

Supporting Autistic Students With Anxiety in School Communities

by

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Abstract

This capstone paper examines how school counsellors can provide support to autistic school-aged children and youth by adapting and modifying the counselling skills they already have from an individual and social model perspective. Low therapist confidence and self-perceived knowledge, as well as limited knowledge about ASD, can result in a lack of understanding of how to adapt counselling skills when working with autistic students (Gallant et al., 2022). The literature review examines the challenges and barriers that autistic students face in school communities, as well as ASD and comorbidity rates in schools. Through the lens of neurodiversity, this paper looks at how the social model can help us to recognize barriers that make it harder for autistic students in schools, as well as challenges our worldviews by using the Double Empathy Study. Through current research and listening to the voices of the autistic community, the goal of this paper is to provide school counsellors with a comprehensive list of ways that they can provide support to autistic school-aged children and youth by adapting and modifying the counselling skills they already have from an individual and social model perspective.

Keywords: autism, counselling, adapted strategies, neurodiversity

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Title of Paper

Chapter 1: Introduction

Introduction

Learning ways to support autistic students' mental health from a school counsellor's perspective is becoming increasingly relevant in our current student demographic. While school counsellors historically have the intention to serve all students in need of mental health support, working with autistic youth with a mental health disorder is new territory for many of them (McGinley et al., 2016). In 2019, the Public Health Agency of Canada reported that only 39.0% of autistic children and youth aged 1 to 17 reported having optimal mental health compared to 84.1% of youth without autism spectrum disorder (ASD) (Public Health Agency of Canada, 2022). Autistic youth require special considerations and adaptations compared to youth without ASD, and despite the growing number of ASD designations in the public school system, not all elementary and high school counsellors have been trained to work with autistic students (McGinley et al., 2016). School counsellors can be key players in "helping to educate, enhance the sensitivity of, and role model appropriate language and attitudes toward, and treatment" for autistic students in schools (McGinley et al., 2016, p. 10). The intention of this capstone paper is to provide information for school counsellors to build competence and capacity when advocating and working with autistic students that are experiencing mental health disorders. This paper provides information on ways school counsellors can tweak their own practices to adapt to diverse needs, as well as information on how to advocate for autistic students from a social model perspective. A conscious effort has been made throughout this paper to use identity-first language when talking about an autistic person, as this is the preferred term from the autistic

community as of November 2022 (Monk et al., 2022). “Identity-first language emphasises autism as inseparable from the person and an integral part of their identity, whereas person-first language suggests a separation between autism and the individual” (Monk et al., 2022, p. 792). After gathering information from my own experiences working with autistic students as well as the literature I reviewed, I feel confident that all school counsellors can successfully support autistic students experiencing mental health concerns in their schools.

Background Information

The prevalence of ASD in Canada has significantly increased from 1:66 children and youth in 2015, to 1:50 in 2019 (<https://www.canada.ca/en/public-health>). Of those youth diagnosed with ASD in 2019, more than two-thirds (68.7%) reported another long-term health condition, with attention deficit disorder/attention deficit hyperactivity disorder, learning disability/disorder and anxiety disorder being the most common (Public Health Agency of Canada, 2022). There are several factors to consider that contribute to the increase in these high comorbidity rates.

One factor to consider is that autistic students work and play in a system designed for neurotypical children and youth (Goering, 2015). According to the Public Health Agency of Canada, ASD “is a neurodevelopmental disorder that can include impairments in speech, non-verbal communication and social interactions combined with restricted and repetitive behaviours, interests or activities” (2022). In school environments, autistic youth are reported to struggle with a lack of friendships, a more superficial description of relationships, trouble following social protocols, abrupt termination of relationships, failure to take the perspective of others, and alexithymia (Worling, 2022). Descriptions such as “deficits”, “trouble”, “failure”, “superficial” and “impairments” mirrors the history of controversial intervention treatments such as Applied

Behavioural Analysis (ABA), used to suppress the individual's behaviours to fit in with social norms (Pellicano & den Houting, 2022).

Another factor is the fact that the push towards inclusive education in classrooms is new to the Western education system (Siegel et al., 2000); therefore, classroom teachers, administration, educational assistants, and school counsellors find themselves in a position where they are feeling ill-prepared and unqualified to support the significant percentage of autistic youth are struggling to fit in with their peers (McGinley et al., 2016). All these factors can have adverse effects on autistic students and can lead to camouflaging, social exclusion, bullying and ultimately higher rates of anxiety disorders in autistic children and youth (Pellicano & den Houting, 2022).

Statement of the Problem

Nine years ago, I began working as a behavioural interventionist (BI) for autistic students. From there I continued to support autistic students in classrooms as a teacher and now as a school counsellor. Throughout these years I have observed the levels of anxiety in social situations for autistic students to be significantly higher than most of their peers. Typically, when one of my students presents with symptoms of anxiety, I would refer them to the school counsellor. From my experience, school counsellors do not often make time for autistic students, and these students are primarily supported by the learning support team. In many cases, supporting autistic youth with mental health has been a new territory for school counsellors, as most have not received any formalized training in special education (McGinley et al., 2016). Furthermore, I noticed that the school counsellor would support the family, and not talk to the individual themselves: "a review of research literature on empowerment and ASD revealed that most researchers have focused on assisting family members, not the actual student diagnosed

with ASD.” (Gallo et al., 2016). Witnessing this gap in counselling services is what encouraged me to pursue research on how to better support these students. As of 2019, 22.5% of autistic children and youth in Canada aged 5-17 years old have a diagnosed anxiety disorder oppose to 4.8% without ASD (Public Health Agency of Canada, 2022). As a school counsellor, my goal is to better understand and educate myself on why there is such a significant discrepancy in these percentages and explore ways that I can support and advocate for autistic youth in a school and community setting.

Purpose of the Paper

The intent of this capstone is to ultimately compile evidence in the literature to produce an approachable guide to how school counsellors can modify what they are already practicing to support autistic students struggling with their mental health. My goal is to help alleviate any potential stress or uncertainty that school counsellors may when working with autistic students. I hope that reading this paper will result in more school counsellors recognizing the social-emotional needs autistic students have, and how they can benefit from being on their caseload. Through this research, I aim to better understand and educate myself on why there is such a significant discrepancy in these percentages and provide further recommendations on how all school counsellors can confidently take the counselling skills they already have to adapt to working with autistic youth. In terms of professional development, as I continue working in school communities I hope to implement and further understand the social model approach, supporting all children and youth from a counselling role.

Research Question

How can school counsellors feel confident in providing support to autistic school-aged children and youth by adapting and modifying the counselling skills they already have? This

paper will explore ways that school counsellors can support autistic children and youth from an individual and social model perspective in a school setting.

Significance of the Study

The purpose of this paper is to empower school counsellors with knowledge and strategies that they can apply in a school setting when supporting autistic children and youth. My intention is to educate the reader on the behaviours associated with ASD as well as the challenges and barriers they face in a school setting that may contribute to mental health disorders. From my experience working in the school system, the learning support team primarily supports students with ASD designations using Individual Education Plans (IEPs); however, administration, classroom teachers, and school counsellors can all play a part in advocating for autistic students not only to support existing mental health disorders but as a Tier 1 approach to breaking down existing barriers and challenges that our students face every day.

The Double Empathy study not only provides us with information on approaching counselling from a social model perspective but questions many of the ways that Western culture views the autistic community. My objective with this paper is for school counsellors to walk away questioning the way they think of ASD, and if they view it as a deficit, how can they begin to alter their perspective? This is especially important for me because in the process of writing this capstone and learning about the Double Empathy study, I came to the realization that it is not just autistic people who struggle to figure out what people are thinking and feeling, I also struggle to figure out what autistic people are thinking and feeling (Crompton et al., 2021). By providing school counsellors recommendations to adapt the work that they are already doing, my goal is that their takeaway will be that they can start confidently supporting autistic students experiencing mental health challenges in their schools right away.

Definition of Terms

Autism Spectrum Disorder – “is a neurodevelopmental disorder that can include impairments in speech, non-verbal communication and social interactions combined with restricted and repetitive behaviours, interests or activities” (Public Health Agency of Canada, 2022).

Autistic youth- First person language preferable to the autistic community (Monk et al., 2022).

Comorbidity – When a person presents with more than one disease or medical condition.

Asperger’s – “Classified as a pervasive developmental disorder in DSM–IV–TR, Asperger’s disorder has been subsumed into autism spectrum disorder in DSM–5 and is no longer considered a distinct diagnosis. Also called Asperger’s syndrome.” (*APA Dictionary of Psychology*, n.d.).

Neurotypical – Refers to people who are neurotypical in their developmental skills.

Neurodiversity – “Neurodiversity describes the idea that people experience and interact with the world around them in many ways; there is no one "right" way of thinking, learning, and behaving, and differences are not viewed as deficits” (Baumer & Frueh, 2021).

Camouflaging - The process in which an individual hides, masks, or compensates for their autistic traits.

Autistic Traits (AT) – Possible experiences and characteristics of ASD.

Outline of the Remainder of the Paper

In my literature review, I begin by looking at the history of special needs students in schools, and how we came to the inclusive model that we see now in schools. I describe the experiences and characteristics of ASD and examine the challenges and barriers that autistic

youth face in classrooms. I then examine research that reports high comorbidity rates of anxiety disorders in autistic children and youth compared to non-autistic children and youth. I continue the literature review by encouraging the reader to challenge any perceptions they have of the autistic community through a social model perspective, introducing research from the Double Empathy study. From there, I provide information from research on ways that a school counsellor can adopt Cognitive Behavioural Therapy (CBT) when working with an autistic student as well as ways of advocating and promoting an inclusive environment in the school community. In chapter three I use Bronfenbrenner's Ecological Model to exemplify ways that school staff can think beyond the student as an individual using the social model and instead look at the ecosystems and relational contexts. In chapter 3 I present a case study example to illustrate strategies that a school counsellor can use to support an autistic youth experiencing symptoms of anxiety in a school community.

Chapter 2: Literature Review

Introduction

This literature review begins by describing the history of special needs students in school settings and how we got to the inclusion model that we see today in Canada. This information helps to better understand the challenges and barriers that autistic students face in school communities, and why school staff may feel underprepared to support these students. The section of this review examines ASD and comorbidity rates, specifically looking at anxiety disorders, factoring in gender as well as how camouflaging can lead to symptoms of anxiety. Later the review introduces ableism and looks at how the social model helps us to recognize barriers that make it harder for autistic students in schools, as well as challenges our worldviews by examining the Double Empathy Study. Lastly, this review discusses strategies that school counsellors and school staff can adopt when working individually with an autistic student as well as creating an inclusive environment. Some of these suggestions include adapting CBT, as well as exploring a Tier 1 trial program that is currently being tested in Scotland. The goal of this review is to provide school counsellors with a comprehensive list of ways that they can provide support to autistic school-aged children and youth by adapting and modifying the counselling skills they already have from an individual and social model perspective.

Review of Research Literature

Autism in Schools

Research has shown that a significant percentage of students in schools are diagnosed with ASD (Huerta et al., 2012). According to the 2019 Canadian Health Survey on Children and Youth (CHSCY), 2% of children and youth aged one to seventeen were diagnosed with ASD in 2019. Of that 2%, close to three-quarters of those had struggled with communication, accepting

change, and making friends (Public Health Agency of Canada, 2022). In my own research trying to understand the statistics of ASD rates in my local school district, I was limited to data acquired from the United States of America as the closest proximal region to us. As my background has been learning and working in the Burnaby School District, I decided to use Burnaby School District reports to further understand the provincial data.

The Burnaby School District is the fourth largest school district in British Columbia, Canada, and as of 2019, consists of 41 elementary schools, 8 secondary schools, and around 25,000 students (#41 School Board of Education, 2020). In 2019, the Burnaby School District identified 532 students with ASD designations from kindergarten to Grade 12 (#41 School Board of Education, 2020). Considering the statistics discovered by CHSCY, over two-thirds of these youth (68.7%) may have another long-term health condition, with attention deficit disorder/attention deficit hyperactivity disorder, learning disability/disorder and anxiety disorder being the most common (Public Health Agency of Canada, 2022). These statistics are particularly relevant to today's school personnel as only in the last 30 years were students with special needs in British Columbia included in regular classroom settings, autistic students at that time would have potentially been placed in alternative programs depending on their experiences and characteristics (Siegel et al., 2000). Reviewing the history of inclusive education can help us to gain a better understanding of the barriers that may prevent autistic students from receiving mental health support in schools.

The History of the Inclusive Education Model

To better understand their placements in the education system, we can first look at the history of the Ministry of Education in British Columbia and what opportunities were provided to students with special needs. It was not until March 1970, British Columbia created a Special

Education Division with the intention of assisting school districts to develop programs for school-aged youth with special needs, and access funding for these programs (Siegel et al., 2000). In 1980-81, a more comprehensive document named the *Ministry of Education Manual of Policies, Procedures, and Guidelines* contained information regarding specific programs which resulted in most students with special needs continuing to be placed in separate programs from their peers (Siegel et al., 2000). An annual ministry report from 1987 reported that 6.2 percent of the student population was enrolled in special education programs, this number is in comparison to the 12 percent of school-aged youth in the general population with special needs (Siegel et al., 2000). It was not until 1989 that the School Act was revised to include a definition of what an educational program should look like for students with exceptionalities, and that students with special needs were no longer separated from other students regarding their basic right to an education program (Siegel et al., 2000). When you look up the current British Columbian School Act (1996), any school-aged youth who is a resident of that school district is entitled to enroll in an educational program provided by the district.

In 2001 *A Review of Special Education in British Columbia* was written in combination by The University of British Columbia and the Ministry of Education. The report concluded that British Columbia should move towards a more inclusive education model “in which students with special needs are fully participating members of a community of learners” (Siegel et al., 2000, p. 40). Additionally, the review states:

“Students with special needs should only be placed in settings other than a neighbourhood school classroom with age and grade peers when the school board has made all reasonable efforts to integrate the student and it is clear that a combination of education in such classes and supplementary support cannot meet their educational or

social needs, or when there is clear evidence that partial or full placement in another setting is the only option after considering their educational needs or the educational needs of others. Evidence could include frequent and significant disruption of the learning environment despite appropriate classroom interventions, or the probability of physical harm to the student or others.” (Siegel et al., 2000, pp. 12-13.)

I found the language used in this review to be incredibly informative in making sense of my own educational experience growing up in the Burnaby education system. From my own experience attending elementary school, students with special needs were placed in separate classes in a “behaviour program” at our school. It was not until I graduated from high school in 2007 that I noticed the Burnaby School District dismantling their behaviour programs and moving towards a more inclusive teaching model.

The Burnaby School District continues to progressively follow the Canadian public school system and has had an increase in policies promoting inclusive education as well as an increase in autistic students in mainstream classrooms (Boucher, 2018). For example, the Burnaby Board of Education proposed a Strategic Plan in 2019 which included creating “supportive, inclusive and caring learning communities” as well as increasing “understanding and support of mental health and well-being” (Wong et al., 2019). Inclusive education is intended to provide autistic students with the same social, academic, and behavioural opportunities as their peers, ultimately leading to behavioural and emotional success (Howell, 2021). However, because of moving to full inclusion in the classrooms over the last decades, autistic students and classroom teachers are navigating the barriers and challenges that come with an inclusive classroom setting (Lindsay et al., 2013).

Challenges and Barriers for Autistic Students in the School Community

Pellicano and den Houting (2022) describe schools as “institutions that govern society at a structural level ... typically controlled by and designed for neurotypical people, often with devastating effects for autistic people” (p. 387). Learning about the barriers that autistic students are facing in classrooms can help us better understand ways that we can support them. ASD is considered a social communication and interaction disorder (American Psychiatric Association, 2022) and research shares that “students with ASD often fail to develop meaningful social relationships with teachers and classmates, may struggle to communicate (in some instances totally lacking spoken language), and are likely to engage in challenging behavior, ranging from tantrums to self-injury, aggression, and property destruction.” (Hillman et al., 2020, pg. 401). Some examples of the barriers that autistic youth may face are communication skills, cognitive profiles, restricted and repetitive behaviours and interests, adaptive behaviour, behaviour that challenges and sensory needs (Howell, 2021, pg. 12). Ultimately, these behaviours can lead to a decline in mental health.

Communication Skills

A school-aged youth’s ability to socialize in the classroom can have a significant effect on their academic and emotional success in the classroom. According to the DSM-V, “persistent deficits in social communication and social interaction must be present for an autism diagnosis” (Howell, 2021, pg. 12). Some of the areas of difficulties reported include verbal and nonverbal interaction as well as understanding (Howell, 2021). One meta-analysis by Kwok et al (2015), identified autistic youth as having lower receptive and expressive abilities compared to their neurotypical peers regardless of intellectual disabilities. In a classroom setting, this may vary from non-verbal communication such as using an iPad or sign language, to verbal

communication. As learning involves the ability to communicate, receptively and expressively, difficulties in communication can be a potential barrier for an autistic student. If a student is experiencing difficulties in receptive understanding, it becomes more challenging for the youth to understand and make sense of what is happening around them, as well as understand instructions and receive input from others (Howell, 2021). If a student is experiencing expressive communication challenges, this can affect their ability to communicate effectively with school staff and peers, as well as the ability to express what they know (Howell, 2021). As communication is so crucial to the everyday school experience, it is up to school staff to find ways for autistic youth to communicate from where they are developmentally. There have been several studies that show a correlation between communication difficulties and social anxiety in autistic youth (Bernardin et al., 2021; Dell’Osso et al., 2019; Lai et al., 2019; Lever & Geurts, 2016; van Steensel et al., 2011). One example from my classroom teaching experience is a 6-year-old autistic youth that I taught in a Grade 1 classroom that came to school at the beginning of the year in need of extra support with expressive and receptive language skills. In their frustration, it was not uncommon for this youth to lie down on the carpet during story time or become easily frustrated during work time. The barriers that they faced in understanding the expectations of the assignment, and then being able to show their learning resulted in the disruptive behaviours that we were seeing. These behaviours also affected the ways that their peers interacted with them.

Cognitive Profiles

As autism is considered a social disorder, autistic students can vary from below to higher cognitive abilities than their peers (Howell, 2021). One barrier that autistic students may face in a classroom setting is that their abilities may be over- or underestimated resulting in their teacher

not meeting them where they are at. Additionally, due to having a lower range in receptive and expressive communication, “may be less developed or they may be rote learnt rather than the individuals developing a deep understanding of concepts” (Howell, 2021, pg. 16). This can affect students in their ability to apply any learnt skills to other situations. As the current BC curriculum is rooted in inquiry-based learning, a non-linear cognitive profile due to rote learning may be a potential barrier to their learning as much of the curriculum builds on prerequisites of other skills.

Restricted and Repetitive Behaviours and Interests

Restricted and repetitive behaviours and interests (RRBs) are one of the specified criteria when receiving an autism diagnosis. The DSM-5 describes RRBs as occurring at higher levels of frequency and more extreme than in neurotypical individuals (American Psychiatric Association, 2022). For example, “In the context of autism, ‘restricted’ refers to inflexibility, intolerance of change and narrow focus whilst ‘repetitive’ pertains to rituals, routines and stereotypies in speech, motor movements and behaviour” (Hillman et al., 2020, pg. 16). Some examples of some barriers that an individual with RRBs may face are rigidity in the student’s thoughts and behaviour and unexpected changes to routines or those that interfere with a preferred activity may impact the student's ability to learn and may result in stress and anxiety” (Hillman et al., 2020). Ultimately, stress and anxiety can also lead to challenging behaviours in the classroom.

Adaptive Behaviours

Adaptive behaviours are the practical, social, and conceptual skills that people learn to function in their daily lives. Some of these skills include the use of functional communication and self-help, motor skills, and independence (Hillman et al., 2020). Autistic individuals have been found to have more often challenges with the communication and socialization aspects of

adaptive behaviours (Howell, 2021). Adaptive behaviour difficulties can result in barriers to learning and building relationships with peers in classrooms.

Behaviours that Challenge

As the number of autistic students in classrooms has increased over the past years, research has shown that educators are feeling ill-equipped to meet the needs and support of these students academically, socially, and behaviorally (Lindsay et al., 2013). In one study, a classroom teacher shares their challenges working with an autistic student in an inclusive classroom setting:

“There are days where you may have a student with autism who has a meltdown and you can’t deal with it right then and there ... You just can’t always work with just one child.”

(Lindsay et al., 2013, p. 354).

Secondly, teachers feel that there are social and structural barriers that they find to get in the way of them being able to support autistic students. Some examples of this are, little training to understand their needs, lacking appropriate resources, lacking funding for Educational Assistants, and in some cases, peer understanding and acceptance and parental engagement (Lindsay et al., 2013). From my own experience, an autistic student is only funded for an educational assistant for half of the day. As a result, there are many times when I have felt helpless in supporting all the students in my class when I am attending to one. New research describes behaviours that challenge a social model rather than a medical model, both of which I will discuss in detail later in this chapter.

Sensory Needs

Sensory needs and differences are specified criteria when receiving an autism diagnosis (American Psychiatric Association, 2022). One study share that it is estimated that over 90% of

autistic students have some difficulties with sensory processing (Howell, 2021). Autistic people may experience both hypersensitivity and hyposensitivity or a combination of both. Some examples that they might have sensitivities to are sights, sounds, smells, tastes, touch, balance, awareness of body position and movement, and awareness of internal body cues and sensations (*Autism Speaks*, n.d.). Autistic students seek various forms of sensory seeking, just as a neurotypical person would; however, their behaviours may not fit social norms. Some examples of this may be stimming, jumping, spinning, talking faster and louder, covering ears or eyes, refusing over wearing certain clothing or eating certain foods, difficulty communicating, and escalating or overwhelming emotions that may look like a meltdown (*Autism Speaks*, n.d.). Understandably without accommodations, these sensitivities can create challenges and barriers for an autistic student, as well as be emotionally and physically draining.

Autism and Comorbid Mental Health Disorders

In my experience in the school system, I have observed a significant difference between children and youth with or without autistic traits struggling with a mental health disorder. This has become even more prevalent during my practicum experience at Child and Youth Mental Health (CYMH). The observations I have made are reflected in the 2019 Canadian Health Survey on Children and Youth, where 28.5% of autistic children and youth aged 5 to 17 years reported an anxiety or mood disorder compared to 6.8% of youth without ASD (Public Health Agency of Canada, 2022). I recently had the opportunity to take a tour of the British Columbia Children's Hospital Child Psychiatry unit and took the opportunity to ask the nurse practitioner if there was a statistical correlation between their in-patients and ASD. She shared that her best estimate is up to 70% of the youth that are admitted.

The anxiety observed by the school communities can also be supported by peer-reviewed studies reporting high percentages of autistic individuals suspected to have at least one mental health disorder (van Steensel et al., 2011; Dell’Osso et al., 2019; Lever & Geurts, 2016). In one 2011 meta-analysis of 31 studies, involving 2, 121 school-aged autistic youth, the rates of anxiety found were two times higher than in typically developing children. Nearly 40% of these youth were estimated to have clinically elevated levels of anxiety or at least one anxiety disorder (van Steensel et al., 2011). In 2017 a research study was published that evaluated 344 adult participants using a questionnaire as well as a neuropsychiatric interview to collect data. The results of the study indicated that 79% of the autistic participants met one or more lifetime diagnoses for a psychiatric disorder, mood disorders being the most common at 53.6% (Lever & Geurts, 2016).

Dell’Osso et al. (2019) argue that an increasing number of studies in the last two decades have stressed how an autistic individual with fewer observable autistic traits (AT) may only come to clinical attention in adulthood when the person develops a mood, anxiety, or trauma-related disorder. Dell’Osso et al. (2019) found in their research that 57.35% of participants in their group with AT reported a comorbid mental disorder health disorder as opposed to 23.52% of participants with a clinical ASD diagnosis. This research emphasizes that comorbid mental health disorders are not only significant in children and youth with autism designations in schools but also in our undiagnosed children and youth with AT.

Anxiety and ASD

In one meta-analysis conducted by van Steensel et al. (2011), their results indicated that nearly 40 percent of autistic youth “were estimated to have clinically elevated levels of anxiety or at least one anxiety disorder”(p. 309). One crucial question they ask is, whether the study was

measuring anxiety or just experiences and characteristics of ASD. For example, there is a diagnostic overlap between assessing anxiety disorder and ASD (e.g., social withdrawal, preference of being alone, not speaking in social situations, gaze avoidance, staring, and lack of emotional expression) (van Steensel et al., 2011). One discriminating factor between ASD and anxiety disorder is that anxiety symptoms are situational. For example, if an autistic or non-autistic youth is experiencing social anxiety, their symptoms are more likely to be consistently displayed in social situations. Furthermore, when treating anxiety in an autistic youth, treatment studies have revealed that the symptoms of anxiety will decrease, whereas the core experiences and characteristics of autism were found to be persistent (van Steensel et al., 2011). A word that had come up often in my research is “camouflaging”. In fact, there are quite a few recent articles that are starting to examine the correlation between camouflaging behaviours to fit social norms

Camouflaging

Bernardin et al. (2021) propose an association between internalizing symptoms in autistic and non-autistic adolescents and mood disorders. Their findings suggest that camouflaging, the process in which an individual hides, masks, or compensates for their AT, is a predictor of “depression, anxiety, and stress in autistic and non-autistic adolescents [particularly for females], regardless of diagnosis” (Bernardin et al., 2021, p. 1580). Although camouflaging can be used as a social technique to fit in with peers, the autistic community has described themselves as feeling drained in response to the effort it takes to constantly monitor social situations and quickly decide how to react in what is considered to be socially appropriate (Bernardin et al., 2021). Increased attention has been drawn to the linkage between camouflaging in autistic females and stress (Bernardin et al., 2021). For example, Bernardin et al. (2021) found that within a group of 140 adolescents ages 13-18, camouflaging acted as a noteworthy predictor of stress scores for

female participants as opposed to their male participants. In fact, their results indicated that higher levels of camouflaging for both autistic and non-autistic adults were associated were negatively correlated with mental well-being (Bernardin et al., 2021). This finding would be interesting to explore further in a research paper, as school counsellors may find it helpful in the prevention of youth experiencing mental health disorders. In a second article describing females and camouflaging, they interviewed 8 adolescent autistic females about their experiences socializing with peers in a mainstream classroom (Halsall et al., 2021). One of the sub-themes that derived from their research was the girls attempting to camouflage their “immature interests” to fit in. Holly’s parents disclose, ““She loves My Little Pony, but she won’t tell anyone that . . . she’s recognising that’s not necessarily age appropriate . . . but she still likes to play with them at home”” (Halsall et al., 2021, p. 2078). A few of the girls reported their experiences trying to conceal their behaviours associated with their autism, and self-developed strategies to avoid being bullied or humiliated:

“I try and hide . . . I might still do it, just make sure people aren’t seeing’ (Ivy). ... ‘I smile and nod, like I know what they’re talking about, but I really don’t . . . I worry they might laugh at me’ (Liana). ... ‘Sometimes I try to change how I react. I change my entire personality’ (Holly).” (Halsall et al., 2021, p. 2078).

Additionally, Bernardin et al. (2021) interestingly describes a third variable of authenticity and suggest that unauthentically camouflaging one’s AT and self-monitoring social behaviours in a public space is positively associated with lower well-being.

Gender

Auger (2013) conducted a research review for school counsellors describing the increase in the number of autistic students in schools over recent years, specifically for males. Auger’s

(2013) research proposed that males are more likely to be diagnosed with ASD than females and that in fact among a group of 8-year-olds, 1 in every 54 males was diagnosed with ASD compared to 1 in every 252 females. Only recently have gender and ASD diagnosis as well as misdiagnosis been further explicitly studied in the academic community (Gesi et al., 2021). Gesi et al. (2021) have reported a significantly greater delay in females being referred to mental health services as well as a significantly higher age of diagnosis than males. For example, Gesi et al. (2021) found that of sixty-three participants, the average years of age of an autism diagnosis for males was 19.8. This was significantly different from the average age of females diagnosed with autism at 29.4. One hypothesis to describe the disparity between the ages of an autism diagnosis is “the greater likelihood of females hiding their autistic symptoms, leading to camouflage among a neurotypical population and hindering the diagnostic process” (Gesi et al., 2021, p. 2). Females are described as showing interests, behaviours, and communicative features that Western culture may find more socially acceptable in line with gender stereotypes. For example, an undiagnosed autistic female child may show interest in horses or dolls as opposed to cars or trains which are more traditionally associated with autism (Gesi et al., 2021). In Bernardin et al. (2021) study they illustrated adolescent females as having to navigate social dynamics and social expectations differently than their male peers. The findings in their review include examples such as “girls engage in more social conversation and self-disclosure, are more sensitive to the status of their relationships with peers, are exposed to more stressors in their friendships and with their peers and are more likely to spend time thinking about relationship stress” (Bernardin et al., 2021, p. 1587).

Ableism

To further understand what autistic students are experiencing in their daily lives, we can begin by understanding ableism. “Ableism refers to discrimination and social prejudice against people with disabilities. Such discrimination can be specific and overt toward a particular person or group” (Kelley, 2019, pp. 16 - 17). For instance, when discussing strategies, we can use to support autistic students, it would be ableism if we did not include their perspectives, lived experiences, stigma, and barriers in the conversation. When we include the voices and perspectives of autistic youth, “our understanding deepens and creates space to consider accessibility, accommodations, fairness, and bias— making our school communities better and more inclusive for everyone” (Kelley, 2019). At this point in this paper, I want to invite you, as the reader to take a moment to examine your own attitudes and beliefs about disability, and what assumptions you hold onto. Now that I have identified barriers, I encourage you to reframe your perspective to the lens of an autistic student throughout the next sections of this paper.

Social Versus Medical Model

One way we objectively look at ways to support autistic students is to approach from a social model. More recent studies have encouraged healthcare workers and educators to use the social model as a tool to better understand the different ways we can approach supporting autistic youth with comorbid mental health disorders. By doing so we can begin to reframe our perspective of what autistic students experience in their daily lives. The medical model of disability pinpoints the individual as the problem, whereas the social model of disability looks at society as having barriers for the individual. Supporting our autistic youth from a social model approach, rather than just a medical model approach is suggested to vastly improve the mental health of autistic students.

The medical model of disability can leave autistic students feeling excluded, undervalued, pressured to fit into society's 'norm', and treated as if the individual were not capable. One example of this is the female autistic students Halsall et al. (2021) interviewed, using camouflaging techniques to "fit in" with their peers. In contrast, the social model of disability looks at disabilities from a neutral perspective, rather than a problem or deficit. One disability activist shared, "Ableism needs the cure, not our bodies" (Goering, 2015, p. 135). For instance, in a classroom setting, if an autistic student is sensory seeking through stimming (e.g. flapping and/or rocking), a medical model would insinuate that the student should redirect those behaviours to a more "socially acceptable" behaviour (e.g. fidget toys) or suppress it completely; however, a social model would suggest that it is not up to the individual to fit in but rather for the class to understand and accept that is what the youth needs during that time.

The Double Empathy Study

Throughout this paper, it has been discussed in detail how difficult it may be for a classroom teacher or a neurotypical peer to understand an autistic student, which holds the assumption that non-autistic people are better at understanding people than autistic people. Crompton et. al. (2021) coined the theory "Double Empathy Problem" to describe what happens when autistic and non-autistic people have a hard time understanding each other (See Figure 1). Crompton et. al. (2021) describes empathy as "a two-way process that depends a lot on our ways of doing things and our expectations from previous social experiences, which can be very different for autistic and non-autistic people" (p. 2). One example is that it might be difficult for a non-autistic student to understand an autistic student. One of the researcher's goals of better understanding the Double Empathy Problem relates to the social model; it is to better understand

how we can support non-autistic and autistic people to “meet in the middle” as opposed to autistic people camouflaging and conforming to social norms (Crompton et al., 2021).

Figure 1

The Double Empathy Problem

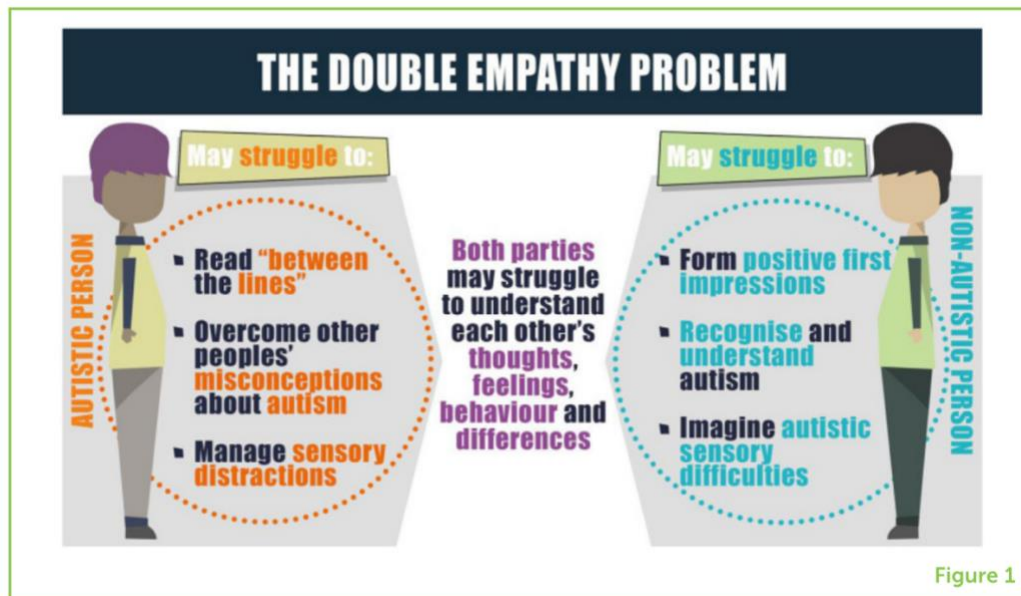


Figure 1

Note. Depicting what struggles may occur when an autistic and non-autistic person communicates (Crompton et al., 2021)

As the Double Empathy problem suggests that there are struggles in communication between different neurotypes, Crompton et al. (2020) sought to critically explore information transfer between autistic adults, non-autistic adults, and mixed autistic-with-non-autistic pairs. The study is described as a between-groups experimental study consisting of 72 adult participants, 24 adults in each of the autistic, non-autistic, and mixed sets (Crompton et al., 2020). The adults participated in an 8-person chain, where their role was to recount a story, they heard from the previous person to the next person in the chain. For example, the researcher told the first person in the chain a story, left the room, and then that person retold the story to the next person in the chain until it got to the end. The results of the study supported the Double Empathy Problem theory in which, unlike the mixed group, both the autistic and non-autistic groups

reported the same score and recalled “significantly more details than the mixed chains” (Crompton et al., 2020, p. 1707). The researchers share that this is the first empirical evidence that suggests “the difficulties in autistic communication are apparent only when interacting with non-autistic people, and are alleviated when interacting with autistic people” (Crompton et al., 2020, p. 1709). Some limitations to the study are the small sample size, and that the mixed groups were aware of which adult was autistic which may have affected the way that the information was communicated. From a school counsellor's perspective, what does this mean? How can we support our autistic students experiencing a mental health disorder individually, as well as from a social model perspective?

Strategies for School Counsellors and Staff

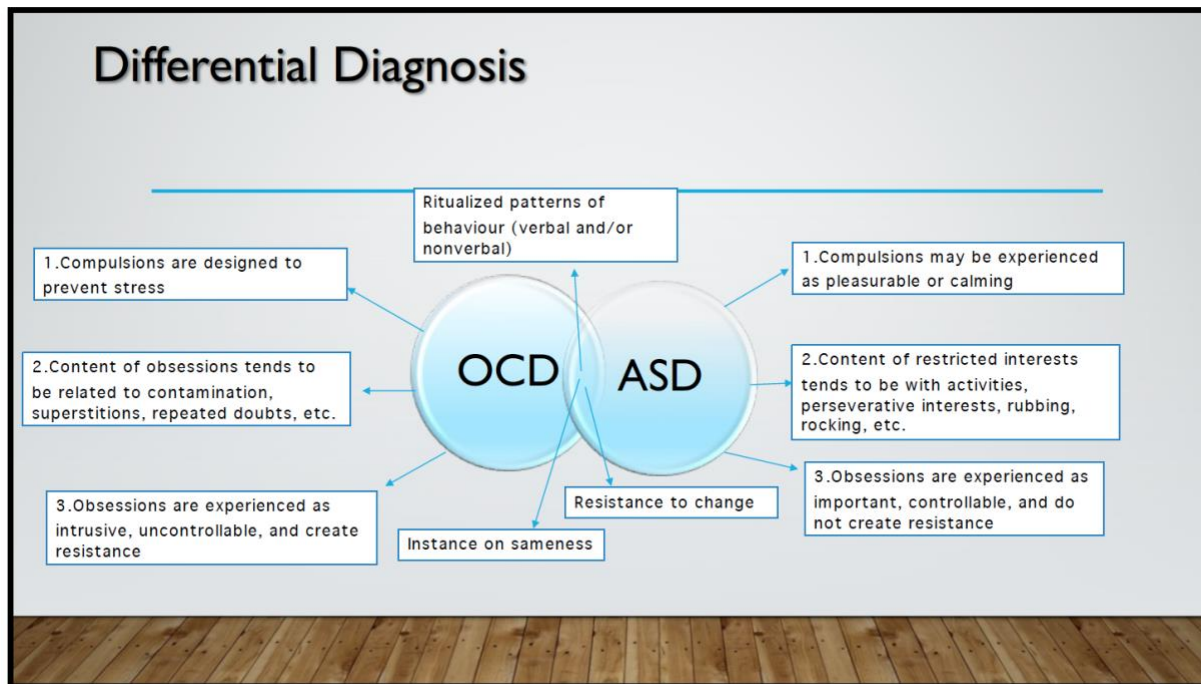
School counsellors have an obligation to serve all students, in fact, it is the primary responsibility of a BC counsellor according to the role description of a teacher-counsellor set out in the British Columbia School Counsellors Association. In my experience working in the school system, I have found a common theme that school counsellors either do not work with autistic youth experiencing a mood disorder or work with the families instead of the individual. Gallant et al. (2022) examined the clinician-level barrier to care and recognized both low therapist confidence as well low self-perceived knowledge to get in the way of counsellors adapting their own mental health treatments to support autistic students. Additionally, they noticed that many of the clinicians they interviewed had limited knowledge about autism which resulted in a lack of understanding of how to adapt CBT skills (Gallant et al., 2022). Their study indicated that over 75% of clinicians wanted “further information about mental health interventions for autistic clients, specifically in terms of how to engage in treatment planning and develop targeted strategies for autistic youth” (Gallant et al., 2022, p. 2). This tells us that counsellors are actively

looking for more information on autism as well as how to support autistic students with their mental health. Now that we have this information, school districts can use it to advocate for more professional growth opportunities for myself and my colleagues. From my experience, actively seeking out professional growth on this topic, attending workshops, as well as my background working with autistic youth have been helpful in adapting my own counselling skills throughout my internship. I found this study particularly interesting as their participants were clinicians from Child and Youth Mental Health Services in Ontario, Canada, the same publicly funded service where I am completing my internship. In the experience in this internship, as well as talking to my colleagues, we encourage several of the children and youth coming that come to intake to seek an autism assessment as they display autistic experiences and characteristics at the time of their assessments.

Treating the Individual

Having an understanding of the experiences and characteristics of ASD as well as mental health disorders can help to better support a student with a co-occurring mental health diagnosis. For example, recognizing the differences between experiences and characteristics of ASD and Obsessive Impulsive Disorder (OCD) can help with the decision of if counselling would be beneficial for the student (See Figure 2).

Figure 2 Differential Diagnosis



Note. Differences between symptoms of OCD and ASD (Worling, 2022).

Once the school team has an understanding of the experiences and characteristics of the autistic student, Worling (2022) suggests a tool to determine whether behaviour support or counselling intervention would be a good fit. For example, if a classroom teacher approaches the school-based team with concerns that a new autistic student in their class is experiencing resistance to change in their new classroom routine. In this model, the school team begins by ensuring that the ASD needs of the student are being met. Some examples of this discussed in the previous section regarding barriers are sensory needs, communication needs, and structural needs of the student, in this case, the student experienced a sudden change in routine and may need time to adapt. If the youth's needs are met and the behaviours start to stop, it is an indication that these were ASD experiences and characteristics. If the youth's needs are being met and the behaviours do not stop, as well as create distress for the youth, the school-based team can focus on addressing their mental health needs (Worling, 2022).

Worling (2022) suggests that you can as long as you are a trained mental health professional, you can twist and tweak any traditional therapy to adapt for an autistic student. Following the case described with the new student, the therapist can adapt any approach they are trained in to help with anxiety disorders. Some examples of this may be Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, Eye movement desensitization and reprocessing (EMDR) therapy, or Emotion Focused Therapy (EFT).

Individual Education Plans

Reynolds (2016) reflects that educating and contributing to the autistic student's Individual Education Plan (IEP) is an important role that a school counsellor plays (McGinley, Trolley, et al., 2016). For example, when ensuring the needs of the students are being met, a school-based team can advocate for strategies that the school can implement to support the student using the IEP as a document to communicate these strategies. When working with an autistic student, there is no "cookie cutter" approach, each student will require diverse strategies based on their needs (McGinley et al., 2016). In this paper, I will specifically be focusing on Cognitive Behavioural Therapy (CBT) adaptations as this is the form of therapy I have been trained in during my internship. A school counsellor can contribute to an IEP by providing CBT strategies that can support autistic youth with any mental health concerns.

Cognitive Behavioural Therapy and Adaptive Strategies

Research has found CBT to be an effective therapy in decreasing levels of anxiety in autistic youth. In one literature review, "Examining Use of School Personnel in CBT Interventions for Anxiety in Students with ASD", Simpson, Maffini, and Schuck (2019) summarize eight studies that examine the effects of Cognitive Behavioural Therapy (CBT) programs on decreasing anxiety in autistic school-aged youth. The article evaluated eight studies,

or 187 autistic school-aged participants, exhibiting anxiety symptoms measured on a variety of scales pre- and post-treatment. Each participant received a weekly session of CBT lasting 60-90 minutes. The findings indicated that an average of 81% of the participants in the four studies responded positively to the treatment. This is significant because, despite the numerous articles that I had found regarding CBT and autistic students with anxiety, as of 2020, there were “no psychological or pharmacological treatments for anxiety in school-aged children with ASD meet[ing] contemporary evidentiary standards as efficacious or well-established” (Wood et al., 2020).

One strength this article has is the quality of studies that it summarizes, five of which used a randomized control trial design to conduct the study. With a large number of participants, most of which were measured pre- and post-treatment using an anxiety scale, the results from these studies infer that CBT can effectively be used with autistic students to reduce anxiety. A second strength the article exhibited is the fact that all these studies took place in a school setting and included school personnel in the study. Doing so exemplifies a more realistic approach of a school counsellor using CBT. “Students with ASD are known to have difficulty generalizing skills from one setting to the next” (Simpson et al., 2019, p. 309); therefore, by conducting these studies in a school setting, the participants are able to better generalize their skills oppose to conducting the treatment in a lab. Considering that of 404 studies, only eight incorporated school personnel (Wood et al., 2020), the results from this paper hold valuable and unique information for school counsellors working with autistic youth.

This article was limited by the specifics of how school personnel were involved in the study and how long the effects lasted. For example, there is little indication that the student was receiving ongoing support from educational assistants and teachers, or if the student was only

receiving support at the time of the treatment. Not all schools have the resource for ongoing support if that were the case. The second limitation is that there was either no follow-up or a one- or three-month follow-up following the study. After receiving CBT treatment, the results of autistic school-aged youth have been found to be maintained for up to 3 months and worsened at the 1-year follow-up (Maddox et al., 2017). This is significant because further treatment would be required to maintain results if the results worsened.

There is growing evidence that many of the interventions that are effective in addressing anxiety mood disorders are also helpful for autistic youth when adapted (Gallant et al., 2022). Throughout the next section of this paper, I will be focusing on CBT adaptations for children and youth who have verbal and cognitive abilities although in the future I would like to learn more ways to support all autistic youth. Some of the themes of the adaptations are minimizing cognitive demands without altering CBT content, peer relationships, and social coaching.

The National Institute for Health and Care Excellence (NICE) provides general guidelines suggested when providing CBT intervention for autistic children with anxiety. The adaptations recommended by NICE listed in Appendix A, emphasize the need to take existing techniques and make them more accessible for autistic students “by making sessions more concrete, practical and creative with a general emphasis on affect recognition, increased exposure opportunities and parental involvement” (Walters et al., 2016). In order to further analyze the effectiveness of these recommended adaptations, Walters et al. (2016) conducted a systematic review evaluating 10 studies which effectively adapted CBT techniques to alleviate symptoms of common mental health problems in autistic children and youth. The clinical impressions of the study were that the adaptations should be applied to both the content as well as the way that the content is presented to the autistic youth. In order to do so the cognitive

components of CBT are suggested to remain the same while a less collaborative and more structured, forced choice or multiple choice, with concrete examples is suggested. “Sessions should employ clear, concrete visual prompts which act to enhance verbally mediated material and reduce the intensity of a 1:1 therapy session” (Walters et al., 2016. P. 150). Additionally, the results indicated that special interests of the youth can provide a more engaging approach and include parents in the session to support in-session communication and between-session tasks. Appendix B lists recommendations tailored to working specifically with autistic youth experiencing anxiety. Hoffman (2013) found a high success rate in studies that included social stories and comic strip conversations to support and effectively teach CBT strategies to autistic students.

Simpson et al. (2019) found success in assigning peer buddies as a part of their treatment plan when implementing CBT techniques with autistic students to reduce anxiety. One example of this is nominating a positive role model in the classroom to show kindness and initiate interactions with the autistic youth during unstructured times such as lunch and recess. Additionally, in some cases, they provided the autistic student with opportunities to be a buddy with younger students in the school. Their results indicated that “peer buddy and mentoring programs provide the impetus for students with ASD to engage with other children at recess breaking the cycle of social isolation” (Simpson et al., 2019, p. 307).

Priming and social coaching are other adapted CBT techniques designed to support autistic students with social anxiety (Simpson et al., 2019, p. 307). One example the study shared was a youth who struggled with losing during recess and lunch games. The youth first practiced skills with the counsellor to support their tolerance level when losing games, then practiced with peers with the support of school staff to help them regulate their anxieties associated with losing

a game. Their results indicated that once their tolerance level increased, the student experienced a reduction in social anxiety and social isolation. Something to note when supporting an autistic youth through social coaching is whether or not the school counsellor is encouraging the youth to camouflage in the social setting, keeping in mind that camouflaging can lead to social anxiety (Bernardin et al., 2021).

Creating an Inclusive Environment

To better understand supports from a social model perspective, Vidal et al. (2023) invite the reader to “imagine how different our world might look if it were built by autistic persons for autistic persons (e.g., more designated quiet spaces, more accessible augmentative and alternative technologies, fewer fluorescent lights, less required small talk, less heavily scented personal care products)” (p. 64). Vidal et al. (2023) conducted a mixed-method study to analyze the classroom environment of nine minimally speaking autistic students and how their environment shapes their peer interactions (Vidal et al., 2023). The study applied Bronfenbrenner’s bioecological model by analyzing interactions between the macro-, exo-, meso-, and microsystems and the student. It is worth noting that the participants may have likely been influenced to some extent knowing that they were being observed during these studies.

Regarding the macrosystem, “the underlying values and beliefs that tend to be shared by those who have historically taken power within a given society” (Vidal et al., 2023, p. 64), their findings indicated that patterns were consistent with the medicalized view of autism. In this case, the participant was viewed as their actions being incompetent and/or in need of behavioural control. An example of this is the participant’s teacher asking them different variations of the same direct question 9 times, without giving them time to respond or the ability to communicate. Additionally, something I see often in the school system, and something I am conscious I have

done in the past, is the tendency for school staff to talk in front of the autistic student as though they were not there. Secondly, from their analysis, the educational assistant used strategies such as hand-over-hand for academics as well as saying “hi” to peers whether or not the student wanted to participate. Interestingly, the authors compare the helping teachers need to control as acting as a prison guard as they shared “In a way, Joe often appears to be enacting a role of prison guard in the way he follows John around the classroom or frequently stands behind John at the table with his arms clasped” (Vidal et al., 2023, p. 74).

When analyzing the autistic student’s mesosystem, “the relationship between two or more nested systems within it (i.e., microsystems) that can impact the autistic student but do not directly include the student’s interactions” (Vidal et al., 2023, p. 65), the researchers look at common examples such as interactions between home and school community, the classroom teachers and educational assistants, and school staff and other classmates. One example is how the classroom teacher transfers the responsibility of including an autistic student onto their peers. In their research, they noticed how the classroom teacher would sometimes ask a peer to support the student or the educational assistant would end up doing so. In this case, the researchers argue that the helping roles for the autistic student are misaligned and confusing for the student (Vidal et al., 2023).

Finally, when analyzing the autistic student’s microsystem, the direct interactions between the student and their environment, the researchers found several missed opportunities where the classroom teacher spoke directly to the educational assistant or peers rather than the autistic student themselves (Vidal et al., 2023).

After analyzing the classroom environment of the nine autistic students, Vidal et al. (2023) recommended some strategies that promote a more inclusive environment “improving the

social experience of autistic students, including advocacy for system-wide change and cultural shifts toward acceptance of neurodiversity” (p. 76). First, analyze the words that we use to describe the students that we work with. For example, instead of describing an autistic student as having “deficits in emotional regulation” they could be described as “often overwhelmed by strong emotions” (Vidal et al., 2023). Similarly, observing an autistic student's behaviour using a strength-based approach by taking on the perspective of and associated descriptions of AT/ behaviours. For example, if a student might not be able to describe why they leave the classroom, observing when and how it happens to provide context to the situation. Are they seeking sensory exploration, or are they seeking comfort in a specific area (Vidal et al., 2023)? The researchers also mentioned further training for adults supporting autistic students several times throughout the study.

Furthermore, there is exciting new research developed by Development Autism Research Technology (DART), an active project learning about Neurodiversity in schools based out of the University of Edinburgh, Scotland. Through DART, Learning About Neurodiversity at Schools (LEANS) was created, a resource pack offered in mainstream primary schools, delivered by classroom teachers to whole classes (age 8-11) to “inform children about neurodiversity and to increase positive attitudes and intended actions towards neurodiversity and inclusion” (Alcorn et al., 2022, Background section, para. 1). The program in progress hopes to provide a Tier 1 approach inviting students and staff to become neurodiversity allies and share the strengths and stretches of having a neurodiverse brain as well as a neurodiverse friend. The seven units in the program consist of an introduction to neurodiversity, learning and thinking differently, communication and understanding, getting along together at school, is that fair? different ways to make a friendship and neurodiversity in our classroom (Alcorn et al., 2022). By reframing

neurodiversity as a strength, we can work towards creating a more inclusive school where autistic students feel less pressure to camouflage. This program is so current that the results from the observational study they are conducting on the effectiveness of the program have still not been published.

Summary

The intention of this Literature Review was to research ways that school counsellors can feel confident in providing support to autistic school-aged children and youth by adapting and modifying the counselling skills they already have. How can counsellors support autistic children and youth from an individual and social model perspective in a school setting?

The research shows a significant percentage of students in schools being diagnosed with ASD (Huerta et al., 2012), as well as the barriers and challenges that these students as well as school staff are experiencing in school communities. Through my own interest and research in the school district that I currently work in, I discovered that it was only in the last 50 years that British Columbia began to assist school districts in developing programs for students with special needs, and only in the last 30 years that students with special needs were included in general classrooms (Siegel et al., 2000). I found this significant as one study found that despite this move towards inclusivity, Simon Fraser University reported that Canadian teachers were still feeling unprepared to manage an inclusive program and felt that they had a poor understanding of ASD and inadequate training after going through a Professional Development Program (PDP) to become a teacher (Boucher, 2018). This article spoke to me as I went through SFU's PDP program myself in 2014, and my takeaway from the program was that I did not feel as though I received enough practical experience to manage an inclusive classroom. Educating myself on the

barriers and challenges that autistic students face in classroom communities helped me understand the differences between observable autistic traits and symptoms of anxiety disorders.

The findings that 28.5% of autistic children and youth aged 5 to 17 years reported an anxiety or mood disorder compared to 6.8% of youth without ASD (Public Health Agency of Canada, 2022) was not surprising after learning the challenges and barriers that these youth face in the classroom, as well as the pressures to camouflage with their peers, specifically female autistic youth (Gesi et al., 2021).

Understanding the social versus medical model encouraged me to reframe my thoughts to research ways that school counsellors can support not only the individual but also the school community in becoming neurodiverse allies. The research suggests ensuring the ASD needs of the student are met to help determine whether or not the student is struggling with a mental health disorder (Worling, 2022). Furthermore, it has recommended adapting CBT therapy as a treatment for anxiety in autistic students, one study indicated that an average of 81% of the participants in their study responded positively to CBT (Simpson et al., 2019). Some of the adapted strategies that I found in my research were guidelines provided by NICE and a study by Walters et al. in 2016. I found there to be a significant overlap between the recommendations in both of these resources and surprisingly discovered that some of the adaptations I was already doing in my own counselling practice. I felt confident that school counsellors could easily adapt these recommendations to their own counselling practices; however, I questioned whether merely reacting to symptoms of anxiety was enough. After learning about rates of camouflaging I felt compelled to dig deeper into more current research to discover what we can do in schools to be more inclusive, turning the attention away from merely treating the individual, and instead changing the system. Vidal et al. (2023) invited us to “imagine how different our world might

look if it were built by autistic persons for autistic persons” (p. 64). Using the skills, they already have, how can school counsellors support autistic children and youth from a social model perspective in a school setting? Diving into ways to find inclusivity in Bronfenbrenner’s ecological systems helped me to better understand interventions and supports that school staff and families can do to contribute. Vidal et al. (2023) encourage school communities to analyze the language that we use when talking to and about autistic youth, and how adults are modelling their interactions with autistic youth to their peers. Research through DART provides a Tier 1 model program that promotes neurodiversity and inclusion in school communities by educating students about neurodiversity as well as reframing it as a strength. Programs such as DART can be first steps towards positive change in school communities for autistic students (Alcorn et al., 2022). This research is still new, and programs are still being implemented; I am very interested in the results of programs such as DART and the possible effects it will have on the high comorbidity rate of autistic students in our schools.

There are limitations that school counsellors face when working with autistic students including the fact that ASD is not a one-size fits all model (autism is a spectrum) there may be a period of trial and error discovering what works best for the students and school community. Furthermore, school counsellors are notoriously busy with a full caseload, I have had conversations with school counsellors who suggest that autistic students already have an adult supporting them, whereas other students on their caseload may not.

There are also limitations for classroom teachers and educational assistants as in my experience as a classroom teacher, there are many different needs and behaviours that require attention throughout the day. One systematic review reported that “teachers chose interventions based on ease of implementation in the classroom, their own personal beliefs concerning

pedagogy, the intervention's perceived appropriateness for a particular student, and the availability of required materials and support staff" (Hillman et al., 2020). Given this information, it is crucial that the school counsellor and learning support teamwork with classroom teachers and educational assistants to provide strategies that are manageable in a classroom environment. For example, a classroom teacher may not initiate strategies if it is too time-consuming for the classroom schedule (Hillman et al., 2020).

Despite these limitations, I believe that the research that I found offers a comprehensive list of ways that school counsellors can confidently provide support to autistic school-aged children and youth by adapting and modifying the counselling skills they already have from an individual and social model perspective. The next steps are to look at how these adaptations and strategies would work using a fictional case study.

Chapter 3: Summary, Recommendations and Conclusions

Summary

With more education and training on what ASD is and the challenges and barriers that autistic youth face in schools, school counsellors can better understand and differentiate between an autistic student who fits the criteria for individual counselling sessions as well as community referrals. Becoming a neurodiverse ally in the community means advocating for autistic youth in schools so that they serve all students. The goal of this research is to encourage school counsellors to proactively facilitate Tier 1 models in classrooms to encourage neurodiverse allyship, as well as understand adaptations to twist and tweak their own counselling skills when working individually with autistic children and youth.

Implications

“We are living through a moment of significant change in the way in which people think about autism” (Pellicano & den Houting, 2022, p. 389). Pellicano and den Houting (2022) describe this shift of thinking as moving away from the conventional medical paradigm to moving toward a neurodiversity paradigm. Much like the social model, this includes thinking beyond the student as an individual and instead looking at the ecosystems and relational contexts. All stakeholders are encouraged to not only look at interactions between the individual but also at contextual factors in order to address the negative and disabling effects of being autistic (Pellicano & den Houting, 2022). As we continue to make this shift it will affect counsellors, clients, families, relevant organizations and policy makers ways of how they support autistic children and youth with comorbid mental health disorders in the school system. For a more comprehensive perspective of applying the social model to a school system, we can use

Bronfenbrenner's ecological systems model to analyze the implications individually and contextually.

The macrosystem is the “larger institutional, cultural, economic, or legal structures of a society”(Hass, 2018, p. 12). Some examples of stakeholders to consider are provincial government policies, university professional development programs, school district counsellors, and school district policies. The neurodiversity paradigm “stresses the need to view autistic people, not as a collection of ‘deficits’ needing to be ‘fixed’ but as unique and worthwhile individuals, whose lives have meaning and purpose” (Pellicano & den Houting, 2022, p. 389).

Although the Canadian Public school system policies promote inclusive classrooms, Boucher (2018) argues that inclusive education goes beyond simply placing diverse students in a general classroom and that “research with Canadian educators has continuously espoused the need for effective teacher training to develop greater self-efficacy and strategies for inclusive instruction” (p. 102). As a larger institution, Simon Fraser University states that one of the goals of its professional development program is to “develop committed and highly-efficacious teachers through the instruction and development of knowledge and practical skills” (Boucher, 2018, p. 102); however, Canadian teachers are reported to still feel underprepared to manage an inclusive classroom. Further training for classroom teachers can result in higher teacher self-efficacy leading to positive outcomes for all children. Boucher (2018) suggests providing teachers in the professional development program with more practical experiences supporting autistic students in a classroom setting as well as ongoing professional development training. As Burnaby school counsellors must possess or be eligible for a BC Professional Teaching Certificate, this would also benefit school counsellors working with autistic youth. From an administration and school district perspective, knowing that clinicians are actively seeking out

further information about strategies to support autistic youth (Gallant et al., 2022) presents an opportunity to invite experts to present or collaborate with school counsellors on ways they can help the autistic youth that are in their schools.

The mesosystem refers to the interactions between two or more systems that can impact autistic students (Vidal et al., 2023). Some examples of this are interactions between families and the school, classroom teachers and educational assistants, and between teachers and classmates. Recent research on camouflaging has helped us to better understand that higher levels of camouflaging are negatively correlated with mental well-being (Bernardin et al., 2021). Additionally, social exclusion or bullying can lead to co-occurring mental health disorders such as depression, anxiety, and even PTSD (Pellicano & den Houting, 2022). This is especially important because we, as stakeholders, can be an ally to change and support neurodiversity in schools in the ways that we interact between systems to create positive change. Implications for school counsellors and classroom teachers include shifting the approach in which they teach and communicate with families and students by taking on a strength-based approach (Vidal et al., 2023). Using strength-based language shifts the focus from what autistic students cannot do, to what they can do. For example, the “Double Empathy Problem” suggests that the school community accepts the needs of an autistic student as opposed to an autistic student changing their behaviours to camouflage with social norms.

The microsystem is the immediate environment of the autistic youth (Hass, 2018). In schools, this includes the classroom teacher, school counsellor, educational assistant, family, and peers. From a school counsellors view, research has provided evidence that many of the interventions that school counsellors are already using like CBT, can be adapted when working with autistic youth (Gallant et al., 2022; Klebanoff et al., 2019; Simpson et al., 2019; Walters et

al., 2016; Wood et al., 2020). This research suggests that school counsellors who may be hesitant to work with autistic youth with mental health disorders may feel empowered to do so with the skills they already have. Additionally, accessing opportunities to learn more about ASD provides counsellors with the skills to learn to differentiate between experiences and characteristics of ASD and symptoms of mental health disorders, as well as affirming that the ASD needs of the student are being met.

Recommendations

In the following section, I have chosen to present a fictional case study that a school counsellor may be presented with at an elementary school. My intention is that by relating to the case study, school counsellors such as myself will feel more confident and inept at working with autistic youth with mental health concerns.

Case Study

Georgia is a ten-year-old female in grade 5. She was diagnosed with ASD when she was four years of age and has received part-time one-on-one support from an educational assistant (EA) since she was in kindergarten. Georgia's previous report cards indicate that she is proficient in all academic areas and requires minimal support for academic work. Georgia is sensitive and becomes frustrated or cries quite suddenly. In the past Georgia's IEP case manager has been able to successfully track and predict the function of Georgia's behaviours using a Functional Behavioural Assessment in the past, finding ways to remove barriers that cause distress and affect her emotional and behavioural needs; however, recently Georgia's family and teachers have noticed she has been overly upset and worries throughout the day, as well as has had a hard time concentrating on finishing schoolwork. She will ask the classroom teacher for frequent breaks to walk in the hallways throughout the day, which is abnormal for her.

Since a small child, Georgia has expressed a high level of interest in My Little Pony. Her teachers have noticed that this year her peers are beginning to become interested in more mature interests and Georgia is having a harder time connecting with them, and seemingly more irritated with them. Georgia's family has disclosed that this year it has been increasingly harder to convince Georgia to go to school, and when she comes home, she will cry uncontrollably. They also note that she has been having a difficult time falling asleep and will often wake up tired in the morning. Her family has exhausted all strategies that have worked in the past to support Georgia and have reached out to the school counsellor for support.

Case Study Recommendations

My hope is that with more training around autistic traits, and understanding the high comorbidity rates of autistic youth, a school counsellor presented with this case study would be able to consider whether Georgia may be experiencing a mental health disorder or if her symptoms are situational and can be resolved by removing physical or social barriers. In this case, Georgia presents with symptoms of an anxiety disorder (school refusal, difficulty concentrating, irritability, excessively worried thoughts difficult to control), as well as ASD (lower receptive and expressive communication skills, restricted interests, behaviours that challenge, and sensory needs). Meeting with Georgia individually, looking at her student file, Individual Education Plan, conversing with her parents and teachers to gather more information, and consulting with the learning support team are necessary steps to gather a comprehensive assessment. We have more information now that helps us understand the negative effects that an environment can have on an autistic person's mental health and how environmental systems can shape peer reactions of autistic students (Vidal et al., 2023). Considering this, when analyzing Georgia's case study, we can start by considering if Georgia's physical and social environments

support her emotional and behavioural needs, or if they contribute to the barriers that Georgia is facing. In this case, if the school counsellor and school team find that their ASD needs of Georgia are being met, the school counsellor can proceed to begin working with her. If the school counsellor were to discover they were not being met, they can work with the learning support team to support the adults in the classroom to do so. Regardless of the outcome, the school counsellor is encouraged to apply the social model when working with a neurodiverse student.

When working with Georgia individually, the school counsellor is encouraged to twist and tweak any traditional therapy they are trained in using to help with anxiety disorders (Worling, 2022). The school counsellor can apply CBT when working with Georgia. Walters et al. (2016) provide an extensive list of adaptations to CBT when working with autistic youth with symptoms of anxiety. For example, similar to working with a neurotypical youth, a school counsellor would begin the process with consent, confidentiality, and building rapport with Georgia. If Georgia experiences lower receptive and expressive abilities than her peers, this can result in a more difficult time making sense of her own triggers, feelings, and strategies to help her self-regulate (Howell, 2021). The National Institute for Health and Care Excellence (2021) recommends spending more time on emotion recognition training when working with autistic youth. There are several programs that schools are already using to teach feelings that the counsellor can choose from including Zones of Regulation, Mood Meter, Roots of Empathy, and Feelings First. Using programs that the student is familiar with supports Walters et al. (2016) suggestion to link strategies with schools to “increase school-based support and generalization of the concepts” (p. 147). Once building a better understanding of Georgia’s emotional vocabulary and awareness, the school counsellor can encourage her to work on more specific CBT skills.

From my experience in my internships, I find the SELF Toolkit (Mollo & McLaughlin, 2018) designed by BC Children's Hospital to be a great visual resource. It illustrates examples of stressors, warning signs, and tools to feel better that students can choose from, making it more accessible than asking the youth directly open-ended questions. This document also provides choices, as well as visual information to teach coping skills. Additionally, I appreciate the visual metaphor of a volcano exploding when analyzing stress levels in this document. Alternatively, Walters et al. (2016) suggest using a feelings thermometer as a visual instead of asking about feelings directly.

Once the school counsellor has worked with Georgia to create a toolkit, Walters et al. (2016) suggest role play or video modelling to help reinforce coping strategies. A resource I found helpful is Everyday Speech (<https://everydayspeech.com/>), which provides video modelling and worksheets to teach social-emotional skills. The National Institute for Health and Care Excellence (2021) recommends incorporating a special interest of the youth when working with them. As Georgia is interested in My Little Pony, incorporating My Little Pony figures into the role play can be an engaging way of interacting with her. This can also provide an opportunity to ask Georgia to act out a stressful situation at school she is having a hard time communicating. For example, if Georgia were to choose "feeling alone" as a stressor from the SELF Toolkit, the school counsellor can ask her to model a time when she felt alone at school using the My Little Pony figurines.

If Georgia exhibits lower receptive and expressive abilities, it can also become a barrier to learning how to navigate friendships as her peers mature. Bernardin et al. (2021) found that girls tend to be more concerned over the status of the status of their relationships with their peers and are more likely to spend time thinking about relationship stress. Understanding how

unauthentically camouflaging is positively associated with lower well-being (Bernardin et al., 2021) provides the school counsellor with information to further empathize and advocate for the youth. Providing opportunities for Georgia to be her authentic self during the school day can be beneficial for her mental health, whether through friendship groups or connecting with a secure attachment figure. Simpson et al. (2019) recommend assigning peer buddies as a part of their treatment plan when implementing CBT techniques with autistic students to reduce anxiety. This may include a peer her age or working with a younger buddy. If there is a specific trigger such as “losing a game” that Georgia indicates in the SELF Toolkit, Simpson et al. (2019) suggest exposure therapy to support their tolerance level when losing a game, before losing to peers during unstructured times of the day.

When working with Georgia’s family and school community from a social model perspective, with Georgia’s permission, educating adults in her support system on her SELF Toolkit provides strategies for the school staff and family to support Georgia when getting ready for school in the morning and throughout the day. The school counsellors can offer Georgia’s family the same referrals she may offer other parents seeking ways to support their child with anxiety. For example, Confident Parents, Thriving Kids (<https://welcome.cmhacptk.ca/>) empowers parents with skill-building resources and coaching. Vidal et al. (2023) suggest that school staff look for the first-person autistic perspective of behaviours to help challenge assumptions of autistic youth and reveal strengths. For example, if Georgia expresses, she is feeling overwhelmed in class and requires breaks, the school counsellor can share a strength-based approach and express, “Georgia is seeking comfort by taking several breaks throughout the day outside of the classroom”. The school counsellor can inquire if there is a reduction of breaks

throughout the day after implementing individual and school-based strategies as an opportunity to assess if she is feeling more self-regulated in class.

The Double Empathy problem highlights “a lack of reciprocity in cross-neurotype interactions as the source of social communication difficulties between autistic and nonautistic people” (Pellicano & den Houting, 2022, p.388). Conducting programs such as LEANS and sharing resources like picture books and videos showing an autistic youth’s perspectives and strengths in class provides opportunities for peers to learn about neurodivergent youth in their school, and how they can also become an ally to change stigmatizations.

All these strategies are suggested in hopes that the next time a school counsellor is presented with an autistic youth struggling with their mental health, they can reach into their own toolkit of resources and feel confident in adapting the skills they already practiced. I have learned through my experience and research that there is no reason to reinvent the wheel; however, there are many reasons that school counsellors should be advocating and supporting neurodiverse students in their schools.

Conclusions

School counsellors can play a role in advocating for and supporting the success of autistic students. Indeed, they already have the training, skills, and experience that is required to provide counselling services. Furthermore, through consultation, they can support school staff to understand the unique needs of autistic students. Moving forward, taking neurodiversity seriously means “demanding substantial real-world changes, [and] overhauling a series of major institutions and practices so that they serve autistic people better” (Pellicano & den Houting, 2022, p. 390). When we start to think beyond the student as an individual and instead look at the

ecosystems and relational contexts, we can become allies to support neurodiversity in schools in the ways that we interact between systems to create positive change.

When I first began writing this capstone, I envisioned finding strategies for school counsellors to adapt existing counselling skills and build confidence and awareness of ASD in schools. It was not until I dived into current research and attended conferences that I learned about the social model and the Double Empathy Study. Reimagining support for autistic students from a social lens was my “a-ha” moment. Learning about the LEANS project was inspiring, so much so that I reached out to my colleagues in the school district and invited them to investigate implementing the program next year in the schools that we work in.

My interest in exploring working with autistic students from a school counselling perspective was born out of my personal experiences with autistic youth for the last nine years. In my personal journey, I think back at some of the ABA programs I ran or some of the conversations I had in schools and cringe. Dolly Chugh shares that “if you can’t think about a TV show or a joke or a word that you watched or used or laughed at, a year ago, or five years ago, that you’re now mortified by I’m gonna argue that you’re not growing, you’re not learning. If you feel like everything you’ve ever said, done, or watched is sort of aligned with who you are now and what you know now, that says to me, there’s like this very static, brittle, almost good person identity that isn’t evolving” (Yale University, 2020, 21:17). As I move forward with my learning journey, I look forward to many cringy moments as I learn and grow. I recommend that my colleagues do the same and try taking on a neurodiverse approach to autism. Additional to receiving counselling support, looking forward, I envision a school community where neurodiversity is celebrated, where any student can self-regulate without feeling judged, and

where their peers accept their differences, not just for autistic students but for all neurodiverse students.

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Appendix A

Recommended Adaptations for CBT

NICE recommended the following adaptations for autistic youth under 19 years of age with anxiety disorder:

- emotion recognition training
 - greater use of written and visual information and structured worksheets
 - a more cognitively concrete and structured approach
 - simplified cognitive activities, for example, multiple-choice worksheets
 - involving a parent or carer to support the implementation of the intervention, for example, involving them in therapy sessions
 - maintaining attention by offering regular breaks
 - incorporating the child or young person's special interests into therapy if possible
- (National Institute for Health and Care Excellence, 2021).

Appendix B

Recommended Adaptations to CBT for Anxiety Disorders

Summary of recommended modifications to the content and delivery of interventions for anxiety,

- Longer duration of sessions to allow more time to match children's pace and repeat content to aid learning
- Use of metaphors, e.g. child as scientist to encourage guided discovery
- Use of acronyms, e.g. STAR and KICK to introduce problem solving and cognitive restructuring
- Use of social stories for cognitive restructuring and problem solving (e.g. antidote to noxious thoughts; Sofronoff et al. 2005 as cited in Walters et al., 2016)
- Use of idiosyncratic rating scales such as James and the Maths test and a feelings thermometer to concretely measure change instead of asking about feelings directly
- Incorporate a relaxation strategy section into the programme to support affect management concretely
- Tangible reinforcement programme in session which can be translated to home and school such as a token reinforcement programme
- Use of video modelling and role play to teach coping strategies
- Increased use of games to convey concepts and maintain interest for younger children
- Employ an additional parenting component to teach parents about the role of overprotective parenting in anxiety disorders and strategies to support their child and manage their own feelings of anxiety

- Link with schools to increase school-based support and generalisation of concepts
(Walters et al., 2016, p. 147)