Exploring How Psychotherapy Can Increase the Well-Being, Self-Determination, and Quality-Of-Life of Autistic Adults Without an Intellectual Disability

by

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Abstract

Research has shown that autistic adults without an intellectual disability commonly have more struggles with quality-of-life, self-determination, and mental health compared to other-disabled and neurotypical peers (Cooper et al., 2007; Cree et al., 2020; Griffiths et al., 2019; Pinals et al., 2021; Sheppard-Jones et al., 2005; Simões & Santos, 2016; Weiss, 2011). Despite this, they remain an underserved population in psychotherapy practice and research (Griffiths et al., 2019). However, there is a growing body of research that has shown the positive impacts of psychotherapy interventions for autistic people (Cooper et al., 2018). In this capstone I explored how quality-of-life, self-determination, and the mental health of autistic adults without an intellectual disability could be positively impacted by psychotherapy. Chapter One highlights how this is an important social justice issue that needs to be addressed. Chapter Two is a literature view conducted on quality-of-life, self-determination, and psychotherapy for autistic people. In Chapter Three I used my learning from previous chapters to inform specific recommendations for an evidence-based, dynamic, and process-driven group-psychotherapy approach for autistic adults without an intellectual disability. A psychotherapy intervention which increased quality-of-life, self-determination, and the mental health of autistic adults could improve the lives of autistic people and create a more just and equitable society.

Keywords: Autism, Self-Determination, Quality-of-life, Mental Health, Psychotherapy

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Chapter One: Introduction

What does it take for someone who lives in a world that discriminates against them and labels them as flawed to stay motivated, push forward, and thrive? Examining the lived experiences of people with disabilities can help in answering such a weighty question, as people living with disabilities continue to face discrimination and barriers to equal participation in society (American Psychological Association 2012; Griffiths et al., 2019; Sheppard-Jones et al., 2005; Townsend-White et al., 2012). A sense of belonging and acceptance are among our most basic human needs, therefore we are meant to exist in community (Johnson, 2019). To be a valued part of a larger whole; autonomous and with self-agency, but meaningfully contributing. Yet even the most accomplished among us, despite lifelong experiences of achievement and connection, will have our darker periods of struggle: self-doubt, isolation, despair (Harris, 2019). So, then, what toll does it take on someone who lives in a world that tells them they do not belong and they are not accepted? People living with barriers to engagement in society experience poverty, unemployment, decreased life-satisfaction, social exclusion, violation of rights, victimization, co-occurring health and mental health problems, lower levels of education, and higher rates of unemployment than the general population (American Psychological Association, 2012; Griffiths et al., 2019; Pinals et al., 2021; Sheppard-Jones et al., 2005; Townsend-White et al., 2012). How people with disabilities fair poorer in many life outcomes is a societal problem that deserves attention. This societal problem deserves attention because the common belief is that people with disabilities' failure to thrive is a product of their disability. Increasingly, we're learning how wrong that belief is. "Disability is a socially constructed experience" and how it is viewed and treated changes the experience of being disabled

(Williams, 2019, p. 157). That is, many problems experienced by people with disabilities are not because the nature of their disability, but rather how society treats them because of that disability and how society is constructed without consideration of access to society for people living with access challenges (e.g., physical construction and social system construction, such as education systems, healthcare access, and employment access). Therefore, it is a societal duty to address the discrimination people with disabilities face and to establish interventions to increase their quality-of-life and well-being.

Historically, people with disabilities have been maltreated, discriminated against, and denied the freedom to choose their own futures (Campbell, 2009; Clark et al., 2004; American Psychological Association, 2012). Disability has been viewed as inherently negative and as something that should be reduced, eliminated, pitied, feared, or tolerated (Campbell, 2009). Ableism has worked to deny people with disabilities basic human rights and dignity throughout history and into present day (Williams, 2019). Ableism is the sociopolitical forces, beliefs, and practices that cause discrimination and oppression of people with disabilities (Williams, 2019). This can be conceptualized as normalizing and privileging able-bodiedness and devaluing disability (Campbell, 2009; Williams, 2019). Individuals with disabilities and their advocates have been fighting for the rights and social inclusion of persons with disabilities for more then 50 years (American Psychological Association, 2012). The disability rights movement has made large strides in the rights and treatment of people with disabilities (American Psychological Association, 2012); however, they remain a marginalized population.

Overview of Topic

This capstone explores how quality-of-life, self-determination, and the mental health of autistic adults without an intellectual disability could be positively impacted by psychotherapy. The decision to focus on this specific population makes practical sense, as it helps to focus the literature review and recommendations. Additionally, autistic adults without an intellectual disability have significantly higher rates of mental health difficulties and reduced quality-of-life compared to neurotypical and other-disabled peers (Ayres et al., 2017; Chancel et al., 2020; Cooper et al., 2018; Griffiths et al., 2019; Hesselmark et al., 2014; Keesler, 2020; Nadig et al., 2018; Oswald et al., 2017; Spek et al., 2013; White et al., 2018). This shows a need to focus on this population. Thus, improving the mental health and lives of autistic people through psychotherapy is an important social initiative worthy of further exploration.

Language

There is debate around the use of person-first language (e.g., person with autism) versus identity-first language (e.g., autistic person) (Botha et al., 2020; Botha et al., 2021; Dwyer, 2022). Language is important because it shapes our understanding of autism (Botha et al., 2021). Negative language creates stigma and insults identity, which causes harm to autistic people (Dwyer, 2022). Relatedly, a positive autistic identity and acceptance are related to increased mental health for autistic people (Dwyer, 2022). Supporters of person-first language believe it should be used to "emphasize individuals' personhood and humanity while relegating their disability to being merely one of many personal attributes" (Dwyer, 2022, p. 111). Whereas advocates of identity-first language see person-first language as stigmatizing autism (Botha et al., 2020; Botha et al., 2021; Dwyer, 2022). By distancing the person from their disability, autism is

seen as inherently negative (Botha et al., 2020; Botha et al., 2021; Dwyer, 2022). Botha et al., an autistic scholar (2021) stated:

> As a society, rather than having to remind people of the fundamental humanness of a marginalised minority, we should instead be tackling the preconceived notions of those who need the reminder, that this is in fact, a person in front of them. (p. 6)

However, using the term "autistic" in identity-first language is an expression of positive identity, which encourages autistic people "to accept, be proud of, and identify with their neurodivergence" (Dwyer, 2022, p. 111). When speaking to individuals, one should always respect that person's language preferences (Dwyer, 2022). When speaking about autistic people as a collective group, "people should defer to the consensus of people who are autistic" (Dwyer, 2022, p. 112). The literature suggests that "person with autism" is the most offensive and least preferred language (Botha et al., 2021). Whereas "on the autism spectrum" has shown to be neutral or the least polarizing term (Botha et al., 2021). However, many self-advocates and autistic scholars encourage the identity-first language of "autistic" (Botha et al., 2020; Botha et al., 2021; Dwyer, 2022). Thus, this paper will use identity-first language, using the term autistic people, based on the voices of self-advocates who see this as reclaiming a positive autistic identity.

Neurodiversity Versus Pathology Definitions of Autism

There are two major ways of conceptualizing autism, that is as a neurodiversity or as a pathology or disease (Dwyer, 2022). A neurodiversity perspective views autism as a biological human difference in cognitive/neurological function (Botha et al., 2020; Botha et al., 2021). A

concept that is central to neurodiversity is that "autism does not necessitate suffering" and should not be viewed as strictly negative but rather multifaceted (Botha et al., 2020). Much of autistic suffering is caused by society through the dehumanization, discrimination, isolation, and victimization of autistic people rather than being an inherent quality of autism (Botha et al., 2020). This perspective does not see autism as pathological but does recognize the many ways autistic people can be disabled (Botha et al., 2021). "The 'autistic person', is not a natural category; instead, it came into existence as a psychiatric diagnosis" (Botha et al., 2020, p. 2). Autism has evolved from being considered a mental illness to a cognitive condition by researchers and medical professionals (Botha et al., 2020).

A pathology perspective views autism as a disorder or disease (Botha et al., 2020). The DSM-5, which is used for diagnosis, describes autism spectrum disorder as "characterized by persistent deficits in social communication and social interaction across multiple contexts, including deficits in social reciprocity, nonverbal communicative behaviors used for social interaction, and skills in developing, maintaining, and understanding relationships. In addition to social communication deficits, the diagnosis of autism spectrum disorder requires the presence of restricted, repetitive patterns of behaviour, interests, or activities" (American Psychiatric Association, 2013, p. 31). Individuals on the autism spectrum are a diverse and broad population and the term "spectrum" is used to reflect the heterogenous nature of autism (Botha et al., 2020; Byrne & Mahony, 2020). According to the DSM-5, symptoms must have been present from early childhood and cause significant impairment in social, occupational, or other important areas of everyday functioning to receive a diagnose of autism (American Psychiatric Association, 2013). An autism diagnosis can be accompanied with or without an intellectual disability (American

Psychiatric Association, 2013). Other conditions commonly co-occur with autism, such as anxiety, depression, sleep problems, structural language disorder, epilepsy, sleep problems, specific learning difficulties, and attention-deficit hyperactivity disorder, (American Psychiatric Association, 2013; Hesselmark et al., 2013; Pahnke et al., 2013; Sizoo & Kuiper, 2017). Although the DSM-5 represents a pathological perspective, it is worthy of mentioning because it is used for diagnosis. A diagnosis can help connect people to valuable resources and a sense of understanding and identity. Although the neurodiversity view of autism is becoming more common there remains dehumanising and stigmatizing narratives around autism in research, medical systems, and general society. This causes significant harm by influencing how society views and treats autistic people and impacts autistic people's self-identity and mental health (Botha et al., 2020; Botha et al., 2021; Dwyer, 2022).

Quality-of-Life and Self-Determination

Increasing quality-of-life for autistic people is an important social justice issue. Quality-of-life is a multidimensional concept that is influenced by personal characteristics, environmental contexts, and incorporates subjective well-being (Townsend-White et al., 2012; White et al., 2018). Quality-of-life relates to a person's desired conditions of living regarding eight core dimensions of life: "emotional well-being, interpersonal relationships, material well-being, personal development, physical well-being, self-determination, social inclusion and rights" (Townsend-White et al., 2012, p. 272). A specific area that is particularly relevant to autistic people is having the right to control their own life, as people with disabilities have a long history of being denied the freedom to make their own choices. Having control over one's own life is

related to increased quality-of-life (Sheppard-Jones et al., 2005; Simões & Santos, 2016). Research shows that autistic people experience less autonomy than the general population (Sheppard-Jones et al., 2005; Simões & Santos, 2016). Given the history and continued marginalization of disabled people, our society has often failed to support autistic people to be active and autonomous citizens (Simões & Santos, 2016). Therefore, it is not surprising that autistic people often experience lower quality-of-life and have less control over their lives than the general population.

The opportunity to make choices and decisions regarding one's quality-of-life represents personal autonomy and empowerment (Clark et al., 2004). Autonomy is essential for important life activities, such as "choice making, problem solving, decision making," "goal attainment", "self-management", "positive self-imagine, and self awareness" (Clark et al., 2004, p. 143). These abilities and mindsets have been coined as self-determination. Self-determination can be defined "as the attitudes and abilities required to act as the primary causal agent in one's life and to make choices and decisions free from undue external influences and interference" (Chao et al., 2019, p.1). "Self-determination encompasses the ability of a person to be autonomous in terms of meaningful life choices" (Clark et al., 2004, p. 143). Supports for autistic people often fail to facilitate autonomous functioning and provide limited opportunities for self-determination skills to develop (Clark et al., 2004). Research has shown how important self-determination and having control over one's life is for well-being and life-outcomes. Therefore, autistic people should be given more opportunities to make their own decisions and take control over their lives (Clark et al., 2004; Frielink et al., 2018).

Research has sought to explore how autistic individuals compared to their peers in quality-of-life and self-determination, and how these two concepts are related. The results indicated that autistic individuals had significantly lower over-all quality-of-life and feel they have less autonomy and control over their own life compared to non-disabled individuals (Sheppard-Jones et al., 2005; Simões & Santos, 2016). Specifically, autistic people tend to be lonelier, have less privacy, are under employed, have less friends, experience more difficulties with transportation, and have less control over their money, living situation, and daily schedule and activities (Sheppard-Jones et al., 2005). Furthermore, autistic individuals tend to have significantly lower self-determination, personal-development, interpersonal relationships, social-inclusion, and material well-being, which relates to an overall lower quality-of-life (Simões & Santos, 2016). Self-determination levels influence some of the factors that relate to quality-of-life, such as employment status and living circumstances (Simões & Santos, 2016). Thus, quality-of-life and self-determination are intimately connected and influence well-being.

Furthermore, research has shown self-determination is a significant positive predictor of quality-of-life for autistic individuals (White et al., 2018). That is, higher self-determination contributes significantly to higher quality-of-life in autistic adults without an intellectual disability (White et al., 2018). Shogren et al. (2015) stated, "as people have opportunities to engage in self-determined action, they become causal agents, which then influences the degree to which basic needs are met and overall well-being flourishes" (p. 260). Unfortunately, autistic individuals tend to experience less opportunities to develop self-determination skills (White et al., 2018). Additionally, social difficulties are a characteristic of autism and seem to impact self-determination (White et al., 2018). That is, increased social skills have been correlated with

increased self-determination (White et al., 2018). This highlights the importance of designing interventions and strategies to increase self-determination skills and social skills to improve quality-of-life for autistic people (White et al., 2018). Self-determination predicts education, employment, and social engagement outcomes, which are areas captured in quality-of-life measures (White et al., 2018). Quality-of-life may be improved through promoting engagement in self-determined behaviours, such as self-regulation, problem-solving, and decision making (White et al., 2018). As such, self-determination, and quality-of-life "might be best viewed together as constructs to guide policy and practice in order to improve life conditions and to empower" autistic people "to live the life they desire" (White et al., 2018, p. 15). Additionally, research indicates that self-determination training in autistic individuals relates to increases in self-determination and better life outcomes, such as employment and education (Oswald et al., 2017; Shorgen et al., 2018). As autistic people experience difficulties in many life outcomes, programs designed to increase quality-of-life and improve life outcomes for autistic people are important to create a more just and equitable society.

Mental Health and Psychotherapy

Autistic individuals without an intellectual disability are at higher risk of experiencing mental health problems and co-occurring mental health problems (Cooper et al., 2007; Cree et al., 2020; Griffiths et al., 2019; Pinals et al., 2021; Weiss, 2011). Compared to non-disabled peers' autistic people are three to five times more likely to experience mental health problems, such as depression and anxiety, (Griffiths et al., 2019; Pinals et al., 2021; Weiss, 2011). Research suggests that autistic people have an increased vulnerability to negative life experiences (e.g.,

financial hardship, being bullied, housing difficulties, unemployment, victimization, social exclusion) and this may partially explain the higher rates of mental health problems and lower life satisfaction (Griffiths et al., 2019; Pinals et al., 2021; Wigham et al., 2014). Therefore, programs deigned to reduce negative experiences and the negative impacts they have on mental health could be beneficial to quality-of-life and mental health (Griffiths et al., 2019). Although autistic individuals are more likely to experience mental health problems, they are an underserved population in psychotherapy research and practice.

Counsellors are uniquely positioned to help autistic individuals increase their well-being and become self-determined citizens (American Psychological Association, 2012). Counselling professions are upheld to respect the rights and dignity of all people, participate in social justice, be active change agents, and have diversity competence and awareness (BC Association of Clinical Counsellors, 2014; American Psychological Association, 2012). However, a lack of training, experience, and awareness around the disability experience often cause counsellors to feel uncomfortable or inadequate in helping autistic people (American Psychological Association, 2012). Oftentimes, counsellors overemphasize or mistakenly focus on a client's disability while ignoring other important issues in their lives or reversely underestimate the impacts of disability related experiences, such as discrimination (American Psychological Association, 2012). Furthermore, research on psychotherapies for autistic people is "scarce, and training for professionals to deliver this treatment is rare" (Tomasulo, 2014, p. 338). The amount of available research, small sample sizes, and flaws in design and reporting make it difficult to drawn conclusions about evidence-based treatments for a broad array of problems experienced

by autistic individuals (Koslowski et al., 2016). This speaks to the need for more research on psychotherapy approaches with autistic individuals.

Autistic individuals are typically assessed using applied behavioural analysis for diagnosis and treatment is focused on behavior modification of challenging or maladaptive behaviours and psychoeducation on social skills (Sturmey, 2019; Szucs et al., 2019; Tomasulo, 2014). Besides these approaches, cognitive behaviour therapy (CBT) for treating anxiety or depression was a common approach mentioned in the literature (Cooper et al., 2018; Byrne & Mahony, 2020; Ekman & Hiltunen, 2015; Kreslins et al., 2015; Pahnke et al., 2019; Pahnke et al., 2014; Spek et al., 2013; White et al., 2018). The literature suggests adapted cognitive behaviour therapy may be effective in treating a range of mental health problems in autistic people (Ekman & Hiltunen, 2015; Spain et al., 2015; Sizoo & Kuiper, 2017), but limitations of CBT have also been highlighted (Pahnke et al., 2019; Spek et al., 2013; White et al., 2018). The use and effectiveness of less clinical and more dynamic psychotherapy approaches for autistic individuals are lacking (Sturmey, 2019; Szucs et al., 2019; Tomasulo, 2014). Despite having increased risk for mental health problems and lower quality-of-life, autistic individuals are "much less likely to receive psychotherapeutic treatment than the general population" (Tomasulo, 2014, p. 340). Disparities in research and in counselling trainings calls for more research on counselling approaches that improve well-being in autistic people. Research repeatedly states the lack of psychotherapy outcome research and the shortage of randomized controlled trails or studies with rigorous methodologies (Brown et al., 2013; Razza et al., 2011; Sturmey, 2019; Tomasulo, 2014). Moreover, this disparity in the use of effective interventions for autistic people "is particularly wide when it comes to the application of evidence-based positive

interventions" (Szucs et al., 2019). Thus, there is a clear need for more research on positive psychotherapy interventions for autistic adults.

Group therapy is a positive psychotherapy intervention that could be further explored in hopes of increasing quality-of-life for autistic people. Many of the problems experienced by autistic individuals, such as social isolation, poor social skills, limited "opportunities to learn adaptive coping styles", and "a low sense of self-efficacy" are known to be effectively targeted in group therapy (Tomasulo, 2014, p. 340; Yalom & Leszcz, 2005). Group therapy is a powerful treatment model that has many known therapeutic benefits, such as "installation of hope", having one's experience being shared and validated by others, "interpersonal learning", and practice self-disclosing and voicing needs and opinions (Yalom & Leszcz, 2005). "Group therapy is unique in being the only therapy that offers clients the opportunity to be of benefit to others", which can increase feelings of self-efficacy, self-esteem, and allows members to feel needed and useful (Yalom & Leszcz, 2005, p. 13). Yalom and Leszcz (2005) stated, "clients dealing with stigma or social isolation and those seeking new coping skills" could greatly benefit from group counselling compared to other approaches (p. 53). As such, much of the literature on psychotherapy for autistic individuals used a group therapy format. Therefore, group therapy is a promising area to explore to increase quality-of-life for autistic people.

The deficient in quality-of-life experienced by autistic people needs to be addressed. Increasing self-determination could be a strategy to improve autistic people's self-concepts and lead to increased quality-of-life. As autistic people experience higher rates of mental health problems but are underrepresented in the counselling field, receiving a positive counselling

intervention designed to increase general well-being, self-determination, and quality-of-life could be a social initiative to help address the disparities autistic people face.

Purpose Statement

The purpose of this capstone is to explore how quality-of-life, self-determination, and the mental health of autistic adults without an intellectual disability could be positively impacted by psychotherapy. This capstone could be beneficial for a wide audience within the counselling field, social services, and disability community. Autism is experienced within the political and social contexts of society, so knowledge is needed at multiple levels to influence meaningful change in the lives of autistic individuals. Therefore, counsellors, autistic people, families/ support networks of autistic people, service providers, government, policy makers, program funders, support workers, and advocates could benefit from knowing this material. It is hoped that an outcome from this paper is to make a meaningful difference in the lives of autistic people and to influence future program design and address social justice issues related the quality-of-life and self-determination of autistic people.

Theoretical/Conceptual Framework

This paper is written from a transformative worldview, which holds that research should address social oppression, strive for political change, and empower marginalized individuals (Creswell & Creswell, 2018). I have sought to uphold these principles by acknowledging the oppression of autistic people and creating a strength-based psychotherapy program designed to combat the negative effects of discrimination, to increase well-being, and to empower a marginalized population.

Similarity, a feminist and multicultural conceptual framework is used to attend to diversity issues and consider how privilege, power, and oppression influences the lives of autistic people and the intersectionality of other identities. These perspectives call for advocacy and working toward social change to combat the negative effects of oppression and to create a more socially just world (Goodman et al., 2004). Goodman et al. (2004) stated, feminist/ multicultural counsellors should take "professional action designed to change societal values, structures, policies, and practices, such that disadvantaged or marginalized groups gain increased access to … tools of self-determination" (p. 795). Therefore, a feminist and multicultural perspective fits well with considering how to increase self-determination and well-being for autistic people. Furthermore, a feminist and multicultural perspective "emphasize the ways in which social oppressions" (e.g., ableism, classism, racism, sexism) "contributes to the mental health problems that clients present", acknowledges that "survival responses under oppressive conditions are often mistaken for pathology", collaborates with clients to address "various oppressive conditions in their lives", and recognized the strengths, valuable perspectives, and talents of the people they work with (Goodman et al., 2004, p. 796). Additionally, the principles of a feminist and multicultural approach, such as "ongoing self-examination", "sharing power", giving voice", "facilitating consciousness raising", "building on strengths", and "leaving clients with tools for social change" can help inform psychotherapy programs and community initiatives (Goodman et al., 2004, p. 798). Thus, these perspectives offer insight into why autistic people experience high rates of mental health problems and offers a strength-based and systemic approach to increasing well-being.

Through focusing on increasing well-being, a wellness approach has been taken with the idea of trying to increase life-satisfaction and considering the biopsychosocial contexts of people lives. Wellness is defined as "a multidimensional and holistic state of being that is conscious, self-directed, and constantly evolving to achieve one's full potential" (Strout & Howard, 2012, p. 196). The wellness paradigm considers how "health is not merely the absence of disease", but rather how health promoting factors can lead to increased life-satisfaction, happiness, and health (Fullen, 2016, p. 111). A wellness approach harnesses an individual's strengths and resources to accomplish goals, focuses on prevention and health promotion, and seeks to increase functioning in the various wellness dimensions, such as social, spiritual, physical, emotional, intellectual, and environmental (Fullen, 2016; Strout & Howard, 2012, p. 196). Taking a holistic approach, considering multiple domains of people's lives, and seeking to promote well-being are some ways a wellness approach will influence this paper.

Thus, a wellness approach, transformative worldview, and a feminist/multicultural perspective have informed this paper. These approaches complement each other and help to inspire social justice work focused on improving the lives of marginalized people.

Contribution to the Field

Promoting self-determination in services and supports for autistic people has become best practice (Oswald et al., 2017; Shogren et al., 2015). However, there remains a gap between policy and practice. A lack of commonly used and effective psychotherapy interventions that measure outcomes is a barrier to ensuring services uphold this standard. The disparity between autistic individuals and the general population in quality-of-life and mental health shows the

need for increased psychotherapy services for autistic people. The lack of literature on known effective positive approaches, highlights a gap in the research and the need to develop psychotherapy interventions to promote self-determination and well-being for autistic individuals. Moreover, there has been a noticeable absence of randomized controlled trials examining psychotherapy models effectiveness for autistic individuals (Brown et al., 2013; Razza et al., 2011; Sturmey, 2019; Szuc et al., 2019; Tomasulo, 2014).

Therefore, in Chapter 3 I propose recommendations to serve as guidelines for the creation of a group-based therapy program to increase quality-of-life, self-determination, and the mental health of autistic people. These recommendations were informed by reviewing the current literature on quality-of-life, self-determination, and psychotherapy interventions for autistic people. I suggest using these recommendations to develop a government-funded group psychotherapy program as pilot project to examine its efficacy and eventually a randomized controlled trial. Supporting people to flourish has positive impacts on individuals, communities, and greater society.

Reflectivity and Positionality Statement

A passion for inclusion, valuing diversity, and advocating for autistic people makes this topic personally relevant to me. Being a service provider in the disability field positions me as having insider knowledge of disability culture and the disability experience. However, my social locations of being a White, ci-gendered, heterosexual, married, middle-class, educated, able-bodied, neurotypical female puts me in a position of experiencing many privileges. My privileges have advantaged me and caused little oppression in my life. This contrasts with many

autistic people, who commonly experience discrimination and disadvantages in health, social inclusion, human rights, education, income, housing, and employment. Furthermore, I acknowledge that being raised in a capitalist culture, which values people by their able-bodiness, productivity, and earning potential works to uphold ableism and has influenced my biases and cultural learning. Through examining my biases, ongoing self-reflection, and immersing myself in disability culture, I work to be conscious of how ableism influences my thinking and position myself as an ally for autistic people.

My social locations and experiences of working in the disability field have influenced my understanding and interpretation of the research done in this paper. Through my personal experience of working autistic people, I have witnessed that autistic individuals experience many mental health challenges and face barriers to accessing mental health services. This learning has been further developed and confirmed in reviewing the literature. Due to limited funding, waitlists, service capacity, and being unable to afford a private counsellor due to income disparities, autistic people often receive counselling services in response to crisis rather than to promote general well-being. Moreover, through reviewing the literature and personal experience, I have seen how encouraging self-determination has become best practice in services for autistic people but there remains a gap in policy and practice. There is a lack of broadly used, evidence-based, self-determination and wellness interventions that measure efficacy and outcomes. Therefore, the disability field needs to develop programs specifically designed to increase self-determination and quality-of-life for autistic individuals as a mean to close the gap between policy and practice and to demonstrate measurable outcomes.

The focus of my research was influenced by owning a supported employment agency for people with developmental disabilities, which is government funded through Community Living British Columbia and the Ministry of Children and Family Development. As a service provider, I constantly see autistic people in need of counselling and requesting mental health services but there not being enough funding and affordable services to address the need. The well-being and mental health of people with disabilities often gets deprioritized, as the available resources are used to put out fires rather than for prevention. I also acknowledge the current effort put in by many services and professionals to help enhance the lives of autistic people, such as through support employment, social inclusion, and housing. However, psychotherapy and preventative mental health services for autistic people is a noticeable gap in my experience. Furthermore, my current experience of being a service provider for autistic people and currently working toward becoming a counsellor has influenced the direction of this capstone. My intention is to address a gap in the social services available for autistic people with a cost effective and wellness driven approach. It would be my hope to influence the government to fund a positive therapy group for autistic individuals to increase quality-of -life and address social inequalities.

Definition of Terms

Ableism is the sociopolitical forces, beliefs, and practices that cause discrimination and oppression of people with disabilities (Williams, 2019).

Autism spectrum disorder is a neurodevelopmental disability characterized by impairments in social interaction and communication, as well as restricted and repetitive patterns of behaviour, interests, or activities (American Psychiatric Association, 2013). The nature of

disability in autistic people is captured more accurately through examining adaptive functioning rather than intellectual ability, as some individuals with high intellectual functioning struggle considerably with daily tasks and social functioning (Oswald et al., 2017; White et al., 2018).

Developmental disability is a disability that occurs in the developmental period, lasts throughout a person's lifetime, and is due to impairments in physical, learning, language, or behavioural functioning (American Psychiatric Association, 2013; Centers for Disease Control and Prevention, 2021). Developmental disabilities are characterized "by developmental deficits that produce impairments of personal, social, academic, or occupational functioning" (American Psychiatric Association, 2013, p.31). "The range of developmental deficits varies from very specific limitations of learning or control of executive functions to global impairments of social skills or intelligence" (American Psychiatric Association, 2013, p.31). Developmental disabilities "frequently co-occur; for example, individuals with autism spectrum disorder often have intellectual disability" (American Psychiatric Association, 2013, p. 31).

Impairments in adaptive functioning is characterized by failing to "meet standards of personal independence and social responsibility in one or more aspects of daily life, including communication, social participation, academic or occupational functioning, and personal independence at home or in community setting" (American Psychiatric Association, 2013, p. 31).

Intellectual disability "is characterized by deficits in general mental abilities", such as "problem solving", "academic learning", and "learning from experience" and "results in impairments of adaptive functioning" (American Psychiatric Association, 2013, p. 31).

Quality-of-life is a multidimensional concept that relates to a person's desired conditions of living regarding eight core dimensions of life: "emotional well-being, interpersonal relationships, material well-being, personal development, physical well-being, self-determination, social inclusion and rights" (Townsend-White et al., 2012, p. 272). Quality-of-life is influenced by personal characteristics, environmental contexts, and incorporates subjective well-being (Townsend-White et al., 2012; White et al., 2018).

Self-determination is defined "as the attitudes and abilities required to act as the primary causal agent in one's life and to make choices and decisions free from undue external influences and interference" (Chao et al., 2019, p. 1).

Outline of Capstone Project Chapters

In this capstone one explore how quality-of-life, self-determination, and the mental health of autistic adults without an intellectual disability could be positively impacted by psychotherapy. In Chapter One the history and discrimination of people with disability was introduced along with and exploration of why autistic adults without an intellectual disability represent a population in need of interventions to increase quality-of-life, self-determination, and mental health.

In chapter two I present a literature review on quality-of-life, self-determination, and psychotherapy for autistic individuals. The quality-of-life section provides a brief history and definitions of quality-of-life, measures of quality-of-life, the disparities in quality-of-life experienced by many autistic people, and factors that relate to quality-of-life. The self-determination section explores how self-determination relates to quality-of-life, the history of

self-determination, theories of self-determination, how relationships and teaching techniques influence self-determination, measures of self-determination, and research-based interventions to promote self-determination. The psychotherapy section outlines how self-determination relates to psychotherapy approaches, a brief history and overview, adaption to psychotherapy for autistic adults, psychotherapy approaches and research with autistic adults, and group psychotherapy approaches. Lastly, in Chapter Two I highlight the limitations found in the research and how these can be addressed in future research and program design.

In chapter three I offer a discussion of the literature review, a next steps section, which outlines 13 recommendations for the future design of an evidence-based group psychotherapy program for autistic adults, and a conclusion. This capstone reveals a clear need for an evidence-based dynamic psychotherapy program seeking to enhance quality-of-life, self-determination, and the mental health of autistic adults.

Chapter Two: A Review of the Literature

The focus of this literature review is on how quality-of-life, self-determination, and the mental health of autistic adults without an intellectual disability could be positively impacted by group psychotherapy. Firstly, quality-of-life is explored. This includes a brief history, definitions of quality-of-life, and measures of quality-of-life. How autistic people commonly experience disparities in quality-of-life is touched on and various factors related to quality-of-life are reviewed. How quality-of-life relates to self-determination is highlighted. Next, self-determination is explored, including a brief history, various theories of self-determination, measures of self-determination, teaching styles and techniques that impact self-determination, and existing research-based interventions to promote self-determination. Then, psychotherapy for autistic adults is explored, including a brief history and overview, common adaptions to psychotherapy for autistic people, various psychotherapy approaches mentioned in the research, group psychotherapy approaches, and how self-determination relates to psychotherapy approaches and outcomes. Lastly, the limitations of the research I reviewed are summarized. Reviewing the literature supported my intuition that a group psychotherapy program designed to increase quality-of-life, self-determination, and the mental health of autistic adults without an intellectual disability is needed and could be beneficial.

Quality-of-Life

Enhancing quality-of-life for citizens is an important investment for the greater good of society (Biggs & Carter, 2016). Due to large disparities in quality-of-life, it is clear some citizens need support to achieve a good quality-of-life. Quality-of-life measures have been used in

research to explore what populations are struggling with quality-of-life (Ayres et al., 2017; Griffiths et al., 2019; Nadig et al., 2018; Oswald et al., 2017; White et al., 2018). Research shows autistic adults without an intellectual disability represent a population in need of support due to high rates of mental health difficulties and reduced quality-of-life compared to neurotypical and other disability category peers (Ayres et al., 2017; Chancel et al., 2020; Cooper et al., 2018; Griffiths et al., 2019; Hesselmark et al., 2014; Keesler, 2020; Nadig et al., 2018; Oswald et al., 2017; Spek et al., 2013; White et al., 2018). Importantly, autistic people and their families have identified increased quality-of-life as a valued outcome of services (Oakley et al., 2021).

A Brief History

Promoting quality-of-life is considered an overarching goal of services for people with disabilities (Schalock, 2000; White et al., 2018). Starting in the 1980s the concept of quality-of-life was embraced as a principle in services for people with disabilities (Schalock, 2000). In the 1990s the disability field began to more clearly define, conceptualize, and measure quality-of-life (Schalock, 2000). In the early 2000s, more efforts to increase quality-of-life through programs, services, and advocacy began and quality-of-life was used as an outcome measure in services (Schalock, 2000). Quality-of-life is now routinely used to guide, evaluate, and enhance policies and services (Schalock, 2000; Simoes & Santos, 2016). So, what is quality-of-life and why is it important to investigate for autistic adults without an intellectual disability?

Definitions and Domains

The literature reveals many different definitions and models of quality-of-life, however, within the more recent disability literature a general consensus exists around the various

domains, common definitions, and properties of quality-of-life. A common quality-of-life definition in the literature is the World Health Organization's definition, which defined quality-of-life as "an individual's perception of their position in life in the context of the culture and value systems in which they live in relation to their goals, expectations, standards and concerns" (Ayres et al., 2017, p. 1). This highlights how there is a subjective component to quality-of-life (Mason et al., 2018). Quality-of-life is a multidimensional concept that is made up of various life domains, is influenced by environmental and personal characteristics, incorporates subjective wellbeing, and should be considered holistically (Simoes & Santos, 2016; White et al., 2018; White et al., 2011). The values of happiness, general wellbeing, and striving to achieve one's personal potential are associated with the concept of quality-of-life (White et al., 2011). A person's quality-of-life varies over time and is impacted by an individual's environment, interests/preferences, and circumstances (White et al., 2011).

Additionally, quality-of-life can be defined as "a concept that reflects a person's desired conditions of living related to eight core dimensions of one's life" (Schalock, 2000, p. 121). The eight-core quality-of-life domains are: (a) personal development, (b) self-determination, (c) interpersonal relations, (d) social inclusion, (e) rights, (f) emotional wellbeing, (g) physical wellbeing, and (h) material wellbeing (Schalock, 2000; Simoes & Santos, 2016; Van Hecke et al., 2018; White et al., 2018). The eight core domains can be categorized into three factors of quality-of-life, which are independence, social participation, and wellbeing (Simoes & Santos, 2016). In addition, specific indicators of quality-of-life have been identified and assessed, such as education status, friendships, employment status, physical activity, community inclusion, engagement in social activities, health status, and financial status (Simoes & Santos, 2016).

Quality-of-life has subjective indicators, such as perceived satisfaction attained through self-report or reports from others, and objective indicators, which can be directly observed or measured, such as wealth or employment status (Simoes & Santos, 2016; Van Heck et al., 2018; White et al., 2011). Research has validated the eight-core quality-of-life domains, which holds in cross-cultural studies showing how these domains of quality-of-life are universal (Van Heck et al., 2018; White et al., 2011). Although quality-of-life has universal properties, such as the core domains are the same for all people, there are also culture-bound properties, as the relative importance and value people place on the domains vary by individual and culture (Simoes & Santos, 2016; Van Heck et al., 2018). Thus, quality-of-life should be considered from a systems perspective, as the core domains reflect individual, organizational, and societal systems people live their lives in (Van Hecke et al., 2018; White et al., 2018).

Measures of Quality of Life

Measuring quality-of-life outcomes is an essential way to develop evidence-based interventions and practices that enhance the lives of autistic people. This section explores subjective and objective measures of quality-of-life, quality-of-life measures commonly used in research with autistic people, and measures of quality-of-life created specifically to capture disability and autism specific indicators of quality-of-life.

When assessing quality-of-life, both objective and subjective measures should be used to develop a more complete picture of one's quality-of-life (White et al., 2011). Subjective measures are based on a person's opinion or perspectives through self-reports or reports by another person (Van Hecke et al., 2018). Whereas objective measures are based on direct

observation of a person's life experiences/circumstances (Van Hecke et al., 2018). Interestingly, subjective and objective measures of quality-of-life are often not highly correlated (White et al., 2011). For example, when quality-of-life is only measured through subjective self-reports on general life satisfaction, it tends to be relatively stable, as general life satisfaction or happiness appears to be a somewhat stable dispositional characteristic (Sheppard-Jones et al., 2005; Van Hecke et al., 2018). Although, psychotherapy may be one way to change one's subjective life satisfaction through changing one's perceptions of oneself (Sheppard-Jones et al., 2005). However, life satisfaction is only one dimension of quality-of-life and objective measures of quality-of-life should be included to capture areas more susceptible to change (Van Hecke et al., 2018). Additionally, self-reports are important to include so the person is positioned as the expert of their own life and what they find to be important to their quality-of-life can be documented, rather than what other believe to be important or based solely on others' judgments of them (White et al., 2018). The core components of quality-of-life have shown to be universal and therefore are thought to be relevant to all humans regardless of culture and disability status (Erez & Gal, 2020). The literature, however, suggests that although autistic people share the same universal quality-of-life domains, there may also be other specific indicators that stem from their experience as an autistic individual, such as autism identity and sensory experiences (Ayres et al., 2017; Erez & Gal, 2020; McConachie et al., 2018). Thus, research on quality-of-life measures specifically with autistic individuals is important.

Ayres and colleagues (2017) completed a systematic review and meta-analysis and revealed that seven different tools were used to assess quality-of-life of autistic adults in research. This revealed the widespread use of measures that had not been validated or shown to

be reliable for autistic adults, as only one of the seven measures had been designed to be used for autistic individuals (Ayres et al., 2017). Six of the seven measures had only been shown to be valid and reliable with the general population but had not been validated for autistic adults, which may lead to misleading results or an incomplete understanding of the data (Ayres et al., 2017). Thus, more research is needed to understand what aspects of life matter most and influence the lives of autistic people and validating quality-of-life measures with autistic people (Ayres et al., 2017).

The World Health Organization (WHO) quality-of-life measure (WHOQOL-BREF) has been the quality-of-life measure most used in studies assessing quality-of-life for autistic individuals (Ayres et al., 2017; Mason et al., 2019). It is a self-report measure that assesses quality-of-life across four domains (physical, psychological, social, and environment) with 24 items, and global quality-of-life is assessed with 2 additional items (Mason et al., 2019). Significantly lower quality-of-life is often reported by autistic individuals, compared to neurotypical peers, when using this measure (Mason et al., 2019). Quality-of-life measures need to be validated for autistic people, as results from studies using unvalidated measures could be questioned (McConachie et al., 2018).

Thus, the World Health Organization (WHO) quality-of-life measure created an additional section intended to capture important facets of quality-of-life for people with disabilities, such as discrimination, perceived autonomy, and inclusion, which are not included in the WHOQOL-BREF version (McConachie et al., 2018). The World Health Organization Disability Module has 13 items and has shown to have good internal consistency for people with

physical or intellectual disabilities (McConachie et al., 2018). McConachie and colleagues (2018) were the first to use this disability module with autistic people. McConachie and colleagues (2018) completed research with a large group of autistic people and was the first study to determine that the World Health Organization (WHO) quality-of-life measure (WHOQOL-BREF) was appropriate, reliable, and valid for autistic people, as well as the World Health Organization (WHO) Disability module. Importantly, this provides support for the findings of previous studies using these measures with autistic people (McConachie et al., 2018). However, there may be some aspects of quality-of-life that are more specific to autistic people, which are still not fully captured with these two measures (McConachie et al., 2018).

Some preliminary research shows that some aspects of quality-of-life measures may be subtly different for autistic people (McConachie et al., 2018). For example, the ability to concentrate was often thought about in terms of how the sensory environment impacted one's concentration (McConachie et al., 2018). Additionally, questions involving mixed feelings were more difficult to answer for autistic people (McConachie et al., 2018). Through extensive consultation with the autism community, McConachie and colleagues (2018) created a nine-item autism specific measure of quality-of-life (ASQoL). This measure includes questions such as, "Are you at ease (OK) with 'Autism' as an aspect of your identity?", "Do sensory issues in the environment make it difficult to do things you want to do?", and "Can you 'be yourself' around your friends/people you know well?" (McConachie et al., 2018, p. 1601). This autism specific measure of quality-of-life (ASQoL) has been found to have structural validity and internal consistency (McConachie et al., 2018). As such, this autism specific measure of quality-of-life (ASQOL) is ready to be used in research and can be used in addition to the World Health Organization (WHO) quality-of-life

measure (WHOQOL-BREF) and the World Health Organization (WHO) disability specific modules in research to capture quality-of-life more fully for autistic people (McConachie et al., 2018). Measuring quality-of-life is useful to highlight disparities experienced by certain populations, which provides evidence for the need to increased funding or services to address the disparities.

Disparities in Quality-of-Life

Understanding disparities in quality-of-life between various populations is an important way to target interventions to promote a more equitable society (Mason et al., 2018; Simoes & Santos, 2016). Quality-of-life tends to be pervasively lower for many autistic people (Ayres et al., 2017; Biggs & Carter, 2016; Lin & Huang, 2017; Oakley et al., 2021). Research shows that many autistic people have reduced quality-of-life in areas such as, employment, independent living, physical and mental health, community participation, and relationships (Bishop-Fitzpatrick et al., 2017; Lawson et al., 2020; Nadig et al., 2018; White et al., 2018). The greatest disparities in quality-of-life for autistic people are in social relationships and psychological health (Ayres et al., 2017; Biggs & Carter, 2016; Lin & Huang, 2017; Oakley et al., 2021). Additionally, in both subjective and objective measures of quality-of-life, many autistic adults without an intellectual disability have lower quality-of-life compared to neurotypical and other disabled peers, and compared to autistic individuals with an intellectual disability (Biggs & Carter, 2016; Bishop-Fitzapatrick et al., 2017; Nadig et al., 2018; White et al., 2018). Thus, it is important to increase our understanding of ways to improve quality-of-life for autistic adults without an intellectual disability, as many seem to be fairing worse than other populations in

quality-of-life. The literature suggests focusing psychosocial interventions for autistic adults without an intellectual disability on "explicitly teaching" strategies to lower perceived stress and increase social support as a way to promote better quality-of-life (Bishop-Fitzpatrick et al., 2017). Thus, programs are needed for autistic adults without an intellectual disability to help address these disparities and barriers to quality-of-life.

Factors Related to Quality-of-Life

Identifying factors that relate to quality-of-life for autistic people can help to inform services and interventions deigned to improve quality-of-life (Biggs & Carter, 2016; Lin & Huang, 2017; Lawson et al., 2020). Mental health, quality of sleep, employment status, level of independence, and community engagement are some factors that relate to quality-of-life (Lawson et al., 2020). Identifying and understanding these factors helps to inform ways to target and increase these important factors. Studies have shown that very similar factors related to quality-of-life in autistic and non-autistic people (Lawson et al., 2020). Research suggests that some factors that relate to quality-of-life for autistic people are co-occurring mental health conditions, poor executive functioning, bullying, perceived stress, living arrangements, poor sleep, autism symptomatology, and involvement in daytime activities (Lawson et al., 2020; Oakley et al., 2021). A high degree of appraising situations in one's life as stressful (perceived stress), is associated with poorer quality-of-life in autistic people both with and without intellectual disabilities and relates to worse social functioning (Bishop-Fitzpatrick et al., 2017). Social support has shown to buffer the impacts of perceived stress on well-being and could be an important area to focus interventions on, as autistic individuals tend to have lower levels of

social support (Bishop-Fitzpatrick et al., 2017). Loneliness and lower levels of perceived social support in autistic individuals has been related to an overall lower quality-of-life (Bishop-Fitzpatrick et al., 2017; Lin & Huang, 2017). Additionally, roughly half of autistic adults are unemployed or underemployed (Lawson et al., 2020). This is concerning because "poor employment" is related to decreased community engagement and increased mental and physical health problems, all of which affect quality-of-life (Lawson et al., 2020, p. 2). Another potential area affecting quality-of-life could be sensory processing difficulties, as greater sensation-sensitivity behaviours have shown to relate to lower quality-of-life in research with autistic individuals (Lin & Huang, 2017). More research is needed to gain a clearer understanding of the modifiable factors that relate to improved quality-of-life in autistic people without an intellectual disability (Bishop-Fitzpatrick et al., 2017). Before moving forward with trying to produce individual change through these modifiable quality-of-life factors, one's personal values, goals, and desires should be considered, as well as feasibility of approaches and ethical considerations (Schlock et al., 2020).

One area of quality-of-life that is particularly relevant to autistic adults without intellectual disabilities is mental health. Autistic people have increased risk of experiencing mental health difficulties (Ayres et al., 2017; Cassidy et al., 2018; Griffiths et al., 2019; Lin & Huang, 2017; Lawson et al., 2020; Mason et al., 2019). Research shows that mental health conditions significantly impair quality-of-life (Mason et al., 2019). Mental health, such as experiencing depression symptoms and psychological well-being, have shown to be significant predictors of quality-of-life for autistic and non-autistic people (Lawson et al., 2020; Oakley et al., 2021). Autistic people have high rates of comorbid mental health difficulties and experience

anxiety, depression, and suicidal thoughts and behaviours, and commit suicide at higher rated than the general population (Cassidy et al., 2018; Lin & Huang, 2017; Lawson et al., 2020; Griffiths et al., 2019; Malik-Soni et al., 2021). Autistic females are more likely to experience internalized problems, such as depression and anxiety, and males are more likely to experience externalizing difficulties, such as behavioural problems (Hull et al., 2017). However, research shows that between 50-70% of autistic adults without an intellectual disability have diagnosable anxiety and/or depression (Griffiths et al., 2019). Autistic individuals with anxiety and/or depression experience significantly lower quality-of-life (Mason et al., 2019). Cognitive traits, such as intolerance of uncertainty, sensory sensitivities, difficulties with social cognition, emotion regulation, and struggling with executive functioning, have been theorized as reasons for increased mental health problems (Griffiths et al., 2019). Additionally, autistic people have an increased risk of negative life experiences, such as being bullied, unemployment, housing difficulties, experiencing financial hardship, social isolation, and being physically, verbally, emotionally, and/or sexually victimized (Griffiths et al., 2019). It is well documented that negative life experiences are associated with developing anxiety and depression in the general population, such as bullying, unemployment, discrimination, and abuse (Griffiths et al., 2019). Thus, vulnerability to negative life experiences and cognitive vulnerabilities may interact to lead to high rates of co-occurring mental health difficulties for autistic people (Griffiths et al., 2019). Griffiths and colleagues (2019) completed a cross-sectional study and found that autistic adults without an intellectual disability had a diagnosis of anxiety and depression three times higher than the non-autistic control group, were significantly more likely to have experienced most of the negative life events assessed, and had lower life satisfaction (Griffiths et al., 2019).

Moreover, both the autistic and non-autistic group had an increased risk of experiencing negative life events if they had more autistic traits, which suggests autistic traits represent a vulnerability to negative life experiences (Griffiths et al., 2019). Due to discrimination and negative social experiences related to displaying autistic traits, many people with autism actively work to hide their autistic traits in public (Botha et al., 2020; Hull et al., 2017).

Many autistic individuals develop strategies to conceal or 'camouflage' their difficulties or behaviours associated with autism in social situations (Botha et al., 2020; Hull et al., 2017; Mason et al., 2018; Oakley et al., 2021). This is motivated by wanting to decrease discrimination, and to fit in and to be accepted by others (Botha et al., 2020; Hull et al., 2017). There are both internal pressures, such as a desire to make more friends, and external pressures, such as people bullying or discriminating against them when displaying more stereotypical autistic characteristics (Hull et al., 2017). Females may be more likely to hide their autism traits or imitate the social behaviours of others to appear more 'normal' in social situations (Hull et al., 2017). Some camouflaging strategies included controlling or supressing stemming behaviours, consciously making eye contact, putting on facial expressions of emotions and interest during conversation, following social rules they had set, such as asking more questions of the other person, not talking about special interesting or limiting self-focused talk, and practicing topics of small talk before a social situation (Hull et al., 2017). However, camouflaging is mentally, emotionally, and physically exhausting (Botha et al., 2020; Hull et al., 2017; Mason et al., 2018; Oakley et al., 2021). Autistic people report needing alone time after camouflaging to recover (Hull et al., 2017). Camouflaging can cause anxiety and stress, threaten one's self-perceptions and self-esteem by internalizing stigma, and has been identified as a risk factor for depression

and suicidality in autistic adults (Cassidy et al., 2018; Hull et al., 2017; Mason et al., 2018; Oakley et al., 2021). Additionally, one's support needs or disability may be questioned by others not believing they are autistic or the difficulties they experience (Hull et al., 2017). Camouflaging is felt as necessary for many autistic people in certain situations, such as a job interview or when meeting a new person but relates to feelings of being unauthentic to themselves and loneliness as others don't truly know them as they are (Hull et al., 2017). Thus, camouflaging is a defense strategy to protect against maltreatment and discrimination but has mental health consequences (Botha et al., 2020; Hull et al., 2017). Importantly, camouflaging would be less needed if social contexts were more accepting of autism traits or behaviours and if less discrimination and stigmatization occurred (Hull et al., 2017). This speaks to the need for social change and increased public awareness about autism, as well as creating spaces where autistic people feel accepted and understood, such as a supportive psychotherapy group with autistic peers.

Notably, the individual experience of autistic people varies substantially (Hull et al., 2017; Oakley et al., 2021; Malik-Soni et al., 2021). Thus, a one size fits all approach is not appropriate for such a heterogeneous population with varying needs (Oakley et al., 2021; Malik-Soni et al., 2021). There is substantial individual variability in subjective quality-of-life in autistic people (Oakley et al., 2021). Many autistic people report having good quality-of-life, so factors that relate to good quality-of-life in autistic people has been investigated (Oakley et al., 2021). Exploring the strengths and protective factors that promote good quality-of-life for some autistic individuals could help inform strategies to improve quality-of-life for other autistic people (Oakley et al., 2021). For example, research with autistic people has shown that "the

expression of positive characteristic such as courage, empathy, forgiveness, gratitude, humor, kindness, optimism, resilience, self-control, and self-efficacy can be associated with increased quality of life" (Biggs & Carter, 2016, p. 201). Thus, interventions designed to help support the expression and development of character strengths is a potential way to increase quality-of-life. Research has begun to show that reduced quality-of-life in autistic people can be most consistently accounted for by their mental health difficulties (Oakley et al., 2021). Therefore, programs for increasing psychological well-being and addressing mental health problems for autistic individuals are vital.

Self-Determination

Quality-of-life and self-determination are closely related (Lachapelle et al., 2005; Raley et al., 2018; Wehmeyer, 2020). Self-determination is a core domain of quality-of-life (Lachapelle et al., 2005). Research shows that quality-of-life can be predicted by one's level of self-determination (Raley et al., 2018; Wehmeyer, 2020; White et al., 2018). That is, higher self-determination contributes significantly to higher quality-of-life in autistic adults without an intellectual disability (White et al., 2018). Additionally, each essential characteristic of self-determination, such as autonomous functioning, self-regulation, psychological empowerment, and self-realization, has shown to be related and predict quality-of-life (Lachapelle et al., 2005). Autistic individuals report lower levels of autonomy compared to people with other disabilities, which relates to self-determination and quality-of-life (Nadig et al., 2018). Therefore, promoting autonomy and self-determination in autistic people is a way to improve their quality-of-life and can be a focus of future interventions (White et al., 2018; Wehmeyer, 1999).

History of Self-Determination

Since the 1990s, promoting self-determination has become a focus in public policy, education programs, and services for people with disabilities (Seong et al., 2015; Shogren et al., 2006; Shogren et al., 2008; Wehmeyer, 1999). Historically, people with disabilities have been controlled, denied basic freedoms, discriminated against, and understood from a deficit or disease perspective, all which inhibit the ability to become self-determined (Wehmeyer & Shogren, 2018). Therefore, the movement to promote self-determination for autistic people is essential to a more equitable and just society.

Before this disability movement began, the term self-determination was used in philosophy, political theory, and psychology (Wehmeyer, 1999; Wehmeyer & Shogren, 2018). In philosophy, since John Locke's late 17th-century views on free will, the concept of self-determination has been used to understand human behaviour (Wehmeyer & Shogren, 2018). Politically, self-determination refers to people's right to self-govern and freedom (Wehmeyer, 1999). Self-determination is a concept that is relevant across psychological domains (Wehmeyer & Shogren, 2018). Self-determination has been used in theories of personality for understanding individual differences and what causes human behaviour, as well as theories of motivation (Deci & Ryan, 1985; Wehmeyer, 1999). Personality psychology is interested in understanding how much of a person's behaviour is due to internal and external factors (Wehmeyer, 1999). Similarly, motivational psychology is interesting in what causes people to act and explores the influence of internal and external factors (Deci & Ryan, 1985; Wehmeyer, 1999). Self-determination is used in social psychology to understand processes that cause people to act, how the self and context

interact, and what social interactions and relationship factors impact self-determination (Wehmeyer & Shogren, 2018). Self-determination is a foundational concept in positive psychology, which is interested in exploring well-being and optimal functioning, as well as what actions, attitudes, or beliefs lead to growth (Wehmeyer & Shogren, 2018). Across psychological domains, the focus is on understanding how internal processes or the self and the environmental factors or contexts interact to cause or impair self-determination.

When the term self-determination entered the disability context, it was informed by previous theories and understandings (Wehmeyer, 1999). Self-determination has been conceptualized as an innate need, a basic human right, a capacity, and a characteristic (Deci & Ryan, 1985; Wehmeyer, 1999). From the 1990s onwards, government policy was informed by the concept that people with disabilities should have the right to "determine their own futures" (Wehmeyer, 1999, p. 54). The call for action was for people with disabilities to have "personal opportunities to make decisions in their lives, be free from control of others, and act based upon personal preferences and interests; but, also to have legally protected rights to self-governance" (Wehmeyer & Shogren, 2018, p. 310). Since, promoting self-determination has become best practice in education and services for people with disabilities (Lee et al., 2015; Oswald et al., 2017; Shogren et al., 2006; Shogren et al., 2012; Shogren et al., 2015; Shogren et al., 2018; Wehmeyer et al., 2013; Wehmeyer et al., 2012). This is important as research shows that people with developmental disabilities are less self-determined than their non-disabled peers (Lindsay & Varahra, 2021; Oswald et al., 2017; Sheppard-Jones et al., 2005; Shogren et al., 2018; Simões & Santos, 2016; Wehmeyer, 1999; Wehmeyer et al., 2013; White et al., 2018). Additionally, autistic individuals have been identified as a subpopulation of the disability community that particularly

struggles with self-determination regardless of intellectual ability (Chou et al., 2016; White et al., 2018). Importantly, higher self-determination is related to more positive life outcomes in areas such as, education, living arrangements, employment, health, exercise, community inclusion, recreational/leisure activities, quality-of-life, and well-being (Chao et al., 2019; Hui & Tsang, 2012; Lee et al., 2015; Lindsay & Varahra, 2021; Raley et al., 2018; Shogren et al., 2006; Shogren et al., 2018; Teixeria et al., 2020; Wehmeyer, 1999; Wehmeyer et al., 2012; Wehmeyer et al., 2013; White et al., 2018). This movement in policy and practice led to research on understanding what characteristics, beliefs, skills, and experiences relate to self-determination and designing interventions to promote self-determination in people with disabilities (Wehmeyer, 1999). Research has established that interventions designed to enhance self-determination in people with developmental disabilities can lead to improved self-determination and quality-of-life (Lee et al., 2015; Nadig et al., 2018; Oswald et al., 2017; Shorgen et al., 2018; Wehmeyer et al., 2013). Therefore, designing programs and interventions to promote self-determination and quality-of-life for autistic people is worthy of exploring.

This leads to the question, how or why do people become self-determined (Wehmeyer, 1999)? Existing knowledge on factors that relate to self-determination, such as motivation, goal setting, self-regulation, and problem-solving have helped to inform research and the development of self-determination programs and models (Wehmeyer, 1999). Although promoting self-determination has become known as best practice in education and supports for people with disabilities, their remains a need to translate policy and knowledge into practice (Lee et al., 2015). Designing and researching specific strategies, interventions, and programs to promote self-determination is an essential way to ensure an evidence-based practice. Theories of self-determination and research

on what teaching styles and methods help promote self-determination are important to understand and inform designing, implementing, and evaluating interventions (Shogren et al., 2008). Therefore, self-determination theories are reviewed below, as well as research on teaching styles and techniques, and evidence-based strategies/programs designed to increase self-determination. The knowledge gained from studying self-determination can be used to improve the lives of autistic people.

Theories of Self-Determination

Theories on self-determination are used to inform research and program design. Thus, reviewing various theories is a useful way to choose what theory to base my recommendations on for increasing self-determination through a group psychotherapy intervention. Four different theories of self-determination are examined below: self-determination theory, the functional model of self-determination, the self-determination learning model of instruction, and casual agency theory of self-determination.

Self-Determination Theory. Self-determination theory is a psychological theory of human motivation interested in the social conditions that facilitate or hinder human flourishing (Deci & Ryan, 1985; Ryan & Deci, 2017; Teixeira et al., 2020). In 1985, Deci and Ryan cofounded the self-determination theory. Self-determination theory has been influential in the understanding and the study of self-determination (Bagheri & Milyavskaya, 2020; Ryan & Deci, 2017; Teixeira et al., 2020). This theory has continued to evolve and be supported by research and is one of the main theories used in self-determination research (Bagheri & Milyavskaya, 2020; Deci & Ryan, 1985; Ryan & Deci, 2017; Teixeira et al., 2020). Deci and Ryan (1985), defined self-

determination as "the capacity to choose and to have those choices, rather than reinforcement contingencies, drives, or any other forces or pressures, be the determinants of one's actions. But self-determination is more than a capacity; it is also a need" (p. 38). Based on previous research of innate psychological needs, self-determination theory outlines three basic innate needs:

- ***Autonomy*:** is feeling a sense of choice in one's own life, acting freely because of one's own wants, personal goals, and genuine sense of self, and feeling responsible for causing one's actions, without undue external control or pressure (Bagheri & Milyavskaya, 2020; González-Cutre et al., 2016; Teixeira et al., 2020).
- ***Competence*:** is the desire to experience efficacy, feeling capable and doing things well, achieving goals, and effectively manage one's environment (Bagheri & Milyavskaya, 2020; González-Cutre et al., 2016; Teixeira et al., 2020).
- ***Relatedness*:** is feeling connected, accepted, respected, and important to others and forming meaningful relationships (Bagheri & Milyavskaya, 2020; González-Cutre et al., 2016; Teixeira et al., 2020).

The satisfaction of these three needs is essential for well-being, healthy development, optimal functioning, and growth (Bagheri & Milyavskaya, 2020; Deci & Ryan, 1985; González-Cutre et al., 2016). When these basic needs are met one experiences well-being (Aelterman et al., 2019; Frielink et al., 2018). When these needs are not met it leads to need frustration, decreased well-being, and causes maladaptive functioning (Aelterman et al., 2019; Frielink et al., 2018). These basic needs are thought to be universally important (Aelterman et al., 2019; Frielink et al., 2018). Research done in various countries provides evidence that the Self-Determination Theory applies

cross culturally, although some nuances may exist in how they are portrayed in individualistic and collectivist cultures (Aelterman et al., 2019; Frielink et al., 2018).

Another concept important to the theory is intrinsic motivation, which occurs when one's behaviour is autonomous and is impaired when one's behaviour is caused due to control or rewards (Deci & Ryan, 1985). Research in education, health, and sports has shown that goals pursued for autonomous reasons are positively related to goal attainment, persistence, and positive coping (Wehmeyer & Shogren, 2018). Additionally, "flexibility in managing the interaction of oneself and the environment" is the "psychological hallmark of self-determination" (Deci & Ryan, 1985, p. 37).

Environmental factors can support or challenge one's capacity for self-determination and whether one's basic psychological needs are met largely depends on one's environment (Deci & Ryan, 1985; Teixeira et al., 2020). Research has shown in education, sports, healthcare, and within personal relationships, that when others are autonomy supportive a person is more likely to achieve their goals, experience well-being, and develop positive relationships (Wehmeyer & Shogren, 2018). Research shows that the self-determination theory concepts of "autonomy support, autonomous motivation, and satisfaction of basic psychological needs for autonomy, relatedness, and competence are important, interrelated concepts" that lead to subjective well-being in people with developmental disabilities (Frielink et al., 2018).

More recently, a fourth basic psychological need has been proposed to add to the self-determination theory (Bagheri & Milyavskaya, 2020; González-Cutre et al., 2016).

- ***Novelty-Variety*:** is defined as *"the individual perception of experiencing or doing something new, including switching things up in different combinations"* (Bagheri & Milyavskaya, 2020, p. 33). Based on the idea that humans are driven towards growth and well-being, novelty-variety can be understood as satisfying this need for growth by helping us increase our resources (e.g., material, social, and knowledge/skills) by seeking out new experiences and working toward goals (Bagheri & Milyavskaya, 2020). A lack of novelty-variety, results in people losing interest, which impairs motivation and goal attainment (Bagheri & Milyavskaya, 2020).

Research supports novelty-variety as a basic psychological need that relates to well-being, as well as adding it to the self-determination theory allows for a deeper understanding of human motivation (Bagheri & Milyavskaya, 2020; González-Cutre et al., 2016). Novelty-variety has been shown to have evolutionary roots and benefits for survival (e.g., finding a mate and reproduction, searching for food, gaining knowledge and increased learning) and impacts functioning in various domains of life, such as work, school, relationships, and exercise (Bagheri & Milyavskaya, 2020; González-Cutre et al., 2016). It appears that increasing novelty-variety increases happiness and well-being and a lack of novelty-variety decreases happiness and well-being (Bagheri & Milyavskaya, 2020). Importantly, research has found that well-being and life-satisfaction decreases when novelty-variety is absent, even when the other basic needs of autonomy, competence, and relatedness are present (Bagheri & Milyavskaya, 2020; González-Cutre et al., 2016). Thus, novelty-variety can be useful in therapy and designing interventions to improve happiness and quality-of-life and provides added value to self-determination theory.

Right from the creation of self-determination theory, how it impacts psychotherapy and psychotherapy outcomes has been considered (Deci & Ryan, 1985). Self-determination was hypothesized to be the cause of meaningful positive changes that occurred in psychotherapy that could persist after treatment ended and be integrated into the client's life for long-term treatment gains (Deci & Ryan, 1985; Ryan & Deci, 2017). Maladaptive functioning is thought to occur when demanding environments impair internal structures for regulating one's emotions and behavior become inadequate and flexible functioning is hampered (Deci & Ryan, 1985). Based on the self-determination theory, some essential ingredients for effective psychotherapy have been outlined (Deci & Ryan, 1985; Ryan & Deci, 2017). Firstly, therapy should mobilize the client's intrinsic motivation for positive change, increase development and well-being, as well as the belief that one has the internal resources to do so (Deci & Ryan, 1985). Secondly, therapy should increase one's awareness so areas of conflict and dysregulation can move towards self-regulation, self-actualization, and an integrated sense of self emerges (Deci & Ryan, 1985). Thirdly, the therapist should be supportive, provide information and feedback, and encourage autonomous change, rather than being the director, controller, or external motivation for the change (Deci & Ryan, 1985). Therapy should aim for the perceived locus of causality for change to be due to the client (internal), rather than from external forces, such as the therapist (Deci & Ryan, 1985). Thus, successful therapy facilitated clients to change/grow through their own internal resources to develop a more coherent and unified sense of self that is more self-determined, which is supported but not controlled by the therapist (Deci & Ryan, 1985). Interventions can be designed to satisfy the basic psychological needs outlined in the self-determination theory, to support effective motivation and self-determination (Teixeira et al.,

2020). Thus, self-determination theory can be used to inform a psychotherapy intervention designed to increase quality-of-life, self-determination, and the mental health of autistic adults without an intellectual disability.

The Functional Model of Self-Determination. The functional model of self-determination considers how we must consider the function of people's actions to understand if it is self-determined (Wehmeyer, 1999). It is useful to compare and contrast various theories of self-determination to increase one's understanding of self-determination and the various ways it can be enhanced. This model considers how person and environment interact to influence self-determination (Hui & Tsang, 2012). In educational programs, how teachers can help with the development and increase of self-determination has been a focus (Wehmeyer, 1999). This led to the development of the functional model of self-determination, which was proposed by Wehmeyer (1997) and has been validated (Shogren et al., 2008; Wehmeyer, 1999). This model offers value to my research question by considering ways that therapists could support autistic adults' self-determination in psychotherapy.

In this theory, self-determination is viewed as a dispositional characteristic (Shogren et al., 2008; Wehmeyer, 1999). Self-determined behaviour are actions of free will that empower one to be the primary causal agent in their life and promotes quality-of-life (Shogren et al., 2008; Wehmeyer, 1999). This model outlines four essential characteristics of self-determined behaviour, which are acting "autonomously", self-regulating one's behaviour, and being "psychologically empowered and self-realizing" (Wehmeyer, 1999, p. 57).

- ***Behavioural Autonomy:*** represents acting according to personal preferences and interests and not having "undue external influences" impacting these decisions (Wehmeyer, 1999, p. 57).
- ***Self-Regulated Behaviour:*** requires the use of self-management strategies to evaluate one's environment and act in ways that result in wanted outcomes and to adjust as needed (Wehmeyer, 1999).
- ***Psychological Empowerment:*** relates to "positive perceptions of control", such as the belief that one has the ability to act and that doing so will be worthwhile (Wehmeyer, 1999, p. 58).
- ***Self-Realization:*** relates to understanding what one's "strengths and limitations" are and acting in ways that utilize this knowledge (Wehmeyer, 1999, p. 58).

Each of these essential characteristics need to be present for an action to be considered self-determined (Wehmeyer, 1999). There are interrelated skills and attitudes needed to lead to self-determined behaviour, such as decision-making skills, problem-solving skills, goal setting skills, self-advocacy skills, self-awareness, and an internal locus of control (Shogren et al., 2008; Wehmeyer, 1997; Wehmeyer, 1999). Self-determination skills and attitudes start to develop in childhood and adolescence and continue across one's life span (Shogren et al., 2008). Another core concept related to this model is casual agency, which means that "the individual makes or causes things to happen in his or her life" (Wehmeyer, 1999, p. 56). Thus, "self-determined people act as the causal agent in their lives" (Wehmeyer, 1999, p. 56). However, although self-determination is related to personal characteristics or capacity it is also influenced by outside factors, such as environment (Wehmeyer, 1999). Things like how much choice and control are

available in one's environment and the degree others try to impact one's decisions influence self-determination (Wehmeyer, 1999). This model informed the creation of the self-determined learning model of instruction, which was designed to help teachers promote self-determination in their students (Wehmeyer, 1999).

The Self-Determination Learning Model of Instruction. The self-determined learning model of instruction is a model of teaching, that utilizes the principles of self-determination to encourage students to "take greater control over their own learning", to use self-regulated problem-solving strategies to achieve self-selected goals, and to become causal agents in their own lives (Wehmeyer et al., 2000, p. 440). Again, this is useful to explore as this learning can be utilized by therapists working with autistic individuals to enhance self-determination. The model was proposed in the late 1990s by Wehmeyer and colleagues and can be used with students with and without disabilities and across subject areas (Wehmeyer et al., 2000; Wehmeyer et al., 2013). Based on research on self-determination the authors "concluded that students need to learn how to *advocate* for their own needs and interests by taking action *to change circumstances* that pose obstacles to their pursuits" (Wehmeyer et al., 2000, p. 441). The model has three phases of instruction (Set a Goal, Take Action, and Adjust Goal/Plan), each phase poses a problem for the student to solve through answering four questions, and each question has a list of teacher objectives to encourage student learning and discovery (Wehmeyer et al., 2000). The wording of the four questions changes for each phase but the problem-solving steps are the same: "(a) identify the problem, (b) identify potential solutions to the problem, (c) identify barriers to solving the problem, and (d) identify consequence of each solution" (Wehmeyer et al., 2000, p. 442). The model should be used multiple times so students have chance to develop, practice, and

integrate their self-regulated problem-solving skills, as well as teachers become more familiar and effective at teaching self-management strategies (Wehmeyer et al., 2000). Additionally, the model gives students opportunities to explore and express interests/preferences and "learn about individual strengths and limitations" (Wehmeyer et al., 2000, p. 451). Using the self-determined learning model of instruction also changed teachers view on their student's capacity to engage in self-directed learning and raised their expectations of students with disabilities (Wehmeyer & Shogren, 2018; Wehmeyer et al., 2012). Therefore, the model improves individuals' self-determination skills and other people's perception and interactions with them (Wehmeyer & Shogren, 2018; Wehmeyer et al., 2012).

Research has established the efficacy and benefits of the self-determined learning model of instruction as an intervention to promote self-determination in people with developmental disabilities (Lee et al., 2015; Shogren et al., 2012; Shogren et al., 2018; Wehmeyer et al., 2012). The self-determined learning model of instruction has shown to positively impact self-determination, education and transition outcomes, problem-solving ability, and goal attainment (Lee et al., 2015; Shorgen et al., 2018). For example, a randomized trial conducted in a school context with teachers who used the self-determined learning model of instruction with individual with developmental disabilities found significant increases in self-determination scores after the intervention (Shorgen et al., 2018). Results indicated the self-determined model of instruction can be effective at enhancing self-determination in individuals with developmental disabilities (Shorgen et al., 2018). This provides support for incorporating self-determination interventions to increase self-determination in individuals with autism with or without an intellectual disability.

Casual Agency Theory of Self-Determination. Causal agency theory of self-determination is a more recent theory based off previous self-determination theories that specifically considers the disability context and explains how people become self-determined (Raley et al., 2018; Raley et al., 2021; Shogren et al., 2018). Understanding how people become self-determined can help inform psychotherapy interventions designed to increase quality-of-life, self-determination, and the mental health of autistic adults without an intellectual disability. This theory builds on the earlier theories, such as the functional model of self-determination and self-determination theory (Raley et al., 2018; Shogren et al., 2018). It also defines self-determination as a dispositional characteristic that allows people to act on their free will and be the casual agent in their life (Shogren et al., 2018). "Acting as a causal agent implies that a person makes or causes things to happen in their life" (Wehmeyer., 2020, p. 3). Taking self-determined action allows people to enhance the quality of their lives (Wehmeyer, 2020). This theory recognizes the relevance of promoting self-determination for all students and suggests integrating a multitiered system to enhance all student's self-determination, while also meeting the differing needs of students (Shogren et al., 2018). Research has shown that casual agency theory of self-determination is an empirically validated theoretical framework for understanding and enhancing self-determination (Raley et al., 2018; Wehmeyer & Shogren, 2018).

The casual agency theory of self-determination proposes three essential characteristics of self-determined action (Shogren et al., 2018):

- ***Volitional Action:*** involves "making an intentional, conscious choice based on one's preferences" (Shogren et al., 2018, p. 2).

- ***Agentic Action:*** involves self-direction and "regulating one's progress toward goals", and "navigating challenges that emerge" (Shogren et al., 2018, p. 2).
- ***Action-Control Beliefs:*** represent understanding how one's actions influence outcomes and involves being psychologically empowered, self-realized, and having positive control-expectations (Shogren et al., 2018).

These essential characteristics of self-determined action are influenced by personal characteristics such as age, disability, and race/ethnicity, as well as environmental factors such as opportunity, culture, and experiences (Raley et al., 2018; Shogren et al., 2018). Research has found there is an "interactive effect of disability and race/ethnicity on student self-determination scores, hypothesized to result from different opportunities and supports related to self-determination" (Raley et al., 2021, p. 42). "Specifically, White/European American students without disabilities consistently score the highest" on measures of self-determination "compared with adolescents from other racial/ethic backgrounds and with disabilities" (Raley et al., 2021, p. 42). This is hypothesized to be due to different environmental opportunities and supports for self-determination in these populations (Raley et al., 2021). Discrimination and social inequalities clearly impact self-determination and needs to be explored further in future research.

Relationships, Teaching Styles, and Techniques

The people and relationships in people's lives relate to levels of self-determination (Aelterman et al., 2019; Frielink et al., 2018; Wehmeyer & Shogren 2018). The various self-determination theories highlight relationships as an important factor that influences self-determination. Relationships are an important way people feel connected, valued, and perceive

they have choice and control in their life. The social environments of people's lives can have a positive or negative impact on one's self-determination and well-being (Aelterman et al., 2019; Frielink et al., 2018; Wehmeyer & Shogren 2018). The concepts in various self-determination theories have been used in research to understand what interpersonal and environmental factors lead to self-determination and well-being (Aelterman et al., 2019; Frielink et al., 2018; Reeve & Jang, 2006; Reeve et al., 2013; Wehmeyer & Shogren 2018). Wehmeyer and Shogren (2018) stated, "the perceptions of others about people with disabilities may dramatically impact the opportunities for them to live the lives they want more than the actual impairment that resulted in the disability" (p. 311). The literature emphasizes that relationships are the most important factor for increasing self-determination but also can significantly thwart one's self-determination (Field & Hoffman, 2002). Fostering positive relationships is crucial to achieving self-determination (Field & Hoffman, 2002). How family, support staff, and teachers can influence self-determination is explored below.

Family. Parenting style and the family context relates to the development and expression of self-determination in children (Field & Hoffman, 2002; Hui & Tsang, 2012). The family provides role models for the child, which can positively or negatively influence the development of self-determination skills (Field & Hoffman, 2002). Parents who are autonomously supportive, help their children to develop self-regulation skills, give choices and opportunities for their child to make decisions, support their child to learn to act according to their own interests/values, and support the development of intrinsic motivation (Hui & Tsang, 2012). Autonomy supportive parenting encourages self-determination and positively related to school and peer relationship success (Hui & Tsang, 2012). A caring home environment, structure, parental involvement, and

autonomy supportive parenting styles help to meet the child's need for connection and relatedness, and encourages self-determination (Hui & Tsang, 2012). Research shows that when people perceive that significant others in their life, such as family, friends, and romantic partners, are autonomously supportive of their choices they report higher level of life satisfaction and happiness (Frielink et al., 2018).

Paid Support Staff. Research has shown that the more paid support staff someone has in their life, the fewer opportunities for choice the person with disabilities experiences (Wehmeyer & Shogren, 2018). Outerdirectedness may partially explain this, as choices and problem-solving are initiated by the support staff rather than the individual (Wehmeyer & Shogren, 2018). Outerdirectedness is a termed used to define a "motivational style of problem solving" where one "uses external cues rather than relying on" their "own cognitive resources" (Wehmeyer & Shogren 2018, p. 309). Research shows that people with developmental disabilities use outerdirectedness more than their non-disabled peers (Wehmeyer & Shogren, 2018). Thus, encouraging self-directed choice making, learning, and problem-solving in autistic people is important and decreasing other-determinedness can lead to increased self-determination (Wehmeyer & Shogren, 2018). It is important that others respect the choices and aspirations of autistic people and interact with them in such a way that builds self-determination and opportunities to act on self-directed interests and wants (Wehmeyer & Shogren, 2018). Research shows that autonomy support from support staff for people with developmental disabilities is positively related to autonomous motivation and "satisfaction of the basic needs for autonomy, relatedness, and competence", which leads to psychological well-being (Frielink et al., 2018, p.

43). Thus, it is important that autistic people perceive their support staff as being autonomy supportive and client-oriented in order to support well-being (Frielink et al., 2018).

Teachers. Research has explored how teachers' motivating styles impacts students (Aelterman et al., 2019; Reeve & Jang, 2006; Reeve et al., 2013). Based on self-determination theory, motivational styles have been "conceptualized along a continuum that ranges from" autonomy-supportive to controlling (Reeve & Jang, 2006, p. 209). Controlling environments negatively impact self-determination and environments that promote autonomy and choice fosters self-determination (Reeve & Jang, 2006; Reeve et al., 2013). Thus, teachers motivating style relates to students' self-determination (Reeve & Jang, 2006; Reeve et al., 2013). It has been shown that increasing autonomy-supportive teaching techniques and decreasing controlling teaching styles relates to creating a learning environment more conducive to self-determination, greater student engagement, self-esteem, creativity, and academic achievement, as well as increased psychological well-being of students (Aelterman et al., 2019; Hui & Tsang, 2012; Reeve et al., 2013). Autonomy-supportive teaching leads to autonomously motivated students who feel they have choice and control, whereas controlling teaching leads to students being externally motivated by pressure or fear rather than internal motivation (Reeve & Jang, 2006). Four general qualities of teachers that help form "developmentally constructive relationships" with students are: attunement, supportiveness, relatedness, and gentle discipline (Reeve & Jang, 2006, p. 216). Research on teaching styles can be used to inform the counselling style of the group psychotherapy facilitators.

Research has explored what instructional behaviours of teachers support students' perceptions of autonomy and negatively impact it (Aelterman et al., 2019; Reeve & Jang, 2006; Reeve et al., 2013; Teixeira et al., 2020). Autonomy supportive instructional behaviours were giving time for independent work, acknowledge students' perspective, listening, giving rational for teachers requests, being patient, acknowledging and accepting negative emotions, offering praise and encouragement of effort and improvement, giving opportunities for student to input, offering hints rather than answers when students are stuck, and being responsive to students questions and comments (Aelterman et al., 2019; Reeve & Jang, 2006; Reeve et al., 2013; Teixeira et al., 2020). Controlling instructional behaviours which negatively relates to students experience of autonomy were asking controlling questions, not taking the student's perspective, giving commands and being directive without explanations, using pressure language, not allowing students time to develop their own thinking or answers before providing the answer, using should/got statements in instructions, monopolizing the learning materials, and pushing compliance with the teacher agenda (Reeve & Jang, 2006; Reeve et al., 2013; Teixeira et al., 2020). This research can help inform approaches taken by counsellors to support autistic adults' autonomy through psychotherapy to increase quality-of-life, self-determination, and mental health.

Techniques. Identifying techniques to enhance self-determination can be used to inform interventions and help with conducting research to determine the effectiveness of specific techniques (Teixeira et al., 2020). Research shows that autonomous motivation is associated with more persistence and healthier mental and emotional outcomes (Teixeira et al., 2020). Based on the self-determination theory, Teixeira and colleagues (2020) conducted a study and identified

and described twenty-one specific techniques that encouraged motivation and self-determination. These techniques can inform interventions and approaches when seeking to enhance self-determination, and include strategies such as, proving choice, using non-controlling language, using empathetic listening, promoting self-monitoring, and encouraging asking of questions (for full list and descriptions see, Teixeira et al., 2020, p. 447-448). Knowledge about autonomy-supportive techniques and theories of self-determination can be used to inform self-determination interventions and program design (Teixeira et al., 2020).

Measures of Self-Determination

Assessing self-determination is vital to evaluating and developing evidence-based interventions for enhancing self-determination for autistic adults (Raley et al., 2018; Shogren et al., 2008; Wehmeyer et al., 2013). Reviewing the literature revealed two measures of self-determination that are often used in self-determination research, the AIR Self-Determination Scale and the Arc's Self-Determination Scale (Raley et al., 2018; Shogren et al., 2008; Wehmeyer et al., 2013). The Self-Determination Inventory-Student Report, is a more recent measure reported in the literature (Raley et al., 2021; Shogren et al., 2018). These three measures are noted below. These measures are based on different self-determination theories and seem to assess different aspects of self-determination (Shogren et al., 2008; Wehmeyer et al., 2013). Thus, research studies may use multiple self-determination measures to capture the different aspects of self-determination (Wehmeyer et al., 2013).

The AIR Self-Determination Scale (AIR) was developed based on the self-determination learning theory (Shogren et al., 2008). This scale measures one's capacity to

engage in self-determined action and environmental opportunity for self-determination (Raley et al., 2018; Shogren et al., 2008; Wehmeyer et al., 2013). This measure is more sensitive to short-term changes in self-determination, such as changes in skills, attitude, and environment (Wehmeyer et al., 2013). This measure may assess the "precursors to the development of the essential characteristic of self-determined behaviour" (Shogren et al., 2008, p. 104). The essential characteristics of self-determined behaviour are measured in the Arc's self-determination scale (Shogren et al., 2008; Wehmeyer et al., 2013).

The Arc's Self-Determination Scale (SDS) was developed based on the functional theory of self-determination (Shogren et al., 2008). This scale measures the four essential characteristics of self-determined behaviour outlined in the functional theory of self-determination (behavioural autonomy, self-regulated behaviour, psychological empowerment, and self-realization) (Shogren et al., 2008; Wehmeyer et al., 2013). This requires the skills, attitudes, and environmental opportunities measured in AIR to move to actual changes in self-determined behaviour (Wehmeyer et al., 2013). This makes the requirements for self-determination a more complicated process in the SDS, and therefore more difficult to find significant changes (Wehmeyer et al., 2013).

The Self-Determination Inventory-Student Report (SDI-SR). Is a more recently developed assessment of self-determination, which was developed based on the causal agency theory of self-determination (Shogren et al., 2018). This inventory measures overall self-determination and the essential characteristics of the causal agency theory of self-determination (Shogren et al., 2018). This self-determination measure involves twenty-one items, which were

found to relate closely to the causal agency theory of self-determination (Shogren et al., 2018). This assessment tool can be completed on an online platform, which includes features that help students with varying levels of ability and needs complete the assessment, such as audio reading the questions out loud, definitions of challenging words, and visual cues (Shogren et al., 2018). The SDI-SR has "shown to be reliable and valid across students ages 13 to 22 with varying disability labels and from diverse racial/ethnic backgrounds" (Raley et al., 2021, p. 364). However, research on this measure for adults is still needed, as it has not yet been validated for adults over 22 years old (Raley et al., 2021).

Research-Based Interventions to Promote Self-Determination

Evidence-based interventions to promote self-determination are an important way to provide quality services to autistic people. Additionally, they put the policy of enhancing self-determination in disability services into practice through using programs that have shown to be effective at enhancing self-determination. Below six different research-based interventions to promote self-determination are explored: *the ChoiceMaker Curriculum, Self-Advocacy Strategy, Whose Future is it Anyways?, NEXT S.T.E.P. Curriculum, Steps to Self-Determination, and ACCESS.* Reviewing existing self-determination programs can help inform recommendations for a psychotherapy intervention to increase quality-of-life, self-determination, and the mental health of autistic adults.

The ChoiceMaker Curriculum. Martin and Marshall (1994) developed the *ChoiceMaker Curriculum* to encourage student engagement in goal setting and action planning (Martin & Marshall, 1995; Raley et al., 2018; Seong et al., 2015). The materials were developed

for students with learning and intellectual disabilities (Wehmeyer et al., 2013). Involvement in planning and goal setting has been shown to enhance self-determination (Martin & Marshall, 1995; Seong et al., 2015). One of the main aspects of the curriculum is actively involving students in the process of developing their individualized education plan, which is based on the student with disabilities individual needs, interests, and preferences and is used to inform education and transition planning (Martin & Marshall, 1995; Raley et al., 2018; Seong et al., 2015). The skilled needed to be actively involved in this planning process are developed through three sections of lessons around (1) Choosing Goals, (2) Expressing Goals, and (3) Taking action (Martin & Marshall, 1995; Raley et al., 2018; Seong et al., 2015). Research has shown that the ChoiceMaker Curriculum is an evidence-based practice for improving self-determination in students with various disabilities, such as autism and intellectual disabilities (Lindsay & Varahra, 2021; Seong et al., 2015).

Self-Advocacy Strategy. The Self-Advocacy Strategy was designed to help students with developmental disabilities gain a sense of control and empowerment over their own learning by preparing and participating in their education and transition meetings (Raley et al., 2018; Wehmeyer et al., 2013). The strategy has seven instructional stages, (1) Orient and Make Commitments, (2) Describe, (3) Model and Prepare, (4) Verbal Practice, (5) Group Practice and Feedback, (6) Individual Practice and Feedback, and (7) Generalization (Wehmeyer et al., 2013). A variety of teaching methods are uses such as lectures, class-room style lesson plans, verbal rehearsing, group and individual practice, and audio and/or videotape recordings to review performance and progress (Wehmeyer et al., 2013). Research has shown that students showed significant improvement on measures of self-determination after completing the self-advocacy

strategy (Seong et al., 2015. Learning from this program could be used to inform a psychotherapy program design to increase quality-of-life, self-determination, and the mental health of autistic adults. For example, helping clients gain a sense of control and empowerment over their therapeutic journey and using various teaching methods to enhance learning. Thus, reviewing self-determination program designed for use in school system for transition planning can add value for psychotherapy interventions.

Whose Future is it Anyways? This is a computer-based program designed to empower students with developmental disabilities to be involved in their transition planning (Lindsay & Varahra, 2021; Raley et al., 2018). It consists of 36 sessions designed to promote students' self-instruction to "(a) self-and disability-awareness, (b) make decisions about transition-related outcomes, (c) identifying and securing community resources to support transition services, (d) writing and evaluating transition goals and objectives, (e) communicating effectively in small groups, and (f) developing skills to become an effective team member, leader, or self-advocate" (Wehmeyer et al., 2013, p. 199). The materials were written so students may complete them independently, but varying levels of support may be needed depending on ability (Wehmeyer et al., 2013). Research has shown the program is an evidence-based intervention for promoting self-determination (Lindsay & Varahra, 2021; Seong et al., 2015). Reviewing various self-determination programs and materials used in these programs is useful because curriculum could potentially be adapted to use as psychotherapy interventions or homework.

NEXT S.T.E.P. Curriculum. This curriculum uses a combination of video and print materials designed to motivate students with disabilities to engage in their transition planning

and become more self-determined, as well as develop an understanding of their transition needs and goals (Test et al., 2000; Wehmeyer et al., 2013). The curriculum is meant to include teachers, students, and family members (Wehmeyer et al., 2013). The curriculum has four instructional units, (1) Getting Started, (2) Self-Exploration and Self-Evaluation, (3) Developing Goals and Activities, and (4) Putting a Plan in Place (Wehmeyer et al., 2013). These units are broken down into 16 lesson plans or activities and tracks students progress (Wehmeyer et al., 2013). Additionally, the curriculum focuses on setting goals across four different domains: "(1) personal life, (2) education, (3) employment, and (4) living on your own" (Raley et al., 2018, p. 358). Research supports it as an evidence-based intervention to promote self-determination (Lindsay & Varahra, 2021). Thus, learning and ideas from this program are useful to help make recommendations for psychotherapy interventions to enhance the quality-of-life, self-determination, and mental health of autistic adults.

Steps to Self-Determination. This curriculum was designed to help students with disabilities develop knowledge, beliefs, and skills to become more self-determined (Field & Hoffman, 2002). The curriculum consists of 18 classroom-based lessons, and contains handout materials, assessment tools, and provides teacher instructions/ lesson plans (Field & Hoffman, 2002; Wehmeyer et al., 2013). It is based on five major components: (1) Know yourself, (2) Value yourself, (3) Plan, (4) Act, and (5) Experience Outcome and Learn (Field & Hoffman, 2002; Hui & Tsang, 2012). These steps go through a process of developing self-awareness and self-knowledge, developing specific skills (e.g., goal setting, communicating, how to access resources, and adjusting plans), as well as evaluating and celebrating outcomes (Hui & Tsang, 2012; Raley et al., 2018). Teachers are supposed to take a co-learner role and work through the

curriculum with students, such as set their own goals (Field & Hoffman, 2002). The materials were designed for students with developmental disabilities and the incorporates various teaching techniques such as modeling, experiential learning, lecture, and discussion (Wehmeyer et al., 2013). The curriculum involves parents or other important people in the student's life and a self-selected mentor (Field & Hoffman, 2002). Family and mentors are invited to participate in a 6-hour self-determination workshop (which can be broken down into shorter separate sessions) with the student (Field & Hoffman, 2002). Additionally, the curriculum has been used by counsellors, psychologists, and social workers and found to be highly effective (Field & Hoffman, 2002). Research shows the steps to self-determination curriculum leads to significant improvement in self-determination, increases in locus of control, and decreases depression indicators (Field & Hoffman, 2002). As this self-determination program increases self-determination, decreases mental health problems, and has found to be highly effective when used be counsellors, it is well suited to incorporated into psychotherapy for autistic adults to increase quality-of-life, self-determination, and mental health.

ACCESS. ACCESS is an integrative group therapy program aimed at improving self-determination and the social and adaptive functioning of autistic adults without an intellectual disability (Oswald et al., 2017). The program uses a group therapy format and incorporates social skills training, cognitive behaviour therapy techniques, psychoeducation, caregiver involvement, and a requirement to be engaged in either paid employment or volunteer work (Oswald et al., 2017). The program consisted of 19, 1.5-hour long lessons (Oswald et al., 2017). The program was organized into three modules of stress and anxiety coping skills, self-determination skills, and adaptive and social skills (Oswald et al., 2017). Preliminary evidence supports it as an

intervention to increase self-determination and quality-of-life (Oswald et al., 2017). This program is the most similar to my research question, therefore learning from its design and results are beneficial to explore.

The research shows a causal relationship between interventions to promote self-determination and more positive life outcomes (Lindsay & Varahra, 2021; Lee et al., 2015; Shorgen et al., 2018). Research that has examined the efficacy of these approaches to promote self-determination have highlighted improved self-determination in all the approaches (Raley et al., 2018). However, most interventions were designed to be used in school and transition planning and a heavy focus on psychoeducation and curriculum rather than therapeutic factors. Additionally, since the early 2000s, research on creating and examining efficacy of existing self-determination interventions has declined (Raley et al., 2018). Thus, more current research on self-determination is needed with a focus on psychotherapy interventions to enhance quality-of-life, self-determination, and the mental health of autistic adults.

Psychotherapy for Autistic Adults

Reviewing the existing literature on psychotherapy for autistic adults is an important part of exploring how quality-of-life, self-determination, and the mental health of this population can be positively impacted by psychotherapy. This section covers how self-determination relates to the psychotherapy process and outcomes, a brief history and overview of psychotherapy for autistic people, common adaptions to psychotherapy for autistic people, relevant psychotherapy approaches found in the literature, and a focus on group psychotherapy approaches. Successful psychotherapy helps clients become more self-determined (Ryan & Deci, 2017).

Self-Determination and Psychotherapy Approaches

Self-determination theory and research can help inform the therapeutic process (Ryan & Deci, 2017; Thomas et al., 2019). Although this is true for all therapy with any population, this is particularly important for autistic individuals who often need support to become more self-determined (Clark et al., 2004; Frielink et al., 2018; Sheppard-Jones et al., 2005; Simões & Santos, 2016). Additionally, as enhanced self-determination is one of the main treatment goals explored in this capstone, it is vital to incorporate into all the recommended therapeutic approaches and stances. A guiding assumption of a self-determination therapeutic approach is that people have an inherent developmental propensity to heal, grow, and seek well-being (Ryan & Deci, 2017). Conditions that impair current development and wellness and conditions that support healing and wellness can be explored in counselling to inform therapeutic interventions (Ryan & Deci, 2017). According to the self-determination theory the basic psychological needs of autonomy, competence, and relatedness are essential to well-being (Ryan & Deci, 2017). Thus, exploring sources of need frustration and satisfaction are an important focus of the therapeutic work (Ryan & Deci, 2017). How a "client's values, lifestyles, relationships, and behaviors are affecting these basic need satisfactions" can be explored (Ryan & Deci, 2017, p. 450). The basic psychological needs can be supported and fostered in psychotherapy (Ryan & Deci, 2017).

Relatedly, successful therapy is impacted by motivation and engagement (Ryan & Deci, 2017). Effective treatment is influenced by how learning/changes are maintained over time after treatment has ended (Ryan & Deci, 2017). How can the therapist and psychotherapy approach

help promote autonomous motivation for change? Ryan and Deci (2017) suggest using common treatment factors that encourage autonomous motivation for change, which can enhance treatment effectiveness across multiple approaches. An important common factor is the therapeutic alliance (Ryan & Deci, 2017; Thomas et al., 2019). The therapeutic alliance is a term used to describe the quality of the working relationship between the client and therapist, such as developing a trusting, supportive, and collaborative bond (Ryan & Deci, 2017). This relates to the concepts of the "basic psychological need supports: taking the client's perspective, being focused on client autonomy in identifying and planning therapy tasks and goals, and supporting relatedness through unconditional positive regard" (Ryan & Deci, 2017, p. 430; Thomas et al., 2019). A strong therapeutic alliance supports autonomy and motivation for change (Ryan & Deci, 2017; Thomas et al., 2019).

Autonomous motivation for treatment represents another common factor that influences the effectiveness of counselling outcomes (Ryan & Deci, 2017). Motivation influences quality of engaging in therapy, drop out and retention rates, applying learning from psychotherapy to various areas of one's life, and maintaining treatment gains over time (Paré, 2013; Prochaska & Norcross, 2018; Ryan & Deci, 2017). Similarly, autonomy enhances quality of engagement and increased internalization (Ryan & Deci, 2017). Thus, autonomous motivation is an important factor in treatment outcomes. Therapists can support client's need for autonomy by being transparent about the therapeutic process, obtaining informed consent, building a collaborative relationship with the client, and fostering the clients view of themselves as active changes agents who are responsible for motivating their activity and change (Paré, 2013; Prochaska & Norcross, 2018; Ryan & Deci, 2017). Additionally, counsellors can be autonomy supportive by taking the

client's perspective, "being empathic, encouraging exploration and initiative, supporting the client's making reflective choices, and minimizing pressure and control to think, feel, or behave in particular ways", and supporting the self-regulation of the client (Ryan & Deci, 2017, p. 438). Therapists can help to support the need for relatedness through building a strong therapeutic alliance, expanding one's support network, fostering growth of relationship skills, and increasing feelings of acceptance and belonging (Paré, 2013; Prochaska & Norcross, 2018; Ryan & Deci, 2017). Therapists can support autonomy by supporting clients to feel empowered to make their own choices and to minimize any pressure or control (Paré, 2013; Prochaska & Norcross, 2018; Ryan & Deci, 2017; Thomas et al., 2019). Therapists can help support the need of competence through skill building, providing relevant information, working to identify barriers, tailor intervention to the client's current capacity, setting goals that are appropriately challenging, recognizing and complimenting the clients' accomplishments and effort, and providing feedback and guidance rather than being controlling or directive (Paré, 2013; Prochaska & Norcross, 2018; Ryan & Deci, 2017; Thomas et al., 2019). Therefore, the basic psychological needs of autonomy, relatedness, and competence can be intentionally fostered in psychotherapy and lead to enhanced treatment outcomes (Ryan & Deci, 2017). Additionally, the need of novelty-variety can be fostered in psychotherapy through using experiential exercises and dynamic approaches, which increase engagement. Psychotherapy should provide an autonomy-supportive interpersonal climate to foster client's self-determination (Ryan & Deci, 2017). Unfortunately, psychotherapy for autistic people has often not prioritized an autonomy-supportive environment.

A Brief History and Overview

Autistic individuals are vulnerable to negative life experiences and mental health difficulties, which shows an increased need for psychotherapy (Hesselmark et al., 2014; Spek et al., 2013). Historically, people with developmental disabilities have been underrepresented, overlooked, or excluded from psychotherapy training, research, and practice (Chancel et al., 2020; Cooper et al., 2018; Hurley et al., 1998; Hesselmark et al., 2014; Keesler, 2020; Spek et al., 2013). Individuals with autism have traditionally been treated with behaviour modification therapies, medication, or skills training rather than more therapeutic approaches (Hurley et al., 1998; Keesler, 2020; White et al., 2018). Applied Behavioural Analysis, which is designed to increase adaptive behaviours and decrease maladaptive behaviour has been the clinical treatment of choice for autistic people (La Roche et al., 2018). Behaviour modification and skills training approaches, such as Applied Behavioural Analysis or social skills psychoeducation groups, have been more commonly available to autistic people due to the belief that mental health difficulties were not relevant to people with developmental disabilities or that they could not significantly benefit from dynamic psychotherapy experiences (Hurley et al., 1998). This is unfortunate, as autistic people commonly experience more mental health difficulties, therefore, treatment should be more therapeutic in nature rather than only skills or behaviour focused. A focus on happiness, well-being, living a personally meaningful life, encouraging authenticity to oneself, and exploring emotions and self-discovery seem to be missing. To date, other than social skills training and symptom-specific programs (e.g., CBT for anxiety) there is a lack of treatment options available for autistic adults (Hesselmark et al., 2014; Kreslins et al., 2015). Although there is a growing body of research on psychotherapy approaches for autistic adults, more

research is needed. As there is a shortage of quality research with this population exploring dynamic psychotherapy approaches (Hesselmark et al., 2014).

Moreover, research shows that autistic adults with depression or anxiety were less likely to receive a psychosocial intervention compared to peers, and twice as likely to be prescribed psychotropic medications (White et al., 2018). This shows a bias in our mental health systems for medicating people with developmental disabilities rather than using psychotherapy approaches. Additionally, a lack of publicly funded services and the lower social-economic status of people with developmental disabilities causes barriers to access privately funded services, which creates limited access to psychotherapy for many autistic individuals (Hurley et al., 1998; La Roche et al., 2018).

Relatedly, an autism spectrum diagnosis and the experience of that diagnosis must be understood in relationship to one's cultural context (La Roche et al., 2018). Cultural values and expectations play a role in diagnosis and what is seen as problematic is influenced by culture, and thus influences one's understanding of autistic characteristics (La Roche et al., 2018). Cultural influences, such as collectivism or individualism, acculturation, ethnicity, clinical biases, gender roles, and language may influence the diagnosis, treatment, and understanding/ experience of autism (La Roche et al., 2018). Systemic barriers related to discrimination in the health care system and socioeconomic status also influence diagnosis and treatment (La Roche et al., 2018). Cultural minorities are typically diagnosed at older ages and when they have more severe symptoms or higher needs (La Roche et al., 2018). Additionally, autistic females are often mis-diagnosed and diagnosed later in life (Hull et al., 2017). The autism diagnosis criteria have

been established from the behavioural presentation in White males, so females that do not present with male-typical behaviours are often mis-diagnosed (Hull et al., 2017). Additionally, females that display autistic traits are less likely to receive a diagnosis than a male displaying the same level of traits, showing there are biases that work against female receiving an autism diagnosis (Hull et al., 2017). These disparities in diagnosis are problematic as early interventions have consistently been shown to lead to improved functioning (La Roche et al., 2018). Additionally, income and socioeconomic status relate to access to treatment, such as long wait times for publicly funded services, the cost of private treatment, the resources needed to get to appointment, geographic location of services, and less awareness about autism and treatment options available (La Roche et al., 2018). Thus, culture and gender are intimately connected to one's diagnosis, treatment, and experience of autism.

Autistic individuals have an increased risk of experiencing adversity, trauma, and co-occurring mental health difficulties. However, there is a lack of evidence-based treatments that specifically consider trauma for this population (Kessler et al., 2020). There is a reciprocal relationship between trauma and disability, such that having a disability increases the likelihood of being exposed to trauma, having a disability can negatively impact one's response to trauma, and trauma can result in further disability or reduced functioning (Kessler et al., 2020). Research suggests that autistic people "may be at greater risk for more intense and enduring stress responses following a stressful or traumatic event due to neurobiological differences" (Kessler et al., 2020, p. 2). Thus, psychotherapy for autistic people should be trauma informed.

Although autistic adults experience high rates of mental health difficulties, they are still an underrepresented population in psychotherapy research, practice, and training (Chancel et al., 2020; Cooper et al., 2018; Hesselmark et al., 2014; Keesler, 2020; Spek et al., 2013). This has led to a lack of evidence-based treatment options and a lack of training and experience among therapists (Chancel et al., 2020; Cooper et al., 2018; Hesselmark et al., 2014; Keesler, 2020; Spek et al., 2013). Therefore, many therapists feel unprepared to work with autistic people and there is limited evidence-based research available to inform their practice. There is a clear need for more process driven psychotherapy approaches to help improve the lives of autistic adults and lead to therapeutic growth.

Improving the mental health of autistic people is an important factor in promoting quality-of-life (Lawson et al., 2020). Issues commonly experienced at higher rates in the autistic people are anxiety, depression, reduced theory of mind, difficulties with executive functioning, loneliness, and reduced quality-of-life (Hesselmark et al., 2014; Kreslins et al., 2015; Spek et al., 2013). It is important that therapists have insight into the difficulties autistic individuals commonly face to meet the needs of this population effectively in treatment (Kreslins et al., 2015). The literature suggests that autistic people could benefit from therapeutic interventions that target interpersonal relationships, social skills, depression, anxiety, adaptive functioning, empowerment, self-determination, and sensory difficulties, to increase quality-of-life (Baker-Ericzén, 2017; Chancel et al., 2020; Hesselmark et al., 2014; Lin & Huang, 2017). Thus, these therapeutic interventions could be incorporated into a psychotherapy approach for autistic adults to enhance quality-of-life, self-determination, and mental health.

Adaptions to Psychotherapy for Autistic Adults

Due to the cognitive differences and clinical characteristics of autism, adaptions to standard psychotherapy models are needed to better meet the needs of this population (Cooper et al., 2018; Ekman & Hiltunen, 2015; Kreslins et al., 2015). Research shows that autistic individuals without an intellectual disability, have impaired cognitive functioning, such as speed of processing, cognitive flexibility, working memory, emotional understanding and management, and emotion facial recognition (Eack et al., 2013). These cognitive functioning needs should be considered in psychotherapy interventions for autistic individuals (Eack et al., 2013). Autistic individuals often have a formal assessment indicating areas they experience difficulties and strategies for adaption. This assessment may be used by therapists to understand the challenges experiences by some autistic clients. Research supports that when adapted, psychological interventions can be effective for treating a range of mental health difficulties in autistic people (Cooper et al., 2018). Notably, the literature consistently reports modifications that are helpful for content delivery of psychotherapy autistic adults (White et al., 2018). Common modifications of psychotherapy to better serve autistic individuals include: simplification of techniques, breaking interventions into smaller chunks, having a clear structure to sessions, being more concrete and repetitive, speaking in shorter more straight forward sentences, taking breaks, extra support with homework planning, providing more visual material, more written material, reducing duration of sessions, increased structure and predictability, increased number of sessions, a slower pace, peer modeling, video modeling, clear instructions, concrete examples, more activities to deepen learning, involving family, using longer experiential exercises, using a group setting, and increased psychoeducation on emotions (Byrne & O'Mahony, 2020; Cooper et

al., 2018; Hurley et al., 1998; Hesselmark et al., 2014; Sizoo & Kuiper, 2017; Spek et al., 2013; Turner-Brown et al., 2008; White et al., 2018). Techniques poorly suited for autistic individuals are the use of metaphors and ambiguous words or sentences (Hesselmark et al., 2014; Sizoo & Kuiper, 2017; Spek et al., 2013).

Another common adaption is targeting difficulties commonly experienced by autistic people in psychotherapy interventions, such as social skills, social cognition, and executive functioning (Baker-Ericzén, 2017; Cooper et al., 2018; Turner-Brown et al., 2008). For example, linking non-verbal behaviours to emotions and practice catching relevant social cues and information in social interactions (Turner-Brown et al., 2008). Additionally, autistic people may experience impairments in executive functioning, which is a term used to describe higher order cognitive abilities, such as cognitive flexibility, problem-solving, and planning (Baker-Ericzén, 2017; Pahnke et al., 2014). Targeting executive functioning skills in counselling interventions can lead to improvements in people's lives and can be beneficial for autistic individuals (Baker-Ericzén, 2017). Research suggests that perceived stress and social support are two important factors that influence quality-of-life in people with autism and these malleable factors could be targeted in interventions to help improve their quality-of-life (Bishop-Fitzpatrick et al., 2017). However, individuals with an autism diagnosis represent a very heterogenous population, and therefore individual differences and the unique needs of each client should be considered and a flexible approach to service delivery is needed (La Roche et al., 2018). Therefore, therapists should assess to determine a client's functioning, difficulties, and strengths, so treatment can be tailored to a person's individual needs. These adaptions should be considered in a psychotherapy

approach for autistic adults without an intellectual disability to enhance quality-of-life, self-determination, and mental health.

Psychotherapy Approaches

Empirical evidence on how best to treat autistic individuals with mental health difficulties is limited despite the obvious need to improve mental health outcomes in this population (Pahnke et al., 2019; Sizoo & Kuiper, 2017). Cognitive behavioural therapy for treating autistic individuals with anxiety and depression have been a focus in research (Cooper et al., 2018; Byrne & Mahony, 2020; Ekman & Hiltunen, 2015; Kreslins et al., 2015; Pahnke et al., 2019; Pahnke et al., 2014; Spek et al., 2013; White et al., 2018). A systematic review of the literature supported adapted cognitive behavioural therapy as effective for treating common mental health problems in autistic adults (Spain et al., 2015). The most common interventions for autistic adults were behavioural interventions for social skills and adapted cognitive behavioural therapy (CBT) for anxiety (Pahnke et al., 2014). Cognitive behavioural therapy (CBT) has shown to be effective at reducing anxiety, depression, rumination, and improving global mood in autistic adults without an intellectual disability (Sizoo & Kuiper, 2017). A modified version of cognitive behavioural therapy has been used to help autistic individuals understand the unspoken information in social interactions, such as the emotional, cognitive, and social contexts of a situation that are often not naturally interpreted or are misunderstood by autistic individuals (Ekman & Hiltunen, 2015). Support to cognitively process this information can help reduce anxiety and avoidance behaviour, as not understanding “the whole picture” is a common reason that autistic individuals experience anxiety and avoidance (Ekman & Hiltunen, 2015). The

therapist's ability to visualize "the invisible" of social contexts, such as by using visualizing language and drawing it out on a white board or paper can help to make this information visual for the client and help increase understanding of the social and emotional context of the "self and others", which can reduce anxiety and avoidance (Ekman & Hiltunen, 2015, p. 642). However, research also highlights some limitations of cognitive behavioural therapy for autistic people, such as difficulties with learning to change irrational or maladaptive thoughts, length of time to understand the concept of cognitive restructuring, difficulty generalizing the techniques to real-life situations, and lack of long-term treatment gains (Cooper et al., 2018; Pahnke et al., 2019; Spek et al., 2013; White et al., 2018). These limitations show the importance of exploring other treatment modalities.

More recently, mindfulness approaches have become a common approach explored in research (Pahnke et al., 2019; White et al., 2018). Mindfulness is an emotion regulation technique, which increases emotional awareness and focuses on bringing non-judgmental/non-reactive attention to the present moment (Pahnke et al., 2019; White et al., 2018). Research shows that mindfulness training reduced anxiety, depression, rumination, and increased positive affect in autistic adults without an intellectual disability (Cachia et al., 2016; Sizoo & Kuiper, 2017; Spek et al., 2013). These results suggest that autistic individuals can learn mindfulness skills and apply them to their life to improve well-being (Cachia et al., 2016; Sizoo & Kuiper, 2017; Spek et al., 2013). Sizoo and Kuiper (2017) compared mindfulness-based stress reduction and cognitive behavioural therapy and found them to be equally effective at reducing anxiety and depression in autistic adults (Sizoo & Kuiper, 2017). Based on these results it has been recommended that mindfulness-based stress reduction and cognitive behavioural therapy be used

to help reduce depression and anxiety in autistic individual (Sizoo & Kuiper, 2017). Interestingly, cognitive behavioural therapy led to an increase in irrational beliefs, which suggests that mindfulness-based stress reduction may be more useful in coping with irrational beliefs as it teaches people to non-judgmentally accept thoughts rather than challenge them (Sizoo & Kuiper, 2017). Mindfulness based strategies have the advantage of simpler experiential exercises without the need to analyze or change thoughts, which may make it more suitable for autistic individuals who struggle with theory of mind (Spek et al., 2013). Based on the effectiveness of mindfulness and acceptance in reducing mental health difficulties in autistic individuals, exploring the effectiveness of Acceptance and Commitment Therapy with this population seems fitting.

Acceptance and Commitment Therapy (ACT) incorporates mindfulness and acceptance into behaviour change procedures to help one act effectively in line with their chosen values (Byrne & O'Mahony, 2020; Hayes et al., 2006; Pahnke et al., 2019; Pahnke et al., 2014). ACT has shown to be effective at treating problems commonly experienced by autistic individuals, such as psychological inflexibility, experiential avoidance, anxiety, depression, and stress (Pahnke et al., 2019; Pahnke et al., 2014). Rigid thinking is one of the core characteristics of autism and has been identified as one of the most common barriers to therapeutic work with autistic people (Cooper et al., 2018; Pahnke et al., 2019). Additionally, research shows that autistic individuals have higher levels of cognitive fusion and that this can be effectively decreased by acceptance and commitment therapy defusion exercises (Maisel et al., 2019). Thus, ACT seems well suited to the needs of autistic people but further exploration is warranted.

ACT resonates with the principles of self-determination theory (Benita et al., 2020; Ryan & Deci, 2017). For example, ACT encourages accepting one's thoughts, feelings, and experiences to learn from them and work towards personally meaningful goals/values (Hayes et al., 2006; Ryan & Deci, 2017). Additionally, it is autonomy supportive rather than controlling, which enhances motivation and promotes growth (Ryan & Deci, 2017). Research shows that the emotion regulation strategies of acceptance and awareness of emotions are more beneficial to well-being, need satisfaction, and self-determination compared to emotion suppression (Benita et al., 2020). The goals of ACT, such as increases psychological flexibility, mindfulness, working towards personally meaningful goal directed behaviour, and increased self-perception, seem to align well with needs of autistic people and to promote self-determination (Pahnke et al., 2019; Pahnke et al., 2014; Ryan & Deci, 2017). Therefore, ACT seems useful for counsellors to modify and use with autistic individuals to increase self-determination and improve quality-of-life. Results from a systematic review suggests ACT may be an effective treatment for autistic adults without an intellectual disability (Byrne & O'Mahony, 2020). However, as limited research has explored ACT for autistic individuals, there is a need for more research with larger sample sizes (Byrne & O'Mahony, 2020; Pahnke et al., 2019; Pahnke et al., 2014).

Group Psychotherapy

A review of the literature revealed that a group format was a common psychotherapy approach used with autistic people. Research suggests that group-based psychotherapy treatments, such as social skills training, cognitive behavioural therapy, and acceptance and commitment therapy groups are beneficial for autistic adults (Chancel et al., 2020). Various

group approaches for autistic adults are explored below, such as adapted group-based cognitive behavioural interventions, self-determination group-psychotherapy interventions, interactive behavioural therapy, and group-based acceptance and commitment therapy.

Group-Based Cognitive Behavioural Interventions. Multiple group-based cognitive behavioural interventions have been designed for autistic individuals specifically for targeting social skills and considering cognitive ability. For example, a group-based CBT intervention designed specifically for autistic psychiatric patients considered limits in executive functioning and social skills and incorporated some components of Dialectical Behaviour Therapy (DBT) (Hesselmark et al., 2014). The design was informed by research suggesting that structure, a group setting, psychoeducation, social training, and cognitive behavioural techniques are useful elements in psychotherapy with autistic adults (Hesselmark et al., 2014). Increased quality-of-life, self-reported well-being, and greater understanding into their own difficulties increased, however, self-esteem and psychiatric symptoms were not affected by the intervention (Hesselmark et al., 2014). Similarly, a group-based cognitive behavioural intervention for autistic individuals without an intellectual disability, designed to improve social cognition such as emotions recognition, theory of mind, and social interaction skills, showed treatment feasibility and improvements in social cognition and perceived social functioning (Turner-Brown et al., 2008). Both CBT group approaches made modifications based on common characteristics and needs of autistic people and had promising results worthy of further exploration.

Self-Determination Group-Psychotherapy Interventions. Some group-based psychotherapy interventions have been designed specially to enhance the self-determination of

autistic individuals. Two exploratory studies with autistic individuals without an intellectual disability have been conducted seeking to enhance self-determination and well-being in a group-based psychotherapy format using cognitive behavioural techniques and social skills training (Nadig et al., 2018; Oswald et al., 2017). Both studies incorporated stakeholder input (e.g., autistic individuals, families of autistic, and service providers) to inform and adapt their treatment model, which prioritizes the perspectives of the individuals involved and puts self-determination principles into practice (Nadig et al., 2018; Oswald et al., 2017). Although the results provide preliminary support for the efficacy of self-determination interventions to increase quality-of-life and adaptive functioning in the group format, both programs had a high focus on psychoeducational material (Nadig et al., 2018; Oswald et al., 2017).

Oswald et al., (2017) conducted a randomized controlled trial with autistic adults without an intellectual disability, to explore the efficacy of ACCESS, which is an integrative therapy aimed at improving social and adaptive functioning and self-determination. The program included "social skills training, group therapy, CBT, psychoeducation and collateral work with caregivers", as well as homework and a requirement to be engaged in either paid employment or volunteer work (Oswald et al., 2017, p. 5). The study had a ethical design, where participants in the waitlist control received the treatment three months after, fidelity of the treatment program was monitored, and both self-report and observer reports from a parent were used for each measure (Oswald et al., 2017). Parent observers reported significant changes in self-determination performance scores and improvements in global adaptive functioning of the autistic participants after the program compared to the waitlist compare group (Oswald et al., 2017). The autistic participants self-reported "significant increases in stress coping self-efficacy

related to accessing support from friends and family" but a significant difference is self-reported self-determination scores were not obtained (Oswald et al., 2017, p.14). The group format, visual models, repetition of material, and the interactive activities were highlights emphasized by the participants and their parents as helpful (Oswald et al., 2017). Although, the results provide support for the program the lack of self-report changes in self-determination suggest a need for further research or potential adaptions to the program.

Similarity, a 10-week group program targeting self-determination and quality-of-life outcomes, which did not require parental involvement was conducted with autistic individuals without an intellectual disability (Nadig et al., 2018). The program focused on social communication, self-determination, and working with others through a curriculum that encouraged engagement, expression, offered choices, and was strength-based (Nadig et al., 2018). Results indicated a positive but modest intervention effect on participant's skill change self-ratings, quality-of-life, and self-determination (Nadig et al., 2018). The length of the program was short, so increasing the number of sessions could possibly result in larger treatment gains (Nadig et al., 2018). Although this study represents a needed shift in the use of positive interventions that measure quality-of-life outcomes and use an experimental design, there was still a high focus on psychoeducational material.

Interactive-Behavioural Therapy. Interactive-behavioural therapy (IBT) is a group-based psychotherapy model that prioritizes member-to-member interaction and process over psychoeducation/curriculum-based skills training (Razza & Tomasulo, 2005; Tomasulo, 2014). The approach utilizes the known theoretic factors of group therapy and draws from a

psychodrama approach to increase social skills and life satisfaction in persons with developmental disabilities with cognitive limitations (Razza & Tomasulo, 2005; Szucs et al., 2019; Tomasulo & Szucs, 2015; Tomasulo, 2014). Action methods (e.g., role-reversals, the double, and empty chair) are used to strengthen therapeutic gains for individuals with intellectual disabilities as they enhance learning (Razza & Tomasulo, 2005; Tomasulo, 2014). The literature shows a significant positive change in mental health and interpersonal skills after the interactive-behavioural therapy (IBT) group intervention (Razza et al., 2011; Szucs et al., 2019; Tomasulo & Szucs, 2015; Tomasulo, 2014).

Although the approach was designed to fit the needs of individuals with intellectual disabilities, the approach may be well suited to the cognitive difficulties experienced by autistic individuals. For example, as the approach is more active and visual it is useful to help address difficulties with verbalizing abstract thoughts and feelings (Tomasulo, 2014). As the approach is process-oriented, it can be used with a wide variety of different curriculum, such as advocacy support, vocational readiness, anger management, and relationship groups (Razza & Tomasulo, 2005). Thus, the model could be used with a curriculum-based information relevant to autistic people, such as emotions recognition, theory of mind, self-determination, anxiety, or depression. The main priority of the interactive-behavioural therapy is to strengthen the group dynamics that facilitate therapeutic factors, and secondly to provide relevant psychoeducation or curriculum-based information (Razza & Tomasulo, 2005). Therapeutic factors emerge from interactions between members, which helps facilitates self-expression and learning (Razza & Tomasulo, 2005).

Each session is structured with four stages in the interactive-behavioural therapy (IBT) model (Razza & Tomasulo, 2005; Tomasulo, 2014). First, the orientation stage, where members share a brief check-in and get prepared to listen and give feedback (Razza & Tomasulo, 2005; Tomasulo, 2014). Secondly, the warm-up and sharing stage designed to help move members to deeper self-disclosure of issues they want to work on in session (Razza & Tomasulo, 2005; Tomasulo, 2014). Then the enactment stage, where one or more of the issues brought up in the sharing stage is chosen to be addressed through action techniques (Razza & Tomasulo, 2005; Tomasulo, 2014). A variety of different action techniques can be used, such as the double, empty chair, or role-reversal, which enhances one's memory of the experience, is engaging to witness for other members, and can give the experience of an altered or enhances sense of self (Razza & Tomasulo, 2005). Lastly, the affirmation stage where the facilitator comments on the positive therapeutic factors seen, members are taught to give feedback to one another, and a chance for positive emotional closure of session (Razza & Tomasulo, 2005; Tomasulo, 2014). The model is a positive psychotherapy intervention, is strength-based, and seeks to promote mental health and flourishing, which is a needed shift away from only sever psychopathy resulting in treatment for people with developmental disabilities (Razza & Tomasulo, 2005; Tomasulo, 2014).

A more recent adaptions of interactive-behavioural therapy (IBT), called the ACTing cure incorporates video-feedback, and moves from a psychodrama focus to a dramatherapy focus (Szucs et al., 2019). Szucs et al., (2019) outlined theory, research, and professional insights gained through running an Acting cure group with individuals with developmental disabilities but offers no original experimental evidence. Nonetheless, adding video feedback and dramatherapy into the strength-based model offers an exciting avenue to be explored in future

research and could potentially be adapted to specifically target self-determination in future approaches. Video feedback and action methods can be used to practice catching relevant social cues in interactions and is offer a more interactive and visual learning experience (Szucs et al., 2019; Turner-Brown et al., 2008).

Group Acceptance and Commitment Therapy. Another approach preliminarily research has begun to explore is an ACT group-based approach for autistic individuals (Pahnke et al., 2014; Pahnke et al., 2019). A pilot study explored an ACT based skills training group approach for autistic youth without an intellectual disability, which showed a decrease in stress, hyperactivity and emotional symptoms, and an increase in prosocial behaviour (Pahnke et al., 2014). A similar pilot study with autistic adults was conducted to determine the feasibility and effectiveness of ACT in a group setting (Pahnke et al., 2019). The results showed that attendance was high, and there was a significant decrease in perceived stress, depressive symptoms, social impairments, psychological inflexibility, cognitive fusion, and increased quality-of-life (Pahnke et al., 2019). These results suggest Acceptance and Commitment Therapy should be further explored as a treatment modality for autistic individuals.

Research demonstrates that group psychotherapy may be a beneficial treatment option for autistic adults to improve social skills, executive functioning, quality-of-life, and self-determination, and is worthy of further investigation (Hesselmark et al., 2014; Nadig et al., 2018; Oswald et al., 2017). Additionally, the process of group therapy may be more important than the specific style, content, or theoretical orientation (Hurley et al., 1998). Group psychotherapy is a

unique treatment approach that is rich with therapeutic factors that can result in growth, increased quality-of-life, and self-determination.

Summary of Limitations Found in the Research

Some major limitations exist in the literature on psychotherapy, self-determination, and research with autistic adults. Firstly, there were a limited number of studies exploring psychotherapy for autistic adults. Most autism research focuses on children and youth and thus more research with autistic adults is needed to develop more evidence-based treatments (Ayres et al., 2017; La Roche et al., 2018). Most of the research on self-determination interventions focus on students with disabilities in school contexts (Lindsay & Varahra, 202; Nadig et al., 2018; Raley et al., 2021). Many of the known self-determination programs are ran within school systems or vocational programs and fail to capture autistic adults who have left school and are not currently using vocational supports (Nadig et al., 2018). Therefore, the effectiveness of programs or interventions in different contexts is limited (Lindsay & Varahra, 202; Nadig et al., 2018). However, it is known that self-determination develops across the life span (Raley et al., 2021; Shogren et al., 2008). Thus, programs promoting self-determination in autistic adults who have left school is an important research area to further explore. Enhancing self-determination in autistic individuals should be further utilized in positive psychotherapy treatments to encourage well-being and higher quality-of-life.

Additionally, most of the research was pilot trials and therefore preliminary in nature (Ekman & Hiltunen, 2015; Eack et al., 2013; Hesselmark et al., 2014; Pahnke et al., 2014; Oswald et al., 2017; Turner-Brown et al., 2008). The use of small sample sizes was a common

limitation (Ekman & Hiltunen, 2015; Eack et al., 2013; Hesselmark et al., 2014; Pahnke et al., 2014; Oswald et al., 2017; Turner-Brown et al., 2008). Additionally, there was a lack of robust designs, fidelity checks, standardized outcome measures, and randomization (Byrne & O'Mahony, 2020; Ekman & Hiltunen, 2015). Another major limitation in the research is a lack of culturally diverse samples, and thus current interventions may not reflect the needs and characteristic of cultural minorities (La Roche et al., 2018). Additionally, commonly used autism assessment measures have been developed and standardized with predominately White American samples (La Roche et al., 2018). Thus, these assessments may be less valid for cultural minorities (La Roche et al., 2018). More research is needed that considers cultural contexts and includes cultural minorities (La Roche et al., 2018). Moreover, there is a need for the replication of findings with larger and more diverse samples and stronger research design (Ekman & Hiltunen, 2015; Eack et al., 2013; Hesselmark et al., 2014; Pahnke et al., 2014; Oswald et al., 2017; Turner-Brown et al., 2008). Due to these significant limitation, further exploration of a psychotherapy intervention for autistic adults to increase quality-of-life, self-determination, and mental health. A summary of the literature review is highlighted in the discussion section in chapter three.

Chapter Three: Discussion, Next Steps, and Conclusion

Addressing the disparities autistic people face in quality-of-life, self-determination, and mental health is a social justice issue in need of attention (Ayres et al., 2017; Chancel et al., 2020; Cooper et al., 2018; Griffiths et al., 2019; Hesselmark et al., 2014; Keesler, 2020; Nadig et al., 2018; Oswald et al., 2017; Spek et al., 2013; White et al., 2018). Increasing quality-of-life, self-determination, and the mental health of autistic people through a dynamic group psychotherapy approach could be a beneficial way to address these disparities and create a more just and equitable society. This chapter includes a discussion section, 13 recommendations for the future design of a program based on my learning from previous chapters, and a conclusion.

Discussion

The literature revealed that although autistic people commonly experience high rates of mental health problems there remains insufficient access to mental health care and a lack of evidence-based dynamic counselling interventions designed to improve well-being for autistic people (McConachie et al., 2018). Thus, there is a need for a program seeking to address these issues.

Although the body of research is growing for psychotherapy with autistic adults, there is a need for the development of more process driven treatment options for autistic adults and more quality research in this area. Research shows autistic adults without an intellectual disability represent a population in need of support due to reduced quality-of-life and more mental health difficulties compared to the general population and other disabled peers (Ayres et al., 2017; Chancel et al., 2020; Cooper et al., 2018; Griffiths et al., 2019; Hesselmark et al., 2014; Keesler,

2020; Nadig et al., 2018; Oswald et al., 2017; Spek et al., 2013; White et al., 2018). Autistic people have co-occurring mental health difficulties and experience anxiety, depression, and suicidal thoughts, behaviours, and commit suicide at higher rated than the general population (Cassidy et al., 2018; Lin & Huang, 2017; Lawson et al., 2020; Griffiths et al., 2019; Malik-Soni et al., 2021). Research suggests that reduced quality-of-life in autistic people can be most consistently accounted for by their mental health difficulties (Oakley et al., 2021). Research supports that when adapted, psychological interventions can be effective for treating a range of mental health difficulties in autistic people (Cooper et al., 2018). The literature consistently reports similar modifications that are beneficial for content delivery of psychotherapy for autistic adults, therefore, these adaptions should be used when designing future interventions (White et al., 2018). Exploring mental health interventions for autistic people is important as research is still limited in this area.

Research shows that promoting self-determination in autistic people is a way to improve their quality-of-life and mental health (White et al., 2018; Wehmeyer, 1999). As autistic people tend to have lower self-determination, psychotherapy approaches should specifically seek to promote self-determination. Additionally, successful psychotherapy in general helps individuals become more self-determined, which positively impacts quality-of-life and mental health (Ryan & Deci, 2017). Self-determination theories and research on evidence-based self-determination programs can help inform future self-determination program design. The literature revealed most of the self-determination programs were designed to be delivered in a school context for youth with developmental disabilities. However, two exploratory studies examined self-determination and quality-of-life for autistic adults without an intellectual disability through a group

psychotherapy intervention (Oswald et al., 2017; Nadig et al., 2018). Although these programs can help inform future programs, a major limitation was the focus on psychoeducation rather than a more dynamic process driven group-based approach. There remains a shortage of quality research with autistic adults exploring dynamic psychotherapy approaches (Hesselmark et al., 2014).

The literature revealed that social skills training and adapted cognitive behavioural therapy were the most common approaches used with autistic people (Pahnke et al., 2014). Although adapted cognitive behavioural therapy has shown to be effective at reducing mental health difficulties in autistic people (Ekman & Hiltunen, 2015; Sizoo & Kuiper, 2017) some limitations of the approach have also been highlighted (Pahnke et al., 2019; Spek et al., 2013; White et al., 2018). For example, research shows that autistic people have difficulties with learning to change irrational or maladaptive thoughts, require an increased length of time to understand the concept of cognitive restructuring, have difficulty generalizing the cognitive behavioral techniques to real-life situations, and lack of long-term treatment gains from cognitive behavioral therapy (Pahnke et al., 2019; Spek et al., 2013; White et al., 2018). These limitations show the importance of exploring other treatment modalities.

Mindfulness approaches have shown to be effective for reducing mental health difficulties in people with autism and have the benefit of having simpler exercises that require less cognitive effort and tend to be easier to translate into real life situations (Sizoo & Kuiper, 2017). Based on findings that both cognitive behavioural therapy and mindfulness approaches are beneficial to use with autistic people, acceptance and commitment therapy which uses

aspects of both these approaches seem natural to explore. Additionally, Acceptance and Commitment Therapy (ACT) align with the principles of self-determination and autonomous motivation (Ryan & Deci, 2017). Preliminary research supports that a group-based ACT approach is effective at reducing mental health difficulties and improving quality-of-life in autistic people (Pahnke et al., 2014; Pahnke et al., 2019). However, again the program had a heavy focus on psychoeducational material.

Although, designed for individuals with an intellectual disability, Interactive-Behavioural Therapy (IBT) is a dynamic group-based psychotherapy model that prioritizes process and therapeutic factors over psychoeducation (Razza & Tomasulo, 2005; Szucs et al., 2019; Tomasulo & Szucs, 2015; Tomasulo, 2014). Autistic people without an intellectual disability still experience cognitive limitations that results is reduced functioning as thus approaches that consider cognitive limitations could be beneficial for autistic people without an intellectual disability. Additionally, the IBT approach can be used with various curriculum and thus a focus on self-determination could be easily added. Using a more dynamic group approach represents an important shift away from more psychoeducation or clinical approaches to an approach interested in therapeutic growth and well-being. Additionally, social support acts as a buffer against stress negatively impacting one's well being (Bishop-Fitzpatrick et al., 2017), therefore social support through a group psychotherapy approach could help buffer the negative impacts of life's inevitable stressors. Group psychotherapy facilitates specific therapeutic factors that are relevant to autistic people and the therapeutic goal of enhancing self-determination, making it a useful treatment option. In conclusion, research on self-determination, quality-of-life, and psychotherapy interventions for autistic people can help inform future program design.

Psychotherapy interventions to improve quality-of-life, self-determination, and the mental health of autistic people are vitally important to create a more just and equitable society.

Next Steps

In this section I provide 13 recommendations for a potential group psychotherapy program and future research on this program. These recommendations address my research question, which was exploring how quality-of-life, self-determination, and the mental health of autistic adults without an intellectual disability could be positively impacted by psychotherapy. This capstone does not go so far as to design this program. However, it offers a valuable first step, as these recommendations could be reviewed by the autism community to see how they resonate, and stakeholder input should be added before moving forward with designing the program. Providing opportunity for the autism community to offer feedback on the recommendations, respects the "central tenet of disability rights activity – '*nothing about us without us*"' (Botha et al., 2021, p. 4). Therefore, the voices and opinions of autistic individuals should be prioritized in the future design and research on a psychotherapy program to enhance quality-of-life, self-determination, and the mental health of autistic adults without an intellectual disability.

Recommendation 1: Enhancing the Self-Determination of Autistic Adults Without an Intellectual Disability Through Psychotherapy

Enhancing self-determination in autistic adults should be further utilized in positive psychotherapy treatments to increase quality-of-life. Successful therapy facilitates clients to become more self-determined (Deci & Ryan, 1985). Higher self-determination contributes significantly to higher quality-of-life in autistic individuals (White et al., 2018). Research has

established that autistic people are given less opportunity to develop self-determination and are often in controlling environments and relationships (Wehmeyer & Shogren, 2018). Given the history of how people with disabilities have been treated and the negative biases and low expectations that society holds of them, it makes sense that autistic people tend to have lower self-determination (Lindsay & Varahra, 2021; Oswald et al., 2017; Sheppard-Jones et al., 2005; Wehmeyer & Shogren, 2018; Shogren et al., 2018; Simões & Santos, 2016; Wehmeyer, 1999; Wehmeyer et al., 2013; White et al., 2018).The benefits of self-determination on quality-of-life and improved life outcomes have been clearly established (Chao et al., 2019; Lee et al., 2015; Lindsay & Varahra, 2021; Raley et al., 2018; Shogren et al., 2006; Shogren et al., 2018; Teixeria et al., 2020; Wehmeyer, 1999; Wehmeyer et al., 2012; Wehmeyer et al., 2013; White et al., 2018). Given the considerable challenges our society imposes on the self-determination of autistic people, it is a social responsibility to actively provide opportunities for autistic people to become more self-determined. It is clear the disability field and society have work to do to ensure autistic adults have more opportunities to become self-determined and live good lives.

Self-determination develops across the life span. Self-determination is a "developmental process that requires opportunities and experiences to build and practice skills and abilities associated with self-determination" throughout the life course (Raley et al., 2021, p. 370). Many of the self-determination programs are ran within school systems, which fails to capture autistic adults who have left school (Field & Hoffman, 2002; Hui & Tsang, 2012; Lindsay & Varahra, 2021; Martin & Marshall, 1995; Nadig et al., 2019; Oswald et al., 2017; Raley et al., 2018; Seong et al., 2015; Test et al., 2000; Wehmeyer et al., 2013). However, societies responsibility of fostering self-determination in autistic people is not done when students leave school. Therefore,

a self-determination program for autistic adults is needed. Autistic adults without an intellectual disability are a population in need of targeted services, as they tend to face poorer life outcomes and experience more mental health difficulties but have limited services available to them after transitioning out of school (Nadig et al., 2018). In addition, the current self-determination programs have a heavy focus on psychoeducational material (Field & Hoffman, 2002; Hui & Tsang, 2012; Lindsay & Varahra, 2021; Martin & Marshall, 1995; Nadig et al., 2019; Oswald et al., 2017; Raley et al., 2018; Seong et al., 2015; Test et al., 2000; Wehmeyer et al., 2013). This calls for a more process driven and dynamic self-determination approach to be developed. Thus, a self-determination program for autistic adults without an intellectual disability is needed to improve quality-of-life and mental health outcomes. I propose psychotherapy is valuable way to achieve this goal.

Recommendation 2: Harnessing the Power of Group Counselling

Group psychotherapy is a potent treatment approach that leads to many therapeutic benefits and growth (Yalom & Leszcz, 2005), and has been noted as an important treatment approach for working with autistic individuals (Chancel et al., 2020; Hesselmark et al., 2014; Hurley et al., 1998; Nadig et al., 2018; Oswald et al., 2017; Pahnke et al., 2014; Pahnke et al., 2019; Turner-Brown et al., 2008). The group format has the benefit of being cost effective, can reduce wait times for publicly funded services, and has added therapeutic benefit of meeting peers and increased social experience (Chancel et al., 2020). Research has found that peer support is positively related to self-determination and decision making (Thomas et al., 2019). Peer support through a group psychotherapy setting could therefore be beneficial for self-determination. Moreover, group therapy allows for connection with others and one's

interpersonal skills and style can be directly observed and altered (Razza & Tomasulo, 2005). In the disability field, "there is a need to shift from "training" group approaches to a more interactive and therapeutic counselling format" (Hurley et al., 1998, p. 377). Although Hurley and colleagues put out this call for action in 1998, it largely remains unanswered. The traditional treatment options of social skills training or behaviour modification both place the counsellor as the trainer/teacher rather than a facilitator/collaborator. The counsellor as facilitator/collaborator is more conducive to fostering self-determination (Ryan & Deci, 2017). Additionally, research on evidence-based self-determination programs revealed some effective components were a group-based format, the use of experimental activities, and the group leader being a collaborator (Lindsay & Varahra, 2021). Group psychotherapy approaches should focus on process rather than being content-driven and skill-based (Hurley et al., 1998).

The benefits and therapeutic factors of a process-driven group psychotherapy are particularly relevant to autistic people and their disability experience. The therapeutic factor of acceptance is enhanced in group therapy through a sense of belonging between members and valuing the group (Hurley et al., 1998; Yalom & Leszcz, 2005). This visceral sense of belonging helps promote self-esteem and is particularly beneficial for people with a disability who commonly have the experience of being excluded and rejected due being different (Hurley et al., 1998). Feeling isolated or alone in one's experience is combatted by the therapeutic factor of universality (Hurley et al., 1998; Yalom & Leszcz, 2005). Members can discover a shared autism experience and a sense others share similar problems, experiences, and know what it's like (Hurley et al., 1998). Additionally, group therapy allows members to experience the benefits of altruism by being helpful to other group members (Hurley et al., 1998; Yalom & Leszcz, 2005).

Helping others is an empowering experience, especially since autistic people often feel they need help rather than being empowered to help others (Hurley et al., 1998). Moreover, the experience of seeing one's peers improve helps to foster hope in one's own ability to grow (Hurley et al., 1998; Yalom & Leszcz, 2005). Learning through sharing one's disability experience and suggestions from peers helps to promote self-respect and a positive autism identity in members and decentres learning from an expert without personal autism experience (Hurley et al., 1998). The group format offers valuable "hands-on" experiential learning of connecting to others and practicing interpersonal and social skills (Hurley et al., 1998; Yalom & Leszcz, 2005), which have been highlighted as important treatment adaptions for autistic people (Baker-Ericzén, 2017; Cooper et al., 2018; Razza & Tomasulo, 2005; Tomasulo, 2014; Turner-Brown et al., 2008).

Adaptions have been suggested to make group therapy feel less overwhelming for autistic people who often struggle in social situations (Baker-Ericzén, 2017; Cooper et al., 2018; Razza & Tomasulo, 2005; Tomasulo, 2014; Turner-Brown et al., 2008). Common adaptions for group psychotherapy with autistic adults are increased number of sessions, more time spent orientating the group, smaller group-sizes, and increased use of action methods, such as roleplays, doubling, and role-reversal (Razza & Tomasulo, 2005; White et al., 2018). Additionally, research suggests that using individual therapy combined with a group psychotherapy format may be more beneficial than either format alone (Kreslin et al., 2015). In general, the literature supports a group format as a beneficial and cost-effective treatment option for autistic adults (Chancel et al., 2020; Hesselmark et al., 2014; Nadig et al., 2018; Oswald et al., 2017; Pahnke et al., 2019). Thus, I recommend a process-driven and action-oriented group psychotherapy approach that

incorporates adaptions for the needs of autistic people be designed and used in future research to improve the lives of autistic adults.

Recommendation 3: Using an Interactive-Behavioural Therapy (IBT) Approach

To further inform the design of a future group-based program, outlining specific psychotherapy approaches to be incorporated is beneficial. I propose that Interactive-Behavioural Therapy (IBT) is useful as it is a process-driven and action-oriented group psychotherapy approach (Razza & Tomasulo, 2005; Szucs et al., 2019; Tomasulo & Szucs, 2015; Tomasulo, 2014). Thus, it aligns well with my other recommendations. Moreover, it was designed specifically for people with a development disability and has a research base supporting it as a beneficial treatment approach (Razza & Tomasulo, 2005; Szucs et al., 2019; Tomasulo & Szucs, 2015; Tomasulo, 2014). Another benefit is that various curriculum, psychoeducation, or psychotherapy approaches can be used in combination with IBT to help enhance the goals of treatment for a particular group (Razza & Tomasulo, 2005). Therefore, it can be used as a foundational approach which guides the structure of each session into four stages, outlines specific experiential exercise techniques to use to enhance learning, and leaves room for incorporating other curriculum (Razza & Tomasulo, 2005; Tomasulo, 2014).

Following a structure for sessions is beneficial to guide facilitators and group members. As repetition and structure are noted as beneficial when working with autistic people, going through the same four stages each session establishes a predictable routine. Thus, each session can follow the stages of orientation, warm-up/sharing, enactment, and affirmation (Razza & Tomasulo, 2005; Tomasulo, 2014). This predictable routine is balanced by creating novelty through focusing on group members interactions and action-oriented experimental exercises,

which are both highly engaging. Thus, IBT may be a useful group psychotherapy to enhance quality-of-life, self-determination, and the mental health of autistic adults without an intellectual disability.

Recommendation 4: Incorporating Acceptance and Commitment Therapy Curriculum

Based on the literature revealing some limitations of Cognitive Behavioural Therapy (CBT) and the benefits of mindfulness approaches, I believe Acceptance and Commitment Therapy (ACT) is an approach worthy of further exploration with autistic people. ACT aims to help people lead a personally meaningful life through clarify what is important to them and to act in value-driven ways (Hayes et al., 2006; Harris, 2019). The goal is to learn psychological skills, such as mindfulness and psychological flexibility, to help mange difficulties more effectively (Hayes et al., 2006; Harris, 2019). The cognitive behavioural techniques of cognitive restructuring and challenging irrational thoughts have been found to be difficult for autistic people to learn and apply to life (Pahnke et al., 2019; Spek et al., 2013; White et al., 2018). Whereas mindfulness techniques that focus on bringing non-judgmental awareness to thoughts, emotions, and sensations rather than changing them may be easier for autistic people to learn and apply to their life (Cachia et al., 2016; Sizoo & Kuiper, 2017; Spek et al., 2013). Thus, an approach that incorporates mindfulness with behaviour change techniques, such as ACT seems useful. The six core processes of ACT (i.e., mindfulness, defusion, acceptance, self-as-context, values, and committed action) (Hayes et al., 2006; Harris, 2019) could be learned through incorporating ACT curriculum into an interactive-behavioral therapy (IBT) approach. Moreover, ACT has been found to be effective at treating psychological inflexibility, experiential avoidance, anxiety, depression, and stress, which are common problems experience by autistic people

(Pahnke et al., 2019; Pahnke et al., 2014). Importantly, ACT aligns with the principles of self-determination (Ryan & Deci, 2017). Autonomous motivation is encouraged through exploring one's values and taking committed action to lead a personally meaningful life (Ryan & Deci, 2017). Self-determination and ACT share physiological flexibility as the overarching goal, by being able to manage one's environment, thoughts, and behaviour to effectively lead a rich and value-driven life (Ryan & Deci, 2017). Self-determination involves thinking for oneself and identify ones own wants and values and then acting according to those values and desires (Hui & Tsang, 2012). Therefore, I propose that ACT would be useful to help instill self-determination. Thus, ACT may be a useful psychotherapy approach to enhance quality-of-life, self-determination, and the mental health of autistic adults.

Recommendation 5: Focus on Creating a Self-Determination Facilitating Environment

Learning from self-determination theory and research can help inform the design of future programs. Programs designed based on a theory of self-determination were found to be more effective than ones not informed by theory (Lindsay & Varahra, 2021). Therefore, I propose the future design of the program be based on Ryan and Deci's self-determination theory, as it is one of the main self-determination theories and considers how self-determination impacts psychotherapy outcomes (Deci & Ryan, 1985; Ryan & Deci, 2017). In psychotherapy, self-determination can be supported and enhanced through creating a facilitating environment, "A facilitation environment promotes authentic reflection, integration, empowerment, competence, and choice" (Ryan & Deci, 2017, p. 442). Ryan and Deci (2017) highlighted important ways to create this self-determination facilitating environment in counselling, which are summarized below:

- **Autonomy Supportive Techniques.** Some autonomy supportive psychotherapy techniques are unconditional positive regard, taking the clients perspective, taking an interest in the person, the therapists being authentic and transparent, and supporting the empowerment and self-actualization of the client.

- **Taking the Client's Internal Frame of Reference**. This can be done by being nonjudgmental and empathetically exploring the client's viewpoints, motivations, values, and emotions to enter the client's world and understand their experience. This stance of being curious, interested, accepting, and open helps to validate the client's experience, decreases defensiveness, and helps develop insight and internal motivation for change.

- **Emotion Focused.** Being emotions focused is important because feelings can help identify interferences with need satisfaction, and be used to understand meaning, resistance, and motivation. Additionally, emotions are viewed as sources of information that can be reflectively considered, rather than as good or bad.

- **Providing Meaningful Rational for Therapeutic Strategies and Activities.** This can be achieved by being transparent about the therapeutic process, supporting the client's understanding and feelings of choice and agency, and encouraging questions and discussion. The client should feel a sense of choice in their treatment and be actively involved in decision making and choice points.

- **Acknowledging Feelings of Resistance,** as client's resistance helps to identify and work through emotional, interpersonal, or practical barriers to the therapeutic work.

- **Avoid Using Controlling Motivational Techniques.** Some controlling motivational techniques include, rewards, guilt-inducing phrases and social comparisons, or the therapist's conditional approval, as they negatively impact autonomy and engagement.
- **Recognizing That People Have an Inherent Ability to Heal, Grow, and Develop**. In self-determination theory this is referred to as the organismic integration process, which is like the humanistic therapies concept of self-actualizing.
- **Fostering Awareness and Mindfulness as a Therapeutic Tool**. Useful techniques that can be used in counselling are paraphrasing, mirroring the clients expressed affect, open-ended questions, curiously offering reflections, integrative processing of events and emotions, being autonomy supportive, facilitating the clients' interest-taking in their own internal process, self-regulation strategies, coping strategies, and mindfulness training.
- **The Counsellor Input Should be Used to Inform Not to Control**. The counsellor's role is to be a facilitator of change who shares relevant information and approaches to enhances the client's ability to make their own authentic choices. However, this information sharing should not be used to pressure, control, or manipulate the client.

The ultimate goal of a self-determination approach to therapy is to facilitate the client's ability to make informed and reflective choices, deal with challenges, and live a personally meaningful life (Ryan & Deci, 2017). Furthermore, the basic psychological needs of autonomy, competence, relatedness, and novelty/variety can be supported in counselling to increase well-being and living a full life (Bagheri & Milyavskaya, 2020; González-Cutre et al., 2016; Ryan & Deci, 2017). Thus, I recommend the future program uses the basic psychological needs of self-determination

theory to inform the design of the program and uses the known ways to create a self-determination facilitating environment as a way to improve the lives of autistic adults.

Recommendation 6: Use Self-Determination Specific Curriculum and Homework

Of the known evidence-based self-determination programs, the steps to self-determination program have been shown to be highly effective when used by counsellors (Field & Hoffman, 2002). Most self-determination programs have a focus on educational or transition goals and were designed for use with teachers (Lindsay & Varahra, 2021; Raley et al., 2018; Test et al., 2000; Wehmeyer et al., 2013). Therefore, the steps to self-determination curriculum seems to be the most conducive for use in psychotherapy. I recommend the steps to self-determination curriculum be incorporated into the design of future programming and be used to inform homework assignments. This curriculum incorporates experiential learning, discussion, handout material, and the counsellor as co-learner/facilitator (Wehmeyer et al., 2013), which makes fit with my other recommendations. The curriculum consists of 18 lessons and is based on the five major components of (1) know yourself, (2) value yourself, (3) plan, (4) act, and (5) experience outcome/learn (Field & Hoffman, 2002; Hui & Tsang, 2012; Wehmeyer et al., 2013). This curriculum can be one of the modules of my recommended future program in the self-determination domain of the group psychotherapy program. Thus, the steps to self-determination program could be useful to incorporate into a psychotherapy program to enhance quality-of-life, self-determination, and the mental health of autistic adults without an intellectual disability.

Recommendation 7: Self-Determination Measures

Measuring self-determination is an important way to evaluate a program and to establish it as an evidence-based intervention to improve self-determination (Raley et al., 2018; Shogren et

al., 2008; Wehmeyer et al., 2013). Using both the AIR Self-Determination Scale (AIR) and the Arc's Self-Determination Scale (SDS) to measure self-determination have been recommended in research, as they capture different aspect of self-determination (Wehmeyer et al., 2013). Thus, I recommend that both these measures be used in future research and evaluation of the future program.

Recommendation 8: Make Autism Specific Adaptions to Treatment

Psychotherapy can be adapted to better suit the needs of autistic people. The literature revealed a consensus on some useful adaptions. These adaptions should be used when designing and implementing a counselling program for autistic adults without an intellectual disability. Firstly, language and sentence structure should be straight forward, and use of ambiguous language should be avoided (Cooper et al., 2018; Hurley et al., 1998; Kuiper, 2017; White et al., 2018). Clear instructions should be given with concrete examples (Cooper et al., 2018; Hurley et al., 1998; Kuiper, 2017; White et al., 2018). Interventions should be simplified or broken down into smaller chunks (Hurley et al., 1998; Kuiper, 2017; Spek et al., 2013). More visual and written material, such as handouts and writing points on a white board, are useful to encourage understanding (Cooper et al., 2018; Hurley et al., 1998; White et al., 2018). Additionally, increased length and use of experiential activities, such as peer modeling, role-play, role-reversal, empty chair method, the double, and video feedback, enhances engagement, learning, and retention of material (Hurley et al., 1998; Turner-Brown et al., 2008; White et al., 2018; Wehmeyer et al., 2013). Having a clear structure to sessions and more repetition of techniques, exercises, and material is beneficial (Hurley et al., 1998; Hesselmark et al., 2014; Spek et al., 2013; White et al., 2018). Moreover, increasing the overall number of sessions but taking more

breaks and going at a slower pace during sessions has found to be useful (Hurley et al., 1998; Hesselmark et al., 2014; Kuiper, 2017). In addition, using a smaller group therapy format conjoined with individual sessions as needed (Hesselmark et al., 2014; Turner-Brown et al., 2008). Lastly, treatment should be targeted towards enhancing social skills, social cognition, and executive functioning skills, such as cognitive flexibility, problem-solving, and planning (Baker-Ericzén, 2017; Cooper et al., 2018; Hesselmark et al., 2014; Kuiper, 2017; Pahnke et al., 2014; Turner-Brown et al., 2008). Psychoeducation on autism, emotions, anxiety, and depression are also beneficial (White et al., 2018). I propose these adaptions should be considered and utilized in the design of a future group psychotherapy program to enhance quality-of-life, self-determination, and the mental health of autistic adults without an intellectual disability.

Recommendation 9: Increased Quality-of-life as an Overarching Goal and Measurable Outcome

Increasing quality-of-life is an overarching goal of counselling and services for people with disabilities in general. Therefore, it is natural for increased quality-of-life to be the overarching goal of a group-based program for autistic adults without an intellectual disability. Importantly, measures of quality-of-life can be used to evaluate the effectiveness of the program. Both subjective and objective measures of quality-of-life are beneficial to capture (White et al., 2011). In general research tends to focus on objective measures of quality-of-life, such as employment or education level (Biggs & Carter, 2016). Thus, capturing the subjective experience of quality-of-life for autistic people without an intellectual through self-reports adds value and positions them as the expert of their own experience (Biggs & Carter, 2016). Based on reviewing the literature, I recommend that the autism specific measure of quality-of-life

(ASQOL) be used in combination with the World Health Organization (WHO) quality-of-life measure (WHOQOL-BREF) and the World Health Organization (WHO) disability specific modules to measure quality-of-life before and after the intervention (McConachie et al., 2018). In summary, quality-of-life should be used as an overarching goal of the program and as a way to measure the effective and outcomes of the intervention.

Recommendation 10: Length of the Program

The literature highlights the need for long-term efforts to promote self-determination (Raley et al., 2021; Wehmeyer et al., 2012). Research on evidence-based self-determination programs revealed effective programs ran for a longer time, such as a year or two rather than non-effective programs, which tended to be shorter (Lindsay & Varahra, 2021; Raley et al., 2021). More research is needed to determine best practices on how to maximize the benefits of self-determination programs, such as group size, and length and timing of program (Lindsay & Varahra, 2021; Raley et al., 2021). Therefore, creating this program and conducting research on it will provide valuable learning. Based on previous research, I suggest that the group-based program be one year in length.

Recommendation 11: Incorporate Stakeholder Feedback

The voices and opinions of autistic people should be prioritized and incorporated into the design of the program. Autistic people should be consulted to ensure the program is something they find relevant/beneficial, that they would want to engage in, and considers their wants, needs, and disability experience. Stakeholder feedback should be incorporated while designing the program through focus groups, where autistic people review the program and materials to test accessibility of materials and relevance and feasibility of the program/curriculum. When running

the program and after its completion, group-members feedback should be elicited, necessary adaptions made, and learning incorporated into adjusting the program. Incorporating stakeholder feedback into the program design is an important way to position autistic people as the expert of their own lives.

Recommendation 12: Complete Research to Establish the Program as Evidence-Based

There is a need for more evidence-based psychotherapy interventions for autistic adults and therefore more quality research is vital. There is a notable shortage of research on the efficacy of psychotherapy interventions for autistic people. Thus, I propose these recommendations be used to inform the design of a program and then the program should be run as a pilot project to test its effectiveness and document measurable outcomes and results. As limited conclusions can be drawn from a pilot project due to small sample sizes and lack of replicated findings, future larger scale research should seek to replicate the pilot project if the preliminary results of the project are promising. Autism research greatly benefits from autistic researchers, scholars, and self-advocates input (Botha et al., 2021). Thus, this future research should meaningfully involve autistic people's input. Establishing an evidence-based dynamic group psychotherapy for autistic adults without an intellectual disability that seeks to enhance quality-of-life, self-determination, mental health, and social functioning is needed.

Recommendation 13: The Program Should be Government Funded

The cost of psychotherapy is a significant barrier to service for many autistic people . People with developmental disabilities experience lower socioeconomic status at higher rates than the general population (Griffiths et al., 2019; American Psychological Association, 2012;

Pinals et al., 2021; Sheppard-Jones et al., 2005; Townsend-White et al., 2012). As autistic people transition to adulthood and leave school there are less funded services available to them. This creates a need for more government funded programs for autistic adults. Due to the disparities in mental health that autistic people face, a psychotherapy program seems worthy of funding. Community Living British Columbia (CLBC) is a crown cooperation that funds services for adults with developmental disabilities in British Columbia (Community Living British Columbia, n.d.). A large array of services is available, such as supported employment programs, life skills programs, outreach support, community inclusion, recreational day programs, and housing services (Community Living British Columbia, n.d.). However, psychotherapy is currently not a funded service available. In my experience working with autistic adults, psychotherapy is a service many people identify as wanting/needing. I find this gap in service shocking, due to the clear need created by the mental health and quality-of-life disparities. A group psychotherapy format offers unique therapeutic benefits and is cost effective. Thus, I propose this future evidence-based dynamic group psychotherapy program should be government funded and free of charge for the participants. This is an important way to address the negative mental health impacts of living in an ableist society.

Additionally, the annual economic cost of mental illness in Canada is estimated at over $50 billion per year, resulting from lost productivity, health-care costs, and reduced quality-of-life (The Centre for Addiction and Mental Health, n.d). Relatedly, people experiencing mental illness are more likely to be unemployed, which adds to the economic costs. Importantly, investing in mental health programs has shown to reduce the net cost of mental illness (The Centre for Addiction and Mental Health, n.d). Thus, I propose this dynamic group psychotherapy

program be government-funded as it could result in saving through decreased mental health costs and unemployment.

Conclusion

Addressing the mental health disparities faced by autistic adults without an intellectual disability is needed. I sought to explore how this could be addressed through reviewing the literature and making recommendations for the future design of an evidence-based dynamic group psychotherapy program seeking to meet these needs. As the greatest disparities in quality-of-life for autistic adults are in social relationships and mental health (Ayres et al., 2017; Biggs & Carter, 2016; Lin & Huang, 2017; Oakley et al., 2021), a dynamic group-based psychotherapy intervention can be used to increase quality-of-life. Additionally, increasing self-determination is another known way to increase quality-of-life and relates to important life outcomes, such as mental health, education, employment, exercise, and community inclusion (Chao et al., 2019; Hui & Tsang, 2012; Lee et al., 2015; Lindsay & Varahra, 2021; Raley et al., 2018; Shogren et al., 2006; Shogren et al., 2018; Teixeria et al., 2020; Wehmeyer, 1999; Wehmeyer et al., 2012; Wehmeyer et al., 2013; White et al., 2018). Therefore, I propose that a dynamic process-driven group-psychotherapy program designed to increase self-determination and mental health should be government funded, as a way to improve the lives of autistic people. I suggest that a dynamic process-driven group psychotherapy program inspired by Interactive Behavioural Therapy (IBT), Acceptance and Commitment Therapy (ACT), and self-determination theory would be a beneficial to increase quality-of-life for autistic people. With these approaches/theories as the base for the design, various curriculum/psychoeducation could be added in, such as the steps to self-determination, ACT core processes, social skills, autism knowledge, as well as common

difficulties experienced by autistic people, such as anxiety, depression, and stress. This program could be design into different modules that work through the various curriculum/ psychoeducation but uses an IBT framework and experiential exercises for each session enhanced by ACT and self-determination theory. Relatedly, designing and researching psychotherapy programs is an essential way to ensure an evidence-based practice. As there is a lack of evidence-based psychotherapy programs for autistic people, this future program and research adds value. Autistic people's mental health needs attention in psychotherapy programs, in research, and in government funded services.

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