Building Therapeutic Alliance with Children with Autism

by

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Dedication

To my husband, Martin, whose unwavering support, patience, and belief in me made this journey possible: thank you for everything you have done. To my daughter, Emi, who inspires me every day with her curiosity, resilience, and boundless joy—may this achievement remind you that with dedication and passion, anything is possible. To my dear friends Meagan and Antonio, without both of you, I would have never applied to this program, and I am truly grateful. To Alicia, thank you for guiding me through the process; I would still be lost in Chapter one without you.

This capstone is born out of my passion for working with children and my commitment to understanding their unique experiences. I have been especially drawn to supporting children in ways that honour their individuality and strengths. To the children who have yet to feel safe and seen-I see you. May this work inspire my colleagues to help bring visibility and support to those who remain unseen.

Abstract

In therapy, the therapeutic relationship is at the heart of change. Effective communication and social skills serve as the foundation for building relationships, but what occurs to the relationship when communication and social skills do not align with those of the therapist? This capstone examines the mechanisms that impede the therapeutic alliance between autistic children and neurotypical counsellors. It reviews the literature on deficit-based models of autism and discusses concepts such as the theory of mind and motivation to elucidate the challenges that autistic children face when forming relationships. Additionally, it explores the contemporary strength-based neurodiverse perspective of autism, including concepts like the double empathy program and differences in neurotype. Findings emphasize the importance of adopting a neurodiverse lens to foster stronger therapeutic alliances. The findings from this literature review are important for understanding barriers to creating a therapeutic alliance, focusing on cognitive and social processes.

Keywords: autism, children, neurodiversity, therapeutic alliance.

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Chapter One: Introduction

In any relationship, one needs to feel safe, respected, and understood by the other to truly feel connected. These conditions are true not only for friendship but also for the therapeutic alliance. The therapeutic alliance is the cornerstone of effective therapy. It embodies a relationship built on trust, empathy, and understanding between therapist and client. This bond is especially crucial when working with children, as it fosters a secure environment where they feel seen, heard, and valued. For children with autism, whose social and communicative experiences can be particularly nuanced, the establishment of a strong alliance is of greater importance. Without a therapeutic alliance, these children may experience heightened anxiety, lower self-esteem, and withdrawal from services (Strunz, 2018). While research on the therapeutic alliance is extensive for adults, research for children is more moderate, acknowledging the unique approach necessary for building a relationship with younger clients. However, when it comes to children with autism, the scholarly work is even more limited. Despite the profound importance of a working alliance in therapy, there remains a significant gap in research addressing the specific strategies and challenges of cultivating this crucial connection with autistic children. Understanding the mechanisms that hinder therapeutic alliance with children with autism can provide insight for counsellors to deliver effective therapy.

In this chapter, I will summarize the contexts that have contributed to the challenges of supporting autistic children in counselling settings. Through an analysis of historical approaches and autistic characteristics, I hope to shed light on how the therapeutic alliance can be hindered and facilitated. In Chapter 2, I will discuss the theoretical underpinnings of the therapeutic alliance and draw themes from the literature that will support this capstone's research questions. In Chapter 3, I will provide education through a PowerPoint presentation for counsellors to

inform them about the ways to develop a neurodiverse lens and how it positively contributes to forming a therapeutic alliance with children with autism.

Overview of the Context and Problem

Autism spectrum disorder (ASD) is characterized as a neurodevelopmental disorder that impairs qualitative functioning in social interactions, communication, and restrictive behavior patterns (Bryson et al., 2008; Jenkins, 2023; Lester, 2014). Over the last decade, the rate of diagnosis for autism (used henceforth) has steadily increased with no indication of slowing down. A 2019 report by the Public Health Agency of Canada stated that approximately 1 in 50 Canadian children and youth between the ages of 1 and 17 were diagnosed with autism (PHAC, 2022). This capstone will focus on children aged 12 and under, as research indicates that early intervention can significantly improve the functioning and abilities of this gifted population (Green et al., 2010; Overley et al., 2018; Rogers & Vismara., 2008). It is undeniable that with the growing number of children being diagnosed with ASD, the need to understand this disorder and provide effective treatment by mental health professionals is paramount for these individuals to live authentic and fulfilling lives.

Children with autism typically face greater challenges than neurotypical children in areas such as accepting change, communication, fine motor skills, learning, making friends, and concentrating, compared to neurotypical children (PHAC, 2022). As communication is the bedrock of forming relationships and for effective therapy, it's imperative that it is explored in forming a therapeutic alliance. Children with autism have a propensity to talk at length about their restrictive interests without knowing when to engage the other in the conversation or when to change topics (Strunz, 2018). These challenges only add to the hardship of creating and or maintaining relationships with non-autistic individuals.

On top of lagging skills in these domains, children with autism have a higher prevalence for co-occurring mental health challenges compared to the neurotypical child, highlighting a greater need for therapeutic services (Hanlon et al., 2022). Approximately 70% of those with autism will experience comorbidity (Hanlon et al., 2022). Murphy et al. (2017) found that 40% of children diagnosed with autism meet the clinical threshold for an anxiety disorder, while Bryson et al. (2008) found that a tic disorder is often expected as well as a diagnosis of "attention deficit hyperactivity disorder, oppositional defiant disorder, depressive disorders, or bipolar disorder" (p. 65). In speaking to adults with autism and anxiety, Strunz (2018) found that a significant source for anxiety for autistic individuals was social interactions. They reported social interactions to be difficult, frustrating, and confusing. The coupling of communication and social difficulties for the autistic individual can undoubtedly hinder a working alliance.

Historically, interventions have focused on removing *the autism* from the autistic child and allowing the child to come through the *autistic shell* (Leadbitter et al., 2021; Lester, 2014). What we know now, according to autism advocates, is that autism is an essential aspect of the individual and not a disorder to be fixed (Darazsdi et al., 2023; Leadbitter et al., 2021). Before any intervention or treatment is defined, the counsellor's way of seeing the autistic individual is essential, as it can impact how the counsellor understands the client, the therapeutic relationship, and the treatment. Leadbitter et al. (2021) says that therapists must be aware of neurotypical norms and the impact of the expectations for neurodivergent clients to conform. The world functions through a neurotypical perspective, which inherently assumes that those outside the dominant culture must adapt. However, could this assumption be a critical obstacle in forming a genuine therapeutic alliance? The double empathy problem could be one explanation for the misunderstanding that occurs between a neurotypical person and an autistic individual. Chow

(2014) found that both autistic and non-autistic people often struggled to understand each other's thoughts, intentions, or behaviours. This is not solely a challenge for the autistic individual but also for those without autism. This idea challenges the dominant practice of labelling the autistic person as the one with the disability when, in fact, the non-autistic person experiences similar difficulties in understanding the autistic person. Chow's (2014) research emphasizes a shift in perspectives which remains nascent at best.

When it comes to therapeutic modalities, Cognitive Behavioral Therapy (CBT) is currently the gold standard treatment for children with autism who face mental health challenges such as anxiety and depression (Albaum et al., 2022; Kerns et al., 2019; Klebanoff et al., 2019). However, despite evidence that suggests CBT is effective, roughly 43.3% of children who received CBT continued to meet the diagnostic threshold for an anxiety disorder post-treatment (Chui et al., 2009). This suggests that the modality alone is insufficient for positive change and calls for exploring therapeutic conditions such as alliance.

The therapeutic alliance is characterized as "the extent to which client and therapist connect interpersonally and collaborate around goals" (Kerns et al., 2019, p.636). In review of the literature, there appears to be a misconception that the term therapeutic alliance can be mutually exchanged for the term therapeutic rapport. This misconception contributes to the mystery of creating therapeutic alliances with children with autism, which is understandable as paraprofessionals such as behavior consultants and speech and language therapists focus on building rapport rather than alliance (Goldstein & Glueck, 2016). Therapeutic rapport serves as the foundation and one of the key building blocks of a working alliance.

Despite the widely held belief that a strong therapeutic alliance is an essential aspect for effective therapy, there is a scarcity of research on the therapeutic alliance for children with

autism. There are several hypotheses for the lack of research. As much as half of the individuals diagnosed with autism are functionally non-verbal, and those with adequate verbal skills often face other communication difficulties (Leyfer et al., 2006). These communication barriers complicate the assessment and measurement of the therapeutic alliance's quality. Consequently, this population may not be well-suited for traditional methods, requiring a more nuanced approach. Historically, much of the existing literature on therapy for children with autism has concentrated on reducing core symptoms such as social deficits, repetitive behaviors, and communication difficulties (Darazsdi & Bialka, 2023). The priority of reducing core symptoms has pulled trends in research to focus on therapies such as speech and language and behavior intervention. Lastly, as a spectrum disorder, autism manifests differently across individuals, creating significant variability that hinder the development of standardized measures or approaches for studying the therapeutic alliance. As our understanding of autism evolves, so too has the recognition of the importance of relationships and emotional well-being in therapeutic outcomes. Although this area of research continues to be nascent, there is a shift in perspective that will hopefully highlight the imperative component of therapeutic alliance in children with autism.

Purpose of the Capstone

The purpose of this capstone is to address a concern that counsellors have echoed since the rate of autistic child clients has increased in psychotherapy: the need for more education (Brookman-Frazee et al., 2012; Jenkins, 2023; Vulcan, 2016). While this capstone cannot provide all the necessary tools to fully prepare counsellors for working with this population, it emphasizes the importance of building a foundation of trust and rapport, which can lead to better therapeutic outcomes despite communication and social challenges that the autistic client may

present. This capstone aims to provide an autistic-informed approach to creating a therapeutic alliance by identifying the social and communicative factors that hinder the development of a therapeutic alliance between a neurotypical counsellor and an autistic child and to offer key strategies for fostering a strong therapeutic relationship.

Research Question

This paper aims to answer the question: What are the social and communication mechanisms that impede the development of a therapeutic alliance between a neurotypical counsellor and an autistic child client in psychotherapy, and what processes foster its formation?

Significance of the Study

The lack of progress in therapy can lead counsellors to question their abilities and competence, and ironically, it may reinforce the self-perception of autistic individuals as difficult to understand and unable to maintain social relationships (Strunz, 2018). This feeling of helplessness among counsellors could potentially result in burnout, unethical practices, and apathy. The aim of this paper is to offer an entry point for counsellors working with child clients on the autism spectrum. Understanding the social and communication mechanisms that obstruct the therapeutic alliance can inform counsellors' strategies, diminish communication barriers, and enhance competence, resulting in improved therapeutic outcomes.

Additionally, observing the neurodiverse client through a neurotypical lens has been the prevailing perspective on interventions for children with autism (Darazsdi & Bialka, 2023; Heasman & Gillespie, 2019; Lester, 2014). As a result, interventions have focused on ameliorating the *deficits* characterized by autism, continuing the perspective that having autism is a deficiency and the interventionist is the expert. Unfortunately, this can lead to children feeling misunderstood, pathologized and marginalized. It is time that a paradigm shift occurs in

the way autism is conceptualized and interventions are implemented. Maintaining the status quo only continues to perpetuate rhetoric that is emotionally detrimental to the autistic individual, consequently breaking ethical duties to do no harm. This paper will contribute to that paradigm shift by seeing the autistic child client through a strength-based lens that values and respects their unique experiences and sets new standards for the way neurodiversity is understood.

Theoretical Orientation

This capstone explores the therapeutic alliance with children with autism through the lens of attachment theory and Bordin's pan-theoretical construct of the therapeutic alliance. Attachment theory explains how the relationship between an infant and their primary caregiver influences how the infant perceives themselves and the world around them. Yip et al. (2015) explain that when the infant's needs are consistently met with attunement, they develop a secure attachment to their caregiver. This secure attachment allows the child to explore their environment while having a safe base to retreat to when their sense of safety is compromised. If a secure attachment does not develop between caregiver and infant, the child may exhibit maladaptive behaviours to satisfy their safety needs. When working with children with autism, therapists should strive to establish a secure attachment with their clients. A secure base fosters a sense of safety that enables the client to explore their vulnerabilities. Bordin's pan-theoretical construct of the therapeutic alliance (Bordin, 1979) underscores the importance of the relationship between therapist and client as a facilitator of change. It emphasizes the mutual effort from both therapist and client to build trust and rapport within the relationship. This theory will be essential as we explore how establishing trust in relationships with children with autism involves a mutual exchange process rather than a top-down approach.

This capstone is also grounded in a client-centered, strength-based perspective. A client-centered approach positions the individual as the primary agent of change, with the counsellor serving as a supportive guide in the process (Yuen et al., 2020). The strength-based perspective believes that all individuals- regardless of culture, race, gender, or other personal characteristics- possess inherent strengths and access to external resources. By identifying and harnessing these strengths, this approach promotes healing, empowerment, and personal growth (Yuen et al., 2020). This perspective is especially important to this capstone as it fosters inclusivity by focusing on individuals' talents and capabilities rather than their limitations.

Positionality Statement

My recent change in profession drives my interest in this topic. Three years ago, I started working in the mental health field, and before that, I worked in the education system for over 15 years. In my career as a youth and family worker, I met many incredible young people living with autism. In the school system, we were equipped to meet the diverse learning needs of our autistic students. Visual schedules were used to manage challenges in executive functioning, social-emotional lessons addressed the challenges in social skills, sensory breakout rooms were integrated for regulation and professional development was provided to educators to equip them with current best practices for supporting this population. However, working in the child and youth mental health field, I have noticed that counsellors and other allied health professionals lack fundamental knowledge and, therefore, confidence in working with this population. A common theme I encounter is counsellors wanting more education on how to support autistic children. As we know, the population of children diagnosed with autism is steadily increasing, and they will inevitably walk through our counselling doors, so it is not only my interest but also

my professional responsibility to inform myself, my colleagues, and other allied health professionals, in ways to increase therapeutic alliance to promote effective treatment outcomes.

I would also like to acknowledge that I do not have any family members living with autism. However, my personal and professional growth has stemmed from interactions with these children over the years of working with this population. I have witnessed many of these exceptional children make strides in forming meaningful relationships, excelling academically, demonstrating leadership skills, breaking social norms, and, above all, remaining authentic in a world that is still catching up to their uniqueness. Their stories, strength, and humility have left a profound impression on me, continuously inspiring me to pursue a career where I can continue to support these remarkable individuals.

Definition of Terms

Autism Spectrum Disorder/Autism/ASD

The American Psychiatric Association (APA, 2013) defines Autism spectrum disorder as "a complex developmental condition involving persistent challenges with social communication, restricted interests, and repetitive behavior" (paras.1)

Early Intervention

This paper will recognize early intervention as elementary school-age children receiving support services for ameliorating common features of autism. These include social, behavioural, and communication challenges.

Neurodiversity

A sociopolitical movement that advocates for the acceptance and integration of natural variations in neurocognitive functioning (Legault et al., 2020).

Neurodivergent

Brain function and cognitive processes that are considered to be different from typical standards. Individuals who are neurodivergent think, learn, or perceive the world in different ways than neurotypical patterns. Examples of neurodivergence include people with autism and attention deficit hyperactivity disorder (Legault et al., 2020). This capstone will use the term neurodivergent interchangeably with autism.

Rapport

The trusting and collaborative relationship between the counsellor and the client. It is characterized by mutual understanding, respect, and a sense of safety that allows the client to feel comfortable expressing their thoughts and emotions (Goldstein & Glueck, 2016).

Therapeutic Alliance

The collaborative and trusting relationship between a therapist and a client. It is a necessary component for effective therapy, regardless of the therapeutic approach. A therapeutic alliance has three key elements: bond, agreement on goals, and agreement on tasks (Kerns et al., 2018).

Chapter Summary

Chapter one has laid the foundation for this capstone. As the number of children being diagnosed with autism increases, so will the demand for support services. Building a therapeutic alliance with children on the autism spectrum can be challenging, given their difficulties with social communication, and expressing behaviours that foster and maintain social bonds. Therefore, it's essential to explore the mechanisms that hinder and promote trust within the therapeutic alliance. This chapter has contextualized this Capstone around attachment theory and the pan-theoretical construct of the therapeutic alliance. Both theories emphasize the importance of a supportive and responsive relationship in fostering growth, healing, and positive outcomes. The purpose of this paper is to develop an autism-informed framework for building a therapeutic

alliance by examining the social and communicative barriers that may obstruct the relationship between a neurotypical counsellor and an autistic child.

Chapter two will delve into the literature to explore prevailing perspectives on autism, starting from a deficit-based medical model to a strength-based neurodiversity framework. Within the deficit-based model, we will discuss the social challenges faced by autistic children, as well as the inherent communicative and behavioural traits that hinder social connection. Next, we will examine the cognitive processes that create barriers to social connection, including theory of mind and social motivation theory.

The discussion will then be framed around a strength-based neurodiverse perspective. Concepts such as the double empathy problem, which emphasizes that social misunderstandings are a bidirectional phenomenon rather than a one-sided issue, will be explored. We will examine the different neurotypes and their impacts on creating intersubjectivity, as well as how viewing autistic traits from a strength-based and inclusive perspective affects the therapeutic alliance.

The final section will offer research-supported recommendations for establishing a therapeutic alliance with children with autism by leveraging their inherent strengths to enhance rapport building.

Chapter three will synthesize the literature findings on the mechanisms that hinder and promote therapeutic alliances between neurotypical counsellors and autistic children. It will discuss the significant implications for counsellors and clients, while also outlining the limitations of this capstone. Additionally, this section aims to educate counsellors on the key factors that obstruct and facilitate the therapeutic alliance with autistic children by providing a professional development presentation.

Chapter Two: Literature Review

This chapter will review the literature, starting with the theories underpinning the therapeutic alliance. It will examine perspectives on autism, transitioning from the deficit-based medical model, which focuses on social challenges and traits that hinder connection, to the strength-based neurodiversity approach. Cognitive processes will be discussed as barriers to social connection. The discussion will then adopt a neurodiverse perspective, addressing the double empathy problem and the impact of viewing autistic traits inclusively on therapeutic alliance. Lastly, I will present evidence-based strategies that leverage the unique strengths of autistic individuals to cultivate rapport and strengthen the therapeutic relationship.

Theoretical Frameworks

Attachment Theory

Attachment theory, developed by John Bowlby (1944) and later expanded by Mary Ainsworth (1967), highlights the importance of early interactions between infants and their primary caregivers, as these experiences form the foundation for the child's future relationships. Yip et al. (2017) say that these blueprints, or internal working models, shape the child's sense of security, trust in others, and self-perception. During infancy, a child is completely dependent on a primary caregiver for survival. The infant exhibits attachment behaviours such as crying, smiling, and cooing to create safety and proximity with their caregiver, thereby improving chances of survival. Over time, the interactions between the child and caregiver evolve into the child's working model of what to expect in future relationships.

The quality of emotional attunement between the infant and caregiver influences the child's attachment style: secure, insecure-avoidant, insecure-anxious, or disorganized (Yip et al., 2017). When the caregiver's responses to the child are accurate, effective, and consistent, the

child is likely to develop a secure attachment. Conversely, if the responses are mis-attuned, frightening, or inconsistent, the child may form an insecure attachment.

A secure attachment between an autistic child and their caregiver is achievable despite the complex interplay of communication, sensory, and attentional skills characteristic of autism (Bailham & Harper, 2004; Chevallier et al., 2012). Caregivers of young children with autism report variations in their child's ability to make eye contact, respond to touch, and reciprocate interactions (Blackmore & Brown, 2002, as cited in Bailham & Harper, 2004). Moreover, sensory challenges that render the autistic child sensitive to touch, sound, sight, and smell can make typical soothing behaviours from the caregiver feel unsafe and overstimulating, thus straining the early bonding process (Durrani, 2014).

Secure attachments are crucial, as healthy relationships play a pivotal role in maintaining positive mental health. The need to belong and to connect with others is a fundamental human need. Conversely, insecure attachment styles can lead to poor relationships and adversely affect mental health (Candel & Turliuc, 2019).

Bordin's Pan-Theoretical Construct of the Therapeutic Alliance

Edward Bordin's pan-theoretical construct of the therapeutic alliance (1979) suggests that the therapeutic alliance is essential regardless of the specific techniques or approaches used in counselling, hence the term *pan-theoretical*. He asserts that the therapeutic alliance "is one of the keys, if not *the* key, to the change process"; the stronger the alliance, the more likely positive outcomes will follow (p.252). The relationship is defined by three interdependent components: goal, task, and bond (Bordin, 1979). First, the therapist and client must agree on therapeutic goals through a collaborative process. This alignment creates a shared sense of purpose and motivation. The client should feel involved in goal setting rather than just following directions.

Second, both individuals must agree on the method, activities, or steps to achieve the goals. The client needs to believe that the tasks are beneficial to effect change. Lastly, an emotional connection between the client and therapist is necessary. This refers to the trust, respect, and rapport between them. This bond allows the client to feel safe, understood, and supported, facilitating open and honest communication during therapy.

One critique of Bordin's model (1979) is its applicability to child psychology, as children seldom self-refer for services. Therefore, determining treatment goals can be difficult, and establishing rapport can be challenging when the child does not seek counselling support (Campbel & Simmonds, 2011; Casari et al., 2022). An alliance becomes even more crucial when the child lacks motivation or awareness that change is necessary (Brewe et al., 2020). Bordin's model (1979) acknowledges that the nature of the alliance may shift depending on the client, facilitating a client-centered approach. For instance, rather than concentrating on traditional social skills, the therapist might collaborate with the child to set goals that prioritize the child's preferred methods of interacting with others. Simultaneously, task activities may include play-based approaches, and bonding could require creative strategies for forming rapport, such as shared play or non-verbal communication.

A key aspect of Bordin's (1979) concept is its bidirectional nature, emphasizing the mutual involvement of the client and therapist in the process. This involvement manifests in agreeing on therapy goals, collaborating on tasks, and developing a strong emotional bond. This aspect is particularly crucial when working with children with autism, as historically, interventions have come from a top-down approach where the professional is seen as the expert, and the autistic child is merely the recipient of intervention (Strunz, 2018). As previously mentioned, children rarely initiate therapy themselves, which can present challenges in building

an alliance. Bordin's model (1979) shifts the locus of control from the therapist to a partnership that empowers the child.

An abundance of literature underscores the importance of therapeutic alliance for positive treatment outcomes (Albaum et al., 2020; Chui et al., 2009; Fluckiger et al., 2012; Orozco, 2022). Generally, a stronger therapeutic alliance correlates with more effective therapy and a greater likelihood of positive change. Conversely, a weaker alliance increases the chances of premature treatment termination by the client (Anderson et al., 2019). For neurotypical clients, premature termination often arises from a lack of therapeutic rapport (Anderson et al., 2019). However, for child clients with autism, insufficient therapeutic rapport not only elevates the risk of premature termination but may also reinforce the belief that they cannot be understood or maintain social relationships (Strunz, 2018). These painful self-perceptions can lead to low self-esteem, which is a risk factor for suicide—the leading cause of premature death among autistic individuals (Darazdi & Bialka, 2023). Understanding what contributes to these negative core beliefs is essential for counsellors to support this population and serve as a protective factor to reduce the rate of suicidality.

The following sections frame the discussion within a deficit model of autism, emphasizing the challenges faced by individuals on the spectrum. While acknowledging these challenges is important, it is vital to understand that they do not define or determine a person's worth. Instead, this framework provides insight into the obstacle's autistic children face, which is a critical step in fostering growth.

Social Deficit Model

Historically, autism has been viewed through a medical model perspective; children are diagnosed, and treatment is prescribed to cure the condition (Darazsdi & Bialka, 2023).

Traditional interventions have focused on removing *autism* from the autistic child, allowing the child to emerge from their *autistic shell* (Leadbitter et al., 2021; Lester, 2014). Autism was first diagnosed by mental health practitioners in 1980 using the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (Darazsdi & Bialka, 2023). This model pathologizes autism and highlights deficits for diagnostic purposes. Some academics argue that this model, pioneered by able-bodied, cisgender white men, places unnecessary emphasis on eliminating differences to achieve normalcy (Darazsdi & Bialka, 2023). The following sections describe autistic characteristics through a deficit lens, and the characteristics described have been identified by professionals as the ones most salient to forming social relationships.

Social Connections

Humans are inherently social beings. Throughout history, we have lived in communities, relying on one another for protection, resources, and knowledge. From the moment we are born, we depend on others for survival. Being social is not just about survival; it is also deeply tied to happiness and health. According to Maslow's hierarchy of needs, one cannot reach their full potential without community and a sense of belonging (Burleson & Thoron, 2014). Strong social connections have been shown to improve mental and physical health, while isolation can have adverse effects on health (Koning & Magill-Evans, 2001). Connections with others are essential to our identity and well-being, so when our ability to create meaningful bonds is hindered, we can experience anguish and pain.

Social Communication. Building and maintaining social relationships can be challenging for children with autism for a variety of reasons (Albaum et al., 2023; Donaghue et al., 2011). Communication serves as the foundation of relationships, yet social communication often poses the most significant difficulty for children on the autism spectrum. This challenge

arises from its complexity, as it entails multiple components. Silveira-Zaldivar et al. (2021) assert that social language involves eye contact, back-and-forth conversation, sustained topics, and the ability to recognize and process body and figurative language. For a child with autism, interpreting social cues and managing these variables in real time can often exceed their capacity (Koning & Magill-Evans, 2001). While older children with autism may excel at structured, singular tasks, such as recognizing emotions in static images, real-life social interactions are intricate, necessitating the interpretation of various simultaneous social cues like facial expressions, tone of voice, body language, and contextual clues (Koning & Magill-Evans, 2001). It is easy to understand how a child with autism might struggle to grasp what others are conveying, resulting in frustration. This frustration often manifests as maladaptive behaviours, such as stimming, self-injury, or withdrawal, which act as forms of self-regulation but can further impede the development of meaningful relationships (Silveira-Zaldivar et al., 2021).

Restrictive Interests. The tendency of children with autism to have restrictive interests further complicates their ability to build relationships (Chevallier et al., 2012; Hus & Segal, 2021). Some researchers suggest that these restrictive interests arise from a lack of a theory of mind, which encompasses the awareness that others possess different mental states from our own (Baron-Cohen et al., 1985). If one does not recognize that another person has different thoughts and feelings than one's own, then the necessity for perspective-taking becomes irrelevant. The theory of mind will be discussed further in the following sections.

Restricted interests can create social barriers by limiting subjects for conversation and points of connection (Konig & Hough-Williams, 2017). Additionally, intense interests may cause peers to view the child with autism as odd, leading to increased isolation (Smerbeck, 2019). For example, if an autistic child prefers to talk and play exclusively with trains while no peers show

interest in that activity, the child is left to play alone. Research shows that children with autism typically have fewer friends, and of those friendships, they are often less fulfilling than those of their neurotypical peers (Silveira-Zaldivar et al., 2021). Children with autism frequently experience higher rates of social rejection and bullying than their neurotypical counterparts, which can be a risk factor for suicide later in life (Silveira-Zaldivar et al., 2021).

Individuals with autism tend to prefer subjects related to "sciences, history and culture, animals, information and mechanical systems, belief systems, and machines and technology" compared to neurotypical individuals who show more interest in "sports and games," which are frequently regarded as more appropriate topics of conversation by mainstream culture (Konig & Hough-Williams, 2017, pp. 1-2). While the subject of interest can be a factor that impedes connection, it is not the core issue but rather the intense focus and time the child devotes to it. Furthermore, when these interests are interrupted, the child can respond with aggression and display maladaptive behaviours (Smerbeck, 2019).

Repetitive Behaviors. An additional factor contributing to the isolation of children with autism is their tendency to engage in repetitive behaviours (Bryson et al., 2018; Christensen, 2016; Hus & Segal, 2021). These behaviours include repetitive sensory-motor behaviours (RSM) and insistence on sameness (IS). RSM are consistent, stable over time, and often help self-regulate when external and internal stimuli become overwhelming. This can be observed through hand-flapping, ritualistic behaviours (organizing objects), sensory experiences (fixating on textures), and sensory reactivity (Troyb et al., 2016). Noise can be particularly challenging for children with autism due to their heightened sensitivity to sensory input. Loud or sudden sounds, such as alarms, can feel overwhelming or physically painful (Wood, 2020). Conversely, low,

repetitive noises like humming or background chatter may also be difficult to ignore, making it hard to focus (Wood, 2020).

The main issue with repetitive behaviours is that they draw the child's attention away from the environment, causing the child to miss out on relevant input (Troyb et al., 2016). For example, if a group of children are working on an assignment together, but the autistic child is preoccupied with their ritualistic behaviour, then they miss out on participation with the group. While this may seem harmless, over time, missing numerous group activities can lead to missed opportunities to practice social skills, learn academics, and develop communication skills.

Insistence on sameness behaviours manifests as strict adherence to routines, difficulties with transitions, and a preference for predictability and schedules that remain unchanged (Wood, 2020). For example, in my school experience, children with autism thrive with a visual schedule to anticipate the structure of their day. When special events are impending, the student is prepared earlier in the week to allow time for processing, removing the element of surprise. When changes occur, the child becomes dysregulated and struggles to adapt. This can be extremely challenging for daily living, as people's schedules rarely remain the same from day to day. Strict adherence to routines can limit growth and opportunities to learn from life experiences.

The combination of challenges in social communication and a tendency to engage in restrictive interests and repetitive behaviours limits the autistic child's ability to interact with others. Such behaviours and interests can consume the child's entire focus, leaving little room to explore broader social contexts and activities. A critical aspect intertwined with these behavioural manifestations is the cognitive ability to infer others' thoughts, feelings, and intentions, commonly called theory of mind. The ability to infer the inner states of others is

foundational for successful social interactions (Andreou & Skrimpa, 2020). Without this development, it may hinder a child's ability to form meaningful relationships. Some researchers argue that children with autism lack theory of mind, and this is the cause of social difficulties. The next section will discuss this further in detail.

Theory of Mind

Traditional perspectives on autism characteristics have often been examined through a deficit medical model, implying that treating the condition (with medicine or therapy) and eliminating it would enable the person to function normally (Mitchell et al., 2021). Early autism research aimed to explain the social challenges faced by autistic children by identifying cognitive impairments, specifically focusing on the brain regions implicated in these abnormalities (Mitchell et al., 2021). A prevailing theory regarding the social difficulties encountered by children with autism is the lack of a theory of mind (ToM). Theory of mind refers to the capacity to understand and attribute mental states—such as beliefs, intentions, desires, and emotions—to oneself and others (Andreou & Skrimpa, 2020). ToM enables individuals to anticipate others' behaviours based on these mental states. Baron-Cohen et al. (1985) propose that autistic individuals struggle to recognize that other people possess different thoughts and feelings from their own or to infer the inner states of others. This can create challenges in grasping others' perspectives.

The absence of theory of mind impacts social interactions in several ways. The first is the ability to understand others' perspectives (Kimhi, 2014). Autistic individuals may struggle to infer what others are thinking or feeling, making it hard to adjust their behaviour to the situation. For instance, they might not realize when someone is bored and, therefore, miss the cue to change the subject. The second challenge is empathy (Baron-Cohen, 2001). While autistic

individuals feel deeply, they can have difficulty recognizing the emotional cues of others, which can lead to misunderstandings. For example, they might not notice when someone is upset and miss the opportunity to offer comfort. This could leave the other person feeling invalidated and overlooked. The third issue is misinterpreting social cues (Kimhi, 2014). Overlooking non-verbal signals such as body language, facial expressions, and tone of voice can hinder the ability to decode intentions, potentially resulting in breaches of social norms. For example, crossed arms often signal that a person is upset. Missing this social cue might lead to a rupture in conversation.

Challenges in ToM can also impact social communication in several ways. The first challenge is interpreting language (Kimhi, 2014). Autistic individuals might take language literally, which can lead to confusion with idioms, jokes, or sarcasm. For instance, an autistic person might not grasp the idiom "break a leg" and interpret it as a sincere instruction. The second challenge involves reciprocal conversation (Struntz, 2018). People with autism often speak at length about topics of interest, deviating from the social norms of back-and-forth exchanges. Interestingly, Peter et al. (2009) developed the Everyday Mindreading Skills and Difficulties scale and found that among the participants (children with autism) who passed false belief tests, there were fewer day-to-day conversational and social difficulties.

A false belief test is a psychological task used to assess theory of mind, and Baron-Cohen and colleagues (1985) developed the Sally-Anne task experiment to test how well children with autism could understand the perspective of another. In this experiment, two dolls, Sally and Anne, were used in a live-action scenario. In the scene, Sally places a marble in her basket before leaving the room. While she is away, Anne moves the marble to her box. Upon her return, the observing child is asked, "Where will Sally look for the marble?" (p.41). A notable 85% of typically developing children correctly stated that Sally would look in her basket, indicating an

understanding of Sally's false belief. In contrast, 80% of the autistic children predicted that Sally would look in the box where Anne relocated the marble, revealing a difficulty in understanding that Sally was unaware of the marble's movement. The study also revealed that by age 4, children typically pass the false belief test, indicating what age theory of mind typically develops.

Since the seminal work of Baron-Cohen et al. (1985), others have expanded on their theory to support the phenomenon of theory of mind. Lam and Yueng (2011) found in their study that children with autism tend to engage in less symbolic play than neurotypical children. Symbolic play requires a child to distinguish between the actual object and its pretend use. They suggest that children with autism struggle with symbolic play because they have difficulty understanding the thoughts and perspectives of other children, which is essential for symbolic play. Capps et al. (2000) further explain that children with autism often face greater challenges in comprehending stories, irrespective of their cognitive levels, compared to neurotypical children. The researchers note that the ability to explain a character's emotions, thoughts, and actions relies on the child's understanding of the characters' perspectives.

Despite evidence suggesting that the social and communication challenges observed in autistic children stem from a lack of theory of mind, skepticism and scrutiny regarding its application have been increasing (Tager-Flusberg, 2007). For instance, Steel et al. (2003) conducted a longitudinal study aimed at investigating the development of ToM in autistic children over time. Developmental progress was assessed by administering reasoning tasks from toddlerhood to adolescence. Their primary objectives included evaluating the various aspects of ToM, such as recognizing emotions, understanding false beliefs, and moral judgments. Additionally, researchers sought to identify differences between neurotypical children through

comparative analysis, as well as individual differences among children with autism. They discovered that over two-thirds of the autistic children showed improvements in their reasoning abilities over time, indicating that while children with autism may experience delays in ToM, they are still capable of developing it. When comparing the results of neurotypical children, the autistic children performed similarly, although at a slower pace. Furthermore, they found that the most capable youths with autism (those with higher cognitive abilities) could succeed in the more challenging ToM tasks involving identifying false beliefs, making moral judgments, and understanding figurative language. All of this suggests a spectrum of abilities within autism, challenging the notion that children with autism completely lack ToM. It informs us that ToM is not a single trait but comprises multiple components. Claiming that children with ASD lack ToM is an overgeneralization and can be harmful.

Gernsbacher and Yergeau (2019) conducted a meta-analysis of studies on the theory of mind, arguing that the studies were flawed in both their methodologies and concepts. They found that some studies had sample sizes that were too small, biased in experimental design, and unrepresentative tasks of real-life interactions. The lack of specificity also contributed to skepticism, as it is not only children with ASD who face challenges in recognizing the inner states of others. Children with language impairments, Down syndrome, epilepsy, and those exposed to prenatal smoking and drinking also experience difficulties with theory of mind. They question the universality of the concept, asking, “Why do some autistic participants pass theory-of-mind tasks while others do not?” (p. 104). Nearly half of the variance can be attributed to language comprehension. Tager-Flusberg (2007) notes that while children with autism possess verbal communication skills, they often lag behind their neurotypical peers, which can delay the

development of theory of mind skills. Mastery of semantics, grammar, and complex sentence structures plays a crucial role in shaping their proficiency in ToM-related tasks.

Another methodological flaw identified by Gernsbacher and Yergeau (2019) is the failure to replicate results. They discovered that multiple research teams tried to replicate the Baron-Cohen et al. (1985) experiment, but none succeeded in reproducing the same results with the given procedures and analyses.

The theory of mind has been one of the foundational explanations that clarified the social challenges faced by autistic children from a deficit model, but it is not the only explanation. Researchers have also explored social motivation as a key contributor to the difficulties in forming social connections for children with autism, which will be discussed in the following sections.

Social Motivation

Motivation plays a crucial role in influencing behaviours. Generally, individuals are socially motivated to learn, seek protection, and foster camaraderie (Uljarevic et al., 2021). A common belief about children with autism is that they often isolate themselves and seem content with this (Jaswal & Akhtar, 2019). When children do not express typical bids for social engagement, one might infer they possess little desire or no motivation for social connection (Jaswal & Akhtar, 2019). Social motivation theory has become a prominent framework for explaining the unusual social behaviours observed in autistic children. Chevallier et al. (2012) explain that social motivation consists of three components: social orientation, social reward, and social maintenance. They note that children with autism typically exhibit impairments in these three areas, particularly in social reward. Brain scans have revealed differences in how rewards are processed in atypical and neurodiverse individuals, which may contribute to the observed

isolation in children with autism (Choi et al., 2014; Jaswal & Akhtar, 2019). Chevallier et al. (2012) explain that neurotypical children are naturally attracted to social stimuli, such as faces and voices. In contrast, children with autism often focus on the background rather than on faces, showing little preference for visual social cues. Neurotypical children also engage in behaviours to maintain friendships, such as greeting others, presenting themselves as likable, and concealing negative emotions to appear more attractive to others. Conversely, children with autism are less likely to greet others spontaneously and tend to be less concerned with promoting likability. Additionally, they do not experience the same social rewards or positive reinforcement as neurotypical children, which reduces their motivation for social interactions. This article suggests that while neurotypical children seek social connections due to their rewarding nature, children with autism may not share the same intrinsic motivation for social connections because these interactions are not rewarding.

Social Reward

People are more likely to repeat behaviours that receive positive feedback or rewards, while behaviours that do not receive such reinforcement often diminish. For children with autism, research suggests that they do not perceive the same level of reward from social stimuli as neurotypical children do. Consequently, social interactions hold less significance for them, resulting in fewer social-seeking behaviours and diminished engagement in social interactions (Bottini, 2018). Brain scans show that humans have a set of structures in the brain that constitute the social brain, where social stimuli register as rewarding in typically developing brains. In contrast, in neurodiverse children, the brain activity in this area is reduced (Bottini, 2018). Chevallier et al. (2012) explain that the significance of social stimuli depends on the interactions between the amygdala, ventral striatum, and orbital cortex (OFC), which responds to socially

reinforcing cues. The ventral striatum represents rewards as "decision utility," evaluating the value and motivation for social and nonsocial rewards, such as smiling faces or social approval. The OFC supports this by transforming reward information into subjective value, guiding goal-directed actions. These regions are particularly active during social interactions, such as cooperating, emphasizing their role in processing and prioritizing social rewards.

In their study, Choi et al. (2014) examined differences in brain activity related to social reward learning in children with autism compared to neurotypical children using functional magnetic resonance imaging. They focused on how children with autism respond to social rewards, such as smiling faces, in contrast to non-social rewards, like monetary symbols. The findings indicated that children with autism exhibited reduced activation in key brain regions associated with social reward processing, particularly the nucleus accumbens and orbitofrontal cortex. These areas are generally involved in evaluating and responding to rewards. In contrast, their responses to non-social rewards were similar to those of neurotypical children. This suggests a specific deficit in processing social rewards, which could contribute to challenges in forming and maintaining relationships.

Social motivation and theory of mind are two significant areas of research in autism. Some researchers have proposed a connection between social motivation and theory of mind. Burnside et al. (2018) conducted a study that suggests social motivation plays a crucial role in developing theory of mind skills, indicating that individuals with low motivation may struggle to recognize the mental states of others. In the experiment, the authors examined the relationship between social motivation and implicit theory of mind (ToM) in children with ASD and typically developing (TD) peers. The study involved 17 children with autism and 16 typically developing children. All participants completed two social orienting tasks: face preference task and a

biological motion preference task. They also completed an implicit false belief task to assess ToM. They found that the TD children exhibited a preference for faces and biological motion, reflecting social motivation, whereas children with autism did not show these preferences. Instead, they tended to distribute their attention more equally between faces and objects or focused more on non-social stimuli. Results from the implicit false belief task showed that the TD performed well. Their eye movements indicated they understood the character's false belief by looking toward the location where the character believed the object would be. For children with autism, they performed worse than TD peers on this task. Their eye movements were less likely to predict the character's false belief, indicating difficulties with theory of mind. This study suggests that children with autism have diminished social motivation. Their reduced interest in social cues can reduce their opportunities to engage socially, potentially affecting the development of theory of mind.

Reduced social motivation in children with autism can influence their social skill development, theory of mind, and behaviours. Without the intrinsic drive to engage socially, these children may miss critical opportunities to practice and refine their social skills, limiting their ability to understand and respond to others' mental states. Behaviourally, reduced social motivation and the propensity to engage in restrictive, repetitive behaviours can lead to a preference for nonsocial activities and isolation.

Up to this point, much of the discussion around autism has focused on identifying the deficits that hinder relationship building, such as challenges with communication, recognizing social cues, and emotional reciprocity. While these areas are important to understand, they often frame autism through a lens of limitation. However, there is an alternative way to view social engagement and behaviours in autism-one that shifts the focus from deficits to differences. The

following sections will invite a more inclusive and empowering narrative, fostering better understanding and connection.

Neurodiversity Cultural Competence

People living with autism navigate a world dominated by neurotypical norms, where the ways they communicate and engage often diverge from societal expectations (Mitchell et al., 2021). In this context, their struggles to connect are frequently framed as personal shortcomings, leading many to internalize the belief that they are the problem (Strunz, 2018). This self-blame can erode self-esteem and create a pervasive sense of inadequacy, as their authentic ways of being are overlooked or misunderstood. Some autistic individuals develop a skill for camouflaging their autistic traits to conform to dominant expectations (Strunz, 2018). But at what cost? As therapists, we know the painful psychological impacts of living a life inauthentic to our true selves and studies have shown that the longer autistic people camouflage their traits, the worse their overall well-being becomes, and thoughts of suicide increase (Cassidy et al., 2020). Therefore, adopting an approach or perspective that views the autistic child as having a different perspective than the neurotypical counsellor can eliminate the perspective that children with autism have deficits in social skills but a difference in social expectations.

Defining social norms has been conceptualized from a neurotypical perspective, which inherently labels the social communication of autistic children as abnormal. However, there is a paradigm shift moving away from a deficit model. There is increasing support for neurodiversity-inclusive models, such as the social model of disability, which suggests that much of the social difficulty experienced by autistic individuals results from marginalization and systemic barriers (Crompton et al., 2020). This suggests that neurotypical people influence or contribute to the difficulties experienced by neurodiverse individuals. Suppose the neurotypical

society contributes to the difficulties experienced by autistic individuals. In that case, we are also partly responsible for the challenges that occur when fostering social connections with these individuals.

Chown (2014) critiques the traditional pathologizing views of autism, which often treat it as an abnormality to be fixed. He proposes an ontological process emphasizing understanding autism as a distinct way of being rather than a disorder. This view challenges the binary "normal" versus "disordered" and advocates for a more inclusive understanding of human diversity. Challenging dominant norms of existence gives way to multiple ways of being and experiencing the world, and that no single way should be considered more valid than the other. Chown (2014) eloquently espouses that because there can be more than one distinct way of being, he suggests that difficulties in social interactions between autistic and non-autistic individuals stem not from a deficiency in the autistic person but from a mutual lack of understanding between both groups.

Double Empathy Problem

There is a long-standing assumption that children with autism struggle to connect with others due to a lack of empathy or theory of mind (Baron-Cohen, 2001). However, an alternative perspective suggests that the lack of understanding is not solely the responsibility of the autistic individual but also rests with the neurotypical person. This indicates that the misunderstanding is bidirectional. This phenomenon, known as the double empathy problem, asserts that autistic individuals also have difficulty understanding neurotypical people and vice versa (Cheang et al., 2024; Chown, 2014; Mitchell et al., 2021). It is essential to note that most research on double empathy has focused on adolescents and adults. Further studies involving child participants are crucial for developing insights. If research results on children suggest that neurotypical children

are more skilled at building relationships with neurodivergent children than neurotypical adults are with neurodivergent adults, this may suggest that part of the challenge in relationship-building stems from learned negative attitudes about autistic individuals rather than intrinsic difficulties. This can influence how inclusion and socialization are fostered in young children.

Damian Milton (2012) developed the double empathy problem based on his experiences as an autistic person navigating a neurotypical-dominated world. He observed that social misunderstandings were often attributed solely to autistic people without considering the neurotypical limitations in understanding autistic perspectives. His personal insights challenged the one-sided deficit model (ToM), highlighting that communication issues were reciprocal rather than exclusively stemming from autism (Milton et al., 2022).

This misunderstanding has been suggested to arise from differences in neurotype (Crompton et al., 2020). Individuals of the same neurotype (whether autistic or non-autistic) tend to share similar cognitive and social processing styles, which facilitates a more seamless understanding of one another. In their research, Crompton et al. (2020) explored how neurotype matching affects interpersonal rapport during conversations. They conducted two studies to evaluate self-rated and observer-rated rapport between various dyad types: autistic pairs, non-autistic pairs, and mixed pairs (comprising one autistic and one non-autistic individual). Regarding self-rated rapport, they found that non-autistic pairs reported the highest levels, followed by autistic pairs, while mixed neurotype pairs reported the lowest. For observer-rated rapport, both autistic and non-autistic individuals similarly noted higher levels within same-neurotype pairs compared to mixed pairs. Interestingly, observers rated autistic pairs as having slightly higher rapport than non-autistic pairs. This study is important because the findings challenge the notion that autistic individuals have inherent social deficits. Instead, difficulties in

rapport primarily stem from mismatched communication styles between neurotypes. In fact, autistic individuals appear to have a unique and effective way of interacting with one another, which is distinct from, but not inferior to, non-autistic interaction styles.

Identifying the inner states of others accurately is challenging, and assumptions are often wrong. Dr. Huberman and Dr. Karl Deisseroth (June 28, 2021) argue that people struggle to recognize the inner states of others, let alone themselves. This indicates that understanding the inner states of other individuals is not a problem unique to autistic individuals, but a universal issue faced by everyone. Cheang et al. (2024) suggest that non-autistic individuals often respond emotionally to autistic people; however, their emotional responses may vary due to difficulties in interpreting and aligning with autistic communication styles. In their study, Cheang et al. (2024) aimed to investigate the accuracy with which non-autistic individuals perceive and empathize with the emotions of autistic people. They showed non-autistic participants video clips of autistic and non-autistic individuals recounting emotional events. Participants were asked to identify, map, and rate the intensity of the narrator's emotions. The results revealed that participants exhibited lower empathetic accuracy when observing autistic narrators compared to non-autistic ones, especially for emotions such as happiness and sadness.

This study not only underscores the challenges that non-autistic individuals face in identifying the emotions of autistic individuals but also emphasizes the importance of accurately interpreting those emotions. Emotional attunement is crucial, especially when working with children (Durani, 2014). Misreading emotional cues, such as incorrectly perceiving a child to be happy when they are not, can lead to missed opportunities for connection. Celebrating with a child at the right time is not just an act of encouragement but also a means of affirming the child's feelings and fostering trust and rapport. Conversely, failing to recognize when a child is

upset can result in a lack of timely support, leaving the child feeling misunderstood or alone. For neurotypical counsellors working with autistic children, this highlights the necessity of developing greater emotional awareness, empathy, and cultural competence regarding neurodiversity.

Differences in Expectations

The double empathy problem illustrates that social challenges between autistic individuals and non-autistic people are mutually constructed, as both sides find it difficult to understand each other's perspectives and communication styles. Part of the challenge may stem from a mismatch in social expectations between these two groups. Neurotypical individuals emphasize certain forms of communication, such as maintaining eye contact, engaging in reciprocal conversations, and responding to non-verbal cues (Heasman & Gillespie, 2019). They also rely significantly on eye contact during social interactions, and Jaswal and Akhtar (2019) assert that they use it to "acknowledge each other, communicate emotions, and coordinate visual attention" (p. 3). Autistic individuals use eye contact less frequently and report that it is unnecessary for social communication (Jaswal & Akhtar, 2019). Kline et al. (2002) contend that gaining social information through speech is more relevant and straightforward for autistic individuals than through eye gaze. Eye contact is often unnecessary for understanding social cues and can even be distressing. Some autistic individuals avoid looking at the speaker's face to concentrate on the message by turning their ear toward the speaker (Kedar, 2012). Furthermore, individuals with autism have reported that sustained face-to-face interactions can be uncomfortable, and avoiding eye contact may help alleviate this unease (Higashida, 2013). Thus, avoiding eye contact does not indicate social aloofness but rather serves as a strategy to focus and reduce anxiety.

Jaswal and Ankher (2019) identified declarative pointing as another key difference. While neurotypical children often use declarative pointing to share experiences, autistic children tend to display fewer pointing behaviours. However, Robin et al. (2012) argue that this difference does not necessarily reflect a lack of motivation for connection. Rather, it may simply indicate that such behaviours are not part of autistic children's communicative repertoire.

Differences in social expectations can lead to misunderstandings when individuals prioritize conflicting goals or interpret conversational cues differently. These misaligned expectations can create tension, making interactions feel awkward or disjointed, even when both parties have valid intentions. Competing interactional priorities are also a common roadblock to fluid conversations between autistic and non-autistic people (Bottema-Beutel et al., 2015). This issue arises when two individuals have competing or different goals for the interaction. For instance, an autistic individual might repeatedly ask questions because they prioritize receiving a response, while their conversation partner may indicate a desire to move on by not answering. These differences can result in tension and cause interactions to seem stalled or confrontational. In a study by Bottema-Beutel et al. (2015), the researchers examined the interactional patterns between a young autistic adolescent and his peers. The subject persistently sought a response when his initial comment was met with silence from his peers, using repetition to assert his right to be acknowledged. However, his peers' non-response suggested a competing priority: they wanted to advance the conversation, tacitly dismissing the subject's topic and indicating their preference to switch to a new subject. These competing goals disrupted the flow of conversation and prevented the interactions from progressing. This study is significant because it highlights how competing interactional priorities can create moments of misalignment while also reflecting the intent of individuals with ASD to actively engage in conversations.

Re-Framing Social Communication: Repetitive, Restrictive Behaviors

Autism communication has historically been viewed as abnormal (Lester, 2014). It is a diagnostic criterion in the DSM-5: "persistent deficits in social communication and social interaction across multiple contexts" (APA, 2013, p. 50). Although healthcare professionals have had good intentions in their efforts to normalize autistic speech, their goals have often missed the mark. Fasulo and Fiore (2007) found that when therapists attempted to correct the social interactions of autistic children's speech, it typically stifled their interactions, as the children would stop talking. Furthermore, the therapist's questioning approach often turned into an interrogation rather than a dialogue, which could lead to a tense relationship. Lester (2014) discovered that therapists who could orient themselves to interpret the communication patterns of autistic children as functional and meaningful rather than abnormal within the therapeutic context could better support their clients.

Echolalia. Echolalia, the repetition of others' utterances, is a typical interactional behavior in individuals with autism. Bottema-Beutal et al. (2015) state that echolalia was initially perceived as "non-functional, randomly produced, and inwardly oriented" (p. 27). However, upon closer analysis, echolalia serves a meaningful purpose in social interactions. For example, Sterponi and Shankey (2014) demonstrated that children with ASD sometimes produce delayed echoes, which are repetitions of what someone has said but in a way that anticipates the next part of the conversation. They analyzed video recordings of interactions between mothers and their children and found that echolalia was neither random nor non-functional. Instead, children used delayed echolalia within familiar language routines, often anticipating the next part of the conversation. Additionally, the children employed changes in tone and pitch to mark their repetitions as quotations, indicating high conversational awareness. This study concluded that

echolalia in children with ASD can be used to maintain interaction, demonstrating conversational attunement and engagement with the social context.

Cohn and McVilly (2022) explored the various types of echolalia in their study. Their aim was to strengthen the evidence supporting the notion that echolalia is a meaningful communication tool. They discovered that when children with autism used immediate echolalia, it acted as a means for them to request or respond to environmental stimuli. For instance, a child might repeat a question or phrase they heard to indicate a desire to engage with the stimuli or to express a need for assistance in understanding it. In contrast, they noted that delayed echolalia was sometimes employed to convey ideas, emotions, or social messages. The most significant outcome of this study is that teachers who understood the functional purposes of echolalia were more effective in helping the children use this form of communication to express themselves. For example, when educators recognized the child's use of echolalia as a form of self-regulation, they were better able to support the child's needs.

Restrictive Interests. As previously mentioned, restrictive interests are often regarded as inhibiting social connection. On the surface, they may be perceived as a lack of interest in others and an absence of social competence. However, restrictive interests serve a functional purpose and can foster connections rather than hinder them. Some adults with autism have reported that the prospect of reducing restrictive interests through therapeutic intervention leads to feelings of anger (Smerbeck, 2019), indicating that special interests should be included when supporting children with autism.

Having restrictive interests can provide individuals with autism with a sense of fulfillment, relaxation, and personal achievement (Konig & Hough-Williams, 2017). Contrary to popular belief, meaningful engagement in special interests can promote social connections with

others through joint attention (Kryzak & Jones, 2015). We have discussed at length that forming relationships can be challenging for children with autism, but sharing a specific interest with another peer can create opportunities to foster friendships and help the child with autism develop a sense of belonging (Smerck, 2019). Moreover, special interests are tied to a child's identity and self-worth (Wood, 2021). These interests often serve as a source of pride, allowing children to develop expertise and knowledge in a particular area. A deep understanding of a topic provides a sense of accomplishment and individuality, which is crucial for children's self-esteem. It can also enable children to express themselves when verbal communication is limited. When parents encourage their children to pursue their special interests, it fosters a positive attitude toward those preferred activities. Unfortunately, teachers—who often spend more hours with students than parents do with their children—have been reported to exhibit negative attitudes toward special interests (Konig & Hough-Williams, 2017). This suggests that teachers may have competing priorities with their students, and strategies to incorporate special interests into learning are needed, given their positive effects on children with autism. Wood (2021) suggests that special interests can be powerful motivators for learning. When a child is allowed to engage with a subject they are passionate about, they are more likely to show focus and enthusiasm. This is valuable in educational settings, where students may otherwise struggle to remain engaged in tasks that seem irrelevant to them. In a study by Boyd et al. (2007), researchers examined the effects of circumscribed interests (CI) on the social behaviours of children with autism. They found that when CI were included in social activities between autistic and non-autistic peers, this significantly improved the social behaviours of children with ASD. Researchers observed increased social initiation (starting conversations) and responses (replying to peers), peer engagement, and sustained interactions. However, when activities lacking the inclusion of CI

were introduced, researchers noted fewer social behaviours among participants with autism. These findings highlight the importance of including special interests as a tool in therapeutic or educational settings. These interests can be leveraged to create opportunities for meaningful and enjoyable social interactions.

From an unknowing perspective, restrictive interests may seem self-centered; however, Stribling et al. (2009) demonstrate through their research that the nature of topic recurrence in communication is nuanced rather than self-indulgent. They utilized conventional analysis to examine how a boy with autism revisited specific topics during interactions with the researchers. The study concentrated on the repetitive nature of the boy's speech and his tendency to return to specific conversational topics. The boy consistently mentioned the robot's steering during interactions with an experimenter and the robot. At first glance, this behavior might appear to be a personal fixation or special interest, but upon closer examination, the boy's repeated references to the robot's steering were not solely self-driven. Instead, his comments were responsive to the robot's actions and were positioned sequentially in the conversation, meaning they naturally fit within the flow of interaction. Furthermore, when the experimenter did not respond to the boy, it prompted the boy to repeat himself, indicating that the recurrence was influenced by the experimenter rather than being internally driven.

Building a therapeutic alliance with children with autism requires counsellors to develop cultural competence in neurodiversity. This means questioning traditional social norms and critically examining who benefits from these norms and who does not. Children with autism, often perceived as outcasts when they do not conform to these norms, may feel misunderstood and isolated. However, just as neurotypical individuals may struggle to understand autistic ways of being, autistic individuals may also find neurotypical behaviours perplexing. These

differences in neurotypes can lead to mutual misunderstandings, as varying expectations and communication styles come to play. Rather than viewing these misunderstandings as failures, they can be reframed as opportunities for mutual understanding and growth. For this to happen, counsellors must move away from a deficit-based model of support and instead focus on empowering the child by recognizing and valuing their unique traits. This means seeing traits like echolalia as purposeful communication and restrictive interests as points of connection and expertise in a subject. By embracing autistic traits as differences and strengths rather than deficits, counsellors can foster greater commonality and build stronger alliances. This collaborative, strength-based approach ensures the therapeutic relationship becomes a shared journey of understanding.

In the following sections, we will explore ways that the therapeutic alliance can be fostered using a strength-based, client-centered approach.

Building Therapeutic Alliance

We have explored the mechanisms that can challenge the therapeutic alliance between a neurotypical counsellor and an autistic child. Understanding and engaging with the child from their perspective is key to fostering a therapeutic relationship because the child's perception of the relationship, rather than the therapist's, predicts treatment outcomes (Cassari et al., 2022). Moreover, children with autism are more likely to engage with individuals who are highly responsive to them, particularly through communication methods that align with their unique communication style (Bottema-Beutal, 2017). In the following sections, we will discuss ways to facilitate the therapeutic alliance by honoring and upholding the strengths of the autistic child.

Suspending Typical Expectations

Research in therapeutic alliance with children who have autism is limited; however, some foundational work paves the way for future studies. Much of the existing literature identifies rapport or bonding as one of the most important factors facilitating therapeutic alliance (Campbell & Simmonds, 2011; Klebanoff et al., 2019; Lochman et al., 2023). Establishing rapport with children is essential, as they typically do not seek counselling independently (Casari et al., 2022). This is particularly true for children with autism, who may have limited motivation to engage in tasks that do not interest them (Wood, 2021).

To understand how to build rapport with neurodivergent clients, it is important to identify the markers of rapport that resonate with them. Due to differences in neurotype, what neurodivergent individuals value in rapport can differ from what neurotypical people value. Rifai et al. (2020) state that individuals with autism prefer less conventional markers of rapport, emphasizing personal comfort and authenticity over traditional social norms such as mutual gaze and backchanneling. In their research, Rifai et al. (2020) aimed to investigate the markers of rapport between autistic, non-autistic, and mixed pairings. They found that sustained mutual gaze and backchanneling were associated with high rapport among non-autistic pairs.
In contrast, autistic pairs can still establish high levels of rapport despite low levels of backchanneling. Mutual gaze does not seem to have an impact. These findings indicate that markers of rapport vary between neurotypes, and maintaining behaviours that do not align with the other neurotype may hinder rapport building. In practice, this means therapists may need to set aside their notions of traditional social norms and behaviours in favour of those that create safety and comfort for the autistic child. For example, the therapist might minimize backchanneling, as it may have little effect on the client feeling heard while also demonstrating cultural sensitivity. This approach is particularly relevant for children with autism, who

frequently experience auditory sensitivities; in this context, less can indeed be more. The therapist may also avoid direct eye contact and assume joint attention is still present. For instance, the clinician could sit side by side and collaborate on a task. Children with autism often utilize visual materials, such as writing on paper, lists, and diagrams, to grasp concepts (Donoghue et al., 2011). Given the autistic child's heightened anxiety in one-to-one interactions, using visuals can provide distance from the counsellor and help regulate the child's arousal level, enabling engagement.

We assume that by setting aside our usual behaviours and adopting those that align more closely with neurodivergent expectations, we can effectively build rapport, even though we do not inherently view things from a neurodivergent perspective. Thus, how can we know that the other individual understands us if we do not use the typical behaviours that facilitate understanding? Interestingly, Heasman and Gillespie (2021) identified *assumptions* as facilitators of intersubjectivity between autistic individuals. Non-autistic people often focus on mutual, intuitive exchanges to promote intersubjectivity. However, these behaviours are largely irrelevant for autistic individuals because, during their interactions, they maintain a "generous assumption of common ground," meaning they frequently assume they share the same understanding with others (p. 915). This can lead to quick rapport building. In their research, Heasman and Gillespie (2021) found that when autistic individuals played a video game together, their interactions alternated between coordinated and fragmented exchanges. Conversation topics often switched back and forth rather than following a linear trajectory. As a result, misunderstandings occurred, but participants could quickly repair and regain the flow of conversation due to their "low demand for coordination," meaning they experienced less pressure for strict back-and-forth interactions (p. 916). Despite these seemingly disjointed

interactions, autistic individuals' lesser need for typical communication repairs allowed them to move past misunderstandings quickly, suggesting they were flexible in managing minor communication breakdowns. This article emphasizes the importance of suspending neurotypical communication norms and adopting ways of communicating that align more closely with a neurodivergent perspective if building rapport is the goal.

Shifting perspectives is essential for building rapport with autistic individuals. Traditional social norms, such as emphasizing eye contact, linear communication, and mutual understanding through verbal and nonverbal cues, are less applicable in these interactions. Instead, assuming common ground—an approach inherent to many autistic individuals—becomes a key facilitator of intersubjectivity. Insisting on maintaining traditional social norms can impair the therapeutic alliance by creating unnecessary barriers to connection and understanding (Ensor, 2023). For example, forcing eye contact can lead to discomfort, misunderstanding, and a sense of invalidation, all of which undermine trust. Trust, along with rapport, is crucial for establishing a strong therapeutic alliance (Albaum, 2020). In the following sections, we will discuss ways therapists can facilitate rapport-building from an autistic child-centred approach.

Building Rapport

Pairing. Children tend to be cautious around new people due to their innate protective instincts and learned behaviours. Developmentally, young children are wary of unfamiliar individuals because they rely on trusted caregivers for security and survival. One way to build trust and rapport with children is by presenting oneself as a positive presence. In therapeutic settings, this practice is known as pairing. Lugo et al. (2017) state that pairing involves "imitating the child's actions, engaging in activities the child prefers, and providing favoured items and activities" (p. 396). Pairing is essential for rapport building, especially since children

with autism often hesitate to engage in undesirable tasks (Ensor, 2019). When therapists are perceived as negative stimuli, behaviours such as escaping, avoiding, and maladaptive responses can emerge, which is detrimental to the therapeutic relationship (Ensor, 2019).

At the beginning of counselling, a therapist may connect with a new client by playing a board game or a simple game of tossing a ball. Regardless of the activity, the therapist attentively follows the child's lead, matching their energy and enthusiasm while providing verbal praise and encouragement.

Play. Play is the natural language of children and serves as a powerful tool for building rapport (Ensor, 2019; Lugo et al., 2017). It offers numerous benefits, including developing problem-solving skills, enhancing emotional intelligence, learning cooperation, improving dexterity, and maintaining physical health (Elbeltagi et al., 2023). Integrating play into rapport-building can help alleviate anxiety by reducing task demands (Lugo et al., 2017). This creates a low-pressure environment where the child feels safe to express themselves, explore social interactions, and gradually become comfortable with the therapist.

In play, children can express themselves more freely and naturally. For children with autism, who often face communication challenges, play can be an invaluable tool for facilitating expression (Parker & O'Brian, 2011). Incorporating play into pairing can enhance rapport by fostering a joyful and engaging environment that prioritizes connection and understanding. Play enables the therapist to enter the child's world on their terms, demonstrating acceptance of their interests and preferences. By using a child's unique interests as a focal point for connection, what might typically be seen as a barrier to social relationships is transformed into a powerful bridge for building meaningful connections.

Letting the Client Lead. In psychotherapy, a common guideline is to allow the client to direct the course of therapy (Yao & Kabir, 2023). The therapist travels alongside the client, offering support during their exploration. This aspect is crucial for building rapport with children on the autism spectrum.

Sterponi and Fasulo (2010) explored the nuanced ways that children with autism engage in and sustain communication, focusing on intersubjectivity. The study employed conversational analysis of interactions between an autistic child and their caregiver. They observed that when the mother followed the child's lead-essentially adapting to his communication style and needs—this led to more coordinated and extended interactions. This suggests that the child felt more understood and engaged when the adult's responses aligned with the child's way of interacting. The findings from this study should encourage those working with children with autism to allow the child to initially lead the therapeutic process.

Summary

The purpose of this capstone has been to provide an overview of the social and communicative factors that hinder the therapeutic alliance between the neurotypical counsellor and autistic child client. We aimed to answer the questions: What are the social and communication mechanisms that challenge the development of a therapeutic alliance between a neurotypical counsellor and an autistic child client, and what are the processes that facilitate its formation?

To address these questions, we needed to understand the prevailing perspectives. Since its first diagnosis in the DSM-5, our understanding of autism has evolved significantly, shifting from a deficit-based framework to one that embraces diversity and strengths. Traditionally, autism was viewed through a medical lens, focusing on identifying and correcting perceived

deficiencies in social relationships and communication. Traits such as repetitive behaviours and restricted interests were often labelled as obstacles to connection, leading to exclusion and harm to self-esteem. However, a deeper understanding of autism reveals that these differences are not flaws but reflections of unique ways of experiencing the world.

One critical area of focus has been social cognition and the challenges it presents. The theory of mind deficit once dominated explanations of autistic social difficulties, suggesting an inability to recognize others' thoughts and perspectives. Similarly, the social motivation hypothesis proposed that autistic individuals lacked the drive to engage socially because it was not intrinsically rewarding. While these theories have offered valuable insights, they have also faced significant challenges. Research shows that autistic children can and do develop theory of mind skills, albeit on a different timeline than their neurotypical peers, and that social preferences often reflect valid but distinct ways of connecting. These findings underscore the importance of understanding autism not as a failure to meet neurotypical expectations but as a different way of engaging with others.

Recognizing autism through the lens of neurodiversity is equally important. Misunderstandings between neurotypical and autistic individuals are often mutual, as highlighted by Damien Milton's double empathy problem. Communication differences—such as reduced emphasis on eye contact—aren't signs of disengagement but rather reflect different social norms and values. Acknowledging these differences helps us move beyond misinterpretations and fosters greater mutual understanding.

Autistic traits themselves also hold significant meaning and value. Behaviours like echolalia, often dismissed as purposeless, serve as tools for maintaining conversation and expressing understanding. Instead of being viewed as limitations, restricted interests provide

opportunities for connection, personal growth, and the development of expertise, which can strengthen identity and self-esteem.

In therapeutic settings, these insights highlight the importance of fostering trust and rapport. Therapists can build meaningful connections by allowing autistic children to lead the process, engaging in play-based activities, and matching the child's energy and interests. Play, as the natural language of children, not only facilitates communication but also honors their autonomy, creating a space of respect and understanding.

For counsellors, understanding these insights about autism fundamentally transforms the way therapeutic relationships are built and maintained. It moves counselling from a deficit-based approach, where the focus is on fixing behaviours, to one that honours neurodiversity, respects autonomy, and recognizes the value of different ways of thinking and communicating. Understanding these differences is essential for fostering a therapeutic relationship that helps autistic children feel safe, supported, and understood, enabling them to grow into their most authentic selves.

Chapter Three : Summary, Implications, Recommendations and Conclusion

Summary of Findings

This capstone explores the social and communicative factors that can hinder the development of a therapeutic alliance between neurotypical counsellors and autistic child clients. It seeks to answer two key questions: what challenges exist in forming this alliance, and what processes can help facilitate it? Historically, autism has been viewed through a medical and deficit-based lens, emphasizing perceived shortcomings in social interactions and communication. However, a shift toward understanding autism as a spectrum of diversity has revealed that these traits represent unique ways of experiencing and engaging with the world rather than flaws.

Research indicates that early theories attempted to explain the social and communicative challenges by lacking specific cognitive processes. While these theories provide early insights, they often mischaracterize autism as a failure to meet neurotypical expectations. Emerging research shows that autistic children can develop skills to identify with other people's perspectives, albeit differently, and that their social preferences are valid yet distinct. This underscores the need for a shift in perspective from focusing on deficits to embracing neurodiversity and understanding differences.

Damien Milton's "double empathy problem" highlights that misunderstandings between neurotypical and autistic individuals are mutual, arising from different communication norms and values. Behaviour traits, often misunderstood as barriers, carry significant meaning and value. These traits can serve as tools for expression, connection, and personal growth, highlighting the importance of honouring them in therapeutic settings.

In therapy, fostering trust and rapport requires understanding and respecting these differences. Allowing autistic children to lead, engage in play-based activities, and align with their interests can build meaningful connections. This approach moves counselling from a deficit-based model to one that celebrates neurodiversity, respects autonomy, and values unique ways of thinking and communicating. By doing so, counsellors create a safe and supportive environment where autistic children can thrive as their authentic selves.

Implications

Implications for counsellors

Unpacking Biases. The implications of this capstone for counsellors are salient. Before working with children with autism, counsellors need to examine and unpack their anti-autistic biases to foster genuine understanding and connection. Historically, mental health practitioners have been taught and trained in a pathologizing system that labels the client as sick and the counsellor as the cure. These roots, along with current broader societal issues such as ableism and classism, can influence the attitudes and behaviours of the clinician, leading them to adopt a sense of superiority over their client (Darazsdi & Bialka, 2023). This inevitability shows up in the therapeutic alliance, and research indicates that autistic individuals can identify anti-autistic biases in relationships (Darazsdi & Bialka, 2023).

Reflecting on biases is particularly important when different neurotypes are present. These differences can lead to mutual misunderstandings, as highlighted by the double empathy problem, where each party may misinterpret the other's communication and behaviour. Research shows that autistic individuals can internalize these communication breakdowns as personal deficits and internalize the self-belief that they are the problem (Struntz, 2018). By reflecting on their biases, counsellors can better understand how their neurotypical perspective might

unintentionally invalidate or overlook the experiences of their autistic clients. Moreover, being aware of biases can foster greater empathy, reduce miscommunication, and ensure the therapeutic approach is tailored to the client's strengths, creating a more supportive and effective therapeutic alliance.

Resource Tool. This capstone was born out of the need for counsellors to develop their competencies on autism. A study conducted by Lipsinki et al. (2021) surveyed 489 psychotherapists working with autistic clients. They found that fewer than half of the participants had formal training and education in treating autistic clients compared to other conditions. These findings align with anecdotal accounts from counsellors who have described their experiences working with children with autism as "a sense of meaningless, alienation, and chaos" (Alvarez & Reid, 1999, as cited in Vulcan, 2016, p.327).

Working with children with autism is complex due to the differences in neurotypes and communication styles; therefore, creating intersubjectivity can be a challenge. These challenges can cause burnout and contribute to counsellors feeling inadequate, ultimately dissuading them from working with children with autism (Vulcan, 2016). As we have discussed, the number of children being diagnosed with autism is rising, and therefore, the need for psychotherapists is even greater at this time. This resource tool is designed to help counsellors build foundational competencies for supporting children with autism, with the goal of fostering confidence in their ability to provide effective and compassionate care.

Implications for clients

The implications of this capstone for children with autism are significant. By providing counsellors with the knowledge to understand the barriers and facilitators of the therapeutic relationship, children with autism will hopefully feel more understood. Feeling understood plays

a crucial role in a child's emotional well-being. It validates their experiences and emotions, sending a powerful message that the way they interact with their world is okay. When children's experiences are ignored or deemed unacceptable, this can impact their self-esteem, and poor self-esteem is a risk factor for suicide (Darazsdi & Bialka, 2023). Acceptance is crucial for children with autism because they are especially vulnerable to being isolated or excluded because of their differences, often leaving them feeling alone (Smerbeck, 2019).

The reality is that children with autism live in a world dominated by neurotypical norms which can be confusing and complicated. Providing them with tools to understand the perplexities of this world and how to process their emotional reactions to their experiences can reduce anxiety (Leadbitter et al., 2021). Decreasing the child's anxiety can improve their mental health and allow them to thrive in a world that was not designed for them.

Application

A presentation for counsellors working in community and private settings will help develop their cultural competence with regards to children with autism. Research indicates that counsellors want and need more training about autism (Jenkins, 2023). I have created a two-hour interactive presentation that provides counsellors with psychoeducation, self-reflection, and best practice interventions. The presentation outline is listed below, and the slides are provided in Appendix A.

Slide 1: Title-Building a Therapeutic Alliance with Children with Autism

Slide 2: Refresher: The Therapeutic Alliance with Children with Autism.

Research indicates that the therapeutic alliance is more important than the theoretical approach or technique (Albaum et al., 2020). The alliance requires that the therapist and client

agree on the goals and the tasks needed to achieve them. An emotional connection between the two is also essential.

Establishing an alliance with children is even more crucial because they often do not seek therapeutic services themselves; instead, it is the parents who pursue these services for their child. Moreover, children with autism typically have strong boundaries regarding unpreferred tasks or activities they wish to avoid.

Slide 3: Understanding Autism

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), to be diagnosed with autism, one must meet the five categories of criteria for the Disorder. A) Persistent differences in social communication and social interactions across contexts. All three subcategories must be met to satisfy this criteria (APA, 2013).

Slide 4: Understanding Autism

B) Restrictive, repetitive patterns of behaviours, interests, or activities. 2 of the 4 subcategories must be met to satisfy criteria B (APA, 2013).

Slide 5: Understanding Autism

C) Traits must be present in the early developmental period. D) Traits cause clinically significant impairment in social, or other important areas of life. E) These disturbances are not explained by intellectual or global developmental delays (APA, 2013).

Slide 6: Social Deficit Model

Viewing autism through the medical lens emphasizes deficits, with the primary goal of treating them to make the individual near normal. This perspective inherently suggests that there is something wrong with the person (Leadbitter et al., 2021). For children with autism, this meant removing the autistic shell from the child (Leadbitter et al., 2021). The next few slides

will explain the social and communication differences experienced by autistic children through a deficit model.

Slide 7: Theory of Mind

Early researchers sought to explain the social challenges faced by autistic individuals, attributing these difficulties to a lack of theory of mind, which refers to the inability to recognize that others have thoughts, beliefs, and ideas distinct from our own (Begeer et al., 2010). We might see this when autistic children engage in egocentric conversations, discussing a topic at length without realizing that the other person may feel differently or possess less knowledge about it. Additionally, they may struggle with empathy, meaning they have difficulty putting themselves in someone else's shoes or anticipating how their actions might impact others. This can lead to comments or actions that may offend others, as they do not fully grasp how their behaviour will be interpreted.

Slide 8: Sally-Anne Task

Theory of mind helps us to understand other peoples' views. It helps us develop the idea that others can have ideas that are incorrect-false belief. The Sally-Anne task, pioneered by Simon Baron-Cohen, Alan Leslie, and Uta Frith (1985) was one of the first experiments conducted to research false-belief.

In it, children are shown two characters, Sally and Anne. Sally places a marble in her basket and then leaves the room. Anne takes the marble out of Sally's basket and places it in her bucket. The children are asked, "When Sally returns, which box will she look in?" Eighty-five percent of the neurotypical children said that Sally would look in her own box, indicating that they recognize that Sally has a false belief and their perspective is different than Sally's. While 80% of the children with autism indicated that Sally would look in Anne's, indicating that they

assume Sally understands what they know and fail to understand that Sally's perspective is false and different from their own.

Slide 9: A Moment of Reflection

A common perspective about children with autism is that they isolate themselves and appear to be content doing so. When these children do not exhibit typical behaviours associated with seeking social interactions, it can lead to the assumption that they have little desire or motivation for social connection (Jaswal & Akhtar, 2019). Do you share this belief?

Slide 10: Social Motivation

Social motivation is comprised of three elements: social orientation, social maintenance, and social reward. Research indicates that children with autism struggle in these three domains, with more emphasis on social reward (Chevallier et al., 2012).

Children with autism tend to focus less on social stimuli such as smiling faces or voice, and rather in the background (Choi et al., 2014).

Children with autism are less likely to engaged in behaviours that initiate and maintain relationships such as greetings and promoting likability (Chevallier et al., 2012).

Research indicates that children with autism do not find social engagements rewarding compared to neurotypical children (Bottini, 2018).

Slide 11: Barriers to Social Connection

Sensory challenges: Children with autism often face sensory challenges and may be either hypo-or hypersensitive to sensory stimuli. Stimuli can be the texture of clothing, chair materials, loud noises, quiet noises, lights, and smells (Troyb et al., 2016). To cope with overwhelming stimuli, these children may engage in self-regulating behaviours that can appear unusual to others, often being perceived as strange by their peers.

Repetitive behaviours: These behaviours often stem from self-regulation and may include actions such as (but not exclusive to) hand-flapping, finger wagging, and head shaking. Unfortunately, these behaviours can also lead the autistic child being perceived as odd by others (Øzerk et al., 2021).

Restrictive interest: Children with autism often have specific interests. They can spend hours fixating on one subject or object. The problem with restrictive interests is the amount of time a child spends on their interest, essentially taking their attention away from other experiences (Konig & Hough-Williams, 2017).

Interpreting social cues: Social communication encompasses many elements: eye-contact, back and forth conversation, processing verbal and body language. Interpreting all these elements in real-time can be outside the capacity of the child, leading to frustration and disengaging from others (Koning & Magill-Evans, 2001).

Slide 12: Autism Cultural Competence

Children with autism navigate a world dominated by neurotypical social norms, where their communication styles and ways of engaging often differ from societal expectations. Within this framework, their efforts to connect with others are frequently misinterpreted as personal deficiencies, leading many to internalize the belief that they are at fault (Struntz, 2018).

To support this population, a different perspective needs to be adopted, one that sees differences as strengths rather than differences as deficiencies.

Slide 13: Double Empathy Problem

The double empathy problem shifts the focus from seeing autism as a social "deficit" to recognizing that social understanding is a shared challenge that involves both parties. Instead of assuming autistic people lack empathy, the theory suggests that neurotypical individuals also

struggle to empathize with autistic experiences. This perspective encourages solutions that promote mutual understanding and adaptation on both sides of the interaction (Cheang et al., 2024; Chown, 2014; Mitchell et al., 2021).

Different Communication Styles: Autistic individuals may prefer direct, detail-oriented, or pattern-based communication, while neurotypical individuals often rely on implicit social cues, body language, and unwritten social rules (Kline et al., 2002).

Social Expectations & Norms: Neurotypical people may misinterpret autistic behaviours as inappropriate, while autistic individuals may find neurotypical social rules confusing or unnecessary.

Slide 14: Differences in Expectations

Misunderstandings can arise from differences in social expectations. Neurotypical people value eye contact, visual coordination, and declarative pointing, while these aspects of communication are less relevant to autistic children. For example, maintaining eye contact can be distressing for autistic children, and asking them to engage in mutual gaze can trigger discomfort and distress (Higashida, 2013).

From these diagrams, we can see how neurotypical people and autistic individuals differ in these domains. It's important to be mindful of these differences as these can be the culprits of social communication misunderstanding and impede the development of trust in the therapeutic relationship.

Slide 15: Social Communication

Adopting a neurodiverse lens entails seeing behaviours as functional and purposeful. We ask ourselves, "What is the client trying to communicate, and what function does their behaviour serve?"

Repetitive behaviours have traditionally been seen as nonsensical and non-functional. However, they do serve important purposes, such as self-regulation (Lester, 2014).

Echolalia, the repetition of words, can be used to express needs and wants (Sterponi & Shankey, 2014). Research suggests that immediate echolalia (repeating right after someone has said something) generally indicates needs or emotions. For instance, a child might repeat a phrase after someone asks, "Do you want a drink?" to show that they are thirsty. Delayed echolalia conveys something the individual has learned.

Restrictive interests can bring joy, fulfillment, and relaxation to autistic children. These interests are often connected to their identity and self-worth, frequently demonstrating pride in their knowledge within their area of expertise. They can serve as connection points in social interactions, bridging two people together (Konig & Hough Williams, 2017).

Slide 16: Moment of Reflection

Reflect on these questions. What comes up for you?

Slide 17: Suspending Expectations

Depending on what we value and find important in social communication, we may need to suspend these expectations to build rapport.

Research indicates that neurotypical individuals value eye contact, backchanneling (mm hmm), and a back-and-forth conversation (Heasman & Gillespie, 2019). We may need to pause these elements while we are in the room with our client. Here are some ways to bridge the social framework and communication gap between different neurotypes.

Slide 18: Setting up for Success

Building a therapeutic alliance with children with autism involves focusing on their strengths. By identifying their strengths and capitalizing on them, we can build trust and rapport

in the relationship. Strengths can be tied to their specific interests, and weaving these into sessions through metaphors or play can help foster connection. It's important to be mindful of sensory challenges. Altering the space to accommodate sensitivities can create a safe and calming environment. This might look like using lamps instead of overhead lights, clearing the room of scents, offering different sitting options (floor, cushion, chair, standing) or offering fidget tools. You can take the guessing out by simply asking the client what would make them more comfortable in the space. Providing routine and predictability can also encourage a sense of safety. This may involve scheduling recurring sessions on the same day and time. Establishing a consistent schedule or agenda for each session can be beneficial. For example: a mood check-in, discussing things that went well during the week, session work, and closing. This routine may vary depending on the child's abilities, but the important takeaway is a predictable schedule.

Slide 19: Building the Therapeutic Alliance: Rapport

Research indicates that an essential element to building an alliance is creating rapport. Rapport is the sense of connection between two people (Rifai et al., 2022). Pairing has been identified as an effective strategy to build rapport, and it involves associating the therapist and therapy as a pleasant experience (Lugo et al., 2017). This can be done by limiting demands and requests in the early stages of therapy. Alternatively, the therapist can make observational statements, offer suggestions, and make positive affirming statements such as, "I really like how you take your time to choose a toy…"

The other practice that counsellors can take to build rapport is allowing the child to lead. This means following the child's direction and giving them the freedom to dictate the course of the session within some structure provided by the counsellor. For example, the therapist can provide the options for activity but let the child choose the activity.

Lastly, the element of fun is crucial to engage children, and this can be done through play. For children with autism whose communication can be challenged, play allows them to express their inner worlds more freely (Parker & O'Brian, 2011). Therapists should aim to incorporate some element of play into their sessions with the client. Therapists can use board games, puppets, deck of cards, imaginative play and so on to engage their clients. Play-based therapy has been found to be an effective modality for children with autism but training in this modality is recommended before pursuing in session (Parker & O'Brian, 2011).

Slide 20: References

Limitations to the Capstone

The literature on building a therapeutic alliance with children with autism is scarce. Most of the literature I encountered focused on neurotypical children and while some insights may be applicable to neurodiverse children, they do not provide strong evidence due to fundamental differences in neurotype. Interestingly, several articles I reviewed were authored by recent master's students, highlighting the emerging and growing interest in this topic, as well as the increasing recognition of its importance. A notable observation is also the lack of research from non-Western countries. Most of the research came from North America which excludes many other parts of the world. It would be important to explore the cultural differences on building a therapeutic alliance with children with autism from other countries, particularly where autism remains stigmatized, and treatment and support are limited.

An area of autism research that is nascent is the topic of the double empathy problem. Much of the existing literature centers on autistic adults, overlooking how these dynamics emerge and evolve in childhood. Given that early social experiences shape long-term development, understanding how the double empathy problem manifests in children could offer

crucial insights for improving communication, education, and support strategies. Future research should explore how autistic and non-autistic children navigate social interactions, whether similar patterns of mutual misunderstanding exist, and how interventions can foster more reciprocal and inclusive communication from an early age.

Conclusions

The purpose of this capstone has been to help counsellors develop a better understanding of children with autism, but the bigger purpose has been to create a space where children with autism can truly be themselves. My hope is to support counsellors in creating a space where they can support children with autism to feel confident in who they are, speak up when they have been hurt, and know they belong. Every child deserves to feel safe, valued, and free to express themselves without fear of judgment.

In conducting this research, I realized that I had, for a time, worked with children with autism from a deficit perspective. While this fills me with regret for the children I may have inadvertently made to feel lesser, I am inspired and committed to practicing from a new perspective that values differences as strengths.

I hope this work encourages other counsellors to step into this work with curiosity and compassion, seeing autism not as something to be fixed but as a valuable and different way of experiencing the world. These kids have so much to teach us about creativity, resilience, and even how to view life through a new lens. By embracing their strengths and supporting their challenges, we can create a world where they not only survive but thrive.

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Appendix A

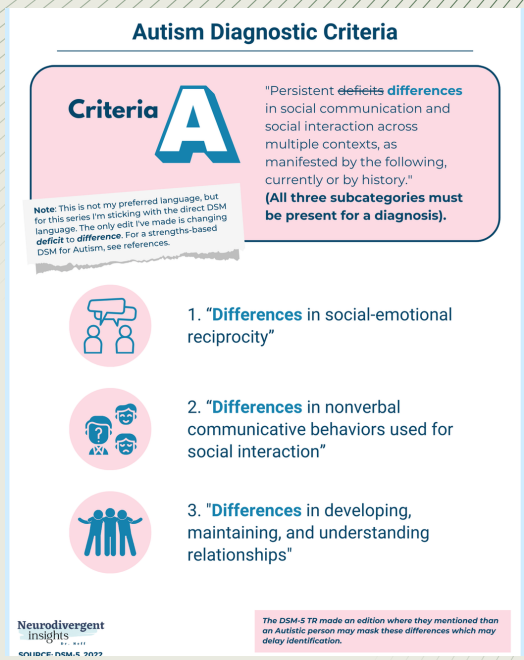
Presentation Slides

Slide 1

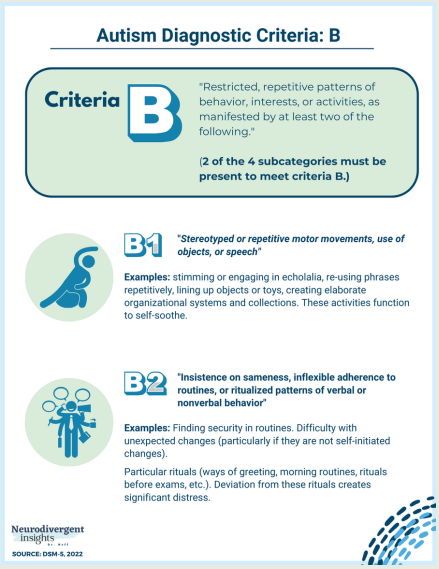
Slide 2

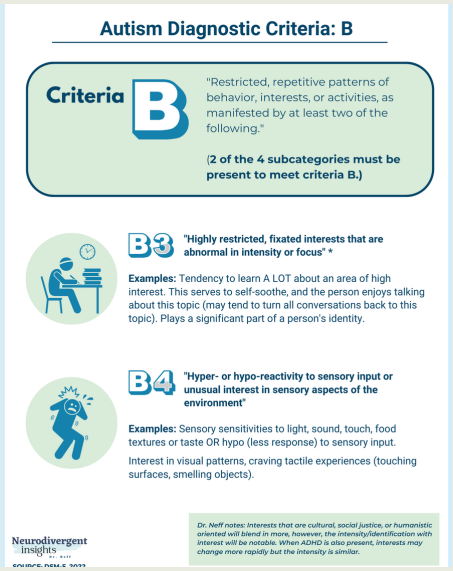
Slide 3

UNDERSTANDING AUTISM

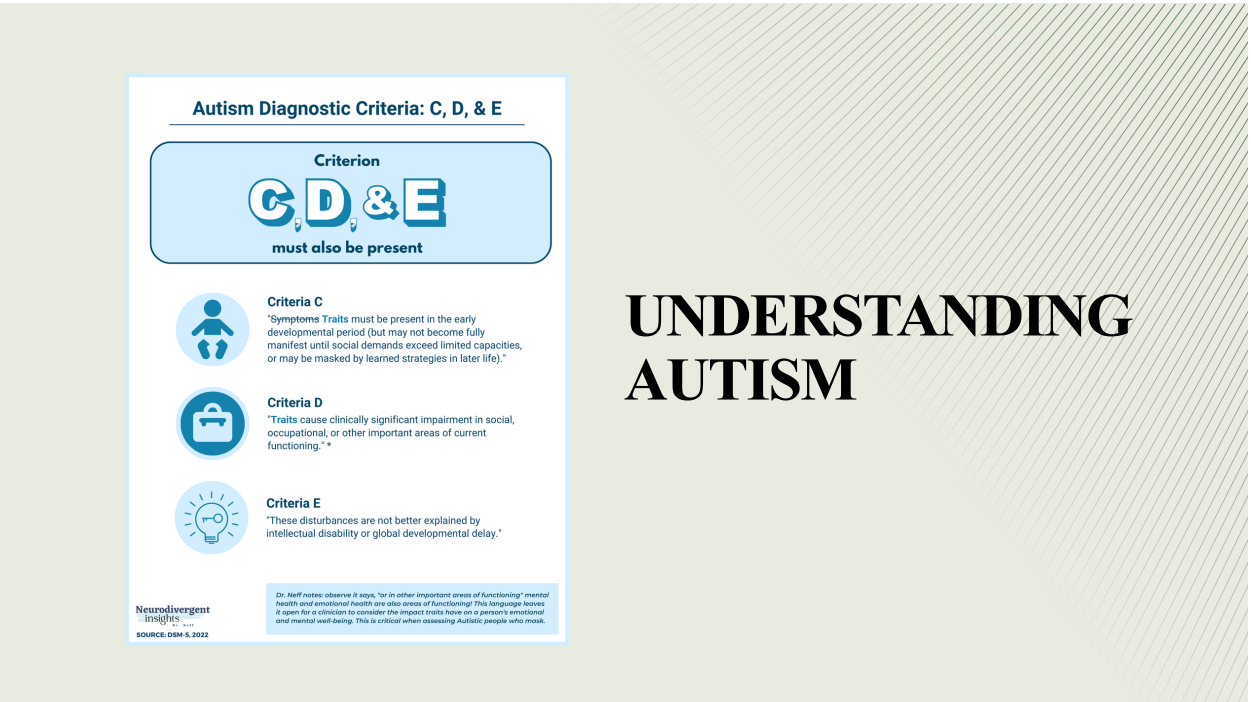


Slide 4

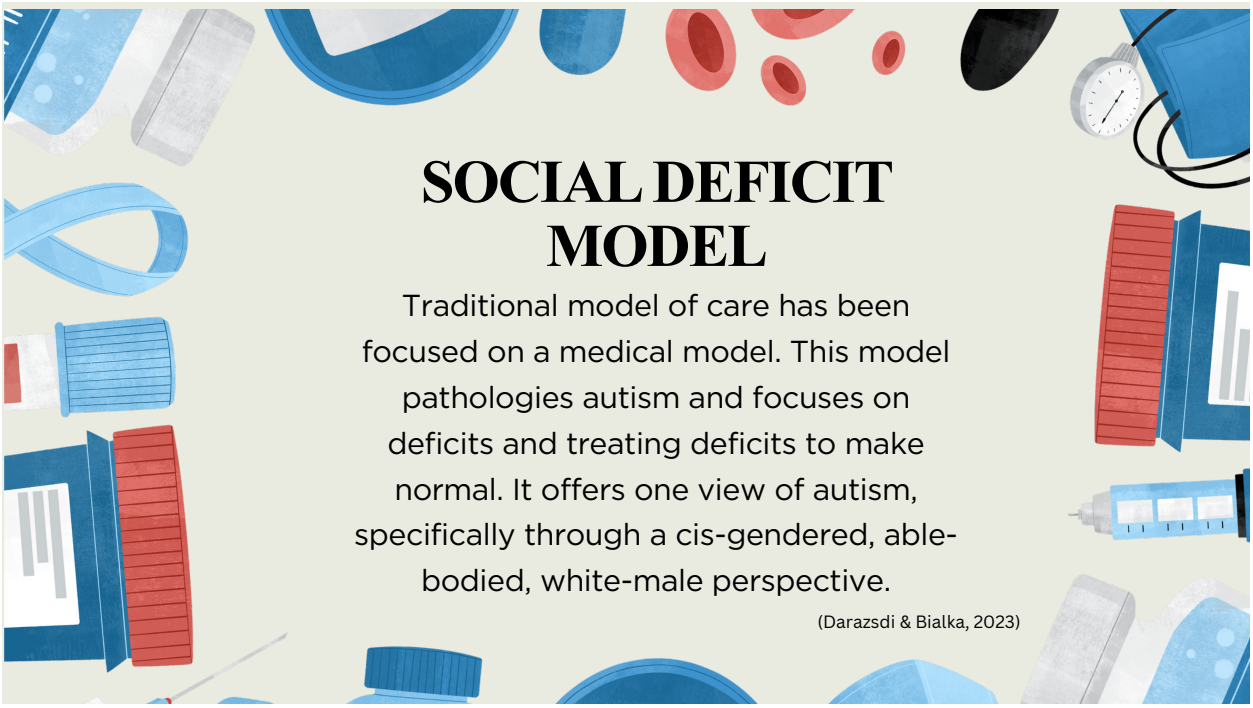




Slide 5



Slide 6



Slide 7

THEORY OF MIND

What is it?

- The ability to attribute mental states (beliefs, intentions, emotions) to oneself and others.
- The ability to understand that others have different thoughts and perspectives different from our own.

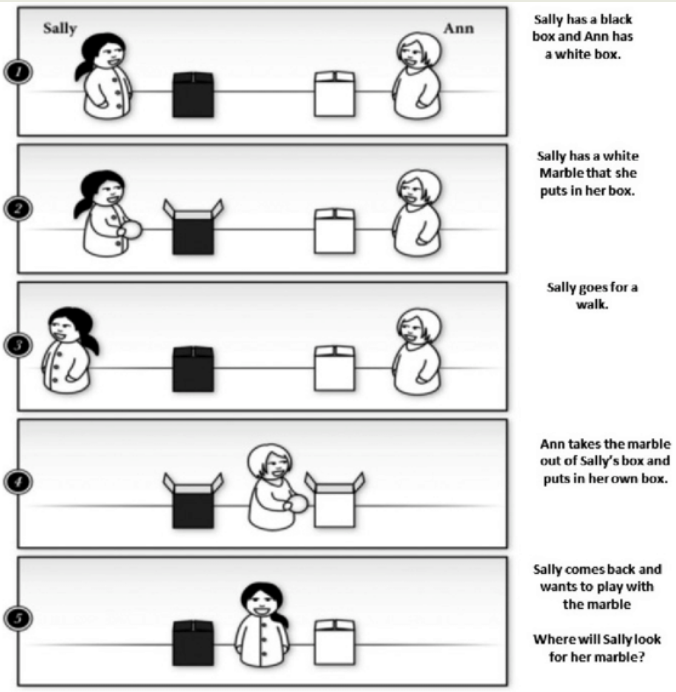
Why is it important?

- We use it in social interactions and to create and maintain relationships.
- Helps predict and explain the behaviors of others.

(Begeer et al., 2010)

Slide 8

False-Belief



(Baron-Cohen et al., 1985)

Slide 9

Slide 10

Slide 11

Barriers to Social Connection

Sensory	Repetitive behaviours	Restrictive Interests	Interpreting social communication

Slide 12

Autism Cultural Competence

What has been your experience working with autistic individuals? What feelings would you use to describe that experience?

Slide 13

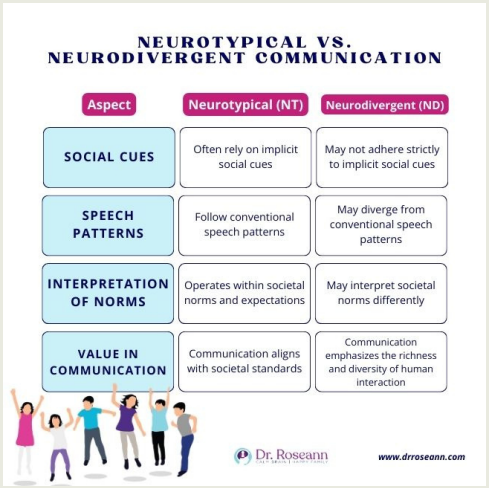
DOUBLEM EMPATHY PROBLEM

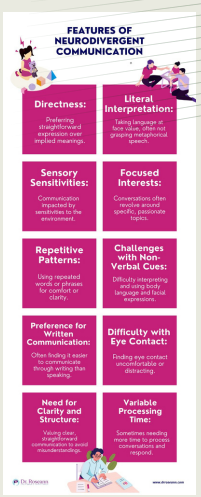
- Mutual Misunderstanding: Difficulties in social interactions are not one-sided; misunderstanding is bi-directional.
- The result of different neurotypes
  - Different expectations/norms
  - Different communication styles

(Crompton et al., 2020)

Slide 14

DIFFERENCES IN EXPECTATIONS





Slide 15

SOCIAL COMMUNICATION

REPETITIVE BEHAVIORS:

- Self-regulation.
  - Echolalia
    - Immediate/Delayed
    - To express needs and wants
    - To learn

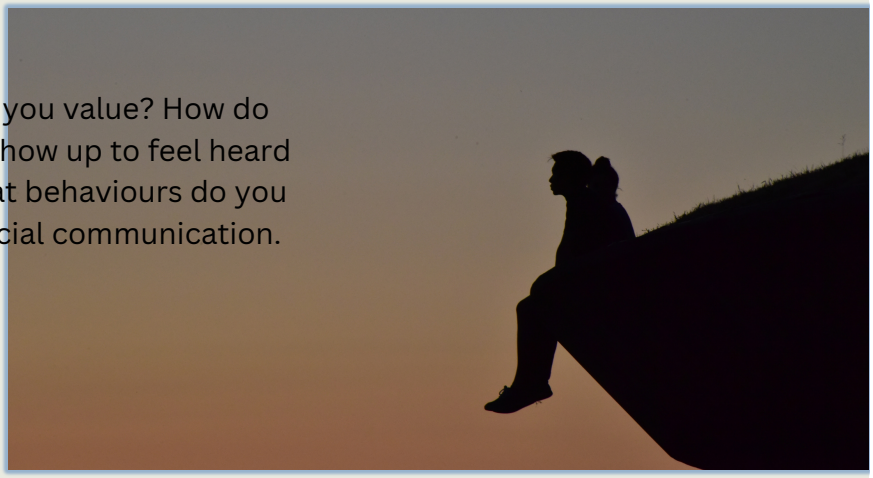
RESTRICTIVE INTERESTS

- Inspire enjoyment, fulfillment, and relaxation
- Point of connection
- Identify and self-worth

Slide 16

MOMENT OF REFLECTION

What social skills do you value? How do you need to them to show up to feel heard and understood? What behaviours do you consider “rude” in social communication.



Slide 17

Suspending Expectations

- Limit back-chanelling.
- Limit direct-eye contact. Sit side by side.
- Give generous grounds for understanding. Check for understanding.
- Go create a style of communication with the client.
- Develop cultural competence

Slide 18

Setting up for Success

- **Strengths**
- **Interests**
- **Sensory accomodations**
- **Routine and predictability**

What could you do to set up the relationship for success?

Slide 19

BUILDING ALLIANCE

RAPPORT

PAIRING

LETTING THE CLIENT LEAD

PLAY

Slide 20

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