2).

ASD was understood as a diagnosis provided through the fulfilment of criteria, therefore situating explanations of behaviours within medicalised, diagnostic frameworks. ‘*Autism label as a double edged sword*’ reflects the dissonance individuals experienced when utilising the label to establish context and make sense of behaviour, (Ho, 2004; Draaisma, 2009), but also highlights assumptions reliant upon cognitive short-cuts, thus denying the child’s individuality. Aware of ‘spoiling the identity’ of the child (Goffman, 1963), teachers avoided the autistic label, instead using ‘people-first’ language (Blaska, 1993). ‘On the spectrum’ terminology was identified as both substitutional language for the autism label and a generalised term that appropriates negative connotations. The expression ‘we are all on the spectrum’ was common; as a “continuity between the general population and the clinical population” (Lai et al., 2013, p.2), the ‘spectrum’ normalises ASD characteristics as everyone is perceived to exhibit them in some form (Kenny et al., 2016).

Table 2

Interpretation of Autism Spectrum Disorder according to participants

Organising theme: Autism Spectrum as a <i>disorder</i>	
Sub-themes	Illustrating Extract
Fulfillment of pre-established, standardised formal criteria	<i>"...In terms of having an ASD diagnosis its whether or not then you're meeting all the requirements under the what do you call it? ...The DSM-5 to meet a diagnosis of ASD"</i> (Participant A)
Label assigned by professional as result of diagnosis	<i>"I presume that there are certain er markers that [...] psychologists look for when they're assessing kids that if present with a certain range of behaviours, or um I don't know whatever else or another way to put it, but if they present in that way then they get um given a lovely label"</i> (Participant J).
Understandings situated within medicalised, diagnostic frameworks	<i>"...Sometimes I'll go was that part of the autism [...] or were they just being a little bugger?"</i> (Participant A) <i>"There are elements of well '<u>that's</u> evidence of [their] autism yes' and '<u>that's</u> evidence of something else' so we <u>are</u> referring to different things as we go through"</i> (Participant B)
Organising theme: Autism label as a <i>double edged sword</i>	
Enables transfer of information, justifies, explains events/behaviour	<i>"... [The label is] seen as way to justify behaviour and justify reactions by others- yeah if a teacher came in and said the <u>autistic</u> boy in year four [...] has hit this kid um it probably would be handled differently to (.) so and so in year four hit this kid"</i> (Participant C)

<p>Holds identifiable connotations to make 'sense' of behaviour</p>	<p><i>"[the parent would] love to have a t-shirt that said 'I'm autistic' 'I'm autistic' you know 'I'm okay for those meltdowns that happen in the supermarket aisle'"</i> (Participant was referring to a conversation with a parent) (Participant H)</p>
<p>Identifiable connotations or 'short cuts' denies identity of child</p>	<p><i>"...Every time [the child with ASD] did something wrong I can just imagine that [people will say] 'oh that's because [they're] autistic' you know, there's all of that label that comes with it, and it's not always a positive label because there's a lot of people that do see autism and um ASD as a negative thing like you know... a <u>catastrophe</u>"</i> (Participant I)</p>
<p>Active avoidance of the term autism</p>	<p><i>"I wouldn't... I wouldn't say now 'oh the autistic boy' ...that just that just feels <u>very</u> uncomfortable when I hear that [...] because it's- you're putting that term erm as if that's the sort of- it's almost like it boxes that child into a preconceived idea or what other person's preconceived ideas might be [...] it's almost medieval sounding isn't it really in a way it's sort of like saying 'the simple boy' or 'the dumb one' ...yeah it's got that feel to it for me really, that you've got a lot of preconceived or negativity around that really"</i> (Participant A)</p>
<p>Alternative person-first language</p>	<p><i>"Charlie's* parents always say "Charlie has autism but that's not how we define [them]" and I think that's really really important of any diagnosis you know you are that <u>person</u> first and foremost and you have these diagnoses of different things. Many people are diagnosed with anxiety and you may have that in mind when you're talking and interacting with them, but [...] I would <u>never</u> describe them as that 'so-and-so with anxiety' [...] it's just the person first and foremost and the diagnosis just helps you with strategies to do things"</i> (Participant B)</p>

On the spectrum as both a diagnostic label and common language term

<p>‘Everyone is on the spectrum’</p>	<p><i>“We <u>all</u> meet some criteria of it. There are some people who meet quite a few of the characteristics on that spectrum and there are others who meet enough of those characteristics to actually then have that diagnosis”</i> (Participant E)</p>
<p>ASD and ‘on the spectrum’ as synonymous</p>	<p><i>“We’re all quirky and different but it’s just as you go higher and higher there’s more boxes ticked and that’s the kids on the spectrum”</i> (Participant D)</p>
<p>Generalist term</p>	<p><i>“It’s a term that people use um (.) for want of a better word, so y’know it describes someone easily um but it generalises behaviours and it generalises expectations as well [...] I just think it’s [...] a term that [people] use pretty quickly”</i> (Participant G)</p>
<p>Generalisation as negative, downgrading</p>	<p><i>“ [The term] is almost a little bit downgrading [...] a little bit of a put down”</i> (Participant E)</p>
<p>Appropriation of negative connotations</p>	<p><i>“I almost perceive it as a negative term er and (.) really (.) because people do and have used it in a bit of a derogative way in saying oh well you- if you do something that’s a little left-field well then you’re <u>obviously</u> on the spectrum (.) um rather than acknowledging that every child is different and unique and has individual strengths um so I see it initially as a negative stereotype effectively yeah”</i> (Participant C)</p>

Note: *Names have been modified.

Four further global themes were identified; ‘*Diagnoses provides funding and therefore support*’, ‘*Diagnosis as information*’, ‘*Teacher/parent conflict in perspective*’, and ‘*Changing conceptualisations*’, represented in Figure 1 as a thematic network (Attride-Stirling, 2001).

3.2 Diagnoses provides funding and therefore support

The relationship between funding and accessing support was identified as an important implication of labelling children with ASD. As financial support is reliant upon formal diagnosis (Williams et al., 2005) teachers considered funding an influential catalyst for proactive intervention; “*[the label] opens doors rather than closes doors... it provides access to funding, it provides access to support*” (Participant E). Restrictions assumed on the basis of ASD labels were not replicated within teacher understandings, but rather appropriate funding enabled academic and social success; “*...without that funding I don’t think [children] would be successful in a mainstream class*” (Participant I). This theme is particularly relevant as approaches for inclusivity are encouraged within the modern schooling environment (UNESCO, 2016). If not facilitated adequately, “inclusion is nothing more than another label” whereby “students will continue to experience exclusion when placed in the regular classroom” (Lynch & Irvine, 2009, p.846). Financial support provided by diagnosis therefore enables teachers to access required resources to facilitate successful inclusion by ensuring the classroom environment meets the needs of children;

“*[...] [if] there is actually a diagnosis there [...] then the school will also attract some more funding which we can then put into our learning support programs which gives that child and other children more additional support so that the learning program in the classroom can be very inclusive for them, rather than one teacher struggling to teach many students all at different levels, so if we can get that extra support in then fantastic. That’s a win for everybody*” (Participant E)

Teachers conceptualised the label as integral to the facilitation of an inclusive environment. Perceived benefits of funding are grounded within a teacher’s professional philosophy to provide an accommodating environment for all children.

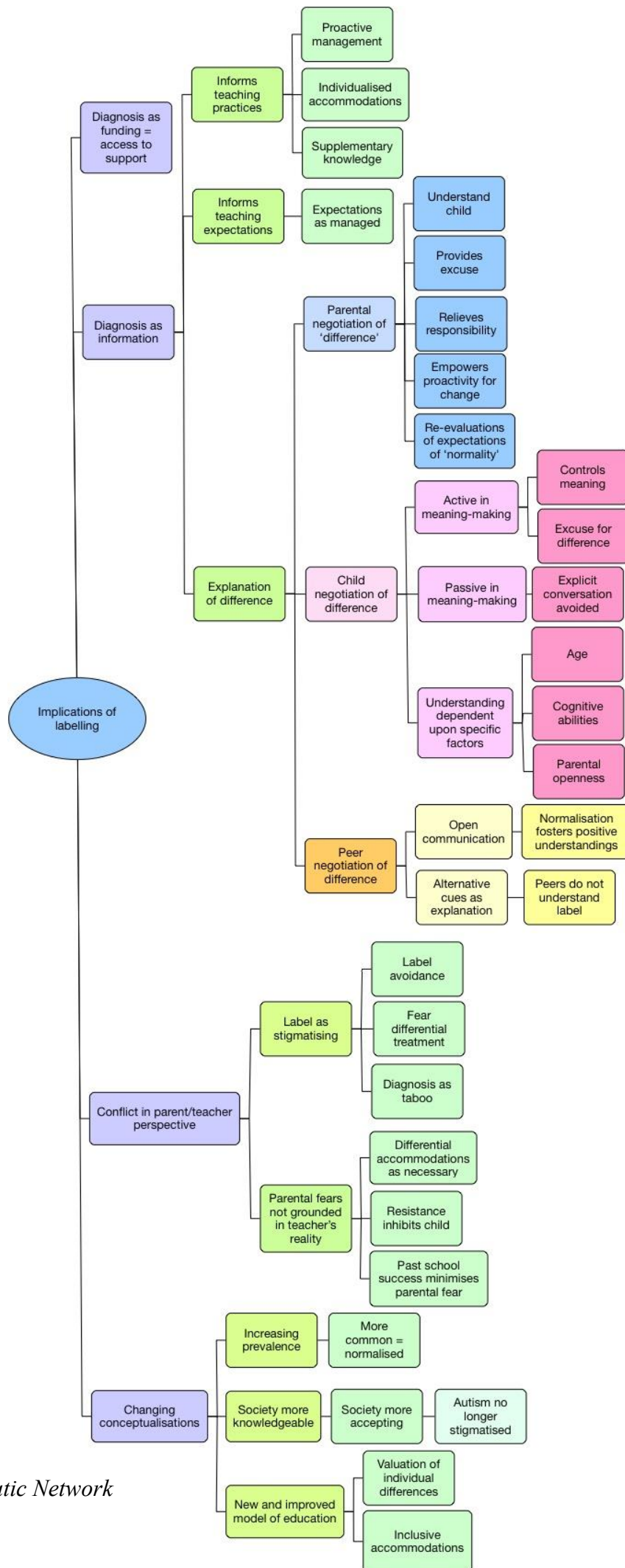


Figure 1. *Thematic Network*

3.3 Diagnosis as information

Encapsulating the fundamental information conveyed within the ASD label, ‘*Diagnosis as information*’ reflects how information is navigated and interpreted by teachers to ‘*Inform teaching practices*’ and ‘*Manage expectations*’. The organising theme ‘*Explanation of difference*’ explores how parents, children with ASD and peers are perceived to negotiate diagnostic information. ‘*Explanation of difference*’ is categorised by sub-theme to reflect individual groups’ interpretations of diagnostic information (Figure 1).

3.3.1 Diagnosis informs teaching practices

Diagnostic reports often recommend a range of supportive strategies relevant for the strengths and challenges of each child (Huerta & Lord, 2012). This diagnostic information influences a teacher’s understanding of the unique learning characteristics of a child, thereby informing teaching practices (Ferraioli & Harris, 2011). Identified themes of ‘*Enabling proactive management*’, ‘*Informing individualised accommodations*’ and ‘*Providing supplementary knowledge*’ demonstrate how teachers navigate diagnostic information provided by diagnoses. Any information that facilitated proactive strategy implementation was constructed as beneficial to the child;

“...*Gathering a diagnosis is extremely helpful (.) erm so if (.) you are able to have you know educational assessments ((coughs)) and regular updates of those, then information is incredibly useful because that feeds your planning, it feeds your strategies you use, the techniques you use...so diagnosis is really important*” (Participant B)

“...*There’s been things put in place and so [the diagnosed children] are able to manage with very little support because the structures are there*” (Participant G)

In this instance, a diagnosis is constructed as distinctive from the ASD label. Information conveyed within the diagnostic label of ASD itself enabled the transference of meaningful information within ASD knowledge structures (Mezzich & Berganza, 2005). Dissonance was experienced when using the label as expectancy-generating (Algozzine & Stoller, 1981), yet recognition that the label conveys

meaningful knowledge beneficial for teaching practices;

“...A labels a label, and we say ‘you shouldn’t label that child’ [...] and I guess we try not to label but I think this is... I think this is quite different, because it will... I think it meets an end and without it we can’t possibly survive in the classroom all day, without support, without things put in place...we need that label we so do” (Participant H)

Negative attributions or misconceptions of inability were not identified as influential over a teacher’s informative usage of the label. Rather, information conveyed within a label highlights adaptations that must be made to manage characteristic behaviours of ASD. Teachers with positive attitudes towards managing the inclusion of children are more likely to proactively foster academic and social success (Park & Chitiyo, 2011). The sub-theme *‘Individualised accommodations’* similarly reflects the importance of diagnostic information in organising support for the specific needs of a child with ASD. Individualised accommodations were reported as individual learning and behaviour plans, or tangible accommodations;

“You know in schools there are formal steps to help children that have got a formal diagnosis so they move to an individual learning plan an IEP an individual education plan [...] it gives you that central piece to agree to how best support that child so I think that’s one of the real benefits” (Participant C)

This highlights that the label is helpful in the school community; implementation of accommodations on the basis of the label minimises barriers that may impede educational outcomes. Such proactive accommodations would be unattainable without the label. Diagnostic information was also specified as *‘Providing supplementary knowledge’* of a child. Assessment reports detail strengths, challenges and areas requiring management, therefore providing an explanation, in which better understanding of the individual results in directed support;

“I think that the more you know about the child and the more you know [about] the way they think and they move and y’know [...] the way they are...in anything in life you think, y’know

the more you know about something the better you can become at it or help them or yeah...what I'm saying [is] if you don't have a diagnosis and you don't know and this particular child every time they go to music they're playing up (.) how do you figure out (.) what's going on and what's causing it" (Participant D)

Without diagnostic information the management of the child's learning environment would not be considered, nor would the impactful nature of the disorder. Although diagnosis provides information, labels and resultant information supplements insight gained from personally knowing the child; “ [it's] almost like a back story [...], you still get to know the child, [...] the child doesn't exist on paper” (Participant B). This sentiment is reiterated by another participant;

“The ASD label... it comes with a shortcut. So you know someone's done an assessment and there's a letter of recommendations that tells [these are] the things that could be helpful and beneficial and these are the things that need to be worked on, and so in that sense it's great for a teacher because it's extra information before you even have to do the finding out for yourself, but it doesn't change the finding out really. You still have to meet the kid, you still have to get to know the kid, you still have to work with them regardless of who they are or what their label says. They're still a person and you need to work with them” (Participant J)

Teachers are aware of the potential ‘spoiling’ nature of a diagnostic label (Goffman, 1963). As diagnostic information is supplementary to one's understanding of a child, participants ensure the child's identity remains whole and that the label does not become “more significant than the nature of the child” (Hodge, 2005, p.345).

3.3.2 Diagnosis informs management of expectations

Participants expressed that they have expectations for all children regardless of labels, however expectations for children with ASD differentiated within academic, social and behavioural domains. This variation was a result of perceived ‘controllability’ over disorder characteristics.

Although the label was influential upon a teacher's construction and management of expectations, interactions and treatment of children with ASD differed more than expectations themselves. Diagnosis allowed for justification of differential treatment if expectations were not met. Participant C discussed how he would manage a situation differently if aware of a diagnosis;

“If there were two children I knew that they weren't ASD kids and one went up and punched them I would handle that probably much more directly um and harshly potentially then a child that I knew had some extreme ASD behaviours and they find it really hard to self-regulate and there were three or more incidences leading up that triggered that behaviour. So I'd handle it differently but it's still in my opinion right or wrong” (Participant C)

Participant C demonstrates how educators form a 'locus of control' (Rotter, 1966) in order to manage attributions and expectancies. Treatment was managed in terms of the individual by forming attributions about the perceived 'controllability' the child held over behaviours (Weiner, 1985). The following extracts indicate how perceived capabilities or 'locus of causality' influence expectations;

“I would definitely expect a lot less um in things like the presentation of their work I would expect less um because you know often fine motor skills um are affected um there'd be some situations um where I would know that they could not be successful” (Participant I)

“Academically definitely [expectations differ] erm (.) I plan a completely different week for [name of student] um because er academically [they're] erm (.) at least 3 years I'm operating on an end of year two beginning of year three academic level for [them]” (Participant B)

If children are not perceived as being in control of behaviours, the level of supportive emotions and helping behaviours required of teachers are increased (Ling et al., 2010), implemented via the management of expectations, adjusted curriculum and differential consequences. Individualised expectation management enables teachers to support children to achieve personal success, a concept Participant C explains as common-practice for educators;

“[Expectations] don't really differ because I (.) I really expect every child that I'm working

with (.) um to achieve their personal best, so it's just different for every child regardless of a diagnosis or um or a disability. I want every child to achieve personal success, so for me it's really about figuring out um what that looks like for every child, so a child with ASD it would be tapping into their strengths and it would be figuring out what they're really good at and helping them flourish in that space, erm and figuring out what their challenges are and helping them learn about how they can develop those challenges, but I'd be doing that for every child in class anyways so for me I don't really see it as any different” (Participant C)

Expectation management is based upon students' strengths and capabilities therefore “*not assuming children cannot do things*” (Participant A) thus avoiding limiting expectations. There appears to be a ‘fine line’ between managing realistic expectations of a child’s capabilities, but also avoiding assumptions that children cannot achieve more than the expectations set for them. Labels therefore are influential in the management of expectations but do not necessarily dictate what is, and what is not realistic for the individual.

3.3.3 Diagnosis as ‘explanation of difference’ for individual stakeholders

‘*Explanation of difference*’ is defined by how teachers perceive parents, children with ASD and classroom peers to negotiate the information conveyed within an ASD label. For each group, the label is a symbol of ‘deviance from normality’ in which one must interpret, justify and make meaning of the differences associated with an ASD diagnosis. Methods of explaining ‘difference’ are examined within sub-themes and basic themes (Figure 1).

3.3.3.1 Parental negotiation of ‘difference’

Parents were framed as actively involved in the process of receiving and making meaning of an ASD diagnosis. Parents were perceived to manage ‘difference’ in several ways, reflected within five basic themes: *Providing an understanding of child*, *Providing an excuse*, *Relieving responsibility*, *Empowering proactivity for change* and *Re-evaluating expectations of normality*.

Diagnostic information can allow parents to ‘make sense’ of a child’s behaviours or deficiencies, within the criteria-based characteristics of the disorder;

“When the parents do actually read that [diagnostic information] they’ll go ‘oh now we kind of understand why we can’t [do a particular action], why this behaviour happens when we’re out in public, why this happens at certain times’” (Participant E)

“I think for some it’s really positive. I think for parents who are at the end of their rope to finally go ‘happy days um this is what all along y’know...this is why we’ve got sleeping issues, eating issues, um issues with texture, wearing clothes, they will only eat rock melon and fritz’...um I think for them they go ‘thank goodness’” (Participant H)

Diagnosis can be understood as positive and relieving for parents, providing an understanding of why their child may act or behave a certain way (Midence & O’Neill, 1999; Braiden et al., 2010). ‘Difference’ was also managed by negotiating the disorder as an opportunity for excuse, explicitly highlighting the child as different;

“It depends on the attitude if it is ‘they’ve got ASD’ it can go (.) um one way where the parents um stick up for the child and go “they’ve got ASD don’t do that”, y’know what I mean like and it becomes an inhibitor...it stops them, it’s an excuse to not participate, it’s an excuse not to try, it’s an excuse not to talk to someone or be kind y’know, so it’s very much how the family deals with it, if they kind of go ‘this is a label, little Johnny doesn’t have to do anything anymore’” (Participant F)

In a meeting, Participant F recounted how a parent *“pulled out the other day ‘well because of her autism...’”*, which the teacher refused to accept, instead commenting, *“you’re not going to be pulling that card and say [they] can’t [...] because if we do that we’re limiting [their] ability”*. When parents excuse and highlight difference, their child may conform to limiting assumptions, Participant F denies the possibility of self-stigmatisation by overtly remarking upon habits of parental excusal.

Parents were perceived to develop attributions regarding where the ‘responsibility of difference’ rests, and in doing so, framed the disorder as responsible;

“...As hard as it is, [diagnosis] gives [parents] some peace of mind that wow, we haven’t been screwing it up as parents y’know because as parents we all want to do the right thing by our child” (Participant E)

“For parents of kids who have been diagnosed it can bring a sense of ‘ohh okay so it’s not them, it’s not me, it’s not the situation, it’s- this is something that’s part of them that you know we couldn’t have done anything about, but we can do things with now that we know about it’ so so it could be a really great thing” (Participant J)

Parents were recognised to extricate themselves of responsibility for the diagnosis and make external causal attributions on the basis of disorder characteristics (Fiske & Taylor, 1991). Participants suggest once parents are relieved of responsibility they are ‘empowered to proactively pursue change’;

“I would say the majority of the parents erm with children who have been given that diagnosis are relieved in a way because it’s a part of the process to move forward” (Participant A)

“I’d rather know what my child was like and I might grieve for a bit and yes and I might be really sad and but y’know then you can go and ask for help you can go to you know [Autism support organisation] and you can get some help [...] but if you don’t know then your child- your child just continues to struggle so” (Participant D)

The empowerment for positive change is contradictory to the aforementioned excusal on the basis of a label, demonstrating the complex nature of parental interpretation. Although empowerment would be a beneficial means of managing ‘difference’, parents were required to first ‘re-evaluate expectations of normality’ in order to implement changes. Parents were conceptualised to grieve the loss of idealised expectations;

“Every mother and father wants to have a healthy beautiful thriving child and um (.) sometimes that doesn’t happen and that can be a huge let down to a mother and father that just have a (.) idea on what they see as a perfect little family unit” (Participant I)

“I think it’s back to that...because it’s you and your children that you feel that it’s not quite perfect and anything that’s not there could be problematic whether it actually is in life or not is kind of irrelevant, but that idea that it’s not quite right in that sense [...] I’d imagine it would be hard as a parent to have to process that and work through it and to recalibrate ‘ah okay so this is what life is actually like rather than this perfect kind of movie script that I had in my head’” (Participant J)

Disturbances of normality required *‘recalibrat[ion]’* to recognise the impact a child diagnosed with ASD has upon parents’ notion of self and family. Literature has demonstrated that the label was synonymous with the loss of normality (Russell & Norwich, 2012). However, this study denotes the perceived methods parents use to reconstruct and reframe ideals of normality after the assignment of the label.

3.3.3.2 Child negotiation of ‘difference’

Three sub-themes reflect the role of the child in utilising diagnostic information and their perceived level of understanding; *‘Child as active in meaning-making’*, *‘Child as passive in meaning-making’* and *‘Understanding dependent upon specific factors’*. Further basic themes were identified within sub-themes (Figure 1).

Participants recognised that some children actively understood and negotiated the label as an explanation of ‘difference’. Teachers shared experiences in which children identified with the ‘difference’ and were consequently empowered by the diagnosis to assert control over the disorder. Some children were observed as proudly *“wear[ing] [the label] as a badge”* (Participant H);

“For some children they’re empowered by that diagnosis and so that is a useful thing for

them it helps them make sense of why sometimes they seem to be seeing the world differently or acting a little differently and it actually gives them some power to attach some meaning to it” (Participant A)

“...I think (.) it’s good as a child becomes older for them to understand what’s going on with them you know and and to not always think why do I always find this difficult why do I always think this way and why is it so much more difficult for me to do this well if they think of well I have this so I I do it this way (.) and or I’ll actually have to call on these tools to help me I think as they grow into adulthood it’s less of a mystery and it’s helpful to them” (Participant B)

Understanding and knowledge of a diagnosis may result in a child’s empowerment to proactively utilise supportive strategies whilst enabling a better sense of ‘self’ (Baines, 2012; Mogensen & Mason, 2015). Active interpretation of the label also provides autonomy as label meaning is controlled and dictated by the child (Hodge, 2005; Mogensen & Mason, 2015). Participants noted, however, the adverse interpretation of one’s label of ‘difference’ to excuse and purposefully restrict ability;

“I had a [child] that I taught many years ago [...] [they] would often say ‘no I can’t do that...other children do that but I don’t do that, I’m different’ and [they] would label [themselves] as different quite proudly” (Participant E)

“I’ve seen that (.) um [apathy] (.) it’s very manipulative and it allows them not to participate, y’know it- there’s no mental stretch, there’s no growth, it’s just kind of like ‘this is me’ bang ‘I don’t need to do anything cause this is me’” (Participant F)

Research indicates that although some individuals with ASD tried to avoid using the label as an excuse, it was deemed necessary in order to validate experiences of difficulties and to obtain educational support (Mogensen & Mason, 2015). Participant H’s recollection of a child going “*off [their] chop underneath the table and shouting ‘Don’t you know I’m autistic!’*” demonstrates both

the active identification of the diagnostic label and harnessing the label as justification for differential behaviour and treatment.

In other instances, the label was passively assigned to the child resulting in minimal personal interpretation. As conversations regarding diagnosis were intentionally avoided by teachers and parents, children were unaware of the disorder. Participant B faced internal conflict deliberating over the necessity for her students to know their diagnosis, saying she would “*never use the word autism*”. Instead, she used implied language such as “*special needs*” to explain differential accommodations to students. The extent of a child’s perceived understanding of their diagnosis was seen as influenced by age, degree of parent openness and level of cognitive ability. The need for explicit conversation was dependent upon teachers’ judgements of whether students were capable of understanding the label.

3.3.3.3 Negotiation of ‘difference’ by peers

Education regarding the disorder was vital in fostering peer understanding and ‘explaining difference’. Open conversations about ASD facilitated positive understandings and resultant ‘normalisation of difference’. Although methods of educating peers about ASD varied, it was recognised that open conversation fostered supportiveness, and in some cases peers adjusted their behaviour to accommodate children with ASD;

“I’ve seen it particularly at my school where if with parental permission we can freely talk about it, then the other children are very supportive, really look out for the kids and, erm include them more...I think because they have a new level of awareness - that is actually a helpful thing” (Participant A)

“I think [open conversation] gives the other peers more information so that they can modify their play they can modify their interactions so that the interactions can be positive rather than having unrealistic expectations that that child can’t meet at that particular time of their development [...] children are very good at doing that - of modifying their play accordingly

to adapt for somebody else to enter that play, once they have an understanding and they have a bit of a tool kit themselves of how to actually respond and make it a positive experience yeah” (Participant E)

It was common-practice for teachers to discuss with their class about different methods of learning and the variable nature of strengths and weaknesses. Conversations explained why a child may behave a certain way in order to build a tolerance of behaviours considered ‘abnormal’;

“I think sometimes it’s good for children to know [about Autism] for example if erm (.) children with autism have a bad day and are possibly erm (.) aggressive or act out in that way it’s possibly good to know for children that there is an accommodation there”

(Participant B)

Open education for peers has previously been used to facilitate acceptance of students through the providence of information that explains autism and describes similarities between peers and children with ASD (Campbell & Barger, 2011). Communication is founded upon the idea that providing information to peers reduces inaccurate information and misattributions about the presentation of ASD (Campbell & Barger, 2011). By explaining behaviour, peers are able to ‘normalise’ and form a conceptual understanding of ASD, thereby modifying interactions and demonstrating an understanding of the differential needs of children with ASD. Some teachers suggested open conversation with peers was unnecessary, and peers were instead informed by years of experience interacting with children with ASD.

“Children are incredibly intuitive you know so and these children have been with these children for quite a few years going through, so they’re aware of differences and (.) although we don’t- it’s not a language that we would use, we wouldn’t go around saying “okay Fred’s autistic, John’s autistic” (Participant B)

Past studies found that primary school children were unfamiliar with the term ‘autism’ using other cues to explain behaviours of ASD (Swaim & Morgan, 2001; Campbell et al., 2004). Peers appear to be informed by atypical behaviours associated with disorders, rather than the diagnostic label themselves (Cornett-Ruiz & Hendricks, 1993; Brosnan & Mills, 2015);

“I don’t think it has anything to do with the label um but it’s to do with behaviour they observe so like children wouldn’t actually know (.) that that child’s been diagnosed with ASD” (Male, Participant C)

“[Peers] couldn’t articulate that ‘that child’s got ASD’ but they can themselves notice behaviour that’s different that is behaviour typical to children with ASD yeah” (Male, Participant C)

Participants believed the use of behavioural cues as basis for explaining ‘difference’ was a consequence of peers not understanding the ASD diagnostic label. Instead *“they will look at that child as an individual and how that child interacts”* (Participant E);

“They wouldn’t be able to say bang that’s your- like an eight year old’s not going to sit there and say ‘yeah that child’s been diagnosed with ASD’” (Participant C)

“I don’t think [the label is] important for kids- for peers. I don’t think they care at all. I don’t imagine they use that word in any sense in description about kids like that” (Participant J)

Despite literature finding negative attitudes towards the ASD label (Kite et al., 2013), this was not reported within participant experiences of peer interpretations. While *“most are incredibly tolerant [...] and adjust behaviours”* (Participant B), there are children who will find opportunities to elicit disruptive behaviours in order to *“poke the bear and see what happens”* (Participant C). Peer manipulation of children with ASD is based upon the reactive nature of a child’s behaviour, rather than the presence of the ASD label.

3.4 Teacher/parent conflict in perspective

The theme '*Teacher/parent conflict in perspective*' represents experiences of parental resistance in undertaking the diagnostic process, as they are perceived to view the label negatively. The organising theme '*Parents perceive label as stigmatised*', reflects how teachers observe parental fear and stigma towards the ASD label. The organising theme '*Parental fears are not grounded in teacher's reality*' demonstrates conflicting perspectives; parents often resist the label, yet teachers offer an alternative insight whereby differential accommodations are deemed imperative (Figure 1).

3.4.1 Parents perceive label as stigmatised

Research has indicated that parents perceive the ASD label as stigmatising towards themselves and their children (Gray, 2002; Kinnear et al, 2016). Fear of potential stigmatisation was observed within participant experiences with parents. Sub-themes of '*Parents engage in label avoidance*', '*Parents fear differential treatment*', and '*Diagnosis as taboo*' were identified as consequences of the parental perspective that the ASD label is stigmatised.

3.4.1.1 Parents engage in label avoidance

Participants noted that parents resist their advice and recommendations for formal diagnostic assessment, thus denying ASD group status, failing to accept institutional support and engaging in label avoidance (Corrigan & Matthews, 2003; Corrigan et al., 2004). Parents were identified as fearing the label (Russell & Norwich, 2012) in which diagnosis was "*a very scary negative thing*" (Participant A);

Some parents do shy away from educational assessments cause they're scared of the label"

(Participant B)

"So for some parents it would be a blessing that this is a label that helps to explain things and comes with support, for other parents who don't want the negative I suppose the kind of, I can't think of the word off the top of my head, but those kind of negative associations that come with a label [...], they want their kids to be seen as people rather than as a label then- the labels important in the wrong way for them" (Participant J)

Parents maintain the integrity of their child's character through label avoidance. The stigma held towards ASD was demonstrated in differential responses for recommendations of assessing dyslexia and a recommendation for an ASD assessment;

“You’d be surprised how many parents won’t think twice about when you’re saying I think we should get them tested for dyslexia and if you go down the other path and say look I think we need to look at these checklists [for ASD] and it’s yeah there’s a huge- there’s a complete different reaction it’s- dyslexia is so much more accepted” (Participant I)

The gravity of an ASD diagnosis is evident; some parents perceive there to be significant adverse implications if their child is labelled with ASD. Recognition that parental label avoidance is a result of society-driven stigma, enables an educator to reframe the disorder and the implications of a label within the context of a positivist educational environment;

“The story of the child’s school experience I think is really important in breaking down the negative stereotype and stigma for parents because that’s probably, and when I think about it, that’s probably one of the big challenges is parents not wanting their child labelled and y’know that comes back to the comments about on the spectrum cause in society that’s used in a negative way” (Participant C)

3.4.1.2 Parents fear differential treatment

Teachers perceived that parents often resisted receiving a diagnosis as they feared their child would be treated differently;

“I have worked with parents who don’t want a label because they have a negative stigma that “oh if my child’s labelled bad things are going to happen” erm and I think that’s fairly common as well that parents don’t wanna go down the path of having their child labelled” (Participant C)

“...Other parents find it difficult to um cope with the fact that their children might be

accommodated in different ways and not wanting people to know” (Participant G)

Labelling theory suggests that by assigning a new identity, role and set of expectations on the basis of a label, interactions with the individual are differentiated and ‘damaged’ (Hebding & Glick, 1987). Stereotypic attributions of ‘difference’ associated with the label were believed to influence parental fear;

“Yeah that [resistance] probably comes out of fear like they don’t- every parent wants what’s best for their children, but they may fear that um by having a label or a diagnosis they’re just going to be put into the same category of that child that has the more extreme behaviour even if [their child] doesn’t” (Participant C)

Stereotypic attributions based upon severity are recognised as influential over individuals’ constructions of the ASD label, in which attitudes generalising the perceived incapacities associated with autism form negative understandings (Draaisma, 2009; Russell & Norwich, 2012). Parents feared their child would be categorised on the basis of severe autism stereotypes which would then result in differential treatment. This fear is substantiated within the literature; assumptions of behaviour severity leads to the distancing and discrimination against the labelled group (Link & Phelan, 2001).

3.4.1.3 Diagnosis as taboo

As some parents view the ASD label as stigmatising, teachers explained how they must treat the conversation of possible diagnosis cautiously;

“Yeah it’s a very very difficult conversation for a teacher to have, very much taboo, no one wants to be the person that does that it’s like- it’s similar to you know no one wants to be the teacher that gives an F, similar thing you don’t want to have to be that one that I guess (.) tears the family, disappoints the family in this diagnosis, so yeah it very much needs more support from leadership to have those hard conversations” (Participant I)

Sensitivity towards the label influences how educators broach the topic, attempting to achieve positive reactions from parents whilst simultaneously reproducing the ‘taboo’ and ‘undesirable’ nature of ASD within discourse. Conversations regarding the need for diagnostic assessments are carefully negotiated by educators over the span of several meetings. Due to the evident negative reaction towards the diagnosis, particular methods were used by teachers to intentionally remove preconceptions of stigma or bias from assessing the possibility of ASD;

“I know previously when I have thought there might be some sort of um on the spectrum there, I’ve got the checklist that we use [for ASD behaviours] and I’ve actually taken off the title where it talks about what we’re actually testing for um so that I can get parents to do that without having an idea, before I start to think ‘okay so how do I have this conversation, how do I have this really awkward conversation with the parent to think, you know this is something that we need to investigate a little bit more’” (Participant I)

The purposeful removal of the ASD label from the title of the behaviour checklist assumes that parents will approach the checklist with fewer negative assumptions and remain impartial in the process. Participant I is aware of the negative biases parents may adopt when framing the diagnosis as influential upon their child.

3.4.2 Parental fears are not grounded in teacher’s reality

There is an apparent discrepancy between teacher perceptions and parents’ interpretations of the implications of labelling a child with ASD. Teachers frame a diagnosis as positive and necessary to implement appropriate pedagogical support. Parental fears and negative attributions towards the label are therefore not grounded within a teacher’s reality. Three sub-themes highlight the ideas raised by participants; *‘Differential accommodations as necessary’*, *‘Resistance inhibits the child’*, and *‘Past school success minimises parental fear’*.

3.4.2.1 Differential accommodations as necessary

Differential accommodations provided through diagnosis were deemed as essential for the functioning of the school and the educational outcomes of the child. This perspective is a direct contradiction to evidence of parents fearing differential treatment (3.4.1.2);

“For parents a lot of the stigma is around that the child will be treated differently in the classroom and yes their child will be treated differently because their child has different needs, so the teacher has to respond to the child differently, but often they will only see that that’s a negative, they don’t see the positive to that” (Participant E)

“I think as an educator I think labels are great, but there are parents that don’t. They don’t want people... they do not want their child treated differently, however their child is different, their child is very different, they have different needs. We love them all just the same cause I believe you love them first, teach them second” (Participant H)

‘Difference’ associated with the child is not regarded as negative, contrasting with parental sensitivities that differential treatment may hinder their child. Difference is constructed as fact; although differences cannot be ignored, they can be managed. Direct resistance to differential accommodations was experienced by Participant H, who upon recommending the need for equipment to a parent, was rejected;

“...that particular [child] um (.) [they] self-regulate by biting like [they] need to bite like [they] bite the ends off pencils and we’ve suggested chew toys but mum won’t have them because she says ‘it will make [them] look different and stand out’ and a little bit of me goes ‘really? like your [child] is different, [they] are different, and [they] have different needs’ [...] - so [they] daily go home with [their] shirt that [they’ve] chomped on and it’s like like [they] have just chewed it within an inch of its life” (Participant H)

Resistance of accommodations on the basis of ‘appearing different’ is negated by teachers’ conceptions that children exhibit noticeable differential behaviours and characteristics. Teachers

accept that differences must be highlighted in order to best manage children's needs, but the highlighting of 'difference' is inconsequential to the overall wellbeing of the child.

3.4.2.2 Resistance inhibits child

Resistance was argued to hinder the achievement of educational outcomes. Refusal was considered a disservice, as children were left unequipped with strategies and methods of proactively managing their disorder;

“Different teachers have asked parents to have [them] assessed all the way through they have just not, [they have] refused, and I think it's going to be a disservice because (.) um [they're] going to be up against it all the time, you know whereas if there were an explanation, then people would be more tolerant” (Participant B)

Teachers often sought permission from parents to engage in conversations about students' needs. Participants recognised a conflict in respecting reasons for resistance, whilst forming professional judgements about what was beneficial for the child. This dissonance was evident in the consideration of advantages associated with informing children of their diagnoses;

“When they're having the melt down in your classroom about something and you would like to be able to help them understand a way to manage that for you know the future, erm you've got to be very sensitive around what you're saying and sometimes...it's restrictive what you can actually... it's difficult and I think what are we doing by not helping children understand that?” (Participant A)

Whilst teachers identified that parents are often supportive and responsive to recommendations, the resistance of other parents highlights the disconnect between parental attitudes and the reality of teachers' experiences within the educational environment.

3.4.2.3 Past school success minimises parental fear

Parental attitudes of stigmatisation and fear of the possible implications of a label were perceived to be minimised by past records of school ‘success’. Parents were encouraged by the successful implementation of strategies and accommodations to integrate children with ASD into the learning environment;

“I think we have err (.) um (.) a good track record I guess of children with various sort of levels on the spectrum being fully integrated into the school... then it’s not so scary”

(Female, Participant A)

Participant H utilised the positive outcomes achieved by the school as grounds for relieving parental worries;

“I say to those parents that they’re going to be okay, they’re going to be okay. I’ve even seen... I’ve seen children that I’ve had in Year One that are now in Year Five that have made monumental leaps, have gone from rolling around on the floor every single day to actually attending, engaging, participating, being an active listener and you think you know- you wanna show those parents those kids and say, you know they’re going to be okay”

(Female, Participant H)

The alleviation of stigma and fear is replicated within literature. It was found that parents were more likely to be supportive of diagnosis and inclusive education when they perceived teachers to be ‘good quality’ and a trusting relationship had been established (Falkmer et al., 2015). It is evident that the practices of the school and the perception of the educational environment is vital in framing the ASD label as positive.

3.5 Changing conceptualisations

The global theme ‘*Changing conceptualisations*’ suggests that societal and educational reforms are increasing positive understandings. The perceived parental negative implications of labelling are

therefore mitigated by the identified sub-themes, *‘Increasing prevalence of ASD’*, *‘Society is more knowledgeable’* and *‘The new and improved educational model’* (Figure 1).

3.5.1 Increasing prevalence of ASD

The current ‘autism epidemic’ has been noticeable within Australian schools (O’Connor et al., 2015). Participants described the school structure as “*bottom heavy*” (Participant B) whereby younger year levels possessed the largest percentage of children with ASD, demonstrating the rising prevalence;

“We’ve got ten [children with ASD] ... I think we have got eight, over eight, in a double little Reception class, next year there’s going to be ten so it’s yeah it’s a lot. The Year One class we’ve got over there has got about four or five...” (Participant H)

The increasing prevalence of ASD within schools holds multiple implications for teachers, the classroom environment and educational practices. Of most interest, is the idea that increasing prevalence of ASD results in attitudes of normalisation. Children once singled out as ‘different’ or ‘abnormal’ are now accompanied by many other students with an ASD diagnoses. Autism Spectrum Disorder is no longer considered ‘different’, but rather an inevitable component of a functioning and inclusive school community;

“I think probably more children are being diagnosed [...] I think back in the day when I first started there was maybe one or two children in the school that had been diagnosed so they were more I guess unique so to say um whereas now there’s a lot of children or seem to be a lot that are being um diagnosed with ASD so its become more mainstream or normal I guess” (Participant C)

This normalisation or ‘mainstreaming’ of ASD minimises opportunity for stigmatisation, as perceptions of ‘abnormality’ and ‘deviancy’ are not grounded within the prevalence of children diagnosed with ASD. This idea is replicated within society; increasing prevalence results in greater exposure and experiences of ASD;

“I think most people these days y’know you say you have a child on the spectrum they will know someone who’s got a child on the spectrum or their- their sister will have a child on the spectrum and do y’know what I mean because it’s the- more children are being diagnosed with it” (Participant D)

Direct, high-quality contact with individuals with ASD and other disabilities has previously demonstrated a reduction in stigmatised attitudes. Stereotypic attributions are superseded for real-life experience (Rosenbaum et al., 1986; Butler & Gillis, 2011; Gillespie-Lynch et al., 2015). Increasing prevalence of ASD diagnoses may enable informed understandings of the ‘true’ nature of ASD, rather than relying upon misinformed stereotypic assumptions.

3.5.2 Society is more knowledgeable

It was perceived that society is currently more knowledgeable and aware than previously experienced. ASD diagnoses were once a reason for exclusion from schooling environments as teachers held stigmatised attitudes;

“I think there was a lot of fear around Autism [...] but I know with other teachers you know they would say ‘I don’t want that child in my class. I’m not trained’ or ‘I don’t know how to deal with that child’ without really knowing the child you know” (Participant B)

“I remember years ago it probably doesn’t happen now because I think more people have an understanding of ASD, but y’know the whole thing of oh just ‘these kids just need some discipline, they just need a good smack on the butt’ kind of thing or put back in their place y’know ‘they’re just naughty children’ erm so there’s lots of that talk years ago erm whereas now I think that has settled down erm...well I hope it has” (Participant F)

Participants now perceive society as more accepting of individuals with ASD. Through knowledge gain, the ‘fear of the unknown’ is reduced;

“I just feel that erm people are getting much more knowledge and awareness I think of [ASD] because it seems to be more... it certainly seems to be more evident in schools from

when I first started out teaching thirty years ago” (Participant A)

“Yeah our views have changed because we know so much more and I think because we take, well not everyone, but most people would take a far more positive light to [ASD] than the negative to it” (Participant E)

Knowledge and awareness results in more tolerant outlooks towards those with ASD (Liu et al., 2010; Martin, 2012). Social theory exemplifies this finding: if an outgroup’s ‘difference’ is constructed as normative, the likelihood of outgroup acceptance is increased (Mummendey & Wenzel, 1999). As teachers are argued to “convey messages of acceptance or disapproval through their own actions or symbolic gestures”, educator attitudes are influential over schoolwide acceptance of differences (Horrocks et al., 2008, p.1464). Reconstruction of attributions results in an understanding that the ASD label does not need to be restricting or limiting;

“I think people are (.) seeing that child with autism can still be a flourishing very valued member of their class er and they can still have fantastic outcomes and interactions with that child yep so I think yep it just comes down to more personal experience and better education” (Participant E)

“I think with education always comes more acceptance and I think people are learning more and more constantly with more and more diagnoses happening yeah I guess more people are having those connections with people in their own life and hopefully it is breaking down some of those those um (.) those walls and those you know stigmas that they’ve got, but I do think honestly um that there is more of a change and I think that has got to do with more and more students coming” (Participant I)

By reframing the conception that ASD is restricting to an understanding shaped by positive potential, the ASD label loses significance as a label of ‘deviance’. Instead, emphasis is placed upon the potential of the child to succeed utilising their strengths and interests, rather than limiting their abilities to a preconceived idea informed by diagnostic criteria;

“When I first started teaching er I really felt that (.) the label was much more prominent to erm when I ended my teaching and moved into leadership and it was more focusing on the individual child regardless of a diagnosis or a label” (Participant C)

The inclusive philosophy of teachers to acknowledge the individuality of the child, is also a current dialogue amongst researchers, whereby the ‘autism’ label is no longer seen as significant enough to capture the vast neurobiology and aetiology of ASD (Muller & Amaral, 2017). The label has begun to lose significance as the true heterogeneity of ASD becomes increasingly apparent.

3.5.3 The ‘new and improved’ educational model

A shift in the model of education to reflect inclusive practices was identified to mitigate exclusion in the learning environment through the valuation of individual differences. Previous literature indicates that teachers view inclusion as positive as it accelerates skill development through academic tasks and dynamic social situations (Sansosti & Sansosti, 2012). This shift in the educational model ensures every child’s learning is individualised to reflect strengths and interests;

“I think that model where there’s now more recognition for every individual learner as individual is more prominent than fifteen years ago when I started teaching fifteen years ago it was ‘okay, you’re in Year Three you will know this, we’re not going to teach you any more or any less’ [...] now it’s completely different, not in all schools, but we’re seeing a shift in educational generally where um as a classroom teacher er I need to ensure that learning is personalised for every child not just those with a label” (Participant C)

“Education today in a good school setting we frequently talk about y’know our strengths and our challenges as an adult and as students as well, and we focus a lot here on student’s strengths er and we have children with a whole range of additional needs in our school and it will often be y’know very supportively and openly talked about” (Participant E)

Children are not excluded on the basis of ‘deviancy’, but rather the environment is arranged to provide children with the greatest likelihood of achieving educational success. Teachers are flexible and adaptable within their teaching practice to manage any barriers perceived to impede a child’s successful integration into a classroom;

“There is for a lot of our children. We put in y’know noise defending ear phones, lots of sensory toys um too that we put in to classes, lots of seating, lots of um even the shirts [...] so they ’re allowed to wear the old shirts... things like that y’know. All those things we work really proactively with” (Participant G)

Due to the commonality of implementing specialised equipment and resources, peers become accustomed to accommodations as the tangible ‘norm’. Commonality of accommodations subsequently results in attitudes of normalisation;

“I think um it’s all around in the rooms y’know there’s a container there of sensory toys for so and so and erm ‘oh are you getting your ear defenders now’ and all those lots of lots of things... but we have those for lots of children, y’know the children who can’t engage properly so we put y’know the wiggle seats in, or the y’know the um exercise machines the ones on the ground [...] so it’s just becoming more and more common practice yeah”
(Participant G)

Recommendations in the ‘Gonski Report 2.0’ (Gonski et al., 2018) stipulate that curriculum should focus upon the individual potential of the child, rather than offer standardised year-level based learning outcomes (Gonski et al., 2018). It is evident that participants have considered such educational reforms in their teaching practice. Individual differences were recognised and valued, whilst equipment was actively implemented to accommodate for the additional needs of children with ASD. The purposeful inclusion of children with ASD into the mainstream environment was identified as significantly important for ‘good quality teaching’.

CHAPTER 4

General discussion and conclusions

4.1 Summary

The purpose of this study was to explore the understandings and experiences of mainstream primary school teachers in regard to the perceived implications of labelling children with Autism Spectrum Disorder. Constructions and personal meanings of autism terminology were first analysed to contextualise emergent themes. It was identified that the ASD label was employed by teachers to inform teaching practices and expectations whilst contextualising behaviours within the framework of the disorder. Explaining ‘difference’ associated with the disorder was also perceived as customary for parents, children with ASD and classroom peers. Teachers highlighted a dissonance in perspectives, whereby parents were observed to resist the label, a reaction contradictory to participants’ generally positive framings of diagnosis. The main findings are summarised below.

4.1.1 Teachers perceive ASD label as beneficial to the child

Although the ASD label has previously been stigmatised on the basis of ‘deviancy’ or ‘abnormality’ (Baron-Cohen, 2000; Kite et al., 2013) teachers demonstrate that within their situational context, the ASD label is endorsed as beneficial. This idea is reflected within the themes *“Diagnosis provides funding and therefore support”* and *“Diagnosis as information”*. As minimal research has been conducted on the perceived implications of an ASD label from a teacher’s perspective, it is difficult to ascertain whether these findings are consistent with previous literature. The current emphasis towards inclusivity through the individualisation of learning curriculum has also demonstrated how the significance of the ASD label is mitigated (Boyle et al., 2011; Falkmer et al., 2015). Although these reformations to educational practice may be criticised for the difficult nature of implementation (Kenway, 2013; Anderson & Boyle, 2015), it is evident that the consideration of students’ interests are at the core of teaching philosophy. It must be noted that in some instances the notions of ‘diagnosis’ and ‘label’ are interchangeable, but at other times reflect

differential meanings. Critical consideration of the findings must consider when teachers refer to implications of actively seeking diagnoses, more so than the direct implications of ASD diagnostic labels. Variation in participant interpretation of the ASD label and diagnosis complicates such evaluation.

4.1.2 Conflict in perceptions of parent/teacher understandings

Teachers consistently recounted experiences where parents were perceived as resistant to diagnosis. The sub-themes of '*Fearing differential treatment*' and '*Engaging in label avoidance*' directly related to Goffman's theory of stigma (1963) in which parents are observed as both demonstrating and fearing stigmatised attitudes towards the ASD label. Grounded in fear, parents were perceived to consider an ASD label to 'spoil' the identity of the child (Goffman, 1963), subsequently engaging in label avoidance (Corrigan et al., 2004). Thus, hiding stigma by denying group status and resisting educational recommendations (Corrigan & Matthews, 2003). It is evident these ideals are not the constructs of parents, but rather the perceptions held *about* parents. The true nature of conflicting parent-teacher perspectives is unknown. It should be noted that the teacher perceptions of parents attitudes and fears were closely aligned with the findings presented in Russell and Norwich's study (2012), thereby adding validity to the conflict identified within this study.

4.1.3 Changing conceptualisations mitigate negative implications

Of most encouragement was the perception that reforms in educational and societal environments are resulting in positive changes towards the understandings and tolerance of autism. Evident within the proposed Gonski educational reform (2018), inclusive and individualised learning focused upon empowering students is challenging the previously standardised educational model. Teachers are more prepared to proactively include and accommodate for additional needs of children (Boyle et al., 2011; Loreman et al., 2011; Leach & Duffy, 2009). Notions that an increase in societal knowledge has demonstrated an increased acceptance is also replicated within literature

(Liu et al., 2010; Martin, 2012). Perceptions that education and society are changing positively may be considered idealistic. Nevertheless, these understandings are based on the qualitative and therefore subjective insights of individuals. Their experiences and perspectives are grounded within their epistemic contextualisation of reality and as such should be treated as insights rather than empirical fact.

4.2 Practical Implications

This study provides an insight into mainstream primary school teachers' perspectives of the construction of autism and the implications the 'autism' label possesses across both Independent and Department for Education schools. The research demonstrates an understanding of how educators frame the ASD label as a positive construct subsequently informing teaching practices and management of attributions and expectancies. This understanding is valuable at an individual, institutional and societal level. As liaison between teachers and parents is considered vital for maintaining consistent ASD management (Howlin, 1998), the positivist educational perspectives demonstrated may inform parental judgements when deciding whether to pursue diagnosis for their child. Perspectives shared also demonstrate the desire for funding to support the allocation of resources and services. Policy implementation regarding the creation of an inclusive mainstream school environment should consider the identified notions of funding as vital for the wider school community. Lastly, the acknowledgement that the ASD label is not viewed as restricting from teachers' perspective allows for potential reframing of public opinion, thereby reducing differential attributions and stereotypes previously associated with an ASD label.

4.3 Study Strengths

Conducted during a time of educational reform and increasing prevalence rates of ASD, this study is situated in societal relevance. The qualitative approach allowed for an extensive insight into teachers experiences and understandings as vital stakeholders in a child's developmental and educational outcomes. The study also ensured that participants were recruited from both Independent

and Department for Education schools across a range of professional positions. As South Australian schools receive different funding and support, it was important to include both sectors within this study, although the comparison of school sector perspectives was not within the scope of this research. Furthermore, research methodology was conducted to a high standard as exemplified in Section 2.3.

4.4 Study Limitations

Due to the voluntary nature of this study, participants may have been more willing to be involved if they had a propensity towards the ASD topic, thereby eliciting a selection bias and skewing responses. Themes identified are a teacher's perspective and as such, any conceptions of how parents, children with ASD or peers may conceptualise the implications of labelling are grounded within the teacher's subjective knowledge, cannot be generalised and were not triangulated. As the sample consisted of school principals, deputy principals and classroom teachers, differential roles may have influenced perspectives regarding teaching practices and treatment of children. Individuals, however, were asked to respond on the basis of their classroom teaching experience. Within their professional positions participants may have been influenced by a '*social desirability bias*' (Grimm, 2010) in which responses were not a true reflection of experiences and perspectives, but rather the responses they felt they should provide.

4.5 Recommendations for Future Research

As current findings are based upon educator perspectives, future research should consider the triangulation of perceived implications of labelling by conducting research with parents, children with ASD or classroom peers. In doing so, the implications of labelling may be compared to those outlined by teachers within this study to compare emergent themes and perspectives. As Department for Education schools have higher intakes of children diagnosed with disabilities (Gonski et al., 2011), research could also focus upon the impact of labelling children with ASD across public and independent school sectors. Research regarding inclusive educational reforms and effects upon the

significance of diagnostic labels could be of substantial value to further understanding the implications the 'autism' label has upon children's well-being outcomes.

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Appendix A



Dear [principal],

My name is Stephanie Wood and I am conducting a qualitative, semi-structured interview research project as part of my Psychological Science Honours degree at the University of Adelaide under the supervision of Dr Lynn Ward.

My study focuses on mainstream primary school teacher's understandings of what it means to be labelled with Autism Spectrum Disorder (ASD) and the implications of labelling a child with ASD. As ASD becomes more prevalent, understanding teacher's experiences and challenges of working with children with ASD is increasingly important. Furthermore, formal diagnosis and labelling of disorders such as ASD have been shown to possess both positive and negative implications as well as also influencing attitudes, expectancies and interactions with the individual.

This research will enable an insight into teachers' experiences within the classroom, specifically in terms of how teachers construct and provide meaning to the definition of 'autism' within their personal and professional experiences, and how labelling of ASD may or may not influence thoughts, attitudes and behaviours.

The study involves an audio-recorded 1 hour face-to-face interview. Participation will be confidential and voluntary; the identities of participants or any individuals brought up during interviews will not be disclosed within any publication. Interview questions will be open-ended and will aim to understand teachers perceptions of the implications of labelling a child with ASD.

I am recruiting mainstream primary school teachers whom:

- Have had at least 5 years of teaching experience
- Have at least 1 experience of working with children with Autism Spectrum Disorder in the mainstream classroom environment
- Are fluent in English

I therefore ask if you will approve the study to involve teachers from your school and disseminate the attached information sheet to your staff. Any who are interested in participating would then be able to contact me directly and a suitable arrangement for an interview would be made.

For any questions concerning the nature of the study, the involvement of the school, or for additional details, please contact either myself [mobile number/email address] or Dr Lynn Ward [phone number/email address]

This study has been approved by the Psychology subcommittee of the Human Research Ethics Committee at the University of Adelaide (approval number 17/18). The study has also been approved by the Department of Education (reference no. 2018-0037). This research project will be conducted according to the NHMRC National Statement on Ethical Conduct in Human Research (2007).

For any concerns about this project, please contact the convener of the Subcommittee for Human Research in the School of Psychology, Dr. Paul Delfabbro (ph. 8313 4936).

Kind regards,

Stephanie Wood (Student Researcher)

Appendix B

PARTICIPANT INFORMATION SHEET

PROJECT TITLE: What it means to be ‘on the spectrum’: a teacher’s perspective of the implications of labelling a child with Autism Spectrum Disorder.

PRINCIPAL INVESTIGATOR: Dr Lynn Ward

STUDENT RESEARCHER: Stephanie Wood

STUDENT’S DEGREE: Honours Degree – Psychological Science

Dear Participant,

You are invited to participate in the research project described below.

What is the project about?

This qualitative research project utilising semi-structured interviews, will examine mainstream primary school teacher’s understandings of what it means to be labelled with Autism Spectrum Disorder (ASD) and the implications of labelling a child with ASD. Diagnosis of ASD is becoming more prevalent. The benefits of enrolment of children with ASD into mainstream schooling is increasingly acknowledged and requires that we understand mainstream teachers’ experiences and challenges of working with children with ASD. Furthermore, formal diagnosis and labelling of disorders such as ASD have been shown to possess both positive and negative implications, whilst also influencing attitudes, expectancies and interactions with the individual.

This research will enable an insight into a teacher’s experiences within the classroom, specifically in terms of how teachers construct and provide meaning to the definition of ‘autism’ within their own personal experiences and how formal labelling of ASD may or may not influence thoughts, attitudes and behaviours.

Who is undertaking the project?

This project is being conducted by Stephanie Wood. This research will form the basis for the degree of Honours Psychological Science at the University of Adelaide under the supervision of Dr Lynn Ward.

Why am I being invited to participate?

You are being invited to participate in the study as your experiences as a primary school teacher will be extremely beneficial and helpful in examining a teacher’s understanding of Autism Spectrum Disorder.

In order to participate in this study you must:

- Be a current, mainstream primary school teacher in the South Australian metropolitan area
- Have had at least 5 years of teaching experience
- Have at least 1 experience of working with children with Autism Spectrum Disorder in the mainstream classroom environment
- Be fluent in English

What am I being invited to do?

You are invited to complete a face-to-face interview, approximately up to 1 hour in length, that aims to ask questions relevant to your experiences with children with ASD in the classroom environment. Questions will be focussed upon your understandings of ASD, how you ascribe meaning to such diagnosis and whether a formal label influences interactions you have with children with ASD. The interviews will be audio recorded and will be arranged around your availability.

How much time will my involvement in the project take?

This project will involve an interview up to 1 hour at a time convenient to you. No follow up visits will be required after this interview.

Are there any risks associated with participating in this project?

There are no foreseeable risks associated with this project. However, if the interview results in discomfort or emotional distress the interview will be stopped immediately. For assistance in the event of psychological distress or emotional discomfort please call *beyondblue* on 1300 22 4636 for support.

What are the potential benefits of the research project?

This research may result in further developing our understanding of the subjective experiences and perceptions of mainstream primary school teachers working with children with ASD. The research may provide insight from an educational perspective of the implications of labelling a child with a diagnosis.

Can I withdraw from the project?

Participation in this project is completely voluntary. If you agree to participate, you can withdraw from the study at any time. Withdrawing your data will be possible up until the submission of the thesis.

What will happen to my information?

Participant information will not be shared with any other participants or institutions. Participant information will be de-identified, and possible identifiers within the data will be amended. However, due to the nature of the discrete population there may be potential that individuals could be identified. While all efforts will be made to remove any information that might identify participants, complete anonymity cannot be guaranteed. The upmost care will be taken to ensure that no personally identifying details are revealed.

Audio recordings will be securely stored on a USB kept in a secure location in the School of Psychology at the University of Adelaide until raw recordings will be erased. Hard copies of transcripts will be securely stored in a locked filing cabinet in the School of Psychology. Only the student researcher and supervisor will have access to the transcripts. The data will be kept for at least 5 years in accordance with section 2.1.1 of the Australian Code for the Responsible Conduct of Research.

The results will be reported and presented as part of an Honour's thesis and if deemed appropriate may be selected for publication as a journal article. Participants will not be identifiable in any publication.

Participants are welcome to report findings at the conclusion of the study which will be made available by email arrangement.

Your information will only be used as described in this participant information sheet and it will only be disclosed according to the consent provided, except as required by law.

Who do I contact if I have questions about the project?

Queries and questions can be directed to;

Stephanie Wood
Honours Student Researcher
[mobile phone number/email address]

Dr Lynn Ward
Project Supervisor
[phone number/email address]

What if I have a complaint or any concerns?

This study has been approved by the Psychology subcommittee of the Human Research Ethics Committee at the University of Adelaide (approval number 17/18). This research project will be conducted according to the NHMRC National Statement on Ethical Conduct in Human Research (2007).

For any concerns about this project, please contact the convenor of the Subcommittee for Human Research in the School of Psychology, Dr. Paul Delfabbro [phone number].

If I want to participate what do I do?

Please contact Stephanie Wood by email at [email address] expressing your interest in the study.

Stephanie will then check your eligibility and arrange a time for an interview.

Yours sincerely,

Dr Lynn Ward (BA (Hons), PhD) & Stephanie Wood (B. Psych)

Appendix C



CONSENT FORM

1. I have read the attached Information Sheet and agree to take part in the following research project:

Title:	“What it means to be ‘on the spectrum’: A teacher’s perspective of the implications of labelling a child with Autism Spectrum Disorder
Ethics Approval Number:	██████

2. I have had the project, so far as it affects me, and the potential risks and burdens fully explained to my satisfaction by the research worker. I have had the opportunity to ask any questions I may have about the project and my participation. My consent is given freely.
3. Although I understand the purpose of the research project, it has also been explained that my involvement may not be of any benefit to me.
4. I agree to participate in the activities outlined in the participant information sheet.
5. I agree to be:
- Audio recorded
6. I understand that I am free to withdraw from the project at any time.
7. I have been informed that the information gained in the project may be published in a book/journal article/thesis/report etc.
8. I have been informed that in the published materials I will not be identified and my personal results will not be divulged.
9. My information will only be used for the purpose of this research project and it will only be disclosed according to the consent provided, except where disclosure is required by law.
10. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

Participant to complete:

Name: _____ Signature: _____ Date: _____

Researcher/Witness to complete:

I have described the nature of the research to _____
(*print name of participant*)

and in my opinion she/he understood the explanation.

Signature: _____ Position: _____ Date _____

Appendix D

INTERVIEW SCHEDULE

The interview structure is designed to elicit rich responses and as such questions will be semi-structured and open-ended. The interview will likely be led by participant responses resulting in a level of flexibility as to the direction and order of questions asked.

Introductory Questions

The aim of these questions is to ease participants into the interview and encourage conversation by gaining general demographic information and discussing the participants teaching history.

Introduce myself

- Gather demographic data (age, gender, employment status, highest level of education completed, school)
- Can you tell me about your teaching history/career?
- How long you have been teaching for?
- What type of schools have you taught at previously?
- What year levels have you taught?
- How long have you been at your current school?
- What year level are you currently teaching?

Topic Question – Knowledge of Autism Spectrum Disorder

The aim of these questions is to generate discussion surrounding teachers' personal definitions of ASD.

- Can you tell me what comes to mind when I say 'Autism Spectrum Disorder'?

Expect need to prompt as very broad question

Participants responses are expected to demonstrate knowledge of either known behaviours observable within children with ASD or previous definitions according to diagnostic labels. Take note of interpretation.

- Was that definition based off behavioural symptoms you have observed within the classroom or a previous definition you have been exposed to?
- Have you heard the expression 'on the spectrum'? What do you understand by the term 'on the spectrum'?

- Does your understanding of being ‘on the spectrum’ differ to your understanding of the formal diagnosis of ASD?

Topic Question –Working with children with ASD in the classroom

The aim of these questions is to get an understanding of teachers’ experiences working in the mainstream classroom with children with ASD and how treatment and expectancies of children with ASD may differ to other children in the classroom.

- Have you had any experience working with children with ASD in a mainstream classroom? Can you tell me a little about your experiences.
- Does having a child diagnosed with ASD within your class impact the overall management of your classroom? If yes, how so?
- How do you think your expectations of children diagnosed with ASD compare to your expectations of other children in your classroom?
- Can you give me some examples of how your expectations of children with ASD are different/similar to your expectations of other children in the classroom

Topic Question – Perceptions of implications of labelling a child with ASD

The aim of these questions is to get a teacher’s perspective of the implications of labelling a child specifically with ASD.

- What do you believe are some of the implications of labelling a child with ASD, both in and out of the classroom?

If participant responses focus on either the negative implications or positive implications prompt the participant to think about the alternative that was not suggested? I.e. I notice you have mentioned mostly negative implications, can you think of any positive benefits of labelling a child with ASD?

- Press notion of different – do you see children with ASD as different to children without ASD? How do you frame those differences
- What do you observe in regards to how other children interact with a child with ASD?

If participants bring up stereotypes use following prompting questions;

- Do you think any of these stereotypes play into your understandings, perspectives and experiences of children with autism? Why/why not? Can you tell me more?
- Would you say that the label of autism itself is linked with a stereotype? Can you give me some examples?
- Do you believe that the presence of an ASD diagnostic label has affected your own personal interactions with a child? If yes, can you give me some examples?

Prompt: Think about how thoughts and behaviours may be changed because of a label. Ie. If you had never met a child before but had been told that they had ASD, what would be your automatic thoughts about/towards that child?

- Do you attempt to explain behaviours of a child diagnosed with ASD to yourself? If yes, what does this look like?
- Have you heard a child being referred to by their diagnostic label before in the school environment? Ie. 'the autistic boy in Year 4' Does this serve a purpose? Can you tell me more about that?

Topic Question – Closing remarks

The aim of these questions is to round out the interview by asking questions relating to society as a whole and highlighting what a teacher can take away from their experiences working with children with ASD.

- Do you think the way we as a society construct and talk about autism and 'being on the spectrum' has changed? Can you give me some examples? Why do you think such changes have occurred?
- What is something you wish you knew about children with ASD before you started your teaching career?
- How have you felt your interactions with children with ASD have challenged/developed your professional growth as a teacher?