



**The Impact of School-Based Group Cognitive Behaviour
Therapy on Autistic Adolescents' Social and Emotional
Competency:
A Case Study of an Irish Post Primary School**

by

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**A thesis submitted in fulfilment of the requirements of the Degree of Doctor of
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Abstract

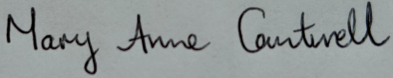
The Impact of School-Based Group Cognitive Behaviour Therapy on Autistic Adolescents' Social and Emotional Competency: A Case Study of an Irish Post Primary School

Mary Anne Cantwell

Aspects of adolescence induces different life stresses for autistic adolescents, including increased anxiety associated with the busy environment of a post primary school, the constant pressure to perform academically, and the ever-changing social complexities associated with peer relationships. The purpose of this study is to extend the emerging evidence base exploring whether school-based Cognitive Behaviour Therapy (CBT) as a support is beneficial in developing autistic adolescents' social and emotional competency. The research design takes the form of a single case study to explore participants' experiences and perceptions of CBT as a psychoeducational programme implemented in an Irish school context. The research design champions a participatory action research model because of it being an interpretivist/constructivist methodology which offers all 8 participants equal opportunity to become involved in the research project. This research examines the outcomes of a differentiated version of the 'My FRIENDS Youth' programme; firstly, through the eyes of those being studied (autistic students aged 13-15 years), and secondly through those facilitating the programme and generalising the skills (educators and parents) over a 5-month period. Qualitative data includes data gathered sequentially in the form of interview and focus group meetings pre, midway and post programme and concurrently in the form of reflective journals. Datasets are analysed using a reflexive thematic analysis framework. The findings establish influential components of the differentiated CBT programme that suggested positive changes in the autistic adolescents' emotional regulation skills and social competency and highlight implications regarding the feasibility of implementing group CBT in a post primary school setting. This study contributes to literature in three fundamental ways: its appreciation of the autistic student's voice in educational research, its implementation of group CBT in the students' naturalistic school environment, and its involvement of educators as core facilitators in collaboration with parents.

Declaration

I hereby declare that this thesis represents my own work and has not been submitted, in whole or in part, by me or any other person for the purpose of obtaining any other qualification.

Signed: 

Mary Anne Cantwell

Date: 20th January 2025

Dedication

To my beloved uncle Michael

A lifelong academic with the kindest heart who sadly passed away in September 2022

“Learning is the one thing the mind never exhausts, never fears, and never regrets”

Leonardo da Vinci

Acknowledgements

I wish to acknowledge and thank the following people who have helped me to complete this body of work.

Firstly, I would like to sincerely thank my supervisor Dr Michele Dunleavy for her expert knowledge, unyielding encouragement and above all her friendship and support. I would like to also acknowledge and thank Dr Laura Ambrose for her supervision in Year 1 and 2 and her role in developing the focus of this study. During my PhD journey, I had the privilege of working in the Department of Educational Psychology, Inclusive and Special Education and wish to acknowledge and thank all the lecturers and fellow PhD candidates for their support and generosity in helping me expand my professional horizons, most especially Dr Johanna Fitzgerald for her enthusiastic affiliative leadership.

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Finally, I would like to wholeheartedly thank my family and friends for their unwavering support and interest in my work and research. A special word of gratitude to my parents Catherine and Anthony. From my earliest memories of going to school, they instilled in me the value of an education and have been a constant support throughout my academic endeavours. To my aunt Bridget and cousin Dylan for helping me maintain the determination through all the ups and downs of the PhD and for enabling me recharge and unwind pursuing our shared passion for horses. A word of mention to my sister-in-law Brigid for her time in proofreading the chapters and helping with the formatting of the final document. Last but not least, I wish to thank my husband David for always listening and giving me his honest opinion and for always believing in me even when I doubted. I am most grateful to him for supporting me achieve my ambition.

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List of Tables

Table 3.1 Participants.....	115
Table 3.2 Stages of Data Collection.....	124
Table 3.3 Overview of the My FRIENDS Youth Programme.....	125
Table 3.4 Overview of the Differentiated FRIENDS Programme.....	128
Table 4.1 Overview of Action Cycle 1.....	165
Table 4.2 Overview of Action Cycle 2.....	180

List of Figures

Figure 1.1 DSM-5 Criteria and Descriptors for Autism Spectrum Disorder	3
Figure 1.2 Lundy's Model of Participation	14
Figure 1.3 Structure of the Thesis	19
Figure 2.1 The 5 Domains of Emotional Intelligence	47
Figure 2.2 The Fundamental Components of Cognitive Behaviour Therapy	58
Figure 3.1 The Action Research Spiral	111
Figure 3.2 Thematic Data Analysis Framework	133
Figure 4.1 Theme One and Subthemes: Baseline to Post Programme Findings One Month Review	138
Figure 4.2 Theme Two and Subthemes: Feasibility of School-Based CBT as a Support for Autistic Students	139
Figure 4.3 Theme One and Subthemes: Social and Emotional Change – Baseline	141
Figure 4.4 My Feelings Task – Pop	157
Figure 4.5 My Feelings Task - Steve	158
Figure 4.6 My Feelings Task - Garfield	159
Figure 4.7 Body Template Task: Identified Feelings with suggested Body Clues	160
Figure 4.8 Theme One and Subthemes: Social and Emotional Change – Midway	166
Figure 4.9 Theme One and Subthemes: Social and Emotional Change – Post Programme	181
Figure 4.10 A Time When I felt Anxious - Pop	187
Figure 4.11 My Self-Care Choice Wheel - Pop	188
Figure 4.12 A Time When I felt Anxious – Steve	192
Figure 4.13 How to be a Friend to Yourself – Steve	193
Figure 4.14 Why be a Friend to Yourself – Steve	193
Figure 4.15 Thoughts Around Asking for Help - Garfield	195
Figure 4.16 Thoughts Around Asking for Help - Pop	196
Figure 4.17 Thoughts Around Asking for Help - Steve	196
Figure 4.18 Theme One and Subthemes: Social and Emotional Change – One Month Review	203
Figure 4.19 Diamond Ranking Task - Garfield	205
Figure 4.20 Diamond Ranking Task - Steve	206

Figure 4.21 Diamond Ranking Task - Pop _____	207
Figure 4.22 Emotional Scale – Garfield _____	209
Figure 4.23 Helpful Coping Strategies – Garfield _____	210
Figure 4.24 Emotional Scale – Pop _____	211
Figure 4.25 Theme Two and Subthemes: Feasibility of School-Based CBT as a Support for Autistic Students _____	238
Figure 5.1 Key Subthemes from Theme Two which address Research Question 1 _____	256
Figure 5.2 Key Subthemes from Theme One which address Research Question 2 and 3 _____	284

List of Abbreviations

Abbreviation	Description
APA	American Psychiatric Association
ASD	Autism Spectrum Disorder/Difference
BI	Baseline Interview
CAMHS	Child and Adolescent Mental Health Services
CASEL	Collaborative for Academic, Social and Emotional Learning
CBAs	Classroom Based Assessments
CBT	Cognitive Behaviour Therapy
CPD	Continuous Professional Development
DES	Department of Education and Skills
DSM-4	Diagnostic Statistical Manual-4
DSM-5	Diagnostic Statistical Manual-5
EF	Executive Functioning
EPSEN	Education for Persons with Special Educational Needs
IQ	Intelligence Quotient
MFG	Midway Focus Group
MHC	Mental Health Commission
MI	Midway Interview
MSF	Midway Student Feedback
NCCA	National Council for Curriculum and Assessment
NCSE	National Council for Special Education
NEPS	National Educational Psychological Service
OCD	Obsessive Compulsive Disorder
PAR	Participatory Action Research
PE	Physical Education
PIFG	Post Intervention Focus Group
PII	Post Intervention Interview
RRBs	Restricted, Repetitive patterns of Behaviours
RTA	Reflexive Thematic Analysis
SBFG	Student Baseline Focus Group
SEC	Social, Emotional and Communication
SENs	Special Educational Needs
SET	Special Education Teacher
SIAs	Special Interest Areas
SPHE	Social, Personal and Health Education
SPIFG	Student Post Intervention Focus Group

STEM	Science, Technology, Engineering and Maths
ToM	Theory of Mind
UDL	Universal Design for Learning
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
USA	United States of America
WCC	Weak Central Coherence

Table of Contents

Abstract	I
Declaration	II
Dedication	III
Acknowledgements	IV
List of Tables	V
List of Figures	VI
List of Abbreviations	VIII
<i>Table of Contents</i>	X
<i>1. Introduction Chapter</i>	1
1.1 Introduction	2
1.2 Autism Spectrum Difference	2
1.2.1 Framing Autism within a Neurodiversity Paradigm	3
1.3 The Researcher’s Positionality	5
1.4 Cognitive Behaviour Therapy and its Potentiality as a Psychotherapeutic Support for Autistic Adolescents	7
1.5 Situating the Research	8
1.5.1 Psychosocial School-Based Programmes for Autistic Adolescents	8
1.5.2 Impact of the Covid-19 Pandemic	12
1.5.3 The Voice of the Autistic Child in Educational Research	13
1.6 Research Rationale	15
1.7 Research Questions	18
1.8 Structure of the Thesis	19
1.9 Conclusion	20
<i>2. Literature Review Chapter</i>	21
2.1 Introduction	22
2.2 Understanding Autism: Cognitive Theories	22
2.2.1 Theory of Mind	23
2.2.2 Empathising-Systemising Theory	25
2.2.3 Double Empathy Theory	27
2.2.4 Executive Functioning	28
2.2.5 Weak Central Coherence	31
2.2.6 Context Blindness	32

2.2.7 Monotropism	33
2.3 Mental Health Needs of Autistic Adolescents	37
2.3.1 Awareness of Social and Emotional Differences	37
2.3.2 Prevalence of Anxiety in Autism	38
2.3.3 Female Presentation of Autism and the Implications of their Mental Health Needs	40
2.3.4 Self-Perception and its Impact on the Mental Health Needs of Autistic Adolescents	42
2.3.5. Emotional Regulation Skills among Autistic Adolescents	47
2.3.6 The Influence of Sensory Sensitivity and an Intolerance of Uncertainty on the Mental Health Needs of Autistic Adolescents	52
2.4 Cognitive Behaviour Therapy as a Psychoeducational Support for Autistic Adolescents	55
2.4.1 Defining Cognitive Behaviour Therapy	57
2.4.2 Group CBT for Autistic Adolescents	61
2.4.3 Diversifying CBT Support into School Settings	66
2.4.4 Adaptations to Universal CBT Programmes for Autistic Adolescents	75
2.5 Inclusive Education and Autistic Adolescents	83
2.5.1 The Irish System of Special Education Provision	83
2.5.2 Issues Impacting Academic and Social Inclusion for Autistic Adolescents	87
2.5.3 The Role of Educators in Inclusive Education	91
2.5.4 The Role of Peers in Inclusive Education	93
2.6 Conclusion	95
3. Methodology Chapter	96
3.1 Introduction	97
3.2 The Research Questions	97
3.3 Theoretical Paradigm of the Study	98
3.3.1 An Epistemological Position of Interpretivism	98
3.3.2 Limitations of the Interpretivist Paradigm	100
3.4 Reflexivity in Interpretative Research	101
3.5 Credibility and Reliability in Interpretative Research	103
3.6 A Qualitative Research Pathway of Enquiry	104
3.6.1 A Qualitative or Quantitative Research Pathway of Enquiry?	106
3.6.2 Limitations of Qualitative Research	107
3.7 Research Design	108
3.7.1 Case Study Research	108
3.7.2 Limitations of Case Study Research	109
3.7.3 Participatory Action Research	110

3.7.4 Limitations of Participatory Action Research _____	112
3.8 Purposive Sampling _____	113
3.8.1 Participants _____	113
3.9 Data Collection Methods _____	115
3.9.1 Student Focus Group Meetings _____	116
3.9.2 Limitations of Student Focus Groups _____	120
3.9.3 Adult Interviews and Focus Group Meetings _____	122
3.10 Phases of the Action Cycles _____	124
3.11 Programme Implementation _____	126
3.12 Approach to Data Analysis _____	130
3.13 Ethical Considerations _____	134
3.14 Conclusion _____	135
4. Findings Chapter _____	136
4.1 Introduction _____	137
4.1.1 A Profile Summary of Student Participants _____	140
4.2 Theme One: Social and Emotional Change – Baseline Data _____	141
4.2.1 Overview _____	141
4.2.2 Impact of Self-Awareness _____	141
4.2.3 Social and Emotional Experiences: Coping with Challenges _____	144
4.2.4 Presentation and Impact of Anxiety _____	148
4.2.5 Emotional Regulation and Expression _____	153
4.2.6 Peer Engagement and Friendships _____	161
4.3 Theme One: Social and Emotional Change – Midway Data _____	165
4.3.1 Overview _____	165
4.3.2 Impact of Self-Awareness: Confidence and Self-Advocacy _____	166
4.3.3 Group Engagement _____	169
4.3.4 Emotional Regulation and Expression _____	175
4.4 Theme One: Social and Emotional Change – Post-Programme Data _____	180
4.4.1 Overview _____	180
4.4.2 Social and Emotional Experiences: Coping with Challenges _____	181
4.4.3 Impact of Self-Awareness: Confidence and Self-Advocacy _____	194
4.4.4 Changing Perspectives through a Collective Problem-Solving Approach _____	197
4.4.5 A Promising Response to Cognitive Re-Structuring Skills _____	198
4.5 Theme One: Social and Emotional Change – One Month Review Data _____	203
4.5.1 Overview _____	203
4.5.2 Emotional Regulation and Expression _____	204

4.5.3 Self-Awareness: A Shift in Mindset _____	216
4.5.4 Confidence and Self-Advocacy Skills _____	220
4.5.5 Social and Emotional Experiences: Coping with Challenges _____	223
4.5.6 A Student-Centred Approach to Problem-Solving _____	225
4.5.7 Friendships and Peer Support Learning _____	231
4.5.8 Nurturing Student Independence _____	234
4.6 Theme One: Social and Emotional Change - Conclusion _____	237
4.7 Theme Two: Feasibility of School-Based CBT as a Support for Autistic Students _____	238
4.7.1 Overview _____	238
4.7.2 Relevance of School-based Group CBT Facilitated by Educators _____	239
4.7.3 Differentiation of School-based CBT Programmes _____	243
4.7.3.1 Whole Class Teaching Vs. Small Group Teaching _____	243
4.7.3.2 Group Support for Autistic Students _____	244
4.7.3.3 Adaptations to the My FRIENDS Youth Programme _____	245
4.7.3.4 Reverse Inclusion _____	247
4.7.3.5 Co-Teaching _____	248
4.7.3.6 Parental Involvement _____	249
4.7.4 Limitations of Post Primary Educators Implementing CBT programmes _____	250
4.8 Theme Two: Feasibility of School-Based CBT as a Support for Autistic Students - Conclusion _____	253
5. Discussion Chapter _____	254
5.1 Introduction _____	255
5.2 Research Question 1: What influential aspects of the differentiated CBT Programme affect autistic adolescents' responses to group CBT as a school programme? _____	256
5.2.1 Relevance of Group CBT facilitated by Educators: Autism and Early Adolescence	256
5.2.2 Relevance of Group CBT facilitated by Educators: Impact of Covid-19 Pandemic	258
5.2.3 Differentiation of School-based CBT Programmes _____	259
5.2.3.1 Parental Involvement _____	261
5.2.3.2 Group Support for Autistic Students _____	266
5.2.3.3 Adaptations to the My FRIENDS Youth Programme _____	271
5.3 Research Question 2 & 3: What influential aspects of the differentiated CBT Programme impact emotional regulation and promote changes in autistic adolescents' social and emotional competency? _____	284
5.3.1 Emotional Regulation and Expression _____	284
5.3.2 Self-Awareness: A Shift in Mindset _____	290
5.3.3 Social and Emotional Experiences: Coping with Challenges by the means of a Student-Centred Approach to Problem-Solving _____	292

5.4 Conclusion _____	295
6. Conclusion Chapter _____	296
6.1 Introduction _____	297
6.2 Strengths, Limitations, and Future Directions _____	297
6.3 Implications for Educational Practice and Research _____	300
6.4 Final Reflections _____	302
<i>References</i> _____	<i>303</i>
<i>Appendices</i> _____	<i>349</i>
Appendix 1 - Summary of Adaptations to the My FRIENDS Youth Programme _____	350
Appendix 2 – Information Letter to Principal _____	351
Appendix 3 – Information Letter to Teacher _____	353
Appendix 4 – Teacher Consent Form _____	355
Appendix 5 – Parent Information Letter _____	356
Appendix 6 – Parent Consent Form _____	358
Appendix 7 - Parent Consent for Child Form _____	359
Appendix 8 – Student Information Letter _____	360
Appendix 9 – Student Assent Form _____	363
Appendix 10 – Ethical Approval _____	364
Appendix 11 – Student Focus Group Schedules _____	366
Appendix 12 – Student Midway Feedback Form _____	374
Appendix 13 – Teacher Interview Schedules _____	376
Appendix 14 – Parent Focus Group Schedules _____	379
Appendix 15 – Reflexive Journal Entry Sample _____	383
Appendix 16 – Transcript Sample with Code Descriptions _____	384
Appendix 17 – Initial Thematic Maps _____	385

1. Introduction Chapter

1.1 Introduction

This chapter introduces the research phenomenon under examination for this research project and presents a contextual background for its relevance to the field of autism educational research. A description of the diagnostic criteria for autism is provided as well as the significance of framing a perception of autism within a neurodiversity paradigm. The rationale for undertaking this research is proposed and the focus of the enquiry pathway demarcated. A brief outline of the overall structure of the thesis is delineated. The researcher makes every effort to strike a balance between providing accurate information and the use of non-pathologising language. Therefore, sometimes the language used may reflect the language of diagnosis and policies rather than that preferred by the researcher.

1.2 Autism Spectrum Difference

Autism Spectrum ‘Difference’ (ASD) is an umbrella term used to describe a continuum of neurodevelopmental differences (Ring, Daly and Wall 2018). The Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5) uses the term Autism Spectrum Disorder and characterises autism as deficits in social interaction and communication skills together with the presence of stereotypical behaviours, restricted interests and sensory sensitivities (American Psychiatric Association [APA] 2013). The criteria set out in the DSM-5 highlights that a diagnosis of autism requires two distinct behavioural characteristics to be present, namely Social, Emotional and Communication (SEC) difficulties as well as Restricted, Repetitive patterns of Behaviours (RRBs) (APA 2013). RRBs are defined by their repetition, profile similarity and behavioural rigidity (Wigham *et al.* 2015). Such behaviours include repetitive physical movements, preference for the same routines and highly focused interests (Berry *et al.* 2018). Sensory processing differences in autism which are interconnected to RRBs may be experienced as hypersensitivity (behavioural over-reactivity to sensory stimuli), hyposensitivity (behavioural under-reactivity to sensory stimuli) or sensory seeking behaviours (fascination with certain stimuli or desiring sensory regulation input) (Boyd *et al.* 2010; Grandin 2015; Bogdashina 2016).

The core DSM-5 criteria (differences in social, emotional and communication behaviours with the presence of RRBs) is further differentiated into two groups referred to as descriptors: (i) the severity of SEC difficulties and RRBs, and (ii) the presence or absence of additional difficulties categorised as specifiers (APA 2013). Figure 1.1 provides an overview of the DSM-5 diagnostic criteria and descriptors. In order for a diagnosis of autism to be confirmed, the core behavioural characteristics must significantly impact a person’s daily-life functioning and be present from early childhood (APA 2013), although diagnosis can often happen much later in development (Fletcher-Watson and Happé 2019). The DSM-5 criteria abandoned diagnostic sub-types (high-functioning and low-functioning autism), which were previously recognised in the DSM-4 criteria (APA 1994). Since the introduction of the DSM-5 Asperger Syndrome is no longer used as a diagnostic term for autism (APA 2013). Changes to the definition reflect the evolution of a multi-dimensional perception of autism as part of a neurodiversity continuum (Lyall *et al.* 2017).

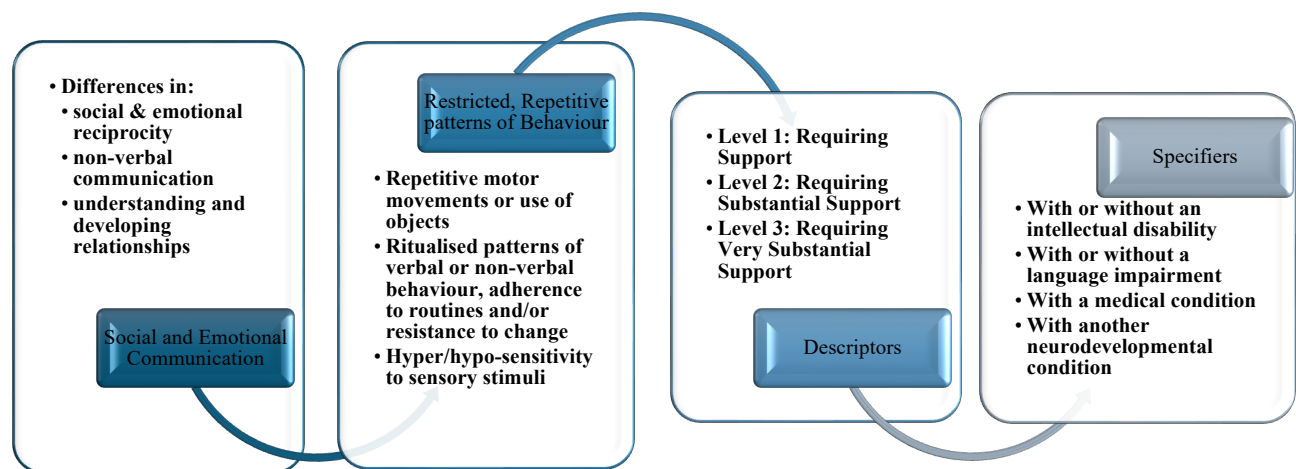


Figure 1.1 DSM-5 Criteria and Descriptors for Autism Spectrum Disorder

Source adapted from APA (2013)

1.2.1 Framing Autism within a Neurodiversity Paradigm

While autism has always been in existence, it still remains primarily disorder-focused and understood within a medical paradigm (Kanner 1943; Baron-Cohen 2017). A medical paradigm suggests an underlying assumption to remedy or change a person’s difficulties through

interventions which may reduce or at best eliminate undesired symptoms or behaviours (Hollenweger 2014). However, an alternative paradigm, referred to as the social model, suggests that disability is derived from societal barriers that limit social participation and inclusion. Indeed, the concept of inclusive education, as noted by Liasidou (2012), is founded on a social model as it refers to the restructuring of social and educational environments to best meet the needs of all students regardless of their individual physical, biological or neurodevelopmental differences.

In recent literature, there exists a dichotomy of opinion on whether autism is aptly categorised as a disorder (Baron-Cohen 2017; Casanova and Casanova 2018; Murray *et al.* 2023). The term ‘disorder’ as explained by Baron-Cohen (2017), implies that a person’s neurobiology and cognition is somehow dysfunctional. Yet, why then can researchers such as Pierce *et al.* (2011) and Lai, Lombardo and Baron-Cohen (2014) find that under scientific scrutiny the neurobiology and cognition of autism points not to dysfunction, but rather to difference. This clarification of difference has led some researchers (Prizant 2015; Singer 2016; Price 2022) to strongly consider a neurodiversity paradigm as a more fitting alternative to the medical paradigm to explain and understand autism. The concept of neurodiversity infers variability within brain structure and function, thus accounting for differences among individuals (Ecker 2017). Most importantly, neurodiversity perceives neurodivergent individuals as different and not deviant from neurotypical individuals (Singer 2016). Accordingly, Murray *et al.* (2023, p. 221) explains neurological divergence as an aspect of the “human spectrum”, positioning the autistic experience as individual difference within human experience. Moreover, the neurodiversity model avoids focusing disproportionately on a person’s weaknesses but instead offers equal attention to both their strengths and difficulties, irrespective of the severity of needs (Youdell and Lindley 2019). Hence, framing our understanding of autism within a neurodiversity paradigm evokes a more positive and balanced perception that values the autistic person’s strengths and celebrates their unique qualities (Guldberg 2020). Consequently, a neurodiversity model is grounded upon a compassionate social interpretation of disability that seeks to remove stigma and view autism as an inseparable part of a person’s identity (Ring, Daly and Wall 2018).

The notion of whether autism is a neurological difference to be celebrated or whether it is an incapacitating disorder has exercised extensive discourse among the autistic community (Lawson

2011; Grandin 2014; Kenny *et al.* 2015). Many autistic self-advocates and researchers (Sinclair 1993; Milton and Bracher 2013; Silberman 2016) emphasise the importance of describing autism as a different way of being and as such should not be perceived as a disorder comprising of behavioural deficits. Moloney (2010) asserts that much discomfort from the autistic community in relation to the medical model stems from an aversion to being characterised solely by impairment. Williams (1996b, p.14) posits that autism “has been judged from the outside, by its appearances, and not from the inside according to how it is experienced”. Milton (2012, p. 11) advises against presenting an autistic person as a “disordered other” as such a view only serves to diminish a person’s sense of self-worth and self-esteem. Furthermore and most significant, “autism is not a thing that is added to a person – it’s integral to their life and cannot be removed” as emphasised by Price (2022, p. 47).

Converging research (Wood 2019; Goodall 2020; Murray *et al.* 2023) suggests a shift in attitude is necessary to help society recognise neurodivergence and difference as part of the everyday normality. This implies revolutionising the terminology used in relation to autism. Many within the autistic community express a preference for identity-first language and embrace an identity as autistic. With the aforementioned views in mind, the researcher supports a neurodiversity-informed strength-based approach to understanding and supporting autistic students in education. The current research upholds a position of ‘difference’ rather than ‘disorder’ and supports the social model in the practice of inclusive education. Throughout this thesis the researcher will purposefully embrace the term Autism Spectrum Difference (abbreviated to autism/ASD) and adopt identity first language (autistic person/individual) as recommended by autistic self-advocacy groups and organisations (AsIAm 2024).

1.3 The Researcher’s Positionality

This research project is motivated by my practitioner experience as a Special Education Teacher (SET) teaching autistic children enrolled in a special class within a mainstream primary school setting. Throughout my ten years of experience, I played an integral role in the introduction and development of the school’s specifically designed learning environment for autistic students. Today the school has two special classes with access to a shared sensory and relaxation room.

Each class has a ratio of six autistic students to one SET and two Special Needs Assistants (SNAs) as outlined by McCoy *et al.* (2014). Depending on their age and corresponding mainstream class, students are either enrolled in the Junior Special Class (4-9 years) or the Senior Special Class (8-13 years). This means that both classes have variability in age range, resulting in the special class educator working in partnership with the autistic students' different mainstream class educators.

Notably, in the early years of establishing educational connection between the special class and the mainstream classrooms, I found myself feeling isolated from the mainstream learning environment. Although educational policy (Department of Education and Skills [DES] 2017), stipulates that mainstream educators have the primary responsibility for the educational progress of all students (including students with Special Educational Needs [SENs]) and should work in collaboration with SETs in facilitating inclusive practices, the perception among my mainstream colleagues at the time was that I was responsible for the educational provision of the autistic students enrolled in the special class. This mindset inevitably reduced the amount of mainstream inclusion time afforded to the autistic students. Moreover, it placed the onus on me, the SET, to professionally upskill and broaden my knowledge of autism and autism specific teaching methodologies. Over the intervening years, the attitudes of school leaders and mainstream staff towards inclusive practices gradually evolved and now-a-days the educational provision of autistic students enrolled in the special classes is shared equally among special and mainstream educators to ensure the greatest level of social and academic inclusion with fellow mainstream peers.

As a result of pursuing professional development, I felt well-equipped to support my autistic students' academic capabilities, but unfortunately, despite my best efforts in availing of courses related to social and emotional supports, I felt challenged and ill-equipped to adequately support their emotional regulation and prosocial behaviours within the school setting. Emotional dysregulation and anxiety were two psychological factors significantly impacting the autistic students' academic performance and access to mainstream inclusion as well as their overall school satisfaction and emotional wellbeing. Therefore, I felt compelled to deepen my understanding of the emotional vulnerabilities of autistic children and research psychoeducational supports for this cohort of students accessing mainstream educational provision. In doing some initial research, I came upon Cognitive Behaviour Therapy (CBT) as a recognised psychotherapeutic approach for

autistic children (Laugeson and Park 2014; Kreslins, Robertson and Melville 2015; Scarpa, White and Attwood 2016), and subsequently in 2016, I participated in the FRIENDS CBT training course for educators (primary and post primary) facilitated by expert psychologists from the National Educational Psychological Service (NEPS) of Ireland.

Arising from my training and interest in CBT as a psychosocial support for autistic children, I began using the 'FRIENDS for Life' universal CBT programme (Barrett 2012) in my practice and advanced my CBT research to PhD level. A review of existing CBT studies involving autistic children, not only revealed a national and international research gap in programmes facilitated by trained educators in school settings (Rotheram-Fuller and MacMullen 2011; Ruttledge *et al.* 2016; Drmic, Aljunied and Reaven 2017), but it also indicated a scarcity of CBT studies involving adolescent children (Ung *et al.* 2015; Wood *et al.* 2020; Solish *et al.* 2020). Consequently, my PhD research aimed to address this pertinent gap in the literature by exploring the impact of an educator-facilitated CBT support programme differentiated for autistic adolescent students attending mainstream post primary education.

1.4 Cognitive Behaviour Therapy and its Potentiality as a Psychotherapeutic Support for Autistic Adolescents

CBT is an emotional resiliency therapeutic support that teaches participants the interrelationship between cognitions (positive and negative), emotions and behavioural responses (Stallard 2002). CBT incorporates three core principles concerned with developing participants' (i) cognitive, (ii) physiological, and (iii) behavioural responsiveness to anxiety-provoking situations (Beck 2011; Rodgers and Dunsmuir 2015). Developing cognitive responsiveness in CBT involves helping participants to identify and challenge biased beliefs and/or negative cognitions and reframe them with alternative and more balanced beliefs/cognitions with the use of positive self-talk strategies (Stallard 2021). Developing physiological responsiveness supports participants become more self-aware of their body's reactions to heightened stress levels and to use adaptive coping strategies and mindfulness techniques to self-regulate in moments of emotional intensity (Hartley, Dorstyn and Due 2019). Developing behavioural responsiveness in CBT scaffolds problem-solving by enabling participants break down problems into achievable targets through creating solution-

focused coping-step plans and experiencing the anxiety-provoking situation in a gradual self-oriented manner (Crawford *et al.* 2018).

Considering the social, emotional, communication and behavioural differences in autism (APA 2013), particularly in relation to challenges with perspective-taking (Frith and Happé 1999), emotional regulation (Berkovits, Eisenhower and Blacher 2017), and cognitive processing skills (Gökçen, Frederickson and Petrides 2016), CBT and its core components has the potentiality to improve these fundamental life-skills among autistic children and adolescents (Luxford, Hadwin and Kovshoff 2017; Higgins *et al.* 2019). Firstly, the psychoeducational component of CBT holds the potential to ameliorate autistic students' emotional cognition and expression by developing their capacity to understand, label and contextualise different emotional states in self and others with reference to their own social and emotional experiences (Attwood and Scarpa 2016). Secondly, the somatic and cognitive re-structuring components of CBT stand to promote autistic students' emotional awareness and regulation whilst enabling their growing capacity for perspective-taking and flexible thinking, thus helping to engender increased self-positivity and confidence (Cai *et al.* 2018). Lastly, the behavioural components of CBT target problem analysis using a rational step-by-step solution generating approach that encourages autistic students to self-reflect and devise action plans that will support their self-coping abilities to better deal with everyday challenges (Wilkinson 2015). Furthermore, experiencing gradual exposure and desensitisation to anxiety-provoking situations over a protracted period of time increases the likelihood of autistic students generalising the use of emotional regulation strategies which in turn supports their enhancement of prosocial behaviours (Ehrenreich-May *et al.* 2014).

1.5 Situating the Research

1.5.1 Psychosocial School-Based Programmes for Autistic Adolescents

Childhood neuroscience has indicated that the brain's capacity to grow and change does not end in childhood; it continues to develop throughout adolescence and into adulthood (Immordino-Yang 2016; Conkbayir 2018). This means that a child's social and emotional competency is in a constant state of development throughout their formative years in primary and post primary education. Though previously the teaching of social and emotional skills mainly focused on early childhood

(Gardner, Wong and Ratcliffe 2021), more recently the focus in education has expanded into adolescence with researchers identifying early adolescence as another critical stage in the development of social and emotional skills (Main 2018). With the brain not fully developed, early adolescence is a time of significant physical, cognitive, social, emotional, and behavioural change (Picci and Scherf 2015). Peer relationships take on a new salience for adolescent students, giving rise to a social reorientation away from parents/guardians towards their peers in the context of developing self-understanding and self-perception (Morin *et al.* 2013; Acker, Knight and Knott 2018; Cresswell and Cage 2019). As noted by Carter *et al.* (2014), this growing influence of peers during adolescence increasingly shapes the values and beliefs around personal identity, academic engagement, and peer-to-peer relationships.

As a result of the burgeoning national and international research into the pertinence of developing social and emotional competency in school-aged children and young adults (Daly *et al.* 2016; Hargreaves *et al.* 2018; Dooley *et al.* 2019), the DES (2019) has placed student emotional wellbeing at the heart of the educational experience in Ireland across all educational settings from early childhood to adult education. As documented in the Wellbeing Policy Statement and Framework for Practice (2018-2023) report, the DES (2019) recognises that schools and educational institutions play a pivotal role in the development of emotional wellbeing and views the Social, Personal and Health Education (SPHE) curriculum as instrumental in providing students with the knowledge, skills, and coping strategies to deal with life challenges. The DES (2019) also recognises that apart from the home environment, the school environment epitomises a highly influential milieu for the enhancement of students' social and emotional competency and wellbeing by way of promoting and safeguarding essential protective factors. These protective factors are grounded in delivering evidence-based psychosocial learning programmes, helping students develop skills to manage stress as well as providing personalised support to students and their families should challenges arise (DES 2019).

The aim of the recently revised Junior Cycle SPHE curriculum developed and published by the National Council for Curriculum and Assessment (NCCA) in 2023 is to enable students from 1st - 3rd year (aged 12-16 years) develop adaptive life skills to help them mature as resourceful and confident young people. The curriculum reflects the social and emotional competencies set out by

the Collaborative for Academic, Social and Emotional Learning (CASEL) educational framework (Elias and Arnold 2006; CASEL 2024). Specifically, the SPHE curriculum centres on enhancing the psychosocial skills of self-awareness, self-management, responsible decision-making and relationship skills by means of establishing authentic learning experiences that foster relationships among educators and students (NCCA 2023). The content of the curriculum is structured around four interrelated strands, consisting of understanding myself and others, making healthy choices, relationships and sexuality and emotional wellbeing. The emotional wellbeing strand holds particular relevance for the current study as the skills and concepts taught within the content are underpinned by CBT principles and positive psychology ideology (Beck 2011; Seligman 2012; Vermeulen 2014; NCCA 2023). The key focus of the emotional wellbeing strand is to support students develop emotional resilience by developing emotional awareness, adaptive coping strategies, and problem-solving skills (NCCA 2023). In accordance with positive psychology principles (Seligman 2012), the emotional wellbeing strand embraces student ingenuity, encourages positive engagement with educators and peers and elicits positive individual traits (such as gratitude, compassion, tolerance, and connectedness) (NCCA 2023).

The onset of mental health problems, most notably anxiety and depression, is found to emerge in late childhood and peak during adolescence and early adulthood (Merikangas *et al.* 2010; Kessler *et al.* 2012; Dooley *et al.* 2019). Indeed, early adolescence for many autistic students is synonymous with initial increases in anxiety, loneliness, aggression, and self-injurious behaviours (van Steensel *et al.* 2011; Bossaert *et al.* 2015; Ambler, Eidels and Gregory 2015). Research denotes that as autistic students enter adolescence their emotional resilience to cope with the social and academic demands in school deteriorates as they journey through post primary education (DiPerna 2006; Rosenthal *et al.* 2013; Keen, Adams and Simpson 2023). Fundamental to positive social engagement is the capacity to recognise, understand and communicate emotions in oneself and others coupled with the capacity to regulate emotions given the social or environmental situation (Damasio 1994; Goleman 1996). Hence, researchers (such as Wong *et al.* 2014; Gardner, Wong and Ratcliffe 2021) strongly emphasise the importance of implementing additional psychosocial support programmes, specifically targeting the emotional competence of autistic adolescents, as there exists reciprocal benefits to improving emotional cognition on social skill development and academic performance.

A rich body of research correlates emotional dysregulation with mental health problems in autistic adolescents (Berkovits, Eisenhower and Blacher 2017; Conner *et al.* 2020; Restoy *et al.* 2024). Emotional dysregulation as cited by Joshi *et al.* (2018) is characterised by poor self-regulation, quickness to anger and spontaneous emotional reactivity. A national study conducted by Dooley, Fitzgerald and Mac Giollabhui (2015) identified protective factors that can help bolster resilience towards anxiety and depression in adolescence. Their findings suggested that increased optimism, self-esteem, emotional regulation and positive peer relationships constitute psychosocial qualities that positively promote adolescents' emotional wellbeing (Dooley, Fitzgerald and Mac Giollabhui 2015). These findings support the findings of Vermeulen (2014) in noting that having a more positive mindset supports emotional resilience and the capacity to cope with stress. Hence, the negative psychological effects of autistic adolescents experiencing frequent episodes of emotional dysregulation supports the centrality of developing physiological awareness in conjunction with improving emotional regulation skills (Mazefsky and White 2014; Dooley, Fitzgerald and Mac Giollabhui 2015). Congruently, CBT as an emotional resiliency support holds pertinence as its therapeutic focus is on helping students ameliorate emotional understanding and awareness, challenge negative cognitions and use adaptive self-coping strategies in real-world stressful situations (Gardner *et al.* 2021; Clark and Adams 2022).

The Autism Good Practice Guidance for Schools Supporting Children and Young People (DES 2022) recommends that emotional development should take precedence in the identification and response to the educational support needs of autistic students. In line with national and international educational policy and research (National Council for Special Education [NCSE] 2015; DES 2019; Werner-Seidler *et al.* 2021), preventative and early intervention psychoeducational programmes are recommended to help evade the development of mental health conditions and provide adolescent students with helpful coping responses. DES (2022) endorses the implementation of the My FRIENDS¹ Youth programme (Barrett 2012) as an additional support for autistic students to complement the SPHE mainstream curriculum and provides training and support to SETs and SPHE subject teachers in its delivery through the National

¹ The FRIENDS acronym stands for F-Feelings, R-Relax, I -Inner helpful thoughts, E-Explore solutions for problems, N-Now reward yourself, D-Do it every day (use coping skills) & S-Stay strong inside (Barrett 2012).

Educational Psychological Service (NEPS) of Ireland. Premised on the principles of CBT, the programme is designed to enhance students' social and emotional understanding, self-regulation skills and mental resilience (Barrett 2012). As a recipient of the NEPS training, the researcher chose the My FRIENDS Youth CBT programme for the purpose of this research project.

1.5.2 Impact of the Covid-19 Pandemic

Now more than ever, there is a need for a pro-active educational response to supporting autistic adolescents' social and emotional development as many of the present-day cohort of young adolescents were negatively impacted by the Covid-19 global pandemic social restrictions (Colizzi *et al.* 2020; Corbett, Muscatello and Klemencic 2021). The current study offers a unique opportunity to explore the lingering effects of the pandemic on the social and emotional competency of a sample group of autistic adolescents (14-15 years), attending their second year of mainstream post primary education within an Irish context. Research has shown that almost half of clinical psychological disorders are diagnosed between the ages of 14-20 years (De Miranda *et al.* 2020; Scheiner *et al.* 2022). Therefore, it is conceivable that today's cohort of adolescent students are potentially more at risk of developing mental health conditions into the future because of their personal experience of living through two years of stringent public health restrictions in late childhood. A study by O'Sullivan *et al.* (2021) reported that the nationwide social restrictions in Ireland during the pandemic provoked a myriad of educational, psychosocial and behavioural problems for young people. These were most noticeable among school-aged children due to school closures and home quarantine public health measures, speculating in their findings that the true impact on vulnerable young people's mental wellbeing is yet to be realised (O'Sullivan *et al.* 2021). Similar to Sioráin *et al.*'s (2023) findings, O'Sullivan *et al.* (2021) found that Irish children with or without SENs experienced social isolation, elevated levels of stress and anxiety, increased adult dependency along with other behavioural difficulties associated with being confined to the home environment for lengthy periods.

Moreover, Kreysa *et al.* (2022) conducted an extensive international review investigating the social and emotional effects of the Covid-19 pandemic on autistic and non-autistic children and adolescents. These authors surmised that both groups of children (autistic and non-autistic) indicated comparable decreases in emotional wellbeing and increases in anxiety compared to

before the pandemic (Kreysa *et al.* 2022). Parents reported a distinct decline in their autistic children's capacity to adapt to the recurring and sometimes prolonged changes to daily-life structures over the course of the pandemic, highlighting significant regression in their autistic children's emotional regulation with incidences of aggression noted as well as a marked regression in their social competence (Kreysa *et al.* 2022). Consequently, researchers (Nonweiler *et al.* 2020; Hamilton, Kelly and Mesa 2023; Day *et al.* 2023) recommend the provision of additional school supports be made available to autistic children and adolescents to ensure that they achieve the best possible academic, social and mental health outcomes as they journey towards adulthood.

1.5.3 The Voice of the Autistic Child in Educational Research

Since publication of the United Nations Convention on the Rights of the Child (UNCRC) in 1989, there has been a growing emphasis on implementing a children's rights informed approach in research projects involving child participants (Bradbury-Jones and Taylor 2015). The Lundy Model of Participation (2007), as found in Ireland's National Strategy on Children and Young People's Participation in Decision-Making 2015-2020 (Department of Children and Youth Affairs 2015), sets out a framework for the implementation of children's rights to participate across all government departments, including the department of education. As stated by Lundy (2007, p. 931), "the practice of actively involving pupils in decision making should not be portrayed as an option which is in the gift of adults, but rather a legal imperative which is the right of the child".

In educational research a children's rights pathway to participation recognises that children have agency to actively contribute to the process of constructing meaning relative to issues affecting their lives (Fraser and Robinson 2004; Marshall and Goodall 2015). In effect, a rights-based approach in educational research mitigates against the ongoing dilemma in qualitative research – the imbalance of power between adult researchers and child participants (Lundy and McEvoy 2012). For meaningful child participation in research to occur, attention must be apportioned to all aspects of Lundy's model of participation (2007). As presented in Figure 1.2, Lundy's model is underwritten by Article 12 of UNCRC and consists of four interrelated factors that enable child participants achieve purposeful participation in research projects. Under Article 12 of the UNCRC, responsible adults (researchers) are tasked with the following: (i) creating a safe and inclusive space for children to express a view, (ii) supporting children by means of specific strategies to

express their points of view, and (iii) ensuring that children’s views are listened to and acted upon as appropriate (Lundy 2007).

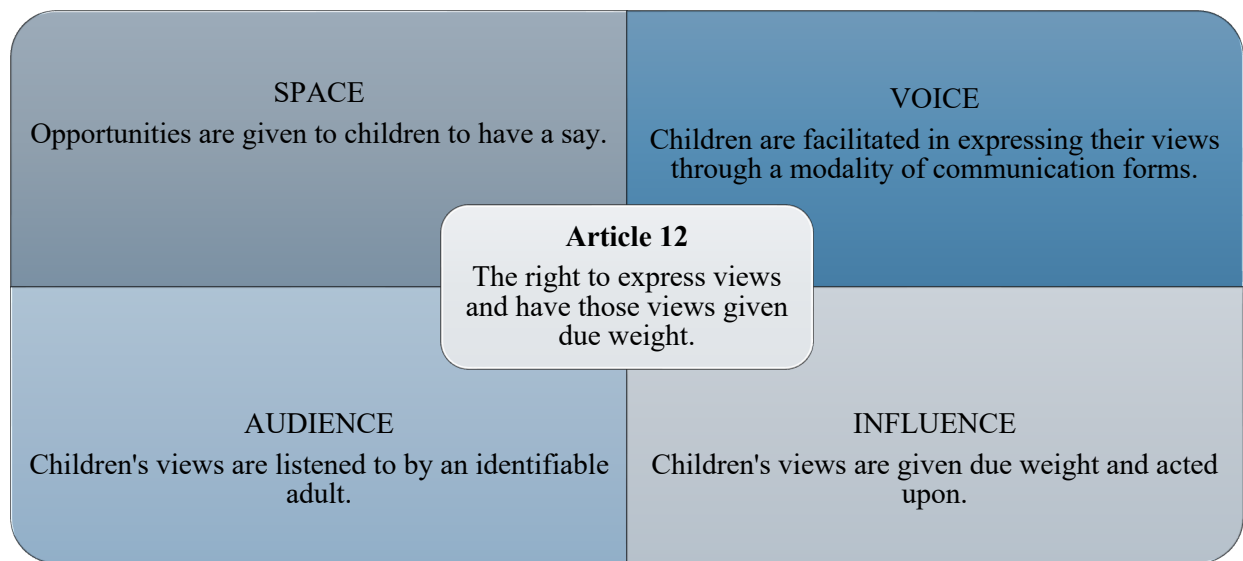


Figure 1.2 Lundy’s Model of Participation

Respecting the views of children and acting on them requires researchers to be pro-active. This according to Lundy (2018) necessitates that researchers not only create the optimal conditions for facilitating research projects in comfortable spaces but also ensure the other three elements of the model (voice, audience and influence) are implemented. Lundy (2018, p. 342) refers to the term “tokenism” to describe instances whereby children are given the opportunity to have their views heard but their suggestions not taken seriously by the responsible adults. Lundy (2018) argues in favour of meaningful interactive dialogue with children when involving them in research projects which goes beyond merely affording them a voice. Indeed, Kennan, Brady and Forkan (2019) highlight that involving children in decision-making through listening and taking account of their points of view can lead to better research outcomes simply because children have actively participated in appraising the educational programme/initiative under review. Similarly, Milton and Bracher (2013, p. 63) note that the autistic voice in qualitative research increases the “integrity of studies that seek to explore important questions relating to the wellbeing of autistic people”.

Being informed by the differing perspectives and the personal experiences which underlie them, is fundamental to future autism research. However, currently there exists a limited body of

qualitative research incorporating the autistic child's voice within research projects (Ozsivadjian, Knott and Magiati 2012; Guldberg *et al.* 2017; Fayette and Bond 2018). According to Milton (2017) the gap in extant research has resulted in a knowledge base about autism largely informed by the perspectives of non-autistic stakeholders (Milton 2017). Milton (2012, p. 885) stresses that the "autistic perspective" is being made invisible in contemporary research, advocating for more autistic young people, their parents/guardians and supporters to participate in the construction of knowledge concerning autism to guarantee its authenticity and relevance for the autistic community. By listening to those introspective voices, researchers and educators can become better at seeing autism as a multi-dimensional patchwork of differences and abilities (Norwich 2002). Accordingly, this research champions a Participatory Action Research (PAR) approach, that involves autistic adolescents and their parents as co-participants alongside their SET and the researcher with the aim of informing educational and parental practices while enhancing the students' social and emotional competency.

1.6 Research Rationale

At present further research into differentiated group CBT as a support for autistic adolescents is justified with the number of autistic students enrolled in mainstream education increasing year-on-year together with the ongoing influx of special classes integrating into mainstream post primary schools (NCSE 2024). Currently the prevalence rate of autism within the Irish school system is estimated at 1 in every 65 students, representing 1.55% of the overall student population (Boilson *et al.* 2016; Department of Health 2018; 2020). Over the last ten years, the number of autistic students supported in special classes has increased considerably from 4,353 students in 2013 to 14,352 students in 2023 (NCSE 2024). The data issued by the NCSE (2024) indicates over double the amount of primary autism classes (1,698) compared to post primary autism classes (780), suggesting that the majority of autistic adolescent students are educated within mainstream classroom provision with additional support provided by SETs. Due to the growth of autistic students attending mainstream education, and the fact that autistic adolescents are more vulnerable to experiencing mental health problems (Vasa *et al.* 2018; Wijnhoven *et al.* 2018; Duvokot *et al.* 2018), there are additional demands placed on post primary educators to have specialised knowledge and training in psychoeducation support programmes. In the absence of specifically

designed school-based CBT programmes for autistic students, the onus is on educators to make the appropriate developmental adaptations (Berkovits, Eisenhower and Blacher 2017). A lack of research leads to a lack of training and preparedness for educators which is crucial in helping educators accommodate the diverse and sometimes complex educational needs of autistic students. While CBT is empirically supported as an effective psychoeducational support for neurotypical children experiencing mental health problems (James *et al.* 2015), the status of its empirical support for use among autistic children remains promising and open to debate among the research community (Lickel *et al.* 2012; Settapani and Kendall 2013; Kester and Lucyshyn 2018). Indeed, much of the extant CBT research has examined autistic children's responses to modified CBT, facilitated by clinical practitioners in clinical settings. Few studies have examined autistic adolescents' responses to CBT programmes and what influential adaptations effect positive psychosocial changes in this older cohort of autistic children (Wood *et al.* 2015; Clarke, Hill and Charman 2016; Kidd *et al.* 2024). A major limitation of clinical-based studies is that changes in the autistic children's social and emotional competency are rarely observed in the environments where they are expected to apply their new CBT skills (Kasari and Smith 2013). Conversely, implementing school-based CBT programmes increases the likelihood of the emerging CBT skills being observed and generalised in real-life stressful situations (Luxford, Hadwin and Kovshoff 2017).

A growing body of research suggests that the school setting represents an ideal environment for the delivery of differentiated CBT programmes among autistic students (Fujii *et al.* 2014; Rotheram-Fuller and Hodas 2015; Bauminger-Zviely 2016). Schools provide an opportunity to maximise access to psychoeducational support, address problematic situations in real time and produce higher generalisation effects across varying social contexts (Bellini 2007; Laugeson *et al.* 2014; Adams, Simpson and Keen 2018). In addition, delivering universal school-based CBT programmes can help reduce the stigma associated with accessing mental health services and minimise the disruption to education caused by students having to travel to clinical providers during school hours (Clarke, Hill and Charman 2016; Hayes *et al.* 2023). Schools are not just environments for academic development, they are also environments where students' emotional and mental wellbeing can be supported and nurtured (Werner-Seidler *et al.* 2021). Therefore, bringing CBT support programmes into school environments where autistic students often

experience the most social challenges enables an all-inclusive multi-modal psychosocial approach to be implemented in a naturalistic setting, involving their educators, parents/guardians and classmates. School-based CBT programmes can help to alleviate barriers in accessing support for families, by offering parents/guardians of autistic children free and non-threatening support in a familiar environment (Corbett, Muscatello and Klemenic 2021; Lee *et al.* 2024). The aim of parental involvement is to equip parents/guardians with helpful coping responses to use with their autistic child in stressful moments, thus, supporting the acquisition and generalisation of CBT skills beyond the learning environment and into the home and community settings (Wood *et al.* 2020; Perihan *et al.* 2020; Kidd *et al.* 2024).

1.7 Research Questions

This PAR case study embodies an interpretivist/constructivist theoretical framework which is underpinned by the ontological view that knowledge is context-related and constructed “in and through the interaction” between the researcher and those involved in the research project (Bryman 2016, p. 30). The aim of this research is to capture the voices of all participants (autistic adolescent student, parent, teacher and researcher) to ascertain their personal perspectives of group CBT. In doing so, this research aims to establish the contributory aspects of the psychoeducational support, particularly the methods of differentiation introduced into the universal My FRIENDS Youth programme, that influence autistic adolescents’ responses to CBT as a school-based programme. The overarching research question that underwrites this study is premised on exploring the participants’ experiences and perceptions of group CBT when facilitated by educators in partnership with parents/guardians within a post primary school setting. The embedded questions guiding the researcher throughout the research process are as follows:

What influential aspects of the differentiated CBT programme:

- affect autistic adolescent students’ responses to group CBT?
- impact autistic adolescent students’ emotional regulation skills?
- promote changes in autistic adolescent students’ social and emotional competency?

1.8 Structure of the Thesis

The chapters in this thesis will be organised chronologically with each chapter constituting discrete discussions which will progressively lead towards the implications of the research findings for future educational practice and autism research. The structure of the thesis and the core elements of each chapter are outlined in Figure 1.3.

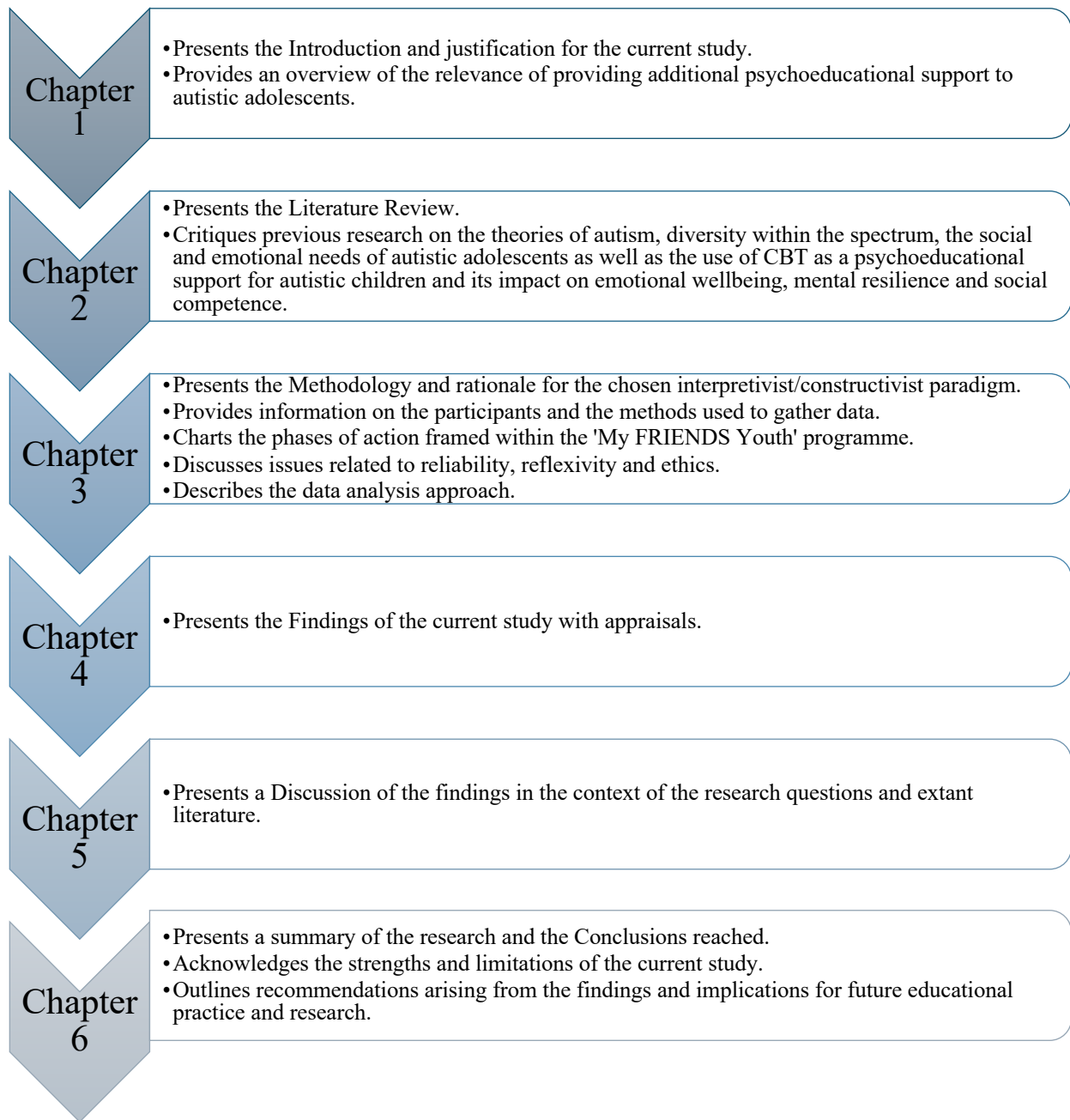


Figure 1.3 Structure of the Thesis

1.9 Conclusion

Within this overview, the fundamental cornerstones of the study were denoted, including justification, the general aim and research questions and the chosen methodological approach. This chapter highlighted gaps in the extant research; firstly, in relation to the limited body of research embracing the autistic child's voice and secondly, in relation to the lack of research examining autistic adolescents' responses to school-based CBT facilitated by educators. Chapter 2 will review and critique existing literature pertinent to understanding autism, autistic young people's social and emotional needs and CBT as a potential psychoeducational support to enhance their emotional awareness, regulation and mental resilience during adolescence.

2. Literature Review Chapter

2.1 Introduction

This chapter begins by providing an in-depth overview of the different cognitive theories associated with autism by way of illuminating the spectrum of diversity among autistic individuals in relation to social, emotional and cognitive functioning. The mental health needs of autistic young people are explored in this review alongside the interrelated factors that contribute towards emotional vulnerability in autism. It is beyond the scope of this literature review to appraise all the extant research pertinent to modified CBT support programmes involving autistic children. However, relevant CBT studies examining group CBT in clinical and non-clinical settings, most notably in school settings, will be appraised in terms of autistic adolescents' responses to the different adaptations and modes of delivery. Finally, the provision of inclusive education within the Irish mainstream system will be outlined and the critical role educators and peers play in supporting the enhancement of autistic adolescents' social and emotional competency highlighted.

2.2 Understanding Autism: Cognitive Theories

The core behavioural characteristics of autism (SEC difficulties in addition to RRBs) reflect differences in neurodevelopmental cognitive processes (Fletcher-Watson and Happé 2019). The specifiers identified in the DSM-5 (Figure 1.1) contribute significantly towards diversity within autism (APA 2013). Boucher (2017, p. 29) cites that over half of all individuals diagnosed with autism experience some degree of learning disability and language difficulties. Connolly and Gersch (2016) emphasise that some autistic individuals experience multiple difficulties, of which autism may not be the most predominant. For instance, apart from the core behavioural features of autism, autistic individuals may present with motor coordination difficulties (Fournier *et al.* 2010), behavioural difficulties such as self-injurious behaviours (Richards *et al.* 2012), or co-occurring mental health (van Steensel and Heeman 2017) or specific medical conditions (Levy *et al.* 2010). However, despite the differences associated with autism, the largest contribution to diversity comes from individual differences relative to personality traits, interests, educational opportunities and life experiences (McCrimmon *et al.* 2018). As such, it is vitally important as educators to develop on the one hand a personal understanding of each autistic student in our care, and on the other hand to develop a broad understanding of the ways in which individual students may

demonstrate different patterns of cognitive functioning. Differences in autistic students' cognitive processing skills affect their capacity to acquire information, perceive and respond to emotions and engage socially with others (Williams 2010; Bogdashina 2016). Therefore, an essential requirement for differentiating psychosocial support programmes for autistic students is having a knowledge and understanding of the different cognitive theories associated with autism.

Since the 1940's some developmental theories have been offered to explain the challenges experienced by autistic individuals. Whilst uncertainty has been expressed about some of these, they nevertheless warrant discussion here as they may help explain some of the differences in development among autistic children. The theories listed below help to foster an appreciation of how an autistic student may experience the social world around them (Rutherford and Johnston 2019):

- Theory of Mind
- Empathising-Systemising Theory
- Double Empathy Theory
- Executive Functioning
- Weak Central Coherence
- Context Blindness
- Monotropism

Although some of the theories may overlap, they are not exclusively shared among autistic individuals, but each of them provides a useful contribution to enable an enlightened perspective on diversity within autism (Guldberg 2020; Prizant 2022).

2.2.1 Theory of Mind

Central to understanding the social and emotional competency of autistic students is understanding the concept of Theory of Mind (ToM), also referred to by Gallagher (2004, p. 199) as the "interaction theory". Coined by Premack and Woodruff in 1978, ToM relates to the capacity to attribute independent mental states to oneself and others in order to predict, explain and make sense of social behaviour. Frith and Happé (1999) postulate that the ability to mind-read

(mentalise) is a prerequisite for social interaction and presupposes a capacity to rationalise other people's thoughts, emotions and intentions and respond appropriately given the social situation. Gallagher (2004) affirms that the ability to employ ToM is an inherent skill, developed through early social and emotional interactions, manifesting around the age of 4 years in typically developing children. Extant research concurs (Rajendran and Mitchell 2007; Gökçen, Frederickson and Petrides 2016) that autistic children experience a delay in ToM development which may help to explain why older children and adolescents can experience difficulties discerning social and emotional reciprocity. As a consequence, social interaction with familiar or unfamiliar people can sometimes be construed as confusing, unpredictable and even anxiety-inducing for autistic adolescents (Hill, Berthoz and Frith 2004; Lombardo and Baron-Cohen 2011). Mis-conceptualising of oneself and others in social situations can influence and become the source of escalating worry for autistic adolescents, perpetuating cycles of social anxiety and the use of social avoidance coping strategies (White *et al.* 2014; Wood *et al.* 2015). A delay in mentalising skills can potentially interfere with autistic children's early social and emotional development, reverberate across adolescence and into adulthood, impacting their emotional understanding, social skills and mental wellbeing (Gökçen *et al.* 2014; Erbas *et al.* 2014; Happé 2015).

The ability to recognise the mental states of others reflects the capacity to demonstrate an appropriate emotional response to interpreting other people's thoughts and emotions and therefore involves empathy (Wittenmeyer *et al.* 2012). Empathy is described as a motivating factor for social interaction, enabling people create connections and gain further insight into the social and emotional realities of others (Eisenberg and Miller 1987). Empathy encompasses two distinct constructs: (i) cognitive empathy which involves the ability to understand another person's perspective by making inferences in relation to their expressed thoughts and emotions, and (ii) affective empathy which involves the ability to discern the emotional states of others (Cox *et al.* 2012). As the research suggests (Fletcher-Watson *et al.* 2014; Harmsen 2019) an ability to mentalise and recognise emotions in others can help enhance social inclusion, create friendships and solve conflicts. Equally, Erbas *et al.* (2014) point out that although autistic adolescents may demonstrate a knowledge of emotional labels, they may struggle to relate different emotional states to self. This according to Williams (2010, p. 475) is due to discrepancies in their "Theory of Own Mind" skills.

2.2.2 Empathising-Systemising Theory

Baron-Cohen (2009) coined the Empathising-Systemising theory. This two-factor cognitive theory conceptualises the characteristic behaviours of autism as follows: (i) below average empathy explains the SEC difficulties in autistic individuals, while (ii) average to above average systemising (information processing skills) explains autistic individuals' propensity for RRBs. This controversial theory posits that a preference to systemise accounts for autistic individuals' tendency to favour ritualised social behaviours, resist change and pursue circumscribed interests (Baron-Cohen 2009). A reliance on RRBs, as suggested by Baron-Cohen (2005), may be viewed as adaptive self-coping mechanisms to help reduce environmental variances so that the social world becomes less anxiety-inducing and more predictable. Notwithstanding these relatively positive perceptions regarding autistic individuals' cognitive processing skills, recent literature strongly contradicts Baron-Cohen's Empathising-Systemising theory in relation to empathy, emphasising that empathy, attachment and affection are not diminished in autism (Mazza *et al.* 2014; Gökçen, Frederickson and Petrides 2016; McCrimmon *et al.* 2018).

Fletcher-Watson and Happé (2019) argue that although some autistic individuals may find discerning other people's emotional states challenging at times, they are just as likely to demonstrate apathetic responses as any other neurotypical individual. Baron-Cohen's (2009) Empathising-Systemising theory with its suggestion of reduced empathy can lead to inaccurate perceptions of autistic individuals being less sensitive to other people's emotional experiences (Sheppard *et al.* 2016). In fact, a growing body of research (Jones *et al.* 2010; Schwenck *et al.* 2012; Lockwood *et al.* 2013; Gökçen *et al.* 2014) concedes that whilst autistic individuals may experience difficulty with cognitive empathy, their capacity to resonate with other people's emotional states and show affective empathy generally presents as intuitive. Moreover, some studies (Smith 2010; Shalev *et al.* 2022) suggest that autistic individuals may be more susceptible to empathic over-responsiveness because of increased levels of affective empathy, denoting that an empathic disequilibrium exists in autism between the presentation of cognitive and affective empathy.

Due to challenges interpreting their own mental states (Williams 2010), it is suggested that autistic adolescents may demonstrate poor autobiographical memory (Mazefsky *et al.* 2011; Lind *et al.*

2014; Happé 2015). Hobson *et al.* (2006) demarcate that although autistic adolescents can typically describe their abilities and interests in detail, describing their personal social and emotional experiences may present as challenging. Hence, formulating self-appraisals or self-reflections may be difficult for some autistic students. For example, in conversations where an autistic student may be asked to self-report a “personally experienced event” (episodic memory), they might struggle to recollect the social experience, discern and conceptualise their thoughts and emotions or justify their own behavioural responses in that situation (Williams 2010, p. 482). An inability to recognise, understand and respond to emotions in self may be attributed to alexithymia, a construct commonly associated with autism (Lombardo *et al.* 2007; Brewer, Cook and Bird 2016).

Alexithymia is found to impact approximately 55% to 80% of autistic children and adolescents (Milosavljevic *et al.* 2016; Robinson 2018), contributing to challenges with emotional awareness, regulation and expression as well as challenges with social interaction (Mahler *et al.* 2022). Some researchers (Cook *et al.* 2013; Bird and Viding 2014) postulate that aspects of social and emotional competency in autism (such as differences in emotional recognition and empathic responses) may derive from co-occurring alexithymia rather than autism itself. Recent studies examining the relationship between autism and alexithymia illuminate that some autistic adolescents can experience significant emotional challenges in relation to recognising, discerning and describing emotional states in self which in turn can compromise their interpretation and understanding of other people’s emotional states (Poquérusse *et al.* 2018; Pickard *et al.* 2020; Peng and Huang 2024). Challenges specific to alexithymia include verbal and non-verbal emotional recognition difficulties with individuals typically exhibiting an inability to differentiate and label emotions or identify emotions in facial expressions, tones of speech or body language (Erbas *et al.* 2013). For instance, the findings of Poquérusse and colleagues (2018) highlight that whilst some autistic adolescents may classify emotional labels as positive or negative feelings, they may struggle to explain and rationalise their choices in further detail.

A key element that plays an influential role in emotional understanding and recognition is interoceptive consciousness. Research indicates that interoceptive consciousness in autism is linked to alexithymia and can impact autistic individuals’ capacity to sense and recognise their body’s somatic cues (Mahler *et al.* 2022). As noted by Taylor and Bagby (2004), alexithymia is

underpinned by an inability to associate emotional states with internal somatic sensations and/or physical reactions to emotional arousal in different situations. For that reason, a combination of interoceptive insensitivity and a lack of emotional awareness can impede autistic individuals' sensory modulation and emotional regulation skills, leading to social misunderstandings and issues with social anxiety (Milosavljevic *et al.* 2016; Pickard *et al.* 2020). Indeed, Mul *et al.* (2018) investigated the interdependence between interoception, emotional recognition and empathy in autism. Their findings revealed that reduced interoceptive consciousness in autistic individuals positively correlated with alexithymia and difficulties expressing both cognitive and affective forms of empathy in social encounters (Mul *et al.* 2018).

An awareness of the aforementioned theories in relation to ToM and their association with other constructs such as alexithymia and interoception have implications for the implementation of psychoeducational support programmes with autistic adolescent students. Despite autistic children experiencing a delay in developing ToM skills (Happé 2003), their social and emotional competency can improve over time provided they are given the appropriate support structures (Harmsen 2019). Researchers such as Begeer *et al.* (2008), Gaigg *et al.* (2012) and Robinson (2018) advocate for emotion-focused therapies that have a strong focus on exploring real-life experiences to help ameliorate autistic students' emotional competence, most specifically their emotional expression, perception and regulation skills. In addition, researchers suggest the use of concrete objects of reference or photographs to support autistic students' episodic memory when relaying social and emotional experiences (Wittemeyer *et al.* 2012). Being aware of the social and emotional needs of autistic students pertinent to ToM helps to inform what modes of differentiation may be beneficial to incorporate into psychoeducational support programmes.

2.2.3 Double Empathy Theory

The ToM perception of autism derives from a medical model standpoint and infers that autistic individuals may lack empathy and experience difficulties demonstrating mentalising skills in social interactions (Frith and Happé 1999; Lombardo *et al.* 2007; Baron-Cohen 2009; Lind *et al.* 2014). In contrast, Sinclair (1993) and Milton (2017) accentuate that social understandings are constructed in the context of people engaging with one another, and so interaction is therefore a two-way communication experience, involving both communitive parties demonstrating empathy.

Based on the social model, Milton's 'Double Empathy' theory (2012) criticises the notion that social challenges experienced by autistic individuals are exclusive to them because of their inherent SEC differences. Instead, Milton (2017) takes the view that difficulties in social interaction arise from misunderstandings in perspectives between autistic and non-autistic individuals sharing a predominantly neurotypical world. The 'Double Empathy' theory evokes the concept that autistic individuals lack "social insight" into non-autistics' communication norms and social behaviours and vice versa (Milton 2017, p. 47). Consequently, Milton (2012) refers to this disconnect as a 'Double Empathy Problem' in which both parties demonstrate a lack of empathy and understanding towards the other. The suggestion of a double empathy problem reframes the perception of ToM in recognising that non-autistic individuals also lack insight into the minds of autistic individuals (Milton 2012).

In considering the implications of reframing the perception of ToM, a shift in social responsibility occurs that paves the way for a more inclusive and accepting society. The 'Double Empathy' theory assumes a shared responsibility among autistic and non-autistic individuals to demonstrate enhanced reciprocity and mutuality in social encounters (Milton 2012). Hence, teaching neurodiversity awareness as part of universal social and emotional programmes at primary and post primary level is critical in promoting understanding of autism and a tolerance of difference among school-aged children (Winchell, Sreckovic and Schultz 2018; Carter *et al.* 2020). Peer relationships play an integral role in supporting autistic students engender self-acceptance and positive perceptions in relation to being autistic (Berkovits, Moody and Blacher 2020). Thus, the involvement of their peers (autistic and non-autistic) in the provision of psychosocial programmes in small groupings can help foster supportive relationships in school, facilitate the sharing of different opinions and beliefs, and encourage a positive sense of acceptance within a peer group (Mclaughlin and Rafferty 2014).

2.2.4 Executive Functioning

A further consideration into the review of the psychological theories of autism, relates to the interplay between Executive Functioning (EF), social competency, adaptive functioning and academic performance (Rajendran and Mitchell 2007; Gökçen, Frederickson and Petrides 2016; Leung *et al.* 2016). EF skills are defined in terms of several interconnected meta-cognitive

processes, including planning/organisational skills, attention shifting, working memory, cognitive flexibility, inhibition as well as problem-solving skills (Zelazo and Müller 2011). Over decades of autism research differences in EF have been consistently observed in school-aged children and adolescents (Diamond 2014; Lawson *et al.* 2015). Individual differences in EF skills are found to impact variability in daily-life functioning among autistic adolescents and as such are pivotal to enhancing their independence, goal-oriented learning and social and emotional competency (Pellicano 2012).

Differences in EF can help further explain the core characteristics of autism; RRBs may be indicative of inflexibility in cognitive processing, whilst difficulties with verbal reasoning, impulse control and self-monitoring may contribute to differences in SEC skills (Leung *et al.* 2016). Although autistic adolescents without an intellectual disability may not experience difficulties in verbal language development, they may lack a perception of social norms and thus encounter difficulties interpreting social cues and body language (Attwood and Garnett 2013). Variability in autistic adolescents' adaptive social functioning is found to be interrelated to challenges interpreting non-verbal forms of communication and pragmatic communication skills (Kim *et al.* 2014). Pragmatic communication refers to the use of language in social contexts and the way in which individuals create and comprehend meanings through social engagement (Philofsky *et al.* 2007). According to Faja and Dawson (2016), autism with or without intellectual disability is associated with poor inhibition/self-control; metacognitive skills that enable a person to monitor and regulate their emotional responses in different social situations. For instance, autistic individuals may demonstrate intense physical or emotional reactions in response to certain social, emotional or environmental experiences which may be misunderstood and perceived as socially inappropriate (Gaigg 2012). Belmonte and Yurgelun-Todd (2003) suggest that cognitive inflexibility in autism stems from an inability to shift attention rapidly, resulting in moments of hyper-arousal and reduced self-control. Arousal responses can take the shape of spontaneous impulsive reactions or sometimes more prolonged emotional reactions given a particular situation (Grandin 2015; Bogdashina 2016; McAnulty 2020). From an outsider perspective, there may be no obvious trigger or stressor for the heightened emotional response. However, Wittenmeyer *et al.* (2012) emphasise that an autistic individual's 'meltdown' or 'shutdown' is a manifestation of an extreme expression of a fight, flight or freeze response to induced stress or emotional overwhelm.

The extant research confirms positive correlations between age, EF and ToM skills, implying that EF and social competence follow a similar developmental trajectory (Dumontheil *et al.* 2010; Kenny, Remington and Pellicano 2024). Research conducted by Gökçen, Frederickson and Petrides (2016) revealed that cognitive inflexibility emerged as a significant predictor of ToM/mentalising difficulties. These authors highlighted that a greater capacity to demonstrate cognitive flexibility supports a more enhanced ability to understand and accept alternative perspectives when reflecting upon social and emotional experiences and dealing with social conflict (Gökçen, Frederickson and Petrides 2016). Likewise, Leung *et al.*'s (2016) study involving autistic adolescents, indicated that difficulties managing impulsivity combined with an inability to self-monitor and deploy adaptive self-regulation strategies impacts emotional competence and the development of peer relationships. Being aware of the EF components that contribute to social and emotional development provides insight for adaptations that will benefit the implementation of support programmes. One can surmise that targeting adaptive social functioning skills is pertinent to supporting autistic adolescents' socialisation and communication skills. Therefore, CBT as a goal-oriented, psychoeducational programme provides opportunities to focus on specific skills relevant to EF such as problem-solving, cognitive restructuring, emotional awareness and self-regulation skills (Barrett 2012; Friedberg and McClure 2015; Stallard 2021).

Adolescence is recognised as a critical time in which EF skills are undergoing significant development (Dumontheil *et al.* 2010; Uddin 2021). However, the findings of Kenny, Remington and Pellicano's (2024) qualitative study, denoted that the pace of development in EF occurs slower in autistic adolescents. The findings indicated that challenges with planning, cognitive flexibility and working memory influenced the autistic adolescents' adaptive functioning skills, independence and emotional wellbeing. Many of the 12 autistic students in Kenny, Remington and Pellicano's (2024, p. 2207) study acknowledged that "planning can be a real struggle" and consequently much of the day-to-day planning for school or personal events was completed by their parents. The findings also noted that challenges in attention shifting were often a source of stress for the autistic students. For example, one student reported that, "to finish a project or whatever I'm doing before I can start something else... would affect me, if I couldn't" (Kenny, Remington and Pellicano 2024, p. 2209). Equally, the autistic students remarked that having

difficulty remembering “instructions or directions” or transitioning between learning tasks affected their learning opportunities during class time and increased their levels of anxiety. Overall, the findings of Kenny, Remington and Pellicano (2024) revealed that the increasing demands and expectations put upon the autistic adolescent students outpaced the level of their executive functioning skills, culminating in increased stress, adult support and a lack of autonomy. The findings implied that tension existed between the adolescent students and their parents, with the students desiring increased autonomy in their life but their parents hesitant to allow more independence. One student noted that “I do sometimes wish that they [parents] would leave me to make my own sort of decisions” (Kenny, Remington and Pellicano 2024, p. 2211).

From the autistic adolescent perspective, a key finding of Kenny, Remington and Pellicano (2024) is to nurture their growth of independence and respect their right to agency and participation in decisions concerning their life choices. Thus, autistic adolescents need to be provided with self-coping strategies that will enable them to become more self-reliant and capable of self-managing the ever-changing demands of adolescence. To help develop self-efficacy skills among autistic adolescents and bolster their academic performance, a focus on enabling and enriching their EF skills seems imperative (Pellicano 2012). Integrating adaptive functioning skills into psychosocial programmes (solution-focused planning, realistic goal setting, coping step plans, etc.) holds the potential for autistic adolescents acquire skills to deal with everyday challenges, improve their self-efficacy skills and strengthen their emotional resilience and life-satisfaction (Beck 2011; Barrett 2012; Vermeulen 2014).

2.2.5 Weak Central Coherence

Another cognitive theory which helps to elucidate the learning styles of autistic individuals relates to the theory of Weak Central Coherence (WCC). Frith (2003) hypothesises that a WCC could explain autistic individuals’ ‘islets of ability’ that enable higher levels of capability when performing detailed-focused tasks compared to tasks that require contextual inference. According to Frith (2003), autistic individuals tend to focus on detail at the expense of seeing the wider picture. A piecemeal approach to discernment would explain why autistic individuals might exhibit difficulty with generalisation, transferring learned skills/knowledge from one context to another, suggesting new ideas or making predictions (Fletcher-Watson and Happé 2019). Most notably

however, the theory of WCC helps to explain autistic individuals' superior cognitive abilities in performing tasks that demand attention to detail, such as mental imagery tasks, mathematical tasks, lexical-to-phonological decoding tasks, computer coding or rote memory tasks (Belmonte and Yurgelun-Todd 2003; Mottron *et al.* 2006; Stevenson and Gernsbacher 2013). In addition, autistic individuals are often noted to exhibit advanced skills in concentration, manipulating patterns and deciphering visual-spatial reasoning (Lorenz and Heinitz 2014). Some autistic individuals may present with exceptional skills or 'savant skills' in specific areas which are significantly superior to their overall capabilities but also superior to the capabilities found within the general (neurotypical) population (Happé 2018). Whilst only some individuals possess savant skills, Grandin (2011, p. 17) asserts that "all minds on the autism spectrum are detailed-oriented, but how they specialise varies". Grandin (2011) identifies the predominant thinking styles of autistic individuals to include: (i) visual thinking – thinking in pictures, (ii) logic thinking – thinking in patterns, and (iii) verbal thinking – thinking in words (Grandin 2011). Prizant (2019) clarifies that as many as 15% of the autistic population demonstrate savant skills, but most do not. Nevertheless, all autistic individuals have a range of strengths and abilities that stand out relative to their overall profile, examples of these would include possessing an extraordinarily good memory, having a drive for perfection and exhibiting a natural talent for art or music (Lawson 2011; Grandin 2014; McAnulty 2020).

2.2.6 Context Blindness

The theory of 'Context Blindness', as developed by Vermeulen (2012), has its roots in the WCC hypothesis. Vermeulen (2015) contends that to understand the social world, one must understand context. As a result of having a bias for detail processing, autistic individuals can experience challenge with global processing - seeing the whole context and using context to draw meaning and further insight (Vermeulen 2012). Vermeulen (2012; 2015) suggests that due to an inability to comprehend 'the whole picture', autistic individuals may present with a lack of contextual sensitivity or 'Context Blindness'. Social sensitivity, as discussed by McGarry, West and Hogan (2021), affects social cognition as it relates to a person's competence in reading and interpreting different social contexts and their awareness of the appropriateness of their social behaviour. Hence, social misunderstandings occur when an individual fails to use context to guide their behavioural responses in social situations (Vermeulen 2015). Vermeulen (2012) postulates that

differences in autistic individuals' capacity to discern and interpret both internal context (ToM skills) and external context (environmental surroundings or sensory stimuli) impact their social and emotional competency. Added to the complexity of interpreting social behaviour is the fact that what may be socially appropriate in one context may not be socially appropriate in another and therefore social norms are contextually defined (Vermeulen 2015). This underlines the pertinence of teaching social and emotional skills within naturalistic social environments, so that the skills targeted within the support programme are coached and supported in real-world contexts. Moreover, providing contextual tuition involving educators and parents/guardians is found to increase the likelihood of autistic adolescents' generalisation of CBT skills (Rotheram-Fuller and Hodas 2015; Bauminger-Zviely 2016; Luxford, Hadwin and Kovshoff 2017).

2.2.7 Monotropism

Finally, the way in which autistic individuals process information, engage with others or interpret social problems may be understood by a concept known as 'Monotropism' (Murray, Lesser and Lawson 2005). Murray and colleagues (2005) suggest that atypical patterns of attention, along with circumscribed interests, referred to in the DSM-5 as RRBs (APA 2013), follow monotropic cognitive tendencies. Monotropism as described by Murray (2020, p. 1) perceives the mind "as a system of interests" which directs and influences cognitive, social and emotional processes. In contrast to polytropism which enables a person focus attention on different ideas/tasks all at the same time, monotropism as explained by Lawson (2011) reflects a tendency to focus attention on a single idea/task to the exclusion of all others. From an autistic perspective, conceptualisation is specific, context free and largely dependent on an awareness that is highly focused (Murray, Lesser and Lawson 2005). Therefore, monotropic perceptual processing may result in areas of potential information not being recognised. This might help explain the SEC difficulties in autism (APA 2013). Lawson (2011) suggests that pragmatic communication skills are challenging for autistic individuals mainly because the rules pertaining to social discourse are fluid, implicit and charged with shifting social interpretations. As learning in general presupposes being open to pursuing different learning experiences, having a desire to shift focus and attend to novel tasks may be affected by an autistic student's intrinsic motivation or whether the task relates to their Special Interest Areas (SIAs). As such, Murray (2020) and Lawson (2011) recommend the use of autistic students' SIAs in their learning experiences.

Murray (2020) emphasises that learning skills through monotropic interests tend to be highly valued by autistic students. Special interests as recognised by Winter-Messiers (2007) are inextricably linked to an autistic student's self-perception and sense of self-worth. Their SIAs provide autistic students with great pleasure and happiness as well as personal validation. To cite Murray (2020, p. 1), "interests are what we care about, what we spontaneously give attention to, and what we value". Milton and Martin (2017) posit that when an autistic student's interests are attended to, benefits ensue not only for them personally but also for those around them. Apart from increased emotional wellbeing, these benefits include enhanced social interaction and communication skills (Milton and Martin 2017). Indeed, Prizant (2019) extrapolates that what begins as a strong interest or obsession for an autistic child can become a means to socially connect with others who share similar interests. Murray (2020) expresses a similar view that social engagement involving shared interests among autistic and non-autistic students helps to foster mutual social reciprocity, understanding and friendship skills.

Prizant (2019, p. 54) also promotes the benefits of incorporating autistic students' "enthusiasms" (special interests) into everyday learning, highlighting the importance of special enthusiasms in supporting students' sensory and emotional regulation. Winter-Messiers (2007) describes how special interests can support autistic students to better cope with negative emotions in stressful situations by way of providing them with a comforting distraction. Likewise, Wood and Milton (2018) surmise that encouraging the use of SIAs as emotional regulation strategies throughout an autistic student's day equips them with a self-coping response to moderate arousal levels in stress-inducing situations. In relation to supporting autistic students' emotional regulation, Murray, Lesser and Lawson (2005) underscore the significance of familiarity and providing students with routines and a high degree of predictability. Winter-Messiers (2007) argues that because SIAs are such an integral part to the way in which autistic students learn, it is critical that special interests are encouraged. This author emphasises the importance for educators to view the special interests of autistic students as a way of helping them progress towards their academic, social, emotional and communication targets (Winter-Messiers 2007). As acknowledged by Winter-Messiers (2007) and Prizant (2019) special interests not only contribute to emotional wellbeing, but they can also lead autistic students to excel in particular subject areas or skillsets and in some incidences evolve

into their chosen career paths. Crucially, educators need to think creatively as to how to introduce SIAs into the delivery of the curriculum. This type of inclusive teaching approach could provide the perfect platform for autistic students to showcase their true levels of ability in social, communication and academic tasks (Wood and Milton 2018).

Extant research suggests that between 75% and 95% of autistic individuals have at least one SIA with a high proportion of individuals having multiple SIAs (Turner-Brown *et al.* 2011). Creating student-centred psychosocial support programmes around autistic students' special interests represents a strength-based approach in educational practice and therefore should be prioritised (Koegel, Oliver and Koegel 2017; Ninci *et al.* 2018). A recent review carried out by Harrop *et al.* (2019) examined the use of circumscribed interests within educational support programmes for preschool and school-aged children. According to the findings the most common interests integrated into the 31 studies reviewed related to television programmes/movies, iconic characters, video games and different forms of transportation (Harrop *et al.* 2019). Merging findings indicated that the inclusion of autistic students' SIAs within learning experiences promoted positive effects across several domains, including enhanced emotional wellbeing, adaptive functioning, social engagement and academic achievement (Harrop *et al.* 2019). The authors also referenced the influence of gender difference in relation to the choice of special interests that may be introduced into a programme (Harrop *et al.* 2019). For instance, autistic females may have different SIAs or may share similar interests with autistic males but engage with them in a different way (Sutherland *et al.* 2017).

On reflection of the extant research associated with the various cognitive theories of autism, there appears to be significant implication for incorporating the unique perceptual thinking styles of autistic students, their strengths and above all their SIAs into psychosocial support programmes to achieve the best learning outcomes. Understanding the diagnostic classifications of autism together with the developmental areas impacted (SEC behaviours and RRBs), provides a conventional set of signposts to identify what autistic individuals may have in common. Moreover, the cognitive theories can help to connect biological information with lived experiences and offer implications for an autistic-friendly approach within educational practice (Guldborg 2020). However, the cognitive theories tend to emphasise the acquisition of knowledge and behavioural responses

which typically entails perceiving psychological functioning as inherent within the person (Fletcher-Watson and Happé 2019). Conversely, Milton (2014) argues that by presenting autism as purely cognitive or behavioural, the effects of society are not considered. In fact, while most of the theoretical perceptions of autism identify different states of cognition, they fail to recognise the magnitude of autistic heterogeneity (Wood 2019). If we overemphasise the cognitive theoretical frameworks in our pursuit to understand autism, the intrinsic value of autistic individuals and the ways in which they contribute to human diversity may be overlooked. Evans-Williams (cited in Fletcher-Watson and Happé 2019), an autistic clinical practitioner, articulates that all autistic individuals are complex beings biologically, socially and psychologically and consequently their characteristic traits cannot be condensed into any one singular cognitive theory. Cognitive theories, as suggested by Guldberg (2020), are not necessarily shared mutually among autistic individuals, and therefore are best viewed as complementary in facilitating a broader understanding of diversity within Autism Spectrum Difference.

2.3 Mental Health Needs of Autistic Adolescents

2.3.1 Awareness of Social and Emotional Differences

Adolescence is regarded as a critical time for the development of social and emotional skills, emotional regulation, and mental resilience, however, developing peer relationships can be particularly challenging for autistic adolescents (Clark and Adams 2022; Loftus *et al.* 2023). Extant research identifies emotional understanding and expression, self-regulation and social interaction as the quintessential challenges for autistic adolescents without an intellectual disability (Gadow, Devincent and Azizian 2005; Ozsivadjian *et al.* 2012; Wood *et al.* 2015). These challenges contribute to feelings of difference, low self-esteem and social isolation (Humphrey and Lewis 2008; White *et al.* 2010). Autistic students attending mainstream post primary education may function well academically but can struggle to establish and maintain friendships (Scarpa, White and Attwood 2016; O’Hagon and Hebron 2017). The research exposes a considerable discrepancy between autistic students’ intellectual and emotional development, with emotional development in adolescence lagging to a greater degree in cases of autistic students with a higher level of Intelligence Quotient (IQ) (Kerns *et al.* 2017; Vasa *et al.* 2018; Syriopoulou-Delli *et al.* 2019).

Converging research substantiates that age, intellectual ability and self-awareness of social differences impact the development of emotional competence (Sukhodolsky *et al.* 2008; Mazefsky and White 2014; Maddox, Miyazaki and White 2017). Previous studies indicate that a heightened awareness of emotional difficulties and of the social demands to ‘fit-in’ among peers result in higher levels of social anxiety among autistic adolescent students (van Steensel and Heeman 2017; Chapman *et al.* 2022). Smith and White (2020) profess that anxiety and depression in autistic adolescents may be elevated on account of their social communication differences being negatively judged by their peers. Negative social experiences can precipitate social avoidance and inhibit opportunities for autistic students to further develop and enhance their social skills (Bellini 2007; Settapani and Kendall 2013; Ratner and Berman 2015).

Regarding social anxiety in autism, Kreiser and White (2014) suggest that a bidirectional relationship exists between the social differences autistic adolescents demonstrate and the negative

social engagement/rejection they so often experience. Similarly, Picci and Scherf (2015) postulate that in adolescence autistic students are faced with the double impact of having to deal with increased social demands and a fear of peer victimisation as well as an increased awareness of their own social and emotional inadequacies which augments their vulnerability to acquiring mental health problems. Therefore, without proactive psychoeducational support aimed at developing autistic adolescent students' emotional understanding, regulation skills and mental resilience, their anxiety levels will continue to interfere with their emotional wellbeing and social functioning in school, at home or in the wider community. Indeed, many autistic young people are vulnerable to experiencing emotional difficulties, as expressed by Strang *et al.* (2012) and echoed widely in the literature (Ambler, Eidels and Gregory 2015; Maddox, Miyazaki and White 2017; Cai *et al.* 2018; Conner *et al.* 2020; Restoy *et al.* 2024), and as a result they are more likely to present with increased internalising and externalising behaviours compared to their neurotypical peers (Cibralic *et al.* 2019).

It is important that educators of school-aged children remain observant of symptoms of anxiety or depression, regardless of age or intelligence level to reduce the possibility of mental health problems escalating into clinical disorders at a later stage (Syriopoulou-Delli *et al.* 2019). Mental health problems in childhood are reported to persist into adulthood with some studies pinpointing high prevalence rates of psychological conditions among the autistic adult population (Croen *et al.* 2015; Cervantes and Matson 2015). According to the findings of McManus *et al.* (2016) mental health problems affect approximately 1 in 4 autistic adults aged 16-25 years in the United Kingdom. Similarly, Lever and Geurts (2016) evoke the view that mental health problems (mood disorders, anxiety and depression) can persevere into middle age and beyond within the autistic population, as evidenced by 79% of the autistic participants (19 - 79 years) in their study reporting experiencing one psychiatric condition at least once in their lives.

2.3.2 Prevalence of Anxiety in Autism

A growing body of research consistently shows that school-aged autistic children and adolescents experience mental health problems, of which anxiety is the most common (White, Schry and Kreiser 2014; Rodgers *et al.* 2017; Lecavalier *et al.* 2019). The estimated prevalence rates of co-occurring anxiety disorders among autistic adolescents range from 40% to 84%, depending on the

studies and assessment measures used (de Bruin *et al.* 2006; White *et al.* 2009; van Steensel *et al.* 2011; Vasa *et al.* 2014). Research carried out by van Steensel *et al.* (2011) indicated that as many as 40% of adolescents (11-15 years) may experience one or more clinical anxiety disorder(s), the most common being: (i) specific phobia 29.8%; (ii) Obsessive Compulsive Disorder (OCD) 17.4%, and social anxiety disorder 16.6%. A more recent meta-analysis review of 83 studies compiled by van Steensel and Heeman (2017) validates previous findings (van Steensel *et al.* 2011; Vasa *et al.* 2014) that autistic children categorically have higher anxiety levels compared to neurotypical peers, and that this difference increases with age. The national and international prevalence rates of anxiety disorders among neurotypical children (under 18 years) are estimated to range from 8% to 27% (Merikangas *et al.* 2010; Kessler *et al.* 2012; Dooley *et al.* 2019; Scheiner *et al.* 2022), indicating a significant difference between the estimated prevalence of anxiety among autistic children. In acknowledgement of the gravity of the harsh reality for so many autistic young people, the co-occurrence of anxiety in autism is referenced in the DSM-5 (APA 2013).

Coping with pervasive anxiety symptoms on a daily basis is physically and mentally exhausting and can cause immense challenges for autistic adolescents as the symptoms can exacerbate their core autistic characteristic tendencies and negatively impact their emotional wellbeing and school functioning (Rotheram-Fuller and MacMullen 2011; Clarke, Hill and Charman 2016; Greenlee *et al.* 2021). Heightened anxiety levels among autistic adolescents are found to exaggerate social inappropriateness, persistent questioning, repetitive behaviours, irritability and social withdrawal (Tantam 2003; Greenaway and Howlin 2010; Northrup *et al.* 2021). Anxiety is also reported to influence school connectedness and a sense of acceptance as well as self-confidence and the development of positive peer relationships (Morin *et al.* 2013; Spain, Sin and Freeman 2016; Watson and Haktanir 2017). Research suggests that anxiety can limit an autistic student's access to academic curricula and participation in learning tasks, causing them to underperform relative to their overall capabilities (Graziano *et al.* 2007; Ashburner, Ziviani and Rodger 2010; Gardner, Wong and Ratcliffe 2021). Furthermore, anxiety in autism is linked to several social, psychological and medical concerns, such as sensory over-responsivity and gastrointestinal problems, aggression, reduced social connectivity and selective/elective mutism, along with increased stress and anxiety in the family environment (Cline and Baldwin 2004; Mazurek *et al.* 2014; Ambler, Eidels and Gregory 2015; Keenan *et al.* 2016).

The research implies that despite the high prevalence of anxiety symptoms among autistic young people, anxiety disorders are frequently misdiagnosed due to diagnostic overshadowing (White *et al.* 2009; Kreslins, Robertson and Melville 2015; Scarpa, White and Attwood 2016). As explained by Kerns *et al.* (2016) and White *et al.* (2014), diagnostic overshadowing can occur due to the overlap in symptoms between specific anxiety disorders (generalised anxiety, social anxiety and OCD) and the core features of autism (SEC difficulties, RRBs and sensory sensitivities) being difficult to disentangle. In sum, the current estimated prevalence rates of co-occurring anxiety disorders in autistic adolescents may be underestimated as suggested by Ozsivadjian, Knott and Magiati (2012) and Vasa *et al.* (2018). Nonetheless, the research corroborates that elevated anxiety levels are typically associated with older autistic children with higher cognitive functioning (Wigham *et al.* 2015; van Steensel and Heeman 2017; Lecavalier *et al.* 2019). Thus, the provision of preventative/proactive psychoeducational programmes for autistic adolescents and their parents/guardians needs to be an education priority (Ferraioli and Harris 2010; Nicholas *et al.* 2014; Vasa *et al.* 2018; DES 2022).

2.3.3 Female Presentation of Autism and the Implications of their Mental Health Needs

Merging research suggests that autistic females may be underdiagnosed or misdiagnosed as they express their autism in ways that differ from autistic males (Kreiser and White 2014; Baldwin and Costley 2016; Hull, Petrides and Mandy 2021). Previous studies confirm that many autistic females without a diagnosis of autism experience significant mental health problems in adolescence and beyond (Mandy and Tchanturia 2015; Duvekot *et al.* 2017). The onset of adolescence seems to magnify social and emotional challenges for many autistic females, as this is a period of development when physical, psychological and social changes can cause problems forming and maintaining friendships (Sproston, Sedgewick and Crane 2017; Sedgewick *et al.* 2019). Consequently, autistic females are generally diagnosed later than autistic males, often during adolescence or after a co-occurring mental health condition (anxiety) is identified (Begeer *et al.* 2013). Autistic females are noted to present with internalising behaviours, symptoms which would suggest mental health problems rather than autistic social and emotional needs (Hull, Petrides and Mandy 2021). Differences in autistic characteristics between males and females have resulted in a consistently higher prevalence rate of autistic males (1 in 42 males compared to 1 in 189 females) (Christensen *et al.* 2016). Historically autism has been diagnosed around four times

more often in males than females (Fombonne 2003; Baird *et al.* 2006). However, more recent studies indicate that the gender ratio may be less than originally reported. Loomes *et al.*'s (2017) systematic review of the gender ratio in autism revealed the average male-to-female ratio to be closer to 3:1.

The key differences in characteristic presentation among autistic females reference fewer stereotypical repetitive behaviours together with a greater interest in socialisation (Kreiser and White 2014). Moreover, some researchers speculate that one of the main reasons why autism is underdiagnosed within the female population is that females are better at hiding their autistic characteristics (Baldwin and Costley 2016). As described by Attwood (2007), this notion of concealing autistic tendencies is commonly referred to as 'camouflaging' or 'masking' behaviours. Attwood (2007) postulates that autistic females typically demonstrate increased motivation towards social engagement and are more likely to seek conformity among their neurotypical peers. However, autistic females often incur more challenges with socialisation compared to autistic males due to social discourse being a salient characteristic of female bonding (Tomlinson *et al.* 2019). Females rely on complex forms of communicative interactions to form and develop friendships and so many autistic females can find navigating the female social world psychologically challenging and socially confusing (Moyses and Porter 2015). Research illuminates that despite autistic females' desire for friendships, they invariably encounter challenges forming and sustaining peer relationships because of their inherent challenges with perspective-taking, dealing with social conflict or knowing how to behave in different social contexts (Vermeulen 2015; Cook *et al.* 2018). Several studies suggest that autistic females are more likely to experience peer-rejection during adolescence at a time when they are increasingly expected to fit in among a particular social group (Head, McGillivray and Stokes 2014; Tomlinson *et al.* 2019; Hull, Petrides and Mandy 2021).

Interestingly however, educators may be unaware of autistic females' social challenges due to their amenable classroom behaviour and the way in which they 'camouflage' and mask their autistic characteristic behaviours (Lai *et al.* 2017). Furthermore, a tendency to internalise their psychological problems, as recognised by Tomlinson *et al.* (2019) and Mandy *et al.* (2012), can result in autistic females' mental health needs being overlooked. Effectively masking their unmet

need for support, according to Moyses and Porter (2015), can unequivocally contribute to underachievement in school. Researchers examining the effects of masking among autistic young people (Lai *et al.* 2017; Price 2022) theorise that the constant effort involved in repressing their innate autistic behaviours can be mentally and emotionally draining and can ultimately lead to mental health problems. Thus, there is an ongoing responsibility among clinical and educational practitioners to develop a heightened awareness of the elusive female characteristics of autism and support their specific mental health needs to lessen any potential impact on their emotional wellbeing long-term.

2.3.4 Self-Perception and its Impact on the Mental Health Needs of Autistic Adolescents

A contributing factor of mental health problems in autism relates to identity development (Ratner and Berman 2015). As a child transitions into adolescence they begin to establish their own sense of self, often distancing themselves from the values passed down from their parents/guardians (Marcia 1980). Identity can be defined as the way in which a person understands or perceives themselves and this self-perception is influenced by physical, psychological and interpersonal characteristics as well as ethnic, cultural and social constructs (Carter *et al.* 2014; Cooper *et al.* 2017; Robertson 2021). Accordingly, a person's sense of self-identity is shaped and influenced by the social culture they are exposed to at home, in school and within the wider community (Marcia 1980). Therefore, it is important to consider how autistic adolescents integrate their autism into developing their sense of personal and social identity (Currie 2016; Genovese 2021). Autistic adolescents whilst in the process of forming their personal identity, they are also in the process of trying to determine where they fit in among the dominant social culture in order to form their sense of social identity (Acker, Knight and Knott 2018; Berkovits, Moody and Blacher 2020). Apart from providing a sense of value and acceptance, a shared social identity can act as a protective factor in mitigating the negative consequences of marginalisation (Ratner and Berman 2015). Equally, developing a positive sense of identity within a peer group promotes self-confidence and emotional wellbeing, helping to safeguard against the negative psychological behaviours (internalising and externalising) associated with mental health problems (Hull *et al.* 2017; Robertson 2021).

Research suggests that an awareness of being different and potentially being socially stigmatised impacts the development of autistic adolescents' self-esteem and identity (Cooper *et al.* 2017; Williams, Gleeson and Jones 2019). As suggested by Genovese (2021) and supported by Currie (2016) autistic adolescents tend to perceive themselves as socially incompetent and report poorer ratings of global self-worth compared to their neurotypical peers. Extant research shows that some autistic adolescents will deliberately distance themselves from an autistic identity because of a desire for acceptance among their neurotypical peers (Humphrey and Lewis 2008; Ruiz Calzada *et al.* 2012; Schroeder *et al.* 2014). The findings of Cresswell and Cage (2019) documented that autistic adolescents who align exclusively to a neurotypical culture report more positive views about themselves compared to those who align to neither a neurotypical nor a neurodiverse culture. However, these authors suggested that although the participants accepted being autistic, they preferred to associate themselves with the neurotypical culture due to an awareness of social stigma and a pressure to fit in to avoid being victimised (Cresswell and Cage 2019).

Consistent with previous research (Acker, Knight and Knott 2018; Williams, Gleeson and Jones 2019; Price 2022), Chapman *et al.* (2022) revealed a positive bidirectional influence between masking, wanting to socially fit in within the neurotypical culture and mental health problems in autistic adolescents. These authors also confirmed that social stigma lay at the centre of the interrelationship between masking behaviours and social anxiety in autism (Chapman *et al.* 2022). Autistic participants in Chapman *et al.*'s (2022) study relayed feelings of low self-confidence, deriving from their own negative self-perceptions of being autistic or from negative responses received from other peers in relation to their social and emotional differences. For instance, participants reported feeling embarrassed about past social experiences, specifically in regards to how their social responses or emotional over-reactions in certain situations were perceived by their peers (Chapman *et al.* 2022). Conversely, some of the autistic participants described feelings of pride and self-confidence which were reported to be augmented by positive social interaction and support from peers (Chapman *et al.* 2022). Most importantly however, the autistic participants reported that they felt their authentic true selves in social situations with other autistic peers, family members or neurotypical peers who shared their special interests (Chapman *et al.* 2022).

Previous studies examining autistic adolescents' self-perception and emotional wellbeing infer that autistic adolescents tend to perceive their autism in a negative light which in turn negatively impacts their development of personal and social identity (Ratner and Berman 2015; Williams, Gleeson and Jones 2019; Berkovits, Moody and Blacher 2020). Whilst masking autistic characteristics may be perceived as a way to seek acceptance and evade being bullied or ostracised (Price 2022), reports from autistic young people elucidate that attempting to conceal their true authentic selves can negatively affect their self-esteem, social confidence and can lead to a sense of identity confusion (Hull *et al.* 2017). Thus, the emotional distress associated with the need to belong highlights the significance of supporting autistic adolescents develop a positive sense of self-understanding and acceptance through embracing an autistic cultural identity (McLaughlin and Rafferty 2014; Cresswell and Cage 2019). Some researchers (Storch *et al.* 2015; Berkovits, Moody and Blacher 2020) endorse CBT as a promising therapeutic approach in helping autistic adolescents form more balanced perspectives in relation to their autism and their sense of personal and social identity. Promoting a positive autistic social identity through the implementation of school-based group CBT programmes involving autistic participants may help offer a safe platform to share social and emotional experiences and empower individual students to self-advocate for change. In the words of Devon Price, an autistic self-advocate, social psychologist and academic:

We're all expected to play along with the rules of our home culture, and blend into it seamlessly. Those of us who need alternative tools for self-expression and self-understanding are denied them. Our first experience of ourselves as a person in the world, therefore, is one of being othered and confused. We only get the opportunity to take our masks off when we realise other ways of being exist.

(Price 2022, p. 8)

As emphasised by Milton (2018) as well as Danker, Strnadová and Cumming (2016), continued efforts are warranted to normalise a neurodiverse culture within school communities, to foster more positive attitudes towards neurodiversity among staff, students and parents/guardians, and above all, to enable young autistic people express their true selves without fear of negative judgement.

Another factor to consider in relation to self-perception in autistic young people relates to a form of dysfunctional thinking referred to as perfectionism (Greenaway and Howlin 2010). Perfectionist

beliefs have been found to correlate with symptoms of depression and anxiety among older autistic children and adolescents without an intellectual disability (Farrugia and Hudson 2006; Mazefsky *et al.* 2014). The findings of Greenaway and Howlin (2010) indicate that autistic adolescents may be more susceptible to developing perfectionistic attitudes due to differences in their cognitive functioning. Cognitive inflexibility observed in autistic individuals is believed to contribute to excessively rigid and perfectionistic attitudes (Greenaway and Howlin 2010; Leung *et al.* 2016). Autistic adolescents' perceptions of themselves compared to those in their social world may lead to unrealistic socially prescribed perfectionistic beliefs (Humphrey and Lewis 2008; Maddox and White 2015; Northrup, Patterson and Mazefsky 2021). Self-perceived social inadequacies among older autistic children and adolescents are found to be associated with feelings of shame and increased social avoidance (Trembath *et al.* 2012; Acker, Knight and Knott 2018). Moreover, Greenaway and Howlin (2010) suggest that cognitive inflexibility can cause autistic adolescents to overestimate other people's expectations. Acker, Knight and Knott (2018) denoted that many of the autistic adolescents in their study described a deep sense of frustration when they perceived that they had underachieved relative to their own expectations. In relation to academic performance Acker and colleagues (2018, p. 14) noted that "an extreme sense of self-pressure" affected the emotional wellbeing of the autistic participants. Added to this, reports from individual participants intimated that the high academic standards they set for themselves were often linked to a fear of negative adult judgement (Acker, Knight and Knott 2018). As the research suggests, a greater tendency for perfectionistic beliefs coupled with a fear of negative judgement leaves autistic adolescents more vulnerable to developing mental health problems. Thus, an important element of their psychoeducational support programme needs to focus on developing cognitive coping strategies related to cognitive re-structuring, perspective-taking and problem-solving skills, all of which are central components of CBT (Beck 2011; Barrett 2012; Stallard 2021).

Amplified feelings of social inadequacies among autistic adolescents can significantly affect the development of their social and emotional competency (Maddox, Miyazaki and White 2017). Social withdrawal provoked by heightened social worries is noted in the literature to be more prevalent among older autistic children and adolescents (de Bruin *et al.* 2006; Kuusikko *et al.* 2008). According to extant research (White *et al.* 2014; Wood *et al.* 2015; Duvekot *et al.* 2018), social anxiety in young autistic adolescents affects their confidence to engage with peers in

different social situations, prompting social avoidance as a means of coping which in turn reduces their opportunities to practise and enhance their social interaction and communication skills. Social anxiety disorder is referenced as the third most common anxiety disorder in autism, with estimated prevalence among autistic adolescents ranging from 9 % (Burstein *et al.* 2011) to 17% (van Steensel *et al.* 2011). In fact, the onset of social anxiety disorder in autism is reported to coincide with early adolescence with the mean age approximately between 12 ½ – 14 years (Grant *et al.* 2005; Scheiner *et al.* 2022). Social anxiety is characterised by specific anticipated fears related to social situations and/or encounters with other people (Beidel and Turner 2007). Such apprehensions would include a fear of frequenting public settings, socially interacting with other peers and/or adults and any form of public speaking or attention.

White, Schry and Kreiser (2014) advise that social anxiety is typically triggered when a child begins to incessantly ruminate and anticipate feared social situations, resulting in self-induced avoidance of these social situations by way of managing their anxiety levels. Magiati, Ozsivadjian and Kerns (2017) contend that separation anxiety in autism may be interlinked to elevated levels of social anxiety, deriving from a child's overwhelming fear of not being able to cope in social situations without a parent/guardian or caregiver in attendance. To cite from an autistic child's perspective, "I don't know what to say, so I need my Mum or Dad" (Kerns *et al.* 2017, p. 40). Likewise, Trembath *et al.*'s (2012, p. 220) study illuminated the escalating effects of social anxiety and the "inexorable panic" experienced by some autistic adolescents in certain social contexts, further substantiating their over-reliance and dependency on parent or caregiver support. For instance, one parent in Trembath *et al.* (2012, p. 220) highlighted that "one of the main things that happens in stressful situations is that she [her autistic daughter] gets flustered. She loses the ability to really say what she wants or thinks or what she has to say".

One can argue that without effective emotional regulation strategies to better cope in stress-inducing situations, autistic young people are left emotionally vulnerable and in need of support from accompanying caregivers in community settings. Furthermore, besides restricting their development of social interaction and communication skills, the use of avoidance coping strategies to manage social anxiety may be grossly limiting autistic adolescents' development of emotional competence, particularly the acquisition of emotional regulation skills and the generalisation of

supportive self-coping strategies (Chang *et al.* 2012; Settapani and Kendall 2013; Tull and Aldao 2015).

2.3.5. Emotional Regulation Skills among Autistic Adolescents

Research elucidates an interrelationship between the core characteristics of autism (differences in SEC skills and RRBs) and emotional regulation skills with the co-occurrence of mental health problems among autistic adolescents (Mazefsky and White 2014; Samson *et al.* 2014; South and Rodgers 2017). Emotional regulation refers to a range of cognitive, physiological, and behavioural abilities which enable a person to self-monitor and regulate the frequency, intensity and expression of their emotions and responses (Berkovits, Eisenhower and Blacher 2017). In essence, it can be argued that a growing capacity to self-regulate emotional reactivity in different social and physical environments plays an integral role in the development of prosocial peer/adult engagement among autistic adolescents (Jahromi, Bryce and Swanson 2013; Faja and Dawson 2016). Congruently, emotional regulation is recognised as a salient component of emotional intelligence. Figure 2.1 outlines the five core domains of emotional intelligence. As defined by Goleman (1996), emotional intelligence regulates psychological states, manages interpersonal skills and controls behavioural responses.

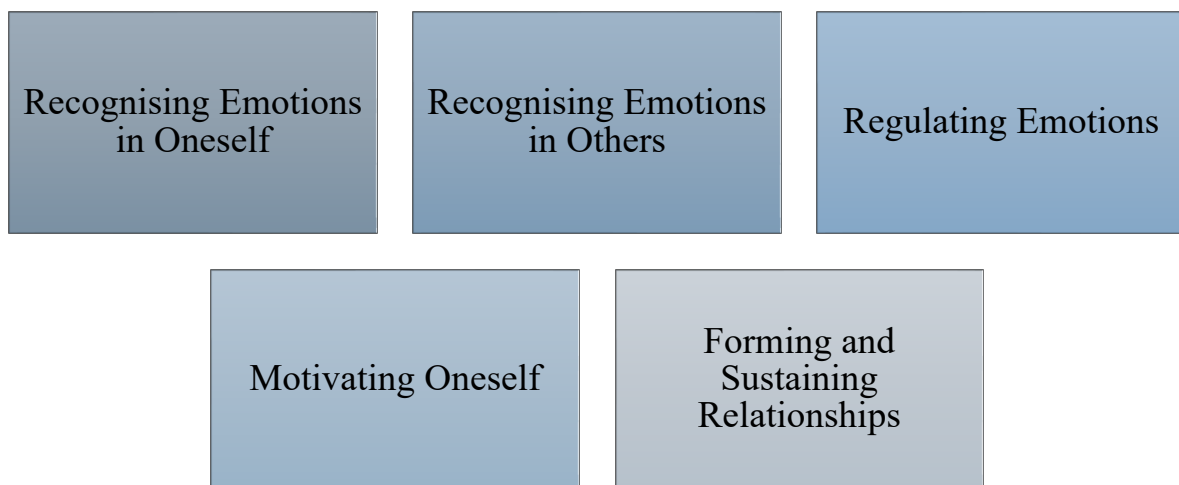


Figure 2.1 The 5 Domains of Emotional Intelligence

Source adapted from Goleman (1996)

Therefore, a lack of emotional regulation (inhibition) can impede the use of higher order executive functioning which in turn affects development across the other domains of emotional intelligence, including emotional recognition, intrinsic motivation and relationship skills (Damasio 1994; Ursache *et al.* 2012). Although it is understood that emotional competence differs among individual students (autistic and neurotypical), with the appropriate developmental psychosocial support, higher levels of emotional intelligence within each of the five domains is achievable during adolescence (Immordino-Yang 2016; Werner-Seidler *et al.* 2017; Gardner, Wong and Ratcliffe 2021).

Autism presents several risk factors that are found to contribute to emotional regulation and emotional dysregulation challenges which impact autistic young people's daily-life functioning (social, behavioural and academic) and overall emotional wellbeing (Restoy *et al.* 2024). The findings of Samson *et al.* (2014) delineate that emotional dysregulation is independent of IQ and presents more frequently among autistic children and adolescents. Research indicates that autistic adolescents with average or above average IQ may present with increased variability in emotional intelligence compared to their neurotypical peers (McCrimmon *et al.* 2018). Studies such as Bauminger (2004) and Tracy *et al.* (2011) demonstrate that autistic adolescents can recognise and label basic emotions in self and others (happiness, anger, sadness and fear) but can struggle to identify complex or mixed emotions (embarrassment, guilt and jealousy) due to experiencing challenges with cognitive empathy and interpreting contextual information (Frith 2003; Vermeulen 2015; Harmsen 2019). Difficulties with emotional understanding, expression and self-regulation among autistic adolescents may be conceptualised by a delay in ToM development, stemming from early childhood (Happé 2015; Berkovits, Eisenhower and Blacher 2017; McCrimmon *et al.* 2018). For example, an understanding of complex and mixed emotions requires ToM skills as well as cognitive and affective flexibility to provide reasonings for the causes of emotional responses in different contexts (Bauminger-Zviely 2013). Hence, other cognitive processing capabilities related to differences in executive functioning and 'Context Blindness' may help to explain the relationship between emotional regulation difficulties and co-occurring mental health problems among autistic children and adolescents (Gumora and Arsenio 2002; Vermeulen 2012; Swain *et al.* 2015). Autistic adolescents may misinterpret contextual cues and other people's emotions, intentions or responses in social situations, leading to social confusion and fears that

their peers may negatively perceive or reject them because of their lack of social skills (Kidd *et al.* 2024).

In Gardner, Wong and Ratcliffe's (2021) study educators reported that in general autistic adolescent students could label and identify a limited range of emotions in themselves and others and that overall, their emotional competence was underdeveloped relative to their age. Many of the educators involved in this study noted that their autistic students' emotional challenges directly contributed to episodes of "externalising explosive behaviours or withdrawal and internalising invisible distress" (Gardner, Wong and Ratcliffe 2021, p. 25). In addition, reports from participating educators indicated that autistic students' emotional regulation difficulties often precipitated emotional overwhelm, causing the students to miss out on class time and opportunities to participate in learning tasks (Gardner, Wong and Ratcliffe 2021). In a similar vein, reports from autistic adolescent students in Ambler, Eidels and Gregory's (2015) study pinpointed that elevated stress and reactive anger correlated with emotional overwhelm. However, participating autistic students remarked that educators regularly perceived their emotional distress as challenging/aggressive behaviour rather than manifestations of emotional overwhelm caused by induced stress (Ambler, Eidels and Gregory 2015). Consistent with the aforementioned studies (Ambler, Eidels and Gregory 2015; Gardner, Wong and Ratcliffe 2021) one can surmise that autistic adolescent students attending mainstream schools experience increased levels of stress and anxiety compared to their non-autistic peers and that emotional dysregulation may be explained by emotional overwhelm but nonetheless indicative of a lack of self-regulation skills. Therefore, self-regulation is considered a significant predictor of school engagement and success (Jahromi, Bryce and Swanson 2013; Wong *et al.* 2014). Research has shown that autistic students who are more capable of regulating their emotional and behavioural responses are more likely to be accepted by peers and benefit from participation in learning tasks and engagement with educators, resulting in greater class attendance and intrinsic motivation for learning (Gumora and Arsenio 2002; Ursache *et al.* 2012; Berkovits, Eisenhower and Blacher 2017).

In the main, emotional regulation and behavioural management skills are found to gradually improve during adolescence (Northrup *et al.* 2021; Restoy *et al.* 2024). However, previous studies examining emotional regulation skills (Tull and Aldao 2015; Cai *et al.* 2018), suggest that autistic

adolescents typically utilise less effective adaptive coping strategies in stress-inducing situations and consequently experience higher levels of emotional dysregulation than their neurotypical peers. Furthermore, the extant research indicates that a capacity to demonstrate affective flexibility among autistic adolescents is slower compared to neurotypical peers, thus impacting their ability to effectively modulate their emotional responses using coping strategies in moments of heightened stress (Restoy *et al.* 2024). The findings of Conner *et al.* (2020) corroborate previous findings (Samson *et al.* 2015; Berkovits, Eisenhower and Blacher 2017; Joshi *et al.* 2018) that emotional dysregulation in autism increases the risk of developing co-occurring mental health problems in late childhood and early adolescents. In fact, Samson and colleagues (2015) cite the estimated prevalence of emotional dysregulation among autistic adolescents to be as high as 60%. Unsurprisingly, Conner *et al.* (2020) conceded that autistic adolescents are emotionally more sensitive and reactive than neurotypical adolescents. As supported by Swain *et al.* (2015), Conner *et al.* (2020) argue that challenges with social interaction, sensory processing and emotional dysregulation are all strongly associated with the co-occurrence of increased anxiety in autism (Conner *et al.* 2020). As postulated by White *et al.* (2014) and echoed by Wigham *et al.* (2015) and Connor *et al.* (2020), differences in emotional competence, especially in relation to emotional awareness and regulation skills, can inflate autistic adolescents' vulnerability to acquiring different forms of psychopathologies, including anxiety related conditions, as they transition from childhood into adolescence and mature towards early adulthood.

Clinical neurocognitive research highlights that challenges associated with inhibition, impulsivity and effortful control in autistic individuals affect their capacity to regulate emotional reactivity (Faja and Dawson 2016). According to Mazefsky *et al.* (2014), increased prevalence of mental health problems among autistic children and adolescents may be attributed to a neurobiological predisposition to emotional vulnerabilities. There is evidence to suggest that neurobiological differences associated with autism may predetermine emotional fragility (Morgan, Nordahl and Schumann 2013). Autism, as a neurodevelopmental condition implies that neurological differences exist within regions of the brain (Boucher 2017). Indeed, differences within the limbic system and the prefrontal cortex; regions of the brain responsible for emotional functioning and regulation, provide clinical justification as to why autistic children may be more susceptible to emotional dysregulation and react in an all-or-none manner in stressful situations (Baron-Cohen and

Belmonte 2005; Faja and Dawson 2016). As Conkbayir (2018) describes, the limbic system constitutes the part of the brain that assimilates and stores emotional information. The amygdala within the limbic system helps to decipher emotions and prepare the body for behavioural responses, most especially when potential threat, fear or danger is perceived within the environment (Rolls 1999; Morgan, Nordahl and Schumann 2013). When the amygdala overreacts and takes control of the limbic system, it can result in the thinking parts of the brain (within the prefrontal cortex) being unable to perform their higher order executive functions (Immordino-Yang 2016; Hussey 2023). An inability to respond rationally means that actions are led by emotions (Goleman 1996). The limbic system and particularly the amygdala have been linked to heightened fear and aggressive responses among autistic individuals (Amaral, Bauman and Schumann 2003). Clinical research suggests a neurobiological relationship between anxiety symptoms in autistic individuals and differences in amygdala structure and function (Schumann, Bauman and Amaral 2011). For instance, studies investigating amygdala volume and elevated symptoms of anxiety in autistic young people have suggested a positive correlation between severity in anxious and depressed symptoms and increased total amygdala volume (Juraneck *et al.* 2006; Amaral *et al.* 2008).

Regardless of the likely contributory factors of mental health problems in autism, extant research reveals a robust bidirectional relationship between emotional regulation, social competence and academic performance; intimating that enhancing emotional regulation is critical to improving autistic adolescents' social, emotional and academic competency (Ashburner, Ziviani and Rodger 2010; Cox *et al.* 2012; Jahromi, Bryce and Swanson 2013; Ambler, Eidels and Gregory 2015). Moreover, emotional regulation is fundamental to the development of emotional intelligence and therefore needs to form a focal point of psychoeducational support programmes for autistic children and adolescents (Goleman 1996). Given autistic adolescents' vulnerability to developing co-occurring mental health problems (South and Rodgers 2017), supporting their capacity to develop emotional awareness alongside developing their coping strategies to use in stressful situations will enhance both their social and learning outcomes (Swain *et al.* 2015; Restoy *et al.* 2024). As suggested by Bauminger-Zviely (2016), focusing on autistic adolescents' ToM capabilities through differentiated CBT programmes can help to foster better emotional regulation skills, reduce anxiety levels and ameliorate prosocial behaviours.

2.3.6 The Influence of Sensory Sensitivity and an Intolerance of Uncertainty on the Mental Health Needs of Autistic Adolescents

A further pertinent view from the extant research unveils that the core characteristic features of autism related to RRBs, and sensory processing differences predispose autistic young people to experiencing various life-stressors that increase their likelihood of developing mental health problems (Rodgers *et al.* 2012; Howe and Stagg 2016; Vasa *et al.* 2018). As previously discussed in Chapter 1, sensory processing differences in autism are associated with RRBs (Boyd *et al.* 2010). The findings of Tomchek and Dunn (2007) elucidate consistent patterns of distractibility, sensory seeking behaviours, auditory and tactile hypo- or hyper-sensitivity among autistic children. RRBs generally encompass behaviours which are characteristically inflexible, such as repetitive language or movements, unyielding adherence to rules and routines as well as insistence on sameness or predictability (APA 2013; Wigham *et al.* 2015). Research suggests a positive link between sensory over-responsivity and social challenges with the co-occurrence of social anxiety among autistic adolescents (Cappadocia *et al.* 2012; Keefer *et al.* 2017). Sensory sensitivities associated with autism are found to trigger intense emotional reactivity and cause profound emotional distress, impacting autistic adolescents' quality of peer relationships and family life experiences (Uljarevic *et al.* 2016).

Neil, Olsson and Pellicano (2016) examined the relationship between sensory sensitivities, intolerance of uncertainty with symptoms of anxiety among autistic children and adolescents. Their study indicated a distinct interconnection between the three characteristics (sensory sensitivities, intolerance of uncertainty and anxiety), supporting previous findings by Boulter *et al.* (2014) that a desire for predictability combined with sensory modulation difficulties augments autistic children's anxiety levels (Neil, Olsson and Pellicano 2016). Boulter *et al.* (2014) also denoted that an inability to cope with ambiguity mediates the relationship between autism and the co-occurrence of increased anxiety. Equally, Wigham *et al.* (2015) investigated the role of intolerance of uncertainty in relation to sensory processing differences, RRBs and anxiety in autism. Their findings confirmed that feelings of uncertainty influenced the interrelationship between sensory processing, RRBs and anxiety, highlighting the significance of targeting emotional regulation strategies to enable autistic adolescents better cope in the face of ambiguity (Wigham *et al.* 2015). Kerns *et al.* (2014) and Rodgers *et al.* (2017) concur that induced stress

related to uncertainty contributes to the development and maintenance of both generalised and social anxiety symptoms in autistic adolescents and consequently needs to be a key target of psychoeducational support programmes.

Premised on the principles of CBT Rodgers and colleagues (2017) developed a parent group-based programme that focused on enhancing autistic adolescents' emotional regulation skills and tolerance of ambiguity in different social situations. As part of the 8-week CBT programme participating parents received psychoeducation to help them recognise potential environmental triggers and were provided with suggested strategies aimed at increasing their autistic child's flexibility and tolerance of uncertainty. Baseline parent findings indicated that the main coping responses commonly used to manage anxiety associated with uncertainty involved avoidance or providing their children with increased predictability (Rodgers *et al.* 2017). The programme supported parents to plan and facilitate in-vivo desensitisation experiences with their autistic children to encourage the use of emotional regulation strategies, promote self-confidence and build mental resilience. Despite the small effect sizes reported via quantitative measures, qualitative findings offered promising preliminary evidence to suggest that targeting autistic children's tolerance of uncertainty through the acquisition and generalisation of adaptive coping skills can help improve their resilience and reduce anxiety levels. In response to whether their child's reaction to uncertainty changed following participation in the programme, one parent reported:

Because I as a parent have had more understanding of uncertainty, my son has felt assured that I have understood him more... he has now started to manage and recognise his own tool kit of strategies to apply when necessary.

(Rodgers *et al.* 2017, p. 3963)

The following citations provide insight into some of the most useful strategies participating parents reported learning as part of the CBT programme:

Planning, but not too much due to things can change.
Listen to my child. Trust him more in uncertain situations. Review the situation.
Role play, social story, breathing, and cue cards.

(Rodgers *et al.* 2017, p. 3963)

A growing body of research confirms the centrality of autistic young people's inability to cope with uncertainty (Boutler *et al.* 2014; Kerns *et al.* 2014; Wigham *et al.* 2015; Neil, Olsson and Pellicano 2016), and how an inability to deploy appropriate emotional and/or sensory modulation

strategies can lead to emotional overwhelm, impacting personal and family wellbeing, peer relationships and access to learning opportunities (Samson *et al.* 2015; Ambler, Eidels and Gregory 2015; Rodgers *et al.* 2017). Moreover, the extant research would suggest that primary caregivers (parents/guardians and educators) would greatly benefit from increased awareness and understanding of the contributory factors that can influence autistic adolescents' mental health problems (Uljarevic *et al.* 2016; Young *et al.* 2017). As the number of autistic students being enrolled in mainstream education settings increases annually (NCSE 2024), consideration must be given to the ways in which the school environment impacts the mental health needs of autistic students (McCoy, Shevlin and Rose 2020). It is also crucially important to provide appropriate and timely psychoeducational support among autistic students to help develop their emotional competency and at the same time support their social inclusion and development of positive peer relationships (Lee *et al.* 2015; Bradley 2016; Colum and McIntyre 2019).

Considering that autistic adolescents can experience challenges with social, emotional and communication skills and the school environment can heighten their anxiety levels (Kester and Lucyshyn 2018; Adams, Simpson and Keen 2018), there is a need for further research exploring their specific mental health needs as they journey from childhood into adolescence. However, the research to date exposes a paucity of published research examining the application of school-based group CBT support programmes specifically adapted for autistic adolescents nationally and internationally. The current study aspires to add to the research base through implementing a school-based differentiated CBT programme among a sample group of autistic adolescents with their educators as the core facilitators in partnership with their parents/guardians.

2.4 Cognitive Behaviour Therapy as a Psychoeducational Support for Autistic Adolescents

The benefit of CBT among neurotypical children has been consistently demonstrated across studies (Reynolds *et al.* 2012; James *et al.* 2015; Rodgers and Dunsmuir 2015; Ruttledge *et al.* 2016). However, research reviewing autistic children's responses to CBT demonstrates variability in outcomes (Ung *et al.* 2015; Kester and Lucyshyn 2018; James *et al.* 2020) with some studies demonstrating moderate responses (Adams, Simpson and Keen 2018; Solish *et al.* 2020; Kidd *et al.* 2024) whilst others more modest responses (Reaven *et al.* 2012; McConachie *et al.* 2014; Burke, Prendeville and Veale 2017). Despite the estimated 50-75% favourable response rates, Settapani and Kendall (2013) underscore that one-third of autistic child participants experience no response to CBT support programmes. Research suggests that the core characteristic features of autism (differences in SEC skills and RRBs) may impede an autistic child's capacity to understand the psychoeducational components of CBT and consequently, they may experience less mastery of these concepts and skills (Burke, Prendeville and Veale 2017). Some researchers such as Lickel *et al.* (2012) question whether the social, emotional and cognitive characteristics of autism compromise the efficacy of the approach. The psychoeducational component of CBT involves participants self-reflecting, identifying emotional states and communicating opinions in relation to different social and emotional challenges (Wilkinson 2015). Therefore, as suggested by Lickel *et al.* (2012) and supported by Settapani and Kendall (2013) and Burke, Prendeville and Veale (2017), discrepancies in autistic children's ToM capabilities along with inflexible thinking styles stand to potentially hinder their acquisition of CBT skills and reduce the likelihood of them fully benefitting from the therapy. Understandably, children with different autistic characteristics and mental health needs may respond differently to psychoeducational support programmes. And as such, individual differences have implications for adaptations to universal CBT programmes to meet autistic children's unique social, emotional, cognitive and communication needs (Moree and Davis 2010; Bauminger-Zviely 2016; Perihan *et al.* 2020).

Over the last two decades the burgeoning interest into researching CBT among autistic children suggests a growing popularity among clinical practitioners and researchers in using the approach. However, much of the extant research has involved children in middle childhood (7-12 years) with limited research focusing on adolescence (Fujii *et al.* 2014; Storch *et al.* 2015; Wood *et al.* 2020).

Due to much of the existing research focusing on pre-adolescence, further research into the outcomes of differentiated CBT among adolescents is critical given that mental health problems are more likely to elevate during adolescence (van Steensel *et al.* 2011; Lecavalier *et al.* 2019), and today's cohort of autistic children have been psychologically impacted by Covid-19 (Hamilton, Kelly and Mesa 2023; Day *et al.* 2023). Autistic adolescents face different stressors compared to autistic pre-adolescents, including increased social expectations, academic demands to succeed in state examinations and personal self-care skills with the onset of puberty (Eussen *et al.* 2013; Maddox, Miyazaki and White 2017).

Although autistic adolescent students with average to above average IQ are faced with the same social and academic demands as their neurotypical peers, their capacity to meet and handle such expectations can be undermined by the combination of their mental health and autism related challenges (Kent and Simonoff 2017). Reports from educators in Syriopoulou-Delli *et al.*'s (2019) study concur that mental health problems are among the most common challenges affecting autistic students in school and that these psychological problems affect their social and academic functioning. Research also suggests that the inter-relationship between anxiety and social challenges is bi-directional, meaning the presence of anxiety contributes to as well as results from the social challenges experienced by many autistic students in school (Wood and Gadow 2010; White *et al.* 2014). Moreover, the research denotes that autistic students can find inclusion within mainstream education stress-inducing, particularly at post-primary level, highlighting the need to develop psychosocial supports that will foster and support social and educational development (Deacy, Jennings and O'Halloran 2015; Goodall 2020).

Considering the increased demands associated with adolescence, there are significant gaps in the extant research which need addressing. Autism educational research at present needs to focus on understanding and addressing the mental health needs of autistic adolescent students to help safeguard their emotional wellbeing and mental resilience into the future. In the absence of specifically designed school-based CBT programmes aimed at educators as facilitators, differentiation of the available universal programmes is required to accommodate the social and emotional needs of autistic students. Developing tailored designed evidence-based CBT programmes for autistic adolescent students would be advantageous to educators in bolstering

autistic young people's emotional wellbeing, social competence and academic performance. However, because the existing body of CBT research is based on clinical studies facilitated by clinical practitioners, there exists less than a handful of CBT studies examining school-based CBT facilitated by trained educators (Bauminger 2002; 2007; Bellini *et al.* 2007; Drmic, Aljunied and Reaven 2017). Added to this, there is a paucity of qualitative research exploring the mental health needs and lived experiences of autistic adolescent students accessing mainstream education (Crane *et al.* 2019). As discussed by Kreslins and colleagues (2015), additional qualitative studies would help provide greater insights into the different components of adapted CBT support programmes that positively influence autistic adolescents' responses to the approach. Accordingly, the intention of the current study is to garner autistic adolescents' perspectives and experiences of school-based group CBT and identify the influencing aspects of the differentiated universal programme that may result in improved social and emotional competency and generalisation of emerging CBT concepts and skills.

2.4.1 Defining Cognitive Behaviour Therapy

As defined by Beck (2011), CBT is a psychotherapeutic approach that merges cognitive therapy with behavioural therapy, using solution focused cognitive and behavioural strategies. CBT grew from the roots of applied behaviour analysis and the theories of behaviourist B.F. Skinner. According to Skinner (1953) undesirable behaviours could be replaced by more prosocial behaviours via positive reinforcement. Beck (1972) postulated that distorted biased beliefs can adversely influence social competence but by reframing negative cognitions with alternative and more positive thought processes (cognitive re-structuring skills), a person could modify their outlook and enhance their social and emotional behaviours. CBT as a psychoeducational support targets cognitive, physiological and behavioural factors that contribute to the symptoms and maintenance of mental health problems (Stallard 2021). The cognitive aspect of CBT involves supporting participants learn to use positive self-talk, challenge negative self-talk and appraise perceived problems in a realistic manner. For instance, through a process referred to by Stallard (2009, p. 122) as "balanced thinking", participants are guided in appraising the evidence underpinning their biased beliefs to become aware of alternative perspectives that help enlighten a more rational and balanced viewpoint. Perspective taking with the support of the balanced thinking technique can help with de-catastrophising problems (Friedberg and McClure 2015). The

realisation that a perceived problem can be broken down and rationalised, decreases participants' inclination to overestimate the magnitude of the problem. The physiological (somatic) aspect of CBT supports participants increase awareness of their body cues, encouraging them to adopt relaxation and emotional regulation techniques (Beck 2011). Lastly, the behavioural strategy of CBT enables participants develop problem-solving techniques in conjunction with devising coping step plans to enable them experience stress-inducing situations in a gradual and self-directed manner (Beck 2011).

A fundamental tenet of CBT is that it addresses not only the behavioural responses to stress-inducing situations, but it also helps participants to understand the underlying cognitions and emotions that can lead to such behavioural responses (Friedberg and McClure 2015). The overall goal of CBT is to enable participants identify the cognitive, physiological and behavioural aspects of intense emotional reactions (possibly linked to increased anxiety or anger) and apply adaptive self-coping strategies in stress-inducing situations to modulate their emotional responses (Rapee, Schniering and Hudson 2009). The facilitator can vary the emphasis placed on the cognitive, physiological or behavioural aspects of CBT to adapt the support to best meet participants' individual mental health needs. The six components of CBT are listed in Figure 2.2.



Figure 2.2 The Fundamental Components of Cognitive Behaviour Therapy

Source adapted from Friedberg and McClure (2015)

Described as a structured, action-oriented and time-limited approach, CBT is didactic with the facilitator and participants working in collaboration to help resolve problems affecting their emotional wellbeing and social competence (Wilkinson 2015). Graded exposure represents the behavioural component of CBT that provides participants with opportunities to cope in real-life stress-inducing situations by way of using their learned coping strategies (Ryan, Kaskas and Davis 2017). Learning takes place for participants on realising that they coped within the stressful situation and were competent in self-regulating their emotions and behavioural responses (Beck 2011). While exposure increases stress levels in the short-term, its longer-term effects on participants' self-confidence and generalisation of emotional regulation strategies are reported to far outweigh any unease before and during the de-sensitising experience (Robertson 2021). Preparation and coaching of skills are integral to ensure a positive learning outcome for the participant as well as post-experience reflections to acknowledge their achievements and use of skills. In fact, Crawford *et al.* (2018) assert that post-reflections immediately after the exposure experience are highly impactful to solidify evidence that the feared situation is not as threatening as once believed. Researchers also stress the importance of repeated exposures to enable participants gradually develop their coping abilities at a degree of challenge they can manage (Beck 2011; Ryan, Kaskas and Davis 2017). As part of the preparation phase, it is suggested that participants rehearse the required skills through imagined exposures via role play or virtual realities (Friedberg and McClure 2015). Laugeson and Park (2014) note that group CBT affords autistic adolescents the opportunity to actively participate with group members in role play exercises to practise scenarios and consolidate newly learned skills in a controlled and supportive setting.

Although graded exposure is recognised as an essential component of CBT, research suggests that it may not always be implemented as part of a support programme (Chorpita and Daleiden 2009; Friedberg and McClure 2015; Ryan, Kaskas and Davis 2017). Crawford *et al.* (2018) point out that a child attending clinical support may not understand why they are accessing therapy, or they may not have a choice in the matter due to a doctor's referral. Subsequently, this can lead to conflict with their parents/guardians, poor rapport with their clinical practitioner and a lack of motivation to engage in real-world exposure tasks. Friedberg and McClure (2015) comment that some clinical

practitioners may be reluctant to incorporate in vivo exposures as part of CBT on account of not wanting to risk straining the practitioner-child relationship. However, as autistic children tend to be visual and kinaesthetic learners (Grandin 2014), White *et al.* (2010) emphasise the pertinence of including repeated exposure tasks within support programmes because experiential learning promotes the acquisition and generalisation of CBT concepts beyond the learning environment through repetitive use of the skills in different social settings with different people.

Another pertinent aspect of repeated exposure tasks relates to the generalisation of emotional regulation skills and the use of self-calming strategies in real-life stress-inducing moments. CBT encourages the practice of mindfulness techniques to support emotional awareness and self-regulation (Stallard 2002; Scarpa, White and Attwood 2016). Indeed, there is a growing body of research to support the benefit of using mindfulness techniques (cognitive and somatic) among autistic children and adolescents (Hartley, Dorstyn and Due 2019; Semple 2019; Loftus *et al.* 2023). Relaxation training incorporated into CBT support programmes has been found to improve autistic adolescents' management of negative cognitions and emotions through learning strategies to better deal with intrusive thoughts and prevent spirals of negative rumination (Cooper *et al.* 2018). Following an in-depth review of 10 studies exploring the practice of mindfulness among autistic children and their caregivers, Hartley, Dorstyn and Due (2019) surmised that mindfulness techniques can help alleviate stress levels in moments of heightened arousal and can positively influence the emotional wellbeing of autistic children and their parents/guardians. Similarly, Singh *et al.* (2014) found that the use of mindfulness techniques can help support the management of distressed behaviours (self-injurious and aggressive) by enabling the child to modulate their emotional responses and restore a sense of calmness. Moreover, the findings of Loftus *et al.*'s (2023) review of over 20 studies indicated promising evidence that teaching meditative exercises among autistic children supports the development of emotional regulation skills, resulting in a greater capacity to manage intense emotions and demonstrate prosocial behaviours.

Teaching mindfulness techniques as part of CBT support programmes offers autistic students self-regulation strategies that alert them to pay attention to their cognitions and emotions and respond proactively with self-coping responses (Attwood and Scarpa 2016). However, due to challenges with interoceptive consciousness (Mahler *et al.* 2022), some autistic students may fail to notice

their body's reaction to increased stress and this failure to notice impacts their emotional and behavioural responses (Dunn Buron and Curtis 2012). As evidenced in the aforementioned research, integrating mindfulness techniques into CBT can help reduce stress by enabling students to become more aware of physiological changes, emotional intensity and what coping strategies to utilise in order to regulate emotions and self-soothe the mind and body. The practice of teaching emotional awareness alongside emotional regulation skills can be further supported by introducing visual supports such as the 'Feelings Thermometer' as suggested by Barrett (2012) or the 'Incredible 5-Point Scale' as suggested by Dunn Buron and Curtis (2021). A primary goal of these visual supports (emotional thermometer/scale) is to assist the autistic student notice changes in body cues, recognise shifts in emotional intensity and when necessary, prompt the initiation of a self-regulatory strategy as a coping mechanism. These visuals not only provide a concrete method to teach emotional awareness and expression, but they also provide a scaffold to problem solve and create individual emotional regulation plans with autistic students (Barrett 2012; Dunn Buron and Curtis 2021).

2.4.2 Group CBT for Autistic Adolescents

A key advantage of CBT is its flexibility in format. Research examining CBT among autistic children and adolescents demonstrates that as a psychoeducational support it can be successfully implemented in different formats, including individual (Wood *et al.* 2015), group (Reaven *et al.* 2012) or as a combination of individual and group support (Maddox, Miyazaki and White 2017). Ung *et al.* (2015) carried out a review investigating whether autistic children's responses to CBT varied due to the format of support provided. The findings indicated that individual and group implementation of CBT were similarly efficacious (Ung *et al.* 2015). In fact, it was noted that group CBT with or without parental involvement yielded greater responses compared to individual CBT with or without parental involvement (Ung *et al.* 2015). On the other hand, the findings of Kreslins, Robertson and Melville's (2015) review revealed evidence in favour of a combination of individual and group CBT when implementing programmes among autistic children.

Research suggests that group support among autistic children may hold many advantages over individual adult facilitated one-to-one support (Bauminger-Zviely 2013; Scarpa, White and Attwood 2016; Kerns *et al.* 2017). Group support is intended to provide autistic children with a

positive social learning experience involving other peers. Group CBT provides autistic children with opportunities to socially interact together, model prosocial skills, promote empathy and peer support within a safe space where personal experiences can be discussed (Lundy 2007; Reaven *et al.* 2012). Group support can help to normalise the social, emotional and behavioural challenges experienced by autistic children, encouraging them to feel more empowered by the recognition of the group's universality of shared experiences (Reaven and Willar 2017). However, a common disadvantage associated with group support involving autistic adolescents relates to engagement and participation in group discussions (Kerns *et al.* 2017). By way of supporting group engagement, Reaven and Willar (2017) recommend the provision of individual adult attention to support understanding and to build rapport with the facilitator as well as introducing a mix of individual, paired and group tasks. White *et al.* (2010) refer to the length of time needed for group cohesion and trust to evolve within groupings. These and other researchers highlight the pertinence of establishing group rules with participants to help promote a sense of safety and comfort in relation to group disclosures (Lundy 2007; White *et al.* 2010; Beck 2011; Barrett 2012). Moreover, Sung *et al.* (2011) profess that in certain cases highly anxious autistic children may find the group format too overwhelming and therefore, would benefit more from individual CBT support.

Similar to White *et al.*'s (2010) findings, the findings of Maddox, Miyazaki and White (2017) indicated that a combined format of individual and group support proved effective in building autistic adolescents' social confidence, engagement with facilitators and participation in group discussions. Individual support sessions (in total 12) preceded group sessions (in total 7) and undoubtedly contributed to the autistic adolescents developing a positive rapport with facilitators which in turn complemented their group engagement with peers. The CBT programme also provided one-to-one support to parents/guardians and focused on enhancing the autistic adolescents' emotional regulation, anxiety management and social competence (Maddox, Miyazaki and White 2017). Parents/guardians took on the role of social coaches during exposure tasks, thus reinforcing the generalisation of CBT skills into real-life settings. The authors suggested that gaining a better understanding of their personal social challenges and strategies to use to support social functioning increased the adolescents' response to the programme and inspired their motivation to engage in individual or group tasks (Maddox, Miyazaki and White 2017). Post-programme findings demonstrated reductions in anxiety levels compared to baseline assessments,

intimating that targeting emotional regulation and social interaction skills can help alleviate social anxiety. However, as indicated by a 3-month follow-up review assessment, the positive outcomes were not maintained (Maddox, Miyazaki and White 2017). The findings illuminate the significance of providing for relapse prevention by implementing subsequent booster sessions in the weeks following a CBT programme (Maddox, Miyazaki and White 2017). Equally, one can contend that a lack of continued support for parents/guardians from the clinical practitioner-researchers in the aftermath of the CBT programme impacted their motivation and sustained commitment to using the CBT skills with their autistic children.

Kidd *et al.*'s (2024) study incorporated group CBT support for autistic adolescents and their parents/guardians across 10 weeks followed by two subsequent booster sessions one month apart. The findings of Kidd *et al.*'s (2024) study indicated favourable responses to CBT immediately post-programme and at a 6-month follow-up review. Parent measures documented significant reductions in anxiety symptoms among their autistic children and in some cases anxiety assessments indicated a remission of primary anxiety disorder diagnoses (Kidd *et al.* 2024). Consistent with the findings of Perihan *et al.*'s (2020) review, Kidd *et al.*'s (2024) study confirms that active parental involvement and a longer duration in programme implementation can positively influence autistic adolescents' responses to CBT. Furthermore, Kidd and colleagues (2024) intimated in their discussion that supporting autistic adolescents develop emotional competence, particularly anxiety management skills, can effect positive changes in relation to the quality of life within the family. Participation in adult support groups was found to enhance parents' emotional wellbeing, provide them with useful strategies to support their autistic child's social and emotional needs and as a result, their parenting practices improved (Kidd *et al.* 2024).

Despite post-participation assessments indicating only a limited reduction in anxiety levels, the qualitative findings of McConachie *et al.*'s (2014) study suggest that group CBT holds promising potential for autistic children and their parents/guardians. Following participation in a 7-week CBT programme, all participants (in total 10 autistic children aged 9-13 years and their parents) reported that they enjoyed group support, gained helpful skills and would recommend it to others. However, feedback provided by some parents implied that the length of programme implementation was too short and would have benefitted from booster follow-up sessions (McConachie *et al.* 2014). On a

positive note, parents remarked how supportive and cathartic they found participating in group support. Child and parent feedback indicated a sense of belonging within their respective groups:

You weren't the only people going through the traumatic situations. It was nice not to feel alone with things.

(Parent 7 cited in McConachie *et al.* 2014, p. 728)

I was able to control it [anxiety] a bit... I think it was due to the fact that they had the same condition that I did... It was like I was with my own kind.

(Child 2 cited in McConachie *et al.* 2014, p. 728)

Furthermore, feedback from child and parent participants highlighted that they had acquired different coping strategies to support emotional regulation and anxiety management such as breathing and muscle relaxing exercises and prompt cards to visually cue the use of strategies (McConachie *et al.* 2014).

On reflection of the extant research examining group CBT for autistic adolescents, it seems that a combination of both individual and group support can yield favourable response effects, and this format can be further strengthened by actively involving parents/guardians in the programme (Kreslins, Robertson and Melville 2015; Perihan *et al.* 2020). The research implies that for autistic adolescents to feel comfortable sharing their opinions and experiences, adequate time is required to form a relationship; firstly with the facilitator and secondly with other group members (Friedberg and McClure 2015; Crawford *et al.* 2018). As noted by White *et al.* (2010) and Maddox, Miyazaki and White (2017) and echoed in Kreslins, Robertson and Melville's (2015) review, affording autistic adolescents individual support before the implementation of group support can help foster a positive relationship with the facilitator which in turn can influence group engagement and participation.

Another pivotal influence of autistic adolescents' response to CBT relates to parental involvement, availability of facilitator support and duration of the programme implementation (Ung *et al.* 2015; Perihan *et al.* 2020). Studies that included group support for parents/guardians concurrent to the implementation of group support for their autistic children (McConachie *et al.* 2014; Kidd *et al.* 2024), indicated positive outcomes for both parent and child participants. Most notably, the research indicated that supporting autistic adolescents' emotional regulation and anxiety management skills can positively impact parents/guardians' emotional wellbeing (Kidd *et al.*

2024). Lai *et al.* (2015) elucidate that parents/ guardians of autistic children can experience a level of stress that surpasses the severity and duration of stress experienced by parents/guardians of neurotypical children. Stress experienced by parents/ guardians of autistic children is found to stem from the complexity or severity of their child's autism, emotional regulation challenges, behavioural problems and conflict within the family (Ferraioli and Harris 2010; Nicholas, Kimberly and Quinn 2014; Keenan *et al.* 2016). More specifically, parents/guardians may experience increased stress trying to cope with their autistic child's anxiety and other associated social challenges (Kinnear *et al.* 2016; Corbett, Muscatello and Klemencic 2021). Regarding parenting stress Shepherd *et al.* (2018) note that the issue of coping strategies is important within the context of raising an autistic child. Coping strategies can impact the degree of parenting stress experienced and also the degree of parental resilience (Shepherd *et al.* 2018). Consequently, parenting stress influences parents/guardians' responses to their autistic child's stress which affects their parenting practices (Schwartzman *et al.* 2022) Research illuminates that parents/guardians who experience increased stress and anxiety are more likely to demonstrate overinvolved parenting practices, resulting in their autistic child relying more on adult support in all aspects of their life (Reaven *et al.* 2012; Creswell 2017). For instance, the use of avoidance coping strategies may be effective in managing social anxiety in the short term. Nevertheless, such coping mechanisms may unintentionally limit their autistic child's development of social competence and emotional resilience (Guldberg *et al.* 2019). According to Keenan *et al.* (2016), there is a need for parent-centred supports to be individually tailored around the influential factors that underlie stress among parents/guardians of autistic children.

As evidenced in the research (White *et al.* 2010; Reaven *et al.* 2012; McConachie *et al.* 2014; Maddox, Miyazaki and White 2017; Kidd *et al.* 2024), participation in group support for parents proffered different benefits, including developing a greater knowledge and understanding of CBT strategies which helped to ameliorate their parenting practices. Moreover, as suggested by Lee *et al.* (2024), parent-to-parent support groups can help address the psychosocial needs of parents/guardians by offering them a network of support where they feel a sense of belonging and acceptance. According to Hamari *et al.* (2022), support programmes for parents/guardians have a potential to improve parents' sense of competence in parenting their child and can help mitigate against feelings of isolation and loneliness. Indeed, parents (fathers) in Batchelor, Maguire and

Shearn's (2021) study emphasised the importance of connecting with other parents going through similar life experiences. As evidenced in the research, parents/guardians and children involved in group support value receiving, giving and being supported by fellow peers (McConachie *et al.* 2014; Batchelor, Maguire and Shearn 2021; Lee *et al.* 2024). However, regardless of implementing individual or group support, access to continued support from facilitators coupled with sufficient time for the emerging skills to be understood and generalised are influential factors that need consideration when planning CBT support programmes for autistic young people.

2.4.3 Diversifying CBT Support into School Settings

Despite the growing research base substantiating CBT as a promising psychotherapeutic approach to enhance the social and emotional competency of autistic children and adolescents (Kreslins, Robertson and Melville 2015; Ung *et al.* 2015; James *et al.* 2020), there remains a gap between clinical- and community-based CBT research (Solish *et al.* 2020). Indeed, there is a dearth of evidence-based practice of differentiated CBT programmes delivered in real-world naturalistic settings such as the school environment (Vasa *et al.* 2018). Whilst the school setting offers the ideal conditions for the implementation of psychoeducational CBT support programmes, to date very few studies have conducted school-based investigations (Rotheram-Fuller and Hodas 2015; Adams, Simpson and Keen 2018), and even fewer have involved trained educators in the facilitation of CBT (Bauminger-Zviely 2013; Drmic, Aljunied and Reaven 2017). Two recent reviews (Kester and Lucyshyn 2018; Simpson, Maffini and Schuck 2019) validate that school involvement in CBT research is minimal and that greater investigation into the implementation of school-based differentiated CBT programmes for autistic students is warranted. One plausible explanation for this gap in the research is that CBT is typically implemented by clinical practitioners in clinical settings (community-based health care centres or private health care clinics) rather than school settings. However, understanding the mental health problems of autistic children and adolescents in naturalistic settings is fundamental to developing and implementing psychosocial support programmes tailored to meet their unique social, emotional and cognitive needs (Adams, Simpson and Keen 2018).

Bearing in mind the high prevalence rates of co-occurring anxiety disorders among autistic adolescents (Simonoff *et al.* 2008; van Steensel *et al.* 2011; Lecavalier *et al.* 2019), and the

significant impact of mental health problems on daily-life functioning and emotional wellbeing, the need for evidence informed school CBT programmes is imperative for clinical and educational practitioners as well as for autistic young people and their families (Rotheram-Fuller and MacMullen 2011; Lai *et al.* 2015; Danker, Strnadová and Cumming 2016). As previously discussed, mental health problems can interfere with autistic students' capacity to access and participate in academic curricula, resulting in many autistic students underperforming relative to their cognitive abilities (Graziano and Hart 2016; Keen, Adams and Simpson 2023). Challenges with emotional regulation together with difficulties managing anxiety affect autistic students' school satisfaction, social inclusion and self-confidence (Watson and Haktanir 2017; Williams, Gleeson and Jones 2019). The school setting can be particularly anxiety-inducing for autistic students, thus highlighting the need to put in place additional psychoeducational response programmes to support their mental resilience, social inclusion and academic performance (Keen, Webster and Ridley 2016). With a large proportion of their day in the school setting, it seems essential that educators understand autism and have an awareness of psychoeducational strategies to increase the likelihood of improving autistic students' social and emotional experiences and academic engagement in school (Keen, Adams and Simpson 2023). However, although educators are often at the front line of autistic students' emotional/behavioural responses to heightened anxiety, the research suggests that educators, particularly at post primary level, may lack the training and skills to assist their autistic students in self-regulating their emotions and/or managing their anxiety levels in the school setting (Young *et al.* 2017; DES 2020; Gómez-Marí *et al.* 2021). Therefore, it is especially critical to research practice-based studies carried out in school settings, involving school personnel to help develop psychoeducational programmes for autistic students that can be implemented by school expert teams (DES 2024).

The findings of Simpson, Maffini and Schuck's (2019) review examining school personnel involvement in CBT programmes among autistic children revealed that generalisation of CBT skills improved considerably when educators were included in the support. Involvement of school personnel (educators and/or classroom assistants) working in partnership with parents/guardians and researchers was found to allow for a more consistent approach regarding the use of skills in real-world stress-inducing situations in school, home and community settings. Though none of the 8 studies in the review had educators as the main facilitators of the CBT programmes, educators

did collaborate with parents and researchers which helped with differentiating the approach (Simpson, Maffini and Schuck 2019). Furthermore, in some studies school personnel assisted in CBT sessions and encouraged the students' use of the CBT strategies between sessions as part of exposure tasks or when incidental learning opportunities arose (Sze and Wood 2008; Luxford, Hadwin and Kovshoff 2017). Educators also facilitated social coaching immediately before students entered an anxiety-inducing situation and provided encouraging feedback after the experience which reinforced the learning outcomes for the autistic students (Wood *et al.* 2009; Fujii *et al.* 2014). In some cases, educators are reported to have organised peer support initiatives to promote autistic students' use of CBT skills and targeted social interaction skills (Ehrenreich-May *et al.* 2014; Fujii *et al.* 2014). Such initiatives offered autistic students positive social experiences with peers which supported their communication skills and boosted their self-confidence. Autistic children and adolescents are known to experience challenges generalising skills from one context to another (Ostmeyer and Scarpa 2012). Hence, implementing differentiated CBT programmes in school settings can help to circumvent problems with generalising and maintaining CBT skills by incorporating educator involvement alongside parental involvement (Simpson, Maffini and Schuck 2019). A multi-faceted differentiated CBT programme, involving educators, SNAs, parents/guardians and peers collaboratively working with the researcher, increases the potential of psychosocial supports for autistic students being sustained post-research intervention (Bellini *et al.* 2007; Kasari and Smith 2013; Adams, Simpson and Keen 2018).

Similarly, Kester and Lucyshyn (2018) conducted a review of CBT research among autistic children and of the 30 studies included, only 3 studies involved a school setting in which educators participated in the support programme (Clarke, Hill and Charman 2016; Luxford, Hadwin and Kovshoff 2017; Drmic, Aljunied and Reaven 2017). Luxford and colleagues (2017) facilitated a 6-week British based CBT study, involving autistic adolescent students (11-14 years), their classroom assistants and parents/guardians. The role of classroom assistants in the study was to encourage the use of CBT skills throughout the students' school day. The findings of self-reported anxiety assessments (child, parent and educator) indicated positive changes in the autistic participants' anxiety levels following participation in the programme. However, adult participants' questionnaire responses indicated little to no change in social competence outside the learning

environment. A lack of generalisation of CBT skills may be explained by the length of programme implementation and access to facilitator support (Luxford, Hadwin and Kovshoff 2017). As suggested by the authors, repeated opportunities for autistic participants to practise the CBT skills within the learning environment as well as across different settings (home and community) over a longer period might have affected greater social and emotional learning outcomes (Luxford, Hadwin and Kovshoff 2017). Furthermore, generalisation may otherwise have benefitted from additional training and involvement of educators working in partnership with classroom assistants to promote the use of autistic participants' emerging CBT skills in the school setting.

Drmic and colleagues' (2017) Asian based study provides an important contribution to autism educational research as it is one of the only school-based CBT studies that involved educators as the main facilitators of the programme. Participating SETs were provided with a training workshop in the implementation of the 'Facing Your Fears' CBT programme (Reaven *et al.* 2012) and ongoing support from participating researchers over the course of the implementation period. Of note, the duration of the programme was reduced from 14 sessions down to 10 sessions to accommodate the school calendar. 'Facing Your Fears' is a specific clinical-based CBT programme for autistic children and as such it had to be differentiated to meet the needs of older autistic children (in total 44 students 13-15 years), accessing the programme across 22 schools in Singapore. Parental involvement was encouraged, and three parent information sessions provided. Compared to baseline assessments, post-programme anxiety measures indicated a reduction in anxiety levels among the student participants. In addition, feedback gleaned from educator and parent semi-structured interviews garnered interesting insights into the potential benefits and challenges of implementing school-based group CBT programmes.

Educators reported support for the feasibility of implementing differentiated group CBT among autistic students at post primary level (Drmic, Aljunied and Reaven 2017). Joint planning sessions among co-participating educators were reported as beneficial because they afforded opportunities to collectively plan upcoming sessions, decide on appropriate resources, prepare and familiarise session content and review session outcomes. Educators also remarked that the small group format (2-3 students) promoted socialisation, the development of friendships and mutual support among group members. Educator feedback denoted that parental enthusiasm for the programme affected

the generalisation of CBT skills outside of the school environment. However, educator enthusiasm for the programme and their positive rapport with the students were found to be the most influential factors contributing to student acquisition and use of CBT skills. Conversely, educators reported that some autistic students were not group ready and consequently found openly communicating their social and emotional experiences in group discussions difficult (Drmic, Aljunied and Reaven 2017). Added to this, educator feedback implied that a lack of parental support for the programme led to poor attendance at parent information sessions and fewer students participating in the programme over time. Lastly, educators highlighted that scheduling difficulties contributed to delays in implementing the programme. For example, planned sessions overlapped with other school events and co-ordinating meetings with participating parents was sometimes challenging (Drmic, Aljunied and Reaven 2017).

Converging parent feedback indicated that group CBT facilitated by educators in the school setting was beneficial in developing their child's social and emotional competency. To cite one parent's perspective:

It [CBT] is a structured programme that breaks down imminent fear into digestible steps. This makes it very easy for both parent and child to understand.

(Drmic, Aljunied and Reaven 2017, p. 3923)

In general, parents reported a marked improvement in their autistic child's emotional regulation and a decrease in their anxiety levels. Some parents reported that their autistic child was independently using the coping strategies learned during the CBT programme (e.g. breathing exercises and using the colour coded emotional scale to express anxiety levels) (Drmic, Aljunied and Reaven 2017).

On reflection of Drmic, Aljunied and Reaven (2017), it appears that the success of a differentiated CBT programme is largely dependent on stakeholders buy-in coupled with a sustained commitment to the proposed psychotherapeutic support. Stakeholders buy-in might be improved by offering all participants a voice in the development and differentiation of the proposed CBT support. This could be achieved through a Participatory Action Research (PAR) approach whereby each participant (autistic child, parent, educator and researcher) shares ownership of the development of the support programme and is actively involved in the decision-making process

throughout the implementation phase (Kemmis, McTaggart and Nixon 2014). Because communicative action fosters a respectful and diplomatic forum for constructive dialogue, Kemmis, McTaggart and Nixon (2014) postulate that such an inclusive approach can help build a sense of solidarity among all stakeholders (child and adult), offering them autonomy and responsibility in effecting transformative change through their involvement in the programme (Kemmis, McTaggart and Nixon 2014).

Nevertheless, as suggested in the qualitative findings, the educators were recognised as the driving force behind the CBT programme (Drmic, Aljunied and Reaven 2017). Thus, one can deduce that irrespective of parental support, educators as programme facilitators possess the greatest leverage in influencing autistic students' response to school-based CBT. Support for participating educators was referenced as an influential aspect contributing to the autistic students' positive learning outcomes (Drmic, Aljunied and Reaven 2017). Such a pedagogical approach reflects a team teaching (co-teaching) model in which a group of two or more educators work in partnership to plan, implement, and assess student performance, using a variety of instructional approaches including Universal Design for Learning (UDL) and differentiated instruction (Griful-Freixenet *et al.* 2020; NCSE 2024). A co-teaching approach not only benefits student learning outcomes, as noted by Casserly and Padden (2021), but it can also benefit educators by enabling the sharing of professional knowledge, expertise and experience as well as helping to promote enthusiasm for devising and implementing new learning programmes.

Clarke, Hill and Charman's (2016) school-based CBT study involved autistic children (11-14 years) and their parents/guardians participating in a 6-week programme. Quantitative measures indicated moderate changes in the autistic students' anxiety levels post-programme, however, qualitative findings provided insightful information into the development of CBT skills in preadolescent students. Data from student and parent semi-structured interviews suggested that at post-programme the students were more likely to engage in the behavioural components of CBT (problem-solving skills and creating coping step plans in preparation for exposure tasks) rather than the cognitive components (positive self-talk or cognitive re-structuring skills). Furthermore, the findings at post-programme stage indicated that autistic students were struggling to understand complex emotions, and what coping strategies to use to manage negative cognitions:

I feel anxious all the time. I worry about things all the time, like I worry in class I'm not going to understand something.

(Clarke, Hill and Charman 2016, p. 3890)

Interestingly however, the findings at 8-week follow-up denoted that the autistic students were more inclined to use both behavioural and cognitive strategies to cope with everyday problems. Student feedback indicated that they were beginning to recognise sources of their personal anxiety and how their cognitions and behavioural reactions (physiological symptoms) were interlinked:

I had funny feelings in my stomach like what we talked about and well I knew that was because I was feeling slightly nervous about it.

(Clarke, Hill and Charman 2016, p. 3892)

Overall, the findings of Clarke, Hill and Charman (2016) indicate that time is an influencing factor in promoting a change in autistic children's emotional cognition and their capacity to self-manage intrusive thoughts. This British based study highlights a gradual process of therapeutic transformation with the acquisition of behavioural coping strategies preceding the acquisition of cognitive coping strategies (Clarke, Hill and Charman 2016). This realisation would not have been gleaned from quantitative anxiety assessment measures. Clarke, Hill and Charman (2016) contend that much of the extant CBT research fails to provide clarity on the process of skill acquisition in autistic children and most notably fails to provide first-hand accounts from autistic children to help researchers identify pertinent aspects of CBT programmes that influence their social and emotional development. Researchers like Clarke, Hill and Charman (2016) and Solish *et al.* (2020) argue that research examining CBT programmes for autistic children should not only focus on whether a reduction in anxiety occurs post-programme but instead focus more on what changes occur in the children's cognitive or behavioural coping strategies because of the adaptations and different teaching approaches introduced into the differentiated CBT programme. Research identifying the specific adaptations and components of CBT that support autistic children enhance their emotional understanding, expression and management of anxiety would offer a better understanding of how to develop more responsive CBT programmes for this cohort of young people. The current study aims to address this gap in the research by exploring the influential aspects of an adapted version of a universal CBT programme through gathering individual perspectives from autistic adolescent students, their parents/guardians and educators.

Another noteworthy distinction to highlight regarding the extant research refers to the CBT programmes used in clinical studies. The programmes used by researchers are typically designed for clinic-based delivery by trained clinical practitioners with some programmes specifically developed for autistic children. These include ‘Exploring Feelings’ by Attwood (2004), ‘Facing Your Fears’ by Reaven *et al.* (2012), ‘Building Confidence’ by Wood and McLeod (2008) and ‘Behavioural Interventions for Anxiety in Children with Autism’ by Wood *et al.* (2009). However, accessibility to these programmes is restricted and training in clinic-based programmes is not available for educators. On the other hand, educators have access to universal CBT programmes. One programme recognised by the World Health Organisation (2004) and endorsed by the DES (2022) as an evidence-based universal CBT programme is the FRIENDS programme developed by Dr Paula Barrett (Barrett and Turner 2001). The FRIENDS programmes, including Fun FRIENDS, FRIENDS for Life and My FRIENDS Youth, are designed to be delivered in either clinical- or school-based settings and can be implemented within large group (whole class), small group or individual formats (Barrett 2012). Studies within the Irish context incorporating FRIENDS programmes among neurotypical children delivered by trained educators (Rutledge *et al.* 2016) have shown favourable outcomes in child-participants’ psychosocial skills compared to clinical practitioner delivered programmes (Rodgers and Dunsmuir 2015). Conversely, the involvement of autistic children in studies using adapted versions of the FRIENDS programmes has been limited. Three such studies delivered by clinical practitioners include one study conducted in a post primary school setting involving autistic adolescents aged 14 years (Currie 2016) and two studies conducted in community-based health care centres involving autistic children aged 9-11 years (Burke, Prendeville and Veale 2017; Higgins *et al.* 2019).

Similar findings were demonstrated across the three studies post the 10-week (Currie 2016; Burke, Prendeville and Veale 2017) or the 12-week implementation phase (Higgins *et al.* 2019). Quantitative findings indicated modest changes in the autistic participants’ anxiety levels, nonetheless, qualitative findings revealed positive changes in emotional wellbeing, problem-solving skills and coping strategies to regulate emotions (Currie 2016; Burke, Prendeville and Veale 2017; Higgins *et al.* 2019). Parent interview feedback generally denoted some degree of improved emotional competency, a reduction in anxiety and increased positivity (Burke, Prendeville and Veale 2017; Higgins *et al.* 2019). According to teacher feedback noted in Currie

(2016), autistic participants' mindset and classroom behaviour improved during the implementation of the My FRIENDS Youth programme.

Converging findings highlighted the benefit of group support for the autistic participants. As documented in Higgins *et al.* (2019), group sessions provided the autistic participants with peer-to-peer communication opportunities which over time fostered a sense of camaraderie. Likewise, the findings of Currie (2016) suggested that the autistic participants developed friendships as a result of participating in group support. The findings of the two Irish based studies, Burke, Prendeville and Veale (2017) and Higgins *et al.* (2019), implied that participation in group support enabled the autistic participants develop their sense of personal and social identity which in turn helped to increase their self-confidence:

The group was amazing for him that people liked him and thought he was cool.
(Darren's Mother cited in Burke, Prendeville and Veale 2017, p. 444)

I think for him knowing there's other people there in the same position as you helped.
(Parent 1 cited in Higgins *et al.* 2019)

Congruently, parent feedback in Higgins *et al.* (2019) acknowledged the value of group support for parents in helping them develop their parenting practices and most especially in supporting their emotional wellbeing and resilience.

Consistent findings across each of these 'FRIENDS' studies indicate changes in the autistic participants' capacity to self-regulate and deploy helpful self-coping strategies in moments of stress. Moreover, the findings substantiate that autistic children within the age range of 9-14 years can acquire and utilise CBT concepts and skills, namely cognitive re-structuring skills "turning red thoughts into green thoughts" (Higgins *et al.* 2019, p. 61), as well as self-regulation strategies and problem-solving skills. For example, student participants in Currie (2016) reported breathing exercises, spending time alone or doing physical exercise as helpful self-regulation strategies. One student remarked that "learning how to deal with problems better" was the most helpful aspect of the CBT programme (Currie 2016, p. 47).

However, despite the qualitative findings denoting favourable responses to group CBT using the FRIENDS programme either in the school (Currie 2016) or clinic setting (Burke, Prendeville and

Veale 2017; Higgins *et al.* 2019), the findings also elucidated poor generalisation of the learned CBT skills across settings (school, clinic and home).

Providing a tiered level of support, involving the autistic child, their parent/guardian, educator(s) and CBT facilitator (clinical or non-clinical) may help to increase the likelihood of generalisation of CBT skills beyond the learning environment and sustain the use of the learned cognitive and behavioural strategies post-participation in programmes as indicated by Simpson, Maffini and Schuck (2019). Furthermore, given the difficulties so many autistic children and their families experience trying to avail of clinical support, there is a burgeoning need to diversify access to psychotherapeutic supports into community-based settings such as the school environment. An independent review carried out by the Mental Health Commission (MHC) (2024) highlighted that autistic young people in the Republic of Ireland are only accepted to Child and Adolescent Mental Health Services (CAMHS) if they present with a moderate-to-severe mental health condition; otherwise, they are redirected to other mental health services with equally long waiting lists. The fact that autistic children and their parents/guardians must endure such unacceptable lengthy processes in the hope of receiving psychotherapeutic support seems hugely unfair and distressing for both the children and their parents/guardians (MHC 2024). Therefore, in the absence of the availability of clinical support, diversifying support into the school setting seems essential as a pro-active/preventative and/or intermediary psychotherapeutic response. The school represents a feasible location for the implementation of emotional wellbeing and mental health support programmes (DES 2022), particularly considering the amount of time a child spends in school and the proximity of the school to the home environment. Moreover, schools hold the potential to develop the generalisation of CBT skills in the very setting that can often be the most stressful place for autistic children (Kasari and Smith 2013, Drmic, Aljunied and Reaven 2017).

2.4.4 Adaptations to Universal CBT Programmes for Autistic Adolescents

Whilst adapted CBT programmes retain the core components of CBT (Scarpa, White and Attwood 2016), they also try to increase the likelihood of autistic participants acquiring the concepts and skills of the psychotherapeutic approach (Moree and Davis 2010). Due to CBT being a talk therapy researchers recognise that the social, emotional, communication and cognitive complexities of autism may impede autistic participants' acquisition and understanding of the different

psychosocial concepts (Rotheram-Fuller and MacMullen 2011; Attwood and Scarpa 2016; Solish *et al.* 2020). FRIENDS as a universal CBT programme accepts that facilitators (clinical or non-clinical) may need to differentiate the content and mode of delivery of each session depending on the needs of the group. However, Barrett (2012) emphasises that the key components of CBT must be upheld, and the sequence of sessions respected. The CBT components outlined in the My FRIENDS Youth manual (Barrett 2012) include psychoeducation, relaxation training, cognitive strategies, creation of an anxiety hierarchy (identifying and ranking stressful situations) and behavioural strategies that involve participants gradually experiencing stress-inducing situations.

Given that social interaction and communication skills are characteristic features of autism (APA 2013), and CBT relies heavily on language and cognitive capabilities, adaptations to the use of language are necessary to increase accessibility and support autistic participants' comprehension. Autistic adolescents can struggle with pragmatic language skills and can often interpret language literally (Philofsky *et al.* 2007). Hence, language and communication expression must be made as concrete and developmentally appropriate as possible for autistic participants (Vermeulen 2015; DES 2022). The use of visualised language approaches, as demonstrated in Ekman and Hiltunen's (2015) CBT study, can help make verbal discussions more tangible and easier to follow for autistic participants. When discussing social and emotional experiences the authors suggest drawing images or caricatures to support autistic participants imagine the context, make connections and draw conclusions using visual cueing (Ekman and Hiltunen 2015). Conceptualising social contexts using visualising strategies can help support autistic participants' emotional cognition and develop their ToM/mentalising skills (Happé 2015; Mul *et al.* 2018; Leaf *et al.* 2020). Using comic strip conversations can help to reinforce the understanding of pragmatic communication skills in a visual and more engaging manner for autistic participants (Gray 1998). For example, through the means of a comic strip depiction, the facilitator might discuss a particular social encounter, drawing in thought bubbles to identify a person's thoughts and speech bubbles to represent their spoken words (Gray 1998). Social scripting is another helpful social interaction strategy to use with autistic participants in helping them discern what language is appropriate given a certain social situation (Scheibel, Ma and Travers 2022) Furthermore, social scripting can be used to prepare the language for successful social interaction in real-world situations (Leaf *et al.* 2020). Attwood (2004) recommends that when teaching abstract CBT concepts facilitators should utilise

applicable visuals or metaphors to help autistic participants make analogies and relatable connections. Barrett (2012) suggests teaching the CBT concept for cognitive restructuring using the metaphor of ‘Traffic Lights’ – the red light symbolising negative cognitions and the green light symbolising positive cognitions.

Accordingly, as autistic individuals are typically visual learners (Lawson 2011), previous CBT studies involving autistic participants have incorporated creative methods of expression to support skill acquisition and understanding, such as the use of pictures/photographs, drama/role play, movie elicitation and hands-on participatory tasks (Laugeson and Park 2014; Ung *et al.* 2015; Fletcher-Scott 2015; Stallard 2021). As posited by Kidd *et al.* (2024), creating a safe and fun learning environment, using a variety of different learning approaches, is conducive to promoting group engagement and participation. Other purposeful adaptations highlighted by previous research advocate integrating autistic participants’ special interests within content differentiation and specific learning tasks (Moree and Davis 2010; Ninci *et al.* 2018; Harrop *et al.* 2019). Researchers recommend that session delivery should be structured to help develop a routine and a level of predictability for autistic participants (Gökçen *et al.* 2016; Kenny, Remington and Pellicano 2024). The use of a schedule is also recommended to ensure autistic participants are aware of the planned tasks, thus helping to alleviate anticipatory anxiety (Higgins *et al.* 2019). In addition, it is advised that autistic participants’ sensory regulation needs are taken into account during group sessions (Syriopoulou-Delli *et al.* 2019). This might involve encouraging the use of sensory fidget items during session time, the provision of different forms of seating options and encouraging sensory/movement breaks (Kasari and Smith 2013; Grandin 2015; Kidd *et al.* 2024). Drmic, Aljunied and Reaven (2017) advise facilitators to be mindful of the practical adaptations that may need addressing due to the exclusive nature of implementing a programme within a school setting. Changes may have to be made to programme implementation on account of the school’s academic or event calendar (Owens *et al.* 2014).

Parental involvement is widely recognised as a decisive component in supporting the acquisition and generalisation of CBT skills among autistic participants (Drahota *et al.* 2010; Ehrenreich-May *et al.* 2014; McConachie *et al.* 2014; Burke, Prendeville and Veale 2017). Reviews of CBT studies fully endorse parental involvement in CBT support programmes among autistic participants

(Kreslins, Robertson and Melville 2015; Ung *et al.* 2015; Perihan *et al.* 2020). James *et al.* (2015) contend that parental involvement in CBT is as effective as individual or group-based implementation formats. The findings of Perihan *et al.*'s (2020) recent review of the effects of CBT in reducing autistic children and adolescents' anxiety symptoms revealed that greater responses were achieved when parents/guardians participated in the support programmes. In fact, as denoted by Beck (2011), the CBT approach embraces a collaborative partnership that encompasses the facilitator, the child and their parent/guardian. Parents/guardians are viewed as an integral component of the therapy as they can provide facilitators with feedback on what aspects of the support are working well at home and make suggestions as to how to further improve the child's responses to the programme (Creswell *et al.* 2017). As part of parental involvement in My FRIENDS Youth, parents/guardians are offered information sessions to encourage their active participation in the programme and to maximise the transfer of CBT knowledge and skills. Parent information sessions are delivered by the facilitator(s) and the content includes developing awareness of the common mental health problems experienced during adolescence, promoting coping responses to stress and how to deal with everyday challenges (Barrett 2012). In addition to the information sessions, parents/guardians are informed of weekly session content and encouraged to implement the suggested homework tasks with their child.

Goal setting is an integral aspect of all CBT programmes (Stallard 2009). Thus, closely related to the core components of CBT are the goals (learning outcomes) that are expected to be achieved through participating in the programme (Beck 2011; Friedberg and McClure 2015). On this point, Kasari and Smith (2013) point out that unless the learning outcomes are consequential for the child and their family, the CBT support is unlikely to be effective or the strategies sustainable post-implementation of the programme. Therefore, the approach must be child-centred and aimed at supporting them achieve goals they wish to focus on at this moment in time. In this way, child-participants are more likely to be motivated to pursue goals that hold real significance for them and their daily-life functioning. And so, the inclusion of the child in the decision-making process is critical and this involves the facilitator and parent respecting the child's agency and autonomy throughout the CBT programme (Scarpa, Williams and Attwood 2016; Creswell *et al.* 2017; Keenan, Brady and Forkan 2019). Consequently, the facilitator and parent/guardian both need to work in collaboration with the child to help foster a sense of belief in their self-efficacy skills and

nurture their self-advocacy and independence skills (Stallard 2021). In consultation with the child, Ehrenreich-May *et al.* (2014) recommend educator and parental involvement in setting up and developing motivating reward systems to positively reinforce the use of the emerging CBT skills and to sustain the child's overall commitment to the programme.

Previous CBT research establishes the length of programme implementation as an influencing adaptation to consider when developing support for autistic participants (Clarke, Hill and Charman 2016; Maddox, Miyazaki and White 2017; Luxford, Hadwin and Kovshoff 2017). Indeed, Perihan *et al.*'s (2020) meta-analysis of CBT studies indicated that short-term CBT programmes involving autistic participants generated a smaller response effect than long-term programmes with access to facilitator support for longer periods of time. According to Fujii *et al.*'s (2014) USA based study, lengthening the duration of CBT among autistic participants can enhance the overall efficacy of the support due to the increase in opportunities to practise and achieve success in overcoming different stress-inducing situations over a longer period of programme delivery. These authors carried out a multi-faceted CBT programme, using the 'Building Confidence' programme (Wood and McLeod 2008), targeting both anxiety and autism related challenges within the school setting over 32 weeks. This differentiated CBT programme was designed to coordinate the approach to involve clinical researchers working in collaboration with autistic participants, their parents/guardians and educators to provide maximum opportunities for skill development and generalisation (Fujii *et al.* 2014). The programme included specific autism modules to teach friendship skills and improve autistic participants' social competence. A 'peer buddy' (mentoring) programme was set up in conjunction with participating educators to provide peer-to-peer support and to help facilitate positive social interactions among classmates. Social skill coaching was provided by educators immediately before and after a social event and in that way learning and generalising of CBT skills occurred in real-life situations. The findings of this study indicated that 5 of the 7 autistic participants who participated in the differentiated CBT programme significantly remitted the symptoms of their primary anxiety disorder compared to the control group (Fujii *et al.* 2014). These findings substantiate that a more intensive multi-faceted longer-term CBT programme offers greater advantages compared to shorter-term CBT programmes. Fujii and colleagues (2014) concluded that the length of the programme helped to ensure autistic participants had sufficient time to practise and master the CBT skills.

Undoubtedly, an influential factor of Fujii *et al.*'s (2014) differentiated CBT programme was the researcher's collaboration with the autistic participants, their parents/guardians and educators. A home-school additional support component assisted the autistic participants in developing their emotional regulation strategies and using their adaptive coping skills in stressful situations at home and in school. Fujii *et al.* (2014) noted that having different opportunities for the autistic participants to practise the emerging CBT skills and experience repeated exposures in the school setting supported by their educators influenced the efficacious outcomes associated with skill generalisation and anxiety reduction. Furthermore, Fujii *et al.* (2014) surmised that involving the autistic participants in identifying their personal goals not only supported participant buy-in and motivation, but it also supported ongoing participation in the lengthy programme. Hence, considering the extant research reviewed, it is envisaged that the current study will lengthen the implementation of the My FRIENDS Youth programme and span the 10 sessions over two full academic terms.

Taking into consideration that autistic participants experience challenges with social and emotional cognition (APA 2013), researchers such as Bauminger-Zviely (2016), underscore the pertinence of placing emphasis on developing their social and emotional competency when implementing CBT support. Over the last twenty years Bauminger-Zviely (2016) has developed a multi-component school-based CBT programme for autistic students attending mainstream education. The differentiated CBT support programme incorporates two distinct approaches: (i) dyadic one-to-one CBT support (Bauminger 2002), and (ii) peer-to-peer group CBT support (Bauminger 2007). Both formats of implementation strive to enhance autistic participants' emotional competence, prosocial behaviours and peer relationships within the school environment (Bauminger-Zviely 2013). As suggested by Bauminger-Zviely (2016), differentiating group CBT can be demarcated into five key elements: (i) improving emotional awareness and recognition of simple and complex emotions, (ii) understanding different social constructs, (iii) developing social communication skills, (iv) promoting joint attention skills, and (v) explicitly teaching strategies for emotional regulation and self-calming.

Of significant note, both programmes are aimed at trained SETs implementing the CBT as part of the autistic students' additional psychosocial school support over the course of a full academic

year (Bauminger-Zviely 2013). As the facilitators, SETs play three fundamental roles. These include: (i) teaching the psychosocial differentiated CBT programme, (ii) selecting, supporting and guiding a peer-mentoring programme, and (iii) collaborating with parents/guardians in relation to their child's progress and learning outcomes (Bauminger-Zviely 2013). Regarding the problem-solving component of CBT, Bauminger-Zviely (2013) recommends that the facilitator involves the autistic participants in analysing different social situations as a group; firstly, by identifying and discussing the evident social problems, and secondly through eliciting different solutions from individual participants and considering the social consequences of the chosen solution. As suggested by Bauminger-Zviely (2013) and supported by Laugeson and Park (2014) group analysis of social behaviour can help challenge autistic participants' biased perceptions, develop their perspective-taking skills and ultimately lead to augmenting social and emotional competency. Hence, any CBT programme involving autistic participants needs to incorporate a strong emphasis on developing their social and emotional cognition, problem-solving and conflict resolution skills.

Autistic advocate and academic, Dr Steven Shore (2003) asserts the view that when you have met one autistic person, you have met one autistic person. Therefore, no one singular pedagogical approach is going to be effective for all students. Educators need to be cognisant that although autistic students may share the same diagnostic label, they should not be considered as a homogeneous group. Indeed, as admonished by Kucharczyk *et al.* (2015), homogenising cohorts of students evades individuality, leading to traditional standardised methods of teaching being adopted. Given the heterogeneity of autism, best practice endorsed by NCSE (2015) is premised on a strength-based approach that incorporates a range of teaching methodologies in order to best meet the diversity of needs among students. In fact, the research suggests that all students (autistic or non-autistic) benefit from innovative and well-coordinated inclusive participatory methods (Hehir *et al.* 2016; Guldberg 2020; NCSE 2024).

Taking an inclusive participatory approach to autistic students' engagement and participation in learning embodies the principles of Universal Design for Learning (UDL) a concept proposed by Gordon, Meyer and Rose (2014). UDL encapsulates a pedagogical model designed to meet the diversity of needs among students through three core principles: (i) multiple means of engagement, (ii) multiple means of action and expression, and (iii) multiple means of representation (Rose and

Meyer 2006). UDL encourages educators create flexible programmes of learning that anticipate the needs of students from the outset (Griful-Freixenet *et al.* 2020). According to Gordon, Meyer and Rose (2014) students' acquisition of new knowledge can be enhanced when they are provided with a modality of means to access content and are engaged through a modality of means to demonstrate their understanding. At its core, a UDL approach is about optimising the learning potential of all students by minimising the significance of individual learning differences (Hall *et al.* 2014). Instead of perpetuating a one-size-fits-all singular path to knowledge acquisition, UDL principles guide educators in developing student-centred learning experiences that perpetuate multiple paths to mastering new knowledge by taking full advantage of students' strengths, interests and learning preferences (Hartmann 2015). The current study will adopt the core principles of UDL in creating an inclusive CBT programme differentiated to meet the diverse needs of the autistic participants. Based on the extant CBT research, an overview of the adaptations that will be integrated into the current study's differentiated My FRIENDS Youth programme is provided in Appendix 1.

2.5 Inclusive Education and Autistic Adolescents

The concept of inclusive education is founded upon a social model of understanding disability (Liasidou 2012), as it refers to the restructuring of educational environments and methodologies to meet the diverse needs of students. As Wood (2019) points out, inclusive education epitomises equality of opportunities for all students to make academic progress and participate in the life of the school community. Inclusive education may be viewed as a process of responding to the diversity of needs among students through enabling participation in learning and social engagement by removing barriers from academic and social inclusion through the provision of support structures that allow students reach their full potential (Winter and O’Raw 2010). Not only does inclusive education call for environmental changes and the implementation of inclusive pedagogies, but it also calls for an inclusive culture to reside within the whole-school community (Carter *et al.* 2014; Goodall 2015). A culture of inclusion within a school community promotes active participation and involvement of students with Special Educational Needs (SENs) within mainstream education rather than just placement (NCSE 2011). Simply placing a student with SENs in mainstream education does not constitute inclusive education. As stated by Ochs *et al.* (2001, p. 400) “physical placement of children [with SENs] ... in inclusive settings alone is not sufficient”. Therefore, developing neurodiversity awareness is critical in helping to establish an inclusive school culture that promotes equality of educational access for all students and an acceptance of neurodivergence as part of the human condition (Milton 2018; Price 2022; Murray *et al.* 2023).

2.5.1 The Irish System of Special Education Provision

Over the last two decades government reports and policies in addition to development in legislation under the Education for Persons with Special Educational Needs (EPSEN) Act (2004), have resulted in more students with SENs attending mainstream inclusive education than ever before (McCoy *et al.* 2014; NCSE 2024). However, this legislation within the Irish context has not yet been fully enacted and is currently under review. In common with international literature (Werner-Seidler *et al.* 2021; Scheiner *et al.* 2022), the number of students diagnosed with SENs has increased exponentially in recent years and accounts for over 25% of today’s school population in Ireland (NCSE 2018; 2024) In accordance with the European Agency for the Development in

Special Needs Education (2003), the Irish educational system provides a multiplicity of approaches to inclusion, encompassing a combination of special school/special class and mainstream provision (McCoy, Shevlin and Rose 2020). As the prevalence rates of autism continue to rise (Boilson *et al.* 2016; Department of Health 2018; 2020), an ever-increasing number of autistic students experience education through mainstream provision. In the context of the Irish mainstream school system, based on their individual needs, autistic students are either enrolled in a mainstream or a special class setting with access to full or partial mainstream class provision (Banks *et al.* 2016). Special classes are part of a continuum of inclusive educational support measures that enable students with more complex SENs achieve their academic and social potential while attending mainstream education (DES 2022). However, not all mainstream schools (primary or post primary) have the facility of a special class.

In the main autistic students accessing mainstream provision receive supplementary support from the mainstream class educator through differentiation instruction and the application of UDL adaptations together with additional teaching support from SETs (NCSE 2024). Special class placement within a mainstream school offers autistic students more individualised and specialised teaching, a reduced student-educator ratio (6:1), and an allocation of SNA support (Banks *et al.* 2016). Students are further supported via SNA support when including in mainstream class(es) for the greatest extent possible, depending on their academic abilities and their social, emotional and sensory needs (DES 2020). At post primary level some students (circa 25%) may be enrolled in a special class on a part-time basis (McCoy *et al.* 2014). In general, the special class within a post primary setting is viewed as the autistic students' base class for recreational time, extra tuition and access to co-teaching or reverse inclusion support. As noted by the DES (2007), adopting reverse inclusion and peer mentoring initiatives are key features of inclusive practice. Reverse inclusion is a strategy to support autistic students' social interaction and engagement with peers by including students from their mainstream class(es) within the special class for periods of focused group teaching (Banks *et al.* 2016).

Although there is a paucity of research examining the provision of special class education, three recent Irish reviews, including (i) Irish inspectorate report (DES 2024), (ii) Banks and McCoy (2017), and (iii) Irish inspectorate report (DES 2020), suggest wide variation in the purpose and

provision of educational support across a number of Irish mainstream school settings. The most recent inspection findings (DES 2024) highlighted concerns in relation to the coordination of co-teaching, the allocation of staffing to provide support among students with SENs and consequently recommended the establishment of core teams of SETs within mainstream schools. The inspections of the educational provision for students with SENs, involving seventeen primary schools and twelve post primary schools, found positive practices in the majority of cases (DES 2024). For example, the findings indicated good quality teaching and learning at primary level with evidence of satisfactory progress in students' learning within special class provision. At post primary level, the report found that many of the post primary schools had effective support structures in place to enable the academic and social inclusion of students with SENs (DES 2024). However, the findings did indicate scope for improving co-teaching/team teaching approaches in both primary and post primary schools inspected. The report highlighted that schools need to have whole-school systems in place whereby SETs and mainstream class or subject class educators would have sufficient time to collectively plan, implement and review learning programmes as part of co-teaching initiatives. Regarding the post primary schools inspected, the findings identified that in many cases a large number of educators were allocated hours to provide additional support to students with SENs (DES 2024), suggesting in the report that such allocation of staffing hours was leading to disjointed educational provision and inconsistency in support. Conversely, the report noted that allocation of support should facilitate consistent and responsive educational provision, ensuring that students with the greatest level of need have access to the greatest level of support from educators with expertise in special education (DES Circular 0002/2024). Thus, the inspectorate report underscored the pertinence of schools (primary and post primary) establishing core teams of SETs to best meet the diversity of needs among students with SENs (DES 2024).

In Banks and McCoy's (2017) review involving over 2,447 primary and 524 post primary mainstream schools, the researchers surmised that the extent to which academic and social inclusion took place within mainstream classes for students enrolled in special classes was minimal. In fact, the findings indicated that only 13% of students placed in special classes were supported to include in their respective mainstream class(es) throughout a school day. Most significantly, the findings revealed that across many of the special class settings reviewed, students

stayed together for most of the day, if not all, and remained with this small group throughout their whole school experience at primary or post primary level; “meaning that the allocation is a relatively permanent one.” (Banks and McCoy 2017, p. 455).

Consistent with Banks and McCoy’s (2017) findings, the DES (2020) reported that of the 65 primary schools inspected, only a minority of autistic students enrolled in autism classes included in their mainstream classes for sections of the day, while a majority of the autistic students spent all day in their special class. Moreover, in two-thirds of the 20 post primary schools inspected, the inspectors found that some autistic students were inappropriately enrolled in either mainstream classes or special classes. Inspectors also outlined that some post primary autistic students’ individual needs were not adequately being met through mainstream provision, and consequently these students were not eligible to access supports within special class settings. Further to this, the inspectors observed that in some cases autistic students should have been enrolled full-time in mainstream rather than special class because their needs did not merit special class provision (DES 2020). This report determined that if full or partial inclusion from special class into mainstream is the objective of the provision of special classes within mainstream education, the current system appears to be having limited success for many students attending these classes. Not surprisingly, the inspectorate report cautioned that, “there is a danger that segregated educational provision could expand unintentionally” (DES 2020, p. 7).

Considering both reviews (Banks and McCoy 2017; DES 2020), a dichotomy appears to exist regarding the purpose of special class provision within mainstream education. As explained by Banks and McCoy (2017), some researchers and educators believe the existence of special classes contradicts the principle of inclusive education by segregating students with SENs from their mainstream peers, while others argue that the provision of special classes provide students with SENs the opportunity to attend mainstream education in a specialised and supportive educational setting. However, Banks and McCoy (2017) posit that the placement of students with SENs in special classes is enabling social stigma to prevail in school cultures, thus negatively impacting autistic adolescents’ development of personal and social identity. To cite a post primary educator’s perspective:

The kids can feel a little bit removed from their peers and experience frustration at the stigma of being in the special class... They are absolutely aware [of being different] ... They are alright in first year normally, in second and third year they really know, and they are kind of more self-aware. (Banks and McCoy 2017, p. 451)

Both these reviews (Banks and McCoy 2017; DES 2020) substantiate a pressing concern that some Irish mainstream schools are providing an illusion of mainstream inclusion through the internal segregation of students placed in special class settings. Furthermore, there is growing evidence to suggest that regardless of the elevated numbers of students with SENs attending mainstream education, for many of these students their academic and social inclusion remains to some degree less than satisfactory (Bossaert *et al.* 2015). Indeed, extant research has denoted that inclusive policies and changes in environmental or educational structures may not necessarily equate true inclusion for students with SENs (Banks, McCoy and Frawley 2017; McCoy, Shevlin and Rose 2020). Research in relation to inclusive education for autistic students enrolled in special classes is pertinent to the current study as the setting of the PAR project takes place in a mainstream post primary school, involving autistic students enrolled in the special class setting.

2.5.2 Issues Impacting Academic and Social Inclusion for Autistic Adolescents

According to Goodall (2020), there exists a misconception that because an autistic student has academic ability, they are automatically capable of coping within a mainstream educational setting. Yet, as the evidence implies (Keen, Webster and Ridley 2016), many autistic students face significant challenges accessing education and engaging in learning tasks despite being considered “mainstream able” (Goodall 2020, p. 9). Understandably, there are many issues that may impact inclusion with conflict arising between the right to inclusion and the right to the appropriate educational provision as established by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007 and ratified into legislation by the Irish government in 2018. This international agreement instructs that inclusive education principally necessitates layout changes to create accessible learning environments as well as carefully considered adaptations to teaching practices (Committee on the Rights of Persons with Disabilities 2016). Moreover, as Goodall (2015) emphasises, a lack of opportunity to learn can be far more debilitating to a child than any neurodiverse biological condition. Therefore, the onus lies on schools to provide autistic friendly and inclusive learning environments that incorporate curriculum delivery using a modality

of flexible pedagogies (such as UDL) and support structures that facilitate access to education on an equal basis to their neurotypical peers (Quirke, McGuckin and McCarthy 2024).

Importantly however, this flexibility in inclusive practice may not always be apparent in mainstream schools, whereby advances towards inclusion are constrained not only by inflexible pedagogy, but also by an over emphasis on academic achievement and rigid staffing schedules (Marshall and Goodall 2015). System rigidity which focuses predominantly on academic achievement creates barriers to curricular flexibility for educators. McGillicuddy and O'Donnell (2014) suggest that a time pressured post primary curriculum can often prioritise course completion over differentiation for autistic students. As reflected in the DES (2024) inspectorate report, McGillicuddy and O'Donnell (2014) concurred that post primary educators have little time in their teaching day to liaise with SETs, parents/guardians and/or outside agency practitioners which is needed to deliver high-quality inclusive education. McGillicuddy and O'Donnell (2014) also note that an academically focused curriculum may be at odds with the needs of autistic students who require an expansive focused curriculum with a balanced emphasis on social, emotional and academic development. Factors such as class size, pressure to fulfil course requirements and teach within stringent time constraints, can render the interplay of inclusive educational goals with academic achievement difficult to reconcile for some educators (McGillicuddy and O'Donnell 2014). In this context, Kenny, McCoy and Mihut (2020) contend that the holistic development of all students (autistic and non-autistic) is under-valued in an educational system that overemphasises academic achievement.

Extant research suggests (Stack, Symonds and Kinsella 2020; McCoy, Shevlin and Rose 2020) that the transition from primary to post primary education can be challenging for all students but particularly challenging for autistic students, since adapting to change and coping with uncertainty can be anxiety-inducing for them (Boutler *et al.* 2014; Neil, Olsson and Pellicano 2016; Rodgers *et al.* 2017). Thus, challenges specific to autism (differences in SEC skills and RRBs) as explained by Deacy, Jennings and O'Halloran (2015), need to be identified and addressed as early as possible in the transition planning process to help mitigate any negative long-term effects on autistic students' emotional wellbeing and academic performance. While most students' mental health and autism related challenges may be very well supported within the smaller primary school setting,

Deacy and colleagues (2015) profess that they are likely to increase in severity in larger school settings. This notion is illustrated in the following citation from an autistic student's perspective:

Asperger's made it difficult for me to cope with life in a large secondary school. There were too many people to deal with. It was awful moving to the next class. It was just swarmed with people.
(Goodall 2020, p. 87)

Accordingly, primary and post primary schools play a vital role in safeguarding a positive transition experience for autistic students (McCoy, Shevlin and Rose 2020). Previous research stresses the importance of facilitating prior familiarisation with the post primary school environment and developing home-school communication links to allow autistic students form a positive rapport with new school leaders, SET staff, SNAs and other school personnel whilst still in primary school (Makin, Hill and Pellicano 2017). However, it is noteworthy to highlight that a cohort of today's autistic adolescent students lost out on a structured transition programme due to Covid-19 social restrictions and as a result adapting to post primary school life after months of home-schooling affected their emotional wellbeing and mental health (Code *et al.* 2022). The following citation provides an insight into the mindset of one autistic student's lived experience of ruminating over the prospect of transitioning into post primary education and highlights the negative psychological impact of not facilitating an inclusive child-centred transition programme:

So, she had months on her own dwelling on that [transitioning to post primary]. So that wasn't a good year for her and that's a funny age as well because you are kind of like maturing... The biggest change of her life is coming and then she just sat at home for months thinking about it... I had to send her to a counsellor then after that because she just was struggling with the anxiety of it.
(Parent cited in O'Sullivan *et al.* 2021, p. 8)

Post primary school environments are typically occupied by noisy, chaotic human activity, which can be overwhelming for some autistic students with heightened sensitivity towards certain sensory stimuli (APA 2013; Hebron, Humphrey and Oldfield 2015). The findings of Howe and Stagg's (2016) study, involving 16 autistic adolescent students attending mainstream post primary education, indicated that almost all of the participants considered their sensory sensitivities to affect their academic performance. The students reported experiencing difficulties in at least one of the following sensory domains; noise, touch, vision or smell (Howe and Stagg 2016). The authors noted that sensory sensitivities reduced the autistic students' ability to regulate attention, resulting in poor levels of concentration during class time (Howe and Stagg 2016). Autistic students' sensory sensitivities were also found to contribute to ongoing stress and anxiety

throughout their school day (Howe and Stagg 2016). Indeed, challenges associated with sensory modulation and emotional dysregulation were observed to cause disruption in the autistic students' access to learning due to intense emotional responses leading to withdrawal from the classroom environment to a designated quieter safe space (Howe and Stagg 2016). On a positive note, the findings indicated that when autistic students could pinpoint what sensory stimuli bothered them, a sense of empowerment ensued. Howe and Stagg (2016) denote that supporting autistic students find helpful ways to deal with their sensory triggers using adaptive self-coping responses can help alleviate anxiety levels and improve academic performance.

Keen, Webster and Ridley (2016) postulate that autistic students without an intellectual disability, tend to underachieve academically relative to their neurotypical peers because of factors associated with their individual autistic characteristics as well as their educational provision and learning environments. The environmental factors highlighted by Keen and colleagues (2016) include the physical structure of the school/classroom, student-educator ratios, curriculum design and focus, assessment practices and whether parents/guardians are involved in educational programmes (Keen, Webster and Ridley 2016). Interestingly, these factors are external to the autistic student and therefore educators/researchers need to bear them in mind when planning and developing differentiated learning programmes for autistic students. In a similar vein, Keen, Adams and Simpson (2023) revealed that non-cognitive behaviours referred to as academic enablers influence academic (under)achievement among autistic students. These specific enablers include motivation, active engagement in learning tasks and interpersonal skills that assist cooperative learning behaviours (Keen, Adams and Simpson (2023). DiPerna (2006) suggests that identifying and supporting autistic students' intrinsic motivation and participation in learning tasks alongside peer-to-peer engagement may help enhance students' overall learning achievements. In fact, research elucidates the bidirectional influence between a student's positive experience of school and their general wellbeing and academic performance (Watson and Haktanir 2017; Williams, Gleeson, and Jones 2019). Positive connectedness with the school environment has been shown to contribute towards autistic students' life satisfaction, growth in self-esteem and academic attainment (Morin *et al.* 2013; Keen, Adams and Simpson 2023). According to the extant research (Morin *et al.* 2013; Ratner and Berman 2015; Cooper *et al.* 2017), a student's sense of belonging within their school

community is enriched by caring and supportive relationships with educators and peers, opportunities to demonstrate autonomy and having their achievements recognised.

2.5.3 The Role of Educators in Inclusive Education

Inclusive education extends to relationships between educators and students and likewise between students to create a social learning environment where all learners feel a sense of belonging as valued members of a whole-school community (Crouch *et al.* 2014; Goodall 2020). At classroom level inclusive pedagogical practices play a fundamental role in enhancing or impeding the social and academic inclusion of all students (Colum and McIntyre 2019). Indeed, the findings of McMahon *et al.* (2016) indicate that inclusive practices which promote the social inclusion of students are associated with higher academic achievement among students with SENs. Therefore, best practice in inclusive education largely depends on access to ongoing Continuous Professional Development (CPD) for all staff, but in particular for SETs, to improve the awareness and use of autism specific pedagogical approaches across mainstream classrooms (Colum and McIntyre 2019). Essential to the development of whole-school inclusive practice, as summarised by Colum and McIntyre (2019), is staff collaboration and teamwork as well as the dissemination of specialised pedagogical knowledge among special education and mainstream colleagues.

A recent review of 25 studies conducted by Gómez-Marí *et al.* (2021) reveals that autism awareness and understanding among the global educator population (primary to third-level education sectors) is far from satisfactory. This international review, which included an Irish study (Young *et al.* 2017), deduced that the overall level of educator knowledge of autism and autism related pedagogies depended on what sector an educator worked in. Gómez-Marí *et al.*'s (2021) findings delineated that whilst primary educators demonstrated a greater knowledge of autism compared to post primary educators, university lecturers and professors demonstrated limited knowledge. Consistent with the findings of Gómez-Marí *et al.* (2021), the Irish inspectorate report (DES 2020) elucidated that of the twenty post primary schools inspected, less than half of the educators incorporated autism specific pedagogies, indicating scope for post primary educators to upskill their inclusive practices. As evidenced in the DES (2020) report and echoed in Gómez-Marí *et al.* (2021), the primary sector appears to have developed a level of proficiency in autism inclusive practices in recent years with the post primary and third-level sectors failing to keep

pace. Consequently, Gómez-Marí *et al.* (2021) argue that if we want to aspire to creating an inclusive educational system that provides the optimum learning conditions for all learners (autistic and non-autistic), then we need to intensify efforts in promoting educator training across sectors. Further training for educators is critical as it not only fosters an understanding of autism and best practice in differentiation methods, but it can lead to the development of positive attitudes towards neurodiversity and inclusive education (Dillon, Underwood and Freemantle 2016). Successful implementation of inclusive education, as suggested by Lee *et al.* (2015), relies on a willingness on the part of educators to support the inclusion of students with SENs and to foster positive attitudes among the whole-school community towards difference and individuality.

As suggested by Brownlow *et al.* (2021), establishing positive relationships and respectful communication between educators and autistic students can be instrumental in enabling positive school experiences for both educators and autistic students. The authors support the development of inclusive school environments whereby student agency and self-advocacy skills are encouraged through educator collaboration with autistic students (Brownlow *et al.* 2021). The following recommendations are suggested for school leaders and educators in Brownlow *et al.* (2021):

- Prioritise educator relationships with autistic students,
- Proactively ask, listen and respond to autistic students' school experiences,
- Foster a school culture that recognises students' individual needs and offers meaningful choices to them,
- Presume competence and plan curriculum implementation from a strength-based focus,
- Be mindful that every autistic student is different and avoid making presumptions based on diagnostic labels.

Indeed, Dillon and colleagues (2016) refer to educators as positive contributors of autistic students' self-esteem, serving as a source of reassurance, confidence and encouragement in times of social and emotional challenge. Research suggests that when educators demonstrate positive attitudes towards neurodiversity and build positive relationships with autistic students, neurotypical peers are more likely to support a social culture of inclusivity and acceptance (Jones 2013; Conn 2014). Knowledge alone, as intimated by Carter *et al.* (2014), is unlikely to shift the attitudes of

neurotypical adolescents to seek friendships with their autistic classmates and vice versa. However, educators can facilitate and bolster autistic students' sense of school connectedness by providing structured opportunities to purposefully interact with peers (autistic and/or non-autistic) (Winchell, Sreckovic and Schultz 2018). These and other researchers stress the pertinence of educators encouraging the development of meaningful friendships with peers to increase the social competency and emotional wellbeing of autistic students (Platos and Wojaczek 2018; Carter *et al.* 2020). Facilitating differentiated psychosocial programmes (such as the My FRIENDS Youth programme) in small groupings can help to provide positive social experiences among peers and pave the way for the development of supportive peer relationships (Currie 2016).

2.5.4 The Role of Peers in Inclusive Education

Research identifies correlations between adolescent friendships and increased social competence with greater life satisfaction which underscores the value of developing positive peer relationships as part of social and emotional programmes at post primary school level (Bagwell, Kochel, and Schmidt 2015; Platos and Wojaczek 2018). As documented in previous research (Petrina *et al.* 2017; Ashburner *et al.* 2020), supportive friendships in adolescence can promote a sense of belonging and acceptance within a peer group which in turn can enhance students' self-confidence and emotional wellbeing. However, adolescence is also regarded as a particularly influential time for stigma experiences, as normative psychosocial development during this period of maturity emphasises group uniformity, often resulting in less tolerance for individual differences such as the differences associated with neurodivergence and autistic characteristic traits (Humphrey and Hebron 2015; Berkovits, Moody, and Blacher 2020). Extant research suggests the pertinence of friendships and having access to positive peer support as protective factors in mitigating the risk of peer victimisation both in neurotypical (Kendrick, Jutengren and Stattin 2012) and autistic students (Cappadocia *et al.* 2012). Hebron and Humphrey (2014) contend that students with a well-established friendship group are more likely to be able to call upon their friends as advocates in situations where peer victimisation could arise and consequently are less likely to experience bullying. However, the research also shows that autistic adolescents tend to have fewer friendships which increases their vulnerability to victimisation and bullying (Mañano *et al.* 2016; Spain *et al.* 2018).

Research examining the prevalence of bullying among the autistic student population, indicates that autistic students are at a significant higher risk of victimisation than neurotypical peers or peers with other SENs (Zeedyk *et al.* 2014). For instance, a review of 17 international studies carried out by Maïano *et al.* (2016) elucidates that nearly one in two school-aged autistic students is susceptible to becoming a victim of physical, verbal or relational school bullying. Furthermore, research suggests that vulnerability to bullying increases in adolescence, when autistic students' social challenges become more apparent to their peers in school (Ashburner *et al.* 2020). Challenges navigating the social world can mean that unintentional social indiscretions such as inappropriate comments or failure to understand sarcasm, can identify autistic students as being 'different', resulting in possible peer ridicule or rejection (Hebron, Humphrey and Oldfield 2015). In addition, intense emotional responses triggered by sensory or emotional overwhelm can prompt other students to publicly ostracise autistic students (Hebron and Humphrey 2014). While some autistic students may externalise their emotional responses to peer victimisation, others may internalise them, often leading to increased social anxiety and a fear of negative peer judgement (Spain, Sin and Freeman 2016; Altomare *et al.* 2017).

Developmental research denotes that self-understanding evolves through social engagement and self-perceptions of others (Immordino-Yang 2016; Conkbayir 2018). As children age social status and comparisons with peers contribute towards forming self-identity and because of this, positive peer engagement plays a pivotal role in the development of self-understanding and self-worth during adolescence (Tonnsen and Hahn 2015). Considering the many negative outcomes associated with poor quality friendships and the increased prevalence of peer victimisation among autistic adolescents (Petrina *et al.* 2017), some researchers advise that the focus of psychosocial support programmes should not be entirely directed at autistic students (Altomare *et al.* 2017; Winchell, Sreckovic and Schultz 2018). On the one hand including autistic and non-autistic peers in differentiated psychosocial programmes can enable autistic students to benefit from developing social interaction skills, while on the other hand non-autistic students can benefit from an enlightened understanding of autism and their autistic classmates (Humphrey and Hebron 2015).

Mentoring and befriending initiatives are common forms of peer mediated support intended to develop peer relationships in conjunction with educator guided psychoeducational instruction and

support (Travers and Carter 2021). Encouraging a peer mediated culture of support in which all participants are perceived as mentors holds the potential to foster a collective realisation that everyone involved in the psychosocial programme can play a supportive role (Chang and Locke 2016). According to Bradley (2016), being a peer mentor can positively influence autistic students' sense of self-worth among their peer group. Similarly, in the case of participating non-autistic students the findings of Bradley (2016) suggest a greater appreciation of neurodiversity and tolerance of difference. Peer mediation arrangements can offer a wide variety of different modes of supports, including one-to-one, small group or whole-class peer support (Carter *et al.* 2020). Moreover, as students gain experience and confidence working together within the psychoeducational programme, their reliance on adult support can be gradually faded out to allow for more peer-to-peer support (Chang and Locke 2016; Platos and Wojaczek 2018). The current PAR study will incorporate a culture of peer mentoring within the differentiated FRIENDS programme, involving group support from autistic peers during the implementation phase, followed by group support involving non-autistic peers during the generalisation and maintenance phase of learned CBT skills.

2.6 Conclusion

Following a review of the extant literature, it is clear that with appropriate adaptations CBT is a promising psychotherapeutic approach to use with autistic young people without an intellectual disability. However, to date there is a dearth of research examining school-based differentiated CBT facilitated by educators. Furthermore, there exists a paucity of qualitative research exploring autistic adolescents' experiences of group CBT and the way in which the different components of the differentiated support programme can impact their emotional understanding, self-regulation and social competence. Considering the previously reviewed literature and the national educational directive aimed at educators to support students' emotional wellbeing and mental health needs within mainstream and special educational provision (DES 2019; NCCA 2023), further exploration of CBT as a psychoeducational approach among autistic students is warranted. Chapter 3 will present this study's chosen theoretical paradigm and provide justification for incorporating a PAR case study into the research design.

3. Methodology Chapter

3.1 Introduction

This chapter provides a critical overview of the theoretical paradigm underpinning the methodological design of the study. Following a brief reminder of the research questions, this chapter justifies the chosen qualitative research pathway and presents the rationale for embedding a Participatory Action Research (PAR) case study within the research design. The preceding rationale for the context and the participants of the study will be explored. The research methods used in collecting the data will be explained and the phases of the action research described. The advantages of the research approaches will be highlighted and the methodological limitations suggested. This chapter will outline the approach to data analysis and document other important aspects of conducting research. These include sections on the reflexive positioning of the researcher, the credibility and reliability in supporting the study's findings and the ethical considerations involved in carrying out this research.

3.2 The Research Questions

Maxwell (2005) remarks that research questions are an integral and driving feature of the research paradigm. The primary research questions underwriting and shaping this study's research paradigm are as follows:

What influential aspects of the differentiated CBT programme:

- affect autistic adolescents' responses to group CBT?
- impact autistic adolescents' emotional regulation skills?
- promote changes in autistic adolescents' social and emotional competency?

These research questions stem from the researcher's quest to better understand the emotional vulnerabilities of autistic adolescents and whether CBT as a psychoeducational support is beneficial when implemented by educators. The purpose of this study is to capture the voices of all participants (autistic adolescent students, parents, teacher and researcher) to ascertain their personal experiences and perspectives of group CBT. In doing so, this research aims to establish the contributory aspects of the support, particularly the methods of differentiation introduced into

the universal programme that impact autistic adolescents' responses to CBT as a school-based programme.

The core objective of the current study is to give autistic young people a voice in the research process and empower them to express their views in relation to their social and emotional experiences. Therefore, this study is designed within a participatory research framework that embraces active engagement, enabling students, parents and educators to work collectively as a group. Fielding (2004) concurs that any potential for transformative change resides in groupings that value child-participants' understandings and decisions with sincerity and legitimacy. The chosen research design adopts a PAR case study that offers authenticity and a voice to all participants (Kemmis, McTaggart and Nixon 2014).

3.3 Theoretical Paradigm of the Study

3.3.1 An Epistemological Position of Interpretivism

A paradigm is the lens through which the researcher views the social world being studied and how meaning will be derived from collected data (Kivunja and Kuyini 2017). There are two fundamental research paradigms referred to as positivism and interpretivism. Positivism assumes that the social world can be studied objectively in which methods of natural science can be apportioned to social science (Thomas 2017). On the other hand, interpretivism as a paradigm views the social world as socially constructed by people, emulating multiple subjective realities which are complex and ever changing (Thomas 2007). As postulated by Hirtle (1996), the interpretivist paradigm is intricately associated with the view of researchers unlocking boundaries of enquiry through self-reflection and not by unquestioned acceptance of existing knowledge.

A central endeavour in the realm of social interpretative research is to understand social experience. Douglas (1973) characterises the interpretivist paradigm with a profound concern for the individual. And so, in order for the researcher of the current study to truly understand the social phenomenon in question, she needs to accept the "centrality of subjectivity" and uphold the position of "insider" or co-participant (Thomas 2017, p. 112). A fundamental tenet of the interpretivist paradigm is that knowledge is socially constructed which is why this paradigm is

often referred to as the constructivist paradigm (Bogdan and Biklen 1998). The overall aim of the interpretivist/constructivist paradigm is to interpret and understand the lived experiences of the participants in the study through interaction with the researcher (Cohen, Manion and Morrison 2011). Given the emphasis placed in this study on involving all stakeholders (autistic students, parents and educators) in the construction of new knowledge through shared social engagement; it was decided that a social interpretivist paradigm would accurately encompass the worldview held by the researcher regarding the development of emotional intelligence.

Approaches to educational enquiry are in fact contained in qualitative, naturalistic and interpretative research (Cohen, Manion and Morrison 2011; Bryman 2016). Interpretative research takes the ontological position of relativism, the view that reality is subjective and individually constructed and shaped by our own unique life experiences (Guba and Lincoln 1994). The researcher's ontological stance on the issue of emotional competency stems from a belief, shared by Goleman (1996), that emotional intelligence is affected by a complex interrelationship between the individual child and those in their home, school, and wider community. This viewpoint accentuates an epistemological preference for an interpretivist/constructivist paradigm to be adopted when exploring the outcomes of participants' personal experiences of school-based group CBT. Interpretivism assumes a subjective epistemology, meaning that the researcher draws understanding from their own reflexive thinking and interpretation of data which is informed by their interactions with participants (Kivunja and Kuyini 2017). The premise being that the researcher constructs knowledge socially as a result of personal experience and exposure to the research context (Punch 2005). In this regard, the current study explores the participants' experience of the My FRIENDS Youth (CBT) programme (Barrett 2012); firstly, through the perspectives of those being studied (autistic adolescents), and secondly through those facilitating the programme and generalising the skills (special class teacher and parents) in partnership with the researcher.

3.3.2 Limitations of the Interpretivist Paradigm

The recognition that practitioner-researchers play a central role in the social world being researched in interpretative research ensues certain limitations (Cohen, Manion and Morrison 2011). One critical limitation of an interpretative research paradigm is the potential power of the researcher to impose their own definitions of social situations upon participants (Bernstein 1974). Moreover, two interlinked disadvantages of interpretative research relate to the prospect of the researcher's bias infiltrating the study and role negotiation. Balancing the role of practitioner-researcher with the role of co-participant in an educational environment are conflicting roles when the researcher is co-facilitating the study with another educator. De Laine (2000) indicates that diverse role positions which are inevitable in naturalistic fieldwork can give rise to both ethical and moral dilemmas for the practitioner-researcher and necessitates ongoing self-reflection, negotiation and resolution. Hitchcock and Hughes (1995) emphasise that there are many strains in conducting fieldwork because the researcher's own beliefs may impact on the maintenance of balance between subjective involvement and objective reasoning. Walford (2001) implies that the researcher may have little opportunity to negotiate roles, as they are restricted by the expectations of those being researched. As suggested by Walford (2001), the researcher in the current study endeavoured to assume a neutral position during discussions with participants.

Another drawback of an interpretive research paradigm is its failure to recognise the power of external forces (such as cultural or societal prejudices), which according to Layder (1994) may influence the understanding and interpretation of behaviour and particular events. In the case of the current study, the participants' subjective bias, grounded upon their own personal beliefs, traditions and societal influences, would have played a role in determining their views of the CBT programme. Furthermore, Bryman (2016) identifies that involvement of the researcher within the research project may affect participant behaviour by way of trying to impress, avoid or influence the researcher. The term 'Hawthorne Effect' in research refers to the psychological effects that arise out of participation in social research (de Amici *et al.* 2000; Cohen, Manion and Morrison 2011; Bryman 2016). This type of reactivity can contaminate research interventions because participants may alter their behaviours and responses due to their awareness of being observed and questioned for the purpose of a research project (de Amici *et al.* 2000). To counteract the likelihood of reactivity and the threat of subjective bias permeating the data, the researcher of the current

study remained self-reflective and demonstrated reflexivity throughout the research process. Reflexivity denotes a practice whereby the researcher attempts to make explicit how intersubjective elements can affect the credibility and reliability of the study's findings (Finlay 2002). At all times the researcher was conscious of her positionality and influence during the research process, owing to her close proximity with the participants involved in the research project (Hammersley and Atkinson 1983). Moreover, the lengthy duration of the study (5 months in total) helped to weaken the impact of the 'Hawthorn Effect' and strengthened the authenticity of participants' engagement with the researcher.

3.4 Reflexivity in Interpretative Research

Reflexivity is broadly understood to entail a commitment to identifying and contextualising the researcher's personal motivations, knowledge and experience in relation to the research phenomenon under investigation (Finlay and Gough 2003). Reflexivity is mainly concerned with the role of the researcher as an "active agent" in the production of knowledge (Trainer and Bundon 2021, p. 707). Interpretivist researchers engage in subjective practices and as such bring their own set of assumptions, perspectives and experiences into the research process. Researcher subjectivity in turn affects how their experience of the research process pervades their analysis and interpretation of the data (Braun and Clarke 2022). Consequently, researcher subjectivity is associated with much scepticism on account of it being viewed as a source of data contamination through bias on the part of the researcher (Gough and Madill 2012). However, for many researchers like Braun and Clarke (2022) as well as Gough (2017), researcher subjectivity can be reframed as a resource which holds the capacity to enrich the research process and the study's findings. Gough (2003) recommends that in order to practice reflexivity, researchers must invest in one or more of the typologies of reflexivity.

There are many different forms of reflexivity to choose from depending on the study's aims, focus and paradigmatic underpinnings (Wilkinson 1988; Finlay 2002). For the purpose of the current study the researcher engaged in three core methods of reflexivity: (i) introspective reflexivity, a practice of using self-understanding to make connections between knowledge and participant-researcher shared experiences of the research project; (ii) intersubjective reflexivity, a practice of

reflecting on the researcher's subjectivity in relation to participants, and (iii) mutual collaboration, a practice of recognising participants as co-researchers where all involved in the research project contribute to the construction of knowledge. This places emphasis on both researcher and participant subjectivity (Trainor and Bundon 2021). For instance, in the current study participant subjectivity was accommodated when the researcher sought participant feedback on interview and focus group transcripts. The researcher invited all participants to keep a journal of their personal experiences of the research project and to refer to it during focus group meetings (Gough and Madill 2012). In addition, a copy of a working draft of the findings chapter was shared with participants and any suggestions made were taken into account before the chapter was completed. Such practices are often referred to as member checking or participant validation methods (Lincoln and Guba 1985; Birt *et al.* 2016).

Hill and Dao (2021) describe the tensions that arise when researching subject matters that are deeply connected to the researcher, most specifically when the researcher perceives themselves as an insider in the research context. In the case of the current study the researcher viewed herself occupying dual roles of outsider and insider. Her professional background in education lay in the primary sector with a strong passion for special education. The setting of the study took place in a post primary school where the researcher was unknown to staff members but known to some students since their time in primary school. While initially the researcher was positioned as an outsider, her active involvement in the PAR research project positioned her as an insider. As suggested by Gair (2012), in transitioning into the role of insider the researcher's positions as academic outsider and participant insider become less and less distinct over time. In reality, outsider-ness and insider-ness are by no means binary or static positions, instead they are much more fluid and can shift depending on the specific context and nature of the research project (Greene 2014). Therefore, researchers with outsider/insider positions must be very aware of the roles they assume and more especially, according to Hill and Dao (2021), the ways in which those roles may influence the research process, data collection and analysis.

The act of reflexivity as described by Hamdan (2009) is the process of researching oneself within the lens of who we are as researchers and members of the research context. Being reflexive requires "including the researcher in what is being studied and being accountable for one's own actions in

this regard” (Frisby *et al.* 2005, p. 369). Critical self-reflexivity forces us to come to terms with our multiple identities, and reflect on our own positionality, influence, and biases as researchers (Stoudt, Fox and Fine 2012). Keeping a written account of interactions, observations and personal reflections helped the researcher to provide a level of transparency in her thought processes and surface interpretations. Indeed, Trainor and Bundon (2021) highlight the benefits of unpacking, analysing and reflecting on one’s role in the production of knowledge. Another way of managing researcher subjectivity is to fully embrace participant involvement throughout the research project (Gough and Madill 2012). In the current study, the research design was informed as much by the participants as by the knowledge guiding the researcher. The development and planning for interviews and focus group meetings as well as the differentiation of the My FRIENDS Youth programme was a joint venture, involving both adult and student participants.

3.5 Credibility and Reliability in Interpretative Research

Validity and reliability are conceptualised as credibility, rigour and trustworthiness in interpretative research (Golafshani 2003; Guba and Lincoln 2005). Gilgun (2006) posits that a reflexive stance is vital in defending the integrity and credibility of interpretative research and incites the significance of demonstrating research transparency. As illustrated in the previous section, observing researcher reflexivity entails active self-reflection on how personal experiences of the research context can affect the research outcomes, in terms of relationships with participants, and also in terms of how the data is collected and analysed (Ravitch and Mittenfelner-Carl 2021). Reliability in interpretative research, as suggested by Winter (2000), can be accomplished through a number of interconnecting credibility measures: (i) the integrity and scope of the data compiled; (ii) presenting the findings through rich descriptions and remaining in the field for a prolonged period of time. Furthermore, as Bryman (2016) notes, collecting data at different intervals across a number of weeks and months can help mitigate the chances of the Hawthorn Effect.

Furthermore, triangulation is an indispensable credibility measure for establishing reliability in interpretative research (McMillan and Schumacher 2006). In the current study, incorporating a modality of research methods (interview/focus group meetings and visual excerpts from journals) from different data sources (student, parent, teacher and researcher) allowed for data triangulation.

Guba and Lincoln (1994) underscore the pertinence of the inclusion and representation of all participant perspectives in regard to the authentication of data. Indeed, maintaining fidelity to participants' experiences and their individual voices while simultaneously implementing an evidence-based approach to data collection and analysis adds to the study's rigour and reliability. It is therefore important that the researcher demonstrates a balanced representation of findings and justifies her findings using direct citations from participant transcripts (Creswell 2009). To establish the criterion of trustworthiness, Lincoln and Guba (1985, p. 316) advise that researchers should undertake creating an "audit trail". Keeping a reflexive journal helped the researcher to chronicle summaries of events and behaviours, note initial and major turning points in her thinking and record any revisions to research methods in real time during the study (Bell and Waters 2018).

3.6 A Qualitative Research Pathway of Enquiry

Qualitative research is a pathway of enquiry that prioritises the complexities and subjectivity of the lived experiences and values of the individuals being studied (Ravitch and Mittenfelner-Carl 2021). The role of qualitative researchers is to attend to the relational aspects of research, including how the dynamics of power and identity shape the research process, the data and the findings (Josselson 2013). In essence, qualitative researchers are interested in meaning and meaning making which involves a deep investment in understanding how individuals make sense of their lives and experiences. According to Gonzales *et al.* (2008), qualitative research gives a voice to participants and investigates issues underlying behaviours. Interpretations of social situations give rise to meaningful data which is content related and context dependent (Ravitch and Mittenfelner-Carl 2021).

Researchers such as Goodall (2015) and Harrington *et al.* (2014) assert that qualitative research can impact educational research and future policy by providing autistic young people with a means to voice their academic, social and emotional experiences as they navigate the educational system. As recognised by Goodall and MacKenzie (2018) and echoed widely by other researchers (Humphrey and Parkinson 2006; Danker, Strnadová and Cumming 2016; Milton 2017), autistic children and adolescents are being marginalised within educational research with research enquiry conducted on rather than with them. Pellicano *et al.* (2014) concur that involving the autistic

community in educational research ensures that: (i) the research specifically addresses real-life issues concerning autistic students; (ii) educational supports are tailored to meet individual students' needs, and (iii) the research findings are more likely to be useful and sustainable for the autistic community as a whole.

Research into the perceptions of educational supports for autistic children largely relies on data taken from parents, prompting researchers such as Baric *et al.* (2016) to argue that not enough efforts are being made to incorporate the student perspective. Although the perspectives of parents are important, omitting the views and experiences of their autistic children can lead to research only illustrating a partial picture on how such support mechanisms may or may not be impacting their children's developing skills. Harrington *et al.* (2014) and supported by Ellis (2017) postulate that some researchers may be reluctant to involve autistic children on account of perceived method challenges arising from associated difficulties with social, emotional and communication skills (APA 2013). However, as Goodall (2020, p. 56) argues, to deny autistic children their voice by positioning them as "too difficult" to involve in research, not only denies them their human rights as children (Lundy 2007) but limits our understanding as educational researchers.

Qualitative research involving autistic children should not be avoided simply because it poses challenges. Indeed, the main advantage of children participating as co-researchers according to Bradbury-Jones and Taylor (2015), is the insider perspective they bring to the research endeavour. Engaging children as participants in qualitative research guarantees that the findings are grounded in the perspectives and experiences of children themselves, as opposed to relying on adult interpretations of their perspectives (Bradbury-Jones and Taylor 2015). The significance of gathering and considering the perspectives of autistic children is not just an ideology. It reflects developments in children's rights, and a shifting attitude towards perceiving children as active participants rather than passive statistics in research (Lundy and McEvoy 2012; Lundy 2018). In fact, qualitative research methods of enquiry enable children to contribute to decisions concerning their lives that would otherwise be made on their behalf by not including them in the decision-making process (Daniel and Billingsley 2010; Winstone *et al.* 2014).

Whilst the significance of including the voices of children in research is no longer doubted (Lundy 2018), debate still surrounds the best research methods to use when eliciting children's perspectives (Lewis and Porter 2004; Harrington *et al.* 2014). For example, some common methodological challenges regarding the use of interviews with children include issues related to gaining gatekeeper's permission; communication difficulties, and a lack of creativity in research approaches to meet the diverse needs of children (Lewis 2009; Conn 2015). Ellis (2017) remarks that it is not the issue of communication difficulties that creates the barriers to participation, but rather the choice of communication methods. By valuing a modality of expression (including non-verbal and augmentative forms of communication), barriers that could prevent some autistic children from expressing their views can be removed (Ellis 2017). Hence, it is critical that qualitative researchers adopt child-centred research methods to support the diverse needs and abilities of autistic children (Lundy and McEvoy 2012). As a consequence, this will prevent the risk of researchers overlooking their rights to participate in educational research (Milton 2014; Danker, Strnadová and Cumming 2016). As insisted by Lundy (2018) children own a lawful right to have their views integrated into research. Thus, taking an active rather than passive role in the research process presupposes the adoption of inclusive participatory methods in qualitative research projects (Lundy 2018). In the case of the current qualitative study, valuing student involvement the same as adult involvement increased the autistic students' sense of agency and empowered them to voice their opinions through a modality of methods that embraced both the creative and non-verbal forms of expression alongside the more traditional verbal forms of communication (Lansdown 2011; Conn 2015; Clark 2017).

3.6.1 A Qualitative or Quantitative Research Pathway of Enquiry?

Currently research pathways examining the emotional competency of autistic children tend to use quantitative methods to determine the effectiveness of psychoeducational interventions. Conn (2015) contends that autism research maintains an over-reliance on biomedical discourse premised on data collected from standardised measures of assessment which are scored relative to neurotypical developmental norms. According to Vasa *et al.* (2018) several issues restrict the development and enhancement of effective social and emotional supports for autistic children. One such issue often referenced by clinical researchers relates to the lack of appropriate quantitative psychosocial measures of assessment for autistic children (Ozsivadjian, Knott and Magiati 2012;

Kerns *et al.* 2017; Vasa *et al.* 2018). Much of the extant CBT research benchmarks its effectiveness among autistic children based on anxiety reduction levels (White *et al.* 2014; Kreslins, Robertson and Melville 2015; Ung *et al.* 2015; Wood *et al.* 2015; Kerns *et al.* 2016; Solish *et al.* 2020). These clinical studies utilise quantitative measures of standardised assessments, and consequently, the results may not accurately reflect the specific ways in which anxiety presents in autistic children.

Undertaking quantitative measures of assessment using standardised diagnostic measures limits our understanding of emotional development in autistic children. Indeed, many clinical practitioners recognise that the presentation and triggers of emotional dysregulation in autistic children may be notably different from those of neurotypically developing children (Swain *et al.* 2015; Duvekot *et al.* 2018; Conner *et al.* 2020). Such idiosyncratic presentations of emotional responses may not be captured by existing standardised measures (Goodall 2020). Understanding more about how autistic children and their families experience, think, and cope with emotional challenges, could inform the development and implementation of psychosocial supports for this cohort of young people in our schools (Ozsivadjian, Knott and Magiati 2012). Given the limitations of quantitative methodologies, the current study chose to use qualitative methodological approaches to explore the social and emotional competency of a sample group of autistic adolescents and how group CBT as a support may be helpful in developing emotional resilience.

3.6.2 Limitations of Qualitative Research

As documented in the literature, there are no set rules in qualitative research regarding sample size (Ravitch and Mittenfelner-Carl 2021). Patton (2002) explains that sample size depends on a number of factors, such as the nature of what the researcher wants to find out, the purpose of the enquiry, and what is achievable within the time constraints of the study. The goal of qualitative research is not to generalise findings and as a result sample size is much less pertinent. In qualitative research, the primary pursuit of the research project is to rigorously, ethically, and thoroughly answer the research questions to achieve multi-perspective understandings and insights that are contextualised (Ravitch and Mittenfelner-Carl 2021). Guba (1981) suggests that transferability is the way in which qualitative studies can be applicable to broader contexts. While qualitative researchers would not claim that their work can be generalised to other people or

settings; they would suggest that others could learn from their studies and adapt some of the findings to their own practices (McNiff 2017). Transferability in qualitative studies is achievable when rich descriptions of the social context are provided, so that research audience can make comparisons to other similar contexts based on the information provided in the findings (Guba 1981).

While a quantitative research pathway of enquiry, involving a large sample of participants would endorse the generalisation of findings; it would not afford the same level of latitude in examining the scope of knowledge within the study's findings. In qualitative research the findings are not meant to be generalised to populations but rather to theory. Bryman (2016) notes that it is the quality of the theoretical inferences presented in the findings which are critical to the scale of theoretical generalisation. Unlike quantitative research, qualitative research allows for flexibility and unanticipated results. Cohen, Manion and Morrison (2011) describe how different elements may come into focus within the research period and interact with each other in different ways and at different times. An advantage of qualitative research is that it constitutes a flexible design approach that preserves the researcher's capacity to refine the research design to complement the emerging realities of the participants being studied (Thomas 2017). As suggested by Ravitch and Mittenfelner-Carl (2021), this quality of adaptability is paramount in upholding the authenticity of participants' experiences as they engage in the research process with the researcher.

3.7 Research Design

3.7.1 Case Study Research

Qualitative studies are commonly associated with case study research as they provide a detailed examination of a particular case (Bryman 2016). Case studies follow the interpretive qualitative paradigm because they quintessentially investigate an exclusive context related to specific cases in order to develop a greater understanding of the participants (Yin 2018). Case study research has the capacity to capture unique features that may otherwise be lost in larger scale quantitative research (Nisbet and Watt 1984). Hitchcock and Hughes (1995) outline two fundamental features of case study research applicable to the current study. Firstly, case study research provides a comprehensive description of events relevant to the participants involved in the research project

and allows for an in-depth analysis of their individual experiences. Secondly, case study research focuses on individuals/groups of participants and seeks to understand their perspectives of events. One of the advantages of case study research is that it can observe the effects of an intervention in real-life contexts and provide researchers with an analytical framework to reflect on human relationships within a chosen field of research (Yin 2009).

Case(s) may be chosen not because they are unusual but because they offer a fitting context for certain research questions to be answered (Bryman 2016). According to Yin (2012), if the research questions are either descriptive (what is happening) or explanatory (how and why something is happening) then a case study design approach is applicable. The current study is considered an exploratory case study rather than a descriptive, wherein the participants' individual experiences of CBT were explored and analysed (Yin 2012). An exploratory case study seeks to go beyond description by establishing an understanding of the case against the setting of its context (Yin 2009). This study presents a single case study containing no element of comparison; set within a mainstream post primary school with two well-established special classes located in the midlands of Ireland. The purpose of this single case study is to observe changes in the autistic participants' social and emotional competency resulting from their participation in group CBT facilitated by their special class teacher.

3.7.2 Limitations of Case Study Research

There exists a criticism among the research community that case study findings cannot be generalised to a broader level (Denscombe 2017; Bell and Waters 2018). As purported by Thomas (2017, p. 151) "we can learn no general lessons from things that happen only once". As a result, issues related to case selection bias and subjective findings are considered as limitations of case study research (George and Bennett 2005; Creswell 2009). However, Bryman (2016) highlights that incorporating the use of multiple research methods from different sources and exercising reflexive practice can help to counterbalance researcher subjective bias influencing the analysis and interpretation of data.

3.7.3 Participatory Action Research

Within the case study design the researcher adopts a PAR approach because of it being a constructivist approach that prioritises participants' experiential knowledge in making transformative change (Kemmis, McTaggart and Nixon 2014). PAR involves the shared collaboration of researcher(s) with a population of interest to help solve a particular problem or develop an intervention (Lofman, Pelkonen and Pietila 2004). This research approach encompasses an epistemological and methodological approach that encourages young people to enter research enquiry and become actively involved in research projects alongside adults (Cammarota and Fine 2008; Kemmis, McTaggart and Nixon 2014). Conn (2015) recommends that research into the social and emotional experiences of autistic young people should be naturalistic and take a wide perspective of various social contexts (home, school and local community) to garner a holistic understanding of both their competencies and their difficulties. Cruddas (2007) describes PAR with children as a process of making shared understandings within a discursive space. Kemmis and McTaggart (2005) refer to PAR as a form of collective reflection undertaken by the participants with the intention of improving and reforming individual participants' social experiences.

Two different methods may be adopted when developing a research project using a PAR approach. One method involves the researcher having a predetermined concern and working collectively with the stakeholders/participants to devise a support programme. The second method involves the researcher suggesting an evidence-based programme and working in partnership with participants to modify it (Nastasi *et al.* 1998). In the case of the current study, the latter method applied where the researcher suggested the My FRIENDS Youth programme (Barrett 2012) with the view to differentiating it in partnership with the participants. At its core, PAR is motivated by a desire to understand and enhance the social and emotional world of the participants by supporting them make positive changes in their lives (Kemmis and McTaggart 2005). PAR is a method used to develop educational supports that take into consideration the experiences and suggestions of the cohort of individuals directly impacted. Thereby, as a responsive approach to educational research, PAR promotes stakeholders buy-in because the action process is designed to address the mutual needs and goals of participants (Ostmeyer and Scarpa 2012).

Qualitative action research is a “systematic study that combines action and reflection with the intention of improving practice” (Cohen, Manion and Morrison 2007, p. 297). PAR supports a democratic process through which “researchers and co-inquirers” share responsibility for the research endeavour (Ravitch and Mittenfelner-Carl 2021, p. 18). PAR recognises that not all participants need to be invested in the same actions. For example, the role of researcher can be defined as guide, facilitator and summariser of knowledge (Weiskopf and Laske 1996). In PAR three steps parallel those of traditional research - design, implementation and reflection, with participants actively involved in each of these steps in a purposeful manner. PAR is essentially about participants thinking for themselves, making their own choices and reflecting on the consequences of their actions (McNiff 2017). Interviews and focus group meetings can be utilised to provide feedback to help differentiate the chosen programme as well as to reflect upon its overall effectiveness (Ostmeyer and Scarpa 2012). Lewin (1946 cited in Thomas 2017, p. 154) describes PAR as research leading to social action, using a spiral of steps with each step consisting of a cycle of reflection and planning, implementation and evaluation. This cyclical process of implementation followed by critical reflection and appraisal is depicted in Figure 3.1.

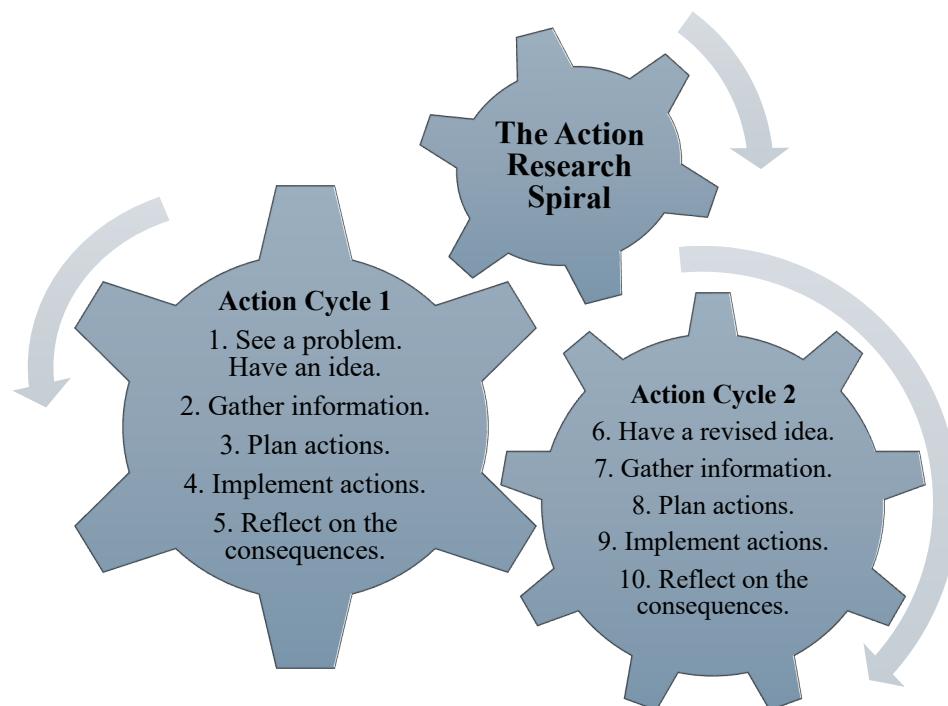


Figure 3.1 The Action Research Spiral

Source adapted from Kemmis, McTaggart and Nixon (2014)

3.7.4 Limitations of Participatory Action Research

Whilst upholding the qualities of flexibility and richness of data, PAR can be criticised for being biased and ungeneralisable (Denscombe 2017). The concept of reactivity is central to action research due to the researcher's position as insider/co-participant within the research process (Denscombe 2017). The researcher as co-participant may be affected by the "Halo Effect" especially when the participants are familiar (Cohen, Manion and Morrison 2011, p. 246). This term in research refers to the researcher's faith in the honesty of participants' contributions which may lead to aspects of participant data being discounted. Equally, the researcher may be affected by the "Horns Effect" which by contrast refers to the researcher's belief in the possible fabrication of participants' contributions which again may lead to aspects of participant data being overlooked (Cohen, Manion and Morrison 2011, p. 246). To counteract issues of researcher subjectivity influencing data interpretation, the researcher practised intersubjectivity reflexivity, exercising self-critical scrutiny in combination with observing participants' behaviours as objectively as possible.

Another limitation of action research pertains to the changing of participants' behaviours and attitudes. Action research can be viewed as a way for educators to gain greater understanding of their students' needs and explore different ways in which transformative change may be achieved (Efrat Efron and Ravid 2020). However, practitioner-researchers may experience resistance to suggested pedagogical changes which may affect the action research process and the subsequent outcomes of the study (Hutchinson and Whitehouse 1986). As noted by McNiff (2017), PAR is a dialogical, relational and inclusive process. Hence, this epistemological position underscores the pertinence of the democratic base underpinning PAR. Accordingly, in the current study when the researcher encountered any level of resistance to trying out new ideas, she remained cognisant of upholding a democratic standpoint, valuing individual participants' rights to autonomy and having their views listened to and respected.

3.8 Purposive Sampling

Qualitative research strives to provide a context-rich account of specific populations and locations and therefore purposive sampling is necessary (Bryman 2016). Purposive sampling means that participants are purposefully chosen to participate in research for specific reasons due to personal experience, knowledge of a specific phenomenon or occupying a specific location (Thomas 2017). In qualitative case study research, the purpose of case sampling is to present unique cases that have their own intrinsic worth (Onwuegbuzie and Leech 2007). For the purpose of this study, the researcher chose purposive sampling because it placed emphasis on the exclusive distinctiveness of the cohort of children in question (autistic adolescents attending an Irish post primary school) and their supportive adults (parents and educators).

3.8.1 Participants

The researcher set out to form groupings with a maximum of six participants. The rationale for suggesting a maximum of six participants per group is supported by relevant literature. According to Bryman (2016) small groups are advised when participants are highly involved and emotionally invested in the topic under investigation. Morgan (1998) recommends smaller groups when the focal point of discussions involves participants sharing their personal views and experiences. Peek and Fothergill (2009) purport that smaller groups are more likely to run smoothly and be less demanding on the researcher to moderate. Bourne and Winstone (2021) suggest that smaller groups create the opportunity for greater engagement and diversity of opinion among participants.

Students

2nd year students (aged 13-15 years) with a diagnosis of autism were approached to participate in this study. Students were invited (i) on account of their diagnosis (ASD Level 1 - without an intellectual disability), and (ii) because they attended mainstream post primary education with full/partial access to specialised teaching and support. Students were also selected based on their age profile because the recruited school annually implemented the My FRIENDS Youth programme among 2nd year students. Secondly, the choice of age profile demarcates a gap in the literature exploring older autistic children's responses to CBT. As recognised by Wood *et al.* (2015) and supported by McLaughlin and Rafferty (2014) and Adams, Simpson and Keen (2018),

research investigating CBT among autistic adolescents is notably scarce. In total eleven students attending the enlisted post primary school setting met the criteria to participate in the study. However, due to timetabling and personal issues, only three autistic students from the Junior Special Class received parental consent and assented to participate in the study. A copy of the student information letter and assent form are presented in Appendix 8 and 9.

Educators

In total two educators were invited to participate in the current study. These included the Special Educational Needs Co-ordinator and the Special Class Co-ordinator. Their selection was based on their educational roles in providing additional and specialised support to autistic students accessing mainstream post primary education. One educator, the Special Class Co-ordinator and special education teacher of the Junior Special Class consented to participate in the study. Like the researcher, she had completed the relevant CBT training from the National Educational Psychological Service (NEPS) of Ireland to deliver the My FRIENDS Youth programme. In addition, she was teaching Junior Cycle SPHE and integrating aspects of the My FRIENDS Youth programme into the mainstream 2nd year curriculum. Apart from her familiarity with the FRIENDS programme, her specific educational roles strengthened her position as the main facilitator of the differentiated small group FRIENDS programme. A sample of the teacher information letter and consent form are presented in Appendix 3 and 4.

Parents/Guardians

As supported by extant research (Rotheram-Fuller and MacMullen 2011; Kester and Lucyshyn 2018; Perihan *et al.* 2020), parental involvement is deemed critical to the generalisation of CBT concepts and skills and for this reason the parents/guardians of the autistic students were selected as participants in the current study. Although both parents/guardians were invited to participate in the current study, only the mothers (in total 3 parents) consented to be participants. Appendix 5-7 present copies of the parent information letter and consent form as well as the parent consent form to allow their child's participation in the study.

In respect of person anonymity, participating educators are referred to by title, the students by their chosen pseudonyms and their parents by number. Table 3.1 provides an overview of the study's eight participants.

Table 3.1 Participants of the Study

Educators/ Facilitators	Students	Parents/Guardians
<ul style="list-style-type: none"> • Teacher • Researcher 	<ul style="list-style-type: none"> • Steve • Garfield • Pop 	<ul style="list-style-type: none"> • Parent-1 • Parent-2 • Parent-3

According to Ellis (2017), engaging parents and educators in qualitative research provides a greater contextual understanding of the children's experiences. A key finding of Ellis' (2017) study noted that while autistic children's participation in the research contributed towards an enhanced understanding of their social experiences; this understanding was further enriched by having their parents and educators as participants as well. Equally, Conn (2015) argues that the differential subjectivity in autism calls for a methodological approach that encompasses shared interpretations, involving different sources (students and adults) engaging with the researcher. Hence, in the current study the reason for involving adult sources (parents, special class teacher and researcher) is not to obtain their interpretation of student perspectives, but rather to complement the students' views and broaden the understanding of their shared social and emotional experiences in the home, school or community setting whilst participating in group CBT.

3.9 Data Collection Methods

The triangulation of different data methods from different sources is regarded as an effective way of demonstrating credibility and rigour in qualitative research (Brannen 2005; Schwandt 2015). With this in mind, the researcher availed of semi-structured interviews and focus group meetings with educators and parents. By way of practising reflexivity, the researcher recorded her

observations and reflections in a journal and suggested the same to other adult participants. Student data was collected periodically through semi-structured focus group meetings and concurrently through reflection journals.

3.9.1 Student Focus Group Meetings

An interpretative framework using qualitative methodologies is often used in research involving children (Christensen 2004). Qualitative methods of data collection rely on making person-person contact where communication is typically verbal, questions are direct, and understanding is collective (Greene and Hogan 2005). However, researching the social world of autistic children may necessitate the adoption of augmentative forms of communication to be interwoven into the person-person contact (Winstone *et al.* 2014; Fayette and Bond 2018). The challenge in qualitative research is to find research methods that provide different modes of communication which support autistic children express their opinions (Wang *et al.* 2011; Conn 2015). The responsibility lies with the researcher to choose data collection methods that best enable autistic children participate in research projects despite having inherent difficulties with social communication skills (APA 2013; Harrington *et al.* 2014).

Creative methods have helped to introduce a modality of data collection methods into qualitative research enquiry (Colucci 2008; Barrow and Hannah 2012; Goodall 2020). Creative methods of engagement can serve as interpretivist tools in supporting autistic children provide meaning to their lived experiences (Greene and Hogan 2005). Indeed, creative methods have that advantage over conventional methods because they actively involve children in the analysis and interpretation of their elicited knowledge (Greene and Hogan 2005). In contrast to conventional methods which facilitate “knowledge gathering”, participatory methods can generate a “process of knowledge production” between the researcher and child participants (Greene and Hogan 2005, p. 254).

The Mosaic approach developed by Clark and Moss (2001) brings together different qualitative research methods, both participatory and conventional, in order to elicit the views and experiences of children. Although first devised to use with young children, the Mosaic approach can be adapted to use with adolescents, adults and individuals with SENs (Clark 2017). Research methods are chosen to play to the strengths and interests of participants. Methods are usually hands-on and

therefore, not overly reliant on the spoken or written word. As described by Clark (2017, p. 34), “a mosaic is an image constructed of many individual pieces which need to be brought together to make sense of the whole”. Likewise, in research the Mosaic approach offers autistic children the opportunity to demonstrate their views through a modality of different methods. Each chosen method contributing a piece to their overall picture or perspective. Clark (2017) contends that the merging together of different methods provides the researcher with a much more detailed impression and understanding of participants’ perspectives.

In keeping with the interpretivist principles of how meaning and knowledge are socially constructed, the researcher of the current study saw focus groups with the students as an ideal methodological approach for her action research project. Focus groups are socially oriented and prioritise active engagement among participants (Krueger and Casey 2015). More specifically, activity-oriented focus groups were deemed appealing as the integration of participatory methods would make discussions more engaging and offer students different ways to respond to the researcher’s questions (Colucci 2008; Bourne and Winstone 2021). As such, the current study incorporated a Mosaic approach through the adoption of semi-structured focus group meetings with the students at pre- and post-programme implementation (Appendix 11). Student focus group schedules were discussed with the teacher in advance of meetings to ensure suitability of chosen tasks and topics for discussion. The researcher’s chosen Mosaic framework included the following data collection methods; a reflective journal, drawing/cartooning, image/movie elicitation, hands-on discriminatory tasks and group discussion.

Reflective Journals

The use of a reflective journal enables qualitative researchers collect visual and written data from the perspective of each participant (Efrat Efron and Ravid 2020). As discussed by Humphrey and Lewis (2008), journals provide a less intrusive methodological alternative to participating in interviews. Rich and meaningful data from participants’ personal viewpoints and reflections can be garnered from journals (Thomas 2017). Journals allow participants record their experiences in real-time throughout the course of the study (Humphrey and Lewis 2008). Concurrent observations can then be used to validate data retrieved from focus group meetings (Ravitch, Mittenfelner-Carl 2021).

Drawing

Coates (2002) asserts that drawings can enable the expression of thoughts and feelings which can sometimes be difficult to articulate into words. The meaning depicted in drawings is understood through listening to the child describe and interpret what they have illustrated (Kearney and Hyle 2004). Drawing tasks allow participants the opportunity to contextualise and form meanings from their personal experiences (Kearney and Hyle 2004). Drawings can be used as a catalyst for engagement, providing a concrete focus to the interaction between the researcher and child participant (Greene and Hogan 2005). Wall *et al.* (2013) recommend the use of speech and thinking bubbles in helping children demonstrate metacognitive awareness and emotional expression. Consequently, it is important to note also that in some cases drawing tasks may be perceived as daunting for some children as they may feel a lack of competency (Kearney and Hyle 2004; Greene and Hogan 2005). By way of mitigating individual participants' reluctance, Kara *et al.* (2021) suggest completing drawing tasks in groups. Goodall (2020) advises offering participants alternative choices (verbal, written or digital) to address an aversion to drawing.

Image/Movie Elicitation

As proposed by King, Williams and Gleeson (2019), engagement in group discussions can be enhanced by using innovative research methods that appeal to autistic children's interests and preferred learning styles. Visuals such as photographs or video clips can help bring a shared focus to discussions and encourage dual communication between the researcher and child participants (Fletcher-Scott 2015; King, Williams and Gleeson 2019; Kara *et al.* 2021). In the current study the use of emotive photographs in conjunction with the visual of a 'Feelings Thermometer' (Barrett 2012), promoted student engagement and demonstration of emotional knowledge. Similarly, movie elicitation tasks promoted student interest and engagement. Students were shown video clips from familiar movies and asked to discern the characters' emotional states and suggest possible solutions for the characters' social and emotional problems.

Hands-on Discriminatory Tasks

Apart from promoting positive social interaction, hands-on discriminatory tasks encourage participants to justify their viewpoints which in turn incites group reflection and debate. According to Bourne and Winstone (2021), discriminatory tasks can make perspective taking more accessible

for autistic children, enabling them process reasons why the perspectives of others can differ from their own. In line with a constructivist approach, listening to different perspectives can serve as a transformative learning experience for participants (Bokhorst-Heng and Marshall 2019). Browne (2016) concedes that by using a discriminatory task to demonstrate personal views, group discussions are made less personal and more concrete. Moreover, Bourne and Winstone (2021, p. 359) suggest the use of “sticky notes” to help encourage reluctant participants share their views anonymously during group discussions. In such incidences, the researcher can collect the participants’ written contributions and rewrite them onto a display board for a group discussion.

The ‘Diamond Ranking’ and the ‘Labels and Baskets’ tasks are two examples of hands-on discriminatory tasks used in the current study and evidenced in the student post-intervention focus group follow-up review schedule (Appendix 11). Diamond Ranking is a recognised thinking tool used for eliciting child participant knowledge and facilitating group discussions (Rockett and Percival 2002). Diamond Ranking as a participatory method enables children construct and interpret information (Clark 2012). As suggested by Clark (2012), the Diamond Ranking task supports children to play an active part in the production of knowledge and allows for a natural sharing of opinions and suggestions. In the current study, the students were given a set of nine different cards representing some of the relaxation exercises experienced during the implementation phase. Using these cards, the students created the shape of a diamond by placing their most enjoyed relaxation exercise at the top, followed by the next two, middle three, leading to the exercises they least enjoyed at the bottom. The ‘Labels and Baskets’ task was an adapted version of Goodall’s (2020, p. 72) “Labels and Pots” discriminatory task. Three baskets labelled ‘True’, ‘Not True’ and ‘Unsure’ were placed in the centre of the group circle. The students were each given a set of statements printed on coloured paper. The purpose of the coloured paper was to enable the researcher to identify and record participants’ individual viewpoints post participation in group CBT. On reading each statement, the students placed it in the corresponding basket which represented their point of view. Each statement prompted a collective reflection of the participants’ chosen perspectives.

Visual Communication and Interviewing Techniques

Literature providing autobiographical accounts reveals that autistic individuals predominantly possess a visual style of thinking (Lawson 2011; Grandin 2014; McNulty 2020). As postulated by Ekman and Hiltunen (2015, p. 641), visualised language approaches can help make “the invisible” in conversations more concrete and easier to follow for autistic participants. To support the autistic students’ engagement and understanding, the researcher in the current study placed a strong emphasis on incorporating visualised language methods (drawings, use of photographs, images and metaphors) into individual, paired and group tasks. Lewis (2009) and Bauminger-Zviely (2013) recommend the use of closed rather than open-ended questions to help support autistic students’ receptive language skills and engagement in discussions. To support the students’ emotional regulation needs, they were given a ‘Break Card’ to use at any time during group meetings (Harrington *et al.* 2014; Krueger and Casey 2015). Fidget objects were also provided and left at hand for students’ ease of access (Bogdashina 2016). Meetings opened with an overview of the schedule so that students were aware of what to expect during the session and could pose questions in relation to the suggested tasks outlined (Attwood and Garnett 2013).

3.9.2 Limitations of Student Focus Groups

A key advantage of group interviewing with children is that it encourages interaction between group members as well as direct interaction with the researcher (Basch 1987). Group interviewing can help to redress the power imbalance which exists in one-to-one interviewing (Greg and Taylor 1999). Moreover, group discussions as highlighted by Greg and Taylor (1999) are generally less intimidating for children. Nonetheless, the imbalance of power between the adult researcher and child participants in group interviewing can be challenging to overcome and so it needs to be recognised, and strategies put in place to mitigate its effects (Kostenius 2007). The position of both researcher and teacher can impact child-participant responses. Winstone and colleagues (2014) note that some autistic students may assume researcher questions necessitate conclusive answers. By way of addressing this assumption, the researcher endeavoured to remind students that there were no definitive right or wrong answers to posed questions and that all opinions and suggestions were valid and welcomed in group discussions. The research space can offer a helpful means to redress the power imbalance when interviewing children (Lundy 2007). In the case of the current study, group meetings with the researcher were held in the students’ special class, a relaxed and

informal classroom environment where they all felt comfortable (Brinkmann and Kvale 2015). Having their special class teacher present during focus group meetings provided another layer of security and supported the students self-advocate their needs (e.g. sensory or emotional). The seating layout for group discussions was normally arranged in a semi-circle configuration to help create an inclusive assemblage for engagement. In addition, the students were offered a choice of different modes of sitting (beanbag, peanut ball, rocking chair, plastic or cushioned chair). Respecting student agency and autonomy helped to create a more positive rapport with the researcher. Students were made aware of their rights to participate or not during focus group meetings (Howe and Moses 1999). Being aware of their autonomy to decline contributing during group tasks helped the students participate at their own pace and comfort level.

Equally the issue of peer-to-peer power relations needs consideration (Lundy and McEvoy 2012; Kellett 2011). For instance, power dynamics may need to be managed when dominant personalities monopolise discussions. To combat the power dynamic struggles which is a disadvantage of focus group meetings, Greene and Hogan (2005) advise researchers to engage the group in co-constructing the ground rules for group meetings. Another limitation of group interviewing relates to participants sensing an obligation to conform to the group consensus in a discussion. In this regard, Bearison (1991) suggests that listening to participants on their own terms without judging them supports their internal voices to become louder over time. A further issue of contention to note is that facilitating activity-oriented focus groups is far more time consuming than conventional focus groups. Winstone *et al.* (2014) point out that regardless of whether materials are prepared in advance, the inclusion of participatory tasks results in more lengthy sessions for all involved. Therefore, time is an important factor to consider when planning for activity-oriented group meetings. Indeed, sometimes the researcher divided meetings into two separate sessions (phase 1 and 2) to allow for increased flexibility, sensory breaks to be taken, and adequate time to be allocated for the completion of tasks.

3.9.3 Adult Interviews and Focus Group Meetings

The objective of the shared discursive framework in PAR is to empower participants to voice their views on the chosen support programme and encourage constructive interaction between the facilitators and the participants (Kemmis and McTaggart 2000; Denscombe 2017). As the main facilitator of the differentiated FRIENDS programme, the researcher decided that the teacher should be present in all interview/focus group meetings (students and parents). In addition, teacher data was periodically collected through separate one-to-one interviews with the researcher (Appendix 13). This PAR project followed three cycles of action and subsequently involved three cycles of data collection: (i) baseline at pre-programme, (ii) midway, and (iii) post-programme. Semi-structured parent focus groups with facilitators took place pre-programme to determine a baseline of each student's level of social and emotional competency.

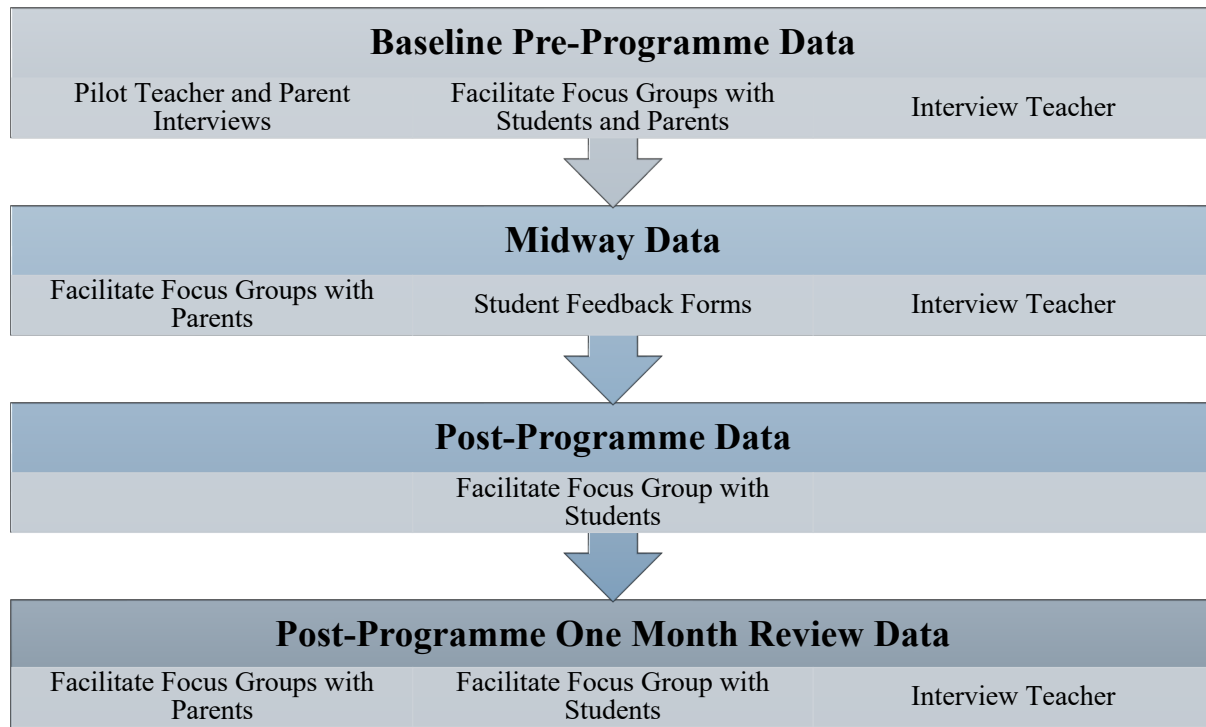
Parents were then offered the option of having fellow participating parents included in their focus groups at midway and post-programme (Appendix 14). Due to one parent's work commitments, two separate parent focus groups with facilitators took place at midway and post-programme. Similar to student focus groups, a confidentiality agreement was set up and signed by parents. Meeting together in groups stimulated discussion and created a conducive environment for gathering information, reflecting on student progress and pinpointing necessary adaptations to the programme. While parent focus group meetings allowed the researcher to develop an understanding of individual perspectives, they also allowed for a collective parent perspective to be established. Moreover, group discussions stimulated participant-participant engagement, enabling the researcher to play a less prominent role in the interview process (Bell and Waters 2018). By way of redressing the power dynamic between the researcher and adult participants, the researcher practised intersubjective reflexivity and promoted mutual collaboration in the pursuit of knowledge and understanding (Gough 2017). Implementing the PAR study over a lengthy duration and collecting data at different times within the five-month period strengthened the authenticity of adult participants' engagement with the researcher. Of note also, the researcher initiated a proactive action to mitigate the risk of power imbalance between the teacher and parent participants. On the advice of the research supervisor, the researcher purposely stayed in the school environment after focus group meetings ended and the teacher had left to go to her next class.

Subsequently, parent participants had the opportunity to further discuss and expand their personal perspectives and experiences of the CBT programme without the teacher present.

Silverman (2001) concurs that interviewing in qualitative research enables researchers obtain an in-depth understanding of participants' beliefs, behaviours and social experiences. However, Hayes (2000, p. 395) remarks that although focus groups are beneficial in acquiring multi-layered perspectives and understandings, participants in smaller groups may feel "socially constrained" and at times may refrain from openly sharing their personal views in discussions. Kvale (1996) observes researcher subjective bias as a major limitation to interview data, noting that there could be as many different interpretations of the data as there are researchers. One mechanism of controlling the reliability of interview data is to put in place a structured interview framework (Seidman 2013). On the one hand, semi-structured interviews/focus groups provide a format for the discussion with participants. The prepared question schedule guides the conversation and helps the researcher to remain impartial.

The question schedule ensures that fair process is exercised with all participants. Distributing question schedules among adult participants in advance of interview/focus group meetings can maximise participant confidence and afford them time to reflect on questions or seek clarification on suggested topics (Preece 2009). On the other hand, semi-structured interviews/focus groups provide researchers with a level of autonomy which structured interviewing would not allow for (Seidman 2013). A semi-structured approach to interviewing gives researchers more flexibility in relation to questioning, allowing for responses to be further probed and expanded (Efrat Efron and Ravid 2020). Question schedules for student, teacher and parent interviews/focus groups were specifically designed to have similar themes and topics for discussion to enable the researcher compare and draw connections when analysing the accrued data (Brinkmann and Kvale 2015). Finally, to help gauge the timing and appropriateness of the adult interview/focus group topics and questions, two separate pilot interviews were conducted with the researcher's work colleagues at baseline pre-programme implementation. Question schedules for interview/focus group meetings at midway and post-programme stages were discussed and co-edited with the research supervisor. Table 3.2 outlines the stages of data collection within the PAR project.

Table 3.2 Stages of Data Collection



3.10 Phases of the Action Cycles

For the purpose of the current study the researcher chose the My FRIENDS Youth programme (Barrett 2012) because she had received the relevant training in its delivery from NEPS and had familiarity with implementing it among autistic students. This universal emotional resiliency programme is based on the principles of CBT and particularly designed for primary and post primary students aged 12-16 years. The programme aims to enhance students' emotional understanding, regulation and resilience skills (Barrett 2012). The programme offers flexibility in its delivery and encourages active parental involvement. Of note also, the programme does not necessitate any clinical assessment or diagnosis and avoids labelling children as anxious or different (Barrett 2012). In the current study the teacher was the main facilitator of the differentiated FRIENDS programme with the researcher acting as support facilitator. As suggested by Barrett (2012), implementation of the programme's 10 sessions was broken up into two phases (Action Cycle 1 and 2) across two academic terms. As illustrated in Table 3.3, sessions 1-5 of the programme were planned to be implemented during Action Cycle 1, followed by sessions 6-10 of the programme implemented during Action Cycle 2. For Action Cycle 3, the researcher was

removed from the research context and the actions facilitated and monitored by the students' special class teacher in partnership with their parents.

Table 3.3 Overview of the My FRIENDS Youth Programme

The Differentiated FRIENDS Programme Action Cycle 1	Gather information – Plan – Act (January 2023)
Session 1: Introduction to the group	To establish group guidelines and the Confidentiality Contract. To get to know group members and what the programme aims to achieve.
Session 2: Feelings – Understanding Feelings and Practising Empathy	To help students understand their feelings and identify what happens to their bodies when they feel certain ways.
Session 3: Understanding Feelings and Developing Confidence	To introduce the concept of Emotional Intensity with the use of the 'Feelings Thermometer' as a visual support. To enhance students' confidence through recognition of their strengths and develop an awareness of how they can boost the confidence of others.
Session 4: Learning to Relax	To help students become more aware of themselves, their feelings and ways to self-calm.
Session 5: Introduction to Inner Helpful Thoughts (Self-Talk Strategy)	To learn how to change unhelpful thinking into helpful thinking (Cognitive Re-Structuring).
Action Cycle 2	Reflect – Gather Information - Plan – Act (March 2023)
Session 6: Your Attention Flashlight – Your Powerful Thoughts	To revise the concept of Self-Talk and how to recognise negative thoughts and positive thoughts using the ' <i>Red and Green Traffic Lights</i> '. To help students realise how thoughts, feelings and behaviours are interconnected.
Session 7: Explore Solutions and Coping Step Plans	To introduce Problem Solving Techniques and Coping Step Plans
Session 8: Another way to Solve Problems	To learn and utilise the 5-Block Problem Solving Plan
Session 9: Making and Keeping Friends	To learn how to make interactions with others a success and deal with conflict.
Session 10: Using the FRIENDS skills to Help Ourselves and Others	To introduce the students to the final two skills – Do it every day! And Stay strong inside. To encourage students to practise using the FRIENDS skills in real-life situations.
Action Cycle 3	Reflect – Gather Information - Plan – Act (May 2023)
4 Week absence of researcher input	To maintain and generalise CBT Concepts and Skills
	Reflect and Gather Information (May/June 2023)

3.11 Programme Implementation

The 10 sessions of the My FRIENDS Youth Programme were implemented over 16 weeks inclusive of school holidays with an additional 4-week period for the application of learned CBT skills to complete students' personal targets in different social settings. For the duration of Action Cycle 1 and 2 the researcher and the special class teacher worked in partnership in developing the differentiated small group version of the programme. This entailed gaining familiarity of programme content per Action Cycle, co-planning and compiling suitable resources for each session, co-teaching group sessions followed by a debrief meeting to discuss observations of students' learning and necessary adaptations to the next planned session. The researcher was only in attendance for the scheduled 10 sessions presented in Table 3.4. However, in practice the 10 differentiated sessions of the programme were implemented over 2-3 group meetings as part of the autistic students timetabled educational hours with the special class teacher (Day 1- recap of last week's session content; Day 2 - introduction of new content; Day 3 - development and consolidation of new content). The researcher's teaching role during sessions was to facilitate the circle time emotional check-in and relaxation exercise. Otherwise her role as support facilitator was to assist the teacher in teaching the new content and support student engagement in learning tasks. Furthermore, the researcher was consulted in relation to the weekly information letter to parents which was communicated by the special class teacher.

Guided by the principles of UDL (Gordan, Meyer and Rose 2014), the differentiated FRIENDS programme incorporated a modality of different teaching methodologies, resources and modes of communication as presented in Appendix 1 and discussed in Chapter 2. Prioritising the length of programme implementation and the intensity of session delivery over 2-3 consecutive days offered the autistic students increased opportunities to acquire and master the CBT concepts and skills. Establishing a predictable structure to session delivery helped to increase a sense of what to expect at group meetings. The routine consisted of group welcome, circle time emotional/energy check-in, relaxation technique, new learning concept, individual/paired/group task(s) and homework task briefing. Regarding the emotional/energy check-in, group members (facilitators and students) were invited to share their energy rating from 1-10 (1 denoting feeling sleepy and 10 denoting feeling ecstatic) and provide a reason as to their rating. The numerical aspect of the task fostered student engagement as responses could be written or verbalised. More importantly, this self-awareness

task encouraged students to recognise and express emotions in self and identify why their body was feeling low/high of energy, thereby foregrounding the theoretical assumption of CBT that emotions, cognitions and behaviours are mutually interdependent (Friedberg and McClure 2015).

In differentiating programme content, facilitators maintained the sequence of sessions as directed by Barrett (2012) and focused on the key CBT concepts underpinning each session in tandem with integrating the autistic students' strengths, special interests and preferred learning styles (including the use of art and technology, animation and movie video clips, excerpts from familiar books, drama improvisation/role-play and group participatory learning tasks). Further to this, incorporating the use of hands-on materials and visuals created by the students themselves proved very effective in encouraging active engagement in learning tasks. Teaching abstract concepts using relatable metaphors aided the students' comprehension and skill acquisition. Selected metaphors included the 'Feelings Thermometer' to teach emotional awareness and self-regulation skills; 'Traffic Lights' to teach cognitive re-structuring skills; 'Trapped Thinking' to teach awareness and management of intrusive cognitions, and 'Balanced Thinking' to teach perspective-taking skills (Stallard 2002; Barrett 2012). Throughout the implementation of the differentiated FRIENDS programme, emphasis was placed on developing the autistic students' social and emotional understanding, listening to different perspectives and engaging in collective problem-solving. Affording ample time to practise and rehearse the social communication skills needed for social challenges in addition to giving the students copious opportunities to discuss possible coping responses helped to prepare them for exposure tasks in real-world situations. Consequently, the facilitators slowed the pace of content delivery from Action Cycle 1 onwards.

Table 3.4 Overview of the Differentiated FRIENDS Programme

Session	Learning Outcome	Content
Session 1: Introduction to the group	To establish group guidelines and the Confidentiality Contract. To get to know group members and what the programme aims to achieve.	Circle Time: Emotional/Energy Check-in Relaxation Technique: Square Breathing Exercise Rationale of the Group Explain the purpose of the FRIENDS group Establish Group Guidelines and Confidentiality Contract Homework Task: My Personal Goals for the Programme
Session 2: Feelings – Understanding Feelings and Practising Empathy	To help students understand their feelings and identify what happens to their bodies when they feel certain ways.	Circle Time: Emotional/Energy Check-in Relaxation Technique: Body Scan Exercise Introduction to Step 1 of FRIENDS: F = Feelings Identifying Feelings and Understanding Body Clues – Body Template Task Homework Task: Random Acts of Kindness
Session 3: Understanding Feelings and Developing Confidence	To introduce the concept of Emotional Intensity with the use of the ‘Feelings Thermometer’ as a visual support. To enhance students’ confidence through recognition of their strengths and develop an awareness of how they can boost the confidence of others.	Circle Time: Emotional/Energy Check-in Relaxation Technique: Finger Breathing Exercise ‘Feelings Thermometer’ Anxiety: Intensity Levels 1 - 6 Confidence Building Group Task Homework Task: Being a Friend to Myself My Emotional Wellbeing
Session 4: Learning to Relax	To help students become more aware of themselves, their feelings and ways to self-calm.	Circle Time: Emotional/Energy Check-in Introduction to Step 2 of FRIENDS: R = Relaxation Training
Session 5: Introduction to Inner Helpful Thoughts (Self-Talk Strategy)	To introduce the concept of Self-Talk and learn how to change unhelpful negative thinking into helpful positive thinking.	Circle Time: Emotional/Energy Check-in Relaxation Technique: Mindful Moment: Give Me 5 Introduction to Step 3 of FRIENDS: I = Inner Helpful Thoughts Introduce the Traffic Light Visual (Red & Green lights) to support cognitive re-structuring Homework Task: Positive Affirmation Statements
Session 6: Your Attention Flashlight – Your Powerful Thoughts	To revise the concept of Self-Talk and how to recognise negative thoughts and positive thoughts using the <i>‘Red and Green Traffic Lights’</i> . To help students realise how thoughts, feelings and behaviours are interconnected.	Circle Time: Emotional/Energy Check-in Relaxation Technique: Visualisation Exercise Review the FRIENDS skills: Feelings, Relaxation Strategies and Inner Helpful Thoughts Homework Task: Setting Achievable Social Targets

<p>Session 7: More Attention Flashlight – Thought Changers</p>	<p>To increase students’ awareness of their Inner Thoughts when feeling different emotions. To alert students’ attention to the effect of ‘Red and Green Thoughts’ on their feelings and behaviours. To discuss the importance of ‘<i>Being a Friend to Yourself</i>’ and taking care of your emotional wellbeing (<i>Self-Care Choice Wheel Task</i>).</p>	<p>Circle Time: Emotional/Energy Check-in Relaxation Technique: Mindful Moment Video Self-Reflection Task: My Emotional Wellbeing: How to be a ‘<i>Friend</i>’ to myself? Review Step 3 of FRIENDS: I = Inner Helpful Thoughts Homework Task: Random Acts of Friendship</p>
<p>Session 8: Exploring Solutions to Problems</p>	<p>To introduce the concept of Balanced Thinking when problem solving with the use of a ‘Weight Balance’ visual. To enable students identify Thinking Errors and ways to break out of ‘Negative Thinking Traps’.</p>	<p>Circle Time: Emotional/Energy Check-in Relaxation Technique: Chair Yoga Self-Reflection Task: Note 3 Challenging Situations Introduction to Step 4 of FRIENDS: E = Exploring Solutions to Problems Introduce the ‘Balance Thinking’ Strategy Homework Task: Taking Care of Me – Being My Own Best Friend</p>
<p>Session 9: Exploring Solutions to Problems and Putting Coping Step Plans into Action</p>	<p>To consolidate the concept of Balanced Thinking and the importance of perspective taking when problem solving. To practise changing Red to Green Thoughts using the ‘Recognise, Challenge and Replace’ strategy, represented on Traffic Lights.</p>	<p>Circle Time: Emotional/Energy Check-in Relaxation Technique: Rainbow Breathing Exercise Review Step 3 of FRIENDS: I = Inner Helpful Thoughts Review Step 4 of FRIENDS: E = Exploring Solutions to Problems Introduce the 5-Block Problem Solving Coping Plan with reference to exposure task – self-advocating in a public setting Homework Task: Take My Order Challenge</p>
<p>Session 10: Making and Keeping Friends</p>	<p>To support students exploring different solutions to problems, specifically in relation to their group target ‘<i>Asking for Help</i>’. To learn how to make interactions with others a success and deal with conflict.</p>	<p>Circle Time: Emotional/Energy Check-in Relaxation Technique: Star Breathing Visualisation Exercise Introduction to Step 5 of FRIENDS: N = Now Reward Yourself Review Step 4 of FRIENDS: E = Exploring Solutions to Problems Preparing the Group Target: Asking for Help Group Discussion Self-Reflection Task: Why Can Asking for Help be Challenging? Homework Task: Devise a Coping Step Plan for Asking for Help in Class</p>

3.12 Approach to Data Analysis

The philosophical meta-theories (epistemologies and ontologies) which underpin research endeavour determine the theoretical lens through which collected data is analysed and interpreted (Braun and Clarke 2022). A guiding principle for deciding on a theoretical framework to support data analysis in qualitative research is coherence (Braun and Clarke 2013). As discussed by Levitt *et al.* (2017), the research purpose, theoretical assumptions, design methods as well as the chosen approach to data analysis all need to combine in a cohesive manner to ensure methodological integrity. According to Braun and Clarke (2021), thematic analysis provides a flexible means for analysing qualitative datasets, and that despite it sharing some commonalities with other analytic approaches such as Grounded Theory, thematic analysis is a distinct method in its own right. Most notably, Reflexive Thematic Analysis (RTA) coined by Braun and Clarke (2013) reflects the meta-theories associated with an interpretivist/constructivist qualitative paradigm.

Braun and Clarke's reflexive approach to data analysis recognises the importance of the researcher's subjectivity as an analytic resource in qualitative research. In fact, Braun and Clarke (2021) argue that attempting to demonstrate researcher objectivity is illogical in qualitative research given that: (i) meaning making is understood as contextual, and (ii) the researcher's positionality is conceptualised as an information asset in the construction of knowledge rather than a threat to the reliability of analytic outcomes. Researcher subjectivity and the practice of reflexivity are fundamental characteristics of the RTA approach (Braun and Clarke 2022). Reflexivity is positioned front and centre in RTA where researchers must strive to own their perspectives (Elliott *et al.* 1999). RTA reflects "the researcher's reflective and thoughtful engagement with their data and their reflexive and thoughtful engagement with the analytic process" (Braun and Clarke 2019, p. 594). Indeed, Braun and Clarke (2022) encourage qualitative researchers to acknowledge reflexivity, subjectivity and positionality as valuable resources in the quest for knowledge.

The hallmark of RTA is its flexibility, namely in terms of sample size, data collection methods and reflexive approaches to knowledge production (Braun and Clarke 2017). In the context of the theoretical and paradigmatic underpinnings of the current study, RTA was deemed appropriate as an approach to data analysis. RTA allowed the researcher to analyse qualitative data in a manner

that respected the subjectivity of participants' perspectives of school-based group CBT, while acknowledging and embracing the reflexive influence of the researcher's subjectivity in the analytic process. Both the subjective and theoretical flexibility of RTA was also considered highly fitting for a PAR methodology (Rowley, Rajbans and Markland 2020). On the one hand, RTA addressed the variability within the different datasets (interview/focus group transcripts, visual data and extracts from journals), while on the other hand, it accommodated the interplay between researcher and participant subjectivity in the construction of shared meaning making (Byrne 2022).

As supported by extant research (Winstone *et al.* 2014; Goodall 2020; Kara *et al.* 2021), the use of participatory methods can still involve the same traditional methods of thematic qualitative analysis. Hence, all collected data from the current study was analysed and interpreted by the researcher using the RTA approach (Braun and Clarke 2022). RTA is a flexible qualitative method of data analysis which is applicable to many different types of data (Braun and Clarke, 2019), and as different types of data from different sources were utilised in the current study, flexibility was a critical agent in enabling the researcher to produce the findings. RTA as an approach to data analysis involves the researcher identifying, analysing and reporting on patterns or themes within and across collected datasets.

The analytical process initially involved transcribing all interview/focus group meetings verbatim, followed by a process of coding, spearheaded by the researcher's subjectivity. Through a reflexive approach, themes were generated by organising codes around a core commonality or "central organising concept" (Braun and Clarke 2019, p. 594). Braun and Clarke (2019) stress that codes constitute the foundation blocks for theme generation. According to the authors, the RTA coding process is open-ended and organic without the need of a coding framework (codebook) or a team of independent coders (Braun and Clark 2019). Braun and Clarke (2022) refer to the term generating themes to highlight that themes are not in the data awaiting retrieval. Instead, themes in RTA eventually develop as "interpretative stories" derived from the researcher's theoretical assumptions, understandings and their own analytic skills (Braun and Clarke 2021, p. 334). In other words, themes are analytic outputs developed through a systematic coding process and constitute patterns of meanings, anchored by a central meaning-based concept (code).

Furthermore, the generation of themes is dependent on patterns of meaning across cases (participants) rather than within individual cases (Braun and Clarke 2022). Therefore, the size of the sample group needs to be large enough to justify claims regarding patterned meanings. The current study albeit it small, convened focus group meetings with a minimum of 3-5 participants which did allow for comparisons and connections to be made. Interestingly however, Byrne (2022) contends that there may be varying degrees of conviction among participants' responses when discussing certain issues and such diverging opinions can also influence the generation of themes.

The analytic approach of the current study utilised inductive and deductive coding processes in identifying codes, leading to the development of themes. RTA as a qualitative approach to data interpretation supports both inductive and deductive coding processes (Ravitch and Mittenfelner-Carl 2021). Although qualitative data analysis is generally characterised by inductive coding processes, deductive processes may be integrated into the analytic approach (Schwandt 2015). While an inductive approach to coding data aims to stay as close to the raw data as possible, a deductive approach specifically analyses data with the research questions in mind or the researcher's prior knowledge of the subject matter. Both semantic and latent coding processes were utilised by the researcher. Semantic coding refers to the identification of surface meanings within the data, while latent coding goes beyond the descriptive level to identify hidden meanings, ideas or associations within and across data sources. In essence any component of data can be double coded in accordance with the semantic meaning communicated by a participant and the latent meaning interpreted by the researcher (Patton 2002). An excerpt from a coded transcript, illustrating the researcher's surface meanings and interpretations of participant data is included in Appendix 16.

Activity-oriented focus groups were implemented in the context of group discussions with the intention being to supplement verbal responses and researcher-student engagement (Clark and Moss 2001; Colucci 2008). As such, the content of visual or written tasks did not constitute the main focus for generating themes, but rather the dialogue their completion evoked (Winstone *et al.* 2014). Colucci (2008) outlines that data collected by the means of participatory methods can help capture elements which may otherwise be left undetected if questions were posed in a conventional interviewing format. As recognised by Goodall (2020), the analysis of participatory

tasks can provide extra sources of data to corroborate findings associated with the study’s focal research questions. Visual analytic techniques were employed when analysing student drawings which typically began with writing a description of each image and then using standard methods of thematic analysis (Kara *et al.* 2021). Culshaw (2019) suggests a 3-stage analytic approach when analysing visual data: (i) the descriptive; (ii) the analytic - focusing on the significance of the content, and (iii) the interpretive stage.

The six phases of Braun and Clarke’s RTA process is represented in Figure 3.2. Although the phases are presented in a sequential order, in reality the analytic process is recursive and iterative, permitting the researcher to move back and forth through the phases as necessary (Byrne 2022). Most significantly, it is important to consider the six phases as a set of guidelines that can be flexibly applied to suit the researcher’s data and research purpose (Braun and Clarke 2022). Following transcription of data and familiarisation through reading and re-reading of datasets, a constant comparative method was employed which involved the researcher examining the data repeatedly, coding the data into more manageable feats, categorising recurring concepts into overarching themes, and then making inter-connections between themes to demarcate subthemes (Braun and Clarke 2013).

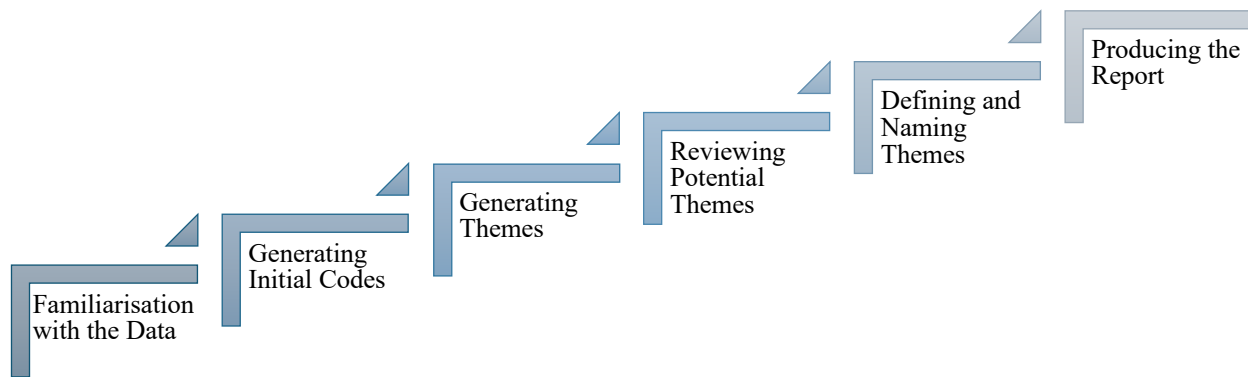


Figure 3.2 Thematic Data Analysis Framework

Source adapted from Braun and Clarke (2022)

3.13 Ethical Considerations

The researcher was guided by ethical guidelines and procedures safeguarding educational research, including respect for persons, confidentiality, informed consent/assent, and protection from harm (Butler 2000). Qualitative enquiry requires researchers to understand and interpret human phenomenon within its “value-laden” context and judge accordingly the specific ethical issues that need to be addressed (Brinkmann and Kvale 2015, p. 90). As a consequence, the role expects researchers to behave in a morally responsible manner. Brinkmann and Kvale (2015) accentuate that morally responsible behaviour in qualitative research reflects the moral integrity of the researcher; their honesty, fairness and overall commitment to the moral issues pertinent to the research context under investigation. A knowledge of ethical guidelines and procedures may help inform researchers make ethical choices, however, according to Brinkmann and Kvale (2015), the integrity of the researcher is the real decisive factor underpinning responsible research behaviour.

Ethics in qualitative research is multifaceted, contextual and relational, involving paying close attention to the procedural as well as the relational implications (Ravitch, Mittenfelner-Carl 2021). Thus, the ethical principles of respect for persons and avoiding both intentional and unintentional harm governs responsible research action (Kemmis, McTaggart and Nixon 2014). Informed consent is a keystone of ethical behaviour as it respects the rights of persons to exert control over their decision to participate in the research project (Howe and Moses 1999). Consent is informed because participants must be provided with a clear and comprehensible description of the purpose and nature of the research project and made aware of their unlimited right to withdraw their consent at any time without penalty (Kemmis, McTaggart and Nixon 2014). Locke, Alcorn and O’Neill (2013, p.113) refer to this as the “principle of communicative freedom”.

Once the researcher gained institutional consent, adult participants (educators and parents) were invited to meet with her to inform them of the PAR project. Participants were afforded time to reflect on information letters, seek further information from the researcher and to provide their written consent (samples of information letters and consent forms Appendix 2-7). In the case of child-participants, Kemmis and colleagues (2014) highlight that ethical practice requires that they have the voluntary opportunity to give or deny their assent to participate in research. Consequently,

the researcher met with the students as a group after parent consent for their participation was given. The researcher ensured that information was provided in a “respectful, accessible and transparent” manner to students as evidenced in their information letter and assent form (Appendix 8 and 9) (Ravitch and Mittenfelner-Carl 2021, p. 211). On all documentation, participants (adult and child) were informed that their participation in the research project was voluntary, and they could withdraw their consent/assent at any time without consequence (Freedom of Information Act 1997). In addition, participants were informed of the researcher’s right to publish extracts from their collected data and that all data from audio recorded interviews and focus group meetings would be completely anonymised. Participants were given the opportunity to verify transcripts and select the visual and written data that could be used by the researcher in her analysis.

This research received ethical approval from Mary Immaculate Research Ethics Committee and the researcher adhered to the relevant legal, professional and ethical standards set out in the guidelines (Appendix 10). Ethical issues pertaining to informed consent, confidentiality and beneficence were addressed and appropriate measures taken to comply with Mary Immaculate College record retention procedures.

3.14 Conclusion

Chapter 3 discussed the theoretical underpinnings of this PAR case study. The researcher provided a rationale for adopting this qualitative methodological design and suggested the advantages and limitations of utilising a qualitative research pathway of enquiry. The different methods of data collection were explored and the researcher’s approach to data analysis outlined. Issues of reflexivity, credibility and ethical considerations were also appraised in this chapter. Chapter 4 will present the findings of the current study.

4. Findings Chapter

4.1 Introduction

The findings presented throughout this chapter derive from different datasets analysed using Braun and Clarke's (2022) Reflexive Thematic Analysis (RTA) approach at four distinct time points (baseline, midway, post-programme and one month review). Analysed data from semi-structured interview and focus group transcripts as well as excerpts from the students' journals and the researcher's reflexive journal provide a rich picture of the interpreted findings. The findings are presented in terms of two central themes and their relative subthemes. In the interest of participant confidentiality, the participating students are referred to by pseudonym (Steve, Garfield and Pop) and their respective parents coded by number (Parent-1, Parent-2 and Parent-3).

Initial analysis of data generated four different overarching themes and in excess of twenty-five subthemes as evidenced in Appendix 17. On further analysis of data and consultation with research supervisor, it was decided that the initial four overarching themes could be condensed into two core themes: (Theme One) Student Social and Emotional Change, and (Theme Two) Feasibility of School-Based CBT as a Support for Autistic Students. In order to demonstrate the autistic students' social, emotional and cognitive responses to CBT over three cycles of action research, the subthemes of Theme One (Social and Emotional Change) needed to present spiralling convergences of accrued data from baseline through to post-programme one-month review stage. Figure 4.1 depicts Theme One and its subthemes that coalesced from reviewing and re-defining the previous four themes and sub-themes represented in Appendix 17.

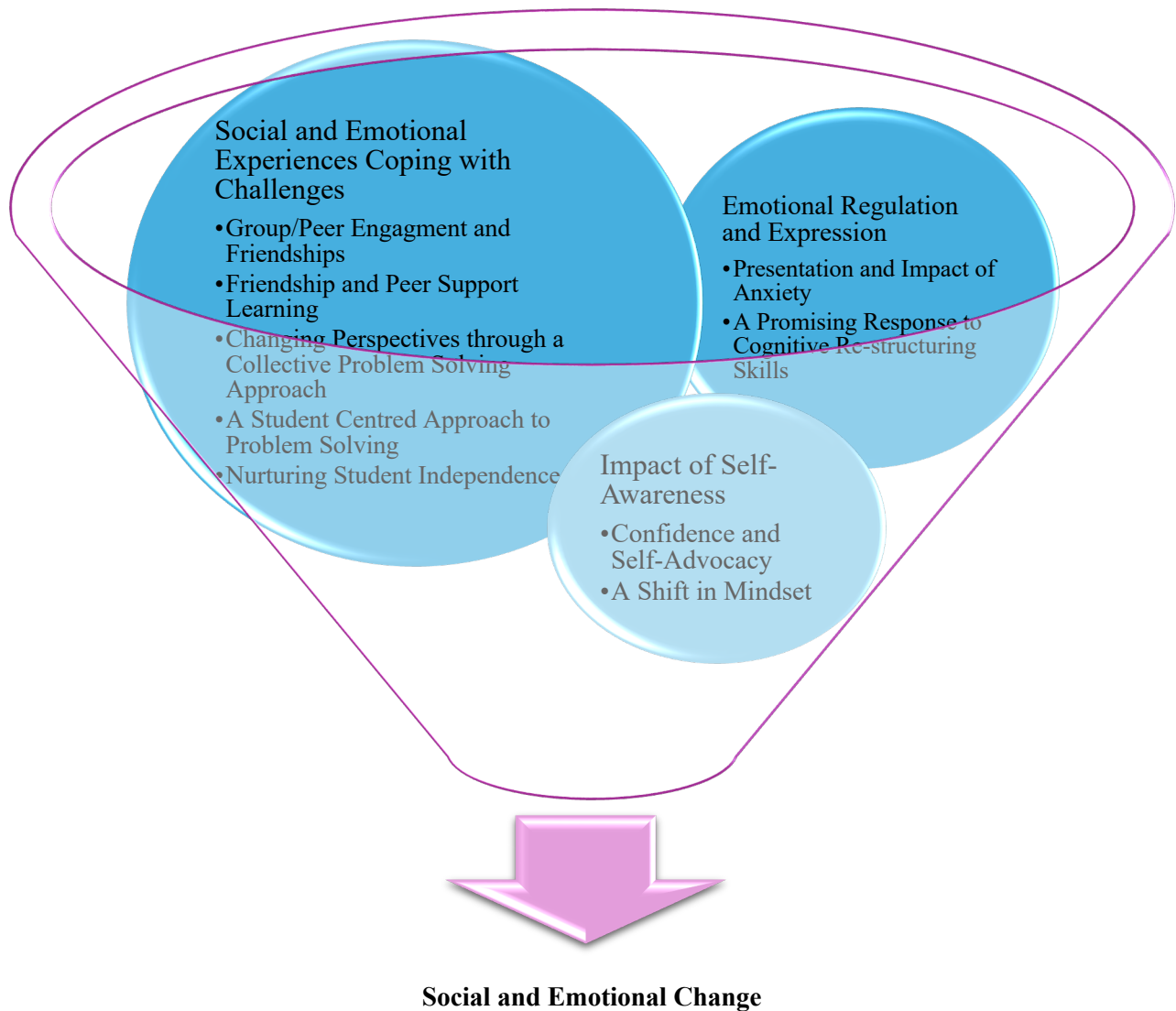


Figure 4.1 Theme One and Subthemes: Baseline to Post Programme Findings One Month Review

Figure 4.2 depicts Theme Two (Feasibility of School-Based CBT as a Support for Autistic Students) and its subthemes that emerged from further refinement of initial themes.

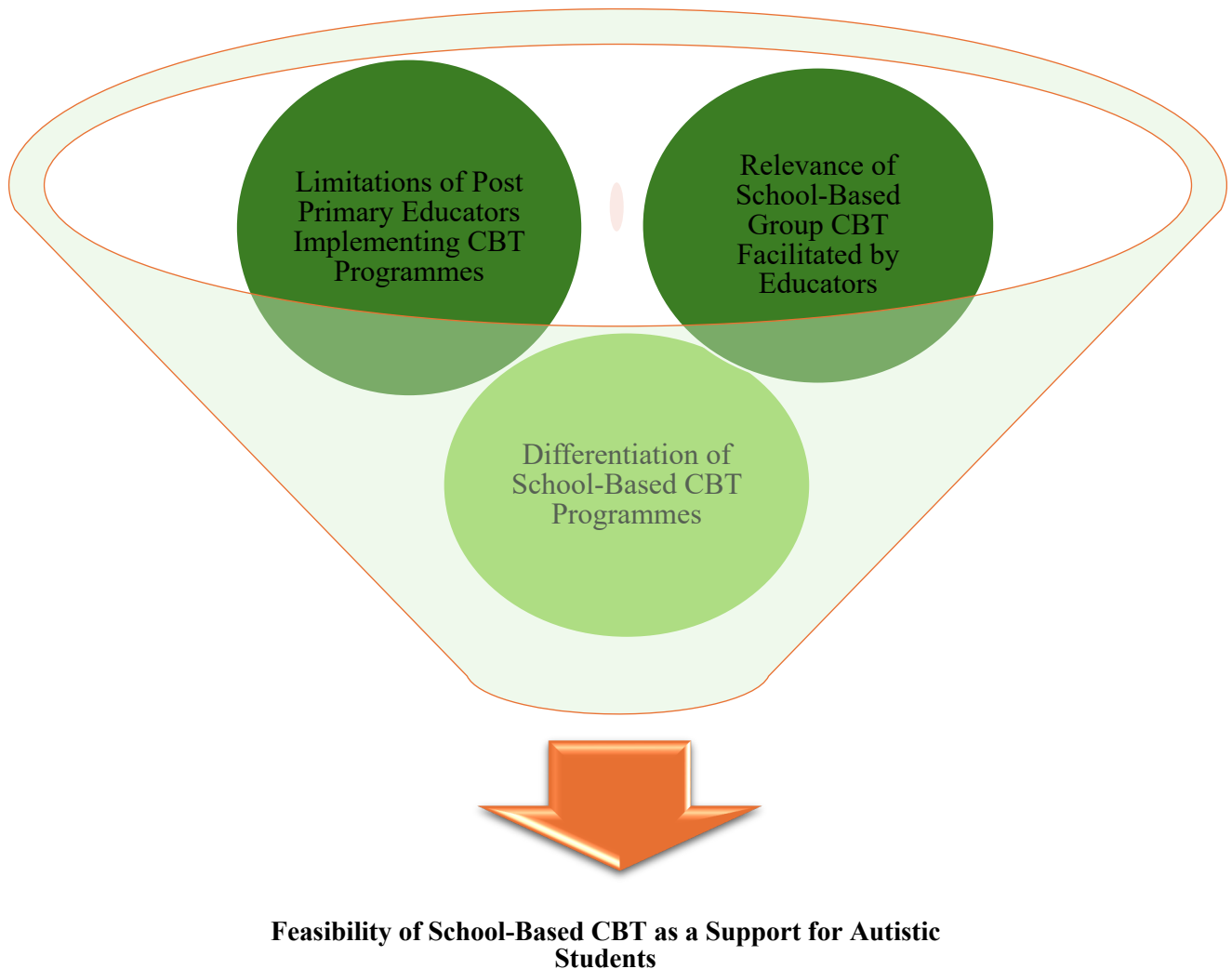


Figure 4.2 Theme Two and Subthemes: Feasibility of School-Based CBT as a Support for Autistic Students

In sum, Braun and Clarke’s (2022) reflexive analytic approach supported the researcher to identify, analyse and interpret key components within datasets from different data sources, guided by the purpose of the research and the researcher’s focal questions.

4.1.1 A Profile Summary of Student Participants

Steve

Steve's strengths and interests revolve around Science, Technology, Engineering and Maths (STEM). Steve is exceptionally competent in computer programming skills, capable of creating anti-virus software programmes and video games. He enjoys spending time gaming and interacting with online friends. Steve is multilingual. His priority psychosocial needs include emotional regulation, social communication, self-efficacy and independence skills.

Garfield

Garfield is artistic and creative. She enjoys drawing, listening to music and reading. She is a cat lover and has two indoor cats. Garfield presents with expressive language difficulties, namely selective mutism, and therefore her priority psychosocial needs include social communication, emotional understanding, anxiety management and independence skills.

Pop

Pop has a talent for cartooning, singing and jigsaw making. He has a keen interest in specific characters from books, television programmes and video games. He enjoys creating imaginary realities using figurines from his favourite animations and movies. His priority psychosocial needs include emotional regulation and anxiety management relating to a fear of exposure to certain food smells in social settings, as well as pragmatic and expressive language skills.

4.2 Theme One: Social and Emotional Change – Baseline Data

4.2.1 Overview

Theme One ‘Social and Emotional Change’ is sub-divided into four discrete sections to depict the findings within each cycle of action implemented over the five-month period of this study (January – May 2023). Under the overarching sections of Theme One (baseline, midway, post-programme, and one month review), different subthemes are discussed to present the autistic students’ social and emotional responses to school-based group CBT. The first section ‘Social and Emotional Change: Baseline’ presents the findings analysed from student focus group meetings and adult semi-structured interviews before Action Cycle 1 commenced (Appendix 11, 13 and 14) The sub-themes outlined in Figure 4.3 are discussed in this first section of Theme One.

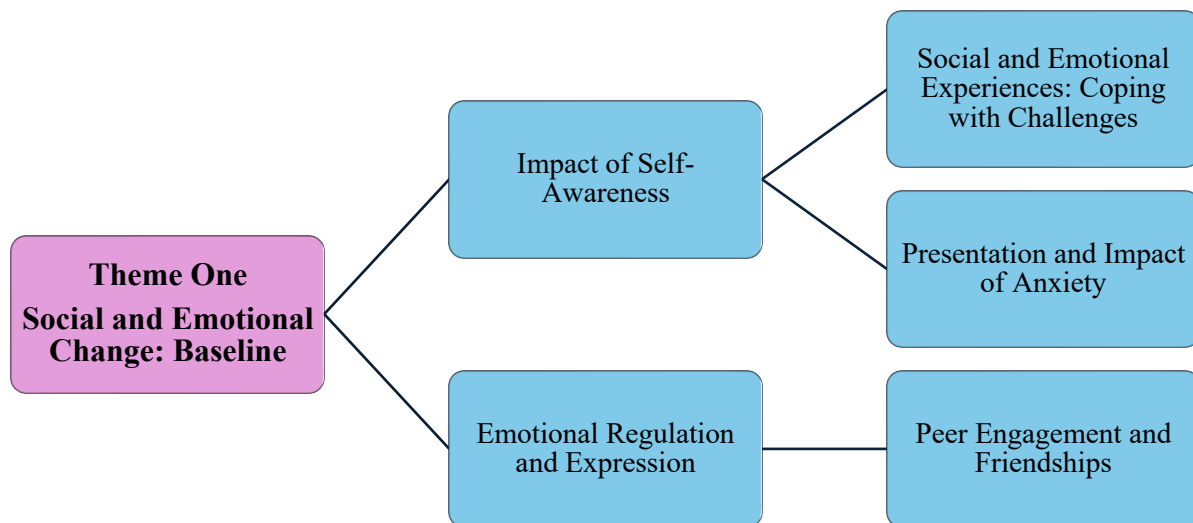


Figure 4.3 Theme One and Subthemes: Social and Emotional Change – Baseline

4.2.2 Impact of Self-Awareness

This sub-theme discusses the autistic students’ social awareness skills through adult perspectives as no baseline student data related to this facet of social and emotional competency. According to baseline findings the students’ awareness of self and others in social situations impedes their capacity to socially engage with familiar and unfamiliar adults and peers.

During her Baseline Interview (BI) Parent-1 reported her son Steve to be socially hesitant and generally uneasy in social gatherings. According to Parent-1, *“he holds back from interacting with his peers. He knows that maybe they won’t like him and he absolutely, he doesn’t like it. He will make a distance”* (Parent-1 BI). Baseline teacher data suggested that Steve can demonstrate a lack of empathy towards others. *“He would be quite vocal about not wanting to converse with somebody; not wanting to work with somebody. He would say those things and he wouldn’t mind saying them out loud”* (teacher BI). The teacher reported that Steve can sometimes be perceived by school staff and other peers as insensitive of other people’s feelings. As noted by the teacher, he can often use *“commanding language”* to express his needs and can demonstrate little regard for how his use of language can cause offence (teacher BI). Data provided by the teacher also suggested that *“he doesn’t know how to socially communicate”* with others, that he can be *“quite blunt”* in how he communicates to his teachers and SNAs and as a result his manner can be perceived as disrespectful (teacher BI). Moreover, teacher data revealed other social concerns relating to how other students in his year may lack an understanding of his commitment to adhering to school rules. In response the teacher worked on developing the concept of *“Hidden Rules”* with Steve to mitigate the possibility of negative peer judgement. *“I was doing the ‘Hidden Rules’ with Steve this week because he was inclined to be telling on other students... That’s important because you don’t want him to stand out negatively ... when he is in a group”* (teacher BI).

According to parent data Garfield is described as sensitive to other people’s feelings. Her mother (Parent-2) remarked that *“she is acutely aware of how others might think of her and is always mindful of not wanting to hurt other people’s feelings”* (Parent-2 BI). Parent-2 reported that Garfield is still learning to cope with the loss of early childhood primary school friendships. Statements provided by Parent-2 suggest that this negative social experience may be feeding into a fear of losing friends from her current friendship group. In fact, parent data suggested that Garfield’s heightened social awareness may be influencing a deep desire to fit in amongst her peers and be liked by her close friends, giving rise to a high dependency on Parent-2 for guidance on social decisions and answers to such questions as, *“what do you think they are going to think of me? If I did this, what do you think they might think? Do you think they like me?”* (Parent-2 BI). In effect, constantly trying to appease others in her friendship group is perceived by Parent-2 as

emotionally exhausting for Garfield, especially when her chosen role is group mediator, *“the one trying to fix it and then again it would be what happens if they never fix it, and they never talk to each other again?”* (Parent-2 BI). Parent-2’s data denoted that navigating the adolescent social world can be stressful and worrisome for Garfield on account of her desire to be socially accepted by her peers and friends.

Converging data from Parent-2 and teacher suggested high levels of social awareness impact Garfield’s social competence and her capacity to engage with others. According to the teacher’s data Garfield typically tries to avoid any social gathering, preferring to stay by herself on the periphery of a crowd and consequently, she can be left on her own and isolated in the mainstream school environment. On the other hand, it seems Garfield presents much more at ease in the smaller school environment of the special classes. Since enrolling in the Junior Special Class² in term 1 of 2nd year (2022), the teacher reported that Garfield has fully embraced the informality of this learning environment and the close familiarity among its community, consisting of SETs, SNAs and other autistic students. In a similar vein, Parent-2 described Garfield as her *“true self”* among her immediate family members or when she is in the company of her close friends, *“but if we go into town or if we go to a family gathering, she’s like a different person”* (Parent-2 BI). Socialising with unfamiliar adults/peers seems to be challenging for Garfield, possibly as inferred by Parent-2, due to a lack of certainty regarding social expectations and difficulties with initiating conversations and engaging in *“small talk”* (Parent-2 BI).

As reported by his mother (Parent-3), Pop is described as an emotionally sensitive and empathic child. However, data from adult interviews (Parent-3 and teacher) indicated that one of the biggest challenges for Pop is having to live with a phobia of food which affects his social and emotional competency. *“He can’t be in a place where people are eating... it’s the anxiety and the social part that is the big block for him socially because at any family gathering, he will have to be separate from everyone else and be in a separate room if there is food involve”* (Parent-3 BI). Data from Parent-3 and teacher concurred that any type of exposure to food, including the smell of food or even the mention of food in conversations, can prompt an emotional state of overwhelm (commonly referred to as an emotional meltdown). For instance, if someone were to say the word

² Autistic students aged 12-15 years completing Junior Cycle Curriculum at Post Primary School Level

“sausages”, reported as a massive triggering word for Pop, “he would start roaring crying in the class” (Parent-3 BI). In school Pop is considered a flight risk as he could “run out of the class and all the way back here [special class building] because someone mentioned food” (teacher BI). As suggested by adult data (Parent-3 and teacher), Pop’s acute social awareness may be influenced by his intolerance of certain food smells, his awareness of people’s social behaviours, and his inability to cope in environments where there might be food present. Consequently, Pop is reported by Parent-3 and teacher to avoid any social situation that might involve food. From the data it emerged that at school Pop eats alone in a designated space and returns to his classroom when lunches are put away in cupboards and the room is fully ventilated. While coping responses at home and in school mainly incorporate avoidance/preventative coping strategies, the data also suggests that these strategies may be limiting Pop’s opportunities to socially engage and increasing his social angst and awareness of others in social settings.

4.2.3 Social and Emotional Experiences: Coping with Challenges

From analysing Student Baseline Focus Group (SBFG) data in relation to positive social and emotional experiences, the findings suggest that all 3 are happiest in their own company, pursuing solitary interests in familiar environments, namely within their home or special class setting:

I feel the happiest when I am drawing and sometimes, I have music in the background when I’m doing it and it’s the same with jigsaws... I spend most of my time in the room where I do my homework... I like the room am, am, am because it is very quiet in there. And another reason I find it calm is, that I have a cat... I have a beanbag in the room and most of the time she likes to sleep on the beanbag.

(Pop SBFG)

... being with my cats... spending time with my pets ... happy...

(Garfield SBFG)

I’m happiest when I’m playing ‘Bed Wars’ with my friends. It’s an online game, and I like when you [teacher] are always talking about your stories. They make me laugh, especially when something goes wrong... Darkness makes me feel calm and happy. I like the darkness, and I like being alone.

(Steve SBFG)

Parent-2 remarked that predictability and familiarity would constitute important factors for Garfield when socialising. “She likes going to the friends’ houses. She is just comfortable with her friends and there’s never any rush to come home. And I suppose they all know her so well and so

if Garfield wants to come home at any stage, she can just say it and that's fine... Now what she does like to know is whether they are just going to stay in the house" (Parent-2 BI). It seems that Garfield's preference would be to socialise with her friends in their home environments rather than having to socialise with them in public settings. Data from Parent-2 posited that a perfect Saturday for Garfield would involve staying at home, engrossing herself in her special interests and doing her homework. Conversely, if the day consisted of having to go to town, then immediately her insecurities would be exposed, and the constant questioning would begin. It appears that routine and certainty are integral components of positive social experiences for Garfield regardless of the experience happening in the home or community setting.

Parent-3 reported that going shopping in town is generally a positive experience for Pop, so long as he has prior knowledge of the purpose, the locations, and the approximate length of time. In her data, Parent-3 explained that crowded spaces such as waterparks are usually fine, *"once there is no food around, that's the thing"* (Parent-3 BI). It seems that socialising is always contingent on the presence or absence of food, *"he is always on high alert because of food"* (Parent-3 BI). Consequently, Parent-3 reported always having to *"micro-manage"* to safeguard positive social experiences for Pop and prevent his anxiety from escalating (Parent-3 BI). It is clear from Parent-3's data that predictability is critical when planning for any social event. Parent-3 reported that there are so many variables to accommodate when planning a social trip away from familiar family and community settings. Unfamiliar settings inevitably induce parental stress which is documented in Parent-3's description of having a meal in a restaurant while on holiday and Pop sitting at a distance from his family, *"it's terrible like, I was probably more stressed than anybody because I was like, is he alright?"* (Parent-3 BI). It seems that in the shorter term an over reliance on avoidance and preventative coping strategies are the cause of much parental worry and in the longer term unrealistic to sustain as emphasised in the teacher's data. *"Yeah, and last year I would have said that these avoidance measures were interim measures and really these are life skills that Pop needs to address"* (teacher BI).

Data from Parent-2's interview suggested that avoidance strategies support Garfield's social and emotional needs, most specifically in reducing her *"anxiety in general, the social anxiety, the sense of fear when she is faced with a situation that she doesn't want to face at the moment like walking*

down the street, being out at nighttime or in crowded places” (Parent-2 BI). In her baseline data, Parent-2 pointed to the fact that Garfield *“generally doesn’t mind shopping centres, but she doesn’t like it if we go into [local town]”* (Parent-2 BI). It appears that Garfield finds the experience of shopping on shop streets stressful, possibly as suggested by Parent-2 *“because there are all these different kinds of people down the street and she is looking down here and looking down there... she just doesn’t feel safe, but she feels safer in the shopping centre”* (Parent-2 BI). Garfield’s reported anxiety in relation to shopping in town centres may be somehow linked to her dependency on having certainty of place and retaining a sense of control or predictability when socialising in community settings. Moreover, parent data indicated that even when Garfield is in the shopping centre with Parent-2, she is on high alert for a possible change. *“She would still have that bit of anxiety like that I am not just suddenly going to say that I need to nip down town for something and I don’t like”* (Parent-2 BI). A lack of certainty and anticipation of change seem to induce increased levels of anxiety when in community settings. Parent-2 reported that as a matter of course she prioritises Garfield’s needs when planning a shopping trip and typically avoids shopping in the town centre to prevent Garfield’s anxiety escalating into a state of emotional overwhelm.

Similarly, data from Parent-1’s interview demonstrated firstly the degree of social anxiety Steve experiences when shopping in his local community, and secondly his inability to leave his home environment unaccompanied. *“He has anxiety if he goes to shop. Shopping for him is very anxiety. HE CANNOT GO TO SHOP ALONE. He usually go with me or with his sister, but not alone... if I ask can you pay for these? He say NO! That’s stressful... I try push him, but he can’t do it”* (Parent-1 BI). Parent-1’s data suggested that Steve has come to over rely on adult support in all aspects of his life. However, Parent-1 expressed determination to change her parental practices as she realises that allowing Steve to avoid having to socialise independently or complete daily living tasks for himself is not preparing him for life after school. From Parent-1’s data there is some indication that she is beginning to encourage Steve to face his fear of going to the shop, *“he go to shop and I follow him in car because I was worried... he go and buy ice cream and eggs... ya, it was stressful situation for him but he had to do it”* (Parent-1 BI). In her interview Parent-1 also reported recently teaching Steve self-care skills, *“I can’t wash your hair... You have to go and wash for yourself”*, and some basic domestic skills such as washing up the dishes (Parent-1 BI). During her interview Parent-1 questioned the right time to expect Steve to be more self-reliant,

“but you HAVE to push, ya maybe HE’s not ready, next year, two years after that or never” (Parent-1 BI). From analysing the data, it seems that Parent-1’s worry for her son’s future may be a side effect of delaying his development of independence, stemming from her overinvolved parenting practices.

In sum, the accrued parent baseline data suggested a shared enthusiasm for a change in parental practices through participation in the CBT programme and working in partnership with the teacher to enhance their children’s independence and use of emotional regulation strategies in stressful social situations:

I want to do this for him because it’s very important to go and make a step to be independent and go outside from Mum... I can’t be with him always.

(Parent-1 BI)

If I can see that she can do this, it might stop me kind of going back to saying she can’t, maybe leave it for the minute, maybe she’s not ready yet. Like I know I can’t always keep micro-managing everything.

(Parent-2 BI)

The food, that’s the main issue. I always say it that Pop is going to be amazing, but we have to get over this, we have to work on this – the exposure to food and coping with the exposure.

(Parent-3 BI)

Data provided by Pop implied that avoidance/preventative coping strategies are resulting in mainly positive social experiences. When asked to share how he felt in most social settings based on his responses to the ‘*Different Situations, Different Feelings*’ task, Pop replied, *“I feel happy because I chose happy the most from all the situations”* (Pop SBFG). However, Garfield and Steve both reported feeling, *“very anxious and stressed... even phoning someone makes me very anxious* (Steve SBFG) and *“... a bit nervous... a bit nervous, yeah”* (Garfield SBFG). During the focus group meeting, Steve qualified that *“I need to be with someone in social situations so I’m not on my own... it must be a very well-known person and trusted person to remove the anxiety”* (Steve SBFG). This data would imply that Steve experiences separation anxiety in different social situations and therefore depends on family members, specifically Parent-1 when in community settings. Having a *“trusted person”* alongside him means *“I have defence”*, his confidence is supported, and he feels shielded from having to self-advocate because *“they can answer all the questions from the shop keeper and staff. Like I don’t want to get asked questions”* (Steve SBFG).

In the case of Steve, his dependency on adults to speak on his behalf is indicative of poor self-advocacy skills and a lack of confidence in community settings. Similarly, Parent-2's data suggested that Garfield has difficulty with self-advocating her needs in community settings. *"Being in the Café and going to the counter to buy something for herself, just that three minutes of interaction with someone at the counter, you can see the anxiety build up... It's just too stressful"* (Parent-2 BI).

The teacher commented in her interview that Garfield will not seek help or further explanation in mainstream classes from subject teachers and this can lead to upset and anxiety because *"she is unclear about the material being covered in class and that makes her become very anxious"* (teacher BI). Comparable teacher data was documented in relation to Pop. *"He doesn't like getting help. He might ask the SNA for help but if the SNA offers help sometimes, he will say YES, YES, I KNOW... so accepting help is an issue too"* (teacher BI). A lack of social competency coupled with an inability to self-advocate due to varying degrees of social anxiety seem to be impacting the students' capacity to function independently in school and community settings.

4.2.4 Presentation and Impact of Anxiety

Merging data from adult and student perspectives indicates that for each of the 3 autistic students anxiety is omnipresent in different social contexts. Perceptibly, the triggers of anxiety are unique to each student, however, baseline data demonstrates some commonalities regarding potential triggers of their anxiety which includes autism related triggers, school related triggers, and community related triggers.

Student data indicated two characteristic features of socialising which were identified as anxiety inducing: (i) a fear of being bullied, and (ii) different kinds of gatherings of people in community settings. *"Results of the group poster are someone physically bullying you; being in a crowded place. Two people had those situations placed as their high ones. Then we had being in a Café; being in a restaurant and going to the shops as not so high"* (teacher BI). This data indicates that the students experience high levels of fear in relation to bullying and crowded places, and lower levels of anxiety in relation to specific community locations (cafés, restaurants and shops). These findings are further substantiated by the students' written responses to the individual *'Anxiety*

Thermometer' focus group task whereby they each ranked different contexts (1-10) to identify social situations that would induce anxiety for them (Appendix 11). In the case of Garfield, she identified "hearing particular noises" and "crowded places" as her highest anxiety inducing situations, scoring them both an 8. "Being teased" and thinking "what other people think of you" were found to be her second most anxiety inducing situations, scoring them both a 7. Pop identified four situations at a level 10. These situations included "being physically hurt", "having no friends", "hearing particular noises", and encountering "certain smells such as food". Similar to Garfield and Pop's responses, Steve ranked "hearing particular noises" very high, scoring it an 8. Like Garfield, Steve ranked thinking of "what other people think of you" as anxiety inducing, scoring it a 7. Finally, Steve identified "using public transport" as extremely anxiety inducing, scoring it a 10. Student written responses indicated that all 3 students experience high levels of anxiety due to sensory sensitivities to noise and/or smell and that 2 out of the 3 students rated an awareness of peer judgement as anxiety inducing.

In respect of autism related anxiety triggers adult data pointed to the influence of sensory sensitivities and an intolerance of uncertainty. The teacher reported how the sudden noise of the fire alarm would cause Pop physical and emotional distress (teacher BI). In addition, it is noted that Pop's hyper-sensitivity to smell can result in extreme emotional reactions and cause him to miss out on subject classes. "Yeah, and if he was to walk through assembly and if the canteen had a smell of curry that might lead to him coming back here [special class building] crying" (teacher BI). In a similar vein, Parent-1's data indicated that different kinds of sounds can be very unpleasant for Steve. "Ya, screaming, like if you had a lot of people and someone start screaming, that's a trigger for him. Noise, ya, loud sounds... family shouting... a child crying... or dogs barking" (Parent-1 BI). Similarly, teacher data suggested that Garfield can find it challenging to cope in different school situations because of her sensitivity to noise and groups of people, "... the noise in the classroom... say if they were doing groups or the teacher hadn't come in, she would find that exceptionally difficult" (teacher BI). Garfield's sensitivity to noise can result in her having to leave the classroom environment for a break as she can become totally overwhelmed, "... the hammering and banging in Woodwork, you know everything is very loud in there. So then sometimes she has to come out and she has to take a break" (teacher BI).

From the teacher's data it transpired that despite being offered the use of ear defenders as a coping strategy, *"she doesn't want to wear them in class because she doesn't want to draw that attention on herself"*, which is also indicative of her self-awareness and desire to fit in and mask her autistic tendencies (teacher BI). Other data provided from the teacher's interview noted that Garfield is also *"tactile defensive"* and feels deeply uncomfortable when in close proximity to others which in turn affects teachers' interactions with Garfield during class time, *"... when the teacher would come near her then she would jump like this [gestured upper body dodging to one side]... if the teacher looked over her shoulder or stood near her, asked her a question, tried to explain, tried to help, she could become very overwhelmed"* (teacher BI). Teacher data discussed how all 3 students experience immense physiological challenge in crowds and as a coping strategy, the school put in place special accommodations for the autistic students to use alternative entrance and exit doors, *"so they are not going in [the mainstream school building] with the masses"* (teacher BI).

Parent-3 described in her interview the interconnected nature of Pop's intolerance of certain food smells with his absolute fear of encountering uncontrolled food situations which are catalysed by a ubiquitous sense of anticipation *"and it affects everything"* (Parent-3 BI). In her data Parent-3 explained that *"if it's controlled, he is more comfortable. Like if we are at home and he knows I'm going into the sitting room to eat a bag of crisps. He knows it's going to happen so he can move away. He could tolerate that but if that happened in school, he would be gone out the door because it's not controlled"* (Parent-3 BI). In support of Pop's intolerance of uncertainty, the school has different preventative strategies in place. One such preventative strategy relates to the mentioning of food during class time which some *"teachers found very stressful last year because anyone of us could mention food"* (teacher BI). All staff involved with Pop are aware of his food phobia and if for example *"they knew food was going to be coming up, they would say it to the SNA in advance"* and Pop would have the option to leave the class or wear his ear defenders (teacher BI). However, the teacher remarked an interesting point, *"that if we do the preventative thing all of the time, we are enabling him to be anxious"* (teacher BI). There appears to be a change in attitude occurring because in reality *"Pop cannot keep avoiding food"* (researcher BI).

Teacher data referred to Steve's intolerance of change and how *"he doesn't like when the routine changes"* (teacher BI). When in a distressed state the teacher described how his repetitive motor

movements increase, “... *he would cry in some classes... he would do a lot of rocking when stressed*” (teacher BI). The teacher mentioned how Steve’s dependence on his SNA can be an anxiety trigger, “*so change, if the SNA wasn’t in the room, if the SNA was absent from here [special class] for a day, he would question why*” (teacher BI). Data provided by the teacher also indicated that assigned schoolwork and Classroom Based Assessments (CBAs) induce anxiety for Steve and that he is dependent on one-to-one support from his SNA to carry out such tasks. Arguably, the data suggests that Steve lacks a belief in his own capabilities, but regardless, the data connotes that management of SNA staff within the special classes has encouraged Steve’s dependence on one SNA and this has enabled Steve’s self-perceived helplessness to persist.

For all 3 students, school related anxiety triggers are documented across the datasets with common issues associated with homework, tests, CBAs and particular subject areas. Teacher data denoted how Steve can stress about homework and can doubt whether he will “*be able to do the homework or whether the homework would take up a lot of his time*” (teacher BI). Further to this “*any subject that he has to write something creatively himself is a struggle... so History and English*” can be stressful and anxiety inducing for Steve (teacher BI). Likewise, it was reported by the teacher that Garfield and Pop experience increased anxiety in relation to school demands. The teacher noted that for Garfield homework, teacher expectation and organisation of her books present as anxiety triggers. Teacher data extrapolated that for Garfield 1st year was stressful, particularly having to do 13 subjects and on many occasions the stress became so overwhelming that she needed time-out in the special class sensory room. It is notable to mention that Garfield was not enrolled in the special class and had no diagnosis of autism at this time. Data from Parent-3 and teacher described Pop as very capable academically, noting that he “*retains information easily*” (Parent-3 BI). As a result, “*he has very high expectation of himself of what he should and shouldn’t be able to do... he does want to do well. Like in any of his tests... he would be very stressed before a test*” (teacher BI). The teacher identified Maths as an anxiety trigger for Pop which can manifest into an emotional meltdown, causing him to miss out on successive classes. Parent-3 identified homework as anxiety inducing for Pop and in her data, she implied how perceived problems can be amplified in his mind. “*Oh my God, I have FOUR THINGS to do tonight! ... then if one thing takes longer than he thinks or thought, he could kind of get really upset*” (Parent-3 BI).

Analysis of adult data (Parent-1, Parent-2 and teacher) deduced that both Steve and Garfield experience parental separation anxiety. Parent-1 provided an account of Steve's reluctance to go on the European school tour to Spain. She explained that "*living outside from Mum for him is very hard*", and so he declined to go on the tour despite Parent-1 being very keen for him to experience living away from her (Parent-1 BI). Parent-2 reported that Garfield "*does not like to be left on her own*" (Parent-2 BI). According to Parent-2's data, being left on her own in the car while Parent-2 pays for fuel or in the house while Parent-2 goes to the local shop would trigger Garfield's separation anxiety. Garfield's high dependency on her mother perpetuates increased parental anxiety and affects Parent-2's family relationships. "*Yeah, because I might even meet my Dad and I'd have to say that I can't delay but he knows what it's like. Yeah, it does have an impact, you are always go, go, go*" (Parent-2 BI). Equally, in both cases Steve and Garfield appear to be dependent on their older autistic siblings. From the emerging parent data (Parent-1 and Parent-2) separation anxiety seems to have a pervasive impact on the individual child themselves, their relationship with their parent and older siblings and consequently on other relationships within the family.

Other data provided by Parent-2 indicated that unresolved school issues can be the cause of prolonged worry for Garfield. For instance, "*it could just be an argument that is happening between two of her friends that isn't anything to do with her, but she is feeling that kind of stress*" (Parent-2 BI). Parent-2 described in her interview how Garfield would have to discuss school related problems in the car after school and how these discussions could often permeate a whole evening and even disrupt sleep overnight. "*It would be her worries affecting her sleep and she would have to come into me... So, I would have to get out of bed, go into her and sometimes lie down with her... then she gets anxious about the time, it's 2 o'clock and I'm not sleeping*" (Parent-2 BI). This data exposes the cumulative effect intrusive rumination can have on the emotional wellbeing of the autistic child and their parent.

Data from across baseline datasets demonstrated that all 3 students experience elevated levels of anxiety on a daily basis which impacts their emotional wellbeing, confidence and social competency. Overall, there appears to be a need for the students to understand and contextualise their emotional reactions to certain contexts and be provided with emotional regulation strategies to enhance their coping abilities in anxiety inducing situations.

4.2.5 Emotional Regulation and Expression

Findings from the different data sources substantiate that the autistic students regularly experience intense emotional reactions in response to different situations. Analysed data indicates that the students' intense emotional responses are indicative of emotional dysregulation.

In the case of Steve, Parent-1 reported that he can get “*very stressful and cross*” (Parent-1 BI). Teacher data described that “*a rage for him would be like a meltdown... him banging the table, waving his fists in the air or rolling his fists in his jumper*” (teacher BI). From Parent-1's data it is evident that anxiety can cause a spike in Steve's levels of irritability and frustration which can intensify into physical displays of anger. During the student focus group Steve recalled experiencing a rage/emotional meltdown:

I felt rage in the recent past because you [teacher] mixed up the words.

(Steve SBFG)

Yes, you felt stressed and anxious over an exam.

(teacher SBFG)

Furthermore, the teacher described Steve's negative attitude as a learned coping mechanism. “*He would moan, complain because that's his strategy as well. He complains and tries to wear me down with the complaining... [laughing]*” (teacher BI). In her data the teacher reported that her response strategy to his negative mindset is to speak assertively to him, label his emotions and give him a more balanced perspective on the situation.

In her interview Parent-1 noted that a helpful coping strategy for Steve when feeling upset would be to “*stay in his room where it is quiet. He turn off the TV, turn off Roblox or he come down and stay in the chair for 30 minutes, but his bedroom is his favourite space*” (Parent-1 BI). This data suggests that when experiencing intense emotions Steve will retreat to his safe space in the house and reduce sensory stimuli because he likes “*being in darkness*” (Steve SBFG). Other helpful self-coping strategies reported by the teacher would include the use of fidgets during class time, reading a book while waiting for the teacher, using alternative side entrances to access the mainstream building and wearing ear defenders (teacher BI). Contrary to parent data, data provided by the teacher revealed that Steve would never request sensory breaks during mainstream class time. “*I have said that to him that if you are rocking that means you do need a break... now, he will never*

ask the teacher for a break... it is generally prompted by the adult” (teacher BI). There may be different reasons for this which may be related to a lack of confidence to ask for a break or perhaps it is related to an underlying inability to discern his body’s physiological changes in response to increased stress.

Data from Parent-2 and teacher concurred that Garfield experiences significant difficulty regulating her emotions:

Yeah, she feels emotion very strongly... she can go from being just normal to you know if something happened, it could make her feel upset and then she would start crying... and then talking about whatever happened can make her get very upset.

(Parent-2 BI)

Emotionally then, she finds it difficult to manage her emotions, particularly when she is anxious. So, when she becomes anxious, she can become very, very overwhelmed.

(teacher BI)

Data from Parent-2 and teacher also indicated that anxiety invariably causes Garfield to lose her confidence to articulate and express herself:

In stressful situations Garfield would kind of shut down. The talking would stop, and you could see it in her posture you know, she would kind of shrink.

(Parent-2 BI)

The other concerns in relation to the anxiety is that she becomes mute... She is not able to speak and then she uses her hands to demonstrate that she is not able to use her voice.

(teacher BI)

Data provided by Garfield during the focus group ‘*Body Template*’ task implied that she has an awareness of her body’s response to stress. For example, when the students were deciding on possible body clues for feeling upset, Garfield suggested, “*this one, I guess... No Voice*” (Garfield SBFG). It is also reported by the teacher that Garfield “*will often close down physically. She will guard her copy, put her head down so that no one can see what she is doing in her copy or can engage with her*” (teacher BI). From observing her behaviour during student baseline focus groups, it appeared to the researcher that physically shutting down was a learned coping strategy for Garfield which she used during class time in tandem with other subtle yet persuasive communication behaviours. These included proclaiming, “*I don’t know. I keep telling you that I DON’T KNOW*”; avoiding having to give an answer “*I have a few... it’s just. I don’t know. I’m sorry*” or deflecting giving her own opinion, “*what Pop said, that’s what I think*” (Garfield

SBFG). Although such avoidance behaviours could be perceived as ways to passively engage in class discussions, they may also be suggestive of a fear of negative adult/peer judgement. Nonetheless, her use of language points to low self-esteem with most verbal responses revealing hesitancy, *“I am not really sure like... I am not sure...”* (Garfield SBFG).

Strategies reported by the teacher to be of support to Garfield when feeling overwhelmed included the sensory room, drawing, spending time on the computer, and writing her thoughts in a notebook. Parent-2’s data denoted routine, structure and predictability as supportive strategies because *“... Garfield is an anxious person, so she needs to know what is coming next all of the time and that kind of keeps the anxiety on a manageable level”* (Parent-2 BI). Teacher mentioned in her interview that last year Garfield was reluctant to leave during class time for a sensory break. However, this year she will request a toilet break *“because she is trusting the SNA who is in the room this year”* (teacher BI).

Data provided by Parent-3 and teacher suggested that Pop presents as emotionally immature for 14 years:

Emotionally he is probably younger than his age, that’s how I would describe it.

(Parent-3 BI)

Emotionally he wasn’t ready for secondary school at all last year. He needed another year in primary. His emotional regulation was extremely poor. He was crying all of the time in mainstream over the smallest thing.

(teacher BI)

From analysis of data, it seems that Pop has improved somewhat from 1st year, but emotional dysregulation persists as a major concern with episodes of emotional meltdowns reported to be regular occurrences throughout any given week. During the focus group meeting Pop identified his energy levels as being low, *“maybe a 3”* out of 10 because *“I just got a bit overwhelmed during second class [Maths class]”* (Pop SBFG). Data from the teacher reported that in school she was actively trying to desensitise Pop to food in a controlled and gradual manner. Teacher data documented that Pop participates in baking lessons facilitated in the special class setting. Similarly, Parent-3 reported that Pop can tolerate his siblings eating in the car when the family take a *‘Drive Thru’* meal so long as they only order *“chicken nuggets and chips”* (Parent-3 BI). Parent-3 also noted that she recently introduced the use of a replacement strategy to encourage Pop to smell a

scented lavender tissue when exposed to unpleasant food smells. However, it was noted that Pop was not using this strategy at school.

Self-coping strategies for Pop as referenced by the teacher included breathing exercises, the use of the sensory room, wearing a body sock, listening to music, singing or spending time on the computer. Parent-3's data referred to these strategies being used at home with the addition of prioritising homework tasks, doing Yoga, practising body tapping exercises, and sitting on a large peanut ball. Parent-3 also referred to Pop's propensity to have a biased negative opinion of himself because *"he is aware of his challenges but what I try to say to him is that we all have strengths and weaknesses"*, and as such her response strategy to negative thinking is to emphasise his strengths and achievements (Parent-3 BI).

Analysis of adult baseline data indicated that all 3 autistic students present with a predominant negative mindset and can struggle with accepting alternative perceptions. However, providing the students with alternative perspectives emerged as a common response strategy among adult participants (Parent-1, Parent-2, Parent-3 and teacher). Parent-2 remarked that *"you would have to give her a sense of perspective"* and to *"always keep it in the facts, on the level and don't add to the drama of it"* (Parent-2 BI). The most significant aspect of this communication process, as noted by Parent-1, is to encourage the students to communicate on their own terms. *"Talking is very important and it's not pressure, if he wants to be alone that's okay and if he wants to talk that is okay too"* (Parent-1 BI).

To derive a baseline knowledge of students' emotional expression skills, students were invited to participate in three participatory tasks: *'My Feelings'* task; the *'Body Template'* task, and a *'Listening Comprehension'* task (Appendix 11). During the *'My Feelings'* task the students demonstrated an understanding of positive and negative feelings and provided different examples of both as shown in Figures 4.4-4.6 The task also required shading a body template to represent how much of each feeling they would perceive themselves to have in general.



Red: Uneasy and Nervous
 Brown: Overwhelmed
 Yellow: Excited
 Green: Joyful
 Blue: Cheery
 Purple: Mellow

Figure 4.4 My Feelings Task – Pop

Pop identified 7 feelings in total including positive (excited, joyful, cheery, and mellow) and negative feelings (uneasy, nervous, and overwhelmed). His shaded template suggests that he perceives himself feeling generally positive, as evidenced by having the head, torso and one full leg shaded with his positive feelings. As regards his negative feelings, he shaded one full leg as overwhelmed, one arm as uneasy and one arm as nervous.

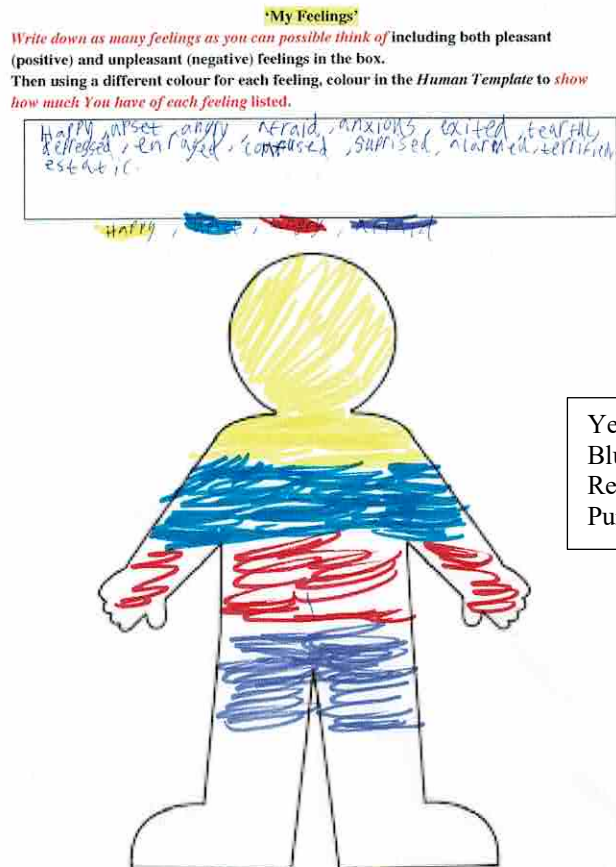
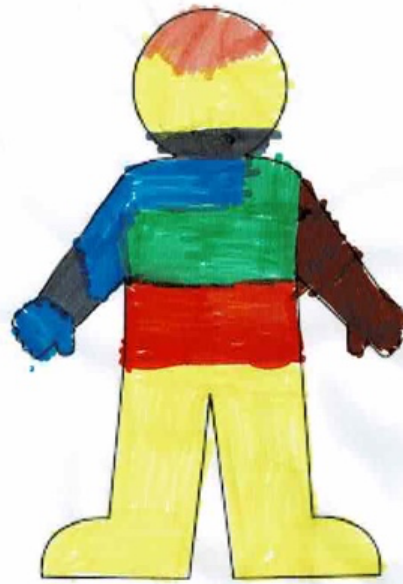
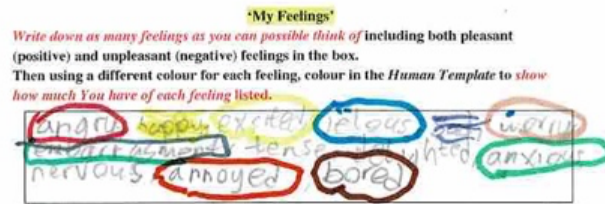


Figure 4.5 My Feelings Task - Steve

In spite the task being abstract for Steve to relate to at first, he did come to understand the concept, and by the end he apportioned his feelings with percentages; *“annoyed is quite big, it’s up to 15% or 20% and most of the annoying is coming from school”* (Steve SBFG). On completion, Steve recorded 14 feelings including positive (happy, excited, ecstatic, and surprised) and negative feelings (upset, angry, afraid, anxious, tearful, depressed, enraged, confused, alarmed and terrified). While working on the task, Steve articulated 5 other feelings which included annoyed, sad, jealous, embarrassed, and bored. Due to timetable constraints, his template was left incomplete. Nonetheless, his shading represented the head and shoulders as happy with feelings of upset, angry and afraid all shaded in equal proportions.



- Peach: Worry
- Yellow: Happy and Excited
- Grey: Embarrassment
- Blue: Jealous
- Green: Anxious
- Red: Angry
- Brown: Bored
- Orange: Annoyed

Figure 4.6 My Feelings Task - Garfield

Despite Garfield’s initial uncertainty of how to complete the task, she identified 13 feelings in total comprising of positive (happy, excited, and delighted) and negative feelings (angry, jealous, sad, embarrassed, tense, anxious, nervous, worried, annoyed and bored). On analysis of her template, she shaded both legs and much of the face as happy and excited; one arm as bored, most of the chest area as anxious; part of the chest and upper arm as jealous; stomach area as annoyed, with parts of the face as worried and embarrassed. Upon reflection, it can be argued that a higher proportion of negative feelings were identified across the three cases (Pop, Steve and Garfield).

For the ‘Body Template’ task the students were invited to choose a feeling word for an emoji image, select suitable body clue cards for their identified feeling and place the feeling and body clue cards on a human sized body template. From analysing the data, each of the students participated in this group task and succeeded in identifying appropriate feelings for different emoji images as well as suggesting suitable physiological body clues for each feeling. A cross section of

the feelings and associated body clues identified by the students during the “*Body Template*” task is illustrated in Figure 4.7.

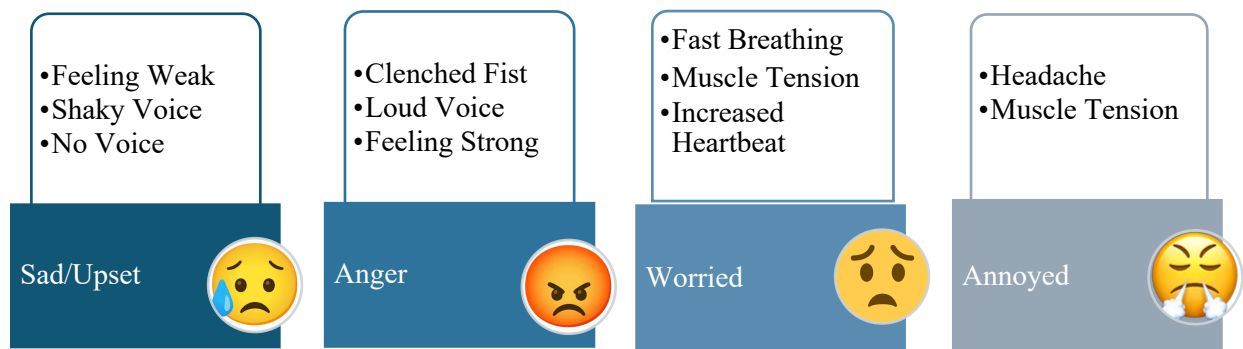


Figure 4.7 Body Template Task: Identified Feelings with suggested Body Clues

In the ‘*Listening Comprehension*’ task, students were invited to listen to two different scenarios: (i) being ill-prepared for an English test, and (ii) having to cancel meeting friends. Both scenarios were relatable to the students with Pop and Steve sharing their own similar experiences. In scenario one, Garfield identified how the student might be feeling but failed to predict how they might be thinking. Conversely, both Pop and Steve demonstrated a capacity to rationalise how the student might be thinking and behaving:

... because he didn’t cover much for the English exam, he might be worried that he might not get many of the answers right.

(Pop SBFG)

I don’t know specifically, just anxious...

(Garfield SBFG)

He might be kind of shaking a bit right before the test and he might not talk much.

(Steve SBFG)

Scenario two yielded similar findings. Overall, based on the 3 participatory tasks, one can contend that all 3 autistic students have a basic familiarity with emotional labels and can recognise feelings in self and others.

4.2.6 Peer Engagement and Friendships

Evidence from student data suggested that having friends in their lives was valued by each of them:

You need friends or else it would rip your mental health in a few years... because after a few years, I could go crazy or insane.

(Steve SBFG)

YES, I think friends are important... I just like being with them, I guess.

(Garfield SBFG)

I think friends are really important. They stop you from feeling lonely.

(Pop SBFG)

In their responses, the students demonstrated an awareness of some of the best qualities of a good friend:

A good friend helps when you need help.

(Steve SBFG)

I think a friend is someone that respects and cares for you.

(Pop SBFG)

In the case of Steve, student data highlighted that “*I have no real friends*” except for online friends (Steve SBFG). Nevertheless, Steve purported that his online friends formed an integral part of his emotional wellbeing and daily life routine. Data provided by Steve indicated his commitment to the relationships he had developed with his online friends. For instance, Steve commented that he would inform his online friends whenever he would be unavailable to attend a gaming session “*when I go away, I will always say why because then they will know where I am gone*” (Steve SBFG). In contrast to teacher data presented in a previous section (4.2.2), this data reveals Steve’s capacity for cognitive empathy and thoughtful consideration of other people’s feelings.

Parent-1’s data alluded to the fact that Steve had a limited friendship network, reporting that he had no friends in school because peers his age would not share his degree of intellect “*because now he is 14 but brain, he is adult and here the children are 14 and brain is 14*” (Parent-1 BI). Further to this, Parent-1 highlighted how Steve finds it easier to engage with adults, “*he is more comfortable with adults but if it’s with children – no*” (Parent-1 BI). On the other hand, Parent-1 remarked that Steve experiences no communication difficulties with online peer engagement. Teacher data indicated concerns in relation to social isolation for Steve in school. In her interview

the teacher reported that Steve experiences little to no social engagement with peers outside of the students in his special class (teacher BI).

Regarding Garfield's relationship skills, adult data (Parent-2 and teacher) noted that she had an established friendship network with a small group of students. However, the teacher reported that apart from meeting her best friends in subject classes, Garfield would not spend much time with them in school. One reason reported pertained to the fact that they did not share a base class together, and the other reason seemed to be of Garfield's making, "*she has chosen not to go over and meet them at lunch time*" (teacher BI). Despite having friends in mainstream, teacher data accentuated that this year Garfield preferred to remain in the special class for break times. Indeed, converging data based on the 3 students' lunch habits implied that their reliance on the special class environment for recreational time was restricting their development of social skills.

Indeed, the biggest concern conveyed in adult data relates to student peer engagement and friendship skills. In the case of Garfield, data from Parent-2 and teacher highlighted her lack of competency to engage with unfamiliar peers:

She would just pull back. She is not the type of person who would try and get in with the group... in that respect she would be left on her own... she is unsure of a lot of things socially wise.
(Parent-2 BI)

In a group that would be unfamiliar to her, she wouldn't cope very well at all in that situation.
(teacher BI)

On the one hand this lack of competency to engage with unfamiliar peers is affecting Garfield's ability to develop her social skills, but on the other, it is also contributing to her social anxiety. The teacher commented that in general Garfield finds it challenging to participate in paired/group work, and to help support her peer engagement during My FRIENDS Youth mainstream classes, she typically partners Garfield with the same student. Moreover, according to adult data (Parent-2 and teacher) Garfield would be slow to develop relationships and trust newly acquainted people. In her discussion of Garfield's friends, the teacher reported that she was actively supporting Garfield's new friendship with Pop in school as well as encouraging their friendship outside of school in consultation with both parents.

Data from Parent-3 and teacher revealed that Pop had a limited friendship network. Teacher reported that he had two female friends in school. Merging data from Parent-3 and teacher indicated that Pop presented with communication difficulties associated with reciprocal responsiveness and pragmatic language skills. Parent-3 reported that *“Pop could spend an hour talking about his special interests without taking a breath”* (Parent-3 BI). In her interview Parent-3 discussed Pop’s primary school friends. Despite Pop’s satisfaction with this friendship, Parent-3 remarked that she had noticed a change in the attitude of the two boys, *“but still over the Christmas they came for an hour to the house and Pop talked non-stop with them, but I don’t know if they have the same tolerance for him anymore”* (Parent-3 BI).

The findings illustrate that friendships are deeply important in the students’ lives regardless of the relationships being face-to-face or online. However, it is apparent that forming meaningful friendships is challenging and may be interlinked with communication challenges and social competency. Findings associated with peer rejection and bullying suggested that the students have each experienced negative social experiences in the past. Parent-2 reported that Garfield experienced peer victimisation in 1st year when she was struggling to cope with the transition into post primary school life. *“There was never a long spell of bullying... maybe more like last year in 1st year and the comments”* made by other students (Parent-2 BI). Similarly, Parent-1 reported that Steve had to change school during primary school on account of being bullied. Data from Parent-3 and teacher revealed that Pop had experienced peer ridicule and teasing due to his sensory sensitivities and speech impediment:

... one boy kind of taunted him a little bit with ‘sausage’ and said the word like, oh look at the sausage on the ground, knowing Pop would get upset.

(Parent-3 BI)

... and particularly Pop... he can take quite a while to speak but they [Steve and Garfield] are very tolerant of that but the SNAs would have said that in other classes, students would have sniggered at something he was trying to say... and then there was another incident when the fire alarm went off and Pop would have lost it.

(teacher BI)

From analysing the different perspectives from parent, teacher and student baseline datasets, there exists strong evidence in favour of implementing the differentiated FRIENDS programme to help provide the autistic students with targeted support to enhance emotional regulation and expression,

problem-solving and friendship skills through real-life experiences in different social environments in the school, home and wider community.

4.3 Theme One: Social and Emotional Change – Midway Data

4.3.1 Overview

This section presents the findings gathered and analysed at midway following the implementation of Action Cycle 1. An overview of the differentiated FRIENDS programme at midway is provided in Table 4.1.

Table 4.1 Overview of Action Cycle 1

The Differentiated FRIENDS Programme Action Cycle 1 Baseline Data	Gather information – Plan – Act (January 2023)
Session 1: Introduction to the Group	To establish group guidelines and the Confidentiality Contract. To get to know group members and what the programme aims to achieve.
Session 2: Feelings – Understanding Feelings and Practising Empathy	To help students understand their feelings and identify what happens to their bodies when they feel certain ways.
Session 3: Understanding Feelings and Developing Confidence	To introduce the concept of Emotional Intensity with the use of the ‘Feelings Thermometer’ as a visual support. To enhance students’ confidence through recognition of their strengths and develop an awareness of how they can boost the confidence of others.
Session 4: Learning to Relax	To help students become more aware of themselves, their feelings and ways to self-calm.
Session 5: Introduction to Inner Helpful Positive Thoughts (Self-Talk Strategy)	To introduce the concept of Self-Talk and learn how to change unhelpful negative thinking into helpful positive thinking.
Midway Data	Reflect – Gather Information - Plan – Act (March 2023)

The findings presented at midway primarily reflect the adult perspectives collected from the Midway Interview (MI) with teacher and Midway Focus Groups (MFG) with parents (Appendix 13 and 14), however, the autistic students’ perspectives are captured using data from their Midway Student Feedback (MSF) form (Appendix 12). Emerging changes in the autistic students’ social and emotional competency are presented under the subthemes outlined in Figure 4.8.

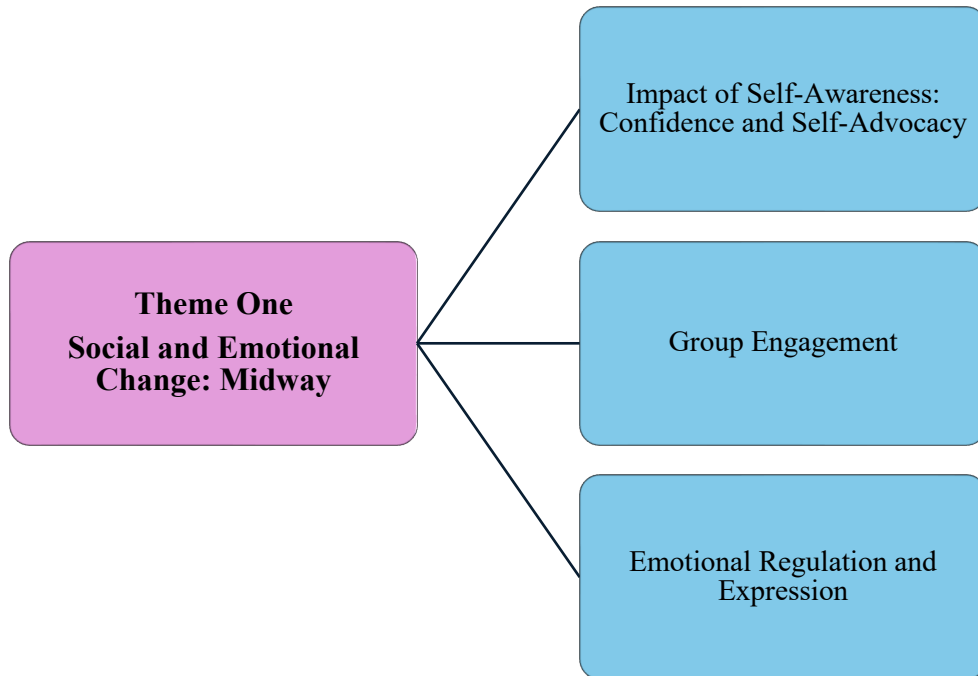


Figure 4.8 Theme One and Subthemes: Social and Emotional Change – Midway

4.3.2 Impact of Self-Awareness: Confidence and Self-Advocacy

In her interview the teacher reported how enlightening Session 3 proved to be when she facilitated a follow-up session with the students based on the topic of confidence. During this group discussion each of the students shared their personal perspectives on “*where they are in terms of their own confidence*”, and how their confidence was influenced by their awareness of how others perceive or judge them in social contexts (teacher MI). The teacher identified that the “*common thread*” among each of the students’ responses was “*that they all felt that they lacked self-confidence and had poor self-esteem*” (teacher MI). In the case of Steve, he reported the impact a social encounter had on his confidence when a student “*commented on the fact that he was rocking*” and implied that such “*behaviour was very strange*” (teacher MI). In his feedback Steve reported that this negative social experience had “*shattered his confidence*” (teacher MI). Regarding Garfield’s perception of herself in the school environment, similar views were expressed, “*you feel you are being judged*” (teacher MI). Garfield reported to the group how “*her voice just disappears*” and she “*becomes mute*” when calling out her homework in class (teacher MI). It seems her awareness of peer judgement affects her confidence to articulate. This sentiment

is concurred by the teacher's overarching concern in relation to Garfield's self-concept, *"that's the difficulty with her, she is very aware of other people's opinions of her. What other peers think of her is very important to her"* (teacher MI).

Feedback provided by Pop suggests that his judgement of other people's views of him affects his confidence. Data reported by the teacher implied that Pop perceives himself in a negative light because of his inability to cope in food related settings. Pop described to the group how he keeps his head down to avoid eye contact with other patrons in a restaurant while waiting for his family to finish eating. According to the teacher, being apart from his family in restaurants *"stresses him because he feels I suppose that separation, so that means that he feels he lacks confidence"* (teacher MI).

Following the findings which transpired from the students' personal accounts, it was agreed by the facilitators that from Action Cycle 1 onwards the differentiated FRIENDS programme would place a strong emphasis on developing the students' confidence by providing them with regular opportunities to receive or give positive feedback. Owing to the fundamental importance of confidence in the development of social and emotional competency (Robertson 2021), the teacher affirmed, *"I kind of feel that it is something that I will have to keep working on as well, outside of the programme, like throughout the week, try to find areas where there was success and acknowledge it with them"* (teacher MI).

On reviewing the researcher's reflexive journal at midway, small yet significant changes were identified in the students' self-advocacy skills. During Session 5 Pop reported that he re-arranged his play date with his two friends from primary school because he was unhappy with the 2-hour meeting his Mum (Parent-3) had arranged. As documented in the journal extract (1st March 2023), *"Pop spoke of how proud he was for speaking up for his needs and wants in relation to arranging his get-together with friends"* (MC Reflexive Journal). Other data from the researcher's journal described how Garfield acknowledged to the group that *"she was proud of herself on account of deciding to present her topic for her English CBA to the whole class"* (MC Reflexive Journal). According to the journal extract, Garfield expressed a desire to present a synopsis of *'Journey to the West'* by Wu Cheng'en to her English class teacher and classmates. *"This demonstrates a very*

strong shift towards thinking more positively and believing in herself” (MC Reflexive Journal). This data indicates social and emotional changes in Garfield’s self-advocacy skills, particularly in her capacity to articulate her idea to her English teacher during class time, and secondly in her belief in herself to present her chosen topic to peers.

Likewise midway data from Parent-1’s focus group revealed a change in Steve’s mindset, reflecting a growing realisation of the importance of self-advocating in community settings and becoming more independent. *“Like yesterday, we were doing the homework questions [setting personal goals], and he was writing about the shop, and he tell me that Mum it is very important for me... He understands why we push him... he is 14 now and soon 15, he has to go [shop], he has to try” (Parent-1 MFG).* The setting of targets for the differentiated FRIENDS programme seems to have initiated a renewed awakening in Steve of the long-term benefits of developing his social communication skills, *“because it’s very good that now he understands why this is important and that he needs this for his life” (Parent-1 MFG).* This change in Steve’s attitude towards self-advocating may also be attributed to the fact that his application to attend the Trinity College STEM summer camp in Dublin was successful:

Now he will be starting in a camp in Trinity College in the summertime. It is going to be stressful.
(Parent-1 MFG)

And he will need to use his independence skills.
(teacher MFG)

Ya, I will go with him, but I will not be staying in the room with him.
(Parent-1 MFG)

Having this opportunity to experience college life for himself while further developing his special interest in STEM was viewed by Parent-1, teacher, and researcher as a positive reinforcing motivator for his personal targets. Parent-1 emphasised that this opportunity for Steve to go to Dublin would be challenging for him and that she needed additional support in helping Steve manage his stress in preparation. *“Maybe you can teach for me how this stress can come down. I don’t know if I am really managing it” (Parent-1 MFG).* Data from Parent-1 also exposed her own levels of stress and worry for Steve’s future in society, *“... because I can’t be all his life with him”* and the significance of providing parents of autistic adolescents with support to help them deal with their child’s social and emotional challenges, *“... and this is why this [differentiated*

FRIENDS programme] is very good” (Parent-1 MFG). The assumption being that the CBT programme not only offers students with enhanced support and knowledge through the differentiated small group sessions, but it also offers parents with additional support and knowledge of specific strategies to model and use with their child to help them achieve their personal targets.

4.3.3 Group Engagement

As discussed in baseline findings, group engagement was noted by the teacher as challenging for the autistic students. Therefore unsurprisingly, midway findings revealed that the students needed an extended period of adjustment to get to know the researcher, build a cohesive group dynamic and gain familiarity with what was expected from them as participants in the differentiated FRIENDS programme. Teacher data highlighted that initially the students experienced anxiety participating in group sessions. *“After the first or second session, we would have had tears at the end... I suppose they were unsure. They did not know [researcher]... whereas in the last maybe two sessions, they were getting into it. They were more relaxed... that anxiety that was there at the beginning is now starting to reduce which is great” (teacher MFG).*

When relaying experiences in relation to the settling in period, adult participants illuminated emerging changes in the students’ social and emotional competency. The teacher reported *“that when Pop started last year, it was one-to-one sessions and that was what he needed”*. However, *“... this year being in the group is really beneficial for him... He is now comfortable to talk about how he is feeling in the group” (teacher MFG)*. From Parent-3’s perspective, *“Pop moving from sharing his feelings on his own to sharing them with a group”* exemplified the most pertinent aspect of participating in the programme for Pop at the midway stage, *“because [teacher] has been working with him and kind of doing the strategies with him all along. It’s not anything new for him, only that it is moving onto sharing with a group. That’s really positive you know” (Parent-3 MFG)*. Evidently, since commencing Action Cycle 1, Pop has made the transition from individual support to group support which is perceived by Parent-3 and teacher as a positive benefit of the differentiated FRIENDS programme. Of note also, is the growing rapport within the group which is clearly supporting Pop’s confidence to express his emotions among group members. *“Hearing what other people have to say”* and developing a capacity to relate to others is indicative

of oscillating changes in Pop's social and emotional competency, because as Parent-3 noted, "*he tends to be more interested in what he is talking about*" (Parent-3 MFG). From Pop's point of view, data provided on his MSF form confirmed that he was enjoying group involvement, ranking "*being in a group*" with a high score of 4 out of 5.

In Garfield's case the teacher reported "*that at the beginning she wasn't that comfortable*" participating in the group, "*but she definitely has got more comfortable with it*" (teacher MFG). This view was acquiesced by the researcher, "*at the beginning when they were getting to know me, Garfield would just say I don't know... there was a dead end there even though you [teacher] would have tried to encourage her, she still wouldn't respond... yet I can see that they are more forthcoming*" in group sessions at midway (researcher MFG). Indeed, within the time span of Action Cycle 1, Garfield was observed by the teacher to be making positive progress in relation to group engagement:

There were days, and I was saying it to [researcher] that at the end of the session and in particular I said I'm really surprised that Garfield responded that well.

(teacher MFG)

That's great because normally she wouldn't. She can be closed.

(Parent-2 MFG)

As inferred by Parent-2, selective mutism is perceived as Garfield's characteristic self-coping response in stressful social situations. However, from analysing midway data, an emerging change in her confidence to express her ideas among group members is apparent. Nonetheless, Garfield's MSF highlighted that, "*being in a group is difficult at times*".

Midway data identified the size of the group as an influential factor supporting student engagement. Parent-1 reported that Steve, "*... absolutely likes being in a small group because big group it is stress. Small group it's like family. This is why I think... he feels better and more confident*" (Parent-1 MFG). This view is confirmed by the teacher with the added appraisal that Steve "*feels secure in the fact that his information, as he would call it, doesn't leak out to too many people*" because the group is few in numbers (teacher MFG). From Steve's MSF, a corroborating view was indicated with his acknowledgement of the group being an enjoyable aspect of the differentiated FRIENDS programme, awarding "*being in the group*" with a relatively high-ranking score of 3 out of 5. Parent-2 reported that besides the group being small, familiarity

was deemed an influential factor contributing to Garfield's group engagement, *"so the fact that the teacher is familiar, all of here is familiar [special class], the small little group again with just the few people, all of those things help to keep everything nice and level"* (Parent-2 MFG). Familiarity with the setting and above all familiarity with the teacher facilitating the programme were identified in parent data as influential factors encouraging student engagement. Parent-2 emphasised the impact of having a well-established student-teacher rapport, *"so I would definitely feel that it is having [teacher] doing it is definitely the best thing for Garfield because I think if it was another teacher that she didn't know... Garfield as you know would just shut down. You would get silence"* (Parent-2 MFG).

Student data validated that for each of the students having their special class teacher facilitate the CBT programme in their special class environment supported their enjoyment as well as their group engagement. In her feedback Garfield awarded a very high score (4 out of 5) to having her special class teacher as facilitator, indicating that a positive student-teacher relationship epitomised an influential aspect contributing to her enjoyment and group engagement. Another aspect supporting Garfield's engagement related to the setting. *"I have enjoyed having the sessions in [special class] because I like being in [special class]"*. In a similar vein, Pop identified *"having his special class teacher teach the sessions"* as a significant factor supporting his enjoyment of the programme, scoring it 5 out of 5. The importance of developing positive student-facilitator relationships was further referenced in Pop's written feedback when he justified his enjoyment vote by noting that the *"researcher is very nice"*. Like Garfield's views, Pop's midway data substantiated the value of having familiarity with the setting by scoring *"having the sessions in [special class]"* as 5 out of 5. Such views pertaining to their special class teacher as facilitator and familiarity with the setting were also reported by Steve as high-ranking factors supporting his enjoyment of the programme. His scores revealed relatively high satisfaction associated with his special class teacher as facilitator (3 out of 5) and very high satisfaction associated with the setting of the programme, ranking *"having the sessions in [special class]"* as 4 out of 5.

A question which arose among facilitators during midway review related to whether student group engagement could be maintained and generalised if there was a change of setting whereby group sessions would be delivered in a typical classroom environment in the mainstream building, *"to*

see whether that would make any difference. Are their responses the same? Are they able to generalise it because here [special class] they are so calm and relaxed in the environment” (teacher MI). The teacher pinpointed that *“being among their peers and trying to use their coping skills in the mainstream setting without too many fidgets”* was challenging for the autistic students (teacher MI). To help generalise their emotional regulation strategies, she suggested to the researcher *“that if we could find a classroom and they could sit at a desk... I could be teaching the class in a standing position... re-enacting what it’s like in the [mainstream] class but they wouldn’t have peers that would be the only difference and see how they might feel and respond in that type of situation”* (teacher MI).

Following midway review, the facilitators agreed that in Action Cycle 2 a change in setting from the special class to the mainstream class environment would be planned for two group sessions as, *“there might be more anxiety and again it might be more realistic for them”* (teacher MI). In planning for future actions, the researcher hypothesised that *“by having them started in the classroom situation, the next step might be to have other familiar students with them”* (researcher MI). The researcher proposed that a reverse inclusion approach *“could be introduced into the programme maybe during the 3rd Cycle of Action”* (researcher MI). The researcher suggested that changes to the setting and the group dynamic *“would lend itself to generalisation of the skills”* (researcher MI). With these sentiments in mind, the teacher surmised that, *“if we can build it up now and get them more comfortable with peers and using their coping skills that would be a lifelong skill for them”* (teacher MI).

Teacher data revealed other aspects of the differentiated CBT programme that supported the students’ group engagement. Converging data from the teacher and the researcher conceded that establishing a predictable structure to content delivery fostered a sense of certainty and helped the students develop familiarity with what to expect in group sessions. For example, *“we do the Circle Time, then the meditation, then we have our revision from last week, and then we do our next step in the programme”* (researcher MI). The teacher suggested that *“being predictable and structured each week helped the students to settle”* (teacher MI). Student data indicated that *“knowing what’s to come in each session by having a schedule”* was considered by all 3 students as a favourable component supporting their enjoyment of the programme. Interestingly, Pop on his feedback form

suggested that “*an estimated time on each section*” should be provided on the schedule to allow students compartmentalise the different segments of the session. Arguably, from the data it seems providing predictability not only helped to moderate the students’ stress levels, but it also supported them to settle into the programme and engage more readily in group sessions.

A participatory approach involving whole-group engagement was perceived by the teacher as a contributory factor in building the rapport among group members and promoting student engagement. In particular, the teacher noted that the introductory “*Check-in Activity*” encouraged the students to share “*how they were feeling and that helped to focus them and settle them*” (teacher MI). Moreover, the facilitators sharing their feelings with the students was viewed by the teacher as effective in supporting student emotional expression. “*You were asking me the questions the same as you were asking the students and yourself. The fact that you were saying I feel (-) and ranking your energy levels... It’s something I wouldn’t have thought of before myself... but I think taking your turn [as an adult participant] and being part of the activity is really important*” (teacher MI). Data provided by Pop suggested that from a student’s viewpoint there was value gained from affording students time to talk about their feelings and personal experiences, so much so that he suggested affording them, “*more time to talk about ourselves*”.

On analysis of midway data, a common sentiment expressed by all participants related to student enjoyment which was suggested to be largely attributable to the “*variety of activities in every lesson*” (teacher MI). Student data substantiated that “*participating in different hands-on activities*” was considered as an efficacious factor promoting enjoyment and engagement. On his feedback form Steve specifically credited his enjoyment of the programme with participation in group tasks. “*I’m enjoying it [programme] because it is fun... I have enjoyed the tasks because they are fun*”. Similarly, Garfield and Pop rated participation in the group tasks as one of the most enjoyable aspects of the programme with both scoring “*participating in different hands-on activities*” as 5 out of 5. Adult data (Parent-3 and teacher) recognised the positive effect incorporating students’ special interests into group tasks had on their enjoyment. For example, Parent-3 reported that Pop enjoyed “*the colouring, the art piece of it...*” due to art being “*one of his strong coping skills*” (Parent-3 MFG). Likewise, the teacher recognised how “*the YouTube clip of ‘Woody’ in the Toy Story movie appealed to the students and I thought they responded very*

well to the questions that you [researcher] posed afterwards” (teacher MI). Evidently, the use of movie elicitation as a participatory method was found to be engaging for group discussions, possibly owing to the students’ keen interest in movies.

Teacher data noted that student participation in group tasks was positively influenced by incorporating their preferred learning styles. According to the teacher, tasks involving self-discovery experiences with an *“element of surprise”* were considered effective in supporting student engagement. *“If there is something novel or something different... like the one picking from the researcher’s bag/box... it just kind of engaged them or triggered the interest again... they were wondering what’s inside that bag and that is really something important... particularly when they are using their Theraputty or Blu Tack to calm themselves, they can drift”* (teacher MI). Offering students the autonomy to express their responses verbally or non-verbally in a creative and interactive manner supported their engagement in tasks.

Experiential learning experiences were also identified as pivotal to student engagement in group tasks, most notably *“the large body template and the flash cards with the emojis and body clues... The task was challenging for some of them, but I think they did engage well, and they did enjoy it”* (teacher MI). Of note is the fact that the students created the template and other visuals themselves. Encouraging the students to create personalised visuals/resources for sessions was found to increase their group engagement. Moreover, teacher data highlighted the effectiveness of role-play in supporting the autistic students’ emotional understanding and expression. The teacher reported that when she *“asked them first what they thought confidence meant, they weren’t sure. They said they knew, but they couldn’t describe it”* (teacher MI). However, with the support of behavioural representation through teacher-in-role, the autistic students described the meaning of confidence. *“Now I modelled the behaviour of being confident. So, I went out of the room and came into the room showing them lacking in confidence and they were ALL very good at identifying the body language, tone of voice. They had lots of words to describe how I appeared, how I seemed to be less confident or what confidence looked like”* (teacher MI).

Midway data identified the influential role promoting a modality of communication modes had on student engagement. Teacher data validated how the use of written expression supported students

to share personal experiences and perspectives without causing them additional stress. *“The ranking activities helped them because that is actually a challenge sometimes, coming up with responses to questions, whereas when you had the statements there, that focused them and it took the pressure off”* (teacher MI). Equally, the use of ‘Post-it’ notes as a mode of non-verbal communication was recognised by the teacher as influential in supporting student engagement, *“because it showed that we valued their confidentiality”* during group discussions (teacher MI). Students were more open to sharing personal views and experiences in the knowledge that their responses would be kept anonymous. Participatory methods of engagement allowed students time to reflect on topics and generate their own opinions. As acknowledged by the researcher, *“it is not all about verbalising, we are using other ways of communicating through the activities which help them to process what is being asked or what we are talking about... they have the time to process information through doing the activities and I think that aspect is helpful for them”* (researcher MFG).

4.3.4 Emotional Regulation and Expression

Midway data suggested that by using the metaphor of the ‘Feelings Thermometer’ students were able to grasp the concept of emotional intensity. Teacher data highlighted that the use of visuals, including photographs, body templates, feeling cards, body clue cards, and particularly the colour-coded ‘Feelings Thermometer’ numerically scaled 1-6, helped to enrich the students’ emotional knowledge and expression. The teacher described that the students *“were able to look at the photos of people expressing different emotions and suggest where they thought the child, or the adult were on the scale; that linking of the ‘Feelings Thermometer’ with the photos worked well for them”* (teacher MI). Subsequently, the teacher affirmed that this photo elicitation task signified a *“turning point”* in the students’ emotional expression skills, specifically in relation to their understanding and recognition of different states of emotional intensity (teacher MI). Comparable data from the researcher’s journal (31st January 2023) referred to Session 3 as a *“very interesting session”* with sentiments revealing that:

The students appear to have very good emotional vocabulary, can identify body clues for different feelings and are relating emotional intensity with the metaphor for thermometer. They also demonstrate an awareness of trying to regulate feelings at a medium intensity to prevent emotions from escalating.

(MC Reflexive Journal)

Since baseline data, the teacher remarked two observed changes in the students' emotional competency: (i) in relation to their capacity to rationalise why someone may be feeling 'x', and (ii) in relation to their capacity to discern different levels of emotional intensity with the support of the 'Feelings Thermometer'. In her interview the teacher reported that *"they were always good at labelling [emotions]... but actually giving reasons why the person was feeling a particular way... and then why they might be at a 2 or a 3 or whatever on the 'Feelings Thermometer'... I think they are able to do that better now"* (teacher MI). The students' emotional expression was supported by having the visuals (feeling cards, body clue cards and the 'Feelings Thermometer') at hand to prompt their interpretation of other people's emotional states during group tasks. *"The visual tools gave them the scaffold they needed to interpret rather than if they were trying to verbally come up with the ideas because they are in the dark... trying to search around in the brain and find what am I going to say"* (teacher MI). From the students' perspective *"learning how to recognise intensity of strong feelings using a Feelings Thermometer"* was perceived as an important aspect of Action Cycle 1 with 2 out of the 3 students (Steve and Pop) awarding knowledge of emotional intensity with high-ranking scores (3 out of 5 and 4 out of 5 respectively).

Data from Parent-2 denoted observed changes in Garfield's emotional resilience. *"She is definitely not as panicked... there just seems to be more of a calmness about her"* at home (Parent-2 MFG). Similar observations were noted in teacher data. *"I would say it's her response is a lot better this year and her body like, physically she would have had all that tension but now she seems more relaxed"* in school (teacher MFG). Compared to 1st year, the teacher reported that Garfield is better able to express her emotions in stressful situations:

She is definitely labelling more whereas last year she wasn't able.

(teacher MFG)

No, she wasn't even able to get the words out.

(Parent-2 MFG)

Yeah, because she was so overwhelmed... but now we want to move her onto the next stage where she can describe it.

(teacher MFG)

Garfield's growth in emotional resilience was further exemplified in Parent-2's description of a *"big milestone"* being achieved when she demonstrated enhanced anxiety management skills while her mother attended a parent-teacher evening (Parent-2 MFG). *"Normally Garfield would*

go to Nanna's house", but this year "she stayed at home on her own... and she was fine, perfectly fine" (Parent-2 MFG). This finding not only indicates a change in Garfield's emotional resilience, but it also indicates a shift in mindset, a growing belief in herself to cope independently. Compared to baseline findings, Parent-2's data suggests changes in Garfield's general capacity to deal with stress-inducing situations. To illustrate changes in Garfield's emotional regulation skills, Parent-2 purported that she seemed to be coping better with school related problems. "Getting into the car in the evening like before it would [have triggered prolonged worry and rumination] but now, she seems able to kind of think through the problem a bit better" (Parent-2 MFG).

Relaxation training formed a continuous feature in every group session of the differentiated FRIENDS programme due to it being a core component of CBT (Figure 2.2). Analysed data suggests a positive response to the mindfulness exercises explored in Action Cycle 1 with merging datasets indicating student generalisation of learned strategies outside of the special class environment. In her midway data the teacher recognised the value of doing the relaxation exercises as an introductory activity, noting that *"they are coming from classes and their minds are frazzled, overloaded from instructions and sensory and everything in the main building and so by slotting it in there early in the lesson; it allows them to kind of calm and focus on the rest of the lesson"* (teacher MI). The teacher also noted Steve and Garfield's unexpected positive response to mindfulness. *"It was a meditation exercise, and you [researcher] had music in the background, and you read from a script. I was very surprised with Garfield and Steve because usually that's not the kind of thing they would like or be comfortable with whereas Pop always does... but I thought the others did as well and normally they would shy away from that; they mightn't see the point in it"* (teacher MI). From the students' perspective, *"learning self-calming strategies such as meditation exercises"* was viewed as an enjoyable aspect of the differentiated FRIENDS programme with 2 out of the 3 students (Steve and Pop) awarding scores of 3 out of 5 and 5 out of 5 respectively.

According to Parent-3's data, *"Pop has become more familiar with using his strategies if he feels himself getting more stressed. He seems to be able to use the words; being able to name the strategy that he can use"* (Parent-3 MFG). Furthermore, Parent-3 noted that *"in the last while"* she had observed Pop using his breathing techniques more frequently at home (Parent-3 MFG).

Teacher data described Pop's experience of using "*Square Breathing and the Finger Breathing*" technique at school (teacher MFG). The teacher extrapolated that "*trying to use Square Breathing in class... taking in that big deep breath and blowing out strong*" was drawing attention, "*whereas with the Finger Breathing, he could be doing it nice and quietly*" and avoid unwanted attention from peers (teacher MI).

Excerpts from the researcher's journal provided data indicating the positive influence Garfield and Pop's friendship was having on their social competency. As documented in the journal extract (1st March 2023), Parent-3 reported that Garfield and Pop "*enjoyed a play date*" together and went to the cinema with another friend (MC Reflexive Journal). Data recorded in the journal noted that Parent-3 "*left them off at the cinema... and basically told them that she would be back to collect them after*" the movie (MC Reflexive Journal). This was the first time Parent-3 expected Pop and Garfield to cope independently at the cinema. However, "*Parent-3 felt they were ready for it, and they were fine*" (MC Reflexive Journal). Parental involvement in the programme seems to be supporting the generalisation of skills due to the parents' shared awareness of their children's social and emotional needs.

Parent-1's data noted that she had observed no difference in Steve's response to challenging social situations. "*At the moment it is the same, not bad... but ya, he still cries if he knows he has to ask some people questions that he doesn't know. That is really stressful, not always cry but I can see that he is stressed*" (Parent-1 MFG). In her feedback Parent-1 recalled a recent experience when she encouraged Steve to use the men's changing room at the swimming pool. "*He said oh my God, a lot of people can watch me. I am not confident that other people can watch me. I don't like it when other people can watch or look at me*" (Parent-1 MFG). Firstly, from this data it is evident that Steve can articulate and rationalise his emotional needs to his mother (Parent-1) which confirms earlier teacher data implying positive changes in his emotional expression. Secondly, this data demonstrates the inhibiting effect of Steve's self-awareness on his social competency.

Parent-1's data also illuminated how she was actively supporting Steve to become more self-reliant in different community settings. Parent-1 reported that she was encouraging Steve's self-advocacy skills. "*He was asked in the swimming pool if he needed a swimming float... he asked me if he*

could ask for one. Now, first time it was very hard... I told him he must speak up more... Three times we tried and it was big stress, but he can. He try. It's not really comfortable but he start" (Parent-1 MFG). Despite Parent-1's appraisal denoting no change in Steve's emotional skills, analysis of her data would suggest subtle changes in his social and emotional competency. It is notable that Steve volunteered to ask for a swimming float and with persistence he communicated his request to a lifeguard, suggesting that he held his composure and prevented his emotions from escalating into an emotional meltdown.

While midway data suggests increased student awareness of self-regulation strategies, the data points to the fact that generalisation of emotional regulation skills in real-life stressful situations continues to be significantly challenging for the students. As highlighted by the teacher, "*what happens to them [researcher] is that when they are in the stressful situation, they are not able to reach out for those [self-regulation strategies] a lot of the time*" (teacher MFG). Sentiments relayed by parents concurred that future Cycles of Action needed to place a stronger emphasis on the generalisation of emotional regulation strategies:

Now it's good to talk about feelings" however "...you need to be able to go out into the world and have strategies to use.

(Parent-2 MFG)

I think you started with the talking and Steve understands but when you ask practical, he will be challenged.

(Parent-1 MFG)

Pop grasps the strategies but sometimes he still goes from 0-100... he knows the steps, it's to use them the right way.

(Parent-3 MFG)

In sum, having an awareness of different ways to self-regulate emotions was recognised by adult participants as a pertinent element of the CBT programme. However, without the practical application of these strategies in real-life situations, efforts to enhance the students' social and emotional competency may prove inconsequential. To cite from the teacher's perspective, "*they learn the skills here in the small group, but they really need to generalise them, to be able to draw on them in the [mainstream] classroom and then be able to draw on them in the shop or down town somewhere*" (teacher MFG).

4.4 Theme One: Social and Emotional Change – Post-Programme Data

4.4.1 Overview

In this next section of Theme One the findings are presented following the autistic students' participation in Action Cycle 2. An overview of the 5 Sessions implemented during Action Cycle 2 is provided in Table 4.2.

Table 4.2 Overview of Action Cycle 2

The Differentiated FRIENDS Programme Action Cycle 2 Midway Data	Reflect – Gather Information – Plan – Act (March 2023)
Session 6: Your Attention Flashlight – Your Powerful Thoughts	To revise the concept of Self-Talk and how to recognise negative thoughts and positive thoughts using the ' <i>Red and Green Traffic Lights</i> '. To help students realise how thoughts, feelings and behaviours are interconnected.
Session 7: More Attention Flashlight – Thought Challengers	To increase students' awareness of their Inner Thoughts when feeling different emotions. To alert students' attention to the effect of ' <i>Red and Green</i> Thoughts on their feelings and behaviours. To discuss the importance of ' <i>Being a Friend to Yourself</i> ' and taking care of your emotional wellbeing (<i>Self-Care Choice Wheel Task</i>).
Session 8: Exploring Solutions to Problems <i>*Change of Setting to Mainstream Classroom Environment</i>	To introduce the concept of Balanced Thinking when problem solving with the use of a 'Weight Balance' visual. To enable students identify Thinking Errors and ways to break out of 'Negative Thinking Traps'.
Session 9: Exploring Solutions to Problems and Putting Coping Step Plans into Action <i>*Change of Setting to Mainstream Classroom Environment</i>	To consolidate the concept of Balanced Thinking and the importance of perspective taking when problem solving. To practise changing <i>Red</i> to <i>Green</i> Thoughts using the ' <i>Recognise, Challenge and Replace</i> ' strategy, represented on Traffic Lights.
Session 10: Making and Keeping Friends	To support students exploring different solutions to problems, specifically in relation to their group target ' <i>Asking for Help</i> '. To learn how to make interactions with others a success and deal with conflict.
Post Programme Data	Reflect – Gather Information - Plan – Act (May 2023)

The findings presented include analysed data from the Student Post Intervention Focus Group (SPIFG) along with analysed visual and written data from the students’ journals and the researcher’s reflexive journal. As there were no focus groups involving parents at this stage, the parents’ perspectives are not represented in this section. Theme One: ‘Social and Emotional Change’ at post programme is presented under the following subthemes in Figure 4.9.

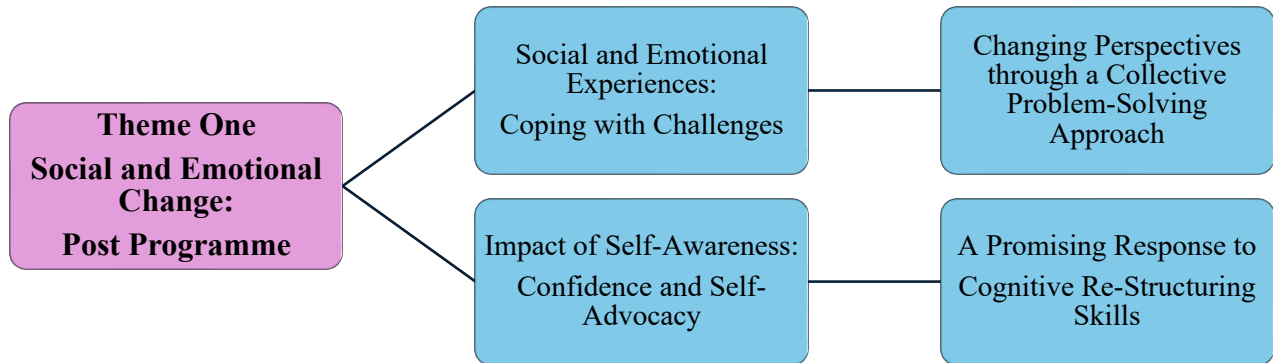


Figure 4.9 Theme One and Subthemes: Social and Emotional Change – Post Programme

4.4.2 Social and Emotional Experiences: Coping with Challenges

Over the Easter school holidays the students were tasked with generalising their CBT skills by carrying out the ‘Take My Order Challenge’ in community settings of their choice. Gradual exposure to stress-inducing situations is a fundamental component of CBT and it involves putting the skills related to psychoeducation, cognitive re-structuring and emotional regulation into action using coping step plans (Friedberg and McClure 2015). During the post intervention focus group with facilitators, the students recounted their personal experiences of self-advocating their needs in public settings. In the case of Pop, his feedback denoted that his experiences of self-advocating in different community settings, which included a food related setting, were all very positive:

On Monday I ordered something out of the coffee place... a chocolate chip cookie and a Milky Way bar.

(Pop SPIFG)

How did it feel to be ordering for yourself?

(researcher SPIFG)

It was good, and I actually bought a lot more things for myself... I remember I went to Easons and I got some books and I paid for them at the counter on my own. I went to a Euro Shop, and I got some things and paid for them on my own. I went to a CEX Store and got something there... and there are other examples too that I did.

(Pop SPIFG)

As a result of having to be more independent and communicate for himself in community settings, Pop surmised that his confidence had “*increased*” (Pop SPIFG). Other statements provided by Pop indicated a growth in self-esteem. He reported feeling “*happy*” with his level of achievement because “*before Christmas, I probably would have only done it [self-advocating in community settings] once or twice but now I am doing it a lot more*” (Pop SPIFG). This data illustrates changes in Pop’s social and emotional competency, particularly in relation to his social competency and his capacity to speak to unfamiliar adults in public settings but also in relation to his emotional regulation skills and his capacity to cope in food environments. The data substantiates that desensitisation in a gradual self-oriented manner is supporting a growth in Pop’s resilience and self-control in stress-inducing situations.

Though Garfield herself expressed no evident change in her confidence, stating “*it’s fine. I don’t really know how to say it*”, analysed data indicated moderate improvements in her capacity to self-advocate and articulate her needs to familiar and unfamiliar people in different social situations (Garfield SPIFG). Regarding the ‘Take My Order Challenge’ Garfield reported that “*I went to a Café, and I ordered some bun for myself*” (Garfield SPIFG). Feedback shared by Garfield from her journal suggested that this social challenge proved a positive experience for her, “*thoughts before the task; I was wondering what to order. Thoughts after the task; I was wondering where to sit and overall thoughts; it went well*” (Garfield SPIFG). Compared to baseline data this data demonstrates a change in Garfield’s social and emotional competency as she implies no reference to feeling stressed or anxious having to communicate with staff at the counter.

Garfield’s feedback in relation to her English CBA presentation highlights an increase in her confidence to self-advocate and make decisions for herself:

The last time we were talking, you were preparing to present your English CBA... Who did you present your CBA to?

(researcher SPIFG)

Ms. [English teacher].

(Garfield SPIFG)

Sorry to interrupt, Garfield did you not do that in the [mainstream] classroom?

(teacher SPIFG)

No, I didn't. I decided in the end to come up here [special class].

(Garfield SPIFG)

The fact that her special class teacher was unaware of this change validates that Garfield acted on her own behalf and communicated her needs to her English teacher herself without having to depend on adult support. Conversely, deciding to do her CBA presentation in the special class without peers in attendance would suggest that a fear of peer judgement may have triggered the change in setting for her presentation. However, on a positive note, when asked by the researcher whether *“that experience would encourage you to present to more people?”* (researcher SPIFG), Garfield responded *“maybe”* which suggests that based on her positive experience of presenting to a familiar adult, she is open to the challenge of presenting to a small group next time (Garfield SPIFG).

Data provided by the teacher confirmed Garfield's burgeoning confidence to experience new social encounters. The teacher reported that Garfield participated in a social gathering involving school staff, peers and invited guests from another school. According to the teacher, *“Garfield put herself forward to go over to the library to meet the other school during Autism Awareness Week... we were doing tea and coffee for the adults and students and Garfield volunteered”* (teacher SPIFG). Though Garfield downplayed the whole experience, saying *“it was okay. None of the people were exactly my age. They were either very young or older and I didn't really talk that much”* (Garfield SPIFG). The teacher gave Garfield the height of praise for participating in this showcase event. *“Garfield came over and [another student] was there too and they chatted, and Garfield was very much part of the event. I was delighted and proud of her”* (teacher SPIFG). The significance of this data is twofold. Firstly, volunteering to be a class representative signifies an increase in Garfield's self-confidence, and secondly immersing herself among a gathering of

people and helping with the catering demonstrates her growing capacity to cope in stress-inducing social situations.

In contrast to the positive social and emotional experiences reported by Pop and Garfield, Steve's personal accounts of the 'Take My Order Challenge' revealed that he found self-advocating in community settings anxiety inducing. As to his experience of ordering a meal in a fast-food restaurant, Steve described certain factors which influenced his anxiety and provided insight into how he perceived himself in the communication exchange:

I went to Supermacs and ordered something by myself... It was awful... It was impossible [high pitch voice]. It was hell.

(Steve SPIFG)

Okay, what was the most stressful part?

(teacher SPIFG)

The Wait.

(Steve SPIFG)

Waiting at the counter?

(teacher SPIFG)

No, the line. The longer I waited, the more worried I got... because I kept thinking about it.

(Steve SPIFG)

And what was worrying you? Was it what you had to communicate to the person?

(teacher SPIFG)

YES [deep voice] because I was small, a shrimp of a thing and not tall and not big enough to communicate... I needed three attempts because I was so quiet because of the shyness.

(Steve SPIFG)

As reported by Steve, his anxiety was affected by having to queue in a state of anticipation of the communication exchange. He recognised that the longer he waited, the higher his level of anxiety intensified. From this data, one can argue that Steve's anxiety stems from two factors: (i) having to communicate to an unfamiliar adult in a public setting, and (ii) having a fear of adult judgement. Although Steve is of average height for his age, he perceives himself to be too small and too young to be speaking on his own behalf in public which is indicative of having low self-esteem and a strong dependency on adults for support. Furthermore, Steve's data illuminated how misunderstandings can occur between non-autistic and autistic viewpoints. For instance, unaware of the gravity of difficulty Steve experienced communicating his order in the fast-food restaurant,

the teacher suggested “*the next time you know that you will have to speak up a little bit*” (teacher SPIFG). However, from Steve’s point of view, he opposed the teacher’s suggestion by emphasising that for him social communication is a skill “*I still can’t do automatically*” and therefore it cannot be resolved by simply changing his tone of voice (Steve SPIFG).

Regarding his second experience of the ‘Take My Order Challenge’, data provided by Steve evoked a more positive experience at the cinema, describing it as “*just normal*” (Steve SPIFG). He reported that he “*only asked for some popcorn... and the water*” and when the teacher suggested that “*you must have said it clearly because you received it*” (teacher SPIFG), Steve positively restructured his viewpoint, stating that “*for the first time ever, I only needed one attempt*” (Steve SPIFG). Nevertheless, Steve conceded that “*I’m not proud about it. I’m more proud when my game gets 500 plays because it’s money*” (Steve SPIFG). In discussion with the teacher and the researcher Steve’s frustration in relation to his perceived lack of social skills became evident:

You have all those skills for the computer.

(teacher SPIFG)

And that’s why you are so comfortable and confident when it comes to using the computer. It’s about helping to develop our social skills.

(researcher SPIFG)

When online, I can EASILY [louder voice] chat to strangers but not in real life.

(Steve SPIFG)

On listening to the teacher’s perspective highlighting the benefits of continuing to practise his social communication skills, Steve appeared to be problem-solving and mentally preparing a coping strategy for his next experience of ordering in a community setting:

As you practise and build up your confidence another little bit and another little bit, then you will see the benefit.

(teacher SPIFG)

The less time I’m waiting, the less anxious I will be when I do it... I was only waiting 10 minutes in Supermacs... and the 10 minutes were enough to get to a level 5 on the Feelings Thermometer.

(Steve SPIFG)

Yeah, but it really is about practise. The more times you do that eventually you won’t even feel that anxiety because as you say, this is normal. I have no problem doing this.

(teacher SPIFG)

Regardless of the challenges Steve experienced communicating in public settings, it is apparent that he is open-minded about the prospect of further enhancing his social communication skills. Analysed data demonstrates the instrumental role facilitators play in supporting the students re-frame their negative perceptions of social experiences with more positive points of view. In dialogue with the facilitators, the students are guided through a process of self-realisation. For example, during the group discussion Steve realised for himself that time queuing was an influential factor affecting his emotional responses. It seems affording students a safe platform to talk and be listened to enables them to reflect on their personal experiences, find solutions to ongoing challenges and appreciate their individual achievements.

The My FRIENDS Youth programme fosters the concept of being a ‘Friend to Yourself’ and learning ways to support emotional wellbeing (Barrett 2012). Pop’s written response to the question, “*why is it important to be a friend to yourself?*” conveys the impression that he perceives a correlation between emotional wellbeing and social skills. From Pop’s perspective, “*if you are a friend to yourself then you can be better at being a friend to others*”. In other words, being in a state of contentment supports positive engagement with others. In fact, this perspective may derive from Pop’s personal experiences of emotional meltdowns and how an inability to regulate emotions affects social interaction with others. Pop’s data extrapolates that “*if you don’t [take care of your emotional wellbeing], you’ll lack important social skills*”. Visual data from Pop’s journal suggested an awareness of the interconnectedness between emotional wellbeing and being able to communicate his needs to others and use self-coping strategies. Figure 4.10 ‘A Time When I Felt Anxious’ represents a sample of work taken from Pop’s journal. In this extract Pop recounts a challenging experience which happened during Engineering class.

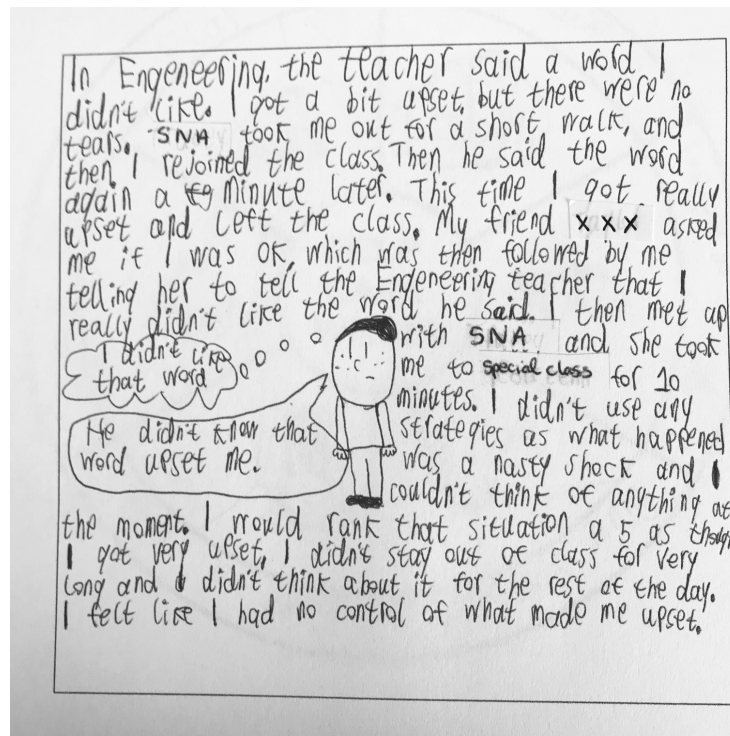


Figure 4.10 A Time When I felt Anxious - Pop

As documented by Pop a word used repeatedly by the teacher triggered an intense emotional response. *“I would rank that situation a 5 [on the Feelings Thermometer] as I got very upset... I felt like I had no control of what made me upset”* (Figure 4.10). Though Pop wrote that he *“didn’t use any strategies”*, it is apparent that when he was feeling *“a bit upset”* he went for a movement break. *“SNA took me out for a short walk and then I re-joined the class”* and later when his emotions intensified, he requested a time-out break. *“I then met up with SNA and she took me to special class for 10 minutes”* (Figure 4.10). Pop also documented that he communicated why he was upset to a friend and asked her to intervene on his behalf. *“My friend asked me if I was ok which was then followed by me telling her to tell the Engineering teacher that I really didn’t like the word he said”* (Figure 4.10). This data confirms emerging changes in Pop’s social and emotional skills most notably in his capacity to deploy adaptive coping strategies for himself. These include removing himself from the stress-inducing situation, seeking help from others (SNA and friend) and managing his emotional responses from escalating into an emotional meltdown. *“I didn’t stay out of class for very long and I didn’t think about it for the rest of the day”* (Figure 4.10). In addition, Pop’s drawing demonstrates generalisation of cognitive re-structuring skills and

a capacity to perceive social experiences from other people’s perspectives, noting in a ‘Thinking Bubble’ that the teacher “*didn’t know that word upset me*” (Figure 4.10).



Figure 4.11 My Self-Care Choice Wheel - Pop

On analysis of the researcher’s reflexive journal, data emerged which revealed Pop’s enlightened understanding of emotional regulation skills. As documented in the journal extract (22nd March 2023), Pop is reported to have contested the researcher’s homogeneous perception of emotional regulation strategies. According to the extract, the researcher suggested to the group “*how valuable it is for us to share our different strategies; what works for you might also work for someone else*” (MC Reflexive Journal). Pop is reported to have interjected with the alternative point of view that “*we all have our own unique ways of self-calming or relaxing*” and therefore “*what works for you, may not work for me*” (MC Reflexive Journal). This data exposes Pop’s self-realisation that everybody including himself prefers different emotional regulation strategies. Pop’s preferred strategies, as illustrated in Figure 4.11, include play, listening to relaxing music, spending time with his cats, drawing, taking a rest and organising his workspace. Indeed, as Pop suggested, some

of his preferred strategies are unique to his interests and talents and may not be helpful for someone else to use.

In Garfield's written response to the question of "*how can you be a friend to yourself?*", she noted "*don't beat yourself up over mistakes*", implying an awareness of how intrusive thoughts impact negatively on emotional wellbeing. For Garfield being a friend to herself means trying not to ruminate over mistakes because such internalising behaviours only cause more worry and negative thoughts to persist. As regards "*why it is important to be a friend to yourself?*" Garfield wrote in her journal, "*so that you can feel confident*", intimating a connection between emotional wellbeing and confidence. Merging viewpoints from both her responses would suggest that Garfield is aware of the negative effect self-criticism can have on her confidence and belief in herself.

As part of the planned actions within Action Cycle 2, Session 8 and Session 9 of the differentiated FRIENDS programme were delivered in a mainstream classroom setting (Table 4.2). Data from the researcher's reflexive journal (15th March 2023) indicated that as a result of not being reminded of the "*change of setting and seating arrangements*" for Session 8, students were initially confused, "*there was much questioning as to why and an uncertainty as to where to sit*" (MC Reflexive Journal). To add to the students' state of uncertainty, another unsettling complication was imposed on them when the teacher's "*laptop wasn't connecting properly with the projector in the classroom*" (MC Reflexive Journal). This resulted in another teacher having to come into the classroom to help fix the technical problems.

This delayed start of lesson which also unsettled Steve who was conscious of time being wasted. After a while Garfield noticed that she was missing a pencil case so asked to get her pencil case. She seemed to be gone for ages... We skipped Yoga to discuss 'Acts of Friendship' and the teacher left in search of Garfield.

(MC Reflexive Journal)

The ripple effect of unforeseen circumstances culminated in the students generally feeling uneasy and agitated in the session. In the case of Garfield, data from the researcher's reflexive journal (15th March 2023) suggested that during Session 8 she found it challenging to participate and engage in the individual written and group tasks.

Teacher introduced 'E' in FRIENDS [Exploring Solutions to Problems] and asked the students to write down 3 things they have experienced as challenging... Garfield straight away had an issue with not knowing, [stating] I don't know. Teacher said that maybe on hearing the others, she might

have an idea. When both Steve and Pop had finished explaining some experiences... [including] CBAs, working in groups when you don't know the people, and CBA instructions, Garfield repeated, she did not know.

(MC Reflexive Journal)

It appears that experiencing a change in setting, a lack of certainty as well as modifications to the normal structure of the session, impacted Garfield's attention and willingness to participate in the group discussion.

Conversely, in respect of Session 9 data retrieved from the researcher's reflexive journal (22nd March 2023) suggested that the change in setting from the special class to the mainstream classroom *"was of no consequence for the students and the digital devices worked which made the session flow"* (MC Reflexive Journal). Data recorded by the researcher indicated that Garfield participated and engaged in the group discussion. *"I interrupted the teacher by saying, if we only think negatively about a problem, the problem or issue does not... and looking towards Garfield, she completed the sentence with the words; get better"* (MC Reflexive Journal). According to the extract, this response from Garfield indicated that she *"was following the conversation and taking her own understanding of the concept Negative Thinking Traps"* (MC Reflexive Journal). It seems providing certainty of location (knowing in advance the setting of the session) and re-introducing the normal structure to content delivery, supported a sense of familiarity which was conducive to more active engagement from all 3 students in the session.

Other data from the researcher's reflexive journal (22nd March 2023) substantiated a change in Garfield's confidence and capacity to articulate her knowledge within a whole class setting. In the journal extract, it is reported that the teacher *"mentioned that she was pleased to observe Garfield's active participation in the mainstream SPHE class in the morning"* (MC Reflexive Journal). As described in the extract, Garfield *"volunteered answers"* in relation to a class discussion on the interrelationship between thoughts, emotions and behaviours (MC Reflexive Journal). Furthermore, the researcher noted that the teacher recognised the combined use of *"over-teaching and pre-teaching"* as effective teaching approaches in providing autistic students with a *"step-up so they feel capable of contributing to a whole class situation"* (MC Reflexive Journal). Along with demonstrating evident growth in Garfield's self-confidence, this data also *"demonstrates*

generalisation of skills and knowledge from the small group to the whole class” setting (MC Reflexive Journal).

In the case of Steve, data from the researcher’s reflexive journal revealed that over the course of Action Cycle 2 he experienced elevated levels of stress which at times resulted in episodes of emotional overwhelm. A report documented in the researcher’s reflexive journal (8th March 2023) described Steve as *“out of sorts”* and to be *“finding schoolwork challenging particularly because of CBAs”* (MC Reflexive Journal). It is reported in this extract that *“the day before Steve had a serious meltdown and self-injured by hitting his head on the table and slapping himself”* (MC Reflexive Journal). Apparently, Steve and his classmates were tasked with a group project for their CBA and due to this assignment being different from what Steve was used to, *“he felt confused because it didn’t have a title, and he didn’t want to have to do it with others”* (MC Reflexive Journal). The following week there is a similar report documented of Steve’s emotional wellbeing. Statements from the researcher’s reflexive journal (15th March 2023) show that Steve experienced another emotional meltdown because *“a test was not signed by Mum... he got himself all worked up and was hitting himself”* (MC Reflexive Journal). According to this journal extract, the teacher was reported to be *“quite concerned with Steve’s emotional wellbeing”* describing it as *“volatile and his attitude negative”* (MC Reflexive Journal).

Further data from the researcher’s reflexive journal (22nd March 2023) noted that during a discussion based on the topic of problems, *“Steve spoke out and told the group that he was having a lot of problems especially over the last two weeks”*, causing him to experience *“much anger and frustration”* (MC Reflexive Journal). According to this extract, the teacher referred to the ‘Feelings Thermometer’ to illustrate the significance of intervening at a level 3 to try to prevent emotions from escalating. In response Steve is reported to have acknowledged *“that he is joining all his classes at a level 3 and that is why he is experiencing so many rages [emotional meltdowns]”* (MC Reflexive Journal). The fact that Steve expressed to the group that he was experiencing increased stress points to his own concerns regarding his emotional challenges, admitting that *“he finds replacing [negative with positive thoughts] very hard; I can only think negatively”* (MC Reflexive Journal).

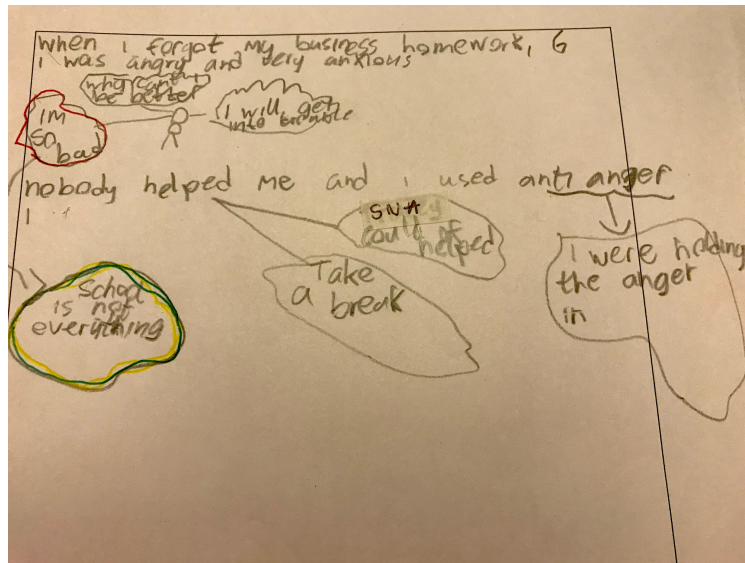


Figure 4.12 A Time When I felt Anxious – Steve

Visual data from Steve’s journal presented in Figure 4.12 illustrates a challenging situation when he forgot his Business Studies homework. In his depiction of ‘A Time When I felt Anxious’, Steve described the communication exchange with his teacher as indicative of a level “6” on the ‘Feelings Thermometer’, causing him to feel “*angry and very anxious*” (Figure 4.12). Upon analysis of his drawing, it appears that despite feeling overwhelmed in this stress-inducing situation, Steve managed to self-regulate his emotions without SNA support, “*nobody helped me, and I used anti-anger*” (Figure 4.12). As defined by Steve, “*anti-anger*” refers to the strategy he used to regulate his emotions in the situation which resulted in him “*holding the anger in*” and avoiding an emotional meltdown (Figure 4.12). Although Steve previously admitted that he finds it challenging to re-frame his negative thoughts with positive thoughts, this visual data demonstrates that he can reflect on a stressful situation from a balanced perspective, noting “*school is not everything*” as one of his positive helpful thoughts (Figure 4.12).

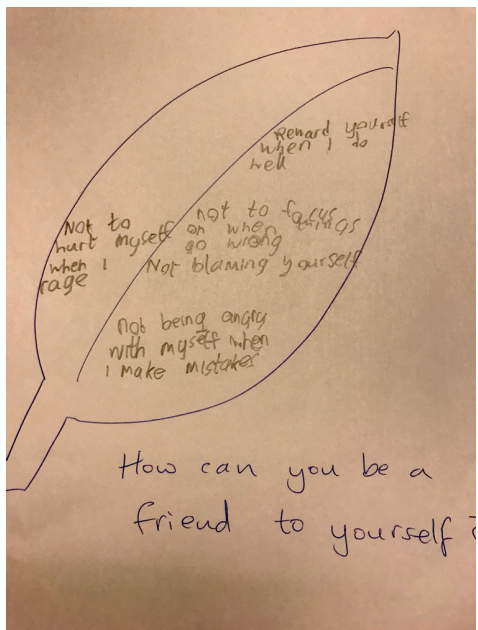


Figure 4.13 How to be a Friend to Yourself – Steve

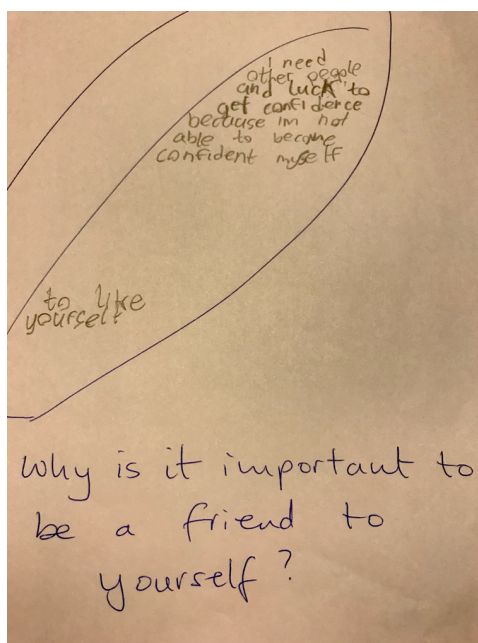


Figure 4.14 Why be a Friend to Yourself – Steve

Steve’s written responses to the question, “*how can you be a friend to yourself?*” are represented in Figure 4.13. Similar to Garfield, sentiments relayed by Steve suggest an awareness of the negative effects self-criticism can have on emotional wellbeing. From Steve’s perspective being a

friend to himself constitutes trying “*not to focus on when things go wrong, not blaming yourself and not being angry with myself when I make mistakes*” (Figure 4.13). Taking care of his emotional wellbeing also constitutes acknowledging and celebrating his personal achievements, “*reward yourself when I do well*” (Figure 4.13). Equally from Steve’s point of view, nurturing his emotional wellbeing means respecting his body when feeling overwhelmed, “*not to hurt myself when I rage*” (Figure 4.13).

As shown in Figure 4.14, Steve’s written responses to the question “*why is it important to be a friend to yourself?*”, imply an underlying aspiration to have a greater appreciation of himself as a person and to develop his confidence with the support of others. It seems Steve recognises the valuable role others play in helping him realise his self-worth. “*I need other people and luck to get confidence because I’m not able to become confident myself*” (Figure 4.14). As inferred by Steve’s responses, the act of self-kindness is pivotal to how he perceives himself, and as such an intrinsic motivation for being a friend to himself is to inspire a positive self-concept, “*to like yourself*” (Figure 4.14).

4.4.3 Impact of Self-Awareness: Confidence and Self-Advocacy

Student data provides insight into why self-advocating can be challenging in different social settings. Analysed data reveals that a heightened awareness of peer and adult perception influences the autistic students’ confidence to seek help in social contexts. Regarding Steve’s personal experience of ordering food in a restaurant, the data indicated that in community settings he experienced heightened awareness of self and others. Thinking of other people’s perceptions of him precipitated an increase in social anxiety, affecting his capacity to self-advocate and communicate his needs.

I don’t like it when people look at a small kid like me and they might be thinking where their parents or something like that are?

(Steve SPIFG)

They would be thinking what they would like to order... I wouldn’t be taking notice of what other people want to order.

(teacher, SPIFG)

But I take notice of EVERYONE [loud voice] ... and I watch everyone to see if they are looking at me.

(Steve SPIFG)

Steve's unwavering views in terms of his self-perception intimated that due to his size and age he considered himself unlikely to be valued or respected by unfamiliar adults in community settings.

BUT [loud voice] I don't look like I'm a teenager. Everyone is bigger and taller than me.

(Steve SPIFG)

They [staff] are not really assessing that, they don't mind. You are a customer, and they are going to treat each customer with respect.

(teacher SPIFG)

But what if it's a kid? Are they going to give it to a 10-year-old and what would people around and not the server think?

(Steve SPIFG)

Steve's data suggests that his feelings of inadequacy and insecurity are perpetuating and elevating his anxiety levels in community settings. Such feelings of inferiority may also reflect his high dependency on adult support in communication exchanges with unfamiliar adults.

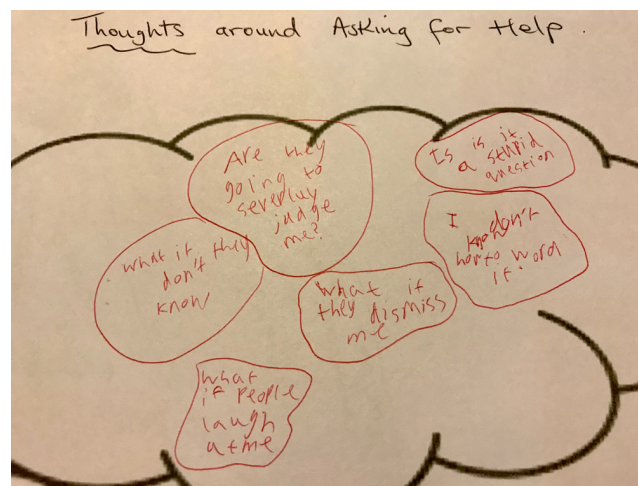


Figure 4.15 Thoughts Around Asking for Help - Garfield

Garfield's views on seeking help, as presented in Figure 4.15, document considerations such as "are they [adults] going to severely judge me; what if they dismiss me; what if they don't know?". Like Steve, Garfield's data suggests that she is not only conscious of being negatively judged by adults, but she is also conscious of being rejected and undoubtedly these influential perceptions are impacting on whether she self-advocates her needs.

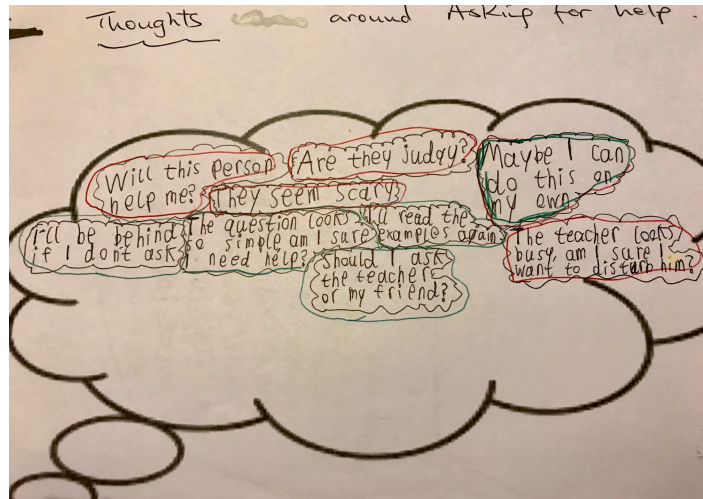


Figure 4.16 Thoughts Around Asking for Help - Pop

Comparable points of view are noted in Pop’s journal extract presented in Figure 4.16. From analysing Pop’s viewpoints, it is apparent that a decision to seek help from an adult may be influenced by how he perceives the situation from the adult’s point of view to safeguard his own self-esteem, “*the teacher looks busy, am I sure I want to disturb him?*” (Figure 4.16). Moreover, Pop’s views evoked the impression that his social confidence may be impeded by a fear of adult judgement, particularly in relation to asking for help from an adult, “*they seem scary; are they ‘judgy’; will this person help me?*” (Figure 4.16).

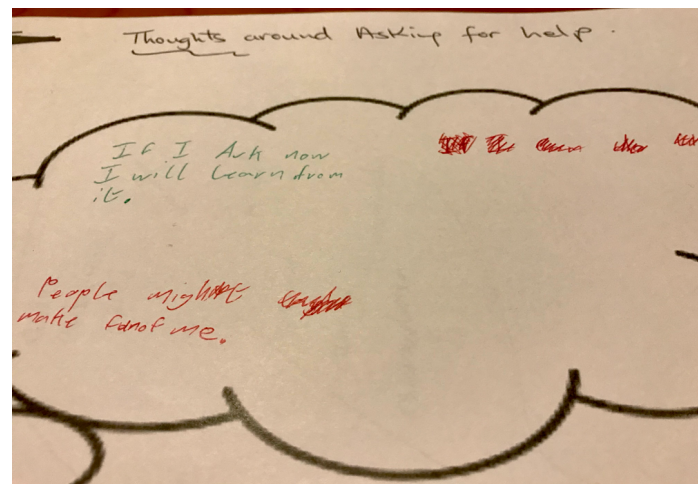


Figure 4.17 Thoughts Around Asking for Help - Steve

Sentiments relayed by Steve and Pop during the focus group meeting implied that peer perception creates a barrier to asking for help in the school setting. From Steve's perspective, "*one of the strongest reasons not to ask for help*" relates to a fear of peer judgement. "*I'm afraid that it will make me look stupid... and my reputation would be ruined... like in Maths I try not to ask for help because people would start thinking that I am not smart and that would ruin my reputation in Maths... but in English I don't care because everyone knows that I am weak in English*" (Steve SPIFG). Steve's data suggests that irrespective of the personal ramifications, preserving other students' perceptions of him as a "*smart*" Maths student takes precedence over seeking help in class. "*I'm stubborn and more likely to keep trying even if it leads to things going wrong rather than asking for help*" (Steve SPIFG). As documented in Figure 4.17, Steve is conscious of whether "*people might make fun of me*" because of asking a question during class time.

Likewise, data provided by Pop extrapolated that a heightened awareness of self and how other students may perceive his query, influences his decision to self-advocate in the school setting, "*the question looks so simple, it will make me look silly for not understanding it*" (Pop SPIFG). Student data highlights that for each of the students a fear of peer judgement and/or peer ridicule impacts on their confidence to self-advocate and seek adult support in the school setting. In sum, choosing 'Asking for Help' as the group target encouraged the students to reflect on influential perceptions that may be causing them not to seek help in school and consider the consequences of not communicating their needs.

4.4.4 Changing Perspectives through a Collective Problem-Solving Approach

The process of self-realisation was supported by a student-centred approach to problem-solving which incorporated both an individual and a group component. A student-centred approach fostered and encouraged student agency and involvement in the decision-making process. Students' opinions were not only listened to, but they were also respected. For instance, during the focus group meeting the teacher recognised that the students held different viewpoints in relation to asking for help in the mainstream classroom setting. "*What I discovered was that everyone was at a different level of asking for help. Like Garfield thought she was very good at asking for help... [Garfield nodding] ... but then we were teasing out... the different situations that may arise where we might need to ask for help*" in school (teacher SPIFG).

To guide students in devising their coping step plans for asking for help in the classroom setting, the facilitators promoted a modality of expression which placed emphasis on both verbal (speaking) and non-verbal (written, hand gesture and colour-coded prompt cards) forms of communication. To introduce the concept of communicating via prompt cards, the teacher demonstrated using a real example belonging to another student. “... *You could just point to that card and the teacher can see the green card and know that you are fine with that one. Or if you had the red card, the teacher would know that you were definitely not okay... the yellow one is that I mostly get it, but I have a question and the next [orange] one, is that I will do my breathing while I think about the question*” (teacher SPIFG). Also, the fact that the teacher emphasised “*we can do a bespoke one for each person*” endorsed the students’ autonomy and choice in designing their own non-verbal modes of communication (teacher SPIFG). The teacher also advised the students to consider having the option of a non-verbal mode of communication in times of stress, “*when people are after moving up the ‘Feelings Thermometer’ and are starting to feel overwhelmed or stressed... that’s where a visual cue may be useful*” (teacher SPIFG). Overall, a student-centred approach which embraced a collective problem-solving component empowered the students take ownership over the decision-making process and in doing so, they discovered helpful strategies to support self-advocating in the school setting.

4.4.5 A Promising Response to Cognitive Re-Structuring Skills

Analysed data at post-programme revealed a favourable response by all 3 students to the concept of cognitive re-structuring and the use of the ‘Recognise, Challenge and Replace’ strategy. During the focus group meeting the students demonstrated an understanding of the impact cognitions (positive and negative) can have on emotional states and how cognitive re-structuring as a strategy can help manage intrusive thoughts from spiralling. From analysing the data, it is apparent that the students’ understanding of these core CBT skills was enhanced using specific metaphors. These metaphors included the ‘Traffic Lights’ to teach cognitive re-structuring, ‘Trapped Thinking’ to illustrate cycles of thought patterns and ‘Balanced Thinking’ to scaffold alternative perspective taking when problem-solving. The discussion began with the students reflecting on what they had learnt in relation to cognitions:

That some thoughts are positive

(Pop SPIFG)

That other thoughts are negative.

(Garfield SPIFG)

Like the negative [red] thoughts are bad thoughts... you may be saying bad stuff about yourself... green [positive] thoughts can motivate you.

(Steve SPIFG)

Green thoughts might help you... might encourage you... they will keep away the negative thoughts.

(Pop SPIFG)

In their appraisal Steve and Pop alluded to the concept of ‘Self-Talk’ and how cognitions inside our minds affect our perception of ourselves and our future behaviours. In addition, Pop and Garfield indicated their awareness of the short-term consequences of intrusive negative thinking on a person’s emotional wellbeing:

Worry thoughts make you feel down.

(Pop SPIFG)

You would keep thinking of them.

(Garfield SPIFG)

Steve proceeded to mention “*mental issues*” as possible long-term consequences of negative thinking on our emotional wellbeing, intimating that “*after months of constant negativity you might get some mental problems*” (Steve SPIFG). Steve related to the consequences of negative thinking because of his perception of himself as “*a negative person*”, stating “*I am never positive, so I know how it feels*” (Steve SPIFG).

Further data provided by Pop denoted his awareness and understanding of coping strategies that support the management of intrusive negative thinking. “*If you are stuck in a negative thought, what can you do to get out of it? You could try to think of something positive, or you could DO [louder voice] something to get it off your mind, or you could do something extra special that would stay in your mind for a bit*” (Pop SPIFG). Pop’s suggested strategies to avoid a ‘Negative Thinking Trap’ exemplify two cognitive re-structuring skills: (i) recognising the negative thought in the moment and replacing it with a positive thought, and (ii) using purposeful distraction through immersion in mind absorbing activities. On the issue of negative thinking and strategies to support cognitive re-structuring, Pop articulated that it is not always possible to re-frame negative thoughts

on your own. *“Sometimes you might need to talk to someone about these negative thoughts”* (Pop SPIFG).

The My FRIENDS Youth programme endorses the importance of sharing problems with someone else to gain support and advice (Barrett 2012). The researcher introduced the concept of ‘Balanced Thinking’ into the differentiated FRIENDS programme to support the students’ recognition of “alternative balanced cognitions” (Stallard 2021, p. 102) With the support of a traditional ‘weighing balance’ visual, the students were encouraged to weigh-up their thoughts (negative and positive) in dialogue with the facilitators to determine whether their views were realistic or whether they were making thinking errors (Stallard 2002). Garfield when asked by the researcher what the visual of the ‘weighing balance’ represented, she replied, *“it’s called balanced thinking. It’s where our thoughts in our head are equal”* (Garfield SPIFG). With regard to talking to someone about personal challenges, Garfield suggested that the supportive person can sometimes have a negative impact on our emotional state:

So, when you are upset and talking through a problem with someone else, how does that make you feel?

(researcher SPIFG)

It kind of depends on what they say, like if they say something negative back maybe you would feel worse.

(Garfield SPIFG)

By way of supporting the students deal with social and emotional challenges, the researcher accentuated the pertinence of developing a modality of coping responses to manage negative cognitions:

I know some people find it easier to release their thoughts on paper rather than talk about them... sometimes if you are worried about something by writing it down, it can help to release your thoughts onto the paper. I know some of you are artists in this room, so drawing can be a way of expressing how you feel.

(researcher SPIFG)

Garfield is using that strategy. Remember Garfield you have your book and sometimes you will write in it if you are quite emotional or stressed about something.

(teacher SPIFG)

Yeah, because I can’t speak it.

(Garfield SPIFG)

Adopting a modality of ways to cope with social and emotional challenges appears applicable to the lives of the students and closely connected to the teacher's response strategies in supporting them deal with emotional challenges. It is also apparent that the differentiated FRIENDS programme is gradually building upon the students' emotional regulation strategies as well as allowing them the opportunity to realise new ways of managing negative cognitions.

At the end of the focus group meeting the students were invited to participate in a participatory group task where participants had to categorise written statements as green or red thoughts (Appendix 11). Data from this group task demonstrated peer mediated learning in action with all members of the group including the facilitators learning from one another. In fact, the analysed data connoted a positive change in the group dynamic since midway data and one that was suggestive of a newly formed network of support between the 3 students. The hands-on task enabled active participation with fluid exchanges from both students and adults alike. Students were directing interaction at one another, commenting, and without hesitation offering suggestions and accepting differing opinions:

Is this really my best work? [Provided statement] I am getting the confusing ones.

(Steve SPIFG)

If you were calling something your best work then you would be proud of it, meaning you were happy.

(Pop SPIFG)

But it says, IS THIS my best work?

(Steve SPIFG)

Oh yeah, is this my best work, like you might be wondering whether you need to do better than this, which might be negative?

(Pop SPIFG)

I don't think it's negative... because they are just questioning it to see if they could improve on it like, IS it the BEST?

(Garfield SPIFG)

During this group task Garfield appeared to fully engage and was quite forthright and outspoken when commenting or suggesting a difference of opinion. Also, her tone of voice changed to illustrate meaning in validating her choice of opinion. Through participating in this discriminatory

hands-on group task, she expressed her opinions with confidence and demonstrated her understanding of cognitive restructuring:

I can't make this any better. [Provided statement] That's a negative?

(researcher SPIFG)

It's got to be positive, like I can't make THIS any better, it's the best it can be... Green [thought].

(Garfield SPIFG)

Upon reflection post-programme data indicates a promising response to cognitive restructuring with the students communicating an understanding of the concept in addition to demonstrating an enhanced awareness of cognitive strategies to support emotional regulation. Moreover, the accrued data uncovered some of the fundamental benefits of group CBT, particularly in relation to helping the students realise alternative perspectives and learning from other group members via peer intermediation.

4.5 Theme One: Social and Emotional Change – One Month Review Data

4.5.1 Overview

This last section of Theme One ‘Social and Emotional Change: One Month Review’ presents the findings following Action Cycle 3 during which the differentiated FRIENDS programme was facilitated by the teacher in collaboration with participating parents. The purpose of withdrawing the researcher’s participation in Action Cycle 3 was to determine whether the CBT skills taught within the implementation phase could be maintained and generalised over the month-long period leading to the end of year summer break. The emerging findings derive from analysed adult and student datasets. These include Post Intervention Focus Groups (PIFG) with parents; Post Intervention Interview (PII) with teacher; Student Post Intervention Focus Group 2 (SPIFG2) with facilitators, and extracts from student journals. Changes in the students’ social and emotional competency resulting from school-based group CBT are presented under the sub-themes in Figure 4.18.

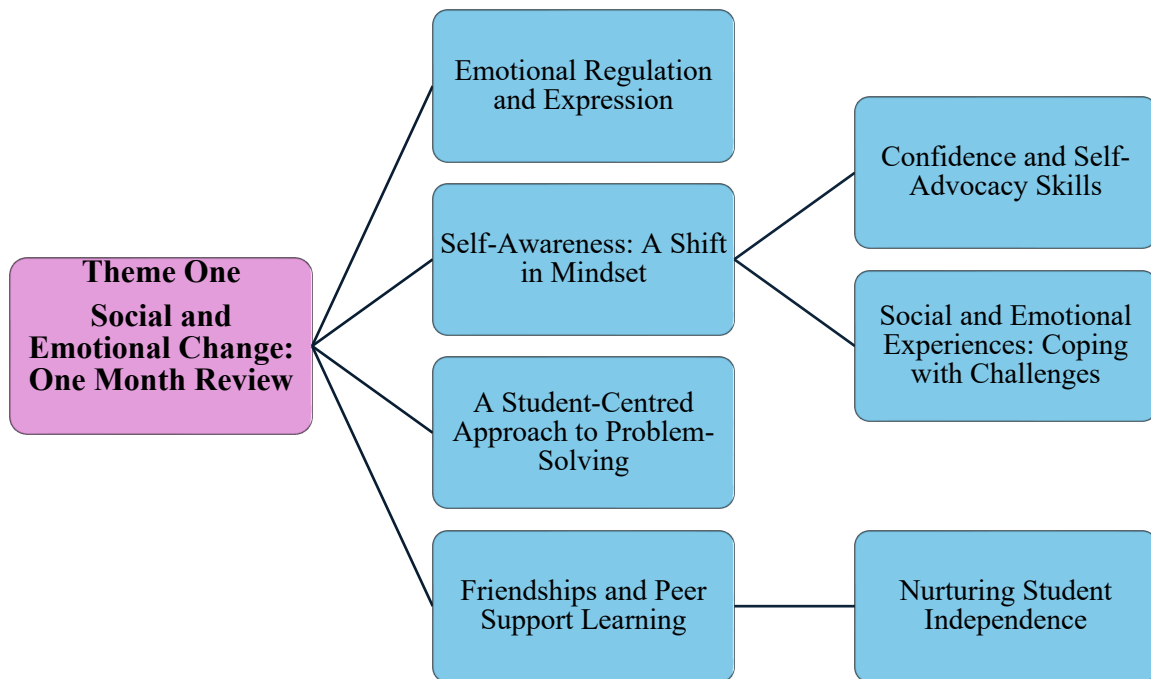


Figure 4.18 Theme One and Subthemes: Social and Emotional Change – One Month Review

4.5.2 Emotional Regulation and Expression

Teacher data posited that all 3 students' emotional regulation skills improved as a result of participating in the differentiated FRIENDS programme. The data suggested an increase in the students' competency to express their needs and regulate their emotions in stress-inducing situations. *"I think they are more confident in communicating what is going on for them rather than becoming emotional straight away... they are starting to take a moment... they are now thinking, I know what I can use to self-manage, okay not all of the time, but most times they are self-initiating using their strategies or they will ask me if they can use them"* (teacher PII). In fact, a decrease in incidences of emotional dysregulation was recognised by the teacher as a significant outcome of the differentiated FRIENDS programme and an indicator of the students' growing emotional resilience. *"In general, they are not getting as emotional and that is a big step... now sometimes it is inevitable because they are so upset... but when they are not gone to a level 6 [on the Feelings Thermometer], they are starting to take a moment"* (teacher PII). Compared to term 1 (September-December 2022) the teacher reported a change in the students' emotional regulation skills at one month review. *"Right up until Christmas there were still a lot of tears from each of the three students for various reasons. That was their first response, to cry about things or shut down. I definitely have observed over the last few weeks where they are now... asking whether they can go into sensory room or listen to music"* (teacher PII).

Findings in relation to self-initiating the use of coping strategies are substantiated by the students' individual responses to the 'Labels and Baskets' discriminatory task. In reference to the statement, *"If I feel stressed, I use a helpful coping strategy"*, student feedback confirmed that all 3 are cognisant of using emotional regulation strategies when feeling stressed:

Steve which basket did you place that statement into?

(researcher SPIFG2)

True because I would sometimes.

(Steve SPIFG2)

Unsure because sometimes you do use a strategy and sometimes you don't.

(Garfield SPIFG2)

True because when I get stressed, I must always use my breathing technique.

(Pop SPIFG2)

It is interesting to note that 2 out of the 3 students voted the statement as “true”, with Pop explicitly stating in his response that he “*must always use*” a coping strategy when sensing emotional escalation (Pop SPIFG2).

Regarding the ‘Diamond Ranking’ task, student data revealed that for each of the students their top three methods of emotional regulation included strategies related to contemplating alternative positive cognitions and practising meditative exercises which reaffirms earlier findings (Midway and Post-Programme) suggesting effective responses to relaxation and cognitive re-structuring strategies.



Figure 4.19 Diamond Ranking Task - Garfield

Garfield’s classification of her preferred coping strategies post-participation in the differentiated FRIENDS programme are presented in Figure 4.19. From Garfield’s perspective positive self-talk is recognised as a supportive coping strategy to use when faced with self-doubt, selecting “*Positive Affirmations*” as her most preferred coping strategy to use based on the belief that “*I think you have to try and convince yourself at times to be positive*” (Garfield SPIFG2). In a similar vein, Garfield selected “*Thinking Helpful Thoughts*” and “*Scripted Visualisation*” as her next preferred

coping strategies as “they are more or less similar to the Positive Affirmations”, intimating in her feedback commonalities between positive self-talk, mindfulness, and cognitive re-structuring skills (Garfield SPIFG2).

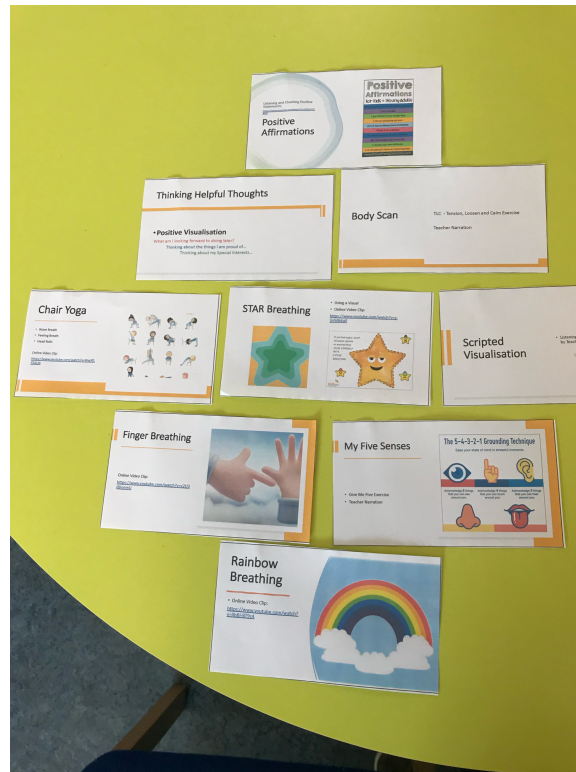


Figure 4.20 Diamond Ranking Task - Steve

As shown in Figure 4.20 Steve also selected “Positive Affirmations” as his most preferred coping strategy, “because I have problems with being positive” (Steve SPIFG2). When asked by the researcher “do you find that it helps to say Positive Affirmations to yourself?” (researcher SPIFG2), Steve replied “not yet because I am still quite negative” (Steve SPIFG2). Conversely, the teacher interjected to emphasise the effect positive mantras were having on Steve’s mindset, explaining that “by using any of those statements, that’s where you are changing your mindset. You are changing your negative thoughts that you would have said before... to positive” (teacher SPIFG2). Steve accepted his teacher’s observation and reaffirmed his commitment to using positive thinking strategies, “because I don’t want my anger issues to ruin my life” (Steve SPIFG2). Likewise, Steve postulated that his next two strategies support his emotional regulation skills. “I chose Body Scan because this exercise helps with my anger... and then I chose Thinking Positive Helpful Thoughts for the same kind of reason to deal with the anger” (Steve SPIFG2). As

an example, Steve identified “*focusing on my computer... my games*” as a helpful cognitive strategy to distract his thought pattern away from negative cognitions (Steve SPIFG2).



Figure 4.21 Diamond Ranking Task - Pop

As represented in Figure 4.21 Pop’s classification of coping strategies indicates a strong preference for mindful strategies. However, cognitive re-structuring features as his second most preferred emotional regulation strategy. In his feedback Pop noted how he swapped “*Star Breathing*” with “*Rainbow Breathing*” on account of his preference for movement within breathing exercises, “*but I did find Star Breathing pretty satisfying*” (Pop SPIFG2). As part of the “*Rainbow Breathing*” exercise, participants were invited to stand and on inhalation of breath, extend their arms outwards and upwards slowly over their heads, followed by slowly lowering their extended arms on exhalation. When discussing his next preferred coping strategy, Pop conceded that focusing on positive thoughts or comforting images helped restore his emotional wellbeing. “*I chose Thinking Positive Helpful Thoughts because it can involve doing positive visualisations which means you can think about what you are doing later, think of things you are proud of, your special interests and thinking about THOSE sort of things just makes me feel very happy*” (Pop SPIFG2).

As regards the students least preferred strategies, Steve demarcated *“Rainbow Breathing”* stating *“I’m not comfortable doing the stretching in the rainbow one... the Chair Yoga exercise would be better because in Chair Yoga you move on the chair, you don’t need to stand”* (Steve SPIFG2). Steve’s feedback reflects previous findings discussed under ‘Theme One’ in relation to his heightened awareness of self in the company of others. Pop selected *“Finger Breathing”* as his *“least favourite breathing method”* based on sensory sensitivities. *“I like to keep as comfortable as possible when I am breathing so just sensing my fingers when I am trying to relax, I don’t like it”* (Pop SPIFG2). It seems the sensory input of his index finger circulating his other hand was so uncomfortable that it prevented him from being able to concentrate on the breathing exercise. Feedback provided by Garfield suggested that breathing exercises proved ineffective in relieving stress and for this reason she would not use breathing strategies. *“Rainbow Breathing, Finger Breathing and Star Breathing... I don’t like breathing exercises. I wouldn’t use them in general”* (Garfield SPIFG2).

When relaying views in relation to her least preferred strategies Garfield evoked an indifferent attitude towards doing such exercises as, *“Chair Yoga, My 5 Senses and Body Scan... I just didn’t see the benefits of them. I didn’t see how they worked”* (Garfield SPIFG2). Garfield’s remarks incited a group discussion on the benefits of learning meditative strategies. Pop acquiesced that learning such strategies are life skills which support emotional regulation, *“we can use these strategies later on in life... to help us calm ourselves down”* (Pop SPIFG2). Teacher accepted Garfield’s present scepticism of some meditative strategies but impressed the notion that maybe at a later stage she might learn to appreciate their benefits, *“maybe next year when you have another busy school year, you might think back to the programme and try using some of those exercises”* (teacher SPIFG2). This view was vindicated by Steve’s comment that *“3rd year will be a very busy year”* due to it being a state exam year (Steve SPIFG2). In sum, one can deduce that emotional regulation strategies need to benefit autistic students’ individual physical and sensory differences, but equally they need to be relevant to their personal interests to encourage their use of them in real-life stressful moments.

During Action Cycle 3 the students were afforded autonomy in creating their own ‘Feelings Thermometers/Emotional Scales’. *“We had great fun because everyone had a different perspective*

as to how they would create their own” (teacher SPIFG2). Teacher interview data suggested that student agency promoted student intrinsic motivation, task engagement and familiarisation with the CBT skills taught within the programme. It seems personalising their own ‘Feelings Thermometer’ and choosing their own strategies helped to encourage the students’ acquisition and generalisation of self-regulation skills. Teacher noted that of the 3 students, Garfield responded most favourably to having autonomy over how she wanted to express emotional change and what strategies supported her emotional regulation. *“I think for Garfield taking ownership of her own ‘Feelings Thermometer’ and her own strategies was crucial. Like we had taught the programme, and I would have emphasised that to all of them that you have learnt many strategies, and we are not saying that you have to use these. You can come up with your own ones”* (teacher PII).

As depicted in Figure 4.22 Garfield created her ‘Emotional Scale’ based on her special interest in the ‘Journey to the West’ novel and animation/movie series.



Figure 4.22 Emotional Scale – Garfield

She chose different variations of the central character ‘Sun Wukong’ to represent varying levels of emotional intensity:

This is Sun Wukong from Journey to the West but different adaptations... the whole point of this character is that he is a violent guy, so I ranked the scale based off that.
(Garfield SPIFG2)

That’s amazing how you were able to link the different adaptations of Sun Wukong to connect with your feelings and levels of emotion, and have you been using it, thinking of the different versions of Sun Wukong and recognising in yourself that oh, I am at a level...?
(researcher SPIFG2)

Yeah!
(Garfield SPIFG2)

Garfield’s list of coping strategies points to her generalisation of cognitive restructuring skills into real-life situations, “*distract myself, listen to music for a bit; think about my special interests; reading Journey to the West and spending time with my cats*” (Garfield SPIFG2). Verbal and visual data provided by Garfield attest that “*Thinking Positive Helpful Thoughts*” (Figure 4.19), distracting herself in mind absorbing activities and/or taking a break, “*leave the place for a bit*” (Figure 4.23) support her emotional regulation, all of which were strategies emphasised in the differentiated CBT programme.

My coping strategies

- 1: distracting myself
- 2: music
- 3: leave the place for a bit
- 4: think about my special interest

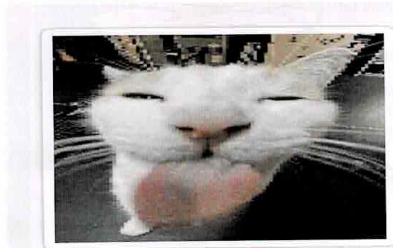


Figure 4.23 Helpful Coping Strategies – Garfield

Similar to Garfield, Pop’s ‘Emotional Scale’ derives from his special interest in animations, “so the images here are from a TV show I like called *The Owl House*” (Pop SPIFG2). As shown in Figure 4.24, for each level of emotional intensity, Pop identified applicable emotions alongside physiological reactions and preferred coping strategies to regulate his emotional responses.

NUMBER	FACE SHOWING HOW I FEEL	HOW IT LOOKS	WHAT I NEED TO DO
5		I am very, very mad. I want to yell and scream and hit.	I need to go to the sensory room and listen to music to totally calm down.
4		I am mad. I want to fight. I want to stop doing work.	I'll to Special class for a while to calm down by playing with something.
3		I am really frustrated. I am upset.	I will ask my SNA if I could go for a walk so I could calm down.
2		I am worried and I don't know what to do. My breathing is fast. I am thinking fast.	I block everything out and do my breathing technique.
1		I am happy. My breathing is normal. There is nothing bothering me.	I am already happy so I just need to sustain it for as long as I can.

Figure 4.24 Emotional Scale – Pop

In the case of Steve, he created his ‘Feelings Thermometer’ by combining different emojis as his indicators of emotional intensity with humorous support prompts. “*I made this funny so I would laugh when I would read it*” (Steve SPIFG2). Steve remarked that he deliberately chose to have six levels of emotion “*because 6 involves rages*” (Steve SPIFG2). On analysis of his feedback, it became apparent that Steve constructed his ‘Feelings Thermometer’ by way of cloning funny, self-relatable phrases and idioms from his favourite computer games:

At level 3, I am feeling anxious, anger, nervous, tired... it says, you lost out so try better next time... Number 4, I am feeling anxious, worried, nervous, or CRYING LIKE A BABY [laughing]... Number 5, red anger emoji, this is insane but I'm not raging yet. Number 6, oh my God impossible, and that's the skull emoji... RAGE [loud voice], he is not the boss. We have an imposter.

(Steve SPIFG2)

Likewise, Steve related his coping strategies to game terminology:

At level 1, I am totally okay. Use Blu Tack. Level 2, play some chess as it's made for nerds. At level 5, do very normal casual breathing and avoid getting clutched by a moderator. Level 6, stop it! Get some help [laughing]... Asking for help; wait until the teacher is close enough so they can hear your voice. Do everything in secret and avoid spies. Don't be a scaredy cat, just ask for help”.

(Steve SPIFG2)

Steve's description resembles a voiceover from a YouTube gaming clip describing the actions and inner thoughts of a player. Nevertheless, his personalised 'Feelings Thermometer' demonstrates that in addition to having an informed awareness of emotional intensity, he has developed an enhanced appreciation of self-coping strategies that support his emotional regulation.

Teacher data elucidated that having their 'Feelings Thermometers' at hand supported the students' emotional recognition and expression. *"If I was talking to them and I noticed that they were being negative, I might leave the Feelings Thermometer on the desk, and say where are you now?"* (teacher PII). In her interview the teacher remarked that although Steve presented at baseline with an awareness of different feelings (Figure 4.5), he lacked an understanding of how to relate feelings to himself. *"Last year he didn't understand a lot of the [feeling] words... what they really would have meant for him"* (teacher PII). The teacher conceded that the CBT programme supported his emotional understanding and increased his awareness of the changes in his body's physiological reactions to stress. *"Like he would have done programmes before, so he knew the vocabulary... but he didn't understand himself whereas now I feel there is self-awareness there for Steve after experiencing the FRIENDS programme which is massive"* (teacher PII). Teacher data suggested that Steve is also using his coping strategies to prevent emotional escalation. *"He will ask if it is okay to use his Blu Tack... he was comfortable using his communication cue cards [to ask for help] and he did use them successfully in class",* despite feeling *"very conscious of others and them watching him"* (teacher PII). The teacher emphasised the positive influence *"the Feelings Thermometer, the Red Card, the Green Card, The Traffic Lights"* had on Garfield's emotional expression. *"Garfield in particular needed the visual prompts sometimes because she wasn't able to articulate what it was that she was feeling or thinking whereas once she had the [visual] prompt, it certainly helped"* (teacher PII).

The students' capacity to relate their emotional understanding to character representation was perceived by the facilitators as a significant finding. This propensity to recognise feelings through character interpretation is evident in their personalised 'Feelings Thermometers':

For the students, the images and what they represent for them is what's important, and I think it was Garfield who said it that she... could sense herself becoming the character.

(researcher PII)

That was huge making that link. They seem to have a great understanding of when their character is upset or is frustrated or is angry and then they were able to make that link as to how they might feel and that meant a lot to them.

(teacher PII)

Similarly, movie elicitation was pinpointed as another effective visual stimulus to support student emotional understanding and expression. The teacher discussed how the use of movie clips encouraged group discussions, and most notably Garfield's capacity to recognise the feelings of characters portrayed in the clips. *"Earlier in the programme when she was engaging in activities she was shutting down. The only activities which she really engaged in were the video clips because she would have seen the movies, so she was very comfortable in those situations"* (teacher PII). According to the teacher having familiarity with the movie empowered Garfield to voice her opinion in relation to the characters' life experiences, *"maybe because she had time to process the themes beforehand and visually because she would be a visual learner, but she felt more confident,"* discussing feelings through the medium of character interpretation (teacher PII). It seems dialogue based on character representation from movies offered Garfield a means to express her understanding of emotions. *"It was somehow like she had a tool to help her describe the feelings"* (teacher PII).

Prior to starting the differentiated FRIENDS programme anxiety was perceived by the teacher as a major concern and on reflection she recounted the students' baseline presentation of anxiety *"as extreme anxiety in very different ways with each of them completely anxious about everything. The school day was extremely stressful for them"*, precipitating frequent emotional meltdowns throughout a given day (teacher PII). However, at post-programme the teacher purported a decrease in the students' levels of anxiety due to their growing competency to self-regulate. By way of illustrating the change in the students' emotional resilience and their capacity to manage fluctuating levels of stress, the teacher referenced exam week. *"At the moment their end of year exams are on and previously we would have had an awful amount of stress around exams. The students would be crying. They would need support from a SNA throughout the exam... but instead, they are sitting independently, doing the exams on their own"* (teacher PII). It appears that the CBT skills associated with emotional awareness and regulation are supporting the autistic students to better deal with exam stress. Moreover, this data suggests enhanced student self-efficacy to cope independently without the need of additional adult support.

According to the teacher, *“last year during exams they would all be melting down... whereas I think now they are able to take that moment and gather themselves, distract themselves or do some doodling or take that movement break which before they were not willing to do”*, and return to the special class *“calm”* after an exam (teacher PII). In particular, the teacher pointed out a change in Pop’s emotional competence and resilience. In her interview the teacher described how Pop’s stress levels would normally spiral on noticing other students finish their exams and vacate the hall. However, over the course of this exam week the teacher reported that Pop *“stayed”* to complete full exam papers regardless of other students leaving, *“so that is MASSIVE”* and a *“huge”* learning outcome for Pop arising from his participation in the CBT programme (teacher PII). Overall, this data implies that increasing autistic students’ capacity to regulate their emotions can impact positively on their emotional resilience and self-confidence which in turn increases the probability of improving their academic functioning.

The teacher espoused the view that Pop had benefitted the most from generalising his emotional regulation skills. *“I think of the 3 of them Pop learnt the most in terms of using the strategies and having a willingness to be open to trying the breathing and trying it in class”* (teacher PII). Sentiments relayed by Parent-3 echoed the teacher’s views. *“I do feel that Pop definitely benefitted. He is definitely using the strategies and using the language. I would say that he is calmer in challenging situations. He is not going straight to over-reaction like he used to”* (Parent PIFG). Furthermore, Parent-3’s data illuminated the influence Pop’s growing competency to self-regulate had on his self-perception and particularly on his self-acceptance of how his body can react to stress-inducing situations. *“Now he still gets overwhelmed but I think he just accepts that this is what happens me and I just have to try and deal with it, manage it and come down from it and then I will be fine”* (Parent-3 PIFG).

Similarly, the teacher highlighted how Pop’s acute self-awareness and fear of missing out on class time previously perpetuated cycles of emotional overwhelm. *“He was putting himself under an awful lot of pressure because he is so self-aware. He knew he was getting upset... he knew he had to withdraw from the class... he wasn’t able to compose himself so not only would he miss one class, he could miss two classes”* (teacher PII). *“Last year there was a lot of, I should be able to control my feelings... whereas now he seems to be more focused on putting the strategy in and*

trying to calm himself” (teacher PIFG). In fact, the teacher acknowledged that now *“if there is a moment where Pop is upset, he can gather himself within about 20 minutes and then he is ready to re-join our activity or go on to class”* (teacher PIFG). Converging adult data (Parent-3 and teacher) concurred that Pop can de-escalate and self-calm in shorter spans of time compared to baseline data. It seems that an increased capacity to self-regulate his emotions is not only benefitting his overall wellbeing but also enabling him to access more class time and engage in more learning tasks, thus enriching his opportunities to achieve academic success.

In the case of Garfield similar adult data (Parent-2 and teacher) was documented regarding positive changes in her emotional competence and general wellbeing. Parent-2 extrapolated that Garfield’s anxiety levels had moderated. *“She is a lot calmer now and she definitely got that from the programme”*, and as a result she no longer experiences distress in different social situations (Parent-2 PIFG). *“Last year... if you suggested doing... anything outside of home, like I was saying at the beginning of the programme... there would have been a fear. She is not afraid anymore”* (Parent-2 PIFG). Analysis of Parent-2’s data also affirmed Garfield’s growing social competency and her capacity to manage fluctuating levels of stress. Parent-2 reported that Garfield’s perpetual state of heightened alertness while walking down a shop street had dissipated in recent weeks. *“We have gone to town several times... now I don’t bring her all over the place, but she is not looking over her shoulder and questioning, what’s that or who’s he? The constant nervousness or that heightened alert isn’t there the whole time”* (Parent-2 PIFG). In helping Garfield develop coping plans, Parent-2 remarked that she gained a greater understanding of Garfield’s anxieties. *“I understand it more now... it is the fear factor of strangers... she never liked to go down the main street because there would be different kinds of people... while in the shopping centre she felt safer”* (Parent-2 PIFG).

It emerged from Parent-2’s data that *“generally as a person Garfield is in a better place... She doesn’t get as upset and it’s been a while since she has had a good cry about something”* (Parent-2 PIFG). Parent-2 surmised that *“on an emotional level Garfield is able to process things better and calm herself down a lot quicker”* (Parent-2 PIFG). Feedback from the teacher concurred that Garfield is better able to manage her stress in school, resulting in her seldom having to leave class because of emotional overwhelm. *“Now she rarely comes out of class... and she is able to compose*

herself” (teacher PIFG). Consequently, Garfield is attending all subject classes, and her general experience of school is far more pleasant. Converging adult data (Parent-2 and teacher) intimated that her enhanced capacity to cope with school demands prompts less worry and body tension:

Last year I would have noticed that she would become non-verbal a lot... very tense and she was physically bending over all of the time when she was walking, her head was down.

(teacher PIFG)

Yeah, there is none of that now.

(Parent-2 PIFG)

According to Parent-1 anxiety remains an issue for Steve, however, his ability to regulate his stress levels has improved in recent months. *“He has anxiety, but he is more in control. Like before he was screaming, crying a lot with the anxiety... now it is better”* (Parent-1 PIFG). Parent-1’s data indicates that Steve is more inclined to problem solve for himself, relying less on his mother for advice or support. *“Now with anxiety, he try to solve the problem for himself and not tell me”* (Parent-1 PIFG). By way of illustration, Parent-1 referred to changes she has observed in Steve’s adaptive coping skills when using public facilities at the swimming pool. Previously he was reluctant to enter if there were people in the changing room, whereas now *“he goes to men’s section, and I go to women’s section. Sometimes I am waiting a long time, and I say to him why? Oh, I was waiting until all men go out, but now he is fine”* (Parent-1 PIFG). This data indicates an increase in Steve’s emotional regulation and resilience when in close proximity to unfamiliar people in a public setting. On another positive note, Steve is becoming more capable of relying on himself and coping independently which suggests a marked reduction in separation anxiety.

4.5.3 Self-Awareness: A Shift in Mindset

Adult data connoted that prior to the differentiated FRIENDS programme the students’ general outlook imbued an unwavering negative mindset of self-doubt. However, there is evidence to support a positive shift in the students’ attitude towards life and in their way of thinking and dealing with everyday problems as a result of CBT. Data provided by the teacher evoked the impression that taking *“ownership of solving their problems”* was challenging for each of the 3 students (teacher PII). According to the teacher one reason why the students found problem-solving challenging pertained to adult dependency. *“They are very much reliant on another adult, so either their SNA, or the teacher, myself or their parents”* to solve their problems for them (teacher PII).

Another reason reported by the teacher pertained to the students' mindset and their use of learnt coping responses. *"So up until this programme their go-to was negativity, the WHY I CAN'T DO! They were very well versed in giving me all those negatives... they see the problem but then react to it, so that's where the emotion came in and we see the crying"* (teacher PII).

Data posited by the teacher inferred that learning new ways of problem-solving largely depended on how responsive the students were to the concept of cognitive restructuring. *"Challenging the mindset, reframing it, changing from negative to the positive linked into problem-solving but firstly they have to be open to that way of thinking rather than being negative, closed and emotional"* (teacher PII). Due to their participation in CBT the teacher remarked that each of the 3 students gained emotional awareness, most notably an *"understanding of themselves and their body's awareness"* which encouraged them to confront their perceived negative outlooks and question their response strategies in stressful situations (teacher PII). Consequently, over the course of the CBT programme, the students began *"thinking about how can I do things rather than just reacting or avoiding them"* (teacher PII). Through this process of self-realisation and self-questioning, the students gradually acquired a 'can do' attitude as opposed to a 'can't do' attitude.

Analysed data from Parent-2 substantiated the positive influence of CBT on Garfield's mindset, identifying her propensity to think more optimistically as the greatest learning outcome achieved. *"Definitely coming out of it, the positive thinking is the biggest thing that she has definitely gotten out of the programme"* (Parent-2 PIFG). As regards Garfield's competency to deal with social conflict, Parent-2 reported that she will *"still check a lot with me in relation to how she coped in a situation"*. However, *"it's very quick now. Like before it could have taken a whole evening... and you would have been thinking that there is nothing else I can say to make it any way better"* (Parent-2 PIFG). It seems Garfield is better able to manage intrusive cognitions which suggests that she has acquired cognitive re-structuring skills to support a more balanced perception. Teacher data indicated that Garfield has developed an enlightened capacity for perspective taking and listening to alternative viewpoints. Before *"she wasn't open to listening when we were trying to problem solve with her"* (teacher PII). Conversely, the teacher relayed observing a change in Garfield's attitude towards understanding other people's point of view. *"Previously she would be*

saying, why don't the other students realise that I'm not happy with this situation. It might have been too noisy for her, so she was putting the blame on others" (teacher PII).

Teacher data extrapolated that Garfield has developed *"a greater self-awareness"* and realisation of her own *"strengths"* (teacher PII). Compared to baseline data, the teacher recognised that Garfield is more receptive and open to exploring different self-coping strategies. *"Last year I gave her lots of different kinds of fidgets and other sensory tools that might help her, but she was very closed to any of them... now she has found through the CBT programme skills that do work for her"* (teacher PII). Moreover, Parent-2 remarked a change in Garfield's outlook regarding future aspirations and wanting to move out of home to experience college life. *"Before she would have said, I might go to college in [local town], but now it's, I'm not sure if I will go to college in [local town] because I might want to go away for college"* (Parent-2 PIFG). As emphasised by Parent-2, *"it's just that shift in thinking that definitely has changed for her"* since participating in the FRIENDS programme, noting that *"it's good to see Garfield thinking like in 5 years from now I need to be able to do"* in order to be self-reliant and live independently (Parent-2 PIFG).

Regarding Steve, adult data (Parent-1 and teacher) denoted a positive change in his general outlook and receptiveness to experiencing new and unfamiliar social situations. From the teacher's viewpoint, given that Steve identified cognitive re-structuring strategies as his most preferred self-coping methods verified a pivotal shift in his mindset. *"It's a very different Steve that we have... the fact that he is more aware of and wanting to have a more positive outlook, that's a huge step for him"* (teacher PIFG). Parent-1 espoused the view that Steve recognises the pertinence of changing his attitude and having a more optimistic mindset, inferring that *"Steve would have always had a problem with negativity... every morning negative, back from school again negative... Now he understands that he must change... he must think about the positive... and he has started to understand... we start working with him and now he absolutely different"* (Parent-1 PIFG). Teacher noted that before the CBT programme, *"he would never have considered that he could change his mindset"* (teacher PIFG).

According to Parent-1, *"Steve is interested in changing his life, that it's not all about computer and games"* (Parent-1 PIFG). Parent-1's data acquiesced that Steve is cognisant of not missing out

on opportunities because of his propensity for negativity and using avoidance strategies. In her feedback Parent-1 referenced how Steve questioned *“why was I scared about school trip to Spain... why did I not go?”* (Parent-1 PIFG). Parent-1 pinpointed Steve’s regret of evading the school trip as symbolic of a shift in his mindset compared to term 1. Furthermore, the fact that Steve self-questioned his decision not to go on the trip was indicative of a change in his mindset. Congruently, it emerged from Parent-1’s data that in general Steve seems more open to trying out new experiences because he realises that *“if he stays home, he will just be playing the computer, making a game, every day the same, but he is interested in changing that”* (Parent-1 PIFG). Steve’s awakened sense of ‘joie de vivre’ and enthusiasm for different life experiences is conveyed through Parent-1’s acknowledgement that *“before I was pushing him, but now I just offer and he says, oh ya, I will”* (Parent-1 PIFG).

In the case of Pop, data indicated that gradually desensitising him to stress-inducing situations nurtured a belief in his own competence to cope which encouraged a shift in mindset. Data provided by the teacher postulated that, *“he is seeing the changes in himself”* (teacher PII) and this view was confirmed by Parent-3 when she revealed that in general Pop *“would be more sure about situations... and better able to manage by using his steps in his head”*, self-determining that *“I know this is happening and I know how I am going to deal with it”* (Parent-3 PIFG). Parent-3’s observed changes in Pop’s self-awareness and emotional competence is further vindicated by the realisation that he is more capable of coping in food related situations. *“I just find at home... he doesn’t seem to be as scared of something happening in the house if there was cooking going on. There’s not that over-reaction”* (Parent-3 PIFG). This sentiment is corroborated by Pop’s report of a food incident in school. *“One time in English class I walked into the room and there were bits of food all over the room and I didn’t like it, and I totally could have got upset and rushed over to special class, but I didn’t. I just stayed outside the room while some of the other kids cleaned it up. I still wasn’t happy by seeing the food, but I have become slightly better at how I react to it”* (Pop SPIFG2). In addition, Pop noted that, *“I do feel I am getting better at controlling what I get upset at and how I might react”* (Pop SPIFG2), and as a consequence, Parent-3 noted that *“there’s less avoidance too”* (Parent-3 PIFG). Analysed datasets indicated that Pop’s self-realisation of his increased capacity to self-regulate in stressful situations has supported a change in his outlook and strengthened his personal resolve.

4.5.4 Confidence and Self-Advocacy Skills

Accrued datasets from adult and student perspectives indicated a positive change in the students' self-confidence and in their growing capacity to self-advocate. From the students' perspective data from their focus group meeting revealed that 2 out of the 3 students considered their confidence had increased as a result of participating in the differentiated FRIENDS programme. As part of the 'Labels and Pots' task the 3 students were invited to reflect upon the statement, *"I feel that my confidence is growing"* and share their personal views. Both Pop and Garfield voted this statement as *"true"*, while Steve voted it *"not true"*, identifying instead that his reputation among his peer group had grown since baseline findings (SPIFG2).

From analysing Pop's data, it would seem that he associated his growth in confidence with his increasing competency to cope in food related social situations. Pop framed his feedback by way of illustrating his enhanced capacity to regulate his emotions, e.g. when he recently encountered food in English class (Pop SPIFG2). Adult data (Parent-3 and teacher) acquiesced the shared view that Pop had gained in confidence to self-regulate and advocate his needs in social settings. In her data Parent-3 recognised evident growth in Pop's self-efficacy skills when dealing with problems and managing his emotional reactions, noting that he is *"not checking with me like before when it would escalate... now he nearly doesn't come to me until maybe after the event"* (Parent-3 PIFG). Parent-3 also remarked how Pop can recognise potential triggers and seek relevant adult support to avoid emotional escalation. *"Sometimes there might be a particular piece of homework that he knows he will find challenging, so he will look for me to help him because he knows if he starts into it by himself, he will escalate"* (Parent-3 PIFG). The teacher reported observing a change in Pop's social competency. *"I definitely have seen an improvement in him where there is less of an over-reaction and a greater sense that he is trying to tolerate the situations more and taking on that responsibility... like that I have to try and cope a little bit more"* (teacher PIFG). Equally, from Parent-3's data there is indication of Pop's growing competency to self-advocate in community settings. Regarding Pop's social challenges Parent-3 reported that they *"tended to go to coffee shops rather than where there may be strong smells"* to gradually build his confidence over time (Parent-3 PIFG). Arising from repeated exposure to different food settings and practising his social communication skills, *"Pop is now very good to go up and order something for himself"*,

and so much so that he is being encouraged on a regular basis to order for himself *“rather than Parent-3 always ordering for him”* (Parent-3 PIFG).

Garfield in her feedback articulated that she believed her confidence had grown *“a good bit”* since last year (Garfield SPIFG2). In fact, during the group discussion Garfield expressed frustration by the lack of autonomy in her life. *“You know how I said I feel more confident now. It’s like sometimes I feel like other adults agree with me, but they don’t act like I’m more confident. It’s like they won’t let me do things on my own and it gets annoying... It’s like sometimes I feel some people are not letting me move on from what I was like in 1st Year because I’m not like that anymore”* (Garfield SPIFG2). Parent-2’s data confirmed that Garfield is asserting her opinions more and involving herself in the decision-making process. However, having such conversations would seem to be challenging for her when viewpoints differ. *“Garfield wants to be heard and listened to more... however... sometimes she puts her guard up, but I am trying to help her see that people are not telling her what she should do, they are just talking about what options she has and what she can do”* (Parent-2 PIFG). Apart from Garfield’s growing confidence to self-advocate her needs to familiar adults, Parent-2 remarked changes in her social confidence, particularly her growing capacity to communicate with unfamiliar adults in community settings. *“Like ordering stuff in the shop for herself if the person in the shop throws something else into the mix, that doesn’t completely throw her... She used to get very flustered before... She would be looking at me to take over... now she is able to approach those situations. She takes things slower... and that gives her a clearer thought process where she is able to manage those situations better”* (Parent-2 PIFG).

Teacher data supported a view of positive change in Garfield’s confidence, affirming that her competency to self-advocate in school has progressively increased over the course of the differentiated FRIENDS programme. Compared to baseline data the teacher described Garfield as *“a totally different child now”* (teacher PII). Observations noted by the teacher not only confirmed a decrease in Garfield’s stress levels at school, but they also suggested fewer instances of Garfield presenting with selective mutism. *“When she started at the beginning of this year [in special class], she was not able to verbalise. There were many days where she would just point to her mouth, she was mute and then she would write. She NEVER has to do that now, NEVER, so that is absolutely massive”* (teacher PII). In addition, data purported by the teacher inferred that other

staff within the school observed Garfield's increased confidence and capacity to manage her stress levels during class time. *"We would have got that feedback from teachers in the classrooms that they have seen how Garfield has become more confident, how she is engaging more in tasks and ... willing to allow the teacher offer her help"* (teacher PII).

On analysis of Steve's data, it became apparent that he associated confidence with peer perception, suggesting a growth in his reputation among his peers because during Physical Education (PE) class, *"someone asked me to be their pair so that means that I have some reputation"* (Steve SPIFG2). Of note is the impact of another student choosing Steve as their partner. Evidently, this positive social experience had a profound impact on Steve's perception of himself and undoubtedly boosted his self-confidence. Regarding Steve's confidence Parent-1's feedback echoed what Steve reported. *"I can't tell you he is 100% with confidence yet, but he started... this is very important that he started. Like in the classroom he started, he said, Oh Mum, I am better like in the sport"* (Parent-1 PIFG).

According to Parent-1's data, there is some indication of growth in Steve's confidence, referencing that his trips to the local shop are less overwhelming for him. *"Now it is better, but still the anxiety. He still gets stressed"* (Parent-1 PIFG). Parent-1 expressed the view that with continued exposure and practise, Steve's confidence to self-advocate should gradually improve. *"I think stress and anxiety will be his whole life with shopping... but maybe he will be more confident in the future"* (Parent-1 PIFG). In her data Parent-1 acknowledged that Steve found taking on the social challenges very difficult, nonetheless, *"he did do them. He went to Supermacs, the cinema, the swimming pool and the shop"* (Parent-1 PIFG). On a positive note, Parent-1 remarked that his experience of self-advocating at the cinema was very positive, describing that *"in the cinema he was brilliant. He buy the ticket for himself and ask about the popcorn for himself. It was very nice"* (Parent-1 PIFG). Upon reflection, Parent-1 placed emphasis on the importance of further developing Steve's social competency to augment the likelihood of him living an independent life as a young adult. For this to happen, Parent-1 recognised the pertinence of putting the supports in place as early as possible to mitigate lifelong challenges, *"because my daughter was not as lucky. She was diagnosed late, and nobody spoke to her or teach her independence and for her it was very difficult and still is very difficult"* (Parent-1 PIFG).

4.5.5 Social and Emotional Experiences: Coping with Challenges

Analysis of the different adult perspectives revealed significant changes in the students' social and emotional competency. Compared to baseline data there appears to be a marked improvement in the students' social confidence and in their emotional resilience in different social situations. During focus group meetings with parents the end-of-year school tour was referenced by way of illustrating the changes in the students' social and emotional competency. Due to all 3 students declining to participate in last year's school tour, they each had no prior experience of going on a large-scale school outing with multiple bus groups of students. Therefore, the fact that they each elected to participate this year was deemed momentous by all 4 adult-participants, substantiating a change in the students' attitude towards socialising in unfamiliar settings and their growing belief in themselves to cope. As noted by Parent-3, *"I never would have thought that Pop would go off on a tour, and it wasn't a straightforward tour either. There were a lot of things involved"* (Parent-3 PIFG). Parent-3 discussed how she helped prepare Pop for possible eventualities. *"So I kind of went through different scenarios with him... brainstorming ideas and ways of coping... Like on the bus, what if someone opens something that you don't like, how are you going to respond?"* (Parent-3 PIFG). Data provided by Parent-3 verified Pop's emerging ability to problem solve for himself and take responsibility for his own coping responses in social settings. *"I can put the tissue up to my nose. I can put my hood up or it might be hot on the bus so I can sit by the window"* (Parent-3 PIFG). Furthermore, Parent-3's data exposed her disbelief at the lack of anxiety shown by Pop in the lead up to the excursion date. *"He didn't seem to be worried about it. It didn't seem to be a big thing for him"* (Parent-3 PIFG).

As it happened Pop's personal resolve was tested on the day of the school tour and his enhanced coping ability to moderate intensifying emotions was authenticated. To illustrate how his coping strategies had improved since baseline data, Parent-3 recounted an incident at the swimming pool whereby Pop was standing in amongst his peers for a group photograph and *"whoever was taking the photo said, everyone say SAUSAGES"* (Parent-3 PIFG). As documented in baseline findings, the word 'sausages' was noted as *"probably his biggest trigger"* and one that would cause instant emotional overwhelm (Parent-2 PIFG). However, in this instance, Pop is reported by Parent-3 to have relied solely on his emotional regulation strategies because *"his SNA wasn't right there"* to intervene or offer support (Parent-2 PIFG). According to Parent-3's report Pop realised in the

moment that *“it wasn’t the right situation to take a break... so I just cried inside my goggles, and I was doing my breathing... and just smiled”* (Parent-3 PIFG). Parent-3 cited that Pop admitted feeling *“a bit not okay... a little bit stressed for a while after, but I was okay”* (Parent-3 PIFG). This data indicates Pop’s ability to self-regulate to prevent emotions from escalating into an emotional meltdown.

The 2nd year school tour also provided evidence to substantiate Steve’s growing social competence and emotional resilience. Firstly, the fact that this year Steve not only wanted to go on the trip, he also *“really engaged... and participated in all of the activities”* (teacher PIFG). Secondly, teacher data noted that Steve overcame his fear of enclosed spaces without any adult support. *“There were a lot of things before [researcher] came that Steve wasn’t comfortable with and one of them would have been crowds. He is not comfortable in confined spaces, but yet in the cave, they were all jammed in together and... he didn’t become stressed or overwhelmed”* (teacher PIFG). In fact, it transpired that Steve managed to cope throughout the day without constant support from either SNA or special class teacher. *“I [teacher] wasn’t on the trip, but the SNA was obviously but not necessarily with him all of the time. For example, in the cave he would have been separated from the SNA, but he wasn’t rocking and crying like he would have done previously”* (teacher PIFG). It seems that rather than depend on adults in social situations, Steve has learnt to rely more on himself which is indicative of enhanced independence skills.

Subsequently, the teacher reported that Steve engaged with other peers as well as unfamiliar staff on the day. *“He engaged with another teacher at one point who was on the bus with him... and she doesn’t teach him and also he had conversations with other students”* (teacher PIFG). This revelation denoted a marked improvement in Steve’s social communication skills and in particular his capacity to relate to peers his own age which Parent-1 was very encouraged to hear, *“because I can see he loves chatting and yes communicating a bit of a problem. Like he thinks he is different, and children cannot understand him”* (Parent-1 PIFG). However, one can concede that experiencing different social settings and supporting Steve’s social communication skills during the CBT programme helped to develop his confidence to engage with unfamiliar people. Listening to the teacher’s account had the effect of reawakening Parent-1’s confidence in Steve to socialise with unfamiliar peers. *“In the future when it’s Trinity College when he starts, he will think that he*

can communicate because it will be children with same interests” (Parent-1 PIFG). Arguably, Parent-1’s data suggests that on one level, she wants Steve to experience the camp, stay in Dublin, and socially interact with others in the camp. Nonetheless, it is dichotomous situation for her as a parent. The notion of Steve attending the camp for 5 days in an unfamiliar setting with unfamiliar people is anxiety inducing for her, but a social experience Parent-1 is determined for her son to experience.

Data from Parent-2 acquiesced that as a result of her enhanced emotional competence, Garfield’s personality traits are beginning to radiate. *“I think her personality is coming through more now that she is more relaxed, so she uses her humour a bit more to kind of manage the anxiety”* (Parent-2 PIFG). Parent-2 referred to an incident which occurred during the school tour to exemplify how Garfield’s coping responses to stress had changed since baseline data. *“When they went on the trip the other day, they did orienteering... and she said in her words that they got lost”* (Parent-2 PIFG). According to Parent-2’s report, Garfield managed to control her stress from escalating *“because there were a few of them together”* (Parent-2 PIFG). By way of coping, Garfield reported to Parent-2 that they *“made a joke about being lost”*, surmising that if they failed to find their way back, *“there’s a coffee shop down there and we have 40 euro between us”* (Parent-2 PIFG). This data illuminates the positive effect of peer support in moments of stress as well as Garfield’s increasing confidence to cope with uncertainty in an unfamiliar environment. Teacher noted in the discussion that Garfield’s account of the incident was indicative of her growing problem-solving skills and her ability to theorise possible solutions.

4.5.6 A Student-Centred Approach to Problem-Solving

According to teacher data, the whole concept of *“understanding that you can break a problem down”* by defining *“what is the problem”*, proffering *“possible solutions”* and constructing a coping step plan presented challenges for the autistic students (teacher, PII). Converging student data revealed that all 3 students felt undecided about the statement, *“a problem shared can be broken down into a coping step plan in order to solve it”*, voting it as *“unsure”* (SPIFG2).

As regards Garfield’s feedback, she stated that she would only share her problems with certain individuals. *“I put the statement in unsure because there are certain people that I am okay with*

talking about my problems but sometimes I wouldn't make a plan with them”, preferring instead to devise her own coping step plan (Garfield SPIFG2). From Steve’s perspective, he voted the statement as “*unsure*” because “*not all problems are that easy to fix and some problems are way too big*” (Steve SPIFG2). Feedback from Pop documented a similar perspective, emphasising that some problems are too stressful to discuss with someone else. “*I put it in unsure because usually when you break down a problem you need to TALK about that problem [beginning to get emotional] and I don't really like talking about the problems I have... and this would only be for a BIG problem and not a small one. For small ones, teacher and I would just talk through them and get over them easily*” (Pop SPIFG2). This discussion caused Pop emotional upset which is indicative of the psychological impact his anxiety related issues have on his daily-life functioning.

The teacher conceded that devising coping plans for problems proved difficult for the students mainly because of their tendency to magnify perceived problems and exaggerate their significance. “*The students often see what we might as adults or other kids view as being quite a small problem but to them, it can be huge*” (teacher PII). From analysis of teacher and student data, it appears that embracing a self-oriented approach to problem-solving was new for the students to grapple with and possibly their propensity to catastrophise problems impeded their response to the approach. Nonetheless, teacher data suggested that with time and collaboration, the students came to the realisation that overcoming problems is best achieved by having a pragmatic mindset and addressing problems through a self-reflective process. “*How can I break this problem down into manageable steps so it's not such a big deal and therefore my emotions don't have to be as big because I can break this problem into steps and I can then think logically*” (teacher PII).

In respect of the group target the teacher described in her interview the challenges she experienced in relation to problem-solving and devising meaningful coping step plans for ‘Asking for Help’. She noted how onerous it was to gain student buy-in to the target due to some students feeling it was irrelevant to them. “*Even to just do the group challenge took a while to buy into doing it... because they don't sometimes realise that they need help or how to go about asking for it or who they can ask*” (teacher PII). However, adopting a CBT ‘Balanced Approach’ to problem-solving supported the students’ realisation that sometimes asking for help can be challenging, especially when their emotions intensify. This analytical approach involved weighing up the evidence from

different sources and encouraging the students to question their behaviour. *“Two of the students felt that they were able to ask for help and that’s why we discussed the ‘Feelings Thermometer’... okay so your subject teachers would have mentioned, your SNA would have mentioned and I would see here [special class] that when you are up at a level 5 of level 6 even though generally you are able to ask for help... when you are up there, you are overwhelmed and you are unable to ask for help”* (teacher SPIFG2).

Developing student awareness and a willingness to work towards improving their self-advocacy skills required extensive group and individual discussions with their teacher. Teacher data indicated the importance of negotiating targets with the students and allowing them autonomy in the self-reflective process. In the case of Garfield and Pop the focus of their communication target changed to ‘Accepting Help’ from staff members in school. Teacher data explained that one-to-one discussions with Garfield helped to further enlighten her understanding as to *“why a teacher might feel a little put out if she kept refusing help”* and *“that the help being offered was out of concern”* for her (teacher SPIFG2). Similarly, teacher data documented how Pop *“wasn’t able to recognise that he needed the help and then he wasn’t open to the offer of help”* which often resulted in Pop asserting to a teacher or SNA, *“I KNOW, I KNOW or NO, I KNOW what I am doing. I DON’T need help”* (teacher PII). It seems realising that their stressed responses could be misconstrued as socially impolite impelled Garfield and Pop’s commitment towards changing their attitude and use of language when a teacher or SNA offered support.

Post-programme student data evoked the impression that all 3 students following Action Cycle 3 were open to asking for help in the mainstream class and would accept or decline the offer of assistance depending on the situation. In response to the statement, *“if I am unsure about something I will accept help from my teachers”*, all 3 students voted this statement as *“true”* and expressed similar views in their group feedback. As acknowledged by Garfield, *“I will only accept help when I want it”* (Garfield SPIFG2). Likewise, Steve expressed that he would accept help *“most of the time, unless I know it already... and especially if I am unsure about something”* (Steve SPIFG2). Steve’s data also implied that he was requesting help from teachers during class time, noting that *“sometimes I can’t reach the teacher so I just don’t, but yet, when I can, I do”* (Steve SPIFG2). Similar to his co-participants, Pop reported that compared to last year he was *“very good*

at asking for help from teachers” in class (Pop SPIFG2). On the issue of accepting help, Pop remarked that he would accept help from teachers and is mindful to decline their help with polite use of language. “I would definitely accept their help if I was stuck although teacher and I are working on how I would decline them... in a less rude way. Now I would say, no thank you, I’m fine” (Pop SPIFG2).

Teacher data indicated that having agency, autonomy and ownership of their progression steps supported the students achieve success at a pace and degree of challenge they were comfortable with. In the case of Steve, his coping step plan to improve his social communication skills started by using his targeted skills within the special class setting and in subject classes where he felt most at ease, *“building the confidence here [special class] first and the teachers that he was most comfortable with in mainstream and then going from there, adding more classes”* (teacher PII). Steve’s social communication targets involved firstly only having to respond to familiar adults’ greetings, followed then by Steve having to initiate and maintain conversations with self-chosen adults. To help scaffold his use of communication skills the teacher co-created a social script with Steve which he could take with him to subject classes. *“We made out a Script or Social Story and, in the story, it had the possible things he might say and how he could respond”* (teacher PIFG). The teacher also noted how Steve’s social communication plan included traffic light colour-coded prompt cards as a non-verbal means of communication which he could use in class to *“manage his understanding of the lesson...”* (teacher PIFG).

Another significant factor of the CBT approach involved teacher feedback which encouraged student self-directed learning. *“So we looked at his progress at the end of each day, so my comment if he was meeting me might be, you responded to me but you had your back to me, that idea that if you are interested in what I have to say, how would you give that message to someone if it was one of your peers or another adult?”* (teacher PIFG). Indeed, student self-reflection was integral to the process of setting achievable targets and enabling the students determine the next achievable step towards meeting their end goal. Furthermore, the teacher conceded that taking a step-by-step student-centred approach to achieving targets supported the development of their self-confidence. *“Gradually building on the skills and adding to them, like Steve would try his skills in one setting [Maths class], and then I would expect a little bit more in his special class... he brought into the*

small steps and when he saw, he was gaining a little confidence, he was able to tell me” (teacher PII).

Data from Parent-2 described how Garfield initiated her coping step plan to achieve great success in her Junior Cycle Music practical exam. In her report Parent-2 relayed how Garfield decided to change from playing a piece of music on her guitar to performing a song instead. As outlined in Parent-2’s report Garfield gradually built her confidence from learning the song *“in the room on her own”* singing *“very low”*, to becoming confident enough to sing for her parents, *“Daddy, can you come in now? Then after a week or two, can Mammy come in?”* (Parent-2 PIFG). Then her confidence was at a point to sing in front of her brother, *“every time her brother would pass her door, she would be like [brother’s name] can I sing it for you?”* (Parent-2 PIFG). This data illustrates the gradual change in Garfield’s self-confidence and the pertinent role family members play in supporting and empowering self-competence. This support alongside the support received in school from teachers, SNAs and friends represents a tiered support model which was naturally embedded into the differentiated FRIENDS programme. As a result of the combined support, Garfield performed her song to state examiners in the special class setting. The teacher expressed how Garfield’s music teacher was in awe of her amazing achievement, noting that she was *“blown away... Garfield is usually so gentle with her voice... and she would be like this [gesturing hand up to face] but no, her voice the loudness”* (teacher PIFG). Of note, is the advantage of having access to the special class setting. As previously discussed in midway findings, the special class is an environment where the students feel most comfortable. However, at present such a facility is not available to all autistic students attending Irish mainstream education.

Teacher data revealed how Pop was able to visit a local café restaurant as part of his social challenge to tolerate food environments. In her description, the teacher conveyed how Pop was able to accompany the group inside the restaurant and regulate his emotions for 15 minutes. *“Now we [teacher, SNAs and peers] were all aware that it was very difficult for him and that we might have to change our plans but he actually agreed to sit and there were a lot of strong smells”* (teacher PIFG). In addition, the teacher emphasised how Pop was able to self-advocate his needs in a calm and polite manner despite being in a stress-inducing environment. *“Like before let alone put a foot inside the coffee shop, Pop wouldn’t have been able to verbalise his needs”* (teacher

PII). Teacher data documented that *“Pop was able to compose himself and he had his strategy of looking out the window as opposed to looking inward and seeing others eating... and HE asked me to bring over the food to him”* (teacher PII). However, *“when chips and some other hot food came out”*, Pop asked to eat outside, and the other students volunteered to join him. *“Garfield was very good to him. She went out with him, and then the others joined... Steve went out and they enjoyed a good social experience in a food environment”* (teacher PIFG).

The findings suggests that although active participation in exposure challenges is of great importance, celebrating the students’ achievements in the aftermath is just as important in making a lasting impact:

Like yesterday we went to the coffee shop, there was a smell there that I really didn’t like, and I was in tears.

(Pop SPIFG2)

But to be fair you did absolutely brilliantly Pop. He sat INSIDE the coffee shop for about 15 minutes... Then Pop sat outside and had his food... so that was a HUGE step.

(teacher SPIFG2)

You took on the challenge Pop and you coped very well.

(researcher SPIFG2)

Pop to do 15 minutes, that was AMAZING. We were very proud of him.

(teacher SPIFG2)

Teacher remarked that after the student focus group meeting Pop was delighted by the group’s recognition of his achievement, *“and I said to him... it’s the little steps, and 15 minutes was your step”* (teacher PIFG). Rather than focusing on the fact that Pop had to leave, the facilitators focused on the length of time he was in the café environment. As recognised by Beck (2011), celebrating achievement is fundamental to the promotion of self-actualisation and the development of self-belief and self-competence.

4.5.7 Friendships and Peer Support Learning

From analysis of post programme data, it seems that for each of the students their social interactions among peers improved and new friendships blossomed over the course of the CBT programme. Involvement in group CBT enhanced student peer-to-peer communication skills, enabling them share understandings of each other's strengths and needs. Consequently, a network of support developed among the students which encouraged confidence and a belief in their own capacity to overcome challenges in their lives.

Regarding Steve, Parent-1 and teacher data denoted improved social skills among peers and a willingness to participate in paired and group tasks during class time. Parent-1 in her focus group meeting captured Steve's recognition of how the differentiated FRIENDS programme had supported him. *"He says that school helps with him to speak with other people"* (Parent-1 PIFG). Data from Parent-1 implied that Steve made a new friend since starting the programme, *"he start speaking with [student] in the classroom"* (Parent-1 SPIFG2). This friendship extended beyond school which Parent-1 was supporting, *"so we are going to Italy, and [student] will be going with us as well"* (Parent-1 PIFG). In her feedback the teacher indicated the change in Steve's social skills and the positive influence of peer engagement on his growing confidence. *"In PE class recently there was another girl who asked Steve to be on her team and he was chuffed about that, and they spoke, and they interacted in pairs and in groups"* (teacher PIFG). The teacher remarked that *"before we started the programme Steve was paired with [this same student] in a Science class"*. However, Steve refused to interact with her during a paired discussion task and *"turned his back to her. Whereas now they had a conversation, they got involved in the activity together and he came back here [special class] beaming"* (teacher PIFG).

As discussed in baseline findings Steve's online friends appear to be very important to him and spending time together forms an integral part of his daily-life experience. In his baseline data Steve acknowledged that his friendships nourish his emotional wellbeing even though their interaction only occurs through the virtual gaming world. That being the case, a question arose while analysing teacher post programme data on whether it is fair to disregard the value of online friendships in favour of face-to-face friendships. During Parent-1's focus group meeting, the teacher recounted a conversation she had with Steve about attending the Trinity College camp. From Steve's

viewpoint he seemed worried that he might miss out on computer time while attending the camp. *“He said I have games to make... I have friends”*, however, the teacher emphasised *“that’s a virtual reality whereas in the camp... I was trying to explain to him that... he would be dealing with the people in the class, actually engaging with other students and that was going to be a positive thing for him”* (teacher PIFG). Post programme data suggests that Steve’s face-to-face peer engagement is improving, nevertheless he has established friendships with online peers which bring joy and happiness into his life. One can argue that there is room for both forms of human connection.

Converging adult data (Parent-2, Parent-3 and teacher) highlighted the importance of shared special interests in promoting peer engagement and developing meaningful friendships with others:

Pop as you know has certain subjects or characters that he is very fond of and he has different people who will listen to him talk... and offload all his information to them because he knows that they are interested in the same thing.

(Parent-3 PIFG)

Like the two of them Pop and Garfield in the morning would be chatting away and I would say, Pop did you take a breath? Did you allow Garfield to ask a question? Garfield will listen, and she will respond.

(teacher PIFG)

And like she is delighted when the other person will give her the time as well... and it’s great if she does have Pop or someone else here [special class] who will engage with her.

(Parent-2 PIFG)

As illustrated in this data, friendships based on shared interests can support the teaching and generalisation of good communication skills such as turn-taking, commenting, questioning, and changing topics in conversation. Pop and Garfield’s friendship developed over the course of the year and having each other both participating in the differentiated FRIENDS programme supported their acquisition of CBT skills. *“I think from working with Garfield and listening to her in the group that has opened up a new door for Pop. He will now communicate to her and chat about his special interests and vice versa”* (teacher PIFG). In her data the teacher also discussed how their friendship encouraged their commitment to take on personal challenges. From the teacher’s data, it transpired that Pop co-constructed his coping step plan for visiting the local café with Garfield.

“He is now open to Garfield helping him to problem solve as well. Like the two of them problem solved what he needed... so rather than having to rely on the adult, he is able to problem solve with his peers... That is huge for Pop” (teacher PIFG).

During Action Cycle 3 the teacher reported that she observed Garfield becoming disengaged and lacking motivation to continue with the differentiated FRIENDS programme. *“I wasn’t so sure if we would get her to the end of the programme because I think she was thinking, I have enough of this... I know I am much better than I was last year... I don’t need those skills anymore”* (teacher PIFG). The turning point came with the introduction of reverse inclusion when 3 friends from mainstream joined the group sessions in the special class environment. It seems that while the inclusion of friends within the group helped sway Garfield’s enthusiasm for the programme, it also invigorated all 3 autistic students’ motivation, interest, and sustained participation over the final 4 weeks. Moreover, the teacher remarked that despite her reservations, having the other students in group sessions actually increased Garfield’s group engagement and inspired her to express her opinions and talk about emotions. *“Because I thought if I pair them will Garfield let the other person do all the talking... but no, she came up with her own individual emotions and she was then buying into talking about her feelings where she wouldn’t have if she was put on the spot just by herself”* (teacher PIFG).

Teacher interview data denoted the impact of reverse inclusion as an additional component to the differentiated FRIENDS programme, particularly in relation to problem-solving and devising coping step plans. For instance, having mainstream peers involved in discussions on the issue of seeking assistance was noted by the teacher as pivotal in developing the autistic students’ awareness of asking for help in different settings, ways to request help, and who to request help from given the social situation. *“Having the extra students was helpful from that point of view because they had other perspectives on asking for help and that was good for the students here [special class]”* (teacher PII). Teacher data illuminated that peer-to-peer collaboration supported autistic students’ acceptance of alternative viewpoints and their willingness to take on the group challenge in mainstream classes. *“So in all we spoke to peers from the special class and peers from mainstream... by the end... the [autistic] students felt that this [group target] was okay, we can move forward and try it in mainstream”* (teacher PII). Overall, data posited by the teacher

suggested that peer mediated learning was beneficial in consolidating and generalising the use of CBT skills in conjunction with enhancing the students' self-advocacy skills.

4.5.8 Nurturing Student Independence

Analysis of adult and student focus group data evoked the impression of a shared commitment towards nurturing the autistic students' independence and respecting their agency and autonomy in decision-making. Prior to participating in the differentiated FRIENDS programme parents' main response strategy was to support their child's emotional wellbeing by putting in place avoidance measures to mitigate the likelihood of their child experiencing emotional overwhelm. However, at post programme review, all 3 parents were actively embracing gradual de-sensitisation measures.

Data from Parent-1 confirmed the view that she was determined to further develop Steve's social and emotional skills. *"Yes, over the holidays we need to continue and when he back here in the autumn, he might have more skills, and school can continue next step"* (Parent-1 PIFG). Parent-1 noted how she was actively encouraging Steve's independence at home. *"Now at home he can wash the plates, he is feeding dogs, and he can cook for himself... and he shower for himself. I don't help anymore"* (Parent-1 PIFG). As regards Steve's emerging self-advocacy skills Parent-1 inferred that she intended to encourage him to speak on his own behalf in different social situations over the holidays. *"My plan is in Tenerife about food, when we must go to restaurant, he can order for himself"* (Parent-1 PIFG). Parent-1's data implied that Steve is beginning to reduce his reliance on his mother in favour of having more independence. Parent-1 reported that recently when discussing the family's trip to Italy with him, Steve requested his own hotel room instead of sharing a family room. *"Absolutely, HE said I want to be independent... so he will be living separately. He will have a room for himself"* (Parent-1 PIFG).

Data provided by Steve in response to the statement, *"now that I am a teenager, I would like to be more independent"*, indicated that he was *"unsure"* about becoming more self-reliant in his life (Steve SPIFG2). In the discussion Steve detailed the pros and cons of being more independent. *"Number one, life will become very hard, but you won't be able to make your own decisions. You won't get bossed around by other people, but then you need to talk to other people, like when you go into shops... so too much not worth it... there are more cons to being more independent"* (Steve

SPIFG2). Despite Steve's reservations when it comes to self-advocating in community settings, it is evident that he values having agency and desires more autonomy over decisions affecting his life. Likewise, sentiments shared by Pop indicated a certain reluctance towards becoming more independent. *"I placed it in unsure. I feel there are a lot of things I have become more independent with. I do feel there are a lot of things that I haven't really grown out of yet either... there are plenty of things that I want to change about myself and also a lot of things that I want to keep, and a lot of things I want to be more independent with so that I can fully express myself"* (Pop SPIFG2). It appears that Pop is conflicted by the notion of becoming more independent based on not wanting to relinquish certain aspects of his life as a young adolescent which may be expected as he transitions into life as an older adolescent. However, on a positive note he realises his independence is increasing and desires to become more self-reliant and able to make decisions for himself.

Parent-3 reported that she is developing Pop's independence by allowing him more autonomy in relation to problem-solving. *"I am trying to give Pop more independence. I am trying to let him problem solve more by himself rather than intervening straight away. He is actually leading with that, but I suppose that's how my approach has changed. I am following his lead and seeing what he is capable of"* (Parent-3 PIFG). Parent-3's data demonstrated a change in her response to supporting Pop's emotional needs. *"I am learning that I need to take a step back and let him lead me and tell me when I need to step in"* (Parent-3 PIFG). Previously, it would have been Parent-3 who anticipated a problem and initiated the problem-solving process, now that has changed. Further to this, Parent-3 referred to encouraging Pop's independence at home and giving him the responsibility of completing household chores, *"giving him more jobs around the house, trying to help him mature and become more independent"* (Parent-3 PIFG).

In contrast to Steve and Pop's hesitancy regarding a desire to become more independent, Garfield expressed a strong aspiration to have more independence in her life now that her confidence and competency to cope in different social situations had improved since last year. However, her data suggested a degree of unrest due to her guardians' efforts to shield her from possible negative social and emotional experiences. *"It's like sometimes I feel some people are not letting me grow anymore because they are protecting me, but I still think WE need to move on from that point"*

(Garfield SPIFG2). Parent-2 acknowledged that before the differentiated FRIENDS programme, she was constantly trying to protect Garfield from experiencing emotional overwhelm. *“I would always be trying to have everything at such a level that things didn’t escalate... but I think now she is in a better place where she is learning from her mistakes, and she is able to stay calmer”* (Parent-2 PIFG). As a result of witnessing Garfield gain in confidence and emotional resilience, Parent-2’s data suggested a realisation from her perspective that Garfield can accept more responsibility for her own decision-making. *“I think she is way better at problem solving so I think for me it’s like I need to step back now and if she makes mistakes, she makes mistakes. Like if she gets upset, it’s not the end of the world”* (Parent-2 PIFG). Parent-2 also remarked that she feels *“a lot calmer”* now and is aware that she needs to reduce the level of parent support in Garfield’s life. *“I can’t manage everything and obviously I knew that, but you are still on that autopilot, but it’s like not doing everything for them”* (Parent-2 PIFG). Parent-2’s data concurred with Garfield’s sentiments concerning her independence being restricted by protective guardians. Nonetheless, from analysing Parent-2’s data there is indication that her confidence in Garfield has grown, and this is prompting a change in her approach to supporting Garfield’s emotional needs, admitting that *“it’s probably me underestimating her at times”* (Parent-2 PIFG).

On reflection, participating parents endorsed the pertinence of nurturing their autistic child’s independence and encouraging them to problem solve solutions for themselves and take responsibility for their own actions. On the other hand, the autistic students denoted a growing desire for more independence, especially in relation to having a voice in matters concerning their lives and having their decisions respected by their parents/guardians.

4.6 Theme One: Social and Emotional Change - Conclusion

The findings discussed under Theme One ‘Social and Emotional Change: One Month Review’ capture the autistic students’ learning outcomes following their participation in school-based group CBT. Data from the different sources demonstrated that the students developed a greater understanding of emotions and how to recognise and express different emotional states. Moreover, the students deepened their awareness of their body’s physiological reactions to varying degrees of emotional intensity and improved their emotional regulation skills. Consequently, the students seem better equipped to manage their anxiety and cope in stressful situations. They have acquired enhanced problem-solving skills and are more self-assured in their emotional competency to deal with social and emotional challenges. Theme Two ‘Feasibility of School-Based CBT as a Support for Autistic Students’ will discuss the practicalities of implementing group CBT with post primary educators as facilitators.

4.7 Theme Two: Feasibility of School-Based CBT as a Support for Autistic Students

4.7.1 Overview

Theme Two ‘Feasibility of School-Based CBT as a Support for Autistic Students’ will present the positive implications of differentiating universal CBT programmes for autistic adolescents alongside highlighting the practicalities involved when implementing group CBT in post primary school settings. The findings discussed in this section derive from analysis of adult and student datasets collected at midway and post programme stages. Although the perspectives of the students are represented, the findings mainly reflect adult perspectives. The sub-themes discussed under Theme Two are depicted in Figure 4.25.

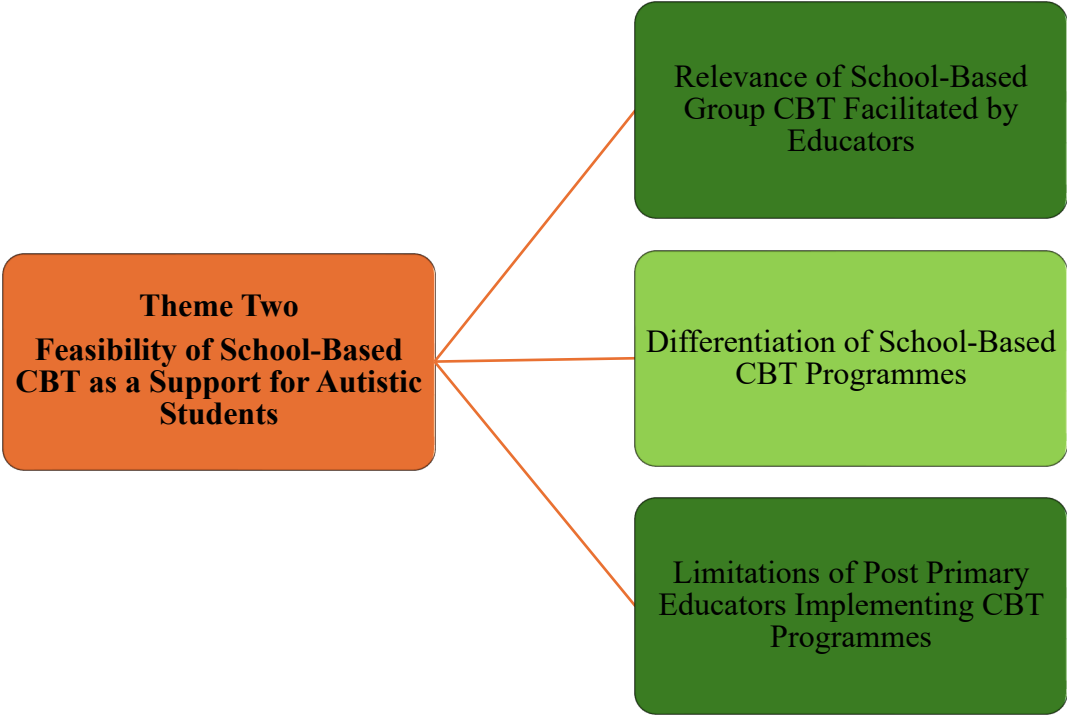


Figure 4.25 Theme Two and Subthemes: Feasibility of School-Based CBT as a Support for Autistic Students

4.7.2 Relevance of School-based Group CBT Facilitated by Educators

In her post-programme interview the teacher verified that the FRIENDS for Youth programme effectively integrates into SPHE and complements the teaching of emotional wellbeing skills. Teacher data intimated that due to experiencing Covid-19 social restrictions, there is considerable merit to be gained from facilitating CBT among today's early adolescent cohort of students because they *"are generally more stressed and have a lot of anxieties about a variety of things, anything from outside school to inside school, so I think the FRIENDS programme in itself is very valuable to help students. The combination of learning skills such as relaxation and emotional wellbeing"* (teacher PII). The teacher espoused the view that *"the skills of CBT [the relaxation skills, the cognitive restructuring, that graded approach to stressful situations, the problem-solving and the emotional regulation] are not skills that autistic students innately pick up... and as such they have to be explicitly taught"* (teacher PII). From her position as facilitator, the teacher surmised that, *"I definitely think that doing a differentiated CBT programme certainly is of great value to our [autistic] students"* (teacher PII).

Indeed, data from all 3 students acquiesced the significance of early adolescents learning emotional regulation strategies to support their academic functioning and emotional wellbeing. On the question of relaxation training and whether students should be taught emotional regulation strategies as part of the SPHE curriculum, Pop agreed referring to the high levels of stress experienced by students due to academic demands. *"I think so, it's because I notice that many kids my age would get stressed, like stressed over schoolwork"* (Pop SPIFG2). As regards Steve, his data argued in favour of incorporating relaxation training into the teaching of SPHE to provide students with skills to regulate their emotions and prevent emotional overwhelm. *"In my opinion, they SHOULD be put into SPHE because that could reduce the amount of anger and aggression in the class, so that people know ways to calm themselves down and not get angry"* (Steve SPIFG2). Garfield's opinion denoted the importance of respecting student agency in the decision-making process and allowing students the option of learning emotional regulation skills. *"I think I would prefer it to be an optional kind of thing"* (Garfield SPIFG2). Of note, this view may also be reflective of the fact that despite learning cognitive strategies to support emotional regulation, Garfield reported not enjoying the FRIENDS programme. *"I don't want to be rude, but I didn't really enjoy FRIENDS that much"* (Garfield SPIFG2).

Data imparted by Parent-2 and Parent-3 endorsed the teaching of CBT skills among autistic adolescents. Parent-2's data placed emphasis on the relevance of teaching autistic adolescents CBT skills to enhance cognitive flexibility, most specifically in bolstering a positive mindset and taking a more balanced perspective when coping with problems. *"From my experience with Garfield when that negativity gets in, it's very hard on a daily basis... so for me CBT and that balance between the negative and positive... I think definitely for secondary autistic school students that element of the CBT programme is really important to learn"* (Parent-2 PIFG). Parent-3 accentuated the pertinence of working in partnership with parents in taking a desensitised approach to overcoming challenges, where students gradually experience stressful situations in a step-by-step student-supported manner over a set period of time. *"I totally agree, particularly with the needs of an autistic child that it's all practise, practise and that involves a collaborative approach with parents"* (Parent-3 PIFG).

Feedback relayed by Parent-1 echoed sentiments expressed by Parent-3 in relation to parental involvement in the CBT programme and the importance of parents working in partnership with educators in generalising the skills beyond the school setting. Parent-1's data recognised the value of CBT as a support, *"not just for Steve but for all autistic people"* (Parent-1 PIFG). In her discussion Parent-1 exposed the challenges parents of autistic students can experience and their need for parenting support. According to Parent-1's data, she is the main mediator of Steve's social and emotional needs. *"My husband he can't work with Steve because he doesn't know how... it's very hard if it's just Mum. Mum is Mum and when Mum is working, it's more difficult"* (Parent-1 PIFG). However, Parent-1 conceded that regardless of having both parents directly involved in a school-based CBT programme, having one parent involved is beneficial. *"It's very good if it's two parents, if not it's one parent, it's very important... because parents must know how... and for me as well, I am learning from the programme"* (Parent-1 PIFG). Parent-1's data inferred that having parents involved in school-based CBT programmes augments the likelihood of the skills being generalised. *"It's not like school started, come back home nothing... autistic people usually need support all of the time and not like summertime - break"* (Parent-1 PIFG). As suggested by Parent-1, parental involvement in school-based CBT programmes avoids a *"break"* in the acquisition of emerging skills because parents have the strategies to maintain the skills to support their child deal with everyday challenges.

Moreover, Parent-2 and Parent-3 discussed in their focus group the benefit of parent-to-parent support for parents of autistic children:

Well, what I found most beneficial was sitting here with you Parent-2 and sharing. We probably wouldn't get that opportunity otherwise... sharing a lot of personal information... I found that really helpful.

(Parent-3 PIFG)

Like it's good for me to hear how well Pop is doing and the same with Garfield. It's nice to see them progressing.

(Parent-2 PIFG)

And every parent is going to experience challenges and that's okay because sometimes we might feel it's just my child.

(teacher PIFG)

Parent-3 concurred with the researcher's view that as autistic children get older the less supports available, *"that is true especially as you go through the teenage years"* (Parent-3 PIFG). However, having a CBT programme facilitated in the school means parents/guardians can access new ways of supporting their autistic adolescents in a familiar environment where they feel valued and respected. The fact that all 3 parents, as noted by the teacher, *"agreed they would continue to practise the skills during the summer and that they were eager to explore another meeting in the autumn"*, would corroborate the educational and personal benefits of participating in school-based CBT for parents (teacher PII).

As regards clinical support, it is notable to mention that Pop and Steve were accessing additional support for their anxiety related issues from different outside agencies throughout the duration of the differentiated FRIENDS programme. Equally, Garfield experienced clinical support for her anxiety during 1st year and while she was coming to terms with her autism diagnosis. For that reason, focus group meetings at midway discussed the parents' experiences of their child availing of clinical support. From Parent-3's perspective, she referred to *"the whole process of gaining trust"* and the time Pop needed to establish a rapport with the therapist in order for him to feel comfortable sharing his personal experiences, *"whereas [teacher] has been doing work with him all along, introducing strategies with him already, so it was into a comfort zone pretty quickly"* (Parent-3 MFG). From her own personal experience as a mother of an autistic adolescent the teacher acknowledged the pivotal role educators can play in providing social and emotional support to students. In her feedback, she described her son's experience of online CBT during

Covid-19 with a clinical practitioner, noting that at the end of 8 sessions, *“he wasn’t going to go there again because it was him talking all of the time”* (teacher MFG). On the other hand, the teacher extrapolated that this support would have been more beneficial if it was facilitated by his special education teacher. *“I would have said that he had a great relationship with his Resource Teacher... and that relationship would have worked much better for him”* (teacher MFG). Similarly, Parent-2 pointed to the fact that although the therapist Garfield attended facilitated a way for her to talk about her emotions, there was no long-term goal, and no specific strategies which she could generalise into her lived experiences. Compared to clinical support Parent-2 deduced that she found school support *“better in a sense because it is focused and there are targets”* (Parent-2 MFG).

Parent-1’s data denoted active parental involvement in Steve’s clinical support. Taking on social challenges with support from Parent-1 appeared to be the main focus of Steve’s therapy which according to Parent-1’s data proved stressful for him. *“He is working one-to-one with therapist... she said that he understands what he wants... but challenging exercises”* (Parent-1 MFG). Parent-1 highlighted that in school accessing support was less stressful for Steve because *“he knows everyone”* and as a result, *“he is more confident and comfortable”* within the familiar setting of the school (Parent-1 MFG). Conversely, accessing support from a clinical setting involved Steve being on his own communicating with an unfamiliar adult, and the homework tasks involved full immersion into stress-inducing social situations, *“pushing him out of his comfort zone”* (Parent-1 MFG). Nonetheless, Parent-1 implied that full immersion into taking on social challenges was no harm either, suggesting that the school and the clinical agency (Jigsaw³) should work in tandem to best support Steve’s social and emotional needs. *“I think what Jigsaw started; we need to continue. I continue it at home. It’s like three sides; Jigsaw, home, and school”* (Parent-1 MFG). Interestingly, in her post-programme data, Parent-1 referenced Steve’s preference for school support facilitated by his special class teacher. *“Jigsaw he said it’s only talking. She [the therapist] can’t give him the information what can help for him”* (Parent-1 PIFG).

³ Jigsaw provide brief mental health supports to young people aged between 12-25 in different regions around Ireland funded by the Health Service Executive.

From the teacher's perspective a key advantage of CBT facilitated by the autistic student's special education teacher related to the feasibility of access to continual support over consecutive days, allowing access to possibly 2-3 focused sessions per week. On the contrary, access to CBT sessions facilitated by clinical practitioners would normally be provided periodically with support offered at best once a week. *"I think too that the value of CBT in school as opposed to accessing it outside... is having a couple of sessions one after the other... whereas when it is only on a weekly basis... you are only getting the input once per week"* (teacher PII). Teacher data also postulated that facilitating a CBT programme within the school setting allows for greater opportunity for generalisation due to having different invested personnel involved (SETs, SNAs, subject teachers, peers, and parents/guardians). In addition, the teacher implied that *"having the pronged approach where there is family support and possibly outside agency support working with the school"* further enhances acquisition and generalisation of CBT skills within the school, home, and community settings (teacher PII).

4.7.3 Differentiation of School-based CBT Programmes

4.7.3.1 Whole Class Teaching Vs. Small Group Teaching

As participants in this study Steve, Garfield and Pop benefitted from a dual approach to the implementation of the universal My FRIENDS Youth programme by way of access to both whole-class mainstream provision as well as small group differentiated provision. In her interview, the teacher discussed the possible outcomes of whole-class implementation and how incorporating a differentiated small group component increases autistic students' chances of acquiring the CBT skills taught within the programme. The teacher recognised that not all autistic students will benefit from accessing school-based CBT via small group differentiated provision. Nevertheless, she purported that experiencing a school-based CBT programme, albeit in a large group setting, would still afford autistic students the opportunity of developing an awareness of positive and negative thinking, strategies to support emotional regulation and problem-solving skills. *"Like we have kids in mainstream that have autism and won't be engaging in an adapted programme, but even for them to hear and be involved in such a programme is really important"* (teacher PII).

The teacher expressed the opinion that autistic students are unlikely to gain the best outcomes from school-based CBT unless they have access to a differentiated small group component. *“I don’t think autistic students can achieve the same outcomes in a mainstream setting as their peers”* (teacher PII). On the other hand, the teacher argued that *“by having the smaller group, it definitely benefits them. They have heard some of the vocabulary in mainstream but then they can get into the nitty gritty of it, whereas they won’t ever get to the nitty gritty stage in the mainstream SPHE class”*, because mainstream teaching of the programme does not allow for the same degree of flexibility with content exploration or use of special interests which differentiated teaching allows for in the smaller group setting (teacher MFG). During small group provision the CBT skills can be further developed and adapted to meet the autistic students’ individual learning preferences, strengths, and interests, *“because here [special class] it’s more around their special interests, the art and the things that they are interested in. Like some of the material in mainstream, they would tune out for”* (teacher MFG). Furthermore, the smaller group creates more opportunities for peer-to-peer interaction, whereas in the whole class setting there is a greater reluctance to speak out in front of peers for fear of negative judgement or embarrassment:

They don’t like sharing in the mainstream, and they don’t want their peers in the mainstream hearing about their personal information.

(teacher MI)

And then in the bigger group they are much more conscious of sharing their opinion... and that idea of what other people are going to think when I say that.

(Parent-2 MFG)

As deduced by the teacher, the participating students *“now know the skills of CBT and it’s only about practising them”* (teacher PII). On reflection, she connoted that *“even after 20 weeks of it, I don’t think they would have grasped the skills through mainstream access because they wouldn’t have been actively participating in the sessions... and they wouldn’t have learnt the skills in the same way”* (teacher PII).

4.7.3.2 Group Support for Autistic Students

Data posited by the teacher elucidated the influence of familiarity among group members in relation to group support. From the teacher’s data, it transpired that although the students were acquainted with each other from being in the same Junior Special Class, they had never worked

together as a group prior to the differentiated FRIENDS programme. As remarked by the teacher, *“the trust wasn’t there with sharing their information”* and regardless of putting in place a *“Confidentiality Agreement”*, all 3 students found it challenging to converse in the group setting (teacher PII). It seems that a lack of close familiarity among group members created communication barriers because the students did not feel comfortable talking about their lived experiences or sharing conversations about their personal problems. Therefore, it took considerable time for the group to build a trusting rapport with one another. Incidentally, as someone who is naturally shy and experiences social angst, having to communicate with other peers in a small group setting may have contributed to Garfield not enjoying the programme. On this point, the teacher suggested the involvement of friendship partners to support peer-to-peer communication. *“If I was doing it again, I would invite a peer that each child would have a close connection within mainstream if students didn’t know each other previously”* (teacher PII).

From analysis of teacher data, it became apparent that at times the group dynamic became challenging for individual students on account of experiencing personality clashes and/or personal grievances with fellow group member(s). However, as postulated by the researcher *“having to work through conflict resolution to try to develop and form an understanding with that other person”* had the effect of enhancing the autistic students’ emotional resilience and social competence (researcher PII). These social skills would not have been developed as part of individual, one-to-one CBT with an adult. Thus, it can be argued that for autistic students, group support may hold social advantages over individual support. Lastly, another key advantage of school-based group CBT facilitated by educators relates to accessibility of group and individual support for autistic students, *“depending on what we were doing with the students or how they were coping within the group sessions, I [teacher] would have worked with each of them individually as well”* (teacher PII).

4.7.3.3 Adaptations to the My FRIENDS Youth Programme

To support the autistic students’ acquisition of CBT skills flexibility of programme implementation proved decisive, particularly in relation to the provision of time, slowing the pace of content delivery and providing for frequent repetition of skill development. As documented in the My FRIENDS Youth manual, the recommended time allocation *“ranges from half an hour to*

an hour twice a week across two school terms, preferably terms 2 and 3” (Barrett 2012, p. 12). The current study’s implementation schedule of an hour a week for 10 weeks was found to be insufficient. *“We basically have 50 minutes by the time the students come in, sit down, so there is a challenge there for [post primary] teachers to try and realistically teach that programme in an hour every week for 10 weeks”* (researcher MI). Teacher post-programme data confirmed that after the initial 10-week implementation of the differentiated FRIENDS programme (Action Cycle 1 and 2), the autistic students still needed substantial time to generalise the skills and complete the full programme.

Three main reasons were identified by the facilitators as to why the autistic students needed extra tuition time. One reason related to students requiring re-teaching and over-learning of skills in order to master the concepts for themselves. Another reason related to the school calendar. *“After Christmas we had February break and then the two weeks at Easter and then we had other school initiatives”* which resulted in *“having to go back and recap on concepts”* (teacher, PII). A final reason related to the need for repetition, *“for students with ASD, it is really important that repetition... to keep practising the skills... they are not retaining the information even though it is done in a hands-on way”* (teacher PII). Following midway review, the facilitators agreed to slow down the pace of content delivery as it was felt that *“there was too much content to get done within the hour”*, which in turn was increasing demands on students and not allowing adequate time for them to deepen their understanding of concepts (teacher PII). According to teacher data, *“reducing the content per session, by dividing it between two days and sometimes... repeating the skills on a third day”* afforded more time to re-visit and discuss concepts as well as time to generalise the use of the skills during group or individual tasks (teacher PII). In addition, teacher data emphasised the value of using a modality of participatory tasks to support student active engagement in group discussions. *“They feel the pressure if the discussion is just reliant on the verbal and no activity or visual there to support their contribution”* (teacher PII). In her feedback the teacher stressed the importance of scaffolding the students’ learning experiences with the use of visuals to prompt the recall of information and support their understanding of abstract concepts.

4.7.3.4 Reverse Inclusion

Teacher data revealed two fundamental benefits of including mainstream peers in the small group provision of the My FRIENDS Youth programme. Firstly, the teacher referred to the significance of all six participating students having familiarity with the same programme. *“Those [three] students were 2nd years as well and they were also doing the programme... For instance, if I had brought in students from 1st year, it wouldn't have worked the same”* (teacher PII). The teacher extrapolated that the inclusion of their peers into group sessions facilitated in the special class setting not only ensured that *“our students didn't feel embarrassed about others joining the group”*, but it also ensured the practise of specific CBT skills and a sharing of ideas from a wider standpoint, *“having the peers come in and support our students and vice versa”* (teacher PII).

Secondly, the inclusion of mainstream peers into the small group provision of the My FRIENDS Youth programme enabled the autistic students realise that the FRIENDS skills are life skills for all students. The teacher alluded to the fact that maybe the participating students presumed that the programme was aimed at them because of their autism. However, the inclusion of their mainstream peers helped to normalise the group support. *“I think when they saw that actually the others were learning these skills too and these skills were for life, I think they were buying into it more than”* (teacher PII). Teacher data indicated that for the students, it was important that they were not seen as accessing special support for autistic students. And as such, having all the students in the group familiar with the programme helped to evade any impression of difference. *“So I (teacher) felt there was a bit of a realisation going on and a learning happening on both sides, and our students were able to pick up on that and I suppose our students didn't feel... so much isolated”* (teacher PII). The teacher conceded that although the autistic students favour the special class environment, *“they feel a bit different by having to come here”* (teacher PII). However, the realisation that the My FRIENDS Youth programme was a universal programme and not one specifically designed for autistic students influenced the autistic students' sustained engagement throughout Action Cycle 3.

4.7.3.5 Co-Teaching

During her discussion with the researcher the teacher commented on the benefits of co-teaching and working in partnership with another educator to implement the differentiated FRIENDS programme. These benefits included increased student-educator engagement, students and educators benefitting from different instructional styles in addition to affording teachers the opportunity for shared planning and session preparation. To cite the teacher; *“we found that working partnership very useful. How we could share whether something worked or not after a session that was very helpful whereas when you are running the programme both in the mainstream and in the small group on your own, you don’t get that opportunity for feedback from anybody else except from the students and the parents... Even in terms of researching different resources... because whilst the FRIENDS programme is universal... you may need to further adapt it depending on the interests of the kids”* (teacher PII).

However, regarding co-planning teacher data noted the limited amount of time post primary educators have to collectively plan for team teaching. As noted by the teacher, *“the collaboration time for planning which is necessary to implement the programme as we did... is a challenge... trying to find the time for teacher planning in relation to how we are going to deliver the programme, who’s going to do what parts and so on and also time for reviewing progress could be seen as another limitation”* (teacher PII). Other data reported by the teacher pinpointed the importance of having a set framework when co-teaching. *“There was a lot of learning from you taking on certain elements of the programme and I taking on other aspects of it and the routine... we kept to that strict regime or structure”* (teacher PII). Keeping to the *“same structure for every lesson”* not only provided the students with a sense of predictability but it also provided teachers with an anticipated session delivery which was recognised by the teacher as valuable, especially *“where teachers are coming together to collaborate”* (teacher PII). As a result, both teachers were aware of their role and what sections of the session they were going to be teaching. Teacher data affirmed that for co-teaching to work effectively, it is imperative that both teachers involved are aware of their role. *“We would often tell students with autism their role in a group, but I think it’s very important to know what your role is when co-teaching and going forward that structure is something I will take with me when I will be co-teaching with other teachers in the special class”* (teacher PII).

4.7.3.6 Parental Involvement

On review of her experience of implementing the My FRIENDS Youth programme, the teacher expressed her renewed appreciation of parental involvement. *“I really saw the benefits of seeing parents involved and fully understanding what the programme was about and what particular skills we were targeting in school and what they could target at home as well”* (teacher PII). In her feedback the teacher intimated that active parental involvement began once personal targets were introduced in Action Cycle 2. *“Their involvement only started to gather pace once we gave the individual challenge... and I think it was only then when the parents bought into the programme more”* (teacher PII). Teacher data posited that in taking on the challenges with their child, parents *“took on the role of SET or the SNA for their child in that out of school setting. Parents were aware of what strategy the child was after learning through the programme and they were there to prompt, to scaffold, or maybe model or repeat instructions for the child”* (teacher PII). Consequently, parents realised the benefits of CBT, particularly in relation to taking a step-by-step approach to problem-solving and *“how long it takes to practise some of the skills”* (teacher PII). Data relayed by the teacher inferred that participation in community challenges helped parents to better understand their child’s social challenges. *“They may not have been aware of the challenges that their child might have had up to that in learning some of the skills”* (teacher PII). Teacher data also implied that parents may have misjudged how much exposure was necessary for their child to grow in confidence and require less adult support, *“so there was great awakening for parents”* (teacher PII).

Teacher data reflected sentiments shared by parents in relation to group meetings at post-programme stage. From the teacher’s perspective group meetings enabled parents to learn more about CBT and their child’s progress as well as ways to support their child in real-life situations. *“Parents felt more confident that they could deal with the situation with their child out in the community, whereas previously I suppose they may have experienced their child becoming very overwhelmed and so the parent may have been reluctant to push them”* (teacher PII). Hearing how their child was managing in the school setting helped to inspire parents to emulate similar levels of expectations at home or in the community setting. *“Parents were amazed at some of the self-management roles that their kids were taking on for themselves... and that awareness helped to encourage parents to support their child develop the skills even further”* (teacher PII).

Teacher data recognised that participating in group meetings nurtured a sense of ownership among parents. The teacher expressed the view that by having a central role in the programme, *“they felt that they had joint ownership and sometimes when a parent is given responsibility like that, they take on the challenge and they are more invested in seeing their child succeed”* (teacher PII). According to teacher data giving parents the responsibility of generalising the CBT skills at home, reduced the reliance on the school for their child’s learning outcomes. *“They felt equipped to continue the skills and not just leave it to the school”* (teacher PII). Furthermore, fostering a respectful group dynamic encouraged parents to voice their opinions and discuss personal experiences. The teacher highlighted the benefit *“for parents coming together as a group, sharing their child’s experiences and listening to different challenges too and working them out together”* (teacher, PII). Parents felt respected in the group and knew their input was valued by the facilitators. *“The group situation itself created a very nice working atmosphere in that parents felt comfortable talking about their child and listening to what we had to say about their child but also they felt their voice was being heard and it was equally as important as the child’s voice being heard”* (teacher PII). As regards the positive adult group dynamic, the researcher credited the teacher with her positive rapport with the parents, *“that lovely open communication between you and each of the parents, that lent itself to a trusted dynamic within the group meetings”* (researcher PII). From her experience of facilitating the differentiated FRIENDS programme and engaging with parents, the teacher reported that what parents really valued the most from the group meetings *“was learning how to support their child through a programme which is evidence-based”* (teacher PII).

4.7.4 Limitations of Post Primary Educators Implementing CBT programmes

Teacher data discussed some of the limitations to consider when planning for implementing school-based CBT programmes in post primary school settings. One key limitation referred to teacher time constraints. For instance, besides being the special class co-ordinator and teacher of the Junior Special Class, the participating teacher is also a subject class teacher in SPHE and Geography. The teacher reported that her different roles and responsibilities within the school influence the time she can apportion to the planning and implementation of programmes such as the My FRIENDS Youth programme *“because you are pulled in every direction”* (teacher MI). Due to that fact, the teacher emphasised that without having the support from another co-

facilitating teacher, she would not have been able *“to deliver the programme the way we were delivering it”* (teacher MI). This data substantiates the significance of two educators working in partnership to implement the programme, particularly in the first year mainly because the programme takes time to become embedded. *“Now that we have all that material there as resources... I will use it year after year”* (teacher MI). The teacher also pointed out that teachers may be less motivated to research and prepare resources for non-academic subjects which may affect learner outcomes of SPHE programmes. *“Teachers would spend more time preparing for their academic subjects because of the level of demands with [state] exams and so teachers may not be as willing to go and search for resources, create PowerPoints and other extra materials for something that is non-academic”* (teacher PII).

Another limitation of implementing school-based CBT programmes related to availability of teacher training and teacher interest in facilitating such programmes. In Ireland, there exists restricted access for interested teachers to avail of training from NEPS through the NCSE supported by Oide⁴. *“Training can be limited to a certain number of teachers within an area each year and then you have the additional challenge of whether people will actually sign up for the training”* (teacher PII). Furthermore, the teacher accentuated that it may be challenging to have subject teachers trained in the My FRIENDS Youth programme as it is typically special education or SPHE teachers who are recommended for the training. In her feedback the teacher inferred the importance of broadening the awareness of CBT skills among staff members, especially among subject teachers who may be involved in supporting autistic students generalise the use of skills within the school environment. *“So they could then model those skills or prompt the students”* (teacher PII). The teacher suggested that trained facilitators could inform other teachers of the programme and the targeted CBT skills to model. *“I would probably target a few subject teachers and speak to them as a group similar to how we worked with the parents this year... and in that group, I would outline what the skill is and how they were going to help the child achieve this skill”* (teacher PII).

Feedback from the teacher also drew attention to the allocation of time needed to support autistic students’ acquisition and generalisation of the CBT skills. On reflection, the teacher referred to the

⁴ Oide is a national support service for school leaders and educators funded by the Department of Education.

question of time and autistic students' weekly allocation of special education hours as another consideration when planning for the implementation of CBT programmes. Of note from the current study, is the fact that from midway onwards, a large proportion of the autistic students' special education time in the special class was absorbed by the FRIENDS programme. *"I know our conclusion is that the programme is very valuable, the students were learning the skills and they had started to practise the skills but time to introduce the programme, time to work on their individual skill development is very important and therefore ten sessions is not practical, especially if you want to do it with autistic students in an adapted format"* (teacher PII). Further to this, the teacher identified another consideration which pertained to timetabling and students' availability for small group provision. Students from the same year may not have the availability on their timetable to come together as a group for the differentiated CBT programme, *"because it depends on what practical subjects they are doing"* (teacher PII). This then raises the next question as to the formation of the group, *"if a group is not possible in the special class, do you mix peers for all the sessions, and will the students benefit in the same way as they might if all students had a diagnosis of autism and then integrating peers at different intervals?"* (teacher PII).

Data from the teacher and the researcher confirmed that parental involvement in the differentiated FRIENDS programme played a fundamental role in supporting the generalisation of skills beyond the learning environment, however, arranging focus group meetings among the three participating parents proved challenging, *"and if you had six kids involved, then you are trying to involve six parents and arrange for them to come into the school"* (teacher PII). The teacher surmised that although face-to-face meetings would be preferable, online meetings could be considered if parents/guardians had access to the internet and a *"knowledge of how to access meetings via Teams or Zoom"* (teacher PII). Thus, the practicalities involved in bringing a group of parents/guardians together on a regular basis needs consideration.

4.8 Theme Two: Feasibility of School-Based CBT as a Support for Autistic Students - Conclusion

The findings vindicate the endorsement of implementing school-based universal CBT programmes that incorporate a model such as the one in the current study (mainstream whole class and small group differentiated provision). Overall, the findings presented throughout Chapter 4 provide valuable insights into the perspectives, experiences and needs of autistic adolescents, their parents and special education teachers participating in school-based CBT. Consequently, these insights hold the potential to influence and shape educator (special and mainstream) psychoeducational practices in primary and post primary education. From my own practitioner experience of differentiating the My FRIENDS Youth programme for autistic adolescents, I gained a greater appreciation of the social and emotional needs of older autistic children and the importance of developing inclusive psychoeducational approaches that allow for cross sectoral skill acquisition and generalisation. Specifically, CBT psychoeducational skills introduced as part of the primary SPHE/Emotional Wellbeing curriculum could be extended and improved within the Junior Cycle SPHE/Emotional Wellbeing curriculum. In this way, methods of emotional support and adaptive coping responses for autistic pre-adolescent students would be similar in both educational contexts, safeguarding a more positive transitional experience into early adolescence and post primary school life. The implications of the current findings will be further expanded upon within the context of the extant research in Chapter 5.

5. Discussion Chapter

5.1 Introduction

This chapter presents the implications of the findings from the current study with reference to the extant literature and research questions underpinning this thesis. Chapter 4 presented the findings which emerged from the analysed qualitative datasets under two overarching themes: (Theme One) Student Social and Emotional Change, and (Theme 2) Feasibility of School-based CBT as a Support for Autistic Students. The findings provided an in-depth understanding of the autistic students' experiences and learning outcomes following their participation in the differentiated CBT programme (Barrett 2012), foregrounding their personal viewpoints alongside those of their participating parents and special education teacher. Chapter 5 brings together the different perspectives provided by the participants (autistic students, parents, teacher and researcher) and discusses further insights and interpretations garnered from the overarching themes and subthemes framed within the following embedded research questions:

What influential aspects of the differentiated school-based CBT programme:

- affect autistic adolescents' responses to group CBT as a school programme?
- impact autistic adolescents' emotional regulation skills?
- promote changes in autistic adolescents' social and emotional competency?

5.2 Research Question 1: What influential aspects of the differentiated CBT Programme affect autistic adolescents' responses to group CBT as a school programme?

As a reminder the key subthemes of Theme Two pertinent to Research Question 1 are represented in Figure 5.1.

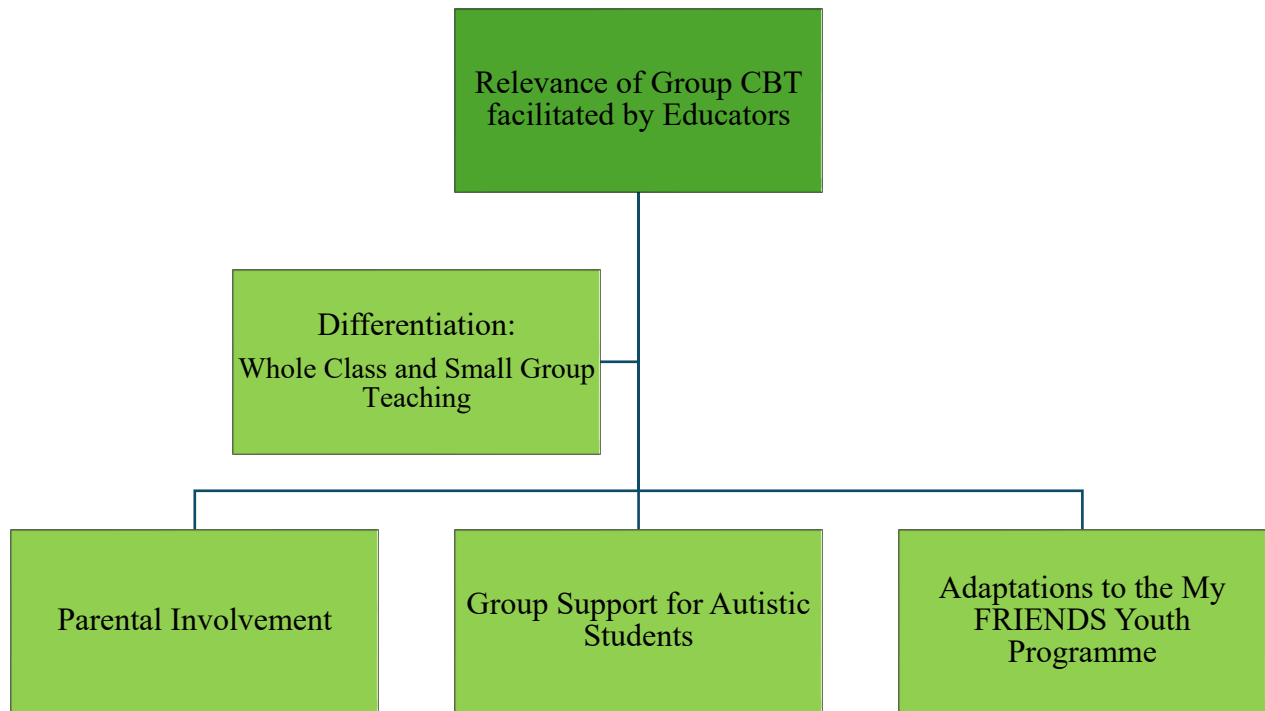


Figure 5.1 Key Subthemes from Theme Two which address Research Question 1

5.2.1 Relevance of Group CBT facilitated by Educators: Autism and Early Adolescence

According to extant research establishing a clear sense of personal and social identity can be challenging for young autistic adolescents (Morin *et al.* 2013; Cresswell and Cage 2019; Genovese 2021). Considering that a central diagnostic criterion of autism is linked to social and emotional understanding and communication skills (APA 2013), it was unsurprising to uncover in the findings of the current study that the autistic students were all experiencing challenges in relation to engaging with other students, teachers as well as people in their family and community settings. The current findings indicated that a lack of inner self-belief and self-confidence was negatively

impacting their social engagement in the school and community setting. This correlates with the findings of Genovese (2021) who noted that autistic adolescents tend to endorse a lower perception of self-worth and can often perceive themselves as less socially competent compared to their peers. Similarly, Currie (2016) elucidated in her FRIENDS study the inverse relationship between self-perception and prosocial behaviours, highlighting that adolescents who experience low self-esteem will invariably experience challenges with social engagement. On the one hand it seems that a low perception of self can cause a barrier to social engagement and on the other can cause an increase in self-criticism and negative rumination regarding social interactions with others which can lead to social anxiety. These observations from Genovese (2021) and Currie (2016) provide further support for the view that in the case of the current study the autistic students' social interaction difficulties were multi-faceted, stemming not only from their autistic social communication differences but also from underlying psychological factors. The findings of the current study concur with previous research (Ratner and Berman 2015; Acker, Knight and Knott 2018) in suggesting that the autistic students' desire for peer engagement and friendship was impeded by their heightened awareness of their social and emotional challenges and compounded by their intrinsic fear of negative peer and adult judgement.

As illustrated in the findings of the current study and supported by Restoy *et al.* (2024) recurrent episodes of emotional dysregulation (emotional overwhelm) can have a profound impact on all aspects of autistic adolescents' home and school functioning, including the formation and development of friendships. As noted by one of the students in response to the "*Why be a Friend to Yourself*" written task, they cited that "*if you don't [take care of your emotional wellbeing], you'll lack important social skills*" (Pop, SPIFG). This is in line with the guidelines of the DES (2022) recommending that emotional development should take precedence when supporting the social needs of autistic children and adolescents. Aside from supporting autistic adolescents acquire increased emotional awareness and expression skills, strong emphasis needs to be placed on developing their emotional regulation skills to enable them cope with the changing demands of everyday life (Clark and Adams 2022). As denoted by teacher data in the current study and supported by other researchers (Mazefsky and White 2014; Gardner, Wong and Ratcliffe 2021; Kidd *et al.* 2024) autistic adolescents require explicit teaching of social and emotional skills, particularly the skills associated with emotional competence which are promoted in CBT

programmes. In view of the current study's findings and espoused by Vermeulen (2014) it can be argued that priority should be given to student agency throughout the process of developing their emotional resilience to support them cultivate self-coping strategies that nurture their personal wellbeing and happiness.

5.2.2 Relevance of Group CBT facilitated by Educators: Impact of Covid-19 Pandemic

The current study provided insight into the lingering effects of the Covid-19 public health restrictions on the emotional wellbeing of today's early adolescent cohort of young people, particularly the age group of 2nd year students (13-14 years). This group of students would have been affected by the pandemic's lengthy school closures and social restrictions during their last two years of primary school education whilst in 5th and 6th class (aged 10-12 years). Post-programme teacher data indicated increased anxiety among this student population which is in keeping with extant research examining the impact of the Covid-19 pandemic on young people (Colizzi *et al.* 2020; O'Sullivan *et al.* 2021; Kreysa *et al.* 2022). Regarding the autistic participants in the current study the findings revealed that they each presented with social anxiety, poor emotional resilience and low self-esteem. These findings are congruent with previous research (Morin *et al.* 2013; Watson and Haktanir 2019; Code *et al.* 2020) denoting that the quality of the transition experience from primary to post primary education can radically influence how autistic adolescents perceive themselves compared to their peers and how they develop social competence over time. For the autistic students in the current study, their preparation for the transition into post primary education was directly impacted by Covid-19 school closures.

It is widely recognised that the transition into post primary school life can be particularly challenging for autistic students and can lead to a decline in confidence, educational achievement and social engagement (Deacy, Jennings and O'Halloran 2015; Makin, Hill and Pellicano 2017; Stack, Symonds and Kinsella 2020). However, for the autistic participants in the current study and their classmates the experience of transitioning into post primary education was entirely unprecedented. Their experience involved not only having to adjust to post primary school life for the first time, but it also involved having to adjust to new societal norms and protocols which included the mandatory wearing of face masks and keeping a 2-metre distance from other people. The current findings illuminated that as a consequence of missing out on a transition programme

due to Covid-19 social restrictions, the autistic participants struggled to adapt to the increasing social and academic demands during 1st year. An inability to deploy emotional regulation strategies in stress-inducing situations resulted in increased anxiety, frequent emotional meltdowns and withdrawals from subject classes. Merging adult data confirmed that the autistic students were still struggling to meet the growing demands in school as 2nd year students. Data identified that the autistic students experienced difficulty navigating crowded corridors, self-managing their class resources, completing homework in addition to trying to fit in among their peer group.

Understanding the autistic participants' social and emotional challenges within the context of the social and environmental changes caused by Covid-19 restrictions, shines a different perspective on the findings which indicated recurring emotional meltdowns throughout all of 1st year and into term one of 2nd year. Considering that young people's mental health in Ireland has progressively deteriorated over recent years as evidenced by Dooley *et al.* (2019), O'Sullivan and colleagues (2021) hypothesise that the psychosocial effects of the Covid-19 pandemic are likely to disproportionately affect today's generation of adolescents into the future. This is a view also echoed across other studies (Nonweiler *et al.* 2020; Corbett, Muscatello and Klemencic 2021; Day *et al.* 2023) which underscores the pertinence of continuity of access to social and emotional support programmes and/or psychological services in the aftermath of the pandemic, especially for vulnerable groups to minimise the potential long-term psychosocial consequences.

5.2.3 Differentiation of School-based CBT Programmes

Current findings substantiate the profound influence a supportive and caring school environment can have in fostering positive changes in autistic students' confidence and belief in their own abilities to achieve personal targets and cope in anxiety-inducing situations, as noted previously by Watson and Haktanir (2017), Williams, Gleeson and Jones (2019) and Keen, Adams and Simpson (2023). The current study's psychosocial learning outcomes were built upon the positive relationship the autistic students had with their special class teacher. Hence, the current findings further accentuate and reaffirm Drmic *et al.* (2017) and Bauminger-Zviely's (2016) view that SETs share a significant role with parents/guardians in supporting their autistic adolescents develop self-efficacy, emotional competence, and prosocial behaviours. These observations align with Dooley

and Fitzgerald's (2012) suggestion that even the presence of one supporting adult in a child's life can be of critical importance to their mental health and emotional resilience.

In accordance with existing educational policies on the inclusion of students with special educational needs (NCSE 2011; 2015; DES 2022), the facilitators in the current study support the application of a dual approach to the implementation of a CBT programme which combines whole class mainstream teaching with small group differentiated teaching. Congruent with existing research (Wong *et al.* 2014; Clarke, Hill, and Charman 2016; Werner-Seidler *et al.* 2017), endorsing the combined approach of mainstream teaching (support for all) alongside focused group teaching (support for some), the current study demonstrates how incorporating a differentiated small group component into whole-class mainstream provision, increases the likelihood of autistic adolescents acquiring CBT skills. Though the teacher in the current study identified potential benefits of mainstream implementation of CBT for autistic students, she argued in favour of small group provision due to the students' reluctance to engage with peers during paired/group tasks or participate in whole class discussions.

This observation in relation to autistic student class engagement supports findings deduced by Keen, Adams and Simpson (2023) who investigated autistic students' engagement and academic performance in mainstream and special education settings (special schools and special classes). These authors were examining factors that not only helped to predict autistic students' academic (under)achievement but also factors that influenced their responses to targeted supports (Keen, Adams and Simpson 2023). According to Keen and colleagues (2023) and recognised in previous research (DiPerna 2006; Keen, Webster and Ridley 2016) the interplay of both academic skills and non-cognitive classroom-related behaviours (such as motivation, emotional regulation, engagement, and interpersonal skills) can influence overall academic performance. These non-cognitive behaviours referred to by DiPerna and Elliott (1999) as academic enablers have been shown to influence a student's participation in and benefit from educational instruction in the classroom. Based on their results, Keen and colleagues (2023) found that autistic students scored significantly below the standard norms for engagement/interaction in learning tasks within mainstream settings whereas autistic students scored at or above the norms for engagement/interaction within special education settings. These findings corroborate the findings of the current

study in noting the impact of small group differentiated teaching within an autism special class environment. Overall, one can concede that besides embedding a small group component into mainstream educational provision, other factors such as environmental factors and teacher awareness of specific autism teaching approaches influence autistic adolescents' potential learning outcomes and responses to targeted supports.

5.2.3.1 Parental Involvement

A focus on emotional wellbeing is particularly pertinent for autistic adolescents as they are found to have increased vulnerability to mental health conditions, most notably clinical anxiety, and depression (Kerns *et al.* 2017; Clark and Adams 2022). The findings of the current study offer insight into the presentation and sources of anxiety in autistic adolescents which reflects extant research identifying specific phobia, social anxiety, and generalised anxiety as the most prevalent forms of anxiety in autism (van Steensel *et al.* 2011; van Steensel and Heeman 2017). Several studies have yielded evidence to suggest that when anxiety is experienced as pervasive and persistent, it becomes a barrier to emotional development, social engagement, and educational performance (Maddox and White 2015; Magiati, Ozsivadjian and Kerns 2017; Perihan *et al.* 2020; DES 2022). Therefore, additional targeted supports in the form of emotional resiliency programmes such as the My FRIENDS Youth programme may help lessen the likelihood of mental health problems among autistic adolescents developing into long-term clinical disorders (Hayes *et al.* 2023). In line with educational policy and research (Carter *et al.* 2014; Wong, Ratcliffe and Li 2018; DES 2019; 2022), addressing autistic adolescents' multi-faceted social and emotional needs requires a multi-faceted and comprehensive response approach that involves educators, parents/guardians and sometimes specialist practitioners working in partnership.

As identified in the current study and by Burke, Prendeville and Veale (2017), the FRIENDS universal CBT programmes (Barrett 2012) can be adapted to meet the needs of autistic students through small group differentiated teaching supported by active parental involvement. With the recent introduction of the revised Junior Cycle SPHE curriculum (NCCA 2023), the My FRIENDS Youth programme stands to complement the emotional wellbeing strand of the course, mainly because its core learning principles are founded upon CBT concepts. The current study's findings in relation to feasibility suggest that the My FRIENDS Youth programme effectively integrates

into the SPHE curriculum and affords post primary teachers the option of implementing it as an additional support via inclusive whole class and/or differentiated small group provision. In the current study implementing the My FRIENDS Youth programme as an inclusive and a differentiated support promoted the autistic students' willingness to engage in group sessions and encouraged their motivation to generalise the skills into real-life situations. This finding contrasts with previous studies advocating for the use of CBT programmes specifically designed for autistic children and adolescents (Attwood 2004; Wood and McLeod 2008; Wood *et al.* 2009; Reaven *et al.* 2012).

From an autistic adolescent perspective, the current findings revealed a bias against specifically designed autism programmes in favour of neuro-inclusive designed programmes that provide educators with a modality of response approaches. In terms of the implementation of school-based universal emotional resiliency programmes Hayes and colleagues (2023) noted two important considerations relevant to the findings of the current study. Firstly, taking an inclusive whole-school approach can address community-wide skills associated with developing positive mental health and emotional wellbeing, and secondly an inclusive approach can help prevent the occurrence of peer-stigma due to all students accessing the same additional support (Hayes *et al.* 2023). Friedberg and McClure (2015) highlight that children rarely initiate or have a choice in participating in clinical support, resulting in some children experiencing a sense of self-stigma as the whole experience of accessing clinical support may be perceived as something atypical in their lives. However, a cornerstone of an inclusive whole-school approach within the Irish context evokes the practice of parents/guardians and specialist practitioners working in partnership with educators in delivering personalised school support to students (DES 2022). The findings of the current study demonstrate the benefit of providing a school-based multi-faceted "*pronged approach*" that includes educators, peers, parents/guardians, and clinical practitioners working collectively to enhance the social and emotional competency of autistic adolescents (teacher PII). As posited by Wong, Ratcliffe and Li (2018) implementing psychosocial support in school settings helps normalise the therapy process and discourages the stigma of accessing clinical support. Regarding the provision of personalised school support, one of the students in the current study suggested offering autistic students the choice of participating in the differentiated CBT group programme. This finding aligns with the UNCRC (1989) treaty which acknowledges children's

entitlement to have a voice in matters concerning their own lives. As suggested by Lundy (2018) empowering student agency and giving them the autonomy to make informed decisions for themselves fosters more meaningful student engagement in initiatives they have chosen for themselves.

In the current study the differentiated version of the My FRIENDS Youth programme included a separate parent component which provided parents with a knowledge and understanding of CBT. Moreover, participation in the differentiated programme provided parents with strategies and ongoing support via one-to-one communication with the teacher as well as group engagement with facilitators and fellow participating parents. Converging findings from parents and facilitators' viewpoints concurred that active parental involvement in the differentiated programme proved influential to the students' positive responses to CBT and their generalisation of the skills across different settings (school, home, and community). These findings correspond with previous findings outlined in Perihan *et al.*'s (2020) review of 23 CBT studies in documenting that parental involvement is critical to the effectiveness of CBT for autistic children and adolescents. Their findings revealed substantial deviations in children's responses to CBT between studies with or without parental involvement (Perihan *et al.* 2020). Overall analysis of parental involvement demonstrated that autistic children benefit the most from CBT when their parents/guardians are also engaged in the programme (Perihan *et al.* 2020). Moreover, Simpson, Maffini and Schuck (2019) conceded that autistic children's generalisation of skills is greatly enhanced when parents/guardians and educators collaborate and work in partnership.

Apart from the students benefitting from their parents' involvement in the differentiated FRIENDS programme, the findings of the current study denoted positive benefits for the parents in relation to emotional wellbeing, parenting practices and a growing confidence in their child's social and emotional competency. Congruent with previous research (Nicholas *et al.* 2014; Schwartzman *et al.* 2022), this study's findings highlighted that parents of autistic adolescents experience high levels of stress coping with their child's social and emotional needs, yet access to outside agency clinical support for parents is limited (MHC 2024). Due to the prevalence of autism ever increasing (Boilson *et al.* 2016; Department of Health 2018; Delobel-Ayoub *et al.* 2020) there is mounting pressure put upon clinical support services for parents/guardians and their families and

consequently, there is a demand for support interventions to diversify as noted by Lee *et al.* (2024). For instance, diversifying support from clinical settings into school settings as evidenced in the current study and supported by Simpson, Maffini and Schuck (2019) is one way to help alleviate accessibility barriers to parental support. Furthermore, in the context of families living with the aftermath effects of the Covid-19 pandemic, Corbett and colleagues (2021) recommend that self-coping strategies be provided to parents/guardians of autistic children to bolster their emotional resilience in responding to their child's emotional difficulties. Previous research (Keenan *et al.* 2016; Shepherd *et al.* 2018; Schwartzman *et al.* 2022) purports that the emotional wellbeing of parents/guardians influences their responses to their child's stress and for that reason psychosocial supports need to address both the emotional wellbeing of the parents/guardians and the child. Parent data highlighted that the potential impact of one parent/guardian being able to access additional help and support could make a significant difference. Accordingly, CBT is regarded as a resilience-oriented support which offers parents/guardians with enlightened understanding of the emotional impact of stressors and provides both somatic and cognitive self-coping strategies to strengthen mental wellbeing and mitigate stress levels in moments of challenge with their child (Creswell *et al.* 2017).

Regarding parenting practices, the parents in the current study discussed having to constantly micromanage or avoid social situations to ensure positive social experiences for their autistic child and prevent their child's social anxiety escalating into emotional overwhelm. As autistic adolescents often experience challenges with emotional regulation and social communication skills (Mazefsky and White 2014; White *et al.* 2015), overinvolved parenting practices are found to be common among their parents/guardians (Ryan, Kaskas and Davis 2017). Research delineates that overinvolved parenting practices are indicative of parents/guardians who themselves are prone to chronic stress and anxiety (Creswell *et al.* 2013). In addition, researchers suggest that parental stress in parents/guardians of autistic adolescents may be influenced by negative social reactions and judgemental comments from other people in community settings and consequently parents/guardians may often avoid or limit social outings with their autistic child for fear of feeling embarrassed or overwhelmed (Kinnear *et al.* 2016; Shepherd *et al.* 2018; Guldberg *et al.* 2019).

The current study illustrated a corresponding pattern between parental stress, overinvolved parenting responses and the maintenance of social anxiety in the students. These observations are supported by Creswell *et al.* (2017) who noted that anxious parents/guardians tend to exhibit and express heightened levels of anxiety in challenging social situations and in doing so reinforce their child's perception of the social world as a daunting and uncertain place. These authors also confirm that when parents/guardians excessively micromanage their child's social experiences, they run the risk of impeding their child's development of social competence as well as further exacerbating their child's social fears (Creswell *et al.* 2017). Likewise, Reaven and Willar (2017) surmised that by permitting the use of avoidance strategies, parents/guardians are inadvertently restricting their autistic child's opportunities to practise adaptive coping responses and develop emotional resilience. Following participation in the differentiated FRIENDS programme parents reported nurturing their child's independence at home and in the community as well as adopting desensitisation coping strategies for dealing with social challenges. The findings of the current study confirm how parental involvement in school-based CBT programmes can help empower parents/guardians support their autistic child overcome adversities using positive parenting practices without the fear of public embarrassment.

Parent data in the current study reported the benefit of parent-to-parent collaboration which took place as part of baseline, midway and post-programme focus groups with facilitators. Over time these meetings became a source of support for the participating parents. As the group dynamic developed, the meetings provided parents with a forum to share personal experiences, discuss aspects of the CBT programme and express opinions as to how to address the children's social and emotional needs. The current findings extend upon previous findings in relation to the importance of parent-to-parent support among parents of autistic children and adolescents. A recent review carried out by Lee and colleagues (2024) extrapolated that peer support among parents of autistic children can serve as a protective factor for parental emotional resilience. In support of this suggestion, Reaven and Willar (2017) deduced that sometimes parent-to-parent support can be more powerful than therapist-to-parent support. In line with the findings of the current study, recent studies conducted by Batchelor *et al.* (2021) and Hamari *et al.* (2022) illuminated that those who participated in autistic parent support groups valued having their voices heard and their experiences validated and above all valued connecting with parents sharing similar life stories.

According to the extant research, there is much support endorsing the training of parents as mentors to provide tailored parental support to individuals or groups of fellow parents/guardians of autistic children (Bray *et al.* 2017; Lee *et al.* 2022). This parent mentor-mentee model, referred to in the literature as a cascading model, involves professionals initially training a group of parents/guardians with the view to having these parents/guardians progress onto facilitating the evidence-informed support among other parents of autistic children and adolescents (Lee, Meadan and Oyun Baatar 2022). Based on the efficacious outcomes of studies which explored the cascading model of parent-to-parent support interventions, Lee *et al.* (2024) vindicated its application to targeted individuals or groups to help meet the demand for parental support. Since support for parents/guardians is scarce and accessibility to clinical outside agency support is limited (MHC 2024), there is a need for alternative forms of parental support to be made available. The findings of the current study, supported by the aforementioned research, present a strong evidence base in favour of providing group support for parents/guardians of autistic adolescents as part of their involvement in differentiated school-based CBT programmes.

5.2.3.2 Group Support for Autistic Students

In the current study the autistic students presented as acutely conscious of their differences from other peers and this heightened self-awareness impacted on their social engagement and participation in learning tasks, most specifically in paired, small group or whole class discussions. Moreover, despite expressing a desire for friendship, the autistic students in the current study demonstrated low levels of social motivation and typically avoided or remained on the periphery of social groupings. Previous research examining peer relationships in mainstream education settings (Petrina *et al.* 2017; Spain *et al.* 2018; Williams, Gleeson, and Jones 2019), revealed similar findings to the current study in noting that autistic students tend to lack self-confidence in social gatherings and generally perceive themselves as ‘different’ in a negative way due to their autism diagnosis. Regarding autistic adolescents’ innate desire for peer relationships, Carter *et al.* (2014) surmised that this desire invariably remains unmet due to a lack of self-confidence, fear of negative judgement from peers and difficulties associated with social communications skills.

Consequently, a paucity of peer relationships and active social involvement in the school setting increases autistic students' risk of being socially excluded or victimised (Humphrey and Hebron 2015; Altomare *et al.* 2017). It is noteworthy to point out that in the current study the autistic students had all experienced peer victimisation and identified a fear of being bullied as one of their most anxiety provoking social situations. This finding is consistent with extant research denoting autistic students as more susceptible to becoming a victim of physical, verbal, or covert bullying (Schroeder *et al.* 2014; Maïano *et al.* 2016; Ashburner *et al.* 2020). According to the current findings, it appears that a fear of being bullied or victimised represses autistic adolescents' social competency. Since peer relationships are of notable salience in terms of social inclusion during adolescence (Bossaert *et al.* 2015; O'Hagan and Hebron 2017), implementing a group support psychoeducational programme, as evidenced in the current study, holds the potential for autistic students to expand their friendship base among school peers (autistic and non-autistic), deepen their own understanding of themselves and develop an enlightened self-concept (Berkovits, Moody, and Blacher 2020).

The primary role of educators in facilitating psychoeducational programmes is to provide autistic adolescents with meaningful opportunities to engage with peers and support the development of positive relationships with classmates (Carter *et al.* 2014; Travers and Carter 2021). Added to this, it is pertinent that as educators we consider how best to support autistic adolescents form a positive self-concept, taking into account their personal views of societal norms and peer culture within the school setting. In contrast to typically developing adolescents, autistic adolescents have to develop self-understanding in terms of their autistic status within the majority social culture comprised of non-autistic peers and adults (Cresswell and Cage 2019; Genovese 2021). Cooper *et al.* (2017) contend that a positive autistic social identity can furnish adolescents with a protective mechanism against mental health problems by nurturing positive attitudes towards being autistic and being a member of an autistic community. Bearing this aspect in mind, student grouping during the implementation phase of the differentiated FRIENDS programme (Action Cycle 1-2) comprised only of autistic students, followed by the generalisation phase of the programme (Action Cycle 3) which included both autistic and non-autistic students within the grouping. This peer support model aimed to gradually establish peer acceptance, social understanding, and empathy among all group members (autistic and non-autistic) as per Milton's (2017) 'Double Empathy' theory. A

central finding of the current study revealed that the autistic students' positive response to the differentiated CBT programme was influenced by the interpersonal support mediated through active peer involvement.

The findings of the current study indicate that group CBT allows autistic adolescents to be challenged in a manner that is totally different from individual one-to-one CBT support. This concurs with previous research (McConachie *et al.* 2014; Wood *et al.* 2015; Ung *et al.* 2015), that suggests promising outcomes for autistic children and adolescents irrespective of the support being group or individual CBT. Conversely, Sung *et al.* (2011) suggest that for highly anxious students individual CBT may be preferable as the social aspect of group CBT may become too overwhelming for them. In the current study the students benefitted from a combination of both group and individual support which is a modality of CBT recognised by researchers to address autistic adolescents' social and emotional needs (White *et al.* 2014; Maddox, Miyazaki and White 2017). However, despite the duality of support provided to students in the current study, data from one student suggested that they did not enjoy participating in the differentiated FRIENDS programme because of finding group engagement challenging. One can concede that this perspective may stem from having expressive language difficulties (selective mutism) coupled with the fact that during the implementation phase, this student was the only female autistic student in the group. In accordance with extant research (Bryman 2016), the inclusive nature of the small group generally supported students' confidence to engage with co-participants during collaborative learning tasks. Nonetheless, group dynamic was found to play an influential role in relation to individual students' responses to group CBT support, and as such the teacher in the current study highlighted the importance of providing for gender balance within groupings and pairing friends together to lessen the effects of social anxiety.

The facilitators in the current study helped to create a climate of acceptance where each participant (adult and student) within the group was regarded as a mentor/mentee (Bradley 2016). This peer support model engendered a realisation that everybody in the group had a voice and could play a supportive role in the life of someone else (Travers and Carter 2021). The familiar environment of the special class as the setting for group sessions facilitated a safe space as stipulated by Lundy (2007) for the autistic students to discuss their social and emotional needs. During group sessions

the students were making sense of their perceived similarities and differences between one another. The group enabled the autistic students express their personal social and emotional experiences, listen to other students' experiences, and come to appreciate that their individual experiences were not unusual. As a result, the autistic students reported that they had developed a greater understanding of themselves and an acceptance of their idiosyncratic emotional and behavioural responses in social situations. Group involvement fostered a feeling of belonging and a collective recognition of shared social experiences. As reflected in McLaughlin and Rafferty's (2014) study, the students in the current study demonstrated a willingness to accept fellow autistic peers for who they were in a non-judgemental manner and over time a group dynamic of mutual support and friendship prospered.

Group CBT provided regular opportunities for autistic students to further enhance their perspective taking, problem-solving and decision-making skills (Friedberg and McClure 2015). Group sessions enabled the students to practise ways to initiate conversations, manage their emotions, as well as give and receive positive feedback (Beck 2011). Peer involvement inspired less motivated participants to engage in the group CBT programme by pairing them with like-minded individuals. Supporting students befriend fellow participants in the group resulted in those students mediating support for one another and the fading out of adult support (Carter *et al.* 2014). Indeed, a "powerful by-product" of group support observed in the current study and in Kerns *et al.* (2017, p. 162) occurs once the gradual exposure component of CBT is initiated and the students begin to recognise one another's successes, trials, and tribulations. It seems the knock-on effect of the praise and encouragement proffered by peers during group sessions helps to generate student confidence and empower them to take on their own personal challenges.

This study's differentiated group CBT programme supported an increased awareness of the autistic social and emotional perspective. The small group component gave a voice to autistic students and in doing so their peers (autistic and non-autistic) as well as their caregivers (special class teacher, SNAs and parents) garnered a much greater understanding of their individual circumstances. The findings of the current study suggested that as a result of including mainstream peers into the small group provision of the programme, the students (autistic and non-autistic) gained a mutual understanding of each other's perspectives. The teacher reported that involvement of mainstream

peers invigorated the autistic students' motivation to achieve their personal targets and supported the consolidation of student knowledge of CBT concepts. Most notably, the teacher remarked that the inclusion of mainstream peers facilitated paired and group discussions around contentious issues (e.g. requesting help in public settings; managing anxiety levels in stress-inducing situations), which seemed to influence changes in student perceptions on both sides. This finding would suggest that participating non-autistic students benefitted from an enlightened understanding and acceptance of their autistic peers. Similarly, from listening to the autistic students' viewpoints, the current findings suggested that teachers and parents deepened their understanding of individual students' social and emotional struggles which prompted changes in the adults' perceptions.

Furthermore, the findings of the current study elucidated that the responsibility of social change in the school setting seemed to lie solely on the side of the autistic students with little or no responsibility put upon non-autistic students to change their social behaviours. By way of illustration, teacher baseline data noted how one student tended to use "*commanding language*" and exhibited no empathy for how their use of language could cause offense to educators, SNAs or peers (teacher BI). Teacher data inferred that this student was provided with extra one-to-one tuition based on their social behaviours to mitigate the possibility of them being negatively perceived by others. However, the findings also infer a lack of empathy exhibited on the part of non-autistics (teachers, SNAs, and peers) towards responding to autistic characteristic social behaviour, suggesting indication of a double empathy problem existing within the school culture (Milton 2012). On the contrary, a school culture which advocates for neurodiversity would encourage mutual social reciprocity where responsibility for adapting and changing social behaviour would lie equally on the side of the neurodiverse person as well as the neurotypical person as suggested by Milton (2018) and Danker and colleagues (2016). As evidenced in the current study, psychosocial learning programmes at post primary school level need to support young people broaden their understanding and awareness of neurodiversity and their tolerance for individual differences.

5.2.3.3 Adaptations to the My FRIENDS Youth Programme

In the absence of specifically designed school-based CBT programmes for autistic children and adolescents, careful consideration needs to be given by educators in adapting the available universal CBT programmes. Given that communication and social interaction skills are primary characteristic features of autism (APA 2013) and CBT as a talk therapy relies on language, communication, and cognitive skills (Ekman and Hiltunen 2015), adaptations to communication methods are necessary to support autistic students' engagement and acquisition of CBT skills. The current study's learning adaptations, particularly in terms of programme flexibility and use of participatory and visualised language methods, complement previous qualitative research exploring ways to elicit the autistic voice (Colucci 2008; Harrington *et al.* 2014; Fayette and Bond 2018) and contribute to extant studies illuminating modifications to CBT for autistic children and adolescents (Kreslins, Robertson and Melville 2015; Ung *et al.* 2015; Syriopoulou-Deli *et al.* 2019; Solish *et al.* 2020).

This study's methodology incorporated a mosaic framework of creative qualitative research methods including, self-reflective journal tasks, image/movie elicitation tasks and hands-on discriminatory tasks, to help elicit autistic students' personal views and experiences (Clark and Moss 2001). As evidenced in the current findings, the chosen mosaic approach encompassed both verbal and non-verbal modes of expression and communication which supported the voices of the autistic students to become louder and more nuanced over time. The integration of activity-oriented participatory methods (Bourne and Winstone 2021) into the My FRIENDS Youth programme stimulated student interest, increased enjoyment of group sessions, and most importantly offered the autistic students a modality of ways to engage and express an opinion. While incorporating a modality of means to support self-expression helped to remove barriers to group engagement, it also helped facilitators to gain a multi-layered impression of students' individual perceptions and understandings of CBT concepts (Ellis 2017). In respect of Article 12 of the UNCRC underscoring children's entitlement to agency in matters affecting their lives (United Nations 1989), supporting the voice of the child is a fundamental tenet of successful inclusive practice in education and research endeavour (Lundy and McEvoy 2012; Milton 2017; Kennan, Brady and Forkan 2019).

The current study implemented UDL guidelines for multiple means of engagement (Rose and Meyer 2006), firstly to encourage participation in the differentiated FRIENDS programme but also to lessen any stress associated with taking part in the small group sessions. Premised on accrued baseline data social angst was considered an influential factor that would impede students' engagement during group sessions. To help mitigate against this, group sessions took place in the familiar environment of the special class with their special class teacher positioned as the main facilitator of the programme. The accrued data suggests that the special class represented a less stressful learning environment than the mainstream setting. Findings of the current study elucidated how coping with the constant sensory demands of the mainstream post primary school environment generated increased anxiety among the autistic students and often induced complete emotional overwhelm. Episodes of emotional dysregulation resulted in the students regularly missing out on subject class time and seeking solace in the quieter less sensory stimulating environment of the special class setting. As documented in the current findings, one of the students experienced hyper-sensitivity to smell while all three experienced hyper-sensitivity to noise and self-reported "*certain smells such as food*", "*being in crowded places*" and "*hearing particular noises*" as extremely anxiety provoking (SBFG). These findings are supported by previous research (Ashburner, Ziviani and Rodger 2010; Grandin 2015; Howe and Stagg 2016) in noting that an inability to self-regulate due to sensory sensitivities impacts autistic students' capacity to learn and achieve academic success. As discussed by McCoy *et al.* (2014) and observed in the current study, the post primary special class within the Irish school context serves the purpose of a base class; a low-arousal classroom environment where autistic students return to when not attending mainstream subject classes (e.g. for break and lunch times, free class periods, or extra tuition hours). Moreover, the special class environment in the current study provided the students with autonomous access to a sensory room which served as a place of respite when in need of emotional or sensory regulation time.

The findings of the current study demonstrate the value of having special education teachers/special class teachers facilitate CBT as a psychoeducational support for autistic adolescent students. Prior to participating in the differentiated FRIENDS programme, the students had already developed a trusting rapport with their special class teacher and felt safe confiding in her on a one-to-one level about their personal problems. The following citation illustrates the bond the students

had with their special class teacher and the importance of that relationship in supporting their social and emotional needs:

I suppose how it works so well here [special class] is that kind of trust, where they WILL come and they would talk about a physical problem or something else that is upsetting them in school... they will come and say that little thing which is good because sometimes they could go through the whole school day and not be able to feel that they have someone to say it to.

(teacher MI)

This established and positive student-educator relationship supported the students' initiation into the differentiated FRIENDS programme and subsequently supported their continued involvement throughout the three cycles of action from January-May 2023. Group CBT as a psychoeducational support is dependent on participants being willing and able to demonstrate self-disclosure to facilitators and other group members (Scarpa, White and Attwood 2016; Burke, Prendeville and Veale 2017). However, when "*opening up about quite personal feelings, you have to feel safe, and [teacher] provides that safe space by being there*" as group facilitator (researcher MFG). Having their special class teacher present alongside the researcher provided the autistic students in the current study with an additional level of reassurance to openly share their social and emotional experiences among group members.

Whilst a paucity currently exists within the field of autism research examining the effect of educators as facilitators of CBT in school settings, results from extant studies carried out by clinical researchers reveal that educator involvement influences autistic children and adolescents' responses to CBT and increases the generalisation of CBT skills (Ehrenreich-May *et al.* 2014; Fujii *et al.* 2014; Bauminger-Zviely 2016; Luxford, Hadwin and Kovshoff 2017; Drmic, Aljunied and Reaven 2017). Across 8 studies reviewed by Simpson, Maffini and Schuck (2019), 7 studies demonstrated a positive correlation between a marked reduction in autistic children's anxiety symptoms and educator involvement in the CBT programme. Though none of the 8 studies in this review involved educators as the main facilitators, participating educators collaborated with the clinical researchers and participating parents and as a result autistic children's responses to CBT were shown to be "*overwhelmingly positive*" (Simpson, Maffini and Schuck 2019, p. 308). It is notable to highlight that unlike Simpson *et al.*'s (2019) research, in the current study trained educators facilitated group CBT in collaboration with participating parents within a school setting.

Another key facet influencing autistic student engagement in the current study related to promoting student agency and autonomy in relation to the setting for group sessions, the way in which sessions were implemented and what content needed to be prioritised. Involving students in decision-making and acting upon their expressed needs and desires helped the students to recognise the level of agency and choice available to them as suggested by previous researchers such as Lansdown (2011) and Kenny *et al.* (2024). This realisation fostered a sense of ownership over the learning process and promoted student motivation to engage in group discussions. Moreover, respecting the students' sensory regulation needs was an important aspect of the differentiated FRIENDS programme. This view is conferred by Attwood and Scarpa (2016) who suggest that helping autistic participants of CBT find helpful self-coping strategies to satisfy sensory needs may have a powerful effect in regulating their stress and anxiety. And so, students in the current study had opportunities to try different fidget objects and had free access to their preferred fidgets as well as permission to avail of the sensory room whenever they needed a break from group sessions. Furthermore, endorsing the students' right to participate or not in learning tasks allowed students time to process new learning experiences at their own pace and comfort level. Overall, the findings of the current study show how valuing student agency and their autonomy to assert their needs and desires precipitated active student engagement and led to the development of a positive student relationship with facilitators and fellow peers.

In terms of creating a safe space conducive to positive student engagement (Lundy 2007), the current study introduced a set routine and structure into session delivery to provide the autistic students with an enhanced sense of predictability. The findings of the current study indicated that routine and certainty were integral components of positive social experiences for the students. Accordingly, an intolerance of uncertainty is widely acknowledged by researchers as an influential and contributory factor of anxiety in autism (Ozsivadjian, Knott, and Magiati 2012; Boutler *et al.* 2014; Neil, Olsson and Pellicano 2016; Vasa *et al.* 2018). Hence, to combat the risk of inducing anticipatory worry among the autistic students, the differentiated FRIENDS programme began each session with a brief discussion based around the planned schedule for the group. Apart from easing students' group anxiety, the schedule of tasks presented in a written and pictorial/concrete sequence, supported the students' executive functioning skills, and appealed to their visual style of cognitive functioning (Murray *et al.* 2005; King *et al.* 2019; Kenny *et al.* 2024). These

discussions also encouraged the students to ask questions and comment on the proposed tasks for the session which had the effect of increasing student engagement and developing a positive rapport with facilitators.

The findings of the current study demonstrated how keeping to a familiar session structure supported the transition of group delivery from the informal setting of the special classroom into the more formal and traditional setting of the mainstream classroom. As suggested by Rodgers *et al.* (2017) and supported by Neil, Olsson and Pellicano (2016), bolstering autistic students' capacity to cope with uncertainty by way of establishing familiarity in the face of ambiguity helps to moderate and reduce anxiety levels. Attwood and Scarpa (2016) suggest that autistic students are more likely to thrive in learning environments that are grounded upon routine and structure because of their inherent desire for consistency and certainty. Thus, considering previous research and findings from the current study, one can conclude that incorporating the practice of a structured lesson delivery and the use of a visual schedule within mainstream education provision would provide consistency in pedagogical approach across all subject classes for post primary students (autistic and non-autistic) throughout their entire school day. Adopting a visually supported routine structure to lesson delivery as an inclusive whole-school approach would support all students' transition from class to class by increasing their sense of predictability for each subject class and avoid autistic students experiencing unnecessary anxiety anticipating changes in learning expectations during instruction time (Clarke, Hill and Charman 2016).

Another adaptation incorporated into the My FRIENDS Youth programme involved an introductory group emotional and energy level check-in. Group members (facilitators and students) were invited to take turns in expressing how they were feeling and to rank their energy levels from 1-10. The 'Circle Time' framework to social engagement provided a communication system for turn-taking using a talking object and allowed for autonomy whenever a group member wished to decline contributing to the group (Hassani *et al.* 2021). As observed in the current study and recognised by Wilkinson (2015) and Beck (2011), the energy ranking task encouraged the students to associate their body's physiological state with their thoughts and feelings. This designated time for self-reflection and emotional expression proved highly beneficial in the current study, so much so that the students requested more time to talk about their feelings and personal

experiences during group sessions. As previously described in Chapter 2, a fundamental component of CBT is to encourage participants to increase their emotional awareness, discover emotional regulation strategies and become more sensitive to how others are feeling (Beck 2011). The findings of the current study compound the importance of having adult facilitators and participating students speak candidly about their personal experiences of joy and success as well as their personal experiences of sadness and difficulty in group sessions.

A pervasive theme throughout the current study related to the autistic students' heightened self-awareness and fear of negative judgement from other peers and/or adults in social situations. Congruent with the findings from previous studies (Greenaway and Howlin 2010; Trembath *et al.* 2012), current findings denoted that the autistic adolescents each exhibited perfectionism tendencies, setting high standards for themselves in both academic and social contexts which gave rise to an underlying fear of failure. This self-perceived notion of perfectionism presented as a barrier to social engagement in the differentiated FRIENDS programme. By way of counteracting the influence of the students' cognitive bias, facilitators promoted a group dynamic of respect where all contributions were welcomed and accepted without criticism. Adopting a positive outlook to accepting failure, as suggested by Scarpa and colleagues (2016), can act as a counterbalance to feeling incompetent in the aftermath of making a mistake. And as such, facilitators in the current study evoked a positive attitude towards failure by reframing mistakes as "*learning opportunities*" (teacher SPIFG). Creating a group dynamic based on shared values of respect and empathy fostered the students' willingness to engage in learning tasks and over time supported their self-confidence to express an opinion.

As discussed by Scarpa, White and Attwood (2016) autistic adolescents' variability in cognitive, social, emotional and language (particularly expressive language) abilities can impact considerably on individual participants' comfort level and emotional wellbeing in a group setting. On a positive note, smaller groups can be more conducive to social engagement, however, smaller groups by their very nature increase the social demand on participants to engage because of having so few involved. In fact, smaller groupings can make the group setting more stressful and anxiety inducing for some participants, especially for those with quieter dispositions (Reaven *et al.* 2012). The findings of the current study referenced one student's difficulties with expressive language skills

and pinpointed some of their learned coping strategies in stressful communication exchanges (physically shutting down, deflecting giving an answer and asserting their lack of knowledge). During group discussions this student required additional scaffolding to support their responses to verbal questioning. These included techniques suggested by Bauminger-Zviely (2013) such as the use of closed questions, open-ended statements, or binary possibilities. Nonetheless in general, student anxiety increased when group engagement relied on verbal contributions. For this reason, reducing the dependency on verbal communication lessened the social demand on students to engage verbally and allowed for a modality of creative methods of communication to be incorporated within group tasks (Colucci 2008; Clark 2017).

By valuing the verbal alongside the non-verbal and creative forms of expression (e.g. writing, drawing, painting, digital), as demonstrated in the current study and echoed across previous qualitative research studies (Harrington *et al.* 2014; Conn 2015; Fayette and Bond 2018), communication barriers to eliciting the autistic child's voice can be eradicated. The use of a modality of communication methods (conventional and participatory) in the current study were found to promote student motivation, curiosity, and engagement in learning tasks. The use of creative methods of engagement encouraged the students to share their views through non-verbal forms of expression. Equally, the current findings indicated that inviting the autistic students to personalise the visuals/resources required for upcoming sessions promoted their interest and engagement in group tasks. It seems actively involving the students in creating their own resources gave them the autonomy to utilise their interests and talents in developing meaningful support visuals which in turn encouraged their group engagement in discussions (Winter-Messiers 2007; Ninci *et al.* 2018; Harrop *et al.* 2019).

Findings of the current study revealed that having a concrete basis for group discussions encouraged more positive and engaging communication exchanges. Participatory tasks as noted in previous qualitative research (Krueger and Casey 2015; Bourne and Winstone 2021) have been shown to support the elicitation of autistic children's viewpoints in group discourse by making the process of social interaction less intimidating. Since these discussions are based on the outcomes of participants completing a particular task, the focus of engagement is activity-centred which helps to support autistic students' active involvement and self-expression. Discriminatory tasks

such as the ones evidenced in the findings of the current study (Labels and Baskets; Diamond Ranking; Categorising Green and Red Thoughts) are recognised tools to support critical thinking skills and the elicitation of autistic children's views (Rockett and Percival 2002; Clark 2012; Goodall 2020). As evidenced in Chapter 4, the outcomes of each of the aforementioned participatory tasks supported the students play an active part in group discussions and enabled the facilitators gain greater insights into their individual viewpoints. Key to the success of using creative methods of engagement is that they allow autistic students time to process a task at their own pace. Moreover, participatory tasks enable the elicitation of the autistic students' views because they provide a structured means for them to demonstrate their views in a visual manner that supports their executive functioning skills (task initiation, verbal reasoning, organisation, and memory retrieval skills) (Pellicano 2012; Gökçen *et al.* 2016; Leung *et al.* 2016). Overall, student engagement was motivated by the participatory aspect of the learning experiences and the fact that their responses were not solely reliant on verbal expression.

Previous research has posited a range of potential benefits from incorporating autistic students' special interests into their learning experiences, most specifically in terms of their engagement, emotional regulation, and knowledge acquisition (Winter-Messiers 2007; Milton and Martin 2017; Harrop *et al.* 2019; Murray 2020). The findings of the current study support findings of Wood and Milton (2018) in noting enhanced communication as a result of harnessing the shared interests of autistic students in group learning tasks. As derived from baseline data, common among the autistic participants was a shared enthusiasm for reading, playing video games and watching movies. Bearing this in mind, facilitators purposely created student-centred learning tasks that encompassed stimuli premised on their mutual "enthusiasms" (Prizant 2019, p. 54). Observations from the current study suggested positive associations with the incorporation of student interests into learning tasks and increased student engagement. Findings of the current study demonstrated how embedding learning tasks within students' special interests promoted their expressive language skills, sometimes resulting in a shift in power dynamics with the students taking a more assertive role in discussions. Current findings confirm that by relating curriculum to autistic adolescents' special interests and their preferred learning styles, they are more likely to engage in classroom learning tasks, sustain attention and express their views and understandings more competently among their peers and educators.

Similarly in the current study the UDL guidelines for multiple means of action and expression were addressed using a modality of communication methods (Rose and Meyer 2006). Students were offered autonomy in how they would like to express their understanding and knowledge. Providing the students with different options and normalising the use of non-verbal forms of communication encouraged their confidence to engage in challenging social situations. The practice of visual cueing, verbal rehearsal and mental imagery strategies as recommended by Bauminger-Zviely (2013) and supported by Rodgers *et al.* (2017) were introduced into the differentiated FRIENDS programme by way of supporting autistic students' memory retrieval skills in challenging social situations.

Current findings suggested efficacious outcomes as a result of using 'Social Scripting', a recognised communication support for autistic individuals (Scheibel, Ma and Travers 2022). Data indicated that the participating students in the current study each experienced challenges communicating their needs to adults in school and community settings. Scripting as a communication support helped to prepare the autistic students in advance for social interactions with familiar or unfamiliar adults in different social contexts. The process initially involved the special class teacher and the student co-creating the script which included expressive language suggestions to use in the targeted social context (e.g. appropriate initiations, greetings, questions, farewells, etc.). Students were then given opportunities to practise role playing their social scripts as part of the differentiated FRIENDS programme. This form of social coaching was found to promote group discussion around the expected language and social behaviour in the different social contexts. Facilitators encouraged the generalisation of this strategy from school-home so that participating parents adopted a similar approach with their child in helping them prepare for social encounters in community settings.

By way of supporting autistic students cognitively process social contexts, visualising communication techniques as recommended by Ekman and Hiltunen (2015) were incorporated into the differentiated FRIENDS programme. Comic strip conversations (Gray 1998) were found to positively support the autistic students tease out the thoughts, feelings and intentions of themselves and others in different social situations. The process of drawing the images related to a recent social encounter supported the autistic students reflect upon the incident and begin to

discern alternative conclusions and understandings from their experience. In line with Vermeulen's (2012) 'Context Blindness' theory, visualising the two-way interaction using speech and thinking bubbles helps to provide autistic students with a concrete means of interpreting the cognitions, emotions and perspectives of all those involved in the social encounter. The shared focus on the visual representation of the conversation prompted group discussions that challenged the autistic students to consider the 'why' behind other people's intentions and actions. Mentalising social situations via concrete visual methods meant that the autistic students' misconceptions or social confusions could be analysed in a logical and accessible manner in order to bring about enlightened understandings. Consequently, as evidenced in Chapter 4, the autistic students were able to generalise this communication technique and use it to interpret their own personal social experiences.

Despite the efficacious findings of the current study in relation to the use of social scripting and comic strip conversations, a recent review of these social communication strategies for autistic children indicated partial-to-not-convincing evidence of their potential effectiveness (Leaf *et al.* 2020). These authors highlighted that although social narratives (namely social scripting, cartooning and comic strips) are commonly implemented as social communication strategies among autistic children, empirical evidence-based support of their functional effectiveness is found to be contentious (Leaf *et al.* 2020). In contrast to the findings of the current study, Leaf and colleagues (2020) found that of the four publications based on social scripting and the six publications based on comic strip conversations, none of these studies demonstrated compelling evidence to indicate positive correlations between the use of the social communication strategy and changes in autistic participants social communication behaviours. Conversely, the findings of the current study provide favourable evidence in support of the view that the use of social scripting and comic strip conversations are in fact effective social communication strategies to use among autistic adolescents as supported by researchers such as Scheibel, Ma and Travers (2022).

As regards upholding the UDL principles for multiple means of representation (Rose and Meyer 2006), flexibility in programme delivery played an integral role in supporting the autistic students in the current study acquire CBT skills. In fact, what makes this study different from previous studies is that from midway review onwards (Action Cycle 2 and 3), content was implemented at

a slower pace across 2-3 sessions per week. The suggested content per session in the My FRIENDS Youth programme was considered by the teacher as excessive for the autistic students. Consequently, careful differentiation of content was necessary to adhere to the sequence of sessions and ensure that the core CBT components within the My FRIENDS Youth programme were implemented in accordance with Barrett's (2012) guiding standards. Limiting the amount of content per session to focus on specific concepts in greater detail appealed to the autistic students' preferred monotropic style of information processing which in turn enhanced their capacity to acquire the skills (Lawson 2011; Murray 2020). CBT skills need to be acquired and applied (Beck 2011; Wilkinson 2015; Stallard 2021). Thus, as suggested in the current findings, autistic students need sufficient time to grasp the CBT skills as well as repeated opportunity to practise the use of skills during group tasks before taking on exposure challenges in real-world situations.

The findings of the current study indicated time as an influential factor that contributed to the autistic students' positive response to CBT and generalisation of skills beyond the school setting. As mentioned in Chapter 4, the notion of implementing Sessions 1-10 of the My FRIENDS Youth programme over ten weeks (Action Cycle 1 and 2) was found to be unrealistic. Findings suggested that the autistic students benefitted from lengthening the duration of the differentiated FRIENDS programme by increasing the tuition time to 2-3 hours per week over 20 weeks across two academic terms (January – May). Of note, the last four weeks of the study (Action Cycle 3) which was originally marked as a generalisation phase became part of the implementation phase as well. Findings of the current study provide support for the view that a longer implementation time for CBT programmes improves the learning outcomes for autistic children and adolescents. As demonstrated in the current study and highlighted in Perihan *et al.*'s (2020) review, autistic children need extended time to acquire and apply their emerging cognitive strategies. Findings from Perihan *et al.* (2020) substantiate that differences in autistic children's responses to CBT may be due to variability in implementation time. Indeed, the overall findings of their review suggested that longer-term programmes yielded greater response effects on autistic children's anxiety symptoms (Perihan *et al.* 2020). In contrast to the current school-based CBT study, Drmic and colleagues (2017) reduced the duration length of their adapted CBT programme from 14 weeks to 10 weeks. Despite educators being the main facilitators of the CBT programme, the findings demonstrated "*small effect sizes*" in the students' anxiety symptoms (Drmic *et al.* 2017, p. 3923).

However, findings from Fujii *et al.*'s (2014) study demonstrated that an intensive implementation approach, consisting of 32 weeks of CBT, facilitated by clinical researchers in partnership with parents and educators resulted in salient response effects in autistic children's anxiety symptoms. Of all the possible influential factors of the current study (facilitator, setting, peer support, parental involvement, implementation time), one can deduce that prioritising the duration of the programme and the intensity of session delivery increased the autistic adolescents' opportunity to acquire the CBT skills and effect change in their social and emotional competency.

In alignment with the UDL principle of multiple means of representation (Gordon, Meyer and Rose 2014), the autistic students in the current study were provided with a modality of pedagogical methods to enhance curriculum accessibility and support their acquisition of CBT skills. The effectiveness of using creative visuals/metaphors to support autistic children's acquisition of CBT skills is widely recognised in previous research (Moree and Davis 2010; Kreslins, Robertson and Melville 2015; Higgins *et al.* 2019). Therefore, key adaptations to the My FRIENDS Youth programme included the use of visuals as well as experiential learning methods involving role-play demonstrations and relaxation exercises. The findings of the current study underscored the pertinence of modifying the content of sessions to be developmentally appropriate and meaningful for the participating autistic students. Presenting CBT skills through relatable visual connotations using different metaphors enabled the autistic students understand abstract concepts. For example, the researcher introduced the concept of 'Balanced Thinking' using the weighing balance metaphor as suggested by Stallard (2021) to support the autistic students' perspective taking skills. This logical approach to perspective taking based on gathered evidence encouraged the autistic students to rationalise a perceived problem without overestimating the magnitude of its significance (Stallard 2009; Friedberg and McClure 2015). Current findings substantiate the effectiveness of using metaphors to teach cognitive restructuring skills not just because the visual representation supports autistic students' information processing styles (Grandin 2014; Leung *et al.* 2016), but also because the visual association supports their comprehension and acceptance of alternative ways of thinking, feeling and perceiving problems which are the cornerstones of CBT.

The findings of the current study suggested that having a modality of opportunities to practise the newly learned skills promoted the autistic students' capacity to acquire and generalise CBT

concepts and skills. Before generalising the use of CBT skills into real-life exposure challenges, the autistic students needed time to relate the skills to personal experience by providing them with different learning experiences to reinforce the meaning and application of CBT concepts. The group format enabled the emerging psychosocial skills to be practised via role-play demonstrations within the safe environment of the special class setting. Even though role-play receives less prominence in extant research as an effective strategy to incorporate into modified CBT programmes for autistic adolescents, the findings of the current study support White *et al.* (2010) and Rodgers *et al.* (2017) in endorsing its application as an experiential approach to CBT skill acquisition. Laugeson and Park (2014) contend that practising CBT skills with group members through experiential methods such as role-play demonstrations increases the likelihood of autistic adolescents generalising the skills beyond the learning environment into real-life situations.

Finally, another beneficial adaptation to the My FRIENDS Youth programme relates to relaxation training and providing the autistic students with regular opportunities to experience a modality of mindfulness techniques. Sizoo and Kuiper (2017) define mindfulness as the conscious awareness that arises from focusing attention on elements in the environment by using different techniques such as mindful breathing, body scan exercises, visualisation, mindful walking and yoga. As described in Chapter 4, the autistic students benefitted from the practice of mindfulness as a self-reflection task at the beginning of each FRIENDS session. Practising relaxation exercises at the beginning of sessions was found to support the transition into group sessions and allowed the students time for self-regulation. Relaxation training represents a core component of CBT (Beck 2011) and consequently, the researcher placed a strong emphasis on repeated exposure to different emotional regulation strategies during group sessions in the hope that the autistic students would draw on these coping strategies in times of stress. In the next section of Chapter 5, the researcher will further discuss aspects of the differentiated CBT programme that supported the development of the autistic students' emotional cognition skills.

5.3 Research Question 2 & 3: What influential aspects of the differentiated CBT Programme impact emotional regulation and promote changes in autistic adolescents’ social and emotional competency?

As a reminder the key subthemes of Theme One pertinent to Research Questions 2 and 3 are represented in Figure 5.2

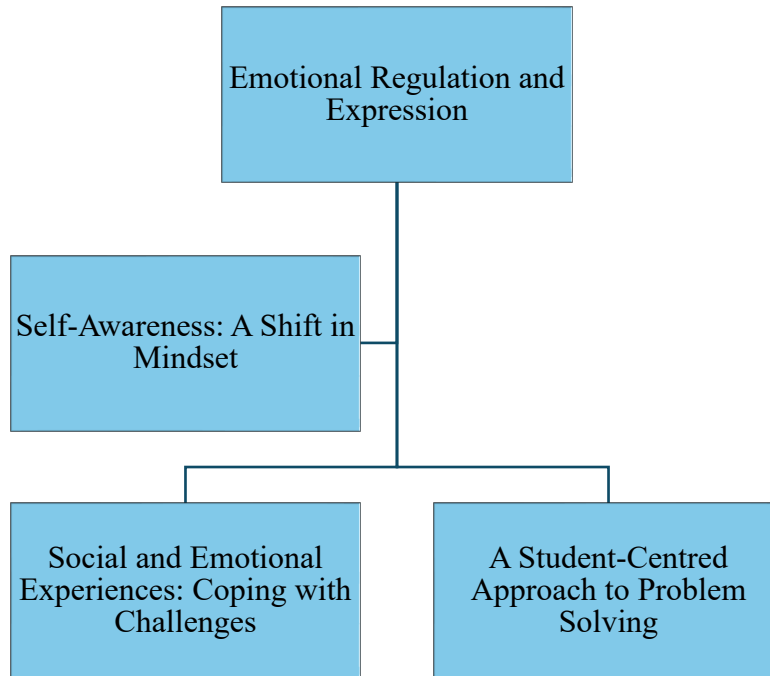


Figure 5.2 Key Subthemes from Theme One which address Research Question 2 and 3

5.3.1 Emotional Regulation and Expression

In the current study the differentiated FRIENDS programme placed emphasis on developing the autistic adolescents’ emotional understanding and awareness to enhance their ability to contextualise their emotions and physiological reactions to heightened states of stress in different situations. Previous research suggests that factors related to challenges in cognitive and affective skills associated with Theory of Mind and alexithymia impact autistic children’s emotional regulation skills (Lombardo and Baron-Cohen 2011; Cox *et al.* 2012; Pickard *et al.* 2020). Therefore, many autistic children and adolescents experience difficulty in recognising and responding to emotional changes in moments of stress which according to Cai *et al.* (2018) can

cause emotions to rapidly intensify. The current study implemented the FRIENDS programme to provide autistic adolescents with skills necessary to recognise and modulate their emotions. This agrees with the findings of Tull and Aldao (2015) who highlight that the main issue of concern is not the emotional response, but rather the child's capacity to deploy adaptive coping strategies that enable emotional de-escalation. Previous research indicates (Berkovits, Eisenhower and Blacher 2017; Conner *et al.* 2020; Greenlee *et al.* 2021) that autistic children's difficulties with understanding, regulating and expressing their emotions can increase anxiety and exacerbate their core autistic characteristics. As such, the differentiated FRIENDS programme endeavoured to build upon the autistic adolescents' emotional understanding and broaden their repertoire of self-regulation strategies to help them better manage their stress levels and cope in anxiety inducing situations. In addition, this CBT programme focused on fostering skills to develop a positive mental attitude to strengthen the autistic students' belief in themselves to achieve personal targets and overcome challenges in their lives.

Consistent with previous research (Bauminger 2004; Tracy *et al.* 2011) current findings indicated that the autistic adolescents in this study presented with a basic knowledge of emotional literacy and could recognise base emotions (happiness, anger, sadness, anxiety and fear) as well as complex emotions (jealousy, embarrassment and guilt) in self and others. In accordance with the findings of Harmsen (2019) and South and Rodgers (2017), current findings revealed a level of difficulty among the autistic adolescents in identifying and rationalising mixed emotions in relation to different social experiences. For instance, teacher data evoked the impression that in times of emotional overwhelm the students could label their emotional state as 'upset' but struggled to express reasons for their distress. Researchers (such as Mul *et al.* 2018; Matchett *et al.* 2020; Mahler *et al.* 2022) have conceded that difficulties experienced by autistic children and adolescents in formulating self-appraisals and justifying the behaviours of self and others may be explained by poor interoceptive consciousness and variation in cognitive empathy skills. Consequently, the current CBT programme emphasised developing the autistic adolescents' emotional literacy alongside developing their emotional awareness with a focus on enhancing their perspective taking skills.

The My FRIENDS Youth programme introduces the ‘Feelings Thermometer’ as a metaphor for teaching adolescent students the concept of emotional awareness and how to discern different levels of emotional intensity (Barrett 2012). In the current study the autistic students understood the notion of a thermometer as an instrument to indicate changes in body temperature and this metaphorical analogy enabled them to correlate the same principle to changes in emotional intensity. Representing the different degrees of emotional intensity on a colour-coded scale, an approach endorsed by Dunn Buron and Curtis (2021), supported the autistic students in the current study notice and respond to their body’s physiological reactions. Indeed, associating emotional intensity with a numerical scale was found to support the autistic students’ emotional expression by providing them with an accessible means to communicate their emotional state with greater precision. In Chapter 4, data from the researcher’s reflexive journal referred to a discussion in which one student discussed their emotional challenges during a group session. In the discussion they implied that “*joining all ... classes at a level 3*” was contributing to them “*experiencing so many rages*” in school (MC Reflexive Journal). Describing their emotional state with reference to the scale on the ‘Feelings Thermometer’ enabled the autistic student to communicate how their general state of anxiousness at a level 3 was affecting their capacity to modulate their emotions during class time.

A further notable impact of the ‘Feelings Thermometer’ refers to the joint representation of emotional states next to suggested emotional regulation strategies. Learning to relate different emotional states with different self-coping strategies was found in the current study to enhance the autistic students’ awareness and application of self-regulation skills. Critical to the autistic students’ positive response to the use of the ‘Feelings Thermometer’ was adapting the learned skills to create their own bespoke thermometers. The current findings demonstrated that devising their own emotional scales/thermometers helped the students to relate emotional intensity to personal experience and identify strategies that best supported their emotional regulation in stressful situations. Having autonomy in producing their own ‘Feelings Thermometers’ encouraged the autistic students to feature their iconic characters from tv, books and video games to represent the different levels of emotional intensity. Findings of the current study suggested that expressing emotional states through character representation supported the autistic students to relate emotions to self which in turn prompted the application of self-coping strategies. This

concur with the findings of Dunn Buron and Curtis (2012) who suggest incorporating young autistic children's favourite characters into creating their own emotional scales to increase their intrinsic motivation to use the support strategy. However, the findings of the current study underscore the relevance of incorporating autistic adolescents' favourite characters/icons into their emotional scales/thermometers to increase their capacity to express emotions in self and relate emotions to different social contexts via referencing character experiences.

An influential aspect of the current CBT programme which contributed to the autistic students' development of emotional competency relates to the utilisation of dynamic visual stimuli in teaching emotional recognition, adaptive coping responses and perspective taking skills. To capitalise on both the preferred learning styles and special interest areas of the autistic students, the differentiated FRIENDS programme incorporated video clips from familiar animations and movies as motivating stimuli to springboard group discussions. Differences in mentalising skills, as noted by Williams (2010) and Happé (2015), mean that autistic adolescents can find it difficult to draw inferences from social contexts which can affect their capacity to discern and understand the emotions, behaviours and intentions of others, often resulting in social confusion and feelings of social inadequacies. Hence, a strong emphasis needs to be placed on analysing the social context in conjunction with interpreting the emotions and behaviours of those involved to enhance autistic adolescents' emotional processing skills, a view supported by Bauminger-Zviely (2013).

Current findings demonstrated that interpreting live social action premised on animation/movie video clips supported the autistic students' emotional understanding and expression. The current CBT programme adopted a strength-based approach by optimising on the autistic students' propensity for learning through imagery with the use of static and dynamic visuals to develop social cognition (Lawson 2011; Grandin 2014). An advantage of using movie clips, as suggested by Fletcher-Scott (2015), is that interpretation can include static image analysis when a scene is paused and presented for discussion or dynamic image analysis when a scene is discussed in motion. The fact that video clips can be paused and rewound allows for additional processing time and repeated opportunities for autistic students to infer different perspectives and meanings from the selected social contexts. Moreover, animations tend to present more exaggerated depictions of emotional states which supports autistic students' emotional recognition and expression.

Incorporating video clips from animations and movies, as found in the current study, appeals to the different levels of social and emotional competency within a group of autistic learners.

Although studies exploring innovative digital-based interventions aimed at autistic children are gaining popularity (Pavlopoulou, Usher and Pearson 2022; Farashi *et al.* 2024), studies examining the benefits of movie-based psychosocial interventions are scarce at present. One such study carried out by Fletcher-Scott (2015) explored the effectiveness of the ‘Movie Time Social Learning’ programme in developing emotional recognition, perspective taking and empathy among autistic children. This digital-based programme created by Vagin (2012) to develop children’s social and emotional skills, proved beneficial according to Fletcher-Scott’s (2015) preliminary findings in ameliorating the emotional cognition of autistic children (aged 8-9 years). In contrast to the current CBT programme, the ‘Movie Time Social Learning’ programme (Vagin, 2012) suggests a selection of movies which may or may not be familiar to participating students. However, in the current study familiarity with video content played a significant role in promoting the autistic students’ elicitation of emotional understanding due to having a keen interest in the animation/movie and a prior knowledge of characters and their personal life experiences. Current findings extend previous research by offering further insight into the benefits of using animation/movie interpretation as a pedagogical approach to develop the social and emotional skills of autistic children and adolescents.

Consistent with the findings of Loftus and colleagues (2023), current findings demonstrated that teaching emotional awareness improved emotional regulation skills by providing the autistic adolescents with strategies that enabled them to cope better in stressful situations. Student data from the ‘Diamond Ranking’ task denoted the autistic students’ preferred emotional regulation strategies to include mindfulness and cognitive re-structuring techniques. Of all the emotional regulation strategies experienced throughout the 5-month period of the programme, the autistic students identified “*Positive Affirmations*”, “*Thinking Helpful Thoughts*”, “*Visualisation*” and “*Rainbow Breathing*” as the most helpful emotional regulation skills learned (Figure 4.19-4.21). Such findings substantiate that autistic students without an intellectual disability can acquire cognitive re-structuring skills and generalise their use into real-life situations. In contrast to these efficacious findings, previous research examining FRIENDS programmes (Currie 2016; Burke,

Prendeville and Veale 2017; Higgins *et al.* 2019) revealed poor generalisation of CBT skills and little change in autistic children's emotional regulation skills post-programme. As regards the current study, one can deduce that the autistic students' capacity to generalise CBT coping strategies was positively supported by having extensive tuition time provided by their special class teacher in partnership with participating parents as well as other school personnel (SNAs and subject teachers) and outside agency practitioners. Over the course of the differentiated FRIENDS programme the autistic students were encouraged by their special class teacher and other caregivers (parents, SNAs and subject teachers) to deploy their emotional regulation strategies when experiencing emotional intensity. In the current study mindfulness techniques provided the autistic students with somatic strategies (breathing, body scan, stretching and yoga exercises) and cognitive strategies (visualisation and positive self-talk) to manage their cognitions and emotions. Repeated practise and use of these strategies in real-life stressful situations enabled the autistic students to become more adept at regulating their own emotional responses, resulting in a reduction in their anxiety levels.

The differentiated FRIENDS programme supported the autistic students to learn skills to identify 'Thinking Errors' and how to manage intrusive thoughts using self-chosen strategies, including positive affirmations, purposeful distraction, sensory breaks or speaking to a trusted adult. Similarly, findings from Jahromi *et al.* (2013) and Ambler *et al.* (2015) concurred that enhancing autistic children's capacity to monitor their cognitions and manage intense emotional responses can lead to improvements in externalising behaviours, anxiety levels and overall mental wellbeing. In the case of one student in the current study who experienced episodes of intense anger meltdowns, learning cognitive self-coping strategies supported a reduction in aggressive and self-injurious behaviours. Given that autistic children and adolescents are particularly vulnerable to developing mental health conditions (Magiati, Ozsivadjian and Kerns 2017; van Steensel and Heeman 2017; Clark and Adams 2022), teaching them methods of self-regulation is crucial to safeguard their emotional wellbeing. Despite a paucity of extant research examining mindfulness-based interventions for autistic children (Hartley, Dorstyn and Due 2019; Semple 2019; Loftus *et al.* 2023), current findings suggest promising evidence in favour of teaching autistic children mindfulness and cognitive re-structuring strategies to improve their emotional awareness and self-regulation skills.

5.3.2 Self-Awareness: A Shift in Mindset

The findings of the current study elucidated the positive influence of school-based CBT in developing a more positive and optimistic mindset among autistic adolescent students. At pre-programme implementation the autistic students presented with a predominantly negative self-bias, possibly deriving from having low self-esteem and self-confidence, a psychological interconnection discussed by Genovese (2021) and Cresswell and Cage (2019). The students' expressed sentiments in relation to their social and emotional experiences reflected a heightened self-awareness in different social situations and a fear of negative judgement/ridicule from familiar or unfamiliar peers and adults. In common with the qualitative findings of Acker, Knight and Knott (2018) and Berkovits, Moody and Blacher (2020), current findings revealed that the autistic adolescents' negative self-perceptions exacerbated feelings of self-doubt, affecting their overall social and emotional competency and their capacity to self-advocate their needs in school and community settings. However, as a result of participating in the differentiated CBT programme, converging data from adult and student participants denoted a significant change in the autistic adolescents' mindset, most notably in their attitude towards dealing with everyday problems and their receptiveness to experiencing new and unfamiliar social situations.

CBT as a therapeutic support helped to enable the autistic adolescents in the current study enlighten their understanding of themselves and their individual insecurities. The emotional regulation strategies promoted in the differentiated CBT programme provided the autistic adolescents with enhanced anxiety management skills and an increased awareness of the importance of taking care of their emotional wellbeing. The notion of being a 'Friend to Yourself' introduced in the My FRIENDS Youth programme (Barrett 2012), supported the autistic students associate benefits to their emotional wellbeing with the application of their emotional regulation/self-care strategies (e.g. using positive self-talk, challenging negative cognitions, taking sensory breaks, or talking to a trusted person). Student visual data based on this metaphorical analogy indicated an awareness of the consequences of self-criticism and self-blame on emotional wellbeing and self-confidence. Being a 'Friend to Yourself', according one student, inspired motivation to *"like yourself"*, *"to reward yourself"* and *"not to focus on when things go wrong"* (Figure 4.13 and 4.14). For another student, being a 'Friend to Yourself' involved responding to their body's physiological reactions by deploying self-regulating strategies (Figure 4.10). Congruent with research findings suggested

by Robertson (2021), the current findings implied that a growth in self-confidence coincided with a positive shift in the autistic students' mindset. Increasing their capacity to regulate intense emotions and manage stress levels in different social settings enhanced the autistic students' self-concept and belief in themselves.

Findings of the current study suggested that CBT supported the autistic adolescents to develop a solution focused attitude when faced with perceived problems. Adopting a 'Balanced Thinking' approach to conceptualising perceived problems, as endorsed by Stallard (2009), encouraged the autistic students to challenge their subjective views by interpreting their negative judgements in light of positive implications. This self-realisation approach to problem-solving, as evidenced in Chapter 4, guided the autistic students to consider the facts underpinning their biased views and listen to other group members' opinions in order to bring about a more positive and balanced standpoint. As discussed by Robertson (2021) relationships can affect self-belief by influencing a person's thought process. Having their special class teacher mediate problem-solving increased the credibility of the alternative viewpoints put forward in group discussions which in turn effected change in the autistic students' thought processing skills. The familiarity and close relationship with their teacher facilitating the CBT programme positively influenced a change in mindset among the autistic students. Conversely, one could argue that the counsel and advice offered by clinical CBT practitioners might hold less credence for autistic students due to a lack of familiarity and an established rapport. This point is further substantiated and validated by the first-hand accounts provided by the parents in the current study with regards to their autistic children's experience of clinical support with unfamiliar therapists.

Data postulated by the teacher in the current study suggested that learning to adapt to new ways of thinking and dealing with everyday problems depends on autistic students' response to the construct of cognitive re-structuring. Previous research (Lickel *et al.* 2012; Settapani and Kendall 2013; Burke, Prendeville and Veale 2017) has suggested that the core characteristics of autism (namely differences in communication, Theory of Mind and cognitive flexibility) may impede autistic children and adolescents' understanding and acquisition of CBT skills. In alignment with Lickel *et al.*'s (2012) recommendations, combining additional one-to-one support alongside group support over a prolonged period of time offered the autistic adolescents in the current study

repeated opportunities to practise and process the new cognitive skills at a pace appropriate to their learning abilities. The fact that student data pinpointed “*Positive Affirmations*”, and “*Thinking Helpful Thoughts*” as helpful self-coping strategies attests to autistic adolescents’ potential learning aptitude for acquiring CBT concepts and skills (Figure 4.19-4.21).

5.3.3 Social and Emotional Experiences: Coping with Challenges by the means of a Student-Centred Approach to Problem-Solving

Findings of the current study demonstrated that following participation in the differentiated FRIENDS programme the autistic adolescents’ dependency on adult support had reduced and their confidence in their own self-efficacy skills had significantly improved. Merging adult data (parent and teacher) at one month follow-up review concurred that the autistic students were all embracing a self-directed approach to coping with their daily social and emotional challenges. This converging data not only marked a change in the autistic students’ attitude towards dealing with everyday problems, but it also marked a change in their self-reliance and independence skills. Prior to participating in the CBT programme, the autistic students’ coping responses to social challenges generally comprised of avoidance and preventative strategies which their parents and educators supported. Furthermore, predictability was viewed as critical to ensuring positive social and emotional experiences for the autistic students. However, the differentiated CBT programme supported autistic adolescents develop helpful cognitive, somatic and behavioural coping strategies, enabling them to confront challenging situations and gradually overcome previous anxiety-inducing negative associations.

Current findings indicated a correlation between the use of adaptive coping strategies to regulate emotional responses and improvements in the autistic adolescents’ social competence. In line with previous research (Jahromi, Bryce and Swanson 2013; Mazefsky and White 2014; McCrimmon *et al.* 2018), the data from this study affirmed that improving autistic adolescents’ emotional regulation skills enhances engagement with peers and participation in learning. Findings of the current study demonstrated the negative impact of emotional dysregulation on autistic adolescents’ emotional wellbeing and mental health. In congruent with Ambler and colleagues (2015) and Berkovits and colleagues (2017), current findings elucidated how an inability to self-regulate and modulate intense emotions restricted the autistic students’ peer relationships and daily-life

functioning in school, home and community settings. Indeed, the bi-directional relationship between emotional wellbeing and social development was referenced by one of the students in their reflective journal, citing “*if you are a friend to yourself, then you can be better at being a friend to others*”. Data in this study concurs with Spain, Sin and Freeman (2016) and O’Hagon and Hebron (2017) in noting that autistic adolescents have fewer face-to-face friendships compared to their non-autistic peers and experience befriending issues because of having low self-esteem and difficulties with social communication skills. Added to this, autistic adolescents are more vulnerable to peer victimisation by reason of being neurodivergent and presenting with idiosyncratic social and emotional differences (Mañano *et al.* 2016; Hebron, Humphrey and Oldfield 2015; Winchell, Sreckovic and Schultz 2018).

In the current study sensory modulation differences and extreme reactivity to certain stimuli were found to negatively impact the autistic students’ academic opportunities, social competence and emotional wellbeing. Current findings delineated similar findings to those reported by Chapman *et al.* (2022) and Acker, Knight and Knott (2018) regarding autistic adolescents’ self-awareness and use of masking behaviours. The autistic students in the current study presented as acutely self-aware in school and conscious of how they might be perceived by their peers and educators. This perception of being judged led to the autistic students avoiding social encounters such as social gatherings, participating in paired, group and whole class discussions, and communicating their needs to school staff. This self-pressure to fit in and avoid attention evoked the impression that the autistic students did not want their inherent vulnerabilities to be revealed. In the current study the autistic students were found to be cautious of asking for help from subject teachers for fear of negative peer/adult judgement, as evidenced in Figures 4.15-4.17, “*are they going to severely judge me?*”, “*they seem scary*”, “*people might make fun of me*”. However, parent data inferred that augmenting the autistic students’ anxiety management skills can bolster their self-confidence to express their authentic characteristics more openly among their peer group. Furthermore, group CBT was found to reinforce a sense of belonging among peers (autistic and non-autistic) and promote positive peer-to-peer social interaction. Consequently, current findings suggested that during the FRIENDS programme the autistic students developed meaningful friendships among group members as well as new acquaintances with peers from different subject classes.

As part of their CBT personal targets, the autistic students experienced different social encounters which were found to further enhance their self-advocacy skills and confidence to engage with familiar and unfamiliar peers and adults. In collaboration with participating students and their parents, the students' individual social and emotional needs were identified and refined, making the content of group sessions and preparation for social challenges more relevant to their lives. In support of this view other researchers (Fujii *et al.* 2014; Ehrenreich-May *et al.* 2014; Scarpa, Williams and Attwood 2016) have pinpointed that unless the selected learning targets are consequential for the child and their family, the CBT skills implemented during the programme are unlikely to be effective or maintained post intervention. The concept of problem-solving can be interpreted as both an overwhelming and abstract endeavour for anxious autistic children. Current findings verify that learning to adopt a structured solution-focused strategy in conjunction with developing coping step plans can help to de-catastrophise autistic students' biased perceptions of their problems. The realisation that a preconceived 'big problem' could be rationalised into achievable targets reduced its overall magnitude in the minds of the students, thus supporting their willingness to try to overcome it. Current findings distinguished three influential factors that enhanced the autistic adolescents' problem-solving skills. These factors align with Lundy's (2007) principles of participation and include the following: (i) devising student self-oriented targets, (ii) encouraging students to direct the process of constructing step-by-step coping plans, and (iii) ensuring students have autonomy over their own progression. Indeed, allowing the students determine the margin for future progress was noted as instrumental in supporting the autistic students achieve their personal targets at a pace and degree of challenge they were comfortable with. Consistent with Robertson's (2021, p. 133) findings, the current findings illuminated that the autistic students' confidence grew because of the achievements generated from "taking action" in the face of adversity.

Experiencing stress-inducing situations in a gradual student-oriented manner was deemed critical to the autistic students' increase in social confidence and generalisation of CBT skills. Friedberg and McClure (2015) speculate that fewer than expected clinical practitioners facilitate repeated exposures with child-participants. These authors suggest that due to practitioners not wanting to cause distress or jeopardise their practitioner-child relationship, they choose not to incorporate a de-sensitisation component into their psychoeducational programmes (Friedberg and McClure

2015). Likewise, one can surmise that time constraints may hinder the implementation of gradual exposure plans in clinical practice. Nonetheless, as recognised in the current study and supported by previous research (Fujii *et al.* 2014; Luxford, Hadwin and Kovshoff 2017; Perihan *et al.* 2020) ongoing practise and use of CBT skills in real-life stressful contexts contribute fundamentally to the learning outcomes of autistic children and adolescents. The findings of Clarke, Hill and Charman's (2016) school-based CBT programme indicated that autistic adolescents' acquisition and use of behavioural coping strategies are more likely to precede the acquisition and generalisation of cognitive coping strategies. These findings by Clarke and colleagues (2016) are supported by the findings of the current study in postulating that without recurrent opportunities to practise the skills in real-world challenging situations, the long-term beneficial effects of CBT as a support for autistic adolescents' social and emotional competency may be greatly diminished.

5.4 Conclusion

This chapter indicated the suitability of providing CBT support to autistic adolescent students based on the observed changes in the autistic participants' emotional regulation skills, mental resilience and social skill development. In addition, the discussion indicated the reciprocal benefits of active parental involvement in supporting the autistic participants' generalisation of CBT skills, as well as inciting changes in parental practices, problem-solving approaches and emotional wellbeing. The chapter detailed the challenges faced by parents/guardians of autistic adolescents and illuminated the negative psychological effects of coping with their children's social and emotional needs on a daily basis. Indeed, parent data concurred with extant research (MHC 2024; Lee *et al.* 2024), in highlighting the paucity of available clinical supports for parents/guardians of autistic adolescents and how providing school-based group support as an adjunct to student CBT support may help alleviate accessibility barriers to much needed parental supports (DES 2019). The discussion documented how incorporating the UDL principles of multiple means of engagement, representation and expression supported the differentiation of the universal CBT programme for the autistic participants. Chapter 6 will conclude this research by presenting the current study's overall contribution to the field of autism research, the implications to educational practice and future research directions.

6. Conclusion Chapter

6.1 Introduction

This study contributes to literature in three fundamental ways: its appreciation of autistic young people's voice in qualitative educational research; its implementation of group CBT in the autistic students' naturalistic post primary school environment, and its involvement of educators as core facilitators in collaboration with parents/guardians.

6.2 Strengths, Limitations, and Future Directions

Strengths

This study presents a real-world account of the potential impact participation in a differentiated school-based CBT programme can offer autistic adolescent students and their parents/guardians. The unique approach of this CBT study helped to precipitate gradual changes in the autistic adolescents' social and emotional competency over a 20-week period. All aspects of the approach were found to positively contribute to the learning outcomes. These included:

- CBT set in the autistic students' familiar school environment,
- facilitation of a universal CBT programme by their special education teacher,
- a combination of inclusive whole class and differentiated small group provision of the programme with their peers (autistic and non-autistic), and
- active involvement of their parents/guardians in the generalisation of skills beyond the school environment.

Moreover, this study's embodied principles of a PAR approach (Kemmis and McTaggart 2005), cultivated a shared partnership among adult (parent, teacher, and researcher) and student participants. This inclusive approach to qualitative research proffered all participants with agency, fostering a mutual appreciation of respect regardless of age which helped to engender positive relations among all involved in differentiating the My FRIENDS Youth programme. Current findings offer insight into the potential benefits of educational PAR projects that are motivated by a desire to enhance and understand the social and emotional realities of autistic young people by means of actively involving them in transforming the provision of differentiated psychosocial

support for neurodiverse students, a view strongly supported by Milton (2012; 2014), Baric *et al.* (2016) and Goodall (2020). However, there are some limitations to the current study.

Limitations

PAR whilst upholding flexibility and richness of detail (Kemmis, McTaggart and Nixon 2014), it relies on qualitative data provided by participants and therefore can be criticised for being biased, ungeneralisable and idiosyncratic (Ruddock 1981). The small sample size of participants in the current study means some discretion is needed when considering the generalisation of findings. The accrued data had no reports from school personnel involved in generalising the use of the CBT skills other than the special class teacher who facilitated the study, which may implicate a level of bias infiltrating the interpretation of findings. Thus, the extent to which SNAs and subject teachers adopted CBT concepts and observed changes in the autistic students' social and emotional competency is unsubstantiated. The findings reported in this study are relevant to the participating autistic students, their parents and special class teacher and as such the researcher would recommend caution when generalising the findings. However, the findings will be of use to educators and clinical practitioners implementing psychosocial educational programmes with autistic children and adolescents in school or clinical settings.

Qualitative research is limited in its capacity to determine causality (Ravitch and Mittenfelner-Carl 2021). Due to the current study's methodological design, no quantitative measures were included. This decision was mainly prompted by extant research (Ozsivadjian, Knott and Magiati 2012; Kerns *et al.* 2017; Vasa *et al.* 2018), illuminating the unreliability of standardised diagnostic measures to evaluate the psychological constructs of autistic children and adolescents. Furthermore, as a primary school educator the researcher had no prior training or experience of administering diagnostic self-report assessments. Arguably, the addition of a diagnostic tool to measure changes in the autistic adolescents' anxiety levels pre-, and post-programme would have augmented the credibility of the findings. Nevertheless, as was the aim of this study, the findings provide a detailed description of the observed changes in the autistic adolescents' social and emotional skills, resulting from their experience of group CBT which could not have been gleaned from using quantitative measures.

This study did not include a control group to provide for a comparison of data which would have strengthened the credibility of the findings. A larger sample size would allow for a randomised control design to be adopted in which one group of autistic students could participate in the differentiated small group provision of the CBT programme while the other comparable group could participate in the whole class universal provision. There are also contextual factors which may have influenced the current findings. In the current study participating autistic students were all accessing specialised teaching within a specialised classroom environment resourced with a sensory room. Another limitation of the current study is the disproportionately male sampling of autistic adolescents participating in the differentiated group CBT programme. Similarly, this study focuses on a female parental perspective and so an obvious limitation of the findings is the absence of a male parental perspective as a point of comparison.

Future Directions

Considering that the current study identified a paucity of research examining group CBT among autistic adolescents facilitated by educators and the fact that CBT concepts are embedded within the revised Junior Cycle SPHE curriculum, future research on a larger scale is warranted to ascertain evidence-based, best practice guidelines for post primary educators. Future studies involving a larger demographic and sample size of autistic students would benefit from the inclusion of special and mainstream educators as well as SNA staff as participants to increase the scope within accrued datasets and reduce the possibility of bias pervading the findings. Data from non-autistic peers participating in the differentiated CBT programme would benefit future research in establishing how their experience of group support impacts relationships with autistic peers, acceptance of difference and awareness of neurodiversity. Equally, future research would benefit from gaining student perspectives on parent and/or educator staff involvement in CBT programmes. Gender implications in terms of the needs and perspectives of autistic adolescents and their parents/guardians (mothers and fathers) in a larger sample size could also be examined in future research. The current study's follow-up period of one month could be extended in future studies to further substantiate the reliability of findings in relation to generalisation and the long-term effects of CBT skills among autistic adolescents. Lastly, future qualitative research could examine the mental health needs of autistic adolescents affected by the Covid-19 pandemic as they transition from adolescence into early adulthood.

6.3 Implications for Educational Practice and Research

Based on the findings of this study there are several implications relevant to the teaching of Social, Personal and Health Education (SPHE), the diversification of pedagogical practices and the need for continued educational research into school-based Cognitive Behaviour Therapy and other evidence-based psychoeducational programmes for autistic adolescents facilitated by trained educators.

- This study gave a voice to autistic adolescent students and encouraged their autonomy and agency in developing meaningful CBT support strategies that met their individual social and emotional needs. Thus, priority in psychoeducational support should be given to empowering autistic students with agency throughout the process of developing their emotional resilience and overcoming their personal challenges. In addition, the findings of the current study demonstrated the benefits of adopting a modality of communication methods, particularly the use of participatory methods in eliciting the voice of autistic students and promoting their engagement in group discussions.
- Considering the current findings and the extant research positing the long-term impact of the Covid-19 pandemic on childhood development, it is recommended that continuity of access to additional psychoeducational supports be made available to autistic adolescents in school as they mature and transition into early adulthood.
- This research identified concerns in relation to autistic adolescents' emotional wellbeing and their vulnerability to developing clinical mental health conditions. Consequently, the findings of the current study recommend the integration of a neuro-inclusive CBT emotional resiliency programme within the revised Junior Cycle SPHE curriculum (NCCA 2023) by way of complementing the Emotional Wellbeing strand of the course. As per the model presented in the current study, it is recommended that special education and/or SPHE educators implement the CBT programme inclusive to all 2nd year students with an additional differentiated small group component made available to autistic students. Prioritisation to the duration (minimum of one academic term) and the intensity of

programme delivery (2 hourly sessions per week) need to be taken into consideration when planning staff and student timetables for an academic year.

- The current study highlighted the need for educational programmes/initiatives to specifically address the social misunderstandings among autistic and non-autistic students to help create a more inclusive school culture. Hence, it is recommended to include autistic and non-autistic student groupings within the small group provision of CBT programmes to develop an enhanced understanding of neurodiversity, greater tolerance of individual differences and positive social interaction among classmates.
- Current findings confirmed the positive influence of parental involvement in supporting their child generalise the use of CBT beyond the learning environment of the school. Therefore, it is recommended to offer the parents/guardians of autistic students the option of participating in group or individual support facilitated by special education/special class educator(s) as part of their involvement in the differentiated CBT programme. The current study also identified the support needs of parents/guardians of autistic adolescents and offered the solution of integrating aspects of clinical support into school-provided support. This study elucidated the positive influence parent-to-parent support can have in the lives of parents/guardians of autistic adolescents and suggested the potential advantage of training parents/guardians as mentors to facilitate support groups premised on the school's CBT programme.
- The findings of the current study demonstrate the influential role special education teachers play in contributing to autistic adolescents' positive response to group CBT and enabling their acquisition and generalisation of CBT concepts and skills into real-life situations. Accordingly, it is recommended that expert training be provided to post primary special education teachers, SPHE mainstream teachers, school councillors and leaders by educational psychologists specialising in cognitive behaviour therapy in association with Oide/NCSE or educational colleges in Ireland. Moreover, it is recommended that educators (special/mainstream) are provided with specific training to expand their understanding of autism and knowledge of pedagogical methods of differentiation that support autistic

student engagement and participation in paired, small group or whole class instruction of psychosocial programmes.

- Finally, a cross-sectoral approach to educator professional development in SPHE and Emotional Wellbeing Education is recommended by way of bringing collective awareness to the different psychosocial programmes implemented in primary and post primary education for students with/without SENs and advancing educator knowledge of factors influencing social and emotional development across childhood and adolescence.

6.4 Final Reflections

The current study demonstrates that universal psychosocial programmes that build an awareness and acceptance of neurodiversity can help promote an inclusive school culture to flourish. Social misunderstandings between autistic and non-autistic students and educators will prevail unless school communities fully embrace developing understanding of neurodiversity through programmes such as the My FRIENDS Youth that allow for whole class and/or small group delivery combined with active parental involvement. Indeed, efforts to normalise neurodiversity in mainstream post primary school settings may be beneficial in supporting autistic young people develop a more positive self-concept as an autistic individual. A key finding from the current study suggested that autistic adolescent buy-in to group psychotherapeutic support was motivated and sustained because the CBT programme was neuro-inclusive rather than specifically designed for autistic young people. As evidenced in the current study, autistic adolescents are acutely aware of their neurodivergence and so adopting an inclusive strength-based pedagogical approach is pivotal to autistic young people's engagement and response to differentiated psychoeducational programmes delivered in school or clinical settings.

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Appendices

Appendix 1 - Summary of Adaptations to the My FRIENDS Youth Programme

Adaptations	Descriptions & Examples
Visualised Language Approaches	Visual cue cards, drawing/cartooning, use of icons/emojis, special interest characters, photographs, metaphors, colour-coded numerical scales, etc.
Creative Methods of Expression	Drawing, writing, ranking tasks, use of digital devices, drama (role-play & mime), hands-on participatory tasks, movie clips, music, story and comic strip conversations, etc.
Duration of Programme	10 sessions of the My FRIENDS Youth programme implemented over four months with an additional one-month follow-up review session.
Parental Involvement	Facilitators work in partnership with students and parents to promote the use of the CBT skills beyond the learning environment – homework tasks and targeted exposure tasks.
Reward Systems for in-group behaviour & personal efforts	Token economy system in class and at home in exchange for certain privileges or choice of rewards.
Structured and Predictable Sessions	Transition tasks based on student interests – Each session has a prepared task for students to participate in while waiting for the whole group to arrive. These tasks help reduce student anxiety and promote informal interaction with facilitators and fellow peers. Session delivery follows the same structure and routine. A visual schedule of suggested tasks is presented and discussed at every session, encouraging student feedback and input. Structure includes group welcome, circle time emotional check-in, relaxation exercise, new learning concept, individual/paired/whole group task, and homework task briefing.
Strength-based Approach with emphasis on Student Special Interests	Incorporating the use of the students’ special interests into content makes the learning experience more appealing and enjoyable. Also, using the students’ strengths, talents and interests supports group engagement, skill acquisition and continued involvement in the programme.
Sensory Integration and Flexible Pacing of Sessions	In response to the students’ sensory needs, a choice of different seats and sensory fidgets is provided. Students have autonomy as to when they might need to take sensory/movement breaks during sessions. To assist attention and engagement, sessions follow careful pacing and flexibility in content exploration.
Emphasis on Social and Emotional/Theory of Mind Development	Throughout the implementation of the differentiated FRIENDS programme, emphasis is placed on developing student social and emotional cognition, problem-solving skills and listening to different perspectives.

Appendix 2 – Information Letter to Principal



Date: 20th October 2022

Dear Principal,

My name is Mary Anne Cantwell, and I am completing a Doctorate in Educational Psychology, Inclusive and Special Education in Mary Immaculate College, Limerick. I am an experienced primary school teacher of 22 years and have dedicated over 12 years of my professional career to working with students with Special Educational Needs. As part of my doctoral thesis, I am conducting research into Cognitive Behaviour Therapy (CBT) as an intervention for anxiety among autistic adolescents when facilitated by teachers in partnership with parents\guardians. To date despite the existing body of research investigating the impact of CBT among autistic children, there exists much less research involving adolescents. This is why your school is being invited to participate in this research project.

The proposed research project will incorporate an adapted version of the universal My FRIENDS Youth programme in conjunction with staff member(s) from special education, autistic students from 2nd year and their parents\guardians. 'FRIENDS' developed by Dr Paula Barrett, is an evidence-based anxiety prevention programme based on CBT principles designed for use in primary and post primary schools. 'FRIENDS' promotes emotional wellbeing and the development of self-regulation and problem-solving skills. The aim of this action research project is to work in collaboration with the students' special education teacher(s) to adapt the My FRIENDS Youth programme to best meet their individual needs. I would be most grateful if you would consider giving me authorisation to co-facilitate this intervention with a member from your special education team for a total of 10 weeks across 1 term in the spring of 2023.

Participants would include at least one experienced special education teacher (preferably NEPS trained in the delivery of the My FRIENDS Youth programme), alongside a group of 2nd year students with a diagnosis of autism and their parents\guardians. Teachers and parents/guardians would be invited to participate in 3 interviews pre-intervention, midway and post-intervention which should take no longer than 30 minutes. The focus of the interviews with teacher(s) will be on adapting and reflecting on the changes

made to the universal delivery of the FRIENDS programme. Parents/guardians' interview sessions will focus on identifying the social and emotional needs of the students and providing an insight into how well the CBT skills generalise to the home environment. In addition to the 10 hours of discrete teaching of the My FRIENDS Youth programme, students would be invited to participate in 2 activity-oriented focus group meetings and 1 focus group four weeks post intervention to gain their perspectives on the intervention. Students will be asked to keep a FRIENDS Journal to chronicle their experiences of the programme. While some of the questions posed during group discussions may be sensitive as they may relate to anxiety inducing situations, students will retain the right not to answer any question they feel uncomfortable answering.

Participation in this participatory action research project would be entirely voluntary, and participants may withdraw their involvement and consent at any time. All gathered information will be anonymised and kept confidential in either a locked cabinet or on a password protected laptop. Please note that the research outcomes of this study may be used in future publications of the thesis and subsequent articles. In accordance with Mary Immaculate College data retention schedule, collected data can be held by the researcher for 5 years from submission of thesis and destroyed when this period elapses. If you have any questions or concerns please contact me MaryAnne.Cantwell@mic.ul.ie or one of my project supervisors Laura.Ambrose@mic.ul.ie or Michele.Dunleavy@mic.ul.ie. This research project has received ethical approval from Mary Immaculate College Research Ethics Committee (MIREC) reference number – A22-042. If you have any questions about this study and wish to contact an independent authority, you may contact: Mary Immaculate College, Limerick. Telephone: 061-204980 or email: mirec@mic.ul.ie.

Thank you for your time and consideration. Please feel free to email me and we can arrange a date to meet in due course to discuss the study in more detail.

Yours sincerely,

Mary Anne Cantwell

Appendix 3 – Information Letter to Teacher



Date: 30/11/2022

Dear Teacher,

As you are aware I am completing a Doctorate in Educational Psychology, Inclusive and Special Education in Mary Immaculate College, Limerick. As part of my doctoral thesis, I am conducting research into Cognitive Behaviour Therapy (CBT) as an intervention for anxiety among autistic adolescents when facilitated by teachers in partnership with parents\guardians. Despite the growing body of research investigating the impact of CBT among autistic children, to date there exists much less research involving adolescents. The purpose of this project is to extend the research investigating whether school-based CBT as a group intervention for autistic adolescents is beneficial in alleviating anxiety and nurturing emotional resilience. This is why you are being asked to give consent to participate in this action research project.

The project will incorporate a differentiated version of the My FRIENDS Youth programme in conjunction with a group of autistic students from 2nd Year and you their special education teacher in consultation with their parents/guardians. The aim of this research project is for us to work in collaboration to adapt the FRIENDS universal programme to best meet the students' individual needs. 'FRIENDS' developed by Dr Paula Barrett, is an evidence-based anxiety prevention programme based on CBT principles designed for use in primary and post primary schools. The role of the facilitator(s) is to empower the students to achieve a better understanding of their worries and social problems in order to find alternative ways of thinking and behaving. Parents\guardians will play an integral role in encouraging, reinforcing and generalising the use of the CBT skills beyond the learning environment.

I would be most grateful if you would consider giving your consent to participate in this action research project. The intention would be that you would primarily run the programme, and I would co-teach the sessions with you over 10 weeks across Term 2 in the spring of 2023. In addition, you would be asked to participate in 3 interviews pre-, midway and post-intervention lasting no longer than 30 minutes. The focus of the interview discussions will be on differentiating and reflecting on the adaptations made to the universal delivery of the My FRIENDS Youth programme. Separate focus group meetings will be held as a means

of collecting feedback on the intervention from the perspective of both the students and their parents\guardians.

It is hoped that from participating in this research project, you will gain greater insight into how anxiety presents in autistic students, enhance your repertoire of teaching approaches to use with students on the autistic spectrum and continue the use of the modified FRIENDS programme with future students with additional needs. Some students may experience elevated anxiety levels while participating in the focus group sessions. To help mitigate against increasing students' anxiety, you would be asked to be present during student focus group meetings pre- and post-intervention. A further one month follow up meeting involving you and the participating students will be convened to discuss whether the CBT skills are being maintained and generalised.

Participation in this action research project would be entirely voluntary, and participants may withdraw their involvement and consent at any time. All gathered information will be anonymised and kept confidential in either a locked cabinet or on a password protected laptop. Please note that the research outcomes of this study may be used in future publications of the thesis and subsequent articles. In accordance with Mary Immaculate College data retention schedule, collected data can be held by the researcher for 5 years from submission of thesis and destroyed when this period elapses. If you have any concerns or queries please contact me MaryAnne.Cantwell@mic.ul.ie or one of my project supervisors Laura.Ambrose@mic.ul.ie or Michele.Dunleavy@mic.ul.ie. Please note that this research project has received ethical approval from Mary Immaculate College Research Ethics Committee (MIREC) reference number – A22-042. If you have any concerns about this study and wish to contact an independent authority, you may contact: Mary Immaculate College, Limerick. Telephone: 061-204980 or email: mirec@mic.ul.ie.

Thank you for your time and consideration. Please feel free to email me and we can arrange a date to meet to discuss the study in more detail.

Yours sincerely,

Mary Anne Cantwell

Appendix 4 – Teacher Consent Form



Dear Teacher,

As outlined in the information letter, this research project aims to establish the outcomes of a differentiated universal Cognitive Behaviour Therapy (CBT) programme on autistic adolescents' anxiety and emotional resilience when facilitated by teachers in the school setting. An explanation of what you will have to do is provided in the information letter. Please be advised to read this information letter carefully before agreeing to participate in this study. When you fully understand your role in this research project, please read and tick the statements below, followed by signing and dating this Consent Form.

- I have read and understand the information letter.
- I understand what this research project is about and what the outcomes will be used for.
- I am fully aware of all the procedures involving myself, and of any risks and benefits associated with this research project.
- I know my participation is voluntary, and that I can withdraw from the research project at any stage without giving a reason.
- I am aware that I will take part in 3 audio recorded interviews pre-intervention, midway and post-intervention.
- I am aware that my data contribution will be kept anonymised and confidential.

I have read and understand the provided information and have had the opportunity to ask questions.
I voluntarily agree to participate in this research project.

Participant Name in Block Letters: _____

Date: _____

Participant Signature: _____

Date: _____

Appendix 5 – Parent Information Letter



Date: 30/11/2022

Dear Parent\Guardian,

My name is Mary Anne Cantwell, and I am completing a Doctorate in Educational Psychology, Inclusive and Special Education in Mary Immaculate College, Limerick. I am writing to ask for your support and participation in a research project which is exploring the possible benefits of Group Cognitive Behaviour Therapy as an intervention for anxiety among autistic adolescents. To date despite growing research demonstrating CBT as an effective intervention among autistic children, there exists much less research involving adolescents. That is why I am inviting you and your child to participate in this proposed research project in consultation with myself as a researcher\teacher and your child's special education teacher(s).

CBT is a term used to describe a variety of strategies that focus on the relationship between thoughts, feelings and behaviours. The role of the facilitator is to empower students to achieve a better understanding of their worries and social problems in order to find alternative ways of thinking and behaving. Parents\guardians play an integral role in encouraging, reinforcing and using the new skills at home and in the wider community. This research project will incorporate a small group version of the My FRIENDS Youth programme in partnership with your child's special education teacher(s) which includes me, alongside other 2nd year autistic students and their parents\guardians. 'FRIENDS' is an evidence-based anxiety prevention programme based on CBT principles designed for use in primary and post primary schools. 'FRIENDS' promotes wellbeing and the development of self-regulation and problem-solving skills.

The programme consists of 10 sessions which are completed during school at a time when your child would be receiving additional support from the special education team. Parents would be asked to support their child in carrying out Homework tasks based on their child's personal learning targets. Over the course of the programme, the students will be encouraged to problem solve and trial different solutions to problems in order to overcome individual or group problems. As a result, there is a risk of increased anxiety at times

when your child may be taking on a personal\group target. However, any likely stressful situations will be discussed with you and your child beforehand.

Before starting the programme, parents would meet with the researcher to discuss their child's social and emotional needs and to decide on their personal learning targets for the programme. At midway and on completion of the FRIENDS programme, parents would meet as a group to provide the researcher with feedback on how the CBT skills generalise to the home environment. An option of emailing answers or having a 1:1 interview with the researcher can also be arranged if preferred. Questions for meetings with the researcher would be shared in advance and participants would not have to answer any question they might feel uncomfortable answering. By working in groups (students, teachers and parents) it is hoped that we would all learn from one another, broaden our understanding of how to better support autistic adolescent students when they feel anxious and provide us with useful behaviour management strategies to use in stressful situations. *Please note that parents who wish to decline their involvement can give consent for their child to participate in the project.*

Participation in this action research project would be entirely voluntary, and participants may withdraw their involvement and consent at any time. All gathered information will be anonymised and kept confidential in either a locked cabinet or on a password protected laptop. Please note that the research outcomes of this study may be used in future publications. In accordance with Mary Immaculate College data retention schedule, collected data can be held by the researcher for 5 years from submission of thesis and destroyed when this period elapses. If you have any concerns or queries please contact me MaryAnne.Cantwell@mic.ul.ie or one of my project supervisors Laura.Ambrose@mic.ul.ie or Michele.Dunleavy@mic.ul.ie. Please note that this research project has received ethical approval from Mary Immaculate College Research Ethics Committee (MIREC) reference number – A22-042. If you have any concerns about this study and wish to contact an independent authority, you may contact: Mary Immaculate College, Limerick. Telephone: 061-204980 or email: mirec@mic.ul.ie.

Thank you for your time and consideration. Please feel free to email me and we can arrange a date to discuss the study in more detail.

Yours sincerely,

Mary Anne Cantwell

Appendix 6 – Parent Consent Form



Dear Parent\Guardian,

As outlined in the information letter, this research project aims to explore the outcomes of a differentiated universal Cognitive Behaviour Therapy (CBT) programme on autistic adolescents' emotional resilience when facilitated by teachers in the school setting. An explanation of what you will have to do is provided in the information letter. Please be advised to read this information letter carefully before agreeing to participate in this study. When you fully understand your role in this research project, please read and tick the statements below, followed by signing and dating this Consent Form.

- I have read and understand the information letter.
- I understand what this research project is about and what the findings will be used for.
- I am fully aware of all the procedures involving myself, and of any risks and benefits associated with this research project.
- I know my participation is voluntary, and that I can withdraw from the research project at any stage without giving a reason.
- I am aware that I will take part in 3 audio recorded interviews pre-intervention, midway and post-intervention.
- I am aware that my data contribution will be kept anonymised and confidential.

I have read and understand the provided information and have had the opportunity to ask questions.

I agree to partake in this research project:

- YES NO

Participant Name in Block Letters: _____

Date: _____

Participant Signature: _____

Date: _____

Appendix 7 - Parent Consent for Child Form



Dear Parent\Guardian,

As described in the parent information letter, I wish to collect information related to your child's experience of the My FRIENDS Youth programme. Information will be gathered using a Journal throughout the intervention phase of the programme and by participating in 3 interactive, activity-based group meetings before and after the programme. These meetings will be audio recorded and take approximately 30 minutes. All gathered information will be completely anonymised and kept confidential. Your child's name will not be referenced; instead, they will be identified by a fictitious name. Please read and tick the statements below before signing and dating this Consent Form.

- I have read and understand the information letter.
- I understand what this research project is about and what the findings will be used for.
- I am fully aware of all the procedures involving my child, and of any risks and benefits associated with this research project.
- I know my child's participation is voluntary, and that they can withdraw from the research project at any stage without giving any reason.
- I am aware that my child will take part in 3 audio recorded activity-based group meetings pre-intervention and post-intervention with their special education teacher in attendance.
- I am aware that excerpts from my child's FRIENDS Journal will be used as collected data.
- I am aware that my child's data contribution will all be kept anonymised and confidential.

I have read and understand the provided information and have had the opportunity to ask questions.

I Consent to my child participating in this research project:

- YES NO

Parent Name in Block Letters: _____

Date: _____

Parent(s) Signature: _____

Date: _____

Child Participant Name in Block Letters: _____

Date: _____

Appendix 8 – Student Information Letter

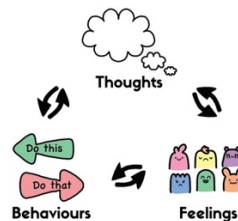


Dear Student,

My name is Mary Anne Cantwell, and I am an education researcher working in Mary Immaculate College, Limerick.



As a researcher I am investigating how anxiety affects autistic teenagers and how CBT (which stands for **Cognitive Behaviour Therapy**) may be supportive in understanding their feelings and helping them deal with personal problems. Until now there has been lots of studies investigating CBT with younger autistic children but much less with teenagers. That is why I am inviting you to participate in my research project involving some of your friends from school, your teachers and your parents. This research project will not only help you to better understand your feelings and how to cope in stressful situations but also lots of other people such as teachers, principals, SNAs, parents and researchers to learn more about autism and how best to support autistic teenagers when they are upset.



What is CBT?

CBT aims to help you discover helpful ways of dealing with your problems. It is based on the idea that how we feel and what we do are affected by what we think.

If you agree to become a participant in my research project you will experience:



- **The My FRIENDS Youth Programme**

FRIENDS supports students to manage their anxiety and develop self-confidence. Over the course of 10 group sessions lasting 1 hour, you will be encouraged to listen to your friends and your teachers to problem solve by coming up with solutions and to try out different actions to help overcome a personal or group challenge. As a result, you may feel stressed at times when problem solving or trying to be brave taking on a challenge; however, you will always be supported by your teachers or your parents and given the option to stop your involvement at any time.

- **Data Collection**



Group Meetings

To help me in my research, I would be asking you to take part in 3 activity-based group meetings with me and one of your teachers. These meetings would happen before the FRIENDS programme starts (1), soon after session ten (2), and one month later (3). During these meetings you will provide me with information about yourself, your feelings, how you like to relax, ways to self-calm in stressful situations and provide suggestions on how characters from movie clips could best solve their problems.



Journal

I would also ask that you keep a Journal which is similar to a scrapbook. In this booklet, you will have all the information gathered from the different classroom activities, evidence of your experiences outside of the classroom and any other pieces of writing or drawings you

complete while participating in the programme. Journals will not allow the use of anyone's real name. Instead, everyone will have a fictitious name to ensure confidentiality.

Final points to remember if you agree to participate in this research project...

Participation in this research project is voluntary, and you can choose not to contribute at any time or stop your involvement completely. All information gathered will have no identifying details and I will ensure to keep your Journals or audio recorded information from the group meetings safe on my password protected laptop. Please note that the research outcomes of this study may be used in future publications of my thesis. If you are interested and have questions for me you can email me MaryAnne.Cantwell@mic.ul.ie or my project supervisors Laura.Ambrose@mic.ul.ie or Michele.Dunleavy@mic.ul.ie. Please note that this research project has received ethical approval from Mary Immaculate College Research Ethics Committee (MIREC) reference number - A22-042. If you wish to contact an independent authority about this study, you may contact: Mary Immaculate College, Limerick. Telephone: 061-204980 or email: mirec@mic.ul.ie.

Thank you for your time and consideration.

Best regards,

Mary Anne Cantwell

Appendix 9 – Student Assent Form



Dear Student,

As you are aware from the information sheet, I am an education researcher working in Mary Immaculate College, Limerick. This means I am interested in learning more about how to teach and best support children and teenagers while they attend school. I am going to run the My FRIENDS Youth Programme with help from your special education teacher, involving some of your friends and your parents. As a participant in this programme, you will be asked to be a mentor for your friends by providing support and encouragement to them as part of the group sessions. You will also learn more about feelings, how to deal with your worries and problem solve. Before you decide if you wish to participate in this research project, please read the Student Information Sheet with your parents and then tick each of the following statements below before signing your assent.

Tick	Please Read
	I know that participation in the group sessions is about learning more about feelings, how to cope in stressful situations and to help decide whether the FRIENDS programme is helpful for autistic teenagers.
	I know that I can decide not to participate in any particular activity, and I have the choice of taking a sensory break at any time during group sessions.
	I know that I can decide to stop my participation in the FRIENDS programme at any time without getting into any trouble.
	I know I will be asked to keep a FRIENDS Journal to log my experiences while participating in the programme.
	I know I will be invited to participate in 3 audio recorded activity-based group meetings before, and at the end of the FRIENDS programme.
	I know any information gathered from my FRIENDS Journal or the Group Meetings will be kept confidential and anonymised by a fictitious name.
	I have read all the information about this research project and have been given the opportunity to ask the researcher questions about it.

Do you wish to participate in this research project?

YES

NO

Participant Name in Block Letters: _____

Date: _____

Participant Signature: _____

Date: _____

Appendix 10 – Ethical Approval

MIREC-5, Created November 2021



MIREC-5

Research Ethics Committee

MIREC Final Decision Form

APPLICATION NUMBER:

A22-042

1. PROJECT TITLE

An Exploration into Cognitive Behaviour Therapy as an Intervention for Anxiety among Adolescents with Autism Spectrum Disorder: A Case Study of an Irish Post Primary School

2. APPLICANT

Name:	Maryanne Cantwell
Department / Centre / Other:	EPISE
Position:	Postgraduate Researcher

3. DECISION OF MIREC CHAIR (✓)

<input type="checkbox"/>	Ethical clearance through MIREC is not required and therefore the applicant need take no further action in this regard.
<input checked="" type="checkbox"/>	Ethical clearance is required and is hereby granted by the Chair without need for referral to the MIREC committee.
<input type="checkbox"/>	Ethical clearance for a funding application or a similar purpose is granted by the Chair <i>pro tem</i> without need for referral to the MIREC committee. However, the applicant must subsequently seek ethical clearance from MIREC prior to embarking on any related project work involving human participants or their data.
<input type="checkbox"/>	Ethical clearance is granted following review of the application by the MIREC committee.
<input type="checkbox"/>	Ethical clearance is not granted following review of the application by the MIREC committee.

4. REASON(S) FOR DECISION


I have reviewed the application and it is in order to proceed once the minor amendments, below, are made by the researcher.

If it is intended that the research outcomes would be used in publications or conferences, this should be stated on all information letters.

The applicant refers to the 'Freedom of Information Act, 2000' in Section 3.4. This is presumably the UK act of that year. For this project, to be carried out in the Republic of Ireland, the relevant act(s) would be 1997 or the 2014 FOI acts. Please check and amend if necessary.

Safeguarding risk assessment and mitigation are proper and fit-for-purpose.

5. SIGNATURE OF MIREC CHAIR

Name (Print):	Dr Marie Griffin
Signature:	
Date:	19 th September 2022

Appendix 11 – Student Focus Group Schedules

Student Baseline Focus Group

- **Phase 1 of Focus Group**

Recognising Feelings in Self: ‘Different Situations, Different Feelings’ task

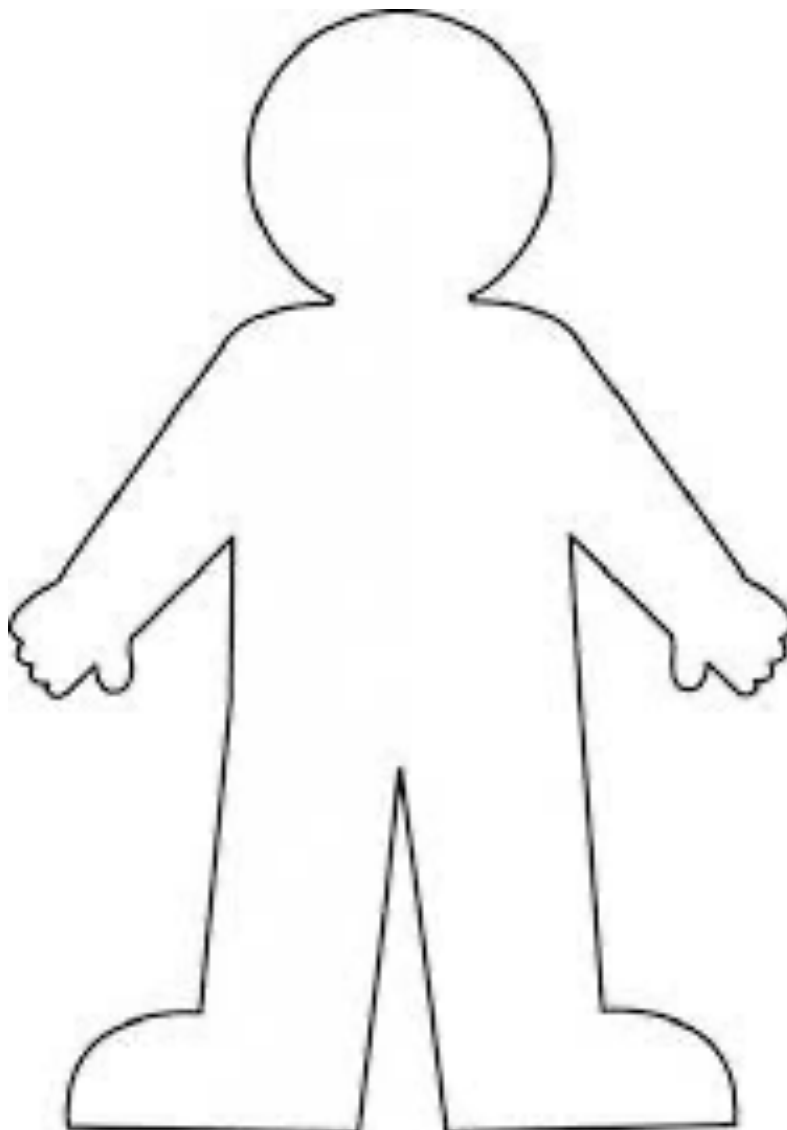
We all have different feelings in different situations. Discuss what feeling best describes how you feel in each of the following situations. Match the situation with how it makes you feel.

At Home	
On Your Own	
With Your Brothers and Sisters	<i>Calm</i>
With Your Mum or Dad	
At Family Special Occasions/ Visiting Family	
Phoning or Texting Someone	<i>Happy</i>
Spending Time with Your Pet	
Other _____	
	<i>Uncomfortable</i>
On The School Bus	
At Break\ Lunch Time in School	
In the School Corridor Changing Class	<i>Anxious/ Nervous</i>
Being around Unfamiliar Students	
With Your Best Friends	
Sitting at Assembly	<i>Stressed</i>
During PE Class	
Before a Test	
Homework	<i>Frustrated</i>
Other _____	
	<i>Other _____</i>
In a Shopping Centre	
Walking to Local Shop	
Eating in a Restaurant	
At the Cinema	
In the Supermarket	
Ordering What You Want in a Shop or Cafe	
Visiting the Doctor or Dentist	
Using Public Transport	
Other _____	

- **Question to the Group: *How do you feel in most social situations?***

'My Feelings' task

Write in the provided textbox as many feelings as you can possibly think of, including both pleasant (positive) and unpleasant (negative) feelings. Then using a different colour for each feeling, colour in the Human Template to show how much you have of each feeling.



Recognising Feelings in Others:

Part 1. 'Body Template' task:

A volunteer is looked for in order to create the body outline of a person on a long sheet of wallpaper. Once the human sized body template is drawn the group is presented with two sets of A4 cards: (1) pack of Feeling Emojis and (2) pack of Physiological symptoms. The students take it in turn to choose a feeling card. The students work together to identify the possible physiological symptoms for that feeling from pack 2 and place them in position on the body template.

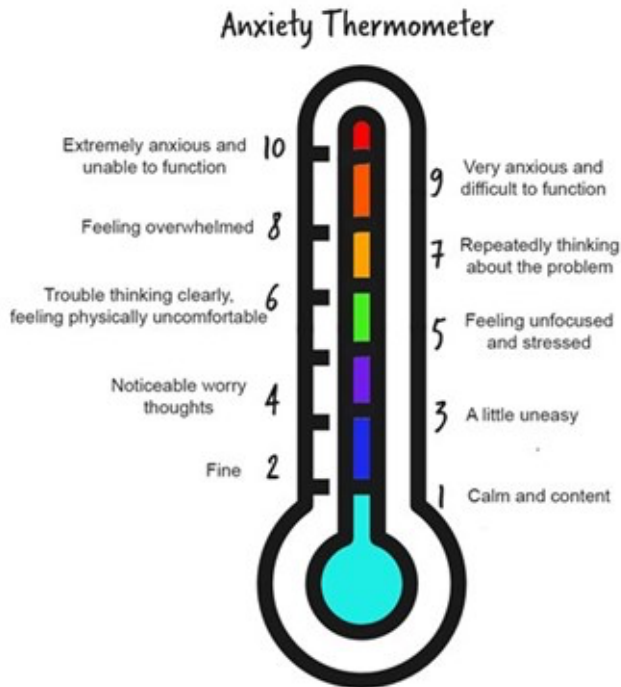
Part 2. 'Listening Comprehension' task:

The teacher reads out the character's scenario which has led this character to feel anxious/ annoyed/ excited/ angry. On hearing the scenario, the students are asked for how the character might be thinking, feeling and most likely to behave. What would your response be in similar situations?? What ways of coping can be identified within the group?

Examples might include:

Feeling	Scenario
Anxious	Has an English exam today. Had a lot of homework and didn't get much time to prepare.
Angry/ Frustrated	They got delayed in town because their Mum met someone, and as a result they missed out spending time with friends.
Annoyed / Sad/ Disappointed	Plans to go to the cinema were cancelled. Plus, it was the final showing of the movie.
Excited / Happy	Favourite uncle arriving later and will take them out shopping for their birthday.

- Phase 2 of Focus Group



Recognising Feelings in Self:

- Anxiety Ranking Task** (*Students require a printout of the Anxiety Thermometer*)

Sometimes we feel anxious or worried. If any of the following statements make you feel anxious, place a **Tick** ✓ in the box □, and **Rate** how anxious it makes you feel using the Anxiety Thermometer.

- Being teased or laughed at in school.....
- In class without a teacher present
- Having to do a test or CBA
- Someone physically hurting you at school.....
- Making mistakes in your school work.....
- Losing your temper/ having an emotional meltdown.....
- Hearing particular noises in school such as _____
- Thinking about what other people think of you.....

- Having no Friends (online or face to face)
- Being in large crowded places.....
- Being in a restaurant or café
- Using public transport such as the train or the bus
- Unpredictable physical contact
- Experiencing pain due to a fall or cut
- Certain smells or taste of foods such as _____

*Please mention any other situation(s) which may cause you anxiety:

- **Situations that Make Us Feel Anxious – ‘Anxiety Thermometer’ Group Task**

Feeling anxious or worried is okay, we all feel anxious sometimes. Think of possible triggers of anxiety for you. Let’s plot the levels of anxiety on our Thermometer Poster and discuss the findings as a group. Teacher draws a thermometer on a large piece of paper. Students are asked to think of different situations/triggers that make them feel anxious. Each student writes their suggestion(s) on a ‘post-it’ note and then the teacher re-writes them onto different notes, before plotting the group’s responses onto the thermometer poster. This method of communication ensures the students’ contributions are kept confidential.

- **Conflict Resolution Skills: Movie Elicitation Task – A Focus on Friendships**

As a group activity watch the chosen Movie Clip from the Toy Story 1 Movie:

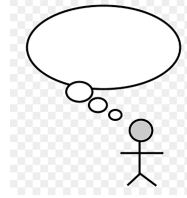
‘Woody’s Nightmare!!’

<https://www.youtube.com/watch?v=dIRrHV-qIEs>

- Identify Woody’s problem.
- Suggest possible Solutions to Solve this problem.
- How could Woody help himself feel better?
- Have you ever had a similar experience whereby friends rejected/ ignored you?
- Who would you consider a trusted friend?
- In your opinion, are friends important?
- What makes a good friend?

Student Post Intervention Focus Group -1

❖ Individual Task – Recognising Feelings in Self (completed prior to group session)



Feeling Anxious – A Time When I Felt Very Anxious – Individual Task

Describe a recent situation when you felt very anxious or stressed.

- Draw a simple outline of yourself. Incorporate Thinking Bubbles and Speech Bubbles.
- Explain how you coped. What did you do? What did you say? How did you feel? What did you think? Did anyone help you and if so, how did they help you?

❖ Group Tasks

❖ Challenge Your Thoughts - Replace Red Unhelpful Thoughts with Green Helpful Thoughts - Activity – WHAT CAN I SAY TO MYSELF?

Self-Talk? What do we mean by self-talk? What have you learnt about thoughts in the FRIENDS Programme? There are different types of thoughts; how are they categorised in the programme? Green & Red, the colours refer to the colours on the traffic lights. Why?? How do positive thoughts make us feel? Why are they so significant? Tell me about negative thoughts and the consequence of having constant negative thoughts in our mind? Two sets of prompt cards (Set A Negative Thoughts & Set B Positive Thoughts). Students pick a random card and decide whether it is a green or red thought. Place all the red thoughts on the red card and all the green thoughts on the green card.

❖ Problem Solving – Gradual Exposure to stress inducing situations

- **Circle Time – What Challenge have you recently set for yourself and achieved?**

This is in reference to their ‘Take My Order Challenge’ which they were asked to do over the Easter holidays.

- **Discuss with the students their 5-Step Coping Plans for their Group Target.**

1. Define the Problem? – Asking For/ Accepting Help in the mainstream class setting...
2. What are your different options? Brainstorm some ideas. Thinking Errors may arise which will lead to a discussion using the Balanced Thinking Questions. Draw a ‘Weighing Balance’ on WB and plot Red Vs. Green Thoughts on either side. Ask the students to consider the consequences of their ideas or thought patterns.
3. List possible solutions... Remind the students of their Network of Support (Friend, SNA, Special Class Teacher, Favourite Subject Teacher, Parent, Grandparent, etc..). Asking for help can be communicated in different ways. Verbal, Gesture, Pictorial/Visual, Written (email/ SMS text). What solution best suits You. ...
4. Do it. Think of helpful Positive Thoughts which will help you? List them on the WB.
5. Evaluate it.

Student Post Intervention Focus Group -2 Follow-up Review

❖ Emotional Regulation Strategies: ‘Diamond Ranking’ Task

Students are given a set of 9 different cards representing some of the relaxation exercises completed during the implementation phase. Using these cards, the students create the shape of a diamond by placing their most enjoyed relaxation exercise at the top; leading to the relaxation exercise they least enjoyed experiencing at the bottom.

Discuss the students’ preferences. Which exercises were most popular within the group? From their midway feedback, students indicated that they liked the meditative exercises. What are the benefits of relaxation exercises? What other mindful activities/calming strategies do they enjoy doing or find helpful when they are feeling stressed? Would they like such an approach to be continued during SPHE class or should some form of meditation be introduced into other subject classes?

❖ Emotional and Social Resilience – ‘Labels and Baskets’ Task

Three baskets are labelled ‘True’, ‘Not True’ and ‘Unsure’. The students are each given *the set of statements*. On reading each statement, they place it in the corresponding basket which represents their point of view. Each statement prompts a shared review of their personal opinions and understandings of concepts.


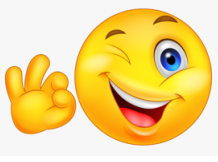


1. When I feel anxious, I am aware of my body clues.
2. If I feel stressed, I use a helpful coping strategy.
3. Thinking negatively will only make me feel worse.
4. Thinking positively can help me overcome challenging situations.
5. If I am unsure about something, I will accept help from my teachers.
6. A problem shared can be broken down into a coping step plan in order to solve it.
7. I feel that my confidence is growing.
8. Now that I am a teenager, I would like to be more independent.

❖ Circle Time:

- What are you most proud of since starting FRIENDS? Refer to:
 - Group Target
 - Personal Targets
- What was challenging for you?
- How could the FRIENDS programme be improved for future students?

❖ Programme Reflection Poll – Have Your Say!

The students are asked to colour under the Emoji that best describes how they experienced being part of the Group FRIENDS Programme. Following on from their chosen Emoji, the students are asked to explain their vote. They are given time to come up with their reasons and to write their responses prior to verbally sharing with the whole group.






			
Really enjoyed it	Enjoyed it	Not so Sure	Did not enjoy it

Following the Student Reflection Poll the group discusses what aspects of the CBT programme the students enjoyed or found helpful. Students are first asked to complete a discriminatory task. Using the provided visuals, the students rank the FRIENDS CBT skills in order of importance. Discuss which of the skills they would use on a regular basis at school/home, and lastly, what skill(s) would they choose to teach someone else to support them in stressful situations?

Appendix 12 – Student Midway Feedback Form

FRIENDS Programme Midway Reflection Poll – Have Your Say!

1. Colour under the Emoji that best describes how you are currently experiencing the FRIENDS programme.

				
Really enjoying it	Enjoying it	Not so Sure	Not Enjoying it	Maybe it will get better

Explain your vote. Write 1-3 reasons for your chosen vote.

2. What aspects of the Group Sessions have you enjoyed the most so far? Please rank the following suggestions from 1-5 (1 being the least enjoyable aspect and 5 being the most enjoyable aspect). Please give one reason for your Top 2 on the next page.

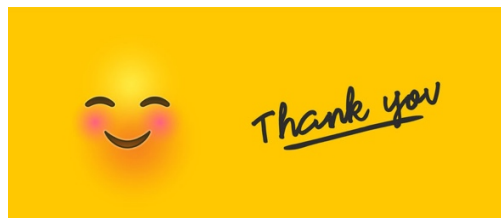
Being in a group	
Having your Special Class teacher teach the sessions	
Having the sessions in [Special Class]	
Learning how to recognise intensity of strong feelings using 'A Feelings Thermometer'	
Learning self-calming strategies such as Meditation Exercises	
Participating in different hands-on activities	
Having a say in relation to the session's seating arrangements and the choice of tasks	
Knowing what's to come in each session by having a schedule	
Other:	

I have enjoyed

3. What have you found a little challenging since starting the FRIENDS programme?

4. Please suggest any changes or ideas (1-3) that could be made to ensure the next 5 Sessions of FRIENDS are more helpful and enjoyable. Thinking about the following might help you make some suggestions:

- How do you learn best?
- What kinds of tasks/activities do you most enjoy during class?
- Could we make any changes to the learning space?



Thank you for your feedback.

Appendix 13 – Teacher Interview Schedules

Teacher Baseline Interview

Gathering Information – Student Profile and School Functioning

- Describe each of the students' strengths, special talents and interests.
- Describe any concerns you may have in relation to their social and emotional wellbeing?
- Would anxiety be a concern for any of the students? If so, describe how anxiety impacts school functioning?
- Describe the students' anxiety (stress) triggers.
- As regards the student participants, what particular strategies have you observed them using which are (a) helpful in managing their emotions and (b) unhelpful in managing their emotions?
- Describe the strategies you are using to support them cope in stressful situations?

Gathering Information – Student Social Competence

- As regards the student participants, how would you describe their friendships and interactions with other peers in school?
- Would social isolation be an issue? (Would any of the students withdraw or avoid interacting with peers? Would peer isolation be an issue whereby other peers would deliberately avoid sharing their company?)
- Describe some of the positive social experiences you have observed the students enjoying over the last two months?
- What social situations would you regard as particularly challenging for the students at present?

Reviewing the Universal Implementation of the My FRIENDS Youth Programme

- How does the school currently implement the FRIENDS programme? (Is the programme implemented as a whole class or small group intervention for students with additional needs? Who delivers the programme?)
- Would differentiation be used when implementing the programme? If so, how is the programme currently differentiated?

Planning for Action ☁

- What specific autism teaching strategies would you suggest using in the delivery of sessions 1-5 of the FRIENDS programme when exploring emotions, body cues, relaxation techniques; and how thoughts affect feelings and behaviours? (e.g. structured teaching approaches, visual supports, social stories, comic strips, role play, visual schedules, incentives and rewards, video clips, music, etc.)

- Have parents been previously involved in the FRIENDS programme? If so, describe how the school facilitated parental involvement.
- How could participating parents be supported in the delivery of the programme? (e.g. through information meetings face-to-face or online, check in phone calls, information letters or emails, homework tasks involving students and parents, etc.)

Teacher Midway Interview

Reviewing Action and Gathering Information

- What aspects of the FRIENDS programme did you observe students responding really well to?
- What aspects of the programme presented challenges for students? How might such challenges be addressed in subsequent sessions?
- Describe any changes observed in students' emotional skill development, particularly in relation to the core skills explored in sessions 1-5 (recognition of feelings in self and others; awareness of body clues, use of relaxation techniques, and understanding how thoughts affect feelings and behaviours).
- Regarding the implementation of sessions 1-5, what specific modes of differentiation/autism teaching strategies best supported student access to content and participation in group discussions?
- Regarding the implementation of sessions 6-10, discuss: (1) what possible changes to content would you suggest and (2) what specific teaching methodologies could be incorporated to support student acquisition of CBT skills? How might the previous skills introduced in sessions 1-5 be further consolidated in the coming weeks?
- Describe the impact of parental involvement to date? How well are the students engaging in the Homework Tasks? How could we help to further support parents in the next phase of the programme; keeping in mind that students will be taking on personal goals with support from parents?

Planning for Action

- **Goal Setting**

In the coming weeks of the FRIENDS programme, the students will be developing problem solving skills and learning how to break down a stress inducing situation into manageable steps using coping step plans. The students will set their own personal targets to work on over the next five sessions. In addition, could we discuss and decide on one other group target which the students could all take on as a Team Goal to practise their emerging CBT skills. Please suggest possible group SMARTA targets for students to get involved in to help generalise their CBT skills and support their development of self-confidence and use of emotional regulation strategies.

Teacher Post Intervention Interview

Reviewing Action and Gathering Information

- Describe (1) what changes to the universal FRIENDS programme (flexibility & pace; content per session; repetition & assimilation of concepts & skills; time for expression & discussion) and (2) specific teaching methods, best supported student engagement and acquisition of CBT skills? (CBT skills include emotional expression & regulation; relaxation training, cognitive re-structuring, problem solving/ conflict resolution and gradual exposure to stress inducing situations.)
- Have you noticed a greater sense of self-confidence and emotional resilience evident among the students since beginning the FRIENDS programme? If yes, what evidence have you noticed?
- Prior to beginning the FRIENDS programme did the students present with anxiety issues? If yes, have you noticed any changes in the students' anxiety management responses since the programme began in January? What specific CBT skills have you observed being used by the students?
- Which of the core CBT skills taught within the programme do you think were challenging for the students to understand and use in real-life situations in school?
- Overall, do you feel that the students have benefitted from the differentiated small group FRIENDS programme over the past 5 months? If so, how? If not, why not? In your opinion, were there any disadvantages of implementing the programme within a group setting?
- What effect had parental involvement on the generalisation of the CBT skills? (Increasing student opportunities to practise emerging CBT skills through homework tasks & students' personal targets; sustaining student engagement & motivation.)
- Discuss the potential benefits and limitations for Post Primary Teachers facilitating the FRIENDS Programme to support autistic students' social and emotional needs. (Please draw on any personal reflections from your own experiences this year regarding the feasibility of implementation or the actual Usefulness of CBT as a support for autistic students.)

Appendix 14 – Parent Focus Group Schedules

Parent Baseline Interview

Gathering Information - Child's Profile and Family Life

- Describe your child's strengths, special talents and interests?
- Would you have concerns relating to your child's social and emotional wellbeing? If so, could you describe the main concerns you have at the moment?
- Would anxiety be a concern? If so, describe how your child's anxiety impacts their daily life functioning?
- Describe some of your child's anxiety (stress) triggers.
- What responsive strategies have you observed your child using which are (a) helpful in managing their emotions, and (b) unhelpful in managing their emotions?
- What coping strategies do you find helpful in supporting your child's emotional regulation?

Gathering Information – Social Competence

- Describe your child's friendships. (Has your child one close friend or group of friends? Has your child developed friends at school? Would your child have friends outside of school? Would typical interactions among friends be face-to-face or online? Would your child engage with friend(s) on gaming or special interest platforms?)
- Would social isolation be an issue? If so, describe your child's experience. (Would your child withdraw or avoid interacting with peers?)
- Describe some of the positive social experiences you have observed your child enjoying recently? (visiting family, walking the dog, going to the cinema or theatre, going shopping, eating in a café or restaurant, etc).
- What social situations are particularly challenging for your child at present?
- Would bullying be a concern? If so, describe your child's experience.



Planning for Action ☺ *Goal Setting*

- What overall goal(s) would you suggest for your child to achieve over the course of this programme, particularly in terms of enhancing their emotional resilience and social competence?
- As a parent, what would you like to gain from participating in this programme with your child?

Parent Midway Focus Group

Reviewing Action and Gathering Information

- Since the FRIENDS sessions began, what aspects of the programme have you noticed your child responding well to/ discussing at home?
- What aspects of the programme have you noted as being somewhat challenging for your child?
- Do you feel your child is benefitting from the small group sessions with their Special Class Teacher? If so, how\if not, why not?
- From any previous experience of accessing support from clinical practitioners/therapy providers for your child, how would you compare this experience of having your child's teacher facilitating the support/therapy?
- Can you describe any changes observed in your child's emotional skills, particularly in relation to the skills explored in sessions 1-5 (e.g. have any of the following come up in conversations; expressing emotions, mentioning body clues for different feelings; using relaxation techniques to self-calm or demonstrating an awareness of how thoughts affect feelings and behaviours).
- Describe how you are currently finding the level of school-home communication to parents? Consider the following:
 - a) Before the programme started, how beneficial was the information provided to parents by the researcher and the teacher?
 - b) How useful have the teacher's parental updates been in keeping you informed about the programme?
 - c) How helpful have the homework tasks been in supporting your child to further develop skills discussed in school?
- What suggestions could you offer in relation to school-home communication that will help you to support your child's use of CBT skills outside of the school environment?

Planning for Action *Goal Setting*

In the coming weeks of the FRIENDS programme, your child will be supported to achieve personal targets relating to school and home through the introduction of problem-solving techniques and coping step plans. Please complete the activity on the next page and return it on or before our meeting or email your 3 suggestions to MaryAnne.Cantwell@mic.ul.ie . Please note, your child's goal setting will NOT be discussed at our group meeting.

Planning for Action  Goal Setting

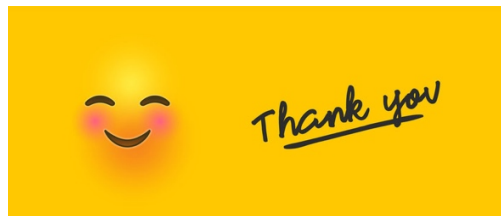
Write 1-2 social situations your child enjoys; 1-2 **social situations they typically avoid or find really challenging**; and 1-2 **social situations that you would like your child to experience more of** if given the opportunity and appropriate support.

1. 2.

1. 2.

1. 2.

**Your child will be asked to complete this same activity as a Homework Task.



Thank you for your feedback.

Parent Post Intervention Focus Group

Reviewing Action and Gathering Information

- Overall, do you feel that your child benefitted from the differentiated small group FRIENDS programme over the last 5 months? If so, how? If not, why not?
- Have you noticed a greater sense of self-confidence and emotional resilience in your child since beginning the FRIENDS programme? If yes, what evidence have you noticed?
- Prior to beginning the FRIENDS programme did your child present with anxiety issues? If yes, have you noticed any changes in your child's anxiety management responses since the programme began in January? What specific CBT skills have you noticed your child using? (CBT skills include emotional expression & regulation skills; relaxation strategies, recognising and challenging negative (red) thoughts with positive (green) thoughts, applying a balanced thinking approach to problem solving and gradually experiencing stressful situations through coping step plans.)
- Do you think the CBT skills taught within the FRIENDS programme were challenging for your child to understand and use in real-life situations at home or in the community.
- Has your approach to supporting your child's emotional and social needs changed since participating in the Friends programme? If yes, describe how?
- From your experiences this year, discuss whether you think there is a value in teaching young autistic adolescents CBT skills in school as part of the Social Personal and Health Education Curriculum and involving parents in a meaningful capacity.
- Please feel free to share any other comments or recommendations in relation to your experiences of the FRIENDS CBT programme.

Appendix 15 – Reflexive Journal Entry Sample

we are maybe at level 4 or 5.
I noted that sometimes we don't ask for help or ask the teacher to explain - this leads to problems & emotional meltdowns....
→ Group Target asking for help

Talking through problems is so NB that we can start to see a more balanced view....

she said that all students are great to talk about their problems in special class setting but not so in mainstream.
→ Remember they do have their SMT with that, or we can email the teachers so this is something that we need to work on....

In the debrief after class, T mentioned that she was pleased to observe E's active participation in the mainstream SPHE class in the morning. They were talking through scenarios; thoughts etc. & the volunteered answers

I noted the significance of over-teaching & pre-teaching to give the students the confidence & the step up so they feel capable of contributing in a whole class situation. This also demonstrates generalisation of skills & knowledge from small group ^{groups} to whole class, this evidence of self-confidence....

* T remarked that she was finally it had to get the manuscripts back from parents... Slow to return....

* (E appeared pale & tired (exhausted)
? Sleep....)

Appendix 16 – Transcript Sample with Code Descriptions

Post Intervention: Teacher Interview with Researcher

Describe (1) what changes to the universal FRIENDS programme and (2) specific teaching methods, that best supported student engagement and acquisition of CBT skills?

T after having our previous conversations on it, there were a couple of changes that we made to the programme particularly where we reduced the content. I think we kind of felt that there was too much content to get done within the hour as well as getting the opening session where the students were discussing how they had got on and so on. That was an area that THEY had mentioned that they would like to have more time to discuss when you would mention 'how are you feeling?'. They wanted that opportunity to tell their own stories. And so, each of them engaged a little bit differently in that but it took a bit of time, and it meant then that they were a little bit more relaxed and they felt that WE were listening and allowing them that time. Prior to that I felt the sessions were a bit stressful for them because we were trying to get the opening check-in done, the rules (confidentiality agreement), and the content done all within the hour. So, I felt by reducing the content, dividing it between two days and sometimes I might repeat the skills on a third day when I would meet them again, that was something that helped. The pace as well, I think we were more patient in what we were doing. R we had to slow down.

The other thing that we had mentioned for the second half of the programme was that we would move from the beanbags and the circle time set up into what we would call a realistic classroom where the students were sitting at desks on regular chairs and I was standing, so it felt more like a classroom environment rather than our own base room (Special Class). As well as that as we worked through the programme, I think particularly with working out their individual and group challenges, it was more appropriate to be sitting at the communal workspace rather than at their individual desks. So that was another adjustment. On one occasion when I was doing a review of the video we went back to our seated plan on the beanbags, and they enjoyed that actually. I could see that they were very relaxed for that, but then we moved back to the desks for the rest of the sessions. I think getting the peers involved so that reverse integration that was extremely successful. The specific teaching methods what I am talking about there is mainly environment, but I really think the visuals. I got huge value out of the Feelings Thermometer, the Red Card, the Green Card, the Traffic Lights so I would have continued to use them in every session and throughout the day if I was talking to them and I noticed that they were being negative.

Commented [MC1]: Adaptations to the Universal CBT Programme to support student skill acquisition include -

Reducing the **Content** covered in each session. Extending the length of **Time** per week to 2 sessions, and slowing the **Pace** of the delivery to allow for more student engagement and discussion. Teacher mentions that sometimes she would have given a third session to content delivery. In order for students to understand and relate concepts, they need Time and 60 minutes per week proved unrealistic.

Respecting Student Agency:

Acting on Students' Suggestions: Introductory Check-in - giving time to students' conversations, encouraging self-reflection on achievements, listening to one another and sharing their feelings.. not only supported transitioning into the session and meeting with researcher, this part of the session helped to relax students and develop their communication skills. Plus students enjoyed having time to talk about themselves.

Commented [MC2]: Adaptations to the Universal CBT Programme:

Environmental Changes supported **Student Engagement** and **Generalisation** of CBT skills. Teacher recounts how changes were made to the setting of the sessions (move from the Special Class to a Regular Classroom) and how the set up of seating arrangement also changed (move away from the Circle arrangement on beanbags to sitting on hard chairs at desks). Interestingly, Teacher remarks how the students enjoyed returning to the Circle seating plan for one session, implying an indication of student preferred group format.

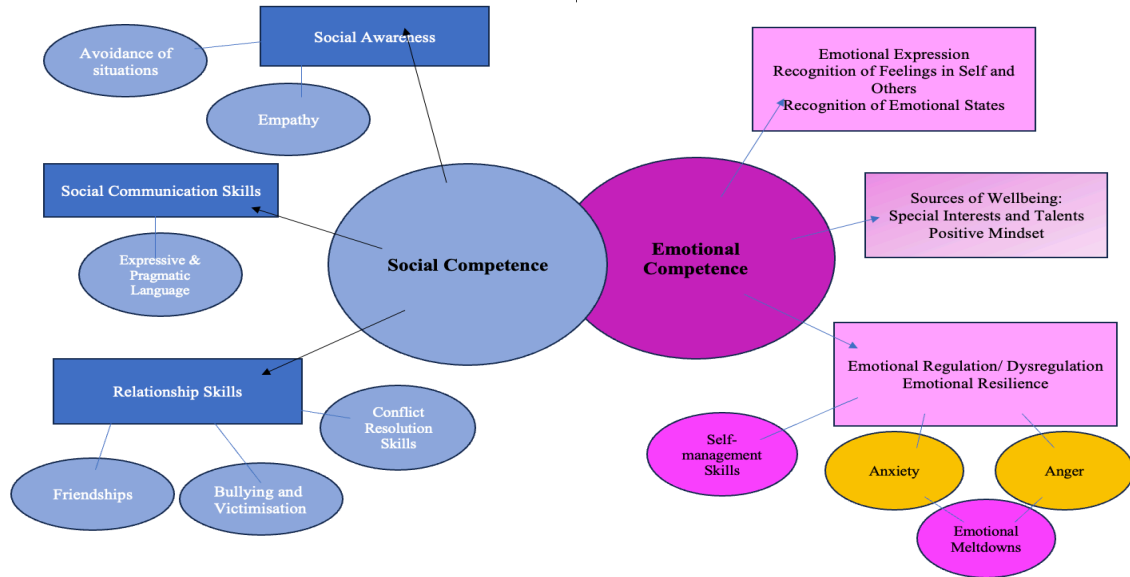
Teacher mentions the positive **impact of Reversed Integration/ Inclusion** of mainstream peers into the small group sessions as part of the 3rd Cycle of PAR.

The importance of Visuals: Visual references to concepts were deemed very effective during discrete teaching time or when incidental teaching opportunities arose.

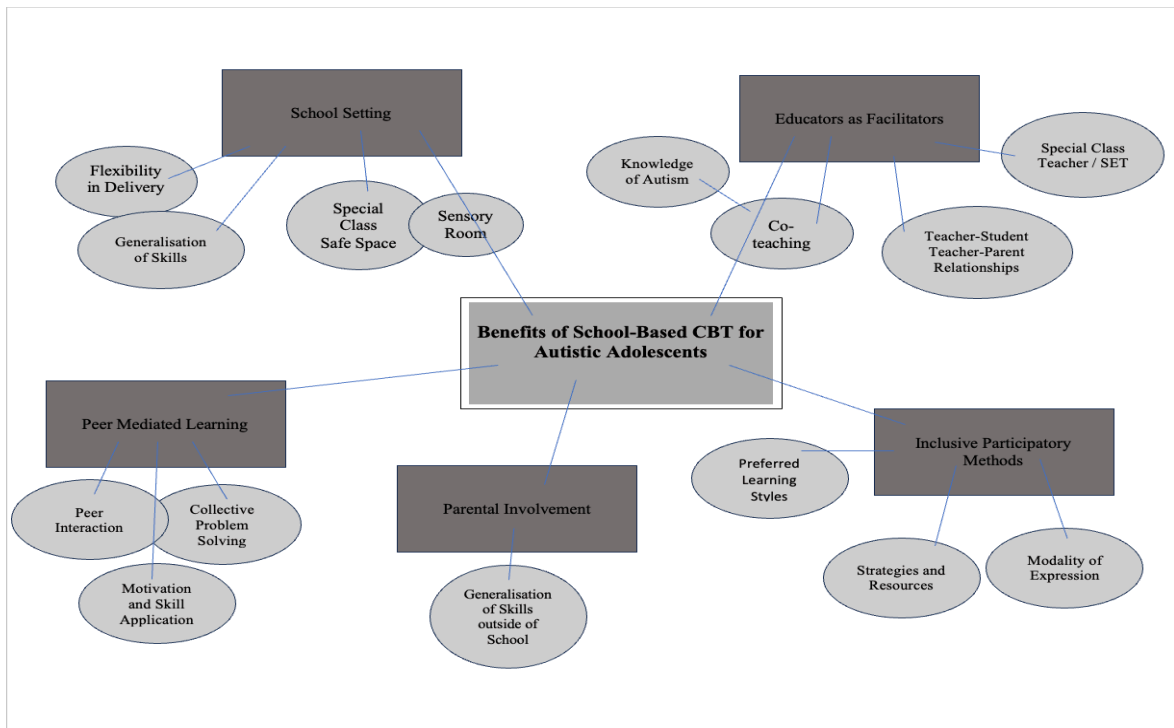
Emotional Competence: Recognition of Emotions in-self - Teacher reports that the use of visuals supported emotional expression. For example, at times when E found it difficult to express herself, the Feelings Thermometer/ Feeling Cards acted as prompts for her to communicate how she was feeling or thinking, thus prevented the **occurrence of mutism**.

Appendix 17 – Initial Thematic Maps

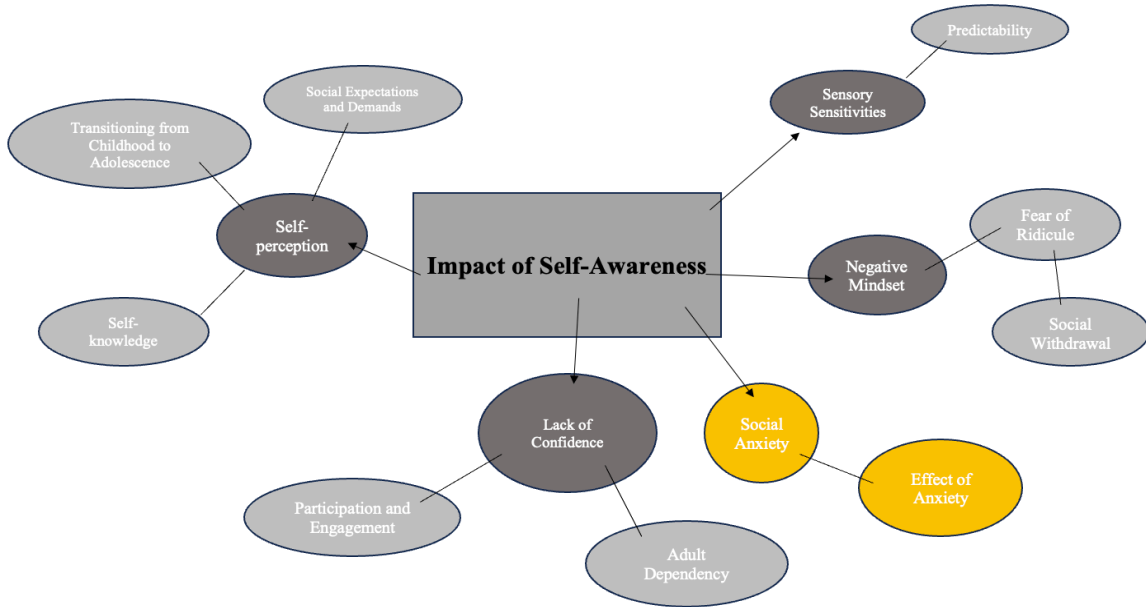
Theme One: Social and Emotional Competence



Theme Two: Benefits of School-Based CBT for Autistic Adolescents



Theme Three: Impact of Self-Awareness



Theme Four: Promoting Agency and Self-Advocacy

