Working therapeutically with autistic children and teenagers

A guide for practitioners

Introduction

If you work with children, you will inevitably work with autistic children. If your role involves helping children who are needing some extra support and finding aspects of life difficult, you will inevitably work with a particularly high proportion of autistic children. This is not because autistic individuals will inherently struggle with their mental health, but reflects the challenges which they experience living in a society which is set up for neurotypicals and is often unsuited to neurodivergent individuals.

Given the harm these children have already experienced from lack of understanding and accommodations, it is crucial that when they seek support we do not inadvertently contribute to this harm. To avoid this, we need a real understanding and appreciation of autism (as a neurotype not a disorder) and an awareness of adaptations which may be necessary in both our approach and our interpretation of what we may see in our work with them.

My aim is to provide a useful overview of some of the key considerations we should be aware of when supporting autistic children. It is not an exhaustive list, but provides suggestions for additional learning if you'd like to develop your understanding further.

Many (maybe even most) of the autistic children/young people we support will not yet have been identified; we should therefore always be mindful of the possibility of neurodivergence. Any non-identified autistic children will need the kind of accommodations, approaches and understanding discussed here just as much as those who have been diagnosed. If in doubt, you may want to adopt some of these suggestions just in case; most of them would be helpful (and certainly not harmful) to neurotypical children anyway, whereas their absence could be harmful for autistic children.

Please note, whilst I use the terms 'counselling', 'therapy', 'counsellor' and 'therapist', these considerations will be relevant to anyone working with children/teenagers in a 'helping' or 'therapeutic' capacity (e.g. social workers, SENCO's, support workers etc…).

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An understanding and appreciation of neurodivergence/autism as a neurotype is crucial

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An understanding and appreciation of neurodivergence/autism as a neurotype is crucial

Research shows the ‘critical importance of positive Autistic identity development for the mental health and wellbeing of Autistic people’ (Davies et al 2024) Autistic identity: A systematic review of quantitative research - Davies - Autism Research - Wiley Online Library.

How can we support this if we don’t have a positive understanding of autistic identity ourselves?

Many children will have picked up on negative and incorrect views of autism. They may have heard people talking of disorder, deficits and difficulties. They may have been told they ‘have’ autism, and assume it is something bad. They will almost certainly have been told or expected to think and behave more like neurotypical children on numerous occasions.

Without a real understanding and appreciation of autism as a neurotype rather than a disorder, it is likely that we will inadvertently contribute to a child’s negative view of themselves rather than helping them develop that all-important positive sense of autistic identity.

A lack of real understanding may also lead us to:
- Misinterpret or even wrongly pathologize autistic ways of thinking, communicating and behaving.
- Encourage the child to think, communicate of behave in a more neurotypical way.
- Be unaware of the accommodations which they may need us to make for them.
- Miss the indications that a (currently unidentified) child is autistic.
- Miss the huge opportunity we have to help the child better understand themselves.
- Focus on helping the child to change/cope/become more resilient rather than considering whether accommodations are needed in their environment (including other’s expectations of them).

If you would like to learn more about neurodiversity and autism as a neurotype, the following short courses are available for free on the Pathways Facebook page:

Autism and Neurodiversity: https://fb.watch/nvHllGFE9y/

3 sessions exploring the autism diagnostic criteria:

- Sensory Processing: https://fb.watch/nvHjvHs-3K/
- Communication: https://fb.watch/nvHhLL4wuH/
- Thinking, Doing and Learning: https://fb.watch/nvHax9UI5O/

The courses can also be accessed here: https://www.sarahanddavewitt.co.uk/for-children

The remainder of this guide assumes that the reader:

- Values and understands autism as a neurotype rather than a disorder.
- Recognises differences rather than deficits or impairments and is committed to respecting and accommodating for those differences.
- Adopts a neuro-affirming approach (nurturing a child’s autistic identity and being cautious never to try and make them think or behave in a more neurotypical manner).

Practical Considerations

Before the session

Many children will appreciate knowing what to expect, but this can be particularly important to autistic children. As a minimum, this could include a photo of you and of the counselling room. If the venue is new to them, good directions and instructions for finding it (including photos of the outside of the building) can be very helpful. If anxiety is high, any hindrance (such as being unsure where to park or which door to come in) may prevent them from making it into the room with you.

We cannot expect children to have a concept or understanding of what a counselling session (or whatever your intervention is) may involve. What information can you provide for them beforehand? For example, can you help them understand why they may be coming to see you, what they will be doing, what you will expect from them, how long they will be with you for etc? And what reassurances can you offer them? For example, can you tell them you won’t expect them to do anything they feel uncomfortable with, they can leave the room if they need to, there are no ‘right or wrong’ answers to questions you might ask etc?

The counselling environment

Be mindful of children’s sensory needs. For example, avoid any strong smells (such as air fresheners and perfumes) or intrusive noises (such as ticking clocks). Avoid flickering lights and, if possible, offer different lighting options (including a dimmer option). Whilst it’s great to make the room look welcoming, try to avoid it being visually overwhelming (for example, with numerous pictures all over the walls). Have a selection of sensory aids available, including different ‘seating’ options (such as an exercise ball, swinging chair or cushions on the floor). Make it clear that the child doesn’t have to stay seated in a chair nor do they need to spend the session looking at you. They are welcome to move or sit as they wish.

If children spend time in a waiting area before seeing you, similar consideration should also be given to that environment.

Expectations

As mentioned above, you will ideally provide information before the session so the child will already have some idea of why they are seeing you and what will happen during your time together. Whilst you do not want to overload them with information when you first meet them, they will probably appreciate some additional details and an opportunity to ask questions. As a minimum they should be reminded of basic things such as how long the session will last, how they can let you know if they've had enough, whether they are allowed to move around the room, what they are (or are not) allowed to play with, whether there any right or wrong answers to your questions and so on.

Parent/carer joining child/teen for session

Some autistic children/teens may only feel safe and able to access therapy if their parent/carer joins them. To refuse the child's request for this may prevent them from getting the support they need. It is also wrong to assume that a child will not open up and talk freely to you in their parent's presence; some children may only be able to do this with their parent present. Whilst you may want to make it clear to the child that they can ask their parent to leave at any point, putting a time limit on how long/how many sessions a parent can stay could be hugely anxiety producing for the child. If you find that the dynamic isn't working, you may need further discussion and consideration with the family over how to proceed, but it can work very successfully.

Therapeutic Considerations

‘Attachment issues’

Following on from above, when professionals observe the closeness of relationship between an autistic child and their parent/carer and the reliance the child has upon the parent, there can be talk of ‘attachment issues’ or ‘enmeshed parent/child relationships’. This is often entirely inaccurate and hugely upsetting for parents. If we take a closer look, there tend to be much better explanations for the closeness of the relationships.

If you want to equate it to attachment theory, it may be more accurate to view it in terms of the parent/carer being the child’s secure base from which they will explore their environment if the environment is safe; if they sense a real danger and threat, they will want to stay near to their secure base. So a child may have no issue separating from their parent/carer if they are visiting a safe place (maybe a trusted friend or family member’s house) but they understandably stay close to their secure base when they feel at risk. Many places in which neurotypical children feel comfortable may feel hugely unsafe for autistic children, hence the frequent reluctance to leave their parent/carer.

I have also seen this explained by likening the parent/carer to a disability aid (I cannot find where I read this, so if you know who first suggested it please do let me know so I can credit the idea to them). The world can be a scary place for an autistic child. They are surrounded by often unpredictable people and circumstances and potentially overwhelming sensory stimuli. Their parent/carer will have learnt over many years how to help them negotiate these things and will be incredibly attuned to their child’s needs. So the parent/carer can be likened to a disability aid; their knowledge of the child and ability to intervene or protect when a particular risk arises can enable the child to access places where they would otherwise be unable to go. Far from being an ‘attachment issue’, this is a parent/carer who is attuned to their child’s needs and helps the child feel safe.

Anxiety

We will all be familiar with the fact that anxiety can sometimes be appropriate and helpful, warning us of very real dangers. The support we offer children with these kind of rational anxieties will be quite different from the way we may help them with more irrational anxieties. For example, we would not seek to stop a child from feeling anxious about playing in the road or near a cliff edge, as their anxiety in these situations is appropriate and keeps them safe. However, we may seek to reduce their anxieties about dinosaurs attacking them or monsters hiding under their beds.

An autistic child's experience of the world will be different from that of a neurotypical child. This means that they may experience discomfort, overwhelm, pain, threat and even harm in situations which we may view as being safe. When they then feel anxiety around those situations, it is a rational anxiety which serves to protect them. We should not dismiss it.

As an example, imagine a child is hugely anxious about going to the school lunch hall. If we view the lunch hall as a safe place and therefore see it as a largely irrational fear, our approach will probably be to help the child overcome their fear of the lunch hall. We may do it with kindness and patience, but that would be our ultimate aim. However, if we recognise that the lunch hall actually causes harm to the child, our aim will be to protect them from the harm. The sensory environment (smells, sounds etc…) may cause overload or make them feel unwell, the number of people may be overwhelming, they may be unable to eat in that environment leaving them hungry for the remainder of the day and so on. When we understand that a child's anxiety is valid, we will be able to focus on the cause of that anxiety.

Many of the children we see will have been referred to us at least in part because of their anxiety. The hope or expectation will probably be that we will help reduce that anxiety. Indeed there are numerous books, programmes and approaches to help with that aim of supporting children to overcome their anxieties. Whilst some of these may be helpful for some children, the focus tends to be on the child overcoming their worries or anxieties; there is often little consideration given to the cause of the anxiety. The reality for many autistic children is that their environment is the cause of their anxiety; living in a society which is predominantly designed for neurotypical people can be very difficult. The sensory environment, ableist expectations, unclear communication, lack of respect for monotropic focus and numerous other issues can cause genuine discomfort and harm. The child's anxiety response is appropriate. It is therefore our role as adults to change the environment rather than try to get the child to cope with the current situation. As Dr Luke Beardon famously explains in his 'Golden Equation', 'Autism + Environment = Outcome' (Beardon 2020). We cannot (and should not attempt to) make a child less autistic, so if the outcome is not a successful one, the component of the equation which needs to change is the environment.

This leads nicely on to a discussion of resilience…

Further reading/resources on anxiety:

- 'Autism and Anxiety' with Dr. Luke Beardon: Autism and Anxiety with Dr. Luke Beardon (youtube.com)
- Beardon, L. (2020) 'Avoiding Anxiety in Autistic Children: A Guide for Autistic Wellbeing'. John Murray Press.

Resilience

There can be a place for resilience, but the concept of 'developing resilience' has become widely disliked amongst the autistic community (with good reason). The problem is that 'resilience' has so often been taught instead of reasonable adjustments or accommodations being made. We wouldn't suggest that a wheelchair user develops their resilience instead of ramps being provided. We wouldn't suggest that a short sighted person develops their resilience rather than wearing their glasses. We also don't encourage people to develop resilience so they can continue to live with daily harm, if that harm is fully avoidable. We remove whatever is causing the harm.

Autistic children are often some of the most resilient children you'll meet. Their resilience enables them to overcome daily challenges which many of us are probably completely unaware of and have never encountered.

And yet when a child starts to say ‘no, I can’t do this anymore’ (most commonly about school, although it could be something else), we often talk of building their resilience. Their fears and anxieties are brushed to one side as they are told ‘it’s ok’ or ‘you’ll be fine’ or ‘be brave’. Not only can this lead to distress and trauma (being made to remain in what feels to be an unsafe environment) it also sends children quite a dangerous message. It is effectively teaching them that if they feel scared or unsafe they won’t be listened to and will be told to get on with it. It is teaching them that they don’t have a right to feel safe. This makes them very vulnerable to abuse and to unsafe relationships as they go into their teenage and adult years.

If we want to support them, rather than teaching resilience skills we should be listening and responding when they share their anxieties or say they are unable to do something (even if they have been managing it until that point). Indeed we should be encouraging them to understand themselves and their needs and to advocate for any accommodations they need, and we should do all we can to ensure that those accommodations are provided.

Trauma

I've heard it suggested that it is almost inevitable for an autistic adult to have experienced some form of trauma, simply from growing up and living in a predominantly neurotypical environment and being surrounded by ableist expectations. Whether or not that is true, trauma is a common experience for neurodivergent children.

I suspect I am not alone in having previously had quite a limited understanding of the kind of experiences and situations which people may experience as being traumatic. I was shocked when a psychiatrist explained to me that an autistic child could have experienced significant trauma even if they were raised in a loving home, had a secure attachment with their parents, went to a caring school where they excelled academically, had friends and were never bullied, and never experienced anything which we would typically view as a traumatic incident or experience. So a child could have the kind of childhood which we would expect them to thrive in, whilst experiencing significant trauma from experiences and incidents which others may not even recognise as being harmful.

So what kind of things can an autistic child experience as being traumatic? It would be impossible to give an exhaustive list but it may include 'feeling generally misunderstood, experiencing ableism, loneliness, having to endure painful sensory experiences that others don't understand..., bullying, a chronic state of stress, which often causes secondary physical and emotional health problem' (Jones 2024). For a fuller understanding of why and how 'trauma appears to be a constant in the life of autistic people', Jones (2024) includes a useful overview of research, theory and current understanding. It appears that as well experiencing more potentially traumatic experiences, they may biologically be more susceptible to trauma (and developing PTSD) and have additional challenges when it comes to processing and overcoming traumatic experiences. Add to this the increased vulnerability of many autistic children, both due to a tendency to be overly trusting of others and the feeling that they don't have a right to feel safe (learnt from having needs and anxieties ignored and invalidated), and we can see why trauma is such a common experience.

This is one of the many reasons why we must listen and respond when children tell or show us that something is causing them distress. Ignoring that distress and forcing them to remain in an environment (such as school) which they experience as being harmful can and does cause trauma.

School trauma is becoming increasingly recognised as a real issue for far too many children and young people. For further reading and a really helpful guide to supporting autistic children and teens in trauma recovery, I recommend this website by Spectrum Gaming: Trauma | Autism Barriers to Education

Autistic Burnout

We are probably all familiar with the term burnout. We may have experienced it ourselves or know friends or colleagues who have. However, many of us are less familiar with autistic burnout, and may not realise that it is something which children can and do experience.

Autistic burnout can happen when the expectations placed upon a person are greater than the resources they have to manage them, and necessary accommodations and support are not in place to help with that mismatch.

So it is when we have asked and expected more of the person than they are able to give. They may have been appearing to manage, or they may have clearly been struggling but somehow kept going; but they reach the point at which they just cannot carry as they have been. This is autistic burnout.

Autistic burnout is generally characterised by:
- Exhaustion, fatigue, lack of energy.
- Loss of function (so a child may struggle with tasks and skills which they could previously manage).
- Increased sensory sensitivity.

So what might this look/feel like for a child or teenager in burnout? It will vary, and this is not an exhaustive list, but:
- They may struggle to leave the house, or even leave their room.
- They may want more time alone, or time with just a limited number of ‘safe’ people (sometimes it is just one ‘safe person’).
- They may find self-care more difficult (showering, cleaning teeth etc…).
- Self-regulation may become harder.
- Increased sensory sensitivities may mean they need some additional sensory input and/or find some input particularly distressing.
- Eating may become more difficult or their diet may change or become more restricted.
- Sleep may be difficult and/or sleep patterns may change.

- They may need more autonomy and control over their life.
- If they have been masking (which is often a contributary factor to burnout) they may be unable to do so anymore. This may make them appear to be ‘more autistic’ when in reality it probably just means that they are being themselves, which is a healthy thing.

If a child is in burnout, they need recovery time. Recovery cannot be rushed; it takes as long as it takes. Families often feel pressure from professionals to keep getting their child to school and mixing with friends, but children and teenagers in burnout really need the pressure to be taken off them. That may well mean extended periods off school and very little socialising (or online rather than in-person socialising). They need time to do whatever helps them to heal.

Life after burnout often looks rather different from life before burnout. It would be nonsensical to expect a young person to return to the same environment and lifestyle which led them to reach burnout. Part of the recovery process should therefore include an exploration of what kind of education and lifestyle would better meet their needs.

For further reading on autistic burnout including a guide to recovery from Dr Naomi Fisher, I recommend this website by Spectrum Gaming Autistic burnout | Autism Barriers to Education and resources on autistic burnout from Helen Edgar (of Autistic Realms) Autistic Burnout - Supporting Young People At Home & School (autisticrealms.com).

Masking

Children can start masking at a very young age. If a child is a proficient masker, it is likely that they will be masking with you; this can give you an unrealistic picture of their difficulties and needs.

So why is masking such an important issue for us to be aware of? Whether or not we are autistic, understanding ourselves and feeling comfortable being ourselves is crucial for our mental health. Many of us have probably experienced some situations in which we don’t feel comfortable showing who we truly are; so we keep fairly quiet or put on a bit of an act. But then we go back to our friends, our family, our home and can be truly ourselves again.

Now imagine never feeling comfortable showing who you truly are; not with your friends, not even with your family, and perhaps not even with yourself. Imagine not even knowing who you truly are. This may sound far-fetched but it describes many autistic individuals' experiences.

So how does this happen? Autistic children usually grow up surrounded by neurotypical expectations. Maybe they're expected to sit still to show they're listening (when they may listen much better when fidgeting or moving), play with other children (when they are perfectly content playing alone), take it in turns when talking (when they have so much interesting information they would love to share), or not tap their feet or hum a tune repetitively as it is distracting for others (although it makes them feel so much better). They often learn very quickly to 'mask'; to hide who they truly are so they will meet people's expectations, avoid getting into trouble and fit in.

They learn that their needs, fears and anxieties are disregarded and viewed as unimportant. So an environment could be painfully loud for them, clothing could hurt, food could make them gag and yet they are told 'it's ok' or 'you'll be fine' and are expected to just get on with it. No wonder they lose sight of who they are; not only are their preferences ignored, so are their needs and anxieties.

Many adults who are diagnosed later in life describe the lengthy (probably never ending) process of unmasking after they discover they are autistic. Even those who are diagnosed as teenagers often find they have to re-evaluate who they are. What are their real interests and what did they feign interest in to fit in with peers? What have they avoided doing (for fear of looking odd or standing out) but actually really value?

Masking could include:
- Hiding stims.
- Hiding distress.
- Hiding interests.

- Not using sensory aids.
- Copying others (their dress sense, the way they talk, their sense of humour etc).
- Faking eye contact.
- Trying to go unnoticed.
- Faking interest in things (pretending to like the same YouTuber, films, music etc as others).

In a counselling setting, masking could mean a child answering questions and approaching activities/play in the way they think the counsellor is expecting them to. When children mask or hide their distress and needs, it can prevent them from receiving the support and provision which they need. This is a common issue for autistic children and teenagers within school. They will 'mask' in school and it is only when they return home that their level of distress from the school day becomes apparent.

It is SO important that parents/carers (and indeed children and young people) are believed if they say the school environment (or any other setting) is causing distress. Just because it may not be apparent whilst they are there does not mean it is not a very real issue. Children can be excellent at masking even when experiencing significant distress and trauma.

Masking is exhausting and can contribute to individuals developing depression and anxiety or reaching burnout.

How can we encourage children to be themselves and not feel the need to mask, both in the counselling room with us and beyond the counselling room?

It is certainly not something which we can force, and masking may (sadly) be necessary for them to feel safe in certain environments. Ultimately though, I would suggest that if we don't want children to feel the need to mask, our aim should be to enable them to thrive at being neurodivergent rather than feeling they are failing at being neurotypical. To do this, they need to understand themselves and their autistic identity. They need to feel accepted as they are. And they need to have their needs respected and met (in as much as is possible). If we can create environments in which they feel comfortable, confident and

accepted as their neurodivergent selves, they will feel much less need to mask.
What might that look like? If we are encouraging children to live as their authentic autistic selves it will mean encouraging them to play, communicate and interact as they feel comfortable, to learn in the ways which best suit them, to have their monotropic flow respected, to express their needs rather than supress them for fear of being told off or dismissed, to understand their sensory processing differences and be supported with them and so on. What a difference it would make.

Further reading/resources on autistic masking:

- Autistic Masking and Autistic Burnout: Autistic Masking (theautisticadvocate.com)
- Masking: https://fb.watch/nvH8eToW1U/

‘School refusal’

School Refusal, School Avoidance, Emotionally Based School Avoidance (EBSA)…there are numerous names describing a child’s struggles to get into the school, many of which place the blame clearly on the child. Whatever we call it, I suspect most counsellors will have been asked to support children with it.

Parents are under enormous pressure to get their child into school; when they fail to do so, they not only face judgement (of their ‘poor parenting skills’) but often also threats, fines and even criminal prosecution. They are also facing the pervasive narrative that school attendance matters. They are told that ‘every day counts’ and that ‘even a few days absence from school can damage the chance of success, for life’. Added to that, most parents need to be at work so caring for a child who is regularly off school can be very difficult (and ultimately leads to some parents having to leave their jobs).

It is therefore not surprising that parents/carers may come to you with the goal of ‘getting the child back into school’. Education (and for most children this means a school setting) is an integral part of any child’s life, and it is therefore of course appropriate for us to support children with it. However, it will rarely be as straightforward as simply working with the child ‘to get them back into school’.

When autistic (or indeed otherly neurodivergent children) struggle to attend school, rather than putting the onus on them to become more resilient or simply more compliant, we should be looking at why they are struggling. It is usually because something about the environment is unsafe or unsuitable for them and their needs are not being met; in this case, it is the school environment which needs to change, not the child. This may mean accommodations and additional support being provided within the child’s current school or a move to a more suitable learning environment. I am well aware that such changes do not happen overnight. It can be a lengthy, time consuming and frustrating process securing appropriate provision for children, and many parents/carers will appreciate any support you can offer with it; professional opinion carries a lot more weight that parental views.

Alongside securing appropriate educational provision for children, we should remember that they may need some recovery time. Whether they are in autistic burnout, have experienced school trauma, or simply have some difficult experiences which they need time to process, the focus should be on recovery and well-being rather than pushing a return to school before they are ready to manage it.

The above sections on **Anxiety**, **Resilience**, **Trauma** and **Burnout** are also relevant here.

Spectrum Gaming (and key partners) are currently creating new guidance around Barriers to Education. This guidance will be launching in September 2024 and will be available for all (on a website). You can find out about this or get involved here:

- https://www.facebook.com/share/p/GSokUDFg5GbZFa8L/

Other useful sources of information on school attendance issues:

- Not Fine in School: Not Fine in School - School Refusal, School Attendance
- Courses by Dr Naomi Fisher: Dr. Naomi Fisher's Courses

Anger management/emotional regulation

Many of the standard approaches and resources designed to help children with ‘anger management’ are not appropriate to support autistic children with meltdowns (or indeed with dysregulation). Meltdowns are not a choice. They are an intense response to overwhelming circumstances and a temporary loss of behavioural control. It can be helpful to view them as being similar to a panic attack.

Whilst of course there are ways in which we can help children learn to regulate, the onus should not be entirely on them. Dysregulation and meltdowns are often caused by the child being in an unsuitable/overloading environment with unrealistic expectations placed upon them. It would be entirely inappropriate to simply expect them to manage it better.

If you would like to explore this further, the following short course considers things which adults around the child can do to help reduce meltdowns/encourage regulation under the headings: ‘Environment’, ‘Expectations’ and ‘Escalation’. It then considers some things which we can help children learn to do themselves under the headings: ‘Self-understanding’, ‘Self-regulation’ and ‘Self-advocacy’.

Meltdowns and Shutdowns: https://fb.watch/nvH5Z6S_nh/

Please Note: Alexithymia and interoception are not covered in this short course but are very much relevant, as discussed below.

Alexithymia and interoception

Alexithymia refers to the experience of having difficulty identifying and describing your emotions. Research indicates that around 50% of autistic individuals experience alexithymia (Kinnaird, Stewart and Tchanturia 2019). What does that mean for our work with autistic children? Well it is clear that we must not assume that they are able to recognise and name their feelings. So, asking how something makes them feel may be an impossible and meaningless question for them. Steph Jones (2024) suggests that 'creative therapies such as art, music and drama therapy, and journaling and typing rather than talking can be used to facilitate self-expression and self-exploration and incorporated into therapy to accommodate alexithymia.'

A note of caution. I suspect many of us were taught that naming a child's feeling for them will help them. So, when their voice becomes louder and we think they are looking angry we may say 'I can see that you're getting cross', or if they're fidgeting and looking down we may observe 'it looks like you're feeling anxious'. Whilst this is well intended, it can be unhelpful. Our observations are not always correct and this not only invalidates their experience and makes them feel misunderstood but may also add confusion to their attempts to recognise their own feelings. So the child may not actually feel cross or anxious at all, but if an 'expert' tells them they are, they may wonder whether the expert knows better than them. This doesn't mean that we can't share our observations or help children explore how they're feeling, but it may be more helpful to do it in a curious way. So, when their voice becomes louder and we think they are looking angry we may say 'I notice that you're voice is getting louder. I wonder what's going on for you?'.

You may be wondering why I've included interoception into this section. I'll explain.

Our interoceptive sense lets our brain know about our internal organs and what's going on inside our bodies. If we have good interoceptive awareness, we'll know (for example) if we're hungry or have had enough to eat, if we're hot or cold, or if we need to go to the toilet and so on. Our interoceptive sense also gives us useful clues about our emotions, such as whether we are feeling nervous or excited.

Many neurodivergent people experience interoceptive differences. Some may find it hard to notice the body signals at all. Others may notice them but struggle to interpret them. For example, they may notice a feeling in their stomach but be unsure what that feeling means. Others may have previously had a clear understanding of what their body signals meant, but this understanding has been invalidated by others so often that they've lost confidence in their ability to correctly interpret the signals. This invalidation may have been well meaning, for example repeatedly telling someone they 'are fine' when their body signals are telling them that they are highly anxious, but it still takes some undoing.

It follows on from this to see the role which interoception plays in alexithymia. Our internal body signals give us useful clues as to how we are feeling. If we're struggling to recognise and interpret those body signals, it makes sense that we may struggle to recognise and name our emotions. Children can be supported to develop better interoceptive awareness, which can also help improve alexithymia.

The importance of developing interoceptive awareness is increasingly being recognised and it goes far beyond helping with alexithymia. Kelly Mahler explains that 'interoception is the crucial foundation of independent self-regulation' (Mahler 2019). When you think about it, that makes perfect sense. If a child doesn't recognise and correctly interpret the body signals which are telling them they are hungry, thirsty, hot, cold, tired, anxious, angry, need the toilet and so on, how can they regulate? They will be feeling the discomfort of all those things, but unable to address them and do something about them. They won't know what they need to do in order to regulate and return to a more comfortable state.

If this is an area which you would like to explore further, Kelly Mahler (OT) has lots of information, resources and training on her website Kelly Mahler's Interoception Training: Boost Body Awareness (kelly-mahler.com)

Monotropism

The theory of Monotropism is viewed by many as one of the strongest theories of autism around and seems to go a long way towards explaining many of the features commonly associated with autism. It was developed by three autistic researchers, Dr Dinah Murray, Wenn Lawson and Mike Lesser and there is a growing body of work and research into it.

The theory suggests that the autistic mind is monotropic (mono meaning single), which means that it focuses its attention on a small number of things at any time. It tends to miss or struggle with things outside of it's attention tunnel. The researchers suggest we imagine that an autistic person has the 'mind of a hunter'; when in hunting mode, distractions are not an option and they are fully focussed on what they are doing. In contrast the neurotypical mind is polytropic (poly meaning many), meaning that attention can be spread amongst more things.

So why is it useful for us as counsellors to understand this theory?

- It helps us to explain many of the features of autistic thinking, behaviour and communication without pathologizing them.
- It helps us to better understand autistic ways of thinking, behaving and communicating.
- It seems to have some useful implications regarding mental health.

The autistic brain's ability to focus it's attention can be really helpful. The kind of hyper focus which monotropic thinkers can have on a task or activity brings real enjoyment and fulfilment. It is sometimes referred to as finding your flow, and being in your flow feels really good. There is also something deeply satisfying about completing a task or bringing an activity to a natural conclusion.

It follows though that being prevented from doing this can be really stressful and frustrating. If you are not monotropic, I suspect it may be difficult to fully recognise just how hard it can be for a monotropic thinker to be pulled away from their focus or their flow and forced to switch their attention to someone else. Whether it's a piece of work, a game, a Minecraft build or anything which has caught a child's attention, the feeling is the same, and that sense of having not completed it (or bought it to a natural ending) can remain for hours or even days.

I wonder how many times on an average day a child is expected to pull themselves away from their monotropic focus, however painful or frustrating it may be? And when that frustration reveals itself in distressed behaviour, how often are they made to feel bad about it or even find themselves being told off? Equally, as Kieran Rose explains, 'if you aren't aware of monotropic neurology, it can be easy to assume that while in a flow state, an autistic person is deliberately disengaged, deliberately not listening, or not paying attention on purpose. This is all classified negatively as 'challenging behaviour,' but is not the case.' (Rose 2022) An introduction to monotropism (youtube.com)

In terms of supporting children's mental health, it seems logical that allowing for the kind of monotropic thinking which can bring joy and deep satisfaction will have a positive impact, whilst limiting it may have a detrimental impact.

If you would like to discover more about monotropism, including practical applications in mental health, much of the current research and understanding is found on this website Monotropism – the mind as an interest system

Restricted eating/ARFID/eating disorders

It is common for autistic children to have quite restricted diets; for many, having a fairly limited diet is not necessarily a problem. However, autistic children and teenagers are more likely than their neurotypical peers to develop ARFID (avoidant/restrictive food intake disorder) as well as other eating problems or disorders such as Anorexia or Bulimia. ARFID is often more obvious in earlier childhood, whilst the other eating disorders often appear for the first time in adolescence or early adulthood.

For autistic individuals, restricted eating may well not be about body image or weight loss (although of course it can be). It is often due to avoidance of foods because of their sensory properties. It can also be due to worries of contamination and concern about the potentially aversive consequences of eating, such as fears of choking or vomiting. For some, counting calories, keeping to a particular diet or exercising can become a fixation or ‘special interest’. Interception is also crucial in eating; we rely on it to tell us when we are hungry and when we have eaten enough. If it is not functioning fully, this can obviously impact our eating; a child may not recognise that they are hungry and that their body needs food.

When supporting autistic individuals with eating disorders it is important to understand the different factors behind their disordered eating. Equally, as Steph Jones points out, ‘treatments must be neurodivergent-friendly and make the necessary adjustments required for us to be able to participate (groups, regular attendance and insistence on particular foods may not be the best approach for us)’ (Jones 2024).

PDA

Pathological Demand Avoidance (PDA) is a profile of autism. If you are unfamiliar with it, the PDA society is a useful source of information: PDA Society – Pathological Demand Avoidance. The following link takes you to a useful one page summary explaining 'What is PDA?' One page info sheet (pdasociety.org.uk)

It can be really helpful to view PDA as a 'pervasive drive for autonomy' (Wilding 2020) Changing The name PDA - Tomlin Wilding. PDAers need autonomy in order to feel safe; they are highly sensitive to anything which may challenge their autonomy, and any such challenges may trigger their automatic 'threat response'.

Conventional parenting approaches do not work with PDA children; many families learn this the hard way, spending years following standard parenting advice only to see their child becoming increasingly dysregulated and distressed. If or when they finally discover PDA and adapt their parenting (basing it on trust, negotiation, collaboration, flexibility), they often face criticism and judgement from those around them for taking that approach.

In addition to this, the school environment with it's numerous demands and lack of flexibility, can be very difficult for PDAers. The PDA society's 'Being Misunderstood' report found that 70% of children with a PDA profile of autism are not in school or regularly struggle to attend Being Misunderstood in Education | PDA Society Resources.

Given the challenges they face, PDA children and their families may really value support from professionals, but accessing it can be very difficult for them. These children (and their families) are often misunderstood, with the child's behaviour misinterpreted as being 'manipulative' or 'naughty' and parents judged as being unable to 'control' their child or 'enforce appropriate boundaries'.

If you are working with a PDA child you will need to develop an understanding of what makes them feel safe and equally importantly what makes them feel unsafe. It requires a real change of mindset to recognise the kind of things which they may perceive as a demand (and therefore a threat to their autonomy). Whilst of course relationship, trust and authenticity are important in any counselling relationship, I'd suggest it is particularly essential with PDAers. They tend to be highly perceptive of others' emotional states, and pick up on any incongruence between what you're saying and how you're actually feeling.

If you would like to learn more about working with PDAers (and indeed children who are demand avoidant for other reasons), I'd recommend this short course from Dr Naomi Fisher:

- 'Working with Demand Avoidant Children: The Art and Science of Low Demand Therapy': Naomi Fisher's Courses

Justice

None of us like unfairness or injustice, but it's common for autistic individuals to feel it particularly keenly. If a child feels wronged, misinformed or lied to, it may be very hard for them to let it go and move on without a satisfactory resolution. We must be careful not to dismiss or minimise their experience and the strength of their feelings. Many children will have had their feelings invalidated repeatedly and we don't want to add to it. Equally, if a child is angry or even vengeful over a situation which you view to be insignificant, it is not a reflection of that child's character but rather of the strength of their feelings over the injustice experienced.

Speaking of invalidation…

The importance of validation

It is a common experience for autistic children (and adults) to have their thoughts and feelings invalidated. Those doing it probably do not mean to cause harm, but simply do not understand why the child would be thinking or feeling the way that they are. So, for example, a child may say that their coat hurts, or the clay feels horrible on their hands, or their music teacher is scary…and as the adult cannot understand why any of these would be the case (the coat is made of soft material, the rest of the class enjoy the clay and the music teacher is known to be kind), rather than accepting that this is the child's experience of these things, they challenge it and try to correct them.

An autistic child will experience the world around them differently from their neurotypical peers. As a counsellor, you may not always be able to understand or relate to they way in which they have experienced something. It may make no sense to you at all. However non-sensical it seems to you, it is important to validate it as their experience.

Type/modality of therapy

Parents often ask what kind of therapy will be suitable for their autistic child. Whilst there are certainly some to avoid (see below), there isn't a single therapy which will suit every autistic child, just like there is no single therapy which will suit every neurotypical child. It will depend on the child and their needs. I would also suggest that it depends a lot on the therapist's approach and understanding of neurodivergence.

In terms of 'therapy' to absolutely avoid, ABA (Applied Behaviour Analysis) is one to stay well away from. It is a behaviour modification therapy and one of the most commonly recommended therapies or approaches for autistic children. The focus is on changing the child's behaviour by using rewards, withholding something a child enjoys until they comply, or by using punishment. The cause of the behaviour (such as sensory need) is often ignored, so the child's need or distress goes unmet. Autistic traits and characteristics are commonly viewed as undesirable behaviours and become the target for modification.

If you research ABA you will find studies claiming that it 'works', and indeed practitioners may well see results. Children can receive up to 40 hours of ABA a week, and under such circumstances it is likely that some children will learn to comply, hide their distress, and change their behaviour. They learn to mask. However, this should not be viewed as success. Autistic adults who experienced ABA as children describe it as having been traumatic. Numerous studies have shown links between ABA and trauma/PTSD. You can find a collection of research on this here The Great Big ABA Opposition Resource List – Stop ABA, Support Autistics (home.blog) ABA comes in various forms, and may not always be called ABA, so it's important to be on the look out for it.

So if we're not ABA therapists, can we rest easy that our modality is suitable and helpful for autistic children? I suggest it's not that simple and depends a lot upon the approach we take.

For example, play therapy can be a very appropriate and helpful choice for an autistic child, but if a therapist (whether knowingly or unconsciously) discourages a child from playing or thinking in their natural autistic way and encourages them to play or think in a more neurotypical manner, it ceases to be neuro-affirming and becomes harmful.

As another example whilst CBT (appropriately adapted) is one of the most evidenced therapies, as Tania Glyde explains ‘No one (ND or not) should be encouraged to see their thinking as defective, and be encouraged to change their behaviour as if they are the one at fault, when the issues are likely their environment and lack of accommodations’ (Glyde 2023).

These are just two examples and I obviously won’t go through every modality here, but my point is that any approach has the potential to be unhelpful if the therapist lacks understanding of and respect for the autistic neurotype.

It is also worth considering whether particular techniques are suitable for autistic children. For example, things like deep breathing and mindfulness may not be helpful if a child is already overthinking an issue and is hyper-focused on it; it often just isn’t that easy for them to clear their mind of it. If they need a break or some relief from whatever is on their mind, some form of distraction may be more helpful. Another example is graded exposure (in some form), which seems to commonly be suggested for any child who is struggling with anxiety. If the child has an irrational and unfounded fear then this technique may be helpful, but as we discussed in the anxiety section above, for many autistic children their anxiety is valid; the things which they fear do indeed cause harm and distress. Gradual and repeated exposure to those things is therefore completely inappropriate and will simply cause further trauma. As Professor Tony Attwood explains ‘Any therapy which convinces us to tolerate things that are actually distressing to our mental health (be it people, situations or sensory experiences) has the potential to be hugely damaging’ (Jones 2024).

So what approaches may be most helpful for autistic children? Although she is not writing about children specifically, Steph Jones observes that ‘There’s a growing body of evidence to suggest that creative arts and expressive therapies (things like music, art, dance, acting, even comedy) might be beneficial to autistic people, allowing us to access feelings without questioning the legitimacy of them…and without needing to process them via thoughts which may prove really difficult' (Jones 2024). She also explains that EMDR 'can be very beneficial for autistic people in processing both simple and complex trauma' (Jones 2024). From her experience (as a client and a therapist), she adds 'I believe that as knowledge-craving creatures, with a desire to know why things are as they are, that any therapy without an element of psychoeducation might not be all that good for us' (Jones 2024).

Ultimately, I would suggest that one of the most crucial elements in any therapy is that the child's autistic neurotype is respected and valued and their experience is validated. This may well include helping the child to understand themselves and their needs better (and more positively). Given how overrepresented autistic individuals are in therapeutic settings, and knowing that simply 'being autistic' is not a reason to need therapy, it seems safe to assume that the challenges neurodivergent individuals experience in environments designed for neurotypicals are what bring many to therapy. This is certainly reflected in the lived experience shared by many autistic adults. Those experiences may well have caused trauma for which the child needs support. Alongside that support, offering the child a clearer and more positive understanding of their neurotype, and of how to protect and care for themselves in a predominantly neurotypical world, may well also have a significant impact upon their future mental health and wellbeing. (Davies et al 2024). Autistic identity: A systematic review of quantitative research - Davies - Autism Research - Wiley Online Library.

Additional communication considerations

Double empathy problem

Given how crucial it is for us as counsellors to understand what clients are communicating to us (and for them to understand us in return), it is important to be familiar with the double empathy problem (Damian Milton 2012). Simply put, the double empathy problem describes the miscommunication which can occur when people of different neurotypes interact. This makes sense when you realise autistic communication differs from neurotypical communication; neither is better or worse, but there are differences. It therefore follows that miscommunication is less likely between two autistic people or indeed two neurotypical people, as they are following the same rules as each other, but misunderstandings are more likely in an autistic and a neurotypical interaction.

If you are a neurotypical counsellor you need to remain mindful of this. You should be cautious before interpreting an autistic child's body language, tone of voice, use of eye contact, silence and indeed any other aspect of their communication through a neurotypical lens; it may not mean what you might think.

Processing time

Whilst this won't apply to all autistic children, it is worth being aware that some will have processing differences (which may well not be obviously apparent). They may need additional time to process and respond to things that you say. They may also struggle if you offer too much information at a time.

Clarity and openness/honesty

The need to know what to expect and the importance of authenticity has been discussed before. In practical terms, this may mean that when a child asks you a direct question, they would really value a clear and direct answer. Whilst I'm obviously not advising a counsellor to overshare, being willing to share something about yourself (if directly asked to do so) can really help a child develop trust. It can also be an important equaliser (this can be particularly important for PDAers).

Silence

Periods of silence may be very stressful for a child if they are unexplained. A simple explanation that it is ok if there are times when no one is talking could offer reassurance.

Language used (when talking about autism)

The language we when talking about autism matters because it reflects whether we view it as a neurotype or a disorder. Whilst individual preferences should obviously be respected, in the absence of that it is advisable to respect the preferences expressed by the autistic community and use neuro-affirming language. You may find this guide helpful How to talk and write about autism (dy55nndrxke1w.cloudfront.net)

The wording of our questions

If a child is struggling to answer our questions, perhaps we could word them differently? For example, a child with alexithymia may find it very difficult to answer if you ask them how they feel. Megan Anna Neff recalls being ‘shocked by how much of a difference’ it made when a therapist asked her ‘what's on your mind?’ rather than ‘how are you?’ (Neff) Autistic Therapy (neurodivergentinsights.com)

Wider considerations to keep in mind

The child and family's previous experience(s) of seeking support from professionals

When parents/carers of neurodivergent children request support from the services which should be helping their children (social care, education etc..), they often not only face a time consuming, exhausting and often fruitless battle to receive that support but are regularly disbelieved or blamed for their children's needs. The frustration, distress and even trauma caused by these experiences is immense.

It is important that you are aware of this, as when a parent and child approach you seeking support they will probably be carrying all those past experiences with them.

If you weren't previously aware of this being an issue and would like to understand it better, you may find these recent reports helpful:

- *Parental Blame and the PDA Profile of Autism.* Alice Running and Danielle Jata-Hall, 2023. Of over 1000 parent/carer respondents 87.8% said they had felt blamed for some aspect of their autistic/PDA child's presentation or 'lack of progress'. Parental Blame and the PDA Profile of Autism | PDA Society Resources

- *How Families are Failed by Health, Education and Social Services*. Yvonne Newbold, MBE, 2022. Of the 1,364 parent respondents 95% reported that they had felt blamed or judged by professional staff who work with their child. Parent Blame Report - Newbold Hope

- *Institutionalising Parent-carer Blame.* Luke Clements and Ana Laura Aiello, 2021. The research found that most English Children's Services Authorities operate a 'one size-fits-all' approach to families – regardless of whether it is a parent/carer seeking support for a disabled child or a family where the evidence suggests there to be neglect or abuse. The effect of this approach is to create an institutional culture of 'parent blame'.

The research cites parents who felt the process of seeking support to be ‘humiliating’, ‘bullying’, and ‘devastating’; who likened it to ‘the police turning up at your door and (saying) we’ve got a warrant to search your house’.

The researchers found that national and local social care policies in England create a default position for those assessing disabled children, that assumes parental failings. This approach locates the problems associated with a child’s impairment in the family – a phenomenon referred to in this report as ‘institutionalising parent carer blame’.
Institutionalising Parent-carer Blame - Cerebra

You may also find this course helpful: ‘The View from the Other Side’:
https://fb.watch/nvG-rMoU3c/

The session covers:

- What is going wrong?
- Common misunderstandings.
- How can we better support neurodivergent families?

Rewards and punishments

Families and indeed schools may seek your advice on the use of rewards and punishments. As Dr Naomi Fisher explains 'A belief in the importance of rewards and punishments runs through the way that we manage children in our society. We see child-rearing as a sort of extended training programme - reward what you want to see, punish what you don't, and at the end, you'll have a fully functioning adult. So it surprises many people when they find that there's an extensive body of research which shows that both rewards and punishments can actually be detrimental to learning as well as emotional wellbeing' (Fisher 2023) Show Me The Evidence - by Dr Naomi Fisher - Think Again (substack.com)

Much has been written on this if you’d like to explore it further, but here are my thoughts specifically on why the use of both punishments and rewards with autistic children is problematic.

- It is unfair. Dr Ross Greene’s famous mantra is that ‘kids do well if they can’ (Greene 2014). Children who find it fairly easy to meet the adult's expectations will get rewarded and those who are really struggling will be punished (or will miss out on the reward, which can be experienced as a punishment).
- It ignores the real issues. If a child struggles to meet an adult’s expectations it generally isn't because they just don't want to. Something is making it hard for them. Perhaps the expectation is unreasonable (such as expecting a child with executive functioning difficulties to get changed for PE quickly, tidy their room or keep their books organised). Or perhaps the environment is problematic (such as expecting a child to focus on work when they are overloaded by noise in the classroom). The prospect of a reward or indeed a punishment won’t remove these barriers. Instead, the responsibility must be on the adult to identify and address the issues or barriers and either provide support or adjust the expectations and the environment to make them reasonable and appropriate for the child.
- It relies on extrinsic motivation, whilst there's plenty of research evidence (and common sense!) showing the benefits of utilising intrinsic motivation (Howard et al 2021) Student Motivation and Associated Outcomes: A Meta-Analysis From Self-Determination Theory - Joshua L. Howard, Julien S. Bureau, Frédéric Guay, Jane X. Y. Chong, Richard M. Ryan, 2021 (sagepub.com). Surely it is better if a child is kind to others because they recognise the value of kindness rather than because an adult is watching and they may get a reward. And it is better if they can find enjoyment, satisfaction and value in completing tasks, rather than only doing them for the prospect of a reward.
- It can increase anxiety rather than reduce it. The prospect of not getting the reward or of being punished can really worry and upset children. Not only do we not want our children to be feeling anxious and distressed, but it’s also worth remembering that anxiety is often a factor in the kind of distressed and dysregulated behaviours which we’re trying to reduce; so using rewards and punishments could actually cause more issues rather that reducing them.

- It can affect self-esteem. What message are we giving to those children who (due to unmet needs and unrealistic expectations) often find themselves missing out on rewards or being punished? If it becomes a common experience for children to ‘fail’, what impact will that have on their self-worth? And if we understand that kids do well if they can, we will realise that they can do little to improve the situation. That’s not a recipe for good self-esteem.
- It can shame and humiliate children (particularly when used in a setting with others present, such as a school). Children can feel devastated if they are punished in front of others, or indeed if they obviously miss out on a reward which others receive.

So if you are asked for advice on the use of rewards and punishments for an autistic child, I would suggest that you advise a healthy dose of caution for any adult considering them. The fanciest of sticker charts, the most enticing of rewards or the prospect of a punishment won’t make it possible for a child to do something if the expectation is unrealistic and they simply cannot manage it. We must not to set children up to fail and rewards and punishments should not be used to replace meeting needs, providing support and making suitable accommodations.

You can find out more about Dr Ross Greene’s work (and his mantra of ‘kids do well if they can’) and access numerous free resources here: LIVES IN THE BALANCE

If you would like to further explore the topic of motivation, I’d recommend ‘Punished by Rewards: The Trouble with Gold Stars, Incentive Plans, A's, Praise, and Other Bribes’ (2018), Alfie Kohn.

Final Thoughts

When I started writing this it was only meant to be a few pages…but as I wrote, there was more and more which I felt I needed to cover. Autistic children are so often let down and (albeit often unintentionally) harmed by our society. I have chosen not to include statistics on mental health, suicide and general outcomes for the autistic community but they are a harrowing read. When autistic children seek help, you have an amazing opportunity not only to help them with whatever their presenting issue may be but also to better prepare them for the future. Offering the child a clearer and more positive understanding of their neurotype could have a such a significant impact upon their subsequent mental health and wellbeing. I really do hope that this document will help you to provide the neuro-affirming support which they need and deserve. It really could be life-changing and in some cases life-saving.

Useful Resources

YOUR PATHWAY for children/teens (includes activity pack)

YOUR PATHWAY offers **a fun and neuro-affirming opportunity for children/teens to learn about being autistic**.

Children can enjoy creating electric circuits, decorating a mask, making hot chocolate, trying sensory aids, playing games and plenty of discussions whilst exploring their autistic identity with a trusted adult.

The 6 session programme can be used within a counselling/therapeutic setting or at home with a parent/carer.

You can buy YOUR PATHWAY for **£25:** https://buy.stripe.com/00gcNDeBX4WI7OU146

Further details: Neurodiversity Affirming Autism Training | Sarah And Dave Witt | England

Price includes:
- lifetime access to 6 on-demand sessions
- activity pack with resources needed

YOUR PATHWAY is suitable for young people aged around 7-15. No diagnosis necessary.

NEW PATHWAYS for parents/carers (includes sibling session)

NEW PATHWAYS offers parents/carers a comprehensive understanding of autism, addresses commonly asked questions, and gives them the knowledge to parent and advocate for their child with confidence.

You can buy NEW PATHWAYS for **£25** https://buy.stripe.com/aEU4h7bpLah2edifZc

Further details: Neurodiversity Affirming Autism Training | Sarah And Dave Witt | England

Price includes lifetime access to 16 on-demand sessions and session transcripts.

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Spectrum Gaming: https://www.barrierstoeducation.co.uk/burnout

Kieran Rose, The Autistic Advocate: https://theautisticadvocate.com/autistic-masking/

New guidance around Barriers to Education (launching in September 2024 and will be available for all on a website). You can find out more or get involved here: https://www.facebook.com/Spectrum0Gaming, https://www.facebook.com/share/p/GSokUDFg5GbZFa8L/

Not Fine in School: https://notfineinschool.co.uk/home

Kelly Mahler (OT): https://www.kelly-mahler.com/

Monotropism: https://monotropism.org/

PDA Society: https://www.pdasociety.org.uk/

Dr Ross Green: https://livesinthebalance.org/

Stop ABA, Support Autistics: Advocating for Better Treatment of Autistic Individuals: https://stopabasupportautistics.home.blog/2019/08/11/the-great-big-aba-opposition-resource-list/

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3 sessions exploring the autism diagnostic criteria:
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- *Communication*: https://fb.watch/nvHhLL4wuH/
- *Thinking, Doing and Learning*: https://fb.watch/nvHax9UI5O/

Masking: https://fb.watch/nvH8eToW1U/

Meltdowns and Shutdowns: https://fb.watch/nvH5Z6S_nh/

The View from the Other Side: https://fb.watch/nvG-rMoU3c/

‘*Autism and Anxiety*’ with Dr. Luke Beardon: https://www.youtube.com/watch?v=vueAASgTz8s

‘*An introduction to monotropism*’: Kieran Rose (www.theautisticadvocate.com), Josh Knowles (Josh Knowles animation), Dr Georgia Pavlopoulou (Anna Freud Centre) and Dr Ruth Moyse (AT-Autism), HEE-funded National Autism Trainer Programme: https://www.youtube.com/watch?v=qUFDAevkd3E

Courses referenced:

Courses by Dr Naomi Fisher: https://courses.naomifisher.co.uk/

PATHWAYS

We're Sarah and Dave,
a social worker/counsellor and teacher respectively
and part of a neurodivergent family.

Through Pathways, we offer a range of services and support
for autistic children/teenagers, their families and for professionals.

Pathways is neuro-affirming.
We recognise autism as a neurotype not a disorder.
We encourage autistic children to be their authentic autistic selves.

Pathways is realistic in acknowledging the challenges
which autistic children and their families can face,
whilst also suggesting positive ways through them.

Pathways combines autistic lived experience with professional experience.

Sarah is a registered social worker.
She has a DipSW, BA Hons in Psychology (BPS accredited), a Diploma in Counselling (level 4) and a Diploma in Youth Counselling (level 4).
She brings extensive experience of supporting autistic children and has worked with children and parents/carers in a range of settings.

Dave is a primary school teacher and tutor.
He has a BSC Hons, Diploma in Youth Counselling (level 4) and QTS.
He brings extensive experience of working with autistic children.
He has taught in primary and secondary schools and worked in specialist and mainstream settings as well as supporting home educated and EOTAS learners.