



# From Encounter to Engagement: Insights from Dealings with Internalising Disorders in the Australian Schooling Environment (ASD)

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## Abstract

*This paper investigates the concept of internalising disorders and the accompanying behaviour displayed in the schooling environment; looking at primary and secondary aged children with a diagnosis of Autism Spectrum Disorder (ASD). Through sourcing literature for the study, an extensive library was available for the research of externalising disorders, but limited resources were available for the research of internalising disorders. Through personal schooling and teaching experiences in the public sector of education, some identified gaps in the literature were addressed. A key finding in this inquiry is for teachers to understand the need for awareness of student needs, and to be on the lookout for identifying factors of possible disorders that could be causing behavioural issues exhibited, rather than deeming the child as “acting out”. Further research topics will be discussed to assist teachers to better understand internalising disorders and their impacts on the classroom environment.*

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## Introduction

Internalising disorders are rarely researched, specifically in the educational context. This essay aims to investigate internalising disorders in the schooling environment, looking at how they have been presented in the classroom environment, taking into consideration behavioural issues arising, and what strategies teachers were able to implement to combat said issues that are commonly observed with children that have varying severities of Autism Spectrum Disorder (ASD). For the basis of this paper, both primary and secondary aged children with a diagnosis of ASD will be the focus. Aspects such as behaviour management, teacher strategies and adaptation of curriculum to suit individual needs are to be investigated through careful introspective reflection combining personal and teaching experiences with recent literature focusing on the topic.

*Internalising disorders* are those that have their central characteristics, or defining features, being mood or emotion based (Kovacs & Devlin, 1998). They represent a class of disorders that are recognised to be inner-directed, and to be associated with core symptoms with over-controlling behaviours, including a range of both formal and informal “delineated psychological disturbances” (Reynolds, 1990, pp. 138). Because the characteristics of internalising disorders are emotion and mood based, teachers will often experience difficulty in identifying whether or not students are having issues, and are then less likely to be able to assist the child in the schooling environment. There are claims within early childhood education that the study of internalising disorders has been a slow process. One factor attributing to this trend is that internalising disorders have, and continue to be, viewed as being less problematic by teachers, parents and caregivers. This stance could be related to literature findings stating “such disorders are most often characterised by quiet, internal distress sometimes referred to as ‘intropunitive’ rather than overtly, socially negative, or disruptive behaviour” (Tandon et al., 2009; 593). Behavioural issues often arise as a result; from management of general disobedience to violent outbursts, teachers need to employ strategies to regain structure in the classroom context.

It is of importance to understand that relationships exist between both *internalising* and *externalising* disorders. Internalising disorders often co-exist (co-morbidity) with another disorder; whether both are characterised as being internalising (i.e. depression and anxiety), or a combination of internalising and externalising (i.e. ASD and Attention Deficit Disorder (ADD)). In situations where mixed disorders are present; there is a co-morbidity of both externalising and internalising disorders, externalising characteristics are often the first (and sometimes only), characteristics able to be identified by the classroom teacher (Kovacs & Devlin, 1998; Reynolds, 1990). Literature also uncovered relationships between internalising disorders and loneliness, that could help to explain a number of externalising behaviours exhibited. It was found that if left untreated, this relationship between the internalising disorder and loneliness has the potential to activate externalising behaviours and disorders (Blossom & Apsche, 2013).

ASD is an internalising disorder characterised by the individual having “severe difficulties in social interaction and communication, and with unusual behaviours” (Volkmar & Pauls, 2003, pp. 1133). In 90% of cases, students with this disorder can be quite the challenge for teachers; depending on the situation, it can also be a very rewarding experience. Characteristics associated with the individual’s diagnosis of ASD will often vary depending upon the extent of their condition; it is important to note that students should not be defined by their label (Reynolds, 1990). Factors contributing to variations in presentation of

characteristics for the individual are aspects such as race/ethnicity, biological input, family upbringing and environmental factors (Anderson & Mayes, 2010). Individuals that have similar disorders could have either very similar or very different experiences depending on their upbringing; resources they had access to, and support available for these disorders would have differed greatly depending upon the above factors.

### **Background – From Personal Experience to Teaching**

The concept behind this choice in study was highlighted from both personal schooling and teaching experiences, and the lack of resources available for teachers. Because of the complex nature of internalising disorders such as ASD, it can be difficult for non-professionals (i.e. classroom teacher), to detect possible conditions of their students. As a result, behavioural outbursts from these students may be considered as the child ‘acting out’, rather than being identified as having an internalising disorder which may require the teacher to provide extra support (Reynolds, 1990). Literature sources also found evidence that there is a link between internalising disorders and impulsivity; which could be an area for further research (Cosi et al., 2011).

From my personal schooling memories in the mid-90s to the mid-2000s, I saw little focus placed on disability in the mainstream schooling setting. As this setting was a public school in a small rural town, funding was limited making resources lacking. Mainstream students rarely saw students with special needs out and about and in classes; there was a lack of inclusion for students with a disability, which made understanding these disorders increasingly difficult not only for other students, but teachers who were not associated with the concept of special education. There were special education classes in place, however these were greatly segregated away from mainstream classes, with few opportunities for inclusion. Thinking back regarding support for students then, only two special education teachers were employed within the school, with one doubling as a science teacher. There was a lack of School Learning Support Officers (SLSOs) both for the special education class, and for mainstream tutoring, making adequate support for students with a learning disabilities/difficulties hard to cater for. There were no assistive technologies available, and classrooms only had blackboards and whiteboards, with televisions and video players; there were no smartboards or iPads. Resources have greatly changed since that time, be it a change in funding schemes or an upgrade in technology, enhancing the educational experience of students with special needs at the present.

From recent experiences completing university mandated teaching practicals to working as an SLSO and casual teacher for the NSW Department of Education, one learns first-hand the issues faced by both students with an internalising disorder, and teachers of these students. To a teacher that has very little understanding of the characteristics associated with internalising disorders, behaviours such as off-task antics, problems with social interactions, inappropriate vocalisations, and disruptive behaviour can be seen as the child being a nuisance, rather than the child needing assistance (Dunlap et al., 1991). With the continued changes to teaching strategies available, and the amount of students coming into schools at present that have a type of disability, professional learning opportunities must be seized upon to better equip teachers with strategies to accommodate students with and without special needs into their learning environment. Perhaps forms of outside intervention are needed for these students; evidence points towards the use of psychodynamic psychotherapy being of assistance in addressing internalising disorders (Muratori et al., 2003).

As stated earlier, funding is an issue in the education context, especially for those students with special needs. Through my own teaching experiences, students with internalising disorders were shown to greatly benefit from resources such as iPads and computers for communication based purposes; however, in the public system, funding is a major issue. There is also the issue of teachers either having inadequate education and awareness of specific disabilities, unless they are trained in special education, or simply being unwilling to teach students with special needs. Children with internalising disorders, depending on the severity and type of the disorder, can be 'left behind' in the classroom environment purely because the classroom teacher does not recognise or understand that the child is not acting out, but that they may just require extra assistance.

Looking more closely at ASD, through my own teaching experiences it was clear that characteristics/behaviours, and the extent to which they were exhibited, were fully dependent on the severity of the condition and the age group of the individual. Although little in the way of research has been investigated, suggestions have been made regarding the relationship between internalising disorders and early treatment of said disorders (Compton et al., 2002). Through teaching experiences with secondary aged students and predominantly primary aged ones, it was clear that some form of relationship was evident regarding the early treatment of these conditions. In students observed within the primary setting, those with varying levels of ASD were seen to be improving day by day with both social skills and behavioural issues through early intervention strategies put in place by the special education teacher and SLSO, and the use of assistive technologies.

For students diagnosed as having ASD, characteristics displayed within the classroom would be more noticeable, and teachers would be able to pick up on it. For example, literature has reported that students with ASD, in many cases, will come across as being rather uninterested in interacting with their peers, and they would much rather be doing their own thing by themselves (Blossom & Apsche, 2013). The more accurate thought is simply that students with ASD do not properly understand the nuances of social behaviour, therefore they can only act in a way they think is appropriate (Robertson, Chamberlain & Karan, 2003). This was observed in my teaching experiences from both primary and secondary environments. Children diagnosed with ASD in these settings would often interrupt the teacher, be inappropriate in the playground and 'act out'. When you would ask them why they did what they did, you would often receive a blank stare in response, as they thought the way they were acting was appropriate.

Focusing more on performance within the classroom, depending on the extent to which the student is affected by ASD, they may be exceedingly limited in their ability to participate in activities, and may impact upon other students' ability to concentrate. This statement was accurate in describing some of my teaching experiences with students diagnosed with ASD. Through a two-week observation of a special education K-2 class consisting of seven students all having varying levels of ASD, clear insights were gained into the workings of young minds with this condition. In this instance, students would often be out of their seats trying to get into whatever was sitting out around the classroom, and their attention span was limited. The classroom teacher had to work hard in order to engage students in their work, and to limit distractions.

Through another two-week observation, this time of a secondary 7-12 special education setting, differing views on management of individuals with ASD in the classroom context were observed. This classroom consisted of seven to eight students (depending on the day) all with differing internalising and externalising disorders. One particular student; 'M', had a diagnosis of severe ASD and would have differing effects on the classroom climate depending on the day and mood in which he was in. Some days he would sit at his desk engaged in his activity of choice, other days he would have violent outbursts making concentration for remaining students in the class limited, with the classroom teacher having to work hard to keep all students settled. It has been shown in the literature that positive teacher-student relationships are important in maintaining a safe and functional classroom environment (Robertson, Chamberlain & Karan, 2003). For students with ASD, teacher-student relationships are highly important, with students being more likely to respond if the teacher is shown to make the effort; teaching experiences have confirmed this.

Maintaining engagement and motivation for all students can be a difficult feat for classroom teachers at the best of times. The diversity of students' ability and life experiences can be an issue in itself, but within the classroom environment, these issues can then be multiplied when characteristics of internalising disorders are added to the mix. Previous focus had been more on trying to "fix" the problem without knowing *what* exactly the problem was, or attempting to identify *why* the child behaves the way they do (Sugai et al., 2000). The shift is slowly being made towards working out the *what*, *why* and *how* of these situations.

### **Behaviour Management in the Primary (K-2) Setting**

Looking at the primary sector, my personal teaching experience have been with children aged from Kindergarten to Year 2; all with varying levels of ASD along with other intellectual or physical disabilities. From working with these students, a small snapshot of how this internalising disorder manifests through behaviour in young children was observed. Several aspects were noticed when observing behaviour management for students with ASD in the primary context; these included (1) Behaviour management, (2) Teacher strategies, and (3) Adaptation of the curriculum.

Internalising disorders, as stated above, normally have their displayed characteristics missed or ignored within the classroom, as teachers are not able to detect characteristics they often cannot see. For students with ASD, most characteristics can be identified rather easily; again, depending upon the severity of the condition, behavioural characteristics exhibited will be different from one individual to another. Upon observing this particular K-2 special education class, a number of behavioural characteristics were identified. As these students were quite young (5 -7 years of age), their concept of appropriate behaviour in the schooling environment was fairly limited. Students would occasionally follow instructions when asked, they would have breakdowns over minor issues/tasks, and they would protest when it came time to complete work. In addition, some students did not know how to interact with other children and would often display externalising behaviours; acting in a non-appropriate and sometimes violent manner. For example, one student "C", would constantly swear, hit and kick other students as he did not know how to respond to particular situations. This child had very little understanding on the consequences of his actions, and did not respond to punishment for negative behaviour (Porter, 2007; Olsen & Cooper, 2001; Sprague & Walker, 2000).

When designing behavioural plans for this particular class, it was important to understand that every behaviour was both different and situational (Jensen, 2005). Just because one specific plan worked for a student one day, it may not necessarily work another day, or for another student; teachers need to be flexible and willing to adapt plans. Targeted objectives for the behaviour plan were developed, with the main objectives being by the end of the two weeks, students would first, be more engaged, second, follow instructions, and third, sit in their assigned seats and stay seated when asked. Behaviour management strategies in this plan were aimed at rewarding positive behaviour, e.g. “well done”, “good job”, “good listening” if they did their work, stayed in their seats etc. If students did not follow instructions, the counting to three strategy was implemented where, if teacher reached three, the student would be placed on the timeout chair for five minutes, and have their technology privileges taken away for the afternoon (Smith & Daunic, 2004).

Looking more at teacher strategies utilised in this setting, a wide variety of tools were employed. Co-teaching between teacher and SLSO was found to be extremely effective; within the K-2 class there were varying levels of learning disabilities and difficulties, so an extra pair of hands was of great assistance. With teacher and SLSO working between the seven students, behavioural issues were kept to a minimum, and clear routines were established. Several students within the class were basically mute; they could talk, however they either chose not to, or it was inaudible, which was a challenge for the teachers. Assistive technologies were utilised heavily in the classroom, with every student having an iPad set up with the program “Proloquo2Go” to assist with communication between student and teacher. “Proloquo2Go” is an iPad application utilised for individuals with ASD as portable augmentative and alternative communication purposes (Sennott & Bowker, 2009). With the use of these assistive technologies, fewer behavioural issues were present as students were able to have their needs heard.

Due to the extent to which students in this class were affected by ASD, the curriculum required adapting for students to achieve set outcomes. By use of the assistive technologies; iPads and smartboard, lessons could be altered to suit the level of learning for students. Numeracy and literacy skills were the focus of many outcomes, as were introducing students to means of interaction and social skills; structured play was a large aspect of learning for these students (Eber et al, 2002). Basic concepts such as colour, numbers and letters of the alphabet were incorporated into lessons, through visual, written and oral means. Activities were highly sensory-based as this was a method for retaining student engagement, while giving them hand-on activities to build on their fine motor skills. In this particular context, the classroom teacher had the idea to set up a sensory room, which worked wonderfully for these students. This room was set-up as either a time-out space or a rewards space, depending on student needs. Students had items catering to a range of senses; touch, smell, hearing, sight, that would not only help calm them, but also allow them to be engaged, facilitating their own learning at the same time.

Parental involvement was an important aspect within this context; on observation of this class, the majority of parents/guardians had formed close relationships with the classroom teacher and SLSO, which was of great assistance in the development of behaviour plans for students. “Communication” books were utilised to send information back and forth from teacher to parents, allowing updates from both home and school to be identified. With the implementation of individual education plans (IEP’s) for these students, it was reported that classroom management had improved dramatically (Robertson, Chamberlain & Karan, 2003).

Parental involvement in the development of such plans for these students provides for a more accurate awareness of student needs.

Finally, looking at further support for both teacher and student in this context, suggestions have been made that perhaps paraprofessionals from outside the school setting should be involved, thus increasing awareness for teachers, and identifying characteristics and behaviours of students that teachers cannot. It was suggested that in some cases, psychodynamic psychotherapy could be useful in addressing internalising disorders such as ASD (Muratori et al., 2003). Psychodynamic therapy looks at the unconscious processes of the individual as they are manifested in the present behaviour of the person. Goals of therapy are aimed around increasing self-awareness of past behaviour and how it affects the individuals' present behaviour. These paraprofessionals can also provide teachers and SLSOs working in special education contexts with further knowledge and awareness of strategies for accommodating students with internalising disorders such as ASD. Once again, literature has proven that increases in positive teacher-student relationships within the classroom have resulted in a steady decrease in behavioural issues associated with internalising disorders (Robertson, Chamberlain & Karan, 2003). In the context of the K-2 special education class observed, paraprofessionals in the way of paediatricians were involved in student care, providing teachers with additional strategies to utilise in assisting them in the classroom.

### **Behaviour Management in the Secondary (7-12) Setting**

Looking at the secondary sector, my own teaching experiences have been with children aged from Year 7 to 12; students had varying levels of ASD, and in some cases, other intellectual or physical disabilities. From working with these students, and similar to my experiences with the primary sector, a small snapshot of how this internalising disorder was able to manifest through behaviour in teenage children was observed. The same aspects were noticed when observing behaviour management for students with ASD in the secondary context as was in the Primary context: consisting of behaviour management, teacher strategies, and adaptation of the curriculum.

Upon observing a Year 7-12 special education class, a number of behavioural characteristics were identified. Although these students were aged 12 and above, their concept of appropriate behaviour in the schooling environment was not fully developed or understood. Some students were able to follow instructions without question, others needed a high amount of prompting and reminding that it was work time, and then there were a few that would have breakdowns over minor issues/tasks, and would protest when it came time to complete work. Most students in this class were able to interact relatively fine in the way of social skills; although most still had issues around the appropriateness of some of their actions, (i.e. personal boundaries). Like in the primary setting, some students would display externalising behaviours; acting in a non-appropriate and sometimes violent manner, in situations where they did not know how to act. For example, "M", was diagnosed as having a high level of ASD, and if he was overwhelmed he would throw and kick objects, and occasionally try and bite people. This student had some understanding on the consequences of his actions, and did not respond to punishment for negative behaviour; unless it was the removal of access to his laptop (Porter, 2007; Olsen & Cooper, 2001; Sprague & Walker, 2000).

Looking more at teacher strategies utilised in this setting, a wide variety of tools were employed. Like the primary setting again, co-teaching between teacher and SLSO was found to be extremely effective; within the Year 7-12 class there were varying levels of learning disabilities and difficulties ranging from intellectual to emotional to physical in nature. With teacher and SLSO working between the group of students, behavioural issues were kept to a minimum, and clear routines were established. Assistive technologies were utilised greatly in this class, with every student having a laptop to assist with communication between student and teacher, and to allow for the development of further fine motor skills (i.e. hand-eye coordination using a mouse/touchpad).

Due to the variation of disabilities to which students in this class were affected by, the curriculum required adapting for students to achieve set outcomes. By use of the assistive technologies; laptops and smartboard, lessons could be altered to suit the level of learning for students. As with what was observed in the primary context, numeracy and literacy skills were the main focus of many outcomes, as was further development of interaction and social skills (Eber et al, 2002). Basic concepts such as spelling, maths, and handwriting were incorporated into lessons, through visual, written and oral means. Activities were highly structured in a way to allow students to facilitate their own learning at a level they could independently work at; to achieve this, routines were implemented and similar activities were completed at similar times during the day. For “M”, he was not willing (or able) to participate in the majority of activities; this was not through the fault of planning by the teacher, but due to “M” liking isolation and being in his own ‘world’. Efforts were made to include him in activities, from putting YouTube videos on that he liked during “circle time” so he would get up and dance, to providing jig-saws (“M” absolutely loved jig-saws) based on numbers and the alphabet to try and teach him basic skills.

Parental involvement was an important aspect within this context. Again, “communication” books were utilised to send information back and forth from teacher to parents, and parents were welcome to come in and speak to the classroom teacher if necessary. The development and implementation of individual education plans (IEP’s) for these students were done through collaborations of the classroom teacher, SLSO, parents and paraprofessionals. This allowed students to be provided with the best possible educational plan to assist in their learning and encourage further development of skills (Robertson, Chamberlain & Karan, 2003). Finally, looking at further support for both teacher and student in the secondary context, suggestions have been made again that paraprofessionals should be involved. In the context of the class observed, paraprofessionals in the way of paediatricians and counsellors/case managers were involved in student care, providing teachers with additional ideas and strategies to utilise in assisting them in the classroom.

### **Discussion – Limitations and Future Research**

While there is extensive research available defining what ASD (and internalising disorders) actually are, at present there is not a wide variety of resources available on behaviour related to the disorder, and further, how it impacts on the individual in the educational context. With that said, information that was available suggested that there is a need for more training in the way of assisting teachers to be able to understand and accommodate for internalising disorders. Not solely for the purpose of them being able to identify specific behaviours, but for them to be able to assist students with ASD and other internalising disorders in the schooling environment, rather than writing them off as ‘acting out’ and being off task. Three research concepts had been formulated from this information: 1. The link between

internalising disorders and impulsivity; 2. The link between internalising disorders and loneliness, and; 3. Teacher-paraprofessional collaborations for classroom management.

From literature sourced, there was thought to be a link between internalising disorders and impulsivity (Cosi et al., 2011). Future research could be done to investigate this concept; qualitative studies in the way of a case study could be undertaken to further develop ideas formed from the findings in Cosi et al. (2011). Highlighting the need for some students to act impulsively, and have the need to 'get into' things, and developing strategies for teachers to combat this issue could be a beneficial area to research. There is not currently a great deal of understanding towards the characteristics of internalising disorders in the schooling context. From my own teaching experiences, the lack of understanding of characteristics and behaviours associated with ASD presents greatly in the classroom situation with few teachers and students being able to identify the specific characteristics manifested by individuals with ASD.

Another interesting theory identified from the literature, is the possible link between internalising disorders and loneliness. With the finding that left untreated, this relationship has the potential to activate externalising behaviours and disorders (Blossom & Apsche, 2013). Further study on this relationship could be undertaken as to prove either for or against this statement, perhaps in the form of case study looking to both qualitatively and quantitatively measure the impacts loneliness has on the manifestation of externalising characteristics in those individuals diagnosed with an internalising disorder (ASD).

As suggested earlier, there is a need for collaboration between teachers and paraprofessionals for effective classroom management. This could be in the form of the paraprofessional providing psychodynamic therapy for the student, or simply educating classroom teachers so they are more aware of characteristics associated with internalising disorders (Muratori et al., 2003). Further research and development is needed in this area; possible avenues could be quantitative studies investigating if a percentage increase exists in both educational achievements and awareness for the teacher of behavioural characteristics associated with ASD, for example, having paraprofessionals assisting in the schooling context. Further development of ideas in the area of internalising disorders is needed to fully understand the impacts on student learning for children with ASD and other conditions. As stated earlier, resources are greatly lacking on internalising disorders, which makes accommodating for student needs within the classroom a hard task for the teacher.

## **Conclusion**

For individuals living with and without a disorder, everyone learns differently, and having an internalising disorder such as ASD makes the job of learning much harder. There is greater pressure on teachers to adapt their teaching methods and strategies to accommodate these students; to do this, there is a need for extra support. Both schooling and teaching experiences have highlighted that the way in which students with a disability are being taught is continually changing, with new resources and assistive technologies becoming available. Differences also exist between the primary and secondary setting, in the teaching methods utilised, but also in the development of the individual and characteristics they exhibit relating to their internalising disorder.

Through observation, the focus on social skills and curriculum adaptation for these students, while providing an engaging and safe learning environment, proved to be an effective means for accommodating students with ASD (Eber et al, 2002). While further research needs to be undertaken in order to fully understand the concept of internalising disorders, and what this will mean in the schooling context, this snapshot of both the primary and secondary setting identified a number of effective strategies and ideas for future use. No matter the condition or behaviour, there is a function for every behaviour. With positive strategies implemented by the classroom teacher, effective management of these characteristics and behaviours can be achieved. Only when you delve deeper, can you understand.

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