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Autism: A Qualitative Content Analysis of Counseling Journals, 1986-2021

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Autism: A Qualitative Content Analysis of Counseling Journals, 1986-2021

A Thesis Presented to
The Graduate Faculty of
Minnesota State University Moorhead

By

Danielle Weller

In Partial Fulfillment of the
Requirements for the Degree of
Master of Science in
Clinical Mental Health Counseling

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Abstract

This qualitative content analysis (QCA) examined three American Counseling Association (ACA) journals and how Autism Spectrum Disorder (ASD) is covered in them: Journal of Counseling Development (JCD), Journal of Multicultural Counseling Development (JMCD), and Counselor Education and Supervision (CES). Within the three listed journals, there were a total of 4,749 articles published from the years 1986 to 2021, with a total of 6 articles found related to ASD. Throughout the QCA process, four themes were established: Diagnosing Autism Spectrum Disorder, Considerations for Counseling Individuals with Autism Spectrum Disorder, Treatment for Children with Autism Spectrum Disorder, and Neurofeedback in Counseling. This research study shows that although the prevalence of ASD is increasing, the research is not. In addition to an increasing rate of ASD, there is a high comorbid rate with mental health diagnosis and ASD, which often require counseling. With the different dynamics and characteristics of ASD, counselors need to be trained appropriately to ensure competency in this area. This meaning, there a significant lack of research done on the topic of ASD in the counseling journals, and it is recommended that more research is completed.

Keywords: Autism Spectrum Disorder, Autism, Asperger's

TABLE OF CONTENTS

ABSTRACT.....	2
CHAPTER ONE: INTRODUCTION.....	6
Purpose of the Study.....	9
Research Questions.....	9
Definition of Key Terms.....	10
CHAPTER TWO: REVIEW OF THE LITERATURE.....	11
Autism Spectrum Disorder: Increasing its Prevalence in Society.....	11
History.....	11
Diagnosing ASD.....	13
Risk and Protective Factors.....	15
Cultural Considerations.....	16
Current Interventions.....	18
Introduction to Counseling and ASD.....	19
Challenges in Treating Individuals with ASD.....	19
Effective Theories to Consider.....	20
Barriers to Talk Therapy for Individuals with ASD.....	22
Adaptations to Therapy for Individuals with ASD.....	22
School-Based Interventions.....	25
Creative Approaches to Therapy and ASD.....	26
Summary.....	28
CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY.....	30

Restatement of Purpose.....	30
Procedure: Qualitative Content Analysis.....	31
Step 1: The Guiding Research Questions.....	31
Step 2: Select the Material to be Studied: Journals to be Examined.....	32
Step 3: Develop and Coding Frame and 4: Divide the Material into units of Coding.....	34
Research Question 1.....	34
Research Question 2.....	34
Research Question 3.....	34
Step 5: Try out the coding and 6: Evaluate and Modify the Coding Frame.....	35
Step 7: Results and 8: Interpretation.....	37
Summary.....	37
CHAPTER FOUR: FINDINGS.....	40
Results from the Article Selection.....	41
Research Question 1 Results.....	41
Research Question 2 Results.....	41
Research Question 3 Results.....	41
CHAPTER FIVE: DISCUSSION.....	50
Discussion of the Findings in Research Questions 1 and 2.....	50
Discussion of the Findings in Research Question 3.....	50
Summary of all Three Questions.....	54
Limitations.....	55
Implications.....	56
Conclusion.....	57

REFERENCES.....59

CHAPTER ONE

INTRODUCTION: Where Autism Fits in Counseling

If you are an individual that is diagnosed with autism spectrum disorder (ASD), you might find it easy to find others like you, diagnosed with ASD. In fact, roughly 1% of the population is diagnosed with ASD (Lucas & James, 2017). To dive even deeper, 70% of that population has a comorbid disorder, such as generalized anxiety disorder, depression, or obsessive-compulsive disorder (Simonoff et al., 2008). With these statistics, does the counseling research reflect competency in treating the ASD diagnosis? One might wonder how counseling might differ with an individual who is diagnosed with ASD. With the increase in the number of children with ASD, an increase in training for counselors working with the individuals and their families is needed. The literature review in chapter 2 will look at the current research on ASD within journals outside of the counseling realm and reflect the common themes that the research holds.

Introducing ASD: What is it?

ASD holds characteristics such as persistent deficits in social communication and interaction and repetitive patterns of behavior, interests, or activities (American Psychological Association, 2013). Although these symptoms are categorized as someone with ASD, it has not always been that way. The ASD diagnosis was established when the DSM-V was created in 2013 and was constructed after many years of different labels and criteria associated with it.

The first diagnosis that was related to the specific characteristics of what is now considered ASD, was named “infantile autism” (Harris, 2016). Infantile autism was used to separate childhood-onset schizophrenia and was listed under the category “pervasive developmental disorder” (Harris, 2016). To specify the disorder even further, the DSM-IV

changed the diagnosis to include Asperger's syndrome and Rhett syndrome in addition to what was in the previous model, the DSM-III (Harris, 2016). As stated, the DSM-5 then created the ASD diagnosis to create a broader label, with more specific diagnostic criteria (Harris, 2016).

Given that ASD holds a range of criteria and deficits, it is important for counselors to be adaptable in their counseling work, to best fit the need of their client. In order for counselors to be competent in the area of ASD, they must first be educated and trained appropriately on the subject. One way of finding out whether or not counselors have adequate resources to enhance their competency in this area, is to do research on the topic of ASD and how it relates to counseling. The next step to this would be to identify whether there is actually research revolving around this diagnosis in the counseling literature. There are many methods that could be used to gather this data, one popular method being a content analysis.

Exploring ASD in the literature: Content Analysis

There are two main types of content analysis, and they are qualitative and quantitative. The qualitative method includes using data that is descriptive in nature, whereas the quantitative method uses numerical data. The content analysis method has been used for many years and has adapted over time, from being considered a "counting game" to more of an informative approach which uses a qualitative approach (Graneheim et al., 2017). This study will use a Qualitative Content Analysis (QCA) to analyze journal articles on ASD (Schrier, 2012). QCA analysis focuses on the subjects and themes, comparing similarities and variations, and interpreting the data within the content (Graneheim et al., 2017). There has been qualitative content analysis done on the journals of counseling, such as the LGBTQ, military populations, and adverse childhood experiences, which were all completed with the Journal of Counseling and Development (JCD) (Singh & Shelton, 2011). Although there have been QCAs done in the

counseling literature, to date there has not been a QCA done on ASD in the American Counseling Association Journals.

The closest qualitative content analysis on autism that was found was found in the American Journal of Occupational Therapy, analyzing the content from the years 1993 to 2011. This content analysis was used to identify how qualitative research can assist occupational therapists in practicing with evidence-based information when working with families with a child with autism (Swinth et al., 2015). The researchers in this study first identified 125 articles and reviewed 110 articles that met the inclusion criteria (Swinth et al., 2015). Once this was done, 79 articles were coded, and three themes were identified. The themes identified were (1) services challenges for family, (2) day-to-day experience of autism, and (3) reframing family (Swinth et al., 2015).

The study found that by using evidence gained through qualitative and quantitative studies, practitioners who work with children with autism and their families, may be able to meet the needs of each unique individual better than a practitioner who does not use evidence-based practice (Swinth et al., 2015). This study supports the idea that occupational practitioners should refer to the research to inform their clinical reasoning, to give perspective and a better understanding of living with autism, and to support the framework that is best for working with individuals with autism (Swinth et al., 2015). Being that this content analysis was so beneficial and informative to occupational practitioners on working with children with autism, it would presume to be valuable to counselors to have the same analysis done on the journals of counseling.

Purpose of this Study

The purpose of this study is to explore the current research on ASD within the counseling literature by using the QCA model. The study was guided by searching for specific main themes in the counseling literature, such as ASD, Asperger's, syndrome, and developmental disabilities. Only articles including information on these three topics were used in this study. This study provides a comprehensive look at what research has been completed on ASD in the counseling literature and to recognize any gaps or areas that need further research, in order to provide quality counseling and therapy services to individuals on the spectrum. Furthermore, this study works to help to understand how the counseling field has addressed ASD and how to work with those people who live with this disorder. To complete this study and collect the important information needed, three journals from the American Counseling Association were used: *Journal of Counseling and Development (JCD)*, *Journal of Multicultural Counseling and Development (JMCD)*, and *Counselor Education and Supervision (CES)*. The information and data collected from these articles was used from the years 1986 to 2021. A qualitative content analysis is a way to analyze and focus on specific subjects or framework within content and interpreting the data by finding common themes or similarities (Graneheim et al., 2017).

Research Questions

Multiple research questions were constructed to guide this content analysis:

Research Question 1(RQ1): How many articles were written on issues related to ASD from the years 1986 and 2021?

Research Question 2(RQ2): What is the exact percentage of articles that covered topics related to ASD from the years of 1986 to 2021?

Research Question 3(RQ3): Lastly, what are the most frequent categories or themes that have been examined related to ASD in the counseling literature spanning from the years 1986 to 2021?

Definition of Key Terms

Autism Spectrum Disorder (ASD)/Autism: This term is defined by the DSM-V (2013) as someone with persistent deficits in multiple areas, such as social communication and social interaction, and has restricted or repetitive patterns of behavior. Prior to the updated Diagnostic and Statistical Manual of Mental Disorders.

Asperger's syndrome was used to describe this diagnosis in the DSM-IV, prior to the creation of ASD in the DSM-V, in 2013 (Harris, 2016).

American Counseling Association (ACA): A membership organization representing licensed professional counselors, counseling students, and other counseling professionals in the United States Zyromski, Baker, Betters, Dollarhide, & Antonides, 2020).

Qualitative Content Analysis (QCA): A qualitative research approach that focuses on providing an overarching review of the research done on a specific topic within specific content (Singh & Shelton, 2011).

CHAPTER TWO

REVIEW OF THE LITERATURE

Chapter two provides a review of the current literature on ASD. More specifically, this review will outline the history of ASD and how it presents itself, and how it is diagnosed. Further into the literature review, the challenges that may present while counseling individuals with ASD will be discussed, as well as the interventions found to be useful when working with individuals diagnosed with ASD. The review will cover three forms of therapy, including individual, couples or marriage, and family therapy, and how ASD is relevant to each. Due to the limitations that are often presented with someone who is diagnosed with ASD, it is important for professionals to adapt their interventions to fit the need of the client.

ASD: Increasing its Prevalence in Society

This literature review will begin by discussing the overall history of (ASD). Autism is defined in many different ways, but a description of Autism could be a neurodevelopmental condition that is recognized by early detected difficulty in social and communication skills, often coinciding with repetitive behaviors or interests (Lai et al., 2013). Autism has been increasing its prevalence in society and as of 2013, was at a rate of 0.62%-0.70% worldwide (Lai et al., 2013). With the increase of the occurrence of Autism, it's important for Autism research to increase as well.

History of ASD

In the year 2021, the proper diagnosis is labeled as ASD, however it has not always been this way. In 1943, Leo Kanner was one of the first researchers to study the specific characteristics of someone with ASD, such as lack of language or social communication and relationship skills (Harris, 2016). Kanner classified individuals with these characteristics as

childhood schizophrenia, or infantile psychosis (Harris, 2016). In addition to Kanner's research, Georg Frankl compared a severely intellectually disabled boy to patients who were deaf but did not speak (Harris, 2016). In Frankl's study, it was found that the patients who were deaf, showed interest in others and social communication, whereas the boy did not show interest, and displayed no interest in people or using gestures to communicate (Harris, 2016).

In 1980, the diagnosis adapted the label "infantile autism", under the generic category of "pervasive developmental disorder" which was included in the *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition (DSM-III) (Harris, 2016). The new diagnosis terms were used to separate this diagnosis from childhood-onset schizophrenia (Harris, 2016). Following this, the DSM-IV was created, and the diagnosis was changed once again. The DSM-IV includes Asperger's syndrome and Rett syndrome, in addition to what was listed in the previous model, the DSM-III (Harris, 2016). When the DSM-5 was created, all of the subcategories were moved to a broad category listed as, ASD (Harris, 2016).

The diagnosis label for ASD has changed over the years, however the diagnostic criteria and awareness of ASD has changed even more drastically (Wolff, 2004). The overall increase in research and awareness of ASD has helped create more adaptable interventions, better education opportunities, and more access to high quality care (Wolff, 2004). Research shows that the institutionalized approach that was provided to individuals with these characteristics was not effective in changing behavior (Wolff, 2004). Instead, researchers over the last 50 years have identified that early intervention is key to seeing any change in behavior (Wolff, 2004). With this, research has assisted in establishing more interventions into the education system to increase early intervention services (Wolff, 2004).

Diagnosing ASD

According to the DSM-5, ASD is diagnosed with a few of the following criteria:

Persistent deficits in social communication and interaction and repetitive patterns of behavior, interests, or activities (American Psychological Association, 2013). It states the symptoms must be present in the early developmental period and cause significant impairment across multiple settings (APA, 2013). Deficits in social communication may consist of unusual conversational skills, such as difficulty with reciprocating conversation back to a peer (APA, 2013). A person with ASD may not be open with sharing their emotions or interests and fail to respond socially (APA, 2013). In addition to this, an individual with ASD might completely lack or have limited verbal communication skills, as well as struggle with non-verbal communication skills such as the use of gestures and appropriate body language (APA, 2017). An individual with ASD may also experience difficulty in developing, keeping, or overall understanding relationships, which may present as the individual seeming to have a lack of interest in their peers (APA, 2013).

Restricted or repetitive patterns and behaviors may present in an individual's body language and movements, such as rocking back and forth (APA, 2013). Repetitive behaviors could also be seen during different tasks, such as stacking cups, or verbally, by repeating phrases (APA, 2013). With the repetitive behaviors, an individual with ASD may struggle to allow for flexibility in their routine and become overwhelmed or distressed (APA, 2013). An example of this behavior would be to eat the same food every day or follow the same morning routine. In addition to strict routines, people with ASD often have fixed interests and may become hyper-focused on said interests (APA, 2013). Interests could consist of objects, such as flyswatters or cars, or subjects, such as movies. Along with repetitive patterns of behavior, ASD may cause

someone to become hyperreactive to different types of sensory input, such as temperature, textures, or the way their clothing fits (APA, 2013).

Though we know that Autism has a wide variety of symptoms and severity, an individual with Autism is more likely to have specific structures and differences to their brain compared to an individual who is not diagnosed with ASD. Research shows that an individual with ASD has differences in their cerebral morphology (Ecker et al., 2010). In evidence shows that an individual considered to be in the low-functioning autism group, likely has a large shape abnormality in their cortical, which is the outer layer of the cerebrum, whereas someone considered to be high-functioning autism would as well, but the abnormality would be smaller (Nordahl, 2007). These findings were completed using children's anatomy and the results were consistent in adults, but the abnormalities were less prominent (Nordahl, 2007). Though one cannot diagnose ASD based on brain structure alone, it is important for professionals to be aware of the structural differences in anatomy for individuals diagnosed with ASD.

Assessment Instruments for ASD

There are many instruments used to diagnose ASD, including assessments such as the Checklist for Autism Spectrum Disorder (CASD), Autism Diagnostic Interview-Revised (ADI-R), and the Ritvo Autism Asperger Diagnostic Scale-Revised (RAADS-R). Using instruments like these are a quick and effective way of diagnosing ASD and are typically easy to administer. Utilizing diagnostic instruments and assessments can also provide supporting data for the patient or individual and continue to support the overall statistical data on the prevalence of Autism.

The CASD is an assessment built with a checklist of 30 different symptoms of Autism and is to be used to assess both children and adults (Mayes, 2018). For assessing children, the clinical interviewer will compile answers from the parent or guardian, as well as their teacher or

care provider, and spend time observing the child for evidence of diagnostic criteria, which all must be completed at the same stage of the child's life (Mayes, 2018).

The CASD and ADI-R assessments have adaptations for use on adults, however the RAADS-R was specifically created to address the areas of need in diagnosing adults with ASD (Ritvo et al., 2011). The RAADS is a compilation of 80 questions, making it a lengthier assessment compared to most other tools used. Although this particular assessment is longer, it is more detailed, which in turn increases the validity of the assessment (Ritvo et al., 2011). Depending on the client's attention span and availability, a clinician may find this tool useful on adults on the spectrum.

Risk and Protective Factors

With the increased rate of ASD diagnosis, it is important to note the high co-morbidity rate of 70% for having at least one comorbid disorder in addition to ASD (Simonoff et al., 2008). Individuals with ASD are at a higher risk for being diagnosed with social anxiety disorder, attention-hyperactivity disorder, and oppositional defiant disorder or another psychiatric disorder (Simonoff et al., 2008). With dual diagnosis, clinicians are required to look at interventions that would be beneficial for both diagnosis, which may increase the difficulty for completing therapy. Many individuals with ASD have also been diagnosed with depression and or anxiety, at a much higher rate than individuals without ASD (Maddox et al., 2018). According to Cooper et al. (2017), there is a 50% chance of being diagnosed with a mood disorder, and a 53% possibility of having an anxiety diagnosis. A person's self-esteem will depend on their own attitude toward their ASD diagnosis, as an individual that chooses not to identify as Autistic or attempts to distance themselves from the diagnosis, may suffer from issues with self-esteem (Cooper, et al., 2017). However, Cooper et al. (2017) goes on to say that individuals who use their Autism label

as an empowerment tool, tend to have a higher self-esteem. With this, individuals with ASD have significantly lower self-esteem than a typically developing person (Cooper et al., 2017).

Kate Cooper, Laura Smith, and Ailsa Russell studied why individuals with ASD have a higher rate of anxiety and mood disorders, as well as struggles with self-esteem (Cooper et al., 2017). The idea of Autism social identity is brought to surface during this study and is defined by not only an individual's own characteristics, but the way in which they share similar characteristics with other individuals in a group they may belong to (Cooper et al., 2017). If an individual with ASD chooses to identify as a part of a group and welcome a sense of connectedness with the other members, they are said to have Autism identification and a sense of self (Cooper et al., 2017). The positive effects of having Autism identification are having improved psychological and physical well-being, and has been demonstrated in other groups of similar individuals such as LGBTQ youth or ethnic minorities in Canada (Cooper et al., 2017)

Although identifying as Autistic has positive effects on an individual, there are consequences to the concept of Autism identification. If an individual identifies as a member of a group, an ASD group or not, they may start to adapt to the common behaviors or attitudes, positive or negative (Cooper et al., 2017). Being categorized as an individual with Autism carries a stigma (Cooper et al., 2017). An individual with Autism may be automatically grouped with others with ASD and be assumed to have similar behaviors or interests that have been seen before in individuals with ASD (Cooper et al., 2017). Being categorized has a negative impact on an individual's self-esteem, sense of identity, and overall mental health (Cooper et al., 2017).

Cultural Considerations

When working with, diagnosing, and treating individuals with any type of disorder, it is important that professionals are culturally informed and choose their interventions while taking

culture into consideration. Due to the factors of social behavior within the ASD diagnosis, it is crucial that professionals use culturally competent interventions, as social norms and skills differ between cultures (Davenport et al., 2018) The importance of research being culturally informed is extremely important for bringing forward the idea and importance of early intervention services, as well as educational and psychological services in other countries, such as countries where autism is stigmatized, misdiagnosed or undiagnosed (Kang-yi et al., 2013).

When looking into the Latino population, ASD diagnosis are often delayed or completely disregarded, potentially due to the stigma surrounding mental health and disabilities in the Latino community (Zuckerman et al., 2014). A study was conducted to assess for the barriers to diagnosing ASD in the Latino community and found that Latino children are likely to receive an ASD diagnosis 2.5 years behind white, non-Latino children (Zuckerman et al., 2014). Although there is evidence of delayed diagnosis within the Latino community, there is a lack of support or reasoning for this finding. One journal hypothesizes that ASD diagnosing is delayed in the Latino community due to poor access to healthcare, socioeconomic disadvantages, and limited English proficiency (Zuckerman et al., 2014), but does not have the evidence to support this hypothesis.

Another consideration to look at is the increased prevalence of concurring autism and gender dysphoria diagnosis (Coleman-Smith, 2020). Although research on people with this concurring diagnosis is limited, there is strong evidence that supports the need for professionals to look passed the autism diagnosis to recognize and identify sexual and gender identity-related issues or needs (Coleman-Smith, 2020). There is evidence that supports the difficulty that people with autism experience when attempting to access the LGBTQ community, due to sensory or

physical limitations, or for fear of not being accepted due to their disability (Coleman-Smith, 2020).

Current Interventions

Being that ASD is a spectrum disorder, a person with ASD can differ completely to the individual next to them with the same diagnosis. Because of this, along with the high rate of co-existence of co-morbid conditions (Simonoff et al., 2008), there are many different types of interventions used to monitor and treat ASD. The goal of managing ASD is to increase the overall daily function of an individual, by decreasing symptoms of ASD such as maladaptive behaviors (Hsia, Wong, Murphy, Simonoff, Buitelaar, & Wong, 2014). One method that is becoming more popular as years go on, is the use of Applied Behavioral Analysis (ABA). ABA focuses on providing caregivers with behavioral intervention strategies in both the home and school (Axelrod, 2012). ABA is an intervention that is driven from B.F. Skinner and the idea of behaviorism (Axelrod, 2012). Behavioral intervention has proven to be the most effective treatment method for individuals with ASD, as it aims to improve quality of life, productivity, and elimination of potentially life-threatening behaviors (Axelrod, 2012).

In addition to other forms of therapy, individuals with ASD may benefit from the use of psychotropic drugs (Hsia, Wong, Murphy, Simonoff, Buitelaar, & Wong, 2014). The most used drug prescribed to individuals with ASD in the United States is risperidone (Hsia, Wong, Murphy, Simonoff, Buitelaar, & Wong, 2014). Other drugs used to assist with symptoms of ASD were methylphenidate in the UK and haloperidol in Japan (Hsia, Wong, Murphy, Simonoff, Buitelaar, & Wong, 2014). These medications have been effective in treating behaviors correlated with the ASD diagnosis, such as mood and aggression (Hsia, Wong, Murphy, Simonoff, Buitelaar, & Wong, 2014). With there being multiple treatment approaches for

someone with ASD, it may be beneficial for individuals to use a combination of these approaches (Hsia, Wong, Murphy, Simonoff, Buitelaar, & Wong, 2014).

Introduction to Counseling and ASD

Although there is a lot of research that focuses on the treatment of ASD, depression, or anxiety, there is minimal research on the treatment for individuals with ASD and depression or anxiety (Stahmer & Aarons, 2009). The research behind effective treatments for individuals with depression and anxiety is extensive but treating an individual with one of these diagnoses coinciding with ASD, adds a new dynamic. As in almost all cases, there are specific theories to be applied in talk therapy, but due to the symptoms of ASD, there are many potential barriers to talk therapy for these individuals (Stahmer & Aarons, 2009).

Challenges in Treating Individuals with ASD

The barriers to talk therapy for an individual with ASD may include verbal ability, lack of understanding of the concept of counseling, clients focusing on the need to change others rather than themselves, difficulty processing information, and overall environmental preferences (Hodge, 2013). ASD often presents with limited verbal communication skills (DSM-5, 2017), which would in turn make talk therapy difficult. In addition to the common symptoms of ASD, many individuals often have overlapping diagnoses, such as anxiety disorders, sleep-wake disorders, attention-deficit hyperactivity disorder (ADHD), and emotional or behavioral dysregulation (Beauvois & Kverno, 2020). With these specific symptoms as barriers, it is crucial that the treatment plan be a collaborative approach that may include family members, other service professionals, primary care doctors, teachers, and case managers (Beauvois & Kverno, 2020).

Along with the barriers while in the counseling room, it is important to know of the barriers to starting services for individuals with ASD. These individuals are said to have fewer financial resources, which can affect the ability for them to receive the treatment that they need (Hodge, 2013). Other barriers for receiving services may be transportation, knowledge on how to set up services, or locating a counselor with knowledge on ASD (Hodge, 2013).

Effective Theories to Consider

Depression and anxiety commonly occur as dual diagnoses and are even more commonly diagnosed concurrently in individuals with Autism (Maddox et al., 2018). There are many theories that can be applied when treating specific psychiatric or mood disorders like depression and anxiety, and they are commonly paired with psychotropic medication to treat the symptoms (Maddox et al., 2018). Although medication is often used to treat these conditions, many typically functioning adults or adults without ASD, prefer to use therapy without medications, due to the potential side effects of the drugs (Maddox et al., 2018).

Cognitive Behavioral Therapy

When considering individuals with ASD who have adequate social communication skills, talk therapy, such as Cognitive Behavioral Therapy (CBT), can be an effective form of treatment to decrease anxiety and depression symptoms (Maddox et al., 2018). CBT is proven to be both effective and cost-efficient, however it is difficult to implement talk therapy with individuals who have limited verbal ability (Maddox et al., 2018). Due to common symptoms of ASD such as persistent deficits in social communication and lack of flexibility, a therapist may need to increase session time or increase the number of sessions for a person with ASD, in order to effectively use CBT (Maddox et al., 2018). A verbal individual with less severe symptoms of

ASD, in addition to their depression and or anxiety, would be a good candidate for CBT treatment.

Social Identity Theory

Social Identity Theory (SIT) is an effective treatment modality in many instances, but it may be the key to an individual with ASD and other mental health symptoms, key to increased mood (Cooper et al., 2017). SIT encourages using identity management strategies such as developing and identifying as apart of a specific group and recognizing the positive parallels between group members (Cooper et al., 2017). Although SIT encourages individuals to create a social identity and input themselves into a group of similar individuals, this may be difficult for an individual with ASD (Cooper et al., 2017). According to the DSM-5 (2017), individuals with ASD may present with deficits to their social communication skills or display unusual repetitive behaviors. However, the idea that the use of SIT would be effective for an individual with ASD, remains true. Research supports that people who belong to groups are presented with more opportunities to feel accepted, the ability to relate to others, and increase their social supports (Cooper et al., 2017). This being said, creating a therapy group that consists of individuals with comparable symptoms of ASD, would most likely be an effective form of treatment and increase the individual's overall mood (Cooper et al., 2017).

Family Counseling

Having a family member diagnosed with ASD offers a large change for families, especially for parents, who may experience a broad range of feelings following the diagnosis, such as shock, relief, and stress (Downes et al., 2020). Every family dynamic and situation differ from one another, which is no different for families with a member diagnosed with ASD, however there is evidence that couples who are parenting a child with ASD have less

relationship-satisfaction than couples who are not (Downes et al., 2020). In turn, families experiencing these difficulties may turn to family-therapy to resolve these issues.

Barriers to Talk Therapy for Individuals with ASD

The barriers to talk therapy for an individual with ASD may include verbal ability, lack of understanding of the concept of counseling, clients focusing on the need to change others rather than themselves, difficulty processing information, and overall environmental preferences (Hodge, 2013). ASD often presents with limited verbal communication skills (DSM-5, 2017), which would in turn make talk therapy difficult. In addition to the common symptoms of ASD, many individuals often have overlapping diagnoses, such as anxiety disorders, sleep-wake disorders, attention-deficit hyperactivity disorder (ADHD), and emotional or behavioral dysregulation (Beauvois & Kverno, 2020). With these specific symptoms as barriers, it is crucial that the treatment plan be a collaborative approach that may include family members, other service professionals, primary care doctors, teachers, and case managers (Beauvois & Kverno, 2020).

Along with the barriers while in the counseling room, it is important to know of the barriers to starting services for individuals with ASD. These individuals are said to have fewer financial resources, which can affect the ability for them to receive the treatment that they need (Hodge, 2013). Other barriers for receiving services may be transportation, knowledge on how to set up services, or locating a counselor with knowledge on ASD (Hodge, 2013).

Adaptations to Therapy for Individuals with ASD

Being able to identify the barriers that one with ASD may face during counseling is the first step to understanding the interventions that would be most effective. To effectively treat someone with ASD and a mental health diagnosis, adaptations may need to be made. These

adaptations may include augmenting the therapy and reducing or reordering the treatment (Dyson et al., 2019). People with ASD may experience an intellectual delay that effects their ability to process and learn information (APA, 2017). Counselors treating individuals with ASD and a mental health diagnosis may need to lengthen the treatment for the client to fully grasp the intervention and show change (Dyson et al., 2019). With this, counselors may need to re-order the strategies used to best suit the client's needs and support their way of processing and learning information, which may be different than an individual without ASD (Dyson et al., 2019).

Modifying the language used in treating an individual with ASD is important. Counselors may use more layman's terms when counseling these individuals, to decrease the risk for confusion (Woods et al., 2013). Another language adaptation that counselors should be aware of is the use of analogies and sarcasm, as individuals with ASD are often not able to understand the use of an analogy or catch on to sarcasm (Woods et al., 2013). ASD typically see things as black and white, so counselors should avoid the "grey areas" like this (Woods et al., 2013)

Another way for counselors to change their approach to best suit their client is to integrate strategies from multiple intervention models, as it typically will not be a "one size fits all" type of scenario (Dyson et al., 2019). With this, counselors may need to change how the information is presented to the client (Dyson et al., 2019). Alternative ways of presenting or communicating information with a person with ASD could be using visuals, writing things down, using first-then language, or using short, clear prompts (Dyson et al., 2019).

Due to the variety of sensory needs that an individual with ASD may have, it is important for counselors to provide an environment that will best support these needs (Beauvois & Kverno, 2020). Individuals with ASD may need to receive sensory input, which could be done by altering

the counseling room such as providing the client with a weighted blanket, an object to fidget with, or dimming the lights (Cage et al. 2018).

Being that ASD is a spectrum, there is a variety of needs that an individual may need. Individuals with ASD often receive other services in the community such as occupational therapy, physical therapy, or speech therapy (Dyson et al. 2019). Counselors should seek collaboration with other providers to determine the appropriate adaptations that may need to be made for the individual in order to increase the success in therapy.

An Individualized Mental Health Intervention for Children with ASD (AIM HI)

Autism experts and community stakeholders worked together to create an intervention and training model that can be used by therapists to treat individuals with ASD. The model was named *An Individualized Mental Health Intervention for Children with ASD* (Dyson et al. 2018). The AIM HI model supports parent-mediated therapy and focuses to reduce challenging behaviors in children with ASD, specifically from age 5-13 years (Dyson et al. 2018). The focus of this model is to teach caregivers skills on how to work with children with ASD and gives the children positive alternative tools to use (Dyson et al. 2018).

The role of the therapist in this specific model is to recognize the function of the child's difficult behaviors and use psychoeducation and modeling to educate the parents on their child's behavior, including antecedents to the behaviors (Dyson et al. 2018). The therapist should provide feedback to the parent on what is working and what could use improvement, as the parents should practice the skills being taught to them, at home in-between sessions. This model uses consequent-based strategies.

School-Based Intervention

Just as the mental health providers in the community, providers in schools often struggle with providing interventions to those with an ASD diagnosis who are struggling with specific areas such as executive functioning skills (Hu & Chandrasekhar, 2020). Due to this, experts created an intervention that uses a cognitive behavioral approach for individuals with ASD that is specifically to be used in school settings. The intervention developed is called Unstuck and On Target (UOT), which works to target impairments such as flexibility, setting and planning goals, and problem-solving skills (Dickson et al., 2020). UOT is typically implemented using group talk therapy but has adapted into individual or family sessions to fit the needs of individuals with ASD (Dickson et al., 2020). The use of UOT focuses on parent skills and home generalization with children (Dickson et al., 2020). UOT strives to slowly increase the flexibility of sessions, by reducing the structure of the sessions, gradually. (Dickson et al., 2020). Although UOT is a school-based intervention, UOT emphasizes the use of parent in-session modeling and role playing (Dickson et al., 2020). Another treatment form that was created to focus on executive function skills in children with ASD is the Executive Functioning for Enhancing Community-based Treatment for ASD (EFFECT for ASD), and it is used in conjunction with UOT (Dickson et al., 2020)

Inpatient Rehabilitation for Individuals with ASD

Rehabilitation involves reteaching skills and restoring capacity (Odiyoor et al., 2019). While admitted to a psychiatric hospital, patients are encouraged to regain skills and confidence, minimize presenting problems and impairments, increase independence and autonomy, improve daily living skills and activities, monitor for physical health symptoms, and promote healthy living (Odiyoor et al., 2019). People are typically referred to inpatient hospitalization because of

a threat or an attempt to harm themselves or others, severe challenging behaviors specific to individuals with neurodevelopmental disorders, and symptoms of personality disorders (Odiyoor et al., 2019).

When an individual is admitted to an inpatient hospital and has an ASD diagnosis, the most likely reason is that there is a lack of support for them within their outpatient team (Odiyoor et al., 2019). The inpatient care team must take a look at the outside services and create a discharge plan that can be used ongoing, and as a preventative plan of action to avoid future inpatient hospital stays (Odiyoor et al., 2019). Research shows that the more fulfilling the lives of the individuals with ASD are, the less likely they are to experience severe behavioral issues, causing them to become admitted into a rehabilitation facility (Odiyoor et al., 2019).

Creative Approaches to Therapy and ASD

Music Therapy

When treating an individual, providers must incorporate interventions that suit the client best. As noted previously in this review, treating individuals with ASD can come with many obstacles because of the limitations that someone with ASD may possess, such as limited communication skills or repetitive behaviors. With this, mental health providers may need to be creative when choosing the appropriate intervention for someone with ASD.

Juliette Alvin, Paul Nordoff, and Clive Robbins used their creativity skills to create models of music therapy to utilize when treating individuals with ASD (Thompson & Elephant, 2019). The focus of these models was to support self-expression, autonomy and agency, and relationality, all which individuals with ASD may have difficulty with. Along with this, they developed tools to gauge any change in the child-therapist relationship (Thompson & Elephant, 2019).

Music therapy is a popular form of therapy, but there is little research done on how it would be successful for those with a mental health diagnosis in addition to their autism diagnosis. Music therapists often use this type of therapy to enhance cognition and motor functioning, though many would argue that this form of therapy is only beneficial if there is first a relationship developed between the therapist and client (Thompson & Elefant, 2019). This could lead to difficulty implementing music therapy to an individual with ASD, as many of these individuals struggle to develop meaningful relationships. Individuals on the autism spectrum often have difficulties with imaginative play and display rigid patterns or repetitive behavior (Rust & Thanasiu, 2019). Being that music is not predictable, music therapy works to increase flexibility within the client's thinking process and behavior (Thompson & Elefant, 2019).

Play-Based Therapy

Like music therapy, play-based counseling works to support the cognitive development, as well as a child's emotional and psychological well-being (Thompson & Elefant, 2019). More specifically, parent-mediated play interventions used in counseling work even further to foster developmental capacities, versus focusing on a specific skill set such as ABA therapy would do (Rust & Thanasiu, 2019).

The standard parent-child relationship comes with less difficulty when compared to the relationship of a parent and a child with ASD. In parent-mediated, play-based counseling, the parent is to follow their child's lead and attend to what the child is attending to (Rust & Thanasiu, 2019). The parent should offer choices to their child during the play and focus on increasing face-to-face interactions. Doing this will foster playful engagement in children with ASD and can be an effective tool to make a change (Rust & Thanasiu, 2019).

A study with 68 children diagnosed with ASD was done and completed by implementing the PLAY project intervention. The study concluded that 45% of the children showed progress towards their emotional function (Rust & Thanasiu, 2019). The PLAY project recommends that parents spend at least 15 hours a week playing with their children. The study clearly showed that the children of those who played with their child at a minimum of 15 hours per week for 8-12 months, increased their overall emotional function compared to those who did not implement the appropriate amount of play at home (Rust & Thanasiu, 2019).

When looking to improve the relationship between a parent and their child with ASD, experts say that parent-mediated, play-based counseling works to strengthen the connection between the parent and child by promoting the pleasurable activity such as play (Rust & Thanasiu, 2019). Therefore, it would be beneficial for providers to utilize parent-mediated, play-based counseling as an intervention for a parent-child issue.

Music and play-based therapies are different than the standard talk therapy and require a different skill set. The creativity needed to treat individuals with ASD is substantial and providers should continue to explore alternative options when treating these individuals.

Summary

The research shows that ASD is increasing its prevalence in society over the years. The overall idea of this writing supports that individuals with ASD may require and benefit from specific treatments, including alterations made to interventions that are already commonly used. Professionals may need to be creative with their approaches and include things such as play therapy or music therapy, parent in-session modeling, increase time for in-session, or alter their physical surroundings, in order to enhance the treatment for individuals with ASD. It is also discussed that treatment for individuals with ASD may be most effective if used in conjunction

with other treatments such as applied behavioral analysis (ABA), speech therapy, and occupational therapy.

In addition to individuals with ASD needing mental health therapy, research shows that the family members of these individuals may need extra support and may seek out counseling. It is important for counselors to be aware of the complications or issues that may arise in families experiencing the effects of having a family member with ASD, such as deficits in social skills, communication, independence at home and in the community, direct care, and aggressive or otherwise stress-inducing behaviors. In conclusion, treatment for ASD is available and has been proven to be effective.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

Chapter three describes the research design and methodology used in this thesis. The methodology used in this study was adopted from Suomala-Folkerds (2019), who completed a qualitative content analysis of death in the counseling journals. The chapter begins with a restatement of the purpose of the study and moves to step by step instructions of a qualitative content analysis, along with the research questions that are guiding this study.

Restatement of Purpose

This study aimed to dissect the current research on ASD within the counseling literature by using the QCA model. The study was guided by searching for specific main themes in the counseling literature, such as autism spectrum disorder (ASD), Asperger's, syndrome, and developmental disabilities. Only articles including information on these three topics were used in this study. The purpose of this study is to provide a comprehensive look at what research has been completed on ASD in the counseling literature and to recognize any gaps or areas that need further research, in order to provide quality counseling and therapy services to individuals on the spectrum. To complete this study and collect the important information needed, three journals from the American Counseling Association were used: *Journal of Counseling and Development* (JCD), *Journal of Multicultural Counseling and Development* (JMCD), and *Counselor Education and Supervision* (CES). The information and data collected from these articles was used from the years 1986 to 2021. The reason for choosing the years 1986 to 2021, was to capture the last fifteen years of research. A qualitative content analysis is a way to analyze and focus on specific subjects or framework within content and interpreting the data by finding common themes or similarities (Graneheim et al., 2017).

Multiple research questions were constructed to guide this content analysis:

RQ1: How many articles were written on issues related to ASD from the years 1986 and 2021?

RQ2: What is the exact percentage of articles that covered topics related to ASD from the years of 1986 to 2021?

RQ3: What are the most frequent categories or themes that have been examined related to ASD in the counseling literature spanning from the years 1986 to 2021?

In the counseling profession, it is important that counselors are keeping up to date on the most recent research on all mental health related topics, such as ASD. It is imperative that counselors and other mental health professionals continue to do their own research regarding topics that may arise in counseling, to ensure that current interventions, therapy styles, and treatment methods are effective, and remain evidence based.

Along with this, it is beneficial for counselors to reflect on their current work and the literature that supports it. One way of reviewing the current literature, is to access the journal from the profession that they are practicing within. Reviewing these journal articles can provide a history of where the profession has been and where it is headed, considering culture, ideas, and supporting evidence.

Step-by-Step Description of the QCA Process

Step 1: The Guiding Research Questions

The first step in the QCA process is to develop the research questions that will guide the study (Schrier, 2012). Researchers should attempt to identify a hypothesized gap in research to assist them with guiding their research questions (Schrier, 2012). The research questions for this QCA analysis are:

RQ1: How many articles were written on issues related to ASD from the years 1986 and 2021? (Quantitative question) This question is intended to provide an overview of how the counseling journals have covered autism over the years. It gives an insight whether one or more of the journals have been effective in covering autism.

RQ2: What is the exact percentage of articles that covered topics related to ASD from the years of 1986 to 2021? (Quantitative question) This question assisted in providing clarity of how often autism is discussed in these journals and provide an exact total percentage of the frequency that this topic is discussed in each journal.

RQ3: What are the most frequent categories or themes that have been examined related to ASD in the counseling literature spanning from the years 1986 to 2021? (Qualitative Content Analysis) This question addressed how autism has been covered in the field of counselor education and used to identify specific trends or themes within the field.

Step 2: Select the Material to be Studied: Journals to be Examined

The journals in this study included *Journal of Counseling and Development* (JCD), *Journal of Multicultural Counseling and Development* (JMCD), and *Counselor Education and Supervision* (CES). The journals were chosen because they are commonly used within counselor education and represent three of the ten journals published by the American Counseling Association. Autism is a subject with multiple entities and dimensions, so the three journals chosen will potentially represent the variety of topics related to autism.

JCD was chosen because it is the flagship journal and is largely utilized in the area of counseling education. This journal includes a variety of articles that cover the most recent research being done on topics within counseling. JMCD was chosen because autism is experienced in all cultures and may look different from culture to culture, therefore it is

important for counselors to be educated on the presentation of autism in a wide range of cultures. CES was chosen because as the prevalence of autism increases, the education on autism in the classrooms should be increasing as well.

Process of Article Selection

After choosing the three journals for the study, it was time to specifically find and select the articles in those journals that were related to autism. The content analysis covered a span of 37 years, which gave the opportunity to see how research regarding autism has been covered over time. This study examined articles from years 1986 to 2021.

In order to select the articles for this study, the table of contents (TOC) had to be retrieved for each journal. The TOC were accessed through the Minnesota State University Moorhead academic search complete function. Once the TOC were accessed, they were downloaded into electronic PDF for each three separate journals. Once the TOC were accessed and downloaded, they were manually examined to find the key words: autism, autism spectrum disorder, spectrum, ASD, pervasive development disorder, Asperger, and Asperger syndrome. If one of these key words were located in the title of a journal article, the article was then accessed through the EBSCOhost database, access provided to the researcher by the Minnesota State University Moorhead. Once the article was located, it was downloaded and saved into an electronic folder, which was titled by year. In addition to the electronic folder, the article is printed and placed into a physical folder, labeled by the year it was published.

Reliability Check: Outside Auditor

The academic advisor to this author was established as the outside auditor in this content analysis. The electronic files containing the PDFs were sent to the auditor for review. The auditor then performed the same process as the author did, which was to access the TOC for the

three journals, dissect each TOC and find the articles that contain any of the preselected keywords; autism, autism spectrum disorder, spectrum, ASD, pervasive development disorder, Asperger, and Asperger syndrome. Once this was completed, the results were compared to the author's results, to establish reliability.

A second reliability check was completed using the search function within the EBSCOhost program. Within each of the three journals, each keyword was searched within the journal. Once the results were listed, they were extracted and placed into a new excel spreadsheet. Once these lists were compiled for each selected keyword, they were compared and combined, removing any duplicate articles. Once this was completed, a tally of the articles was recorded and compared to the results of the author and auditor's manual results to determine a second source of reliability.

Step 3: Develop a Coding Frame and 4: Divide the Material into units of Coding

The steps to develop a coding frame and dividing the material into units of coding (Schrier, 2012), will be discussed in the following paragraphs. Steps three and four are completed together and was guided by the research questions.

RQ 1: How many articles were written on issues related to ASD from the years 1986 and 2021?
(Quantitative)

The first data to be collected for this research question was the number of articles that were found containing issues related to Autism, within the three selected journals. A tally count was used to record this descriptive data and was placed into an Excel spreadsheet. There is a separate tab for each of the three journals in the Excel spreadsheet.

RQ 2: What is the exact percentage of articles that covered topics related to ASD from the years of 1986 to 2021? (Quantitative)

The total number of articles containing one or more of these theme words was tallied and recorded on the Excel spreadsheet and codebook, to provide descriptive data of how often these themes are discussed in the three counseling journals. Following this, a calculation was completed to establish the percentages of articles in each journal contain these themes. Once the percentages were established, the journals were listed in the Excel spreadsheet from highest percentage to the lowest.

RQ 3: What are the most frequent categories or themes that have been examined related to ASD in the counseling literature spanning from the years 1986 to 2021? (Qualitative Content Analysis (inductive process))

For research question number three, the process was more complex than the first two. To find the most frequent categories or themes within the literature, a coding process had to be established (Schrier, 2012). Elo & Kyngas (2007) laid out a detailed yet simple process to the content analysis, which informed and guided the author on the completion of this content analysis. The first step in this process was for the author to dissect the information within the articles and place them into categories that best represent the themes discussed, which is considered the coding process.

The author established a three-part coding process based on Elo & Kyngas, 2007, which includes using open-coding, creating categories, and abstraction (Elo & Kyngas, 2007). Open-coding involved reading through and dissecting the content, and writing down notes and headings in the margins of the content. It is recommended that open-coding be done more than once per article or piece of content. While open-coding was being completed, it was important that a coding sheet was used to track the data being collected, which in-turn creates the categories that were be used (Elo & Kyngas, 2007). The coding sheet is created by the researcher

and should include all information needed to identify the article, main themes, key words, and any information needed to assist the researcher in answering their research questions. Creating the categories is done by collecting all of the headings and notes that were recorded and establishing the main categories by grouping similar content together and minimizing the information into main categories. Once the categories were decided, the researcher used the abstraction process to define sub-categories (Elo & Kyngas, 2007). This process included formulating an overall theme of the research topic by establishing the categories, which assists in describing the overall content of an article (Schrier, 2012).

Coding for Each Journal

To begin coding for each journal, the researcher created a coding sheet that included information about each article, such as what journal it was in, the title of the article, the main topics of the article, and the overarching theme established from the article. The researcher read each article at least two times, and highlighted, circled, and hand wrote notes about the article, in the margins of each article. After each article was coded, it was placed in a folder with the coding sheet for future reference.

Once the articles for each journal were coded, the established categories were listed on a coding sheet for each separate journal that the researcher created. With this, themes for each journal were founded. With the three-step process adapted from Elo and Kyngas (2007), the author was able to identify the large, key theme for each journal.

Establishing Trustworthiness

In research, one of the most important aspects is trustworthiness. It is important for the researcher to establish trustworthiness, meaning that the qualitative research is found to capture what it is intending to capture (Schreier, 2013). There were a few ways that this author

established trustworthiness. The first was through credibility in that the study was measuring what it was intending to measure. Credibility was established by the amount of time that was spent dissecting the material. As mentioned, each article was read two times, to increase the probability of all the important information being obtained. Transferability is another way to establish trustworthiness, is to ensure that the findings are able to be used in other contexts, which could be larger. Using a thick and rich description was completed in this study by the use of a coding sheet developed based on Elo and Kyngas (2007). This study established dependability in that the results of the study could be replicated a second time by the use of an outside auditor. The auditor for this study was the author's academic advisor who completed a review of all of the coding data.

This study further established trustworthiness through bracketing and it is important that the researcher remain unbiased and bracket their personal thoughts (Kepes, Banks, & Oh, 2014). One way to ensure this is to have an outside auditor go through the data and documented information to verify that the author has allowed for the data to represent itself without any opinions present (Carcary, 2020).

When looking at myself, I am a 26-year-old, white, female, who was born and raised in the United States. I am currently in a master's program for clinical mental health counseling and work as a program manager for people with disabilities. I live in a metro area with my family, which consists of a husband and two small children. Prior to my work as a program manager, I was a direct support professional for 6 years, doing direct care for people with disabilities. For most of the time, these individuals were diagnosed with ASD.

The main drive for me doing this research project was because of all of the times I have witnessed individuals with ASD struggling with mental health symptoms, however their

counselors struggle to know how to handle their comorbid diagnosis. I have sat with clients and called many different counseling agencies, looking for someone who feels comfortable working with individuals with an ASD diagnosis, only to be turned down. It often seems that the counseling profession is incompetent enough to service these clients, which I feel is unacceptable. Having a large amount of exposure and close relationships with individuals diagnosed with ASD, it was important for me to ensure that I bracketed my biases during this research. To do this, I used an outside auditor to review my research.

Step 5: Try out the coding and 6: Evaluate and Modify the Coding Frame

Steps 5 and 6 are important for the author to complete, as it can assist in ensuring that the study is thorough and on track to complete the intended purpose. Researchers in a qualitative content analysis may find that they need to add additional key words or change their coding process slightly, to gain more detailed information.

Step 7: Results and 8: Interpretation

Step 7 was established after steps 1 through 6 were completed, Step 7 involved the researcher interpreting the data into results. Step 8 will be discussed in chapter 4 where the results are discussed and in chapter 5, where the results are interpreted.

Summary

In summary, this chapter gave a detailed description of the specific steps that were involved in completing this qualitative content analysis and the methods that were used. This chapter also laid out each research question and how the results of each question were obtained. The qualitative content analysis was used to answer the following research questions:

RQ1: How many articles were written on issues related to ASD from the years 1986 and 2021?

RQ2: What is the exact percentage of articles that covered topics related to ASD from the years of 1986 to 2021?

RQ3: What are the most frequent categories or themes that have been examined related to ASD in the counseling literature spanning from the years 1986 to 2021?

As chapter three provided the overall process of the qualitative content analysis, chapter four will provide the results of the study, followed by chapter five which will analyze the given results.

CHAPTER FOUR

FINDINGS

This study examined the research that exists involving topics related to autism by using the QCA model in the following three journals: *Journal of Counseling and Development* (JCD); *Journal of Multicultural Counseling and Development* (JMCD); and *Counselor Education and Supervision* (CES). This chapter reviews the findings gained from the QCA process that was guided by the following three research questions: (RQ1) How many articles were written on issues related to ASD from the years 1986 and 2021? (RQ2) What is the exact percentage of articles that covered topics related to ASD from the years of 1986 to 2021? (RQ3) What are the most frequent categories or themes that have been examined related to ASD in the counseling literature spanning from the years 1986 to 2021?

Results of Article Selection

As discussed in the methodology portion of this study, the first step of this QCA process was to examine the table of contents (TOC) of each journal spanning from the year 1986 to 2021, looking for keywords that were used. The keywords that guided this search were autism, autism spectrum disorder, spectrum, ASD, pervasive development disorder, Asperger, and Asperger syndrome.

Articles Found

Journal of Counseling Development

There were six total articles that were found within the Journal of Counseling and Development. Those articles are:

1. Brain Wave Biofeedback: Benefits of Integrating Neurofeedback in Counseling
(Myers & Young, 2012)

2. Counseling Considerations for the Twice-Exceptional Client (Foley-Nipcon & Assouline, 2015)
3. Early Identification of Autism: Implications for Counselors (Layne, 2007)
4. Intensive Child-Centered Play Therapy for Children on the Autism Spectrum: A Pilot Study (Schottelkorb, Swan, & Ogawa, 2020)
5. Trends and Implications of Proposed Changes to the DSM-5 for Vulnerable Populations (Miller & Prosek, 2013)
6. Emotional Assets of Children with ASD: A single case therapeutic outcome experiment. (Balch & Ray, 2015)

Journal of Multicultural Counseling and Development

There were no articles found in the Journal of Multicultural Counseling and Development.

Counselor Education and Supervision

There were no articles found in Counselor Education and Supervision.

Research Question Results

This section will provide the results of each of the three research questions.

Research Question 1: How many articles were written on issues related to ASD from the years 1986 to 2021?

JCD was the journal that had the most articles published that were related to ASD. From the years 1986 to 2021, there were a total of 2,752 articles published. Of those articles, 6 of them were related to ASD. The next journal was JMCD, with a total of 739 articles published from the years 1986 to 2021. There were no articles in JMCD relating to ASD. CES had a total of 1,258 articles published from the years 1986 to 2021, with none of them relating to ASD. When

combining all three journals, there are a total of 4,749 articles. Using the process stated above, there were a total of 6 ASD-related articles in all three journals combined.

Research Question 2: What is the exact percentage of articles that covered topics related to ASD from the years of 1986 to 2021?

Starting with the journal that had the highest percentage of ASD-related articles, JCD had a percentage of .002%. Following this, JMCD and CES both had a result of 0%. When combining all of the articles within the three journals, .001% of the articles are related to ASD.

Research Question 3: What are the most frequent categories or themes that have been examined related to ASD in the counseling literature spanning from the years 1986 to 2021?

Introduction to the Four Major Themes

This section introduces the four major themes that were founded using the inductive coding process developed by Elo & Kyngas (2007). The four major themes that were established through this process were:

Theme #1: Diagnosing ASD

Theme #2: Considerations for Counseling Individuals with ASD

Theme #3: Treatment for Children with ASD

Theme #4: Neurofeedback in Counseling.

Explanation of the Major Themes

Theme #1: Diagnosing ASD: This category represented the articles that discussed different trends and implications with an ASD diagnosis that counselors should consider.

Theme #2: Considerations for Counseling Individuals with ASD: This category represented the article that includes information regarding counseling individuals with disabilities, such as ASD, and how it differs from counseling an individual without a disability.

Theme #3: Treatment for Children with ASD: This category represents the articles that contained information for specifically treating children with ASD.

Theme #4: Neurofeedback in Counseling: This category represents the article that discussed the benefits of integrating neurofeedback into counseling, especially for individuals diagnosed with ASD.

Overarching Themes in 6 Articles Across Three Journals

In this section, an overview will be provided of how the articles from each journal are represented in each major theme that were established by the QCA process. This section will list each article that relates to the major theme listed, out of the six autism-related articles founded in this process.

Theme #1: Diagnosing ASD (2 Articles)

Layne, 2007 (JCD)
Miller & Prosek, 2013 (JCD)

Theme #2: Considerations for Counseling Individuals with ASD (1 article)

Foley-Nipcon & Assouline, 2015 (JCD)

Theme #3: Treatment for Children with ASD (2 Articles)

Balch & Ray, 2015 (JCD)
Schottelkorb, Swan, & Ogawa, 2020 (JCD)

Theme #4: Neurofeedback in Counseling (1 Article)

Myers & Young, 2012 (JCD)

Autism-Related Themes in Each of the Three Journals

The next section will give an overview of the themes that were present in each individual journal reviewed; JCD, JMCD, and CES.

Journal of Counseling and Development

Overview of Themes

Theme #1: Diagnosing ASD (2 Articles)

Layne, 2007 (JCD)
Miller & Prosek, 2013 (JCD)

Theme #2: Considerations for Counseling Individuals with ASD (1 article)

Foley-Nipcon & Assouline, 2015 (JCD)

Theme #3: Treatment for Children with ASD (2 Articles)

Balch & Ray, 2015 (JCD)
Schottelkorb, Swan, & Ogawa, 2020 (JCD)

Theme #4: Neurofeedback in Counseling (1 Article)

Myers & Young, 2012 (JCD)

Description of Articles

This section will give an overview of the information and research gathered regarding each theme within JCD and its corresponding articles.

Theme #1: Diagnosing ASD (2 Articles)

Two articles were found in JCD that represent this theme, regarding the process and details of diagnosing ASD. One of the articles in the theme of diagnosis was written in regard to the changes made to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR), and what considerations were taken into place when developing the DSM-V. The

focus of this article was to look at the trends and implications in diagnosing vulnerable populations (Miller & Prosek, 2013).

Miller and Prosek (2013) found that prevalence of certain diagnosis may be inflated over the last two decades, specifically Autism in children. In 2006, it was estimated that 1 in every 110 eight-year-old children had characteristics and could be diagnosed with ASD (Miller & Prosek, 2013). In addition to the inflation of diagnosis, it is found that certain populations may have a different rate of diagnosis than others. An example mentioned in this article is that African Americans are diagnosed with psychotic disorders at a higher rate than European American's, and females are more likely to be diagnosed under the mood and anxiety disorder categories (Miller and Prosek, 2013). When considering the process for diagnosis, it is important that counselors are aware of these statistics.

Early diagnosis is extremely important for individuals with ASD, in order to establish the treatment that they need (Layne, 2007). Individuals with ASD typically develop symptoms within the first year of life and are usually detected as on the spectrum by a few signs such as impaired eye contact, lack of response to their name, difficulty with motor movements, and poor social skills or lack of interest in others (Layne, 2007). There are many tools that professionals may use to diagnosis ASD, however experts may recognize the symptoms of ASD quicker depending on how severe they are. Layne (2007) discussed some tools that are used to assist in the assessment and diagnosis of ASD, such as the *Diagnostic and Statistical Manual of Mental Disorders*, the Autism Diagnostic Interview- Revised, the Childhood Autism Rating Scale, the Checklist for Autism in Toddlers, and the Pervasive Development Disorder Screening test.

Layne (2007) discussed the role of counselors during the diagnosis period, for both the client and the client's family. It is important for both community and school counselors

recognize the signs of autism, and place outside referrals if needed. In addition to professionals role of recognizing and diagnosing client's, it is important for them to address the amount of stress and anxiety that family members and loved ones may be experiencing throughout the diagnosing process (Layne, 2007). Due to the limited specialists and resources, individuals may have to wait an extended period of time to be assessed for ASD, which often increases the stress for the family (Layne, 2007). During these times, it is crucial that counselors are there to provide resources for the entire family and be available for questions if needed.

There are a variety of different needs and characteristics that individuals with ASD have, so it is important for counselors to be aware of these and adapt their approaches accordingly. Some individuals with ASD prefer to be alone and struggle with social communication, and it may take longer for these individuals to establish a therapeutic relationship with their counselor. Counselors should be patient and work on building trust with their clients, even if it takes longer than with someone without ASD (Layne, 2007). Another common characteristic of individuals with ASD is the tendency to become over-stimulated. Counselors should carefully consider the material used in therapy sessions, and ensure the environment is not overstimulating for their client (Layne, 2007).

Theme #2: Considerations for Counseling Individuals with ASD (1 article)

One article discussed that there are things to consider when counseling individuals with ASD. The main idea of this article was to give counselors the perspective that there are certain things to consider when working with a twice-exceptional client. This meaning, an individual who holds strengths in one or more area and is also diagnosed with a disability or mental health disorder, may require specific knowledge for the counselor (Foley-Nipcon & Assouline, 2015).

When looking at gifted individuals with ASD, it is important to note that an individual with ASD may be extremely knowledgeable in one particular area or interest yet struggle with communication or other social skills (Foley-Nipcon & Assouline, 2015). Another strength that individuals with ASD may have is the increased ability for verbal comprehension and learn differently than their peers. Counselors should adjust the material used in sessions to best fit the individual and their abilities (Foley-Nipcon & Assouline, 2015).

Foley-Nipcon and Assouline (2015) discussed peer related concerns that individuals with disabilities may have, such as bullying. Individuals with disabilities are bullied at a much higher rate than children without disabilities, and counselors should be aware of this in order to assess for bullying or other issues with their client and their peers (Foley-Nipcon & Assouline, 2015). In addition to being more vigilant to issues related to bullying, community counselors may need to collaborate with school counselors to address the issue (Foley-Nipcon & Assouline, 2015).

Theme #3: Treatment for Children with ASD (2 Articles)

There were two articles in this journal that included information about types of treatments or interventions that are useful when working with individuals with ASD. It is found that children with ASD often participate in multiple treatments at one time, to address a variety of needs (Balch & Ray, 2015). Some additional services that are typically suggested for a child with ASD, is speech therapy, occupational therapy, applied behavioral analysis (ABA), and physical therapy (Balch & Ray, 2015). Balch and Ray (2015) found that relationally based interventions such as child-centered play therapy (CCPT), are effective for children and improve emotional regulation. This article moves forward to state that CCPT focuses on the therapeutic relationship with the child, which fosters feelings of security, increases communication and exploration of feelings, and assists with self-awareness (Balch & Ray, 2015).

In the second article, CCPT is described further as a dynamic interpersonal relationship between the child and therapist, where the therapist provides a variety of play materials and works together with the client to navigate emotional expression and exploration of thoughts, feelings, and other experiences (Schottelkorb, et al., 2020). It was found in one research study that CCPT can be effective in building social responsiveness skills and decreasing some problem behaviors in children with ASD (Schottelkorb, et al., 2020). Typically, CCPT assists children with developing a safe relationship and increases skills related to emotion identification (Schottelkorb, et al., 2020). Using CCPT with children diagnosed with ASD can increase joint attention, exploration of their environment, and self-regulation skills (Schottelkorb, et al., 2020). Counselors using CCPT for children with ASD should consider having more than one session per week, to increase the intensity and likelihood of success (Schottelkorb, et al., 2020).

Theme #4: Neurofeedback in Counseling (1 Article)

There was one article in JCD under the theme of neurofeedback in counseling. The article describes neurofeedback (NFB) as a subset of biofeedback, and states that it gives the client a chance to alter their brain wave patterns, that leads to a change in behavior (Myers & Young, 2012). Multiple studies have shown that NFB has been shown to be effective in treating disorders in the autism spectrum, as well as many other disorders such as ADHD, depression, anxiety, and pervasive development disorder (Myers & Young, 2012). In 2009, it was estimated that there were between 10,000 and 20,000 counselors that used and were trained in NFB (Myers & Young, 2012). The article suggests that this process has a variety of advantages over other interventions, as the research on neuroscience is only increasing (Myers & Young, 2012).

Journal of Multicultural Counseling and Development

Overview of Themes

Theme #1: Diagnosing ASD (2 Articles)

There were no articles published on diagnosing ASD in JMCD.

Theme #2: Considerations for Counseling Individuals with ASD (1 article)

There were no articles published on counseling individual with ASD in JMCD.

Theme #3: Treatment for Children with ASD (2 Articles)

There were no articles published on treatment for children with ASD in JMCD.

Theme #4: Neurofeedback in Counseling (1 Article)

There were no articles published on neurofeedback in counseling in JMCD.

Counselor Education and Supervision

Overview of Themes

Theme #1: Diagnosing ASD (2 Articles)

There were no articles published on diagnosing ASD in CES.

Theme #2: Considerations for Counseling Individuals with ASD (1 article)

There were no articles published on counseling individual with ASD in CES.

Theme #3: Treatment for Children with ASD (2 Articles)

There were no articles published on treatment for children with ASD in CES.

Theme #4: Neurofeedback in Counseling (1 Article)

There were no articles published on neurofeedback in counseling in CES.

CHAPTER FIVE

DISCUSSION

Brief Summary of the Findings of Research Questions 1 and 2

This section will review the findings of research questions 1 and 2. JCD was the journal that had the most articles published that were related to ASD. From the years 1986 to 2021, there were a total of 2,752 articles published. Of those articles, 6 of them were related to ASD. The next journal was JMCD, with a total of 739 articles published from the years 1986 to 2021. There were no articles in JMCD relating to ASD. CES had a total of 1,258 articles published from the years 1986 to 2021, with none of them relating to ASD. When combining all three journal's articles, there is a total of 4,749 articles. Using the process stated above, there were a total of 6 ASD-related articles in all three journals combined. Given this information, results for question 2 were calculated. Starting with the journal that had the highest percentage of ASD-related articles, JCD had a percentage of .002%. Following this, JMCD and CES both had a result of 0%. When combining all of the articles within the three journals, .001% of the articles are related to ASD.

Discussion of the Findings Identified in Research Questions 1 and 2

According to Schottelkorb, Swan, and Ogawa (2020), it is estimated that 1 in 59 individuals in the United States are diagnosed with autism, making it the fastest growing neurodevelopmental disability in this country. With this, the prevalence of ASD has increased by 435% in the last two decades (Schottelkorb et al., 2020). Though these statistics show that the prevalence of autism is high, the amount of research and articles related to ASD in the counseling journals examined, does not correlate with these findings. In fact, only one of the examined journals has any information regarding ASD, meaning that there is no research in the

counseling field regarding ASD with a multicultural lens or ASD relating to counselor education and supervision.

Discussion of the Findings Identified in Research Question 3

In this section, a brief overview of the overarching themes found in this research is given. Due to there being no articles in the journals of JMCD and CES, the overview of themes is provided for the articles written in JCD.

Overview of Themes

Theme #1: Diagnosing ASD: This category represented the articles that discussed different trends and implications with an ASD diagnosis that counselors should consider.

Theme #2: Considerations for Counseling Individuals with ASD: This category represented the article that includes information regarding counseling individuals with disabilities, such as ASD, and how it differs from counseling an individual without a disability.

Theme #3: Treatment for Children with ASD: This category represents the articles that contained information for specifically treating children with ASD.

Theme #4: Neurofeedback in Counseling: This category represents the article that discussed the benefits of integrating neurofeedback into counseling, especially for individuals diagnosed with ASD.

Overall Summary of Themes Across the Three Journals

Theme #1: Diagnosing ASD

There were 2 articles that were related to the process of diagnosing ASD. The articles included the signs and symptoms of ASD, and some of the assessment tools used in the diagnosis process. These articles explained the characteristics of individuals with ASD thoroughly, however neglected to expand on the specific diagnostic tools that professionals use to diagnose

individuals with ASD. Similar to other literature, ASD is explained in the counseling literature as an individual who displays persistent deficits in social communication and interaction and repetitive patterns of behavior, interests, or activities (American Psychological Association, 2013). It seems that the counseling journals have a grasp of what the diagnostic criterion for ASD is, however, it lacks to explore any diagnostic tools or assessments that can be used.

The lack of information or data explaining the use of diagnostic assessment tools is surprising when considering the prevalence of the ASD diagnosis. It would be important for the counseling profession to not only have awareness of the variety of tools that can be used to diagnosis, but to be trained on the tools as well. As found in the literature outside of the ACA journals, CASD and ADI-R are assessments that can be used to assess both children and adults for ASD (Mayes, 2018). Due to the prevalence of concurring mental health diagnosis with ASD, it is imperative that counselors are aware and fully trained on the different types of ASD diagnostic assessment tools.

The literature suggests that individuals with ASD are at higher risk for being diagnosed with social anxiety disorder, attention-hyperactivity disorder, and oppositional defiant disorder or another psychiatric disorder (Simonoff et al., 2008). With counseling professionals often treating individuals with these diagnosis, it is imperative that counseling researchers look at how to identify a co-morbid diagnosis that includes ASD, however counseling research does not reflect that this is being done.

Theme #2: Considerations for Counseling Individuals with ASD

One article was found to be considered part of a major theme, which is things that counselors should be aware of when treating individuals with ASD. The article explains that there are concerns regarding social and emotional function, peer interaction, and career and

college transitions. In addition to recognizing these, the author of this article discusses a few tips for the counselors assisting clients with these issues.

With there being one sole article in the three examined journals that includes considerations for counseling individuals with ASD, the counseling field has failed to examine the cultural factors that should be considered when treating those with ASD. Due to the factors of social behavior within the ASD diagnosis, it is crucial that professionals use culturally competent interventions, as social norms and skills differ between cultures (Davenport et al., 2018). Outside literature suggests that ASD diagnosis is often delayed or looked past in the Latino cultures, due to the stigma of mental health and disabilities in the Latino culture (Zuckerman et al., 2014). With there being a whole journal that contains research regarding culture in counseling, there is zero information regarding culture and the ASD diagnosis. The importance of research being culturally informed is extremely important for bringing forward the idea and importance of early intervention services, as well as educational and psychological services in other countries, such as countries where autism is stigmatized, misdiagnosed or undiagnosed (Kang-yi et al., 2013).

There are brief mentions of considerations for counselors in other articles, however there is a large lack of information or training involved with the adaptations that counselors can make in their practice to best serve individuals with ASD. This is an area that could use more research in order to become competent in counseling individuals with ASD.

Theme #3: Treatment for Children with ASD

There are 2 articles within the three journals that were inspected in this study that include information about the treatment for children with ASD. In these articles, child-centered play therapy (CCPT) is discussed at large. There is information that explains why this therapy could

be useful and research to show that it is effective. Though there is information about the use of CCPT for children, there is zero research in the three inspected counseling journals regarding the treatment for adults with ASD. In addition to this, there is only one counseling approach that is discussed regarding children's treatment, and that being CCPT. Research that supports treatment for adults with ASD is a huge gap in the counseling research, and further research on treatment for children with ASD is indicated as well.

In literature outside of the counseling journals, there is discussion of the different challenges that counselors may face when working with individuals on the autism spectrum. Individuals diagnosed with ASD often have fewer financial resources, which can interfere with the treatment that someone may need (Hodge, 2013). In addition to difficulty with resources, individuals with ASD commonly have limited verbal communication skills, which may force counselors to adapt their treatment modalities so that their clients are able to communicate their thoughts effectively. Music therapy has been shown to assist clients with emotion identification, as well as increasing flexibility within the client's thinking process and behavior (Thompson & Elefant, 2019), and may be a useful adaptation for counselors. Another barrier may include difficulty processing information and may result in counselors adapting their modalities to fit their client's needs (Beauvois & Kverno, 2020). The counseling literature does not address these barriers to treatment of those with ASD or how to adapt the counseling approach, which raises concern.

In the counseling literature, there is some information regarding play-based therapy with children with ASD. As mentioned previously, there is no research in the counseling literature that reviews therapeutic approaches for adults with ASD. In outside literature, CBT, social identity theory (SIT), and family counseling is addressed. SIT has been shown to be effective for

individuals with ASD and increasing their mood (Cooper et al., 2017). SIT is has also been used for individuals with ASD to increase their feeling of belonging within specific groups (Cooper et al., 2017). SIT is not mentioned in the counseling literature and would be a beneficial topic for counselors to look into.

Another topic that is not discussed in the counseling literature is family counseling for families experiencing an ASD diagnosis. Having a member of a family diagnosed with ASD can bring feelings of shock, relief, and stress (Downes et al., 2020). Counselors may need to address this topic in family therapy and provide counseling to family members of individuals with ASD. The counseling literature does not examine family therapy addressing the topic of ASD, which is an importance piece of therapy for these individuals.

Theme #4: Neurofeedback in Counseling

This theme was only established by one article within the three journals, however it is important for counselors to be aware of how integrating neurofeedback into counseling works. This article gives an overview the history of and how neurofeedback works in counseling, and moves to discuss assessments, interventions, side effects, and contradictions of NFB. Though this article does discuss some information on how it is related to treating ASD, there is a large indication for further research on the matter. There is also an indication for further research on this matter within outside literature, as there was no other research found on this topic.

Summary of all Three Questions

In summary of the three questions, it is concluded that there is a huge lack of research related to counseling individuals with ASD, most specifically within the counseling journals. In the last 35 years, there were a total of 6 articles written about counseling individuals with ASD. With the prevalence of ASD increasing as the years pass, it would only make sense that the

research increases as well. In addition to the lack of research on this topic, the research that has been done poses many questions, with limited answers or suggestions to follow.

Limitations

This next section will review the limitations that were found within this research study.

Number of Journals Investigated

The main limitation of this research study is the limited number of journals that were used to complete this study. It would be helpful for the research to have inspected each of the seven American Counseling Association journals, to increase in the data that supports a major need for further research on counseling individuals with ASD.

Lack of Journal Variety

Though the purpose of this study was to recognize the amount of research on ASD in the counseling journals specifically, it would be beneficial to compare the findings to other journals such as the psychology journals. Doing so would give the researchers and readers an idea of where the specific fields are lacking and provide ideas of areas that need further research related to ASD.

Implications

It is clear from the results that there is an extreme lack of research on the topic of ASD in counseling. With these results, it is recommended that the professionals within the counseling field increase the overall amount of research being done on this specific topic. In addition to this, being that the only journal that includes research on this topic is the JCD, it is recommended that there be a multicultural approach to research on this topic, as well as more research to support the education of counselors on this topic.

There was a total of 4 themes founded through the QCA process that this study entailed. In order to increase the number of themes founded, the amount of research has to be increased. It is simply recommended that the counseling profession increase their research on ASD in counseling.

Conclusion

This study took a deeper look into the research that has been done on ASD within the counseling profession, and it was found that there is an astonishing lack of research completed. The only intervention for ASD found in the counseling literature was the child-centered play therapy approach (Schottelkorb, Swan, Karrie, & Ogawa, 2020). In the literature review, there were many other interventions for individuals with ASD such as ABA and pharmacology (Hsia, Wong, Murphy, Simonoff, Buitelaar, & Wong, 2014). In addition to these, approaches such as cognitive behavior therapy and social-identity therapy were discussed to be used with individuals with ASD (Cooper et al., 2017; Maddox et al., 2018). Counselors would benefit greatly from learning these approaches when working with individuals with ASD, however the counseling literature fails to introduce it into research.

The literature review found many different types of assessments to use when diagnosing ASD, such as CASD, ADI-R, and the RAADS-R (Mayes, 2018). The counseling literature does not address the different types of tools used to diagnose ASD, which should be utilized when diagnosing clients.

In order to practice as a competent counselor, there must be ongoing education on relevant topics and issues, however the counseling profession is truly lacking in this specific area. Within the ASD diagnosis, it is recommended that researchers increase the research being done on the ASD diagnosis, effective interventions, diagnostic assessment tools, and adaptations

used to enhance counseling for individuals with ASD. Everyone deserves access to mental health care, without their diagnosis as a barrier. Individuals with ASD must be considered when decreasing barriers associated with access to healthcare and competent professionals.

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