

ATHABASCA UNIVERSITY

STORIES OF HIGH SCHOOL COUNSELLORS AND THEIR EXPERIENCES WITH
YOUTH WITH HIGH FUNCTIONING AUTISM

BY

JILL M. TANNER M.Ed., B.Sc.

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF
COUNSELLING: COUNSELLING PSYCHOLOGY

FACULTY OF HEALTH DISCIPLINES
GRADUATE CENTRE OF APPLIED PSYCHOLOGY

ATHABASCA UNIVERSITY

FEBRUARY 1, 2018

© JILL M. TANNER



The future of learning.

Approval of Thesis

The undersigned certify that they have read the thesis entitled

**STORIES OF HIGH SCHOOL COUNSELLORS AND THEIR EXPERIENCES WITH
YOUTH WITH HIGH FUNCTIONING AUTISM**

Submitted by

Jill Tanner

In partial fulfillment of the requirements for the degree of

Master of Counselling

The thesis examination committee certifies that the thesis
and the oral examination is approved

Supervisor:

Dr. Jeff Chang
Athabasca University

Committee Member:

Dr. Simon Nuttgens
Athabasca University

External Examiner:

Dr. David Nicholas
University of Calgary

February 26, 2018

Dedication

I dedicate this work to my late brothers and mother. Kim: Thank you for always pushing me to be better, encouraging me to reach for my goals, and for planting the seeds for this project. Geno: Thank you for your caring and kind heart, and always showing me how to care and treat everyone well. Mom: Thank you for your example of strength and perseverance.

Acknowledgements

I want to thank my amazing and supportive husband who continually reminded me throughout the experience of writing a thesis that it is about the process, the experience, and the journey. I also want to acknowledge my three beautiful children and their patience with me throughout this project. My attention was often taken away from them and I appreciate their support and understanding.

I want to thank all my school counsellor colleagues and the youth with HFA who inspired this work.

Lastly, I want to thank my supervisors Dr. Jeff Chang and Dr. Simon Nuttgens for your endless feedback and support. Thank you for your encouragement throughout this project.

Abstract

Awareness of autism spectrum disorder in the high school setting has become more prevalent in the last twenty years. School counsellors are in a unique position to support the social-emotional needs of youth with high functioning autism (HFA) or Asperger's disorder, but at this point little is known about their experiences. By engaging in a narrative inquiry, I intended to gain a better understanding of the experiences of school counsellors who work with youth with HFA. Specifically, I interviewed three school counsellors and represented their experiences through story. Each story helps to illustrate school counsellors' experiences with youth with HFA. I anticipate that these insights will contribute to the growing body of knowledge regarding school counsellors' involvement with youth with HFA, help inform best practices, and generate awareness about the issues and factors that affect school counsellors to effectively help and support youth with HFA.

Keywords: high functioning autism, autism spectrum disorder, Asperger's disorder, school counsellors, adolescence, mainstream, narrative inquiry

Table of Contents

Approval Page	ii
Dedication	iii
Acknowledgments	iv
Abstract	v
Table of Contents	vii
List of Tables	x
List of Definitions	xi
Chapter I – INTRODUCTION	1
Introduction	1
Purpose and Significance	4
Research Questions	6
Chapter II: LITERATURE REVIEW	7
Background of Autism Spectrum Disorders	7
Evolution of Autism Spectrum Disorders	7
Prevalence	9
Etiology	10
Special Interests	11
Social Behavioural Challenges in Adolescence	12
Navigating the Social World	12
Adaptive Skills	13
Comorbid Mental Health Issues	16
Aggression	18
Understanding the Family	19
Stress in the Family	19
Quality of Life	22
Marital Relationship	22
Siblings	24
Resilience and Protective Factors in the Family	26
The High School Environment	28
Inclusion in Schools	28
Social-Emotional Needs in School	30
At-Risk for School Failure	31
Bullying Issues	32
Treatment and Counselling	34
Supporting Families	34
Supporting Youth with HFA	34
School Counselling	36
The Role of the School Counsellor in Canada and Manitoba	36
The School Counsellor’s Role in Schools	37
School Counsellors and Youth with HFA	38
Summary	39
Significance of the Issue	40

Chapter III – RESEARCH DESIGN	42
Overview	42
Theoretical Framework	42
Narrative Inquiry Defined	42
Theoretical Underpinnings	45
Narrative Inquiry Terms	46
Choice of Narrative Inquiry	47
Participants	49
Data Collection Methods	51
Narrative Analysis	53
Representing the Field Texts	55
Trustworthiness	56
Ethical Care of Participants	59
Chapter IV – STORIES	62
Narrative Beginnings	62
My Story	62
Stories	67
Diana’s Story	67
Stories of Understanding HFA	69
Stories of Relationships with Youth with HFA	71
Stories of Supporting Youth with HFA	74
Epilogue	82
Tyb’s Story	83
Stories of Understanding HFA	84
Stories of Relationships with Youth with HFA	87
Stories of Supporting Youth with HFA	90
Epilogue	94
Shannon’s Story	95
Stories of Understanding HFA	97
Stories of Relationships with Youth with HFA	102
Stories of Supporting Youth with HFA	105
Epilogue	109
Chapter V – DISCUSSION	111
Overview	111
Narrative Threads	112
Care and Relationships with Youth with HFA	112
Changes in Thinking about HFA	114
Learning about HFA	115
Supporting Youth with HFA	118
Supporting Mental Wellness	119

Creative Strategies	120
Strengths-Based	122
Attending to Environmental Needs	123
Working in Teams to Support Youth with HFA	124
Family Involvement	125
Long-Term Support	126
Summary	127
Chapter VI – CONCLUSION	129
Significance of the Research	129
School Counsellors Stories	130
Integration with Existing Literature	133
Professional Implications	134
Limitations	137
Recommendations for Future Research	139
Epilogue	140
REFERENCES	142
APPENDIX A – Recruitment Letter	172
APPENDIX B – Consent for Participation	174
APPENDIX C – Interview Protocol	183
APPENDIX D – Athabasca University Research Ethics Approval	186
APPENDIX E – Athabasca University Research Ethics Addendum	187
APPENDIX F – Athabasca University Funding	188

List of Tables

Table 1 – Demographic Information for Participants

50

List of Definitions

Definitions

Asperger’s disorder (AD), pervasive developmental disorder- not otherwise specified (PDD-NOS) - Terms used to describe individuals on the autism spectrum based on the previous Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000) criteria. In the literature, these terms are often represented by a singular term, high functioning autism, although this term is not a specific diagnostic term per se. To help keep the terminology consistent, as well as to remain consistent with the literature, in this paper I use the term high functioning autism (HFA) to represent individuals with the following diagnoses (PDD-NOS, HFA, and Asperger’s disorder). Importantly, these diagnoses are now represented by the current definition based on the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) as Autism Spectrum Disorder without Intellectual Disability.

Autism spectrum disorders- Individuals with autism spectrum disorders present with a wide range of challenges in communication, behaviour, social interaction, and emotional regulation (American Psychiatric Association, 2013).

Field texts- A term used when completing a narrative inquiry and refers to the data (a positivist term) that is collected during the study.

Inclusion- According to the Manitoba Education Public Schools Act: Appropriate Educational Programming (Manitoba Government, 2017a): Inclusion for special needs students means:

“Foster school and classroom communities where all students, including those with

diverse needs and abilities, have a sense of personal belonging, and achievement.

Engage in practices that allow students with a wide range of learning needs to be taught together effectively. Enhance students' abilities to deal with diversity”

Mainstream- Regular education classes- Students are either achieving at or above grade level. Students do not receive specialized support nor are in a segregated program.

Neurotypical or typically developing- This term is often used to describe individuals who do not have an autism spectrum disorder or other related disorder or disabilities.

School Counsellors- Also known as Guidance Counsellors. In Manitoba, school counsellors are trained as teachers and counsellors and work in the school environment (Manitoba School Counsellors Association, 2017). Manitoba Education defines the role of school counsellors as, “The school counsellor's first professional responsibility is to the students. The educational, academic, career, personal, and social needs of all students within the school setting, from Kindergarten to Grade 12, are the focus in planning and delivering a developmental, comprehensive guidance and counselling program” (2017b, <http://www.edu.gov.mb.ca/k12/specedu/guidance/index.html>).

Chapter I: INTRODUCTION

Introduction

In the last twenty years, there has been a significant increase in children diagnosed with an autism spectrum disorder (Rice, 2009). Most recent prevalence information from the United States estimated by the Centre for Disease Control indicates that 1 in 68 children have a diagnosis of autism spectrum disorder (Data & Statistics, 2015). Although the prevalence within Canada is not clearly defined (Autism Society Canada, 2013), Canadian data is often parallel to the United States; therefore, it is likely that the prevalence data in Canada is similar. Individuals with autism spectrum disorders (ASD) present with “persistent impairment in reciprocal social communication and social interaction... and restricted, repetitive patterns of behaviour, interests, or activities... These symptoms are present from early childhood and limit or impair everyday functioning” (American Psychiatric Association [APA], 2013, p. 53). Within this disorder, individuals may also present “with or without intellectual disability,... with or without accompanying language impairment,... other neurodevelopmental, medical or genetic conditions, or catatonia” (APA, 2013, p. 51). Additionally, other comorbid psychiatric disorders may also be present (APA, 2013), such as attention deficit hyperactivity disorder (ADHD), and a variety of anxiety and mood disorders (Mazzone, Ruta, & Reale, 2012).

ASDs are complex, not always well understood, and often present differently depending on the nature of the disorder. In this study, I learned about school counsellors’ experiences with individuals on the autism spectrum without intellectual disability and without language impairment. Individuals in this category were previously diagnosed

with Asperger's Disorder or Syndrome, Pervasive Development Disorder (PDD), or PDD-NOS (not otherwise specified) (American Psychiatric Association [APA], 2000). These individuals are often referred to as having high functioning autism (HFA).

Individuals with HFA are a diverse group. While they share specific diagnostic characteristics; individual presentation and severity is highly variable (APA, 2013). Variation in IQ can also play a role in how youth with HFA interact with others, their emotional development, and ability to relate and interact in counselling (Niditch, Varela, Kamps, & Hill, 2012; Woods, Mahdavi, & Ryan, 2013).

Given the varied presentation of ASDs, specific challenges have been noted in educating and counselling students on the autism spectrum in the mainstream school environment (Auger, 2012; Segall & Campbell, 2012). Current evidence suggests that although extensive research has been completed on ASDs (particularly in the area of etiology), research on treatment and educational accommodations is scant in comparison (Matson & LoVullo, 2009). This finding is unfortunate considering the high prevalence of students with autism spectrum disorder. This finding strongly suggests that additional research is required to better assist and support the needs of youth with autism spectrum disorder in the school setting.

Within the mainstream school environment, multidisciplinary teams often support youth with HFA (Sansosti, Powell-Smith, & Cowan, 2010). Multidisciplinary teams are typically comprised of the school team, which could include the resource teacher, special education teacher, school counsellor, classroom teacher, and parents or guardians. School teams may also include the external support team such as a speech pathologist, occupational therapist, psychologist, behaviour specialist, and so forth (Manitoba

Government, 2017a). Often specialists, such as the school psychologist and the special education teacher, are well versed in supporting youth with autism. However, school counsellors do not have the same depth of understanding, training, and experience (Griffin, 2015). Since school counsellors are called to assist all students in a school, it is concerning that they may not be adequately informed about the needs of youth with HFA.

Given the wide diversity of youth with HFA, and the varying needs that may or may not present in the high school environment, it is important to understand the role of school counsellors in supporting youth with HFA. School counsellors are responsible to support all students and issues that present within their competence (Manitoba Government, 2017b). In light of the high prevalence of HFA and autism disorders in general, it is likely that school counsellors are interacting and encountering youth with HFA on a regular basis. The literature regarding school counsellors' involvement with youth with HFA is limited. Few, if any, studies examine the experiences between school counsellors and youth with HFA. Additionally, most of the literature is comprised of review articles outlining best or suggested practices (Auger, 2012). Given these factors, I contend that there is a need for more information about the school counsellors' role in supporting youth with HFA. Therefore, it is anticipated that this research will both add to the limited existing body of knowledge and bring attention to school counsellors' experiences with youth with HFA. Lastly, it is hoped that this research will help to provide insight into areas in which school counsellors need more education or support to better understand how to meet the needs of youth with HFA.

Purpose and Significance

It is expected that since youth with HFA are integrated in the mainstream school environment, school counsellors often work and support youth with HFA. In addition to behavioural challenges, youth with HFA have social-emotional needs. School counsellors support all youth with social-emotional needs in the high school setting. Given these factors it is important for school counsellors to understand the unique needs of youth with HFA and how best to support them in the high school setting. By gaining an account of school counsellors' experiences with youth with HFA, additional understanding of how to support and meet the needs of youth with HFA can be gleaned. It is hoped that by equipping, or informing, mental health professionals they can better support youth with HFA. It is also anticipated that school counsellors who have experience with youth with HFA can provide insight into how to support these youth in the high school setting. A better understanding of these issues may directly affect direct service provided to youth with HFA and long-term outcomes may include helping to equip youth with HFA for life beyond high school and adulthood.

From a narrative inquiry perspective, Clandinin and Connelly (2000) and Connelly and Clandinin (2006) encourage researchers to examine the purpose of the inquiry from three dimensions: personal, practical, and social. The authors argue that the rationale for the inquiry be generated from these three points of view. While the intention is to gain insight into the experience of school counsellors, the rationale for the inquiry is also important.

On a personal level, I approached this inquiry based on my personal experience as a school psychologist and my interactions and collaborations with school counsellors, as

well as my concern for the well-being of youth with HFA. In my experience, the needs of youth with HFA are often misunderstood or not adequately addressed in the high school setting. I am interested in developing a better understanding of how school counsellors meet the needs of youth with HFA. I am also interested in understanding the role that school counsellors play in the school experience of youth with HFA. From a practical perspective, this research is important in understanding the experiences of school counsellors, and areas in which they may identify as points of interest or discovery in understanding how to meet the needs of youth with HFA. This research also provides more information about school counsellors' practice and their interactions with youth and other professionals. From a larger social and educational perspective, I hope that this study will influence future research and interest in the role of the school counsellor and youth with HFA, as well as possibly affect policy and educational practices on a systemic level.

Research Questions

Narrative inquirers generally work from a point of view of exploring research puzzles rather than research questions (Clandinin, 2013), for this study, I have developed the following research puzzles to explore from a narrative inquiry perspective.

What are the stories of high school counsellors in supporting youth with HFA in the school setting?

Sub Questions:

- a) What are the lived experiences of school counsellors in directly affecting and supporting the social-emotional well-being of youth with HFA?
- b) What do school counsellors' stories reveal about their common practice in the high school setting?
- c) What can educators learn from the school counsellors' stories? How can these stories inform best practice and ensure that the social-emotional needs of youth with HFA are addressed in the high school setting?

Chapter II: LITERATURE REVIEW

In this chapter, I outline a brief background of autism spectrum disorders, specifically examining the evolution of autism spectrum disorders, prevalence, etiology, and special interests of individuals with HFA. Next, I outline the current literature about the individual, family, and school factors that relate to youth with HFA. Specifically, I outline common features of HFA, such as difficulties with social skills, adaptive skills, comorbid mental health issues, and aggression. I discuss current research of the impact of HFA on the family. Particularly, I examine factors such as stress on the family, quality of life, marital relationship of parents of youth with HFA, siblings of youth with HFA, and resilience and protective factors in the family. Lastly, I outline the common school factors often experienced by youth with HFA, such as inclusion in schools, the social-emotional needs of youth with HFA in schools, at risk for school failure, and bullying issues. To help understand how to mitigate the above concerns and issues, I further discuss the current interventions for youth with HFA and their families. I then discuss the school counselling role in Manitoba and Canada, and how the school counselling role intersects with youth with HFA. Finally, I discuss and outline the importance of understanding the experiences of school counsellors' experiences with youth with HFA, I discuss why this study is important, and how it relates to current school counselling practice.

Background of Autism Spectrum Disorders

Evolution of Autism Spectrum Disorders

Autism Spectrum Disorder is an evolving diagnosis and is currently considered a neurodevelopmental disorder (APA, 2013). The concept of ASD has changed over the last 75 years since first discussed by Dr. Leo Kanner in 1943 (Reber, 2012). Dr. Kanner

initially observed a subset of children who shared prominent characteristics and purported that these children represented a “unique syndrome” (Kanner, 1943, p. 242). Dr. Kanner (1943) observed that the following features were evident in each of his 11 cases since infancy: significant difficulty with social interactions, difficulties with relating with others including close family members, initiating and demonstrating an interest in other people, delayed language and speech development despite excellent rote memory skills, echolalia, an intense need and desire for predictability, a significant difficulty coping with change, and a significant difficulty coping with loud noises. Unaware of Dr. Kanner’s work, around the same time, Dr. Hans Asperger identified individuals with a similar “autistic psychopathy” (Asperger, 1943/1991, p. 37). Asperger’s (1943/1991) observations included the following key characteristics: difficulty understanding humour, significant difficulty with social interactions, low affect, little to no eye contact when engaged in conversation, precocious language, and intense specific interests. Additionally, Asperger also observed that his case studies often involved individuals with average to above average intelligence and other advanced skills (1943/1991). Interestingly, Asperger’s work remained relatively unknown until highlighted by Dr. Lorna Wing in 1981 when she published “Asperger’s syndrome: A clinical account” (Wing, 1981, p. 115). Wing (1981) outlined a more detailed account of the common clinical features of what she coined “Asperger’s Syndrome.”

Despite awareness of this disorder, it did not officially enter the Diagnostic and Statistical Manual of Mental Disorders (DSM) until 1980 during the third revision of the DSM (Reber, 2012). Since its inception in the DSM-III, it has gone through a variety of revisions (Reber, 2012). Asperger’s disorder and pervasive developmental disorder were

initially introduced in the DSM-IV (Reber, 2012) and have since been removed from the DSM-5 (APA, 2013). This change in categorization is likely based on the boom in research on autism spectrum disorders in the last 20 years (Reber, 2012). The current DSM-5 has attempted to integrate research findings and has implemented the umbrella term “autism spectrum disorders” to represent all categories (APA, 2013). Therefore, the individuals who were previously diagnosed with Asperger’s disorder, pervasive developmental disorder, pervasive development disorder-not otherwise specified, or informally categorised as high functioning autism are now under the same category as autism spectrum disorder.

Prevalence

The current estimated prevalence of autism spectrum disorders is 1 in 68 (Data & Statistics, 2015). This estimate is higher than previous estimates, and it suggests an increase in the incidence of ASD. However, Hill and Fombonne (2014) purport that the current prevalence data are not straightforward and should not be confused with incidence. Hill and Fombonne (2014) explain some of the key factors that likely impact the current and past prevalence data. The authors explain that the diagnostic process in identifying ASDs relies on behavioural observations. Given the lack of reliance on biological data, there is potential for inconsistency in diagnoses between practitioners. Other potential reasons for the mixed prevalence data include: changes in the diagnostic criteria over the last 30 years, different definitions of ASD used in different studies, changes in individual diagnoses over time, and comorbid diagnoses. For example, a child may initially be diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) when younger and then later diagnosed with ASD. Other explanations include differences in

how cases are identified (for example, some service providers use direct observation, whereas others use screening tools); younger age of diagnosis; and, greater awareness, which has led to an increase in resources and more studies. This has likely led to better diagnosis by practitioners. Furthermore, recent changes in diagnostic criteria will likely have an impact on future prevalence rates. Maenner et al. (2014) suggests that, based on recent population based studies comparing the DSM-IV-TR criteria to the DSM-5 criteria, fewer children meet ASD diagnostic criteria using the DSM-5. Therefore, over time prevalence may stabilize.

Etiology

While autism spectrum disorders fall under one umbrella, it is essential to recognize the diversity within this group (Reber, 2012). Research and interest in etiology and epidemiology of autism spectrum disorders, and particularly high functioning disorders (Asperger's syndrome, PDD-NOS, HFA), has increased over the last 20 years. However, it is often difficult to draw specific conclusions from most of the research given the inconsistency in diagnostic categorization and definitions (Metz, 2013).

Though there is no singular explanation for the cause of autism spectrum disorders, researchers have examined brain development, genetic factors, family and birth history, and gender differences to name a few (Metz, 2013). While examination into these factors has occurred, it is evident that more studies are required. Currently, results strongly suggest that the etiology of autism spectrum disorders is complex and multifaceted.

To illustrate, Parellada et al. (2014) provided a comprehensive review of current findings and potential neurobiological bases of autism spectrum disorders. Specifically,

the following areas have been found to play a role in the etiology of ASD: “genetics, function of proteins coded by risk candidate genes, neuropathology, brain structure and function, redox system, immunology, oxytocin and social peptides, other biomarkers, and environmental factors” (p. 16). Generally, the authors found that while there is evidence to help explain the etiology of ASDs, there are many unanswered questions. Specific conclusive findings support that ASDs are more commonly found in males compared to females. Additionally, there is strong evidence to support that heredity is a factor when examining rate of recurrence in siblings. However, despite significant genome studies, many of these studies are still in their infancy. Essentially, this review demonstrates the multifaceted etiology within ASDs.

With respect to gender differences, in their population-based twin study Nordenbuck, Jorgensen, Kyvik, and Bilenberg (2014) further confirmed the gender ratio of 3.9:1 boy to girl ratio. Interestingly, the authors also discovered that the ratio differed depending on level of intellectual functioning. To illustrate, the boy to girl ratio was estimated at 1.5:1 in the participants with low IQ scores, compared to a boy to girl ratio of 5.2:1 in participants with average IQ scores. Of note, 36.7% of the twins with ASD had an intellectual disability. Interestingly, Gillberg and Cederlund (2005) identified “that out of 100 males with Asperger’s disorder, 71 had a first or second degree relative with suspicion of autism spectrum disorder” (p. 162). Gillberg and Cederlund also found that the relative was more commonly on the father’s side of the family.

Special Interests

Atwood (2008) has written extensively about the special interests often expressed by individuals with HFA and how these interests can be both a source of support and

source of distress. Individuals with HFA often demonstrate a special interest (a narrow interest in collections or knowledge), which may vary over time (Atwood, 2008). The individual demonstrates a high level of knowledge in a specific body of knowledge for example, interest in chemistry, dinosaurs, video games, and so forth, or objects, for example trains, power lines, model cars, and so forth. Atwood (2008) noted that the special interest could interfere with an individual's well-being. As well as the obsessional nature that often accompanies the interest can interfere with overall functioning. Despite these concerns, the special interest can also serve as a way to draw on individual strengths and help to "facilitate friendships and employment" (p. 174). Based on his extensive clinical experience, Atwood explains that special interests often serve a functional purpose. For example, special interests may help to reduce anxiety, provide pleasure, relaxation, establish constancy, help to make sense of the world around them, a way to escape, help to develop personal identity, overcome boredom, be used as a conversational topic, and may be a way to demonstrate knowledge and understanding.

Social Behavioural Challenges in Adolescence

Navigating the Social World

Despite the prevalence of autism, preliminary studies have helped to gain insight into how youth with HFA view peer interactions, and how they perceive their differences and similarities compared to neurotypical students (Bauminger, Shulman, & Agam, 2003; Humphrey & Lewis, 2008; Locke, Ishijima, Kasari, & London, 2010). One of the hallmark characteristics of students with HFA is significant impairment in social skills often resulting in difficult peer relationships (APA, 2013). However, despite contending with social difficulties, youth with HFA want to have relationships with others, and are

often lonely compared to same age neurotypical peers (Bauminger et al., 2003; Farmer & Aman, 2011; Locke et al., 2010). Youth with HFA are on the peripheral socially, generally only have one friend (who is also often on the spectrum), and the friendships of youth with HFA are poorer in quality compared to neurotypically developing peers (Locke et al., 2010).

Furthermore, social interaction between youth with HFA and neurotypically developing peers is often rudimentary (Bauminger et al., 2003; Locke et al., 2010). Interestingly, although neurotypical children and children with HFA engage in similar social behaviours (e.g., eye contact, smile, etc.), typically developing children engage in these behaviours twice as often compared to children with HFA (Bauminger et al., 2003). Recent information suggests that youth with ASD are more likely to engage in reciprocal interaction with peers when engaged in activity-based tasks (e.g., playing with an iPad, playing games etc.) (Gardner et al., 2014). This suggests that youth with ASDs require additional structured opportunities to form friendships and meaningful interactions with their peers beyond mainstream integration (Gardner et al., 2014).

Adaptive Skills

Adaptive skills are necessary for everyday functioning and allow individuals to be independent and successfully navigate everyday life such as social communication and socialization skills (Klin et al., 2007). It is important to consider the role of adaptive functioning and the development of social behaviour in youth with HFA. Mayes and Calhoun (2011) discovered that despite the difference in IQ, youth with HFA and low functioning autism (LFA) had similarly developed adaptive skills, which fell two standard deviations below the mean. Furthermore, Matson, Mahan, Hess, Fodstad, and

Neal (2010) explained that despite the chronological age differences between children and youth with ASDs, there were no developmental differences between problem behaviours. Generally, youth with HFA continue to exhibit delayed adaptive skills in the absence of targeted intervention. These results highlight the importance of the role of adaptive skills in overall functioning. Specifically, they reinforce that although youth with HFA have average to above average cognitive ability their social communication and socialization skills are significantly delayed, and likely attribute for some of the social behavioural challenges they experience in adolescence.

Klin et al. (2007) examined two separate clinic-based samples of children and adolescents with autism (included all forms of autism, LFA, HFA, Asperger's, and PDD-NOS). In this cross-sectional design, the authors compared adaptive skills, symptoms of autism, and cognitive functioning. Both samples demonstrated a similar trend towards overall delayed adaptive skills. Specifically, both samples highlighted interpersonal skills as the most delayed regardless of age (two to three standard deviations below the mean). Saulnier and Klin (2007) extended these results by examining a subsample of HFA and Asperger's students. They found that despite average IQ, both groups demonstrated significant delays in adaptive functioning and were evenly impaired in both socialization and communication. Notably, the socialization area was over three standard deviations below the Full Scale IQ. These findings highlight the importance of tending to the adaptive needs of youth with HFA. Further, these results suggest that social skills are a significant area of impairment. This area of difficulty likely interferes with the development of everyday life skills as youth with HFA develop into adolescence (Saulnier & Klin, 2007). Similarly, Kenworthy, Case, Harms, Martin, and Wallace (2010)

discovered students with HFA demonstrated overall delayed adaptive behaviour compared to typically developing peers, particularly in the area of socialization. Essentially, the inability of high school students to interact and relate with their peers poses significant risks and challenges for this population in the mainstream environment.

Nicpon, Doobay, and Assouline (2010) compared the adaptive behaviour functioning of children and adolescents with HFA (who were also academically gifted, i.e., those who scored within or above the 95% confidence interval on either the verbal or nonverbal domains as assessed on a standardized intelligence test). Parents, teachers, children, and adolescents provided behavioural ratings using a standardized checklist. Overall, behavioural issues were reported as less prevalent in the school than at home in both groups. This study also found that behavioural issues, such as poor adaptability and atypicality, are less evident in adolescence than in childhood. Despite these findings, it is important to consider sampling issues within this study, for example, the sample consisted of over twice as many children as adolescents (i.e., 38 children and 14 adolescents). Nicpon et al. also noted that the parents chose which teachers should respond to the questionnaire. While parents were asked to give the checklist to teachers who knew their child best, the authors contend that not having a clear understanding of how well the teacher was acquainted with the students was uncontrolled. In some cases, the children's actual day-to-day behaviour in the school may have inadvertently been misrepresented. Alternatively, it is possible that in the general population as opposed to a clinic based sample, levels of impairment may be less severe. Finally, an explanation for these findings include that as students age and mature they develop better awareness of their behavioural challenges and are more likely to participate and initiate proactive

interventions to facilitate their success (Kaland, Mortensen, & Smith, 2011). Cederlund, Hagberg, and Gillberg (2010) discovered in their longitudinal study that as individuals with HFA age between adolescence and adulthood, they become more aware of their deficits. Thus, interventions may be more easily created and tailored to meet their individual needs.

Comorbid Mental Health Issues

In addition to social and behavioural challenges, students with HFA are at higher risk of developing long-term mental health disorders (Lugnegard, Hallerback, & Gillberg, 2011; Mazzone, Ruta, & Reale, 2012; Moseley, Tonge, Brereton, & Einfeld, 2011; Simonoff et al., 2008). In their epidemiological study, Simonoff et al. (2008) determined that in a sample of 112 children with a diagnosis of autism spectrum disorder (mean age 11), 70% of the children met the criteria for at least one psychological disorder. Furthermore, 62% of the children met the diagnostic criteria for externalizing disorders such as Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder, Conduct Disorder, and emotional disturbance.

Similarly, Macintosh and Dissanayake (2006) reported that children with Asperger's and HFA demonstrated elevated levels of problem behaviours (internalizing, externalizing, and hyperactivity) and lower levels of social skills (cooperation, assertion, and self-control) compared to typically developing peers. This study demonstrates that both teachers and parents consistently reported similar behaviour patterns and similar severity in children with HFA and Asperger's, suggesting similar expression of behavioural challenges in the home and the school. Importantly, although this study had a relatively small sample size (approximately 35 children with autism, both Asperger's and

HFA, compared to approximately 15 typically developing children), these results are consistent with the population-based study completed by Simonoff et al. (2008). Mazzone et al. (2012) further corroborated these results in their review, which identified similar trends in the development of externalizing and internalizing disorders that are evident beyond a diagnosis of autism. These results reinforce the importance of acknowledging comorbidities in individuals with HFA and the need to intervene and support youth with these multifaceted needs.

Furthermore, Mazzone et al. (2012) delineated common psychiatric disorders that typically co-occur with HFA into two categories: internalizing and externalizing disorders. Examples of internalizing disorders include disorders that cause distressing symptoms internal to the individual such as depression, bipolar disorders, and anxiety (social anxiety, obsessive compulsive disorder, etc.). In contrast, externalizing disorders are more overt and disruptive within the social environment, and more easily observed by others. For example, externalizing disorders that often co-occur with HFA may include disruptive behaviour disorders (attention deficit hyperactivity disorder) and conduct disorders (conduct disorder, oppositional defiant disorder) (Mazzone et al., 2012), while internalizing disorders (anxiety and depression) also co-occur with HFA (Volker et al., 2010).

Clinicians are aware of the multidimensional needs of adolescents with HFA. However, despite this knowledge, identifying the co-occurring disorders is often challenging, resulting in either over- or under-identification of disorders in individuals with HFA as their primary diagnosis (Mazzone et al., 2012). In their in-depth review, Mazzone et al. (2012) discussed the uniqueness of the HFA population and explained that

the unique needs that these individuals exhibit make it difficult to identify comorbidities with HFA. The authors postulated that one explanation for these challenges is intrinsic within the assessment tools that are used. Clinicians may have difficulty delineating co-occurring disorders given that the tools may not be sensitive enough to the individual needs of the HFA population. Ultimately, the consequence of poor specificity in identifying or diagnosing comorbid disorders is that the individuals with HFA will not receive the appropriate treatment to help meet their social-emotional or behavioural needs.

Aggression

Caregivers, educators, counsellors, and clinicians may misunderstand aggression in autism spectrum disorders to be intentional and manipulative behaviour. At times aggression can occur due to the loss of predictability, creating a sense of instability, which can manifest behaviourally in the form of aggression (Barnhill et al., 2000; Sansosti, 2012) or anxiety (Volker et al., 2010; White, Oswald, Ollendick, & Scahill, 2009). In individuals with autism, this behaviour manifests in the form of tantrums and rage-like behaviour (Sansosti, 2012). Unintentional aggression may occur due to changes in routine, difficulty with transitions, or any other behaviour that is in response to a change in event or difficulty with coping with unpredictability. However, individuals with HFA also demonstrate overt (physical aggression) and covert aggression (bullying and hostility) (Farmer & Aman, 2011). Farmer and Aman contend that despite the apparent malicious intent behind these types of acts, it is difficult to ascertain whether this is yet another example of poor social skills or lack of impulse control. Nevertheless, Farmer and Aman also compared aggressive behaviour between children with autism to

children with an intellectual disability, and discovered that children with autism demonstrate more aggressive behaviours than other children with developmental disabilities.

In a large-scale study with a mixed clinical sample of 1609 children aged six through 16 years, Mayes et al. (2012) identified the prevalence and etiology of behaviour problems. In this sample, 302 children had a diagnosis of HFA. When compared to typically developing peers (186 in the sample), more behaviour problems were reported in children with HFA. In addition, the children with ADHD and autism rated higher in the area of aggression compared to the rest of the sample. Examples of descriptions of problem behaviours included, “high explosive, oppositional, and aggressive” (p. 4). This study identifies co-occurring behaviours that are often present and that occur more frequently in children with autism than typically developing peers. That said, Kanne and Mazurek (2011) discovered developmental differences in aggression, which suggests that as children get older levels of aggression decrease. These conflicting results suggest additional research is required to help better understand the role of aggression in adolescence for youth with HFA.

Understanding the Family

Given the high level of family and parental support in the lives of youth with HFA (Pepa & Harris, 2014; Powers & Loomis, 2014) it is important that school counsellors understand the issues often experienced by families in their journey with their child with HFA.

Stress in the Family

Family functioning in families with an adolescent with HFA is not clearly

understood in the literature. Many studies have examined the positive and negative impacts of autism spectrum disorders within the family (Hayes & Watson, 2013; see reviews Karst & van Hecke, 2012; Tint & Weiss, 2015), but few specifically examine HFA and families (Pepa & Harris, 2014). Although children with HFA are considered higher functioning, it cannot be assumed that they are easier to parent than children with ASD with intellectual disability. Recent research suggests that parents of children with HFA often report more stress (Lee, 2009; Lee et al., 2012; Morij, Ujlie, Smith, & Howlin, 2009; Rao & Beidel, 2009). In their preliminary investigation, Morij et al. (2009) examined a sample of 88 Japanese parents of children with both ASD and Asperger's. The authors discovered that although parental stress was elevated in both groups, the level of parental stress in the Asperger's group was higher than the autism group. The authors postulated that the needs of children with Asperger's are not as visible and pervasive compared to children with autism, resulting in parental stress due to the unpredictable and often intense behavioural needs of the child with Asperger's. Additionally, the authors noted that children with Asperger's may have less access to resources and community based supports due to later diagnosis or lack of support for individuals with Asperger's disorder compared to children with autism, resulting in more stress in parents with children with Asperger's.

Compared to parents of typically developing children and children with other disabilities, parents of children with HFA report higher levels of depression, anxiety, marital stress, and lower coping skills (Hayes & Watson, 2013; Lee, 2009; Lee et al., 2009). Mothers compared to fathers of children with HFA have better developed support systems and strategies to cope with stress (more likely to seek social support, engage in

spiritual practices, and professional support) (Lee et al., 2009). However, Yamada et al. (2012) discovered that mothers of children with PDDs suffer from more mental health challenges compared to mothers in the general population.

Other factors that contribute to parental stress include feeling stigmatized by others (Gill & Liamputtong, 2011; Lasser & Corley, 2008). Most disturbingly, some parents report feeling less understood and stigmatized in schools and community settings (Gill & Liamputtong, 2011). Parents report frustration with the lack of understanding by family, relatives, and outside people, of the needs of their child (Griffith, Hastings, & Petalas, 2014). This frustration likely stems from a lack of understanding of the social communication challenges experienced by individuals with HFA. Often the behavioural challenges of individuals with HFA are misinterpreted as wilful or manipulative (Robinson, York, Rothenberg, & Bissell, 2014). In their exploratory study, Mount and Dillon (2014) discovered that parents also often find the intrinsic characteristics of ASD a source of stress and frustration. Specifically issues such as the child's "resistance to change and rigid thinking, noise, sensory, resistance to new environments, effects on relationships, impact on self, diagnosis and support, coping strategies, school issues, and future preparation concerns" (p.76).

It is common that children with HFA are diagnosed at a later age compared to children with ASDs with concurrent language and intellectual delays (Barbaro & Dissanayake, 2009). The impact of a later diagnosis may account for some of the stress in parenting children with HFA (Robinson et al., 2014), since failure to receive an early diagnosis precludes children and families from benefiting from early interventions and supports (Baker-Ericzen, 2013). Furthermore, support and funding is often more available

in early childhood, whereas as children age supports decrease often causing stress for families, particularly in adolescence (McStay, Trembath, & Dissanayake, 2014).

Quality of Life

Similar to children with ASDs, children with HFA often require lifelong support from their parents (Griffith et al., 2014; Vogan et al., 2014). Parents of children with HFA report higher levels of behavioural problems than parents of typically developing children (Rao & Beidel, 2009). Children with HFA experience lifelong comorbid psychiatric and internalizing disorders (Lake, Perry, & Lunskey, 2014; McStay et al., 2014). There has been significant interest in the autism literature about the quality of life of caregivers and families of children with autism (Tint & Weiss, 2015) as well as the experience of individuals with HFA (Chiang & Wineman, 2014; Potvin, Snider, Prelock, Wood-Dauphinee, & Kehayia, 2013). In general, parents of children with ASD and HFA and individuals with HFA have lower self-reported quality of life than parents of typically developing children (Chiang & Wineman, 2014; Khanna et al., 2011; Potvin et al., 2013; Yamada et al., 2012). For example, Lee et al. (2012) found that caregivers of children with HFA, when compared to parents of typically developing children, reported lower quality of life (physical and mental health), which was defined as “lower self-esteem, lower locus of control, and lower level of optimism” (Lee et al., 2012, p. 31).

Marital Relationship

There is little research explaining the impact of ASDs on the marital relationship (Meadan, Halle, & Ebata, 2010). Two studies have examined this issue, yielding divergent results. In their longitudinal study, Hartley et al. (2010) discovered that parents with children on the autism spectrum have a higher prevalence of divorce than parents of

typically developing children. The authors reviewed data from the National Survey Data over two periods: 1998-1999 and 2003-2004. This review revealed that families with children on the autism spectrum exhibited characteristics that served as risk factors for potential divorce (e.g., mother's age when child was born, level of education, etc.). Furthermore, the authors explain that while the risk of divorce is higher when children are young in families with typically developing children, this risk often tapers as the children get older. However, in parents of children with ASD, the risk of divorce extends into adulthood. This is likely due to the ongoing and pervasive severity of symptoms in children with ASD, compared to typically developing children where the level of parental involvement decreases over time.

Similarly, Freedman, Kalb, Zablotzky, and Stuart (2012) completed a multivariate analysis based on retrospective data from the National Survey of Children's Health (completed in 2007-2008 in the United States [US]). The authors compared family structure with a child's current diagnosis of ASD and mother's health and mental health. This data was collected through a telephone survey. In contrast to Hartley et al.'s (2010) findings, Freedman et al. (2012) determined that a diagnosis of autism was not associated with a higher rate of divorce and marital separation compared to the general US population. The difference in results between the two studies may be explained by differences in inclusion criteria of the sample. Hartley et al. (2010) used more specific inclusion criteria and observational data and standardized checklists, compared to Freedman et al. (2012) for determining ASD diagnosis. Whereas Freedman et al. (2012) solely relied on the parents' report of diagnosis. Additionally, Freedman et al. relied heavily on the participants' self-report, whereas Hartley et al. examined legal records to

determine the incidence of divorce. Nevertheless, both studies confirmed that the severity of the child's symptoms over time correlated with the degree of parental stress and parents experiencing ongoing challenges. Despite their differing conclusions about marital satisfaction, they highlight the importance of supporting parents throughout the lifespan (Freedman et al., 2012; Hartley et al., 2010).

Siblings

Few studies explicitly examine or differentiate between HFA and ASD and the impact on siblings. In reviewing the literature, it is apparent that while there is a solid base of studies about siblings of people with ASDs in general (see review Orsmond & Seltzer, 2007), many studies do not differentiate between ASD and HFA, making it difficult to ascertain the impact of HFA on the sibling relationship. To illustrate, recent studies have compared siblings of children with ASDs to typically developing siblings and have found that siblings of children with ASDs are reported by their parents as having higher levels of social-emotional maladjustment compared to siblings of typically developing children (Griffith et al., 2014; Meyer, Ingersoll, & Hambrick, 2011). Further, Petalas et al. (2012) discovered that “the behaviour problems of the child with an ASD were a predictor of increased behaviour problems in siblings” (p. 552). It was also discovered that “behaviour problems of a child with ASD also predicted less reported warmth and more conflict and rivalry in the sibling relationships” (p. 552). Interestingly, time since diagnosis was related to less conflict between siblings, meaning that conflict diminished as more time since diagnosis elapsed. As well, younger siblings appeared to have more conflict with their older ASD sibling. Tanaka, Uchiyama, and Endo (2011) examined the phenomenon of informing siblings about a sibling's diagnosis of HFA. In

this qualitative study, the authors discovered that parents often inform siblings about their sibling's diagnosis around age 9. The authors acknowledge that this information is important given the intangible or less obvious elements of HFA, and helps to build understanding and empathy in the typically developing sibling.

Furthermore, Diener, Anderson, Wright, and Dunn (2015) examined the experiences of sisters and mothers of boys with ASD. Three themes emerged in this study, "the dual nature of relationship, nurturer role, and challenging nature of the sibling relationship" (p. 1064). These represent both typical interactions and views of sibling relationships, as well as elements of the relationship that relate specifically to the impact of autism. For example, the nurturer role theme relates to the sister's desire to help and support her brother with his disability. In contrast, siblings also expressed exasperation with the needs and the level of support required for their brother.

Cridland, Jones, Stoyles, Caputi, and Magee (2015) explored the experiences and perspectives of sisters' role with their younger brothers with HFA. The results of this study help to provide insight into the lived experiences of siblings and how they adjust to having a sibling with HFA. Specific themes were noted, such as the older siblings adjustment to having a sibling with HFA, the active role that the older sibling takes at school in supporting their sibling, and helping to educate others about their sibling's diagnosis particularly in high school. In contrast, siblings' role at home involved less caregiving compared to school but more household responsibilities. This study highlights the importance of educating siblings about their sibling with ASD's disorder as a way to help with sibling adjustment and understanding. Clearly, involving siblings in treatment may also have a positive impact on the family and sibling relationships (Buzanko, 2007;

Diener et al., 2015; Ferraioli, Hansford, & Harris, 2012; Karst & van Hecke, 2012).

Resilience and Protective Factors in the Family

Bekhet, Johnson, and Zauszniewski (2012) completed a review of the literature examining resilience in family members who care for children with ASD. This review provides key insight into specific resilient and protective factors exhibited by families with children with ASDs. This study also provides valuable insight into areas of support and intervention to help build resilience in families. In their review, they discovered that most studies on resilience were based on the mother's experience and often failed to explore or examine the father's experience. In terms of protective factors, parents of children with ASD who demonstrated resilient characteristics were better equipped to support and care for children with ASD. The authors discovered that social support, the child's age, time since diagnosis, the parents' sense of control, parents' views of their situation, spiritual beliefs, and commitments were identified as protective factors. Additionally, factors that promoted resilience in the family included a belief in self, acceptance, sense of control, optimism, positive family functioning, and meaningful involvement. In contrast, common risk factors that may have a negative impact on families with children with ASDs include the severity of the child's symptoms, the quality of the marital relationships, parents ability to control anger, and the number of children in the family with ASD.

Of the studies reviewed by Bekhet et al., it was also discovered that families that have these resilient characteristics often have long-term positive outcomes, such as positive mental health (lower incidence of psychological disorders or dysfunction), improved marital relationship, and overall sense of positive well-being. Bekhet et al.

suggest that interventions and supports for families should focus on helping to build these protective factors such as teaching parents stress management skills, coping strategies, and focussing on wellness.

Similarly, Hall (2012) confirmed previous research indicating that protective factors in the family include positive coping strategies such as spiritual involvement, community based supports, and involvement with family and extended family. Further, positive self-esteem and optimism are protective factors in preventing parental stress in caregivers with HFA (Hall, 2012; Lee et al., 2012). Additionally, Lee (2009) contends that seeking professional, spiritual, and social support helps to support positive coping in mothers. Weiss et al. (2013) identified that families are more likely to be resilient if they believe in their own resilience and have the appropriate social support to meet their needs. Studies have also shown that social support, professional support, and support from extended family members (such as grandparents) are also protective factors against poor mental well-being in parents (Lee, 2009; Lee et al., 2009; Sullivan, Winograd, Verkuilen, & Fish, 2012; Yamada et al., 2012).

Research also suggests that engaging in community supports or support groups helps families be more resilient (Lock, Bradley, Hendricks, & Brown, 2013). Within the parenting dyad, Ramisch, Onaga, and Oh (2014) discovered relationship qualities that serve as protective factors include maintaining open communication between the couple, making time for time spent together, and with mothers, the importance of enjoying time alone or with friends. Additionally, the authors discovered that previously held beliefs by the couple (importance of commitment, working together) also played a role in the positive outcome of the relationship. Finally, Weitlauf, Vehorn, Taylor, and Warren

(2014) assert that having a satisfying and positive marital relationship can serve as a protective factor against depression in mothers of children with ASD. These findings suggest that it is important to involve families as part of a holistic approach to supporting individuals with HFA.

The High School Environment

Inclusion in Schools

Students with HFA often have similar cognitive reasoning skills as typically developing peers (Hayashi, Kato, Igarashi, & Kashima, 2008). Despite this similarity, students with HFA frequently struggle with academic achievement (Ashburner, Ziviani, & Rodger, 2010; Kurth & Mastergeorge, 2010). In addition to academic challenges, students with HFA also experience higher levels of social-emotional and behavioural challenges compared to same age peers (Ashburner et al., 2010; Mazzone et al., 2012; Osborne & Reed, 2011). To illustrate, Ashburner et al. (2010) compared elementary students with autism spectrum disorder (ASD- average [IQ]) to typically achieving peers. Ashburner et al. (2010) discovered that not only did students with ASD perform in the clinically significant range in the area of academic achievement, but also rated in the clinically significant range in the areas of externalizing and internalizing behaviours. It is important to note that although the authors completed this study with elementary school students, the implications of these results strongly suggest that early intervention is essential to prevent further development of these challenges. It is well established that students who experience ongoing academic, social-emotional and behavioural challenges throughout their schooling are at high risk for school failure once they enter secondary school (Montague, Enders, Cavendish, & Castro, 2011).

Generally, students with HFA who have average cognitive ability are integrated in the mainstream (Sansosti & Sansosti, 2012). However, students with HFA do not always receive the appropriate resources and social-emotional supports to help facilitate their school success (Humphrey & Symes, 2013). Despite the benefits of including students in the mainstream environment, (e.g., peer modelling of social skills) it is essential to consider that students with HFA require additional and specific supports to be successful in this environment (Sansosti & Sansosti, 2012). Humphrey and Symes (2013) revealed that classroom teachers express difficulty in understanding how to meet the individual needs of this population of students despite having experience in teaching them. Specifically, teachers identified challenges in comprehending how to effectively intervene and support specific behaviours such as, “inappropriate emotional displays, heightened anxiety, and poor turn taking skills” (p. 40). Interestingly, this study revealed that although teachers may have a favourable view of inclusion, they vary in their understanding and their perception of how to support inclusion. Given these factors, educators would benefit from developing specialized awareness of the individual social-emotional and behavioural needs of students with HFA (Humphrey & Symes, 2013).

When supporting inclusion in the mainstream environment it is important to consider the role of peers in the lives of youth with HFA given their social behavioural challenges. Interestingly, Pisula and Lukowska (2012) discovered that although adolescents with HFA often perceive school personnel as helpful and supportive, students with HFA do not view their peers as favourably. Overall, these results strongly suggest that additional support is required to help students with HFA gain a positive perception of their peers; similarly, additional assistance is required in supporting typically developing

students acquire a better understanding of the idiosyncratic behaviour often expressed by students with HFA. Further evidence of this assertion is outlined by Humphrey and Lewis (2008), whereupon, the authors interviewed students with HFA and gained a snapshot of the students' perspective of their social needs within the mainstream environment. Within this study, students felt that the social element of school posed substantial stress and anxiety. These students reported often feeling isolated and different from their neurotypical peers, resulting in a negative school experience. Although it is difficult to generalize beyond this study because of the small sample size, it is important to recognize the significant need to ensure that when students are included in the mainstream classroom, their social-emotional needs receive the same importance as their academic needs.

Social-Emotional Needs in School

Many students with HFA are integrated into regular school programs. Although these students may fit in academically and cognitively with the other students, they often present with social-emotional needs different from other students, and teachers are often ill equipped to effectively support these needs (Humphrey & Symes, 2013). For example, staff may have difficulty understanding how to respond when a student with HFA is demonstrating challenges with regulating his emotions (such as anxiety), poor emotional or behavioural control, or has difficulty cooperating with others. This may be attributed to the pre-existing misconceptions that teachers have before working with these students (Humphrey & Symes, 2013). These findings support the need to involve the school counsellor in supporting the emotional needs of youth with HFA. As well as suggest that teachers may require psychoeducation about HFA (Osborne & Reed, 2011) and more

information about how to effectively integrate these students into their classrooms (Schaefer Whitby, Ogilvie, & Mancil, 2012).

Interestingly, extensive support and research examines treatment for social skills and social competence (Stichter et al., 2010), whereas treatment to improve underlying social-emotional and behavioural disorders is scant in comparison (White et al., 2009). Moreover, current evidence suggests that in adolescence, emotional and behavioural issues are more problematic (White et al., 2009) thus incorporating these issues into school planning is critical to the well-being and development of students with HFA (Ashburner et al., 2010). It is evident that simply including students with HFA in regular programs without accounting for the veiled social curriculum, and their unique social-emotional and behavioural needs is not adequate support (Locke et al., 2010). In saying that, students with HFA have shown to flourish in mainstream environments with appropriate supports (Osborne & Reed, 2011). Osborne and Reed (2011) suggest that training teachers and promoting a school environment that is knowledgeable and educated about the behavioural needs of students with HFA fosters a setting that allows students with HFA to thrive.

At-Risk for School Failure

Lastly, when considering programming and education for the individual needs of students with HFA, it is essential to consider the long-term consequences of failing to meet their needs. Students with HFA are at significant risk of school failure. Left untreated or unattended, symptoms of HFA may develop into psychiatric disorders such as depression, anxiety, bipolar disorder, and obsessive-compulsive disorder in adolescence (Ashburner et al., 2010; Mazzone et al., 2012; Simonoff et al., 2008) and

adulthood (Cederlund et al., 2010; Lugnégard et al., 2011). In addition to experiencing significantly more social-emotional and behavioural difficulties compared to their peers (Osborne & Reed, 2011), students with HFA also demonstrate difficulty making and maintaining friendships, and report elevated levels of loneliness compared to neurotypical peers (Bauminger-Zviely, Eden, Zancanaro, Weiss, & Gal, 2013; Locke et al., 2010). While these factors may precede school failure, more investigation is required to explore the link between social deficiencies and school failure.

Bullying Issues

Being the victim or the perpetrator of bullying also places students at risk of developing co-occurring disorders, such as anxiety and depression, which may influence both students' and their parents' perception of social-emotional need (Kowalski & Fedina, 2011). Bullying is prevalent in educational institutions and is a common issue in school-aged children (Nansel et al., 2001). Nansel et al. (2001) completed a study on the prevalence of bullying in 15,686 students grades 6 through 10 and discovered that 10.6% of the children reported having been bullied. Specific risk factors for bullying identified in this large-scale study included "poorer social-emotional adjustment, reporting greater difficulty making friends, poorer relationships with classmates, and greater loneliness" (p. 2098). These findings highlight the vulnerability of the HFA population to bullying given the significant social-behavioural challenges, comorbid mental health concerns, and adaptive skill deficits that are often present in this population of students. Carter (2009) examined the incidence of bullying and victimization in youth with Asperger's disorder. In this study, 65% of the parents of youth with Asperger's disorder reported that their child was victimized or excluded by peers or siblings. Although this study contained a

small sample size, these results are consistent and somewhat conservative compared to Little's (2002) large-scale study on peer victimization. In Little's (2002) study, 75% of the respondents reported that their child had been the victim of bullying. Importantly, these studies were completed with participants with Asperger's only, therefore additional studies are required to confirm that this trend is present across the autism spectrum.

Nevertheless, youth with Asperger's disorder demonstrate many similar social-emotional deficits as youth with HFA. Therefore, youth with HFA are equally at-risk. These numbers are extremely concerning and highlight the importance of not only acknowledging that youth with HFA have social impairments, but that they are at significant risk and may experience extreme levels of victimization and social exclusion. In some cases, these violations may also lead youth to consider suicide or avoid social situations developing long-term school phobia or avoidance (Shtayermman, 2007). Not surprising, the prevalence of bullying decreases when students with HFA attend a special education setting as compared to the regular mainstream setting (van Roekel, Scholte, & Didden, 2010).

With respect to cyber bullying, very few studies have examined this topic. Kowalski and Fedina (2011) completed a recent investigation of the prevalence of cyber bullying in 10 20-year-old individuals with ADHD and Asperger's disorder. In this study the prevalence rate of individuals that had been victims of traditional and cyber bullying over a two month period was 57% and 21%, respectively. Lastly, not only are individuals with HFA at-risk of being the victims, but the incidence of individuals with HFA as perpetrators of bullying has also shown to be high (van Roekel et al., 2010). Generally, Kowalski and Fedina's (2011) study supports the assertion that individuals with social

skills deficits are at risk of being victims of cyber bullying through avenues such as social networking sites and text messages. Not only do these individuals have a higher likelihood of misunderstanding or misinterpreting information posted on these sites, but also these deficits put them equally at risk of perpetuating cyber bullying.

Treatment and Counselling

Supporting Families

Research regarding best practices and evidence-based practices in counselling for youth with HFA and their families are still in its infancy (Sharp, 2013). Practitioners rely primarily on case studies to help guide treatment and intervention (Sharp, 2013).

Individuals with ASDs often present with multifaceted needs resulting in a varied approach when formulating treatment plans for individuals and their families (Gillis & Beights, 2012; Kucharczyk et al., 2015; Volkmar, Klin, & McPartland, 2014). Lock et al. (2013) contend that this is an untapped area of treatment in family counselling as it is not widely researched how to effectively support this group and their families. Lock et al. (2013) explain that most studies focus on two areas of need such as anxiety and social skills, and argue that a broader and multifaceted approach is necessary to effectively support these youth and their families. As a result, there is a lack of consistency in service provision and lack of outcome data to support intervention effectiveness.

Supporting Youth with HFA

Naturally, given the psychosocial challenges faced by many individuals with HFA, it is expected that counselling interventions focus on supporting them with social skills. Examples of social skills interventions include interventions designed to help develop conversational skills, improve interpersonal interactions (McMahon, Vismara, &

Solomon, 2013), and developing friendships (Schohl et al., 2014). Given the high incidence of co-occurring anxiety in the HFA population, many CBT programs focus on this area of need (White, Ollendick, Scahill, Oswald, & Albano, 2009; White et al., 2010). Interestingly, very few empirical studies have been completed to determine the efficacy of these interventions (Danial & Wood, 2013; Ho, Stephenson, & Carter, 2015). However, two recent investigations into the use of CBT with HFA youth have shown to be efficacious (Reaven et al., 2014; Wood et al., 2014). These preliminary results suggest that clinicians can be more confident in choosing CBT as an effective counselling approach when counselling youth with HFA.

New developments in alternative counselling approaches with youth with HFA have recently been examined. To illustrate, preliminary investigations include the use of narrative therapy to help reduce social-emotional and behavioural difficulties (Cashin, Browne, Bradbury, & Mulder, 2013). Other approaches include mindfulness interventions to help both parents and youth with aggression, well-being, and coping (Bluth, Roberson, Billen, & Sams, 2013; de Bruin, Blom, Smit, van Steensel, & Bogels, 2014; Singh et al., 2011); relationship development intervention (Gutstein, 2009); play-based interventions (see Gallo-Lopez & Rubin, 2012), and art therapy and social skills interventions (Epp, 2008).

Despite parental influence on how children perceive themselves, there are few studies about family-based treatments and youth with HFA. Karst and van Hecke (2012) argue that it is imperative for positive family functioning and well-being to involve families in treatment programs. For example, family based treatments often include providing families and siblings with psychoeducation (Buzanko, 2007; Sharp, 2013),

parenting support groups (Pepa & Harris, 2014), and family therapy (Sharp, 2013).

School Counselling

The Role of the School Counsellor in Canada and Manitoba

While the role of the school counsellor likely varies from school to school, school district to school district, and province to province, there are general areas of practice that are consistent within Canada. According to the Canadian Counselling and Psychotherapy Association (CCPA) (2016):

As school counsellors, we believe that opportunities for attaining emotional health and mental well-being are at the heart of learning. The school counselling profession supports the personal, social, academic, and career development of students in order to provide children and youth with the opportunity to achieve their true potential.

Based on this definition of the role of the school counsellor in Canada, it is assumed that across Canada school counsellors strive to support the social-emotional needs of all students in schools.

In Canada, education is provincially mandated; therefore, the specific role of the school counsellor varies from province to province. As well, licencing and specific educational requirements for counsellors and school counsellors vary from province to province (CCPA, 2012). For example, within Manitoba, the Manitoba School Counsellors' Association (MSCA) supports school counsellors in their professional obligations and provides in-service training (MSCA, 2017). The certification of school counsellors is governed by the Department of Education (Manitoba Government, 2017b). According to the Manitoba Education (Manitoba Government, 2017c) guidelines, to be a

certified school counsellor in Manitoba, an individual is required to have a Manitoba Professional Teacher's certificate, be employed as a teacher for at least two years, and have taken at least 30 hours of post-baccalaureate coursework in school counselling.

A variety of specialty courses are available to help school counsellors gain an inclusive understanding of student needs (MSCA, 2017). For example, supplemental specialized courses designed to better understand and support students with exceptionalities, such as ADHD, learning disabilities, and FASD are offered. Surprisingly, despite the growing incidence of Autism Spectrum Disorders and other developmental disabilities, there are no courses offered regarding ASDs in the school counselling stream at any universities in Manitoba (MSCA, 2017). This finding suggests that unless school counsellors in Manitoba take a special interest in learning more about students with ASD, they receive little to no training on how to support these students. This is very concerning given the push towards inclusion and the high likelihood that most students with ASDs are in the mainstream environment and are under the care of school counsellors. Furthermore, research suggests that youth with ASD have varying needs and require specialized supports; a one-size-fits-all approach is not recommended (Sansosti & Sansosti, 2012). Given this, it is unlikely that school counsellors are adequately prepared to meet the mental health and social-emotional needs of youth with HFA.

The School Counsellor's Role in Schools

Within Manitoba, school counsellors at the high school level are called to support students' development across three main areas: social-personal, educational, and career (MSCA, 2017). Kaffenberger and O'Rorke-Trigiani (2013) provide a comprehensive

description of the typical role of the school counsellor. Generally, school counsellors provide both indirect and direct service to all students. They provide frontline services such as short-term counselling and crisis response. School counsellors frequently have to manage large caseloads and are the first responders to addressing the mental health needs of students. School counsellors often address other school-based issues beyond the counselling role such as managing budgets, interfacing with community agencies, training, helping students with course selection, career planning, and so forth.

School Counsellors and Youth with HFA

Many educational systems in Canada have moved towards an inclusion model of education (Towle, 2015). Research has shown that most youth with HFA are attending mainstream school (Mandy et al., 2015; Roberts & Simpson, 2016). School counsellors are required to support all youth in the high school setting (CCPA, 2016). Given this factor, it is important that school counsellors are educated about best practices when planning, treating, and supporting youth with HFA in the high school setting, to ensure that they are meeting the social-emotional needs of youth with HFAs. Sansosti and Sansosti (2012) found that an educator's belief, understanding, and experience with students with HFA influence his or her ability to include these students into the regular classroom setting, which can directly influence the student's long-term success.

Similar reasoning is extended to the school counsellor's understanding of how to address the needs of youth with HFA, meaning that if a school counsellor is not adequately informed or does not have an in-depth understanding of the needs of youth with HFA, she or he cannot appropriately meet the student's social-emotional needs. Moreover, while youth with HFA have the cognitive ability to achieve at grade level

Volkmar et al. (2014) found that they are at-risk of experiencing other comorbid psychiatric disorders, which will likely affect their school functioning and overall well-being.

Currently, it appears that school counsellors are provided with few resources regarding best practices to guide their practice (Auger, 2012). In reviewing the literature on this topic, it is evident that very limited evidence base exists outlining the issues and factors that interplay with counselling youth with HFA in the school setting. While most authors provide recommendations of how school counsellors can support youth with HFA in the school setting (Auger, 2012; Guo, Wang, Corbin-Burdick, & Statz, 2014; Powers & Loomis, 2014; Sansosti et al., 2010), empirical support for these recommendations is limited.

As previously stated, very little information is known about school counsellors' role with youth with ASD in general, research on school counsellors and their experiences with youth with HFA is even more scant. Furthermore, very few studies have examined how the social-emotional needs of youth with HFA are addressed in the school environment (Baric, Hellberg, Kjellberg, & Hemmingsson, 2016). This indicates that we have a special needs population in our schools for which we have very little evidence-based information to inform how to appropriately support them from a school counselling perspective.

Summary

Youth with high functioning autism often present with many challenges that require intervention and support to enable their success in school. In this review, I highlighted the essential or core needs identified in the literature for youth with HFA and

their families. Specifically, I outlined the historical background of ASDs and described the etiological and epidemiological factors associated with ASDs. I identified issues and concerns around inclusion and integration in the mainstream, and the importance of addressing these needs when developing programming for students with HFA.

Additionally, youth with HFA often exhibit ongoing social-behavioural challenges throughout development, particularly in the areas of socialization. These challenges often interfere with their ability to develop and maintain friendships. Other areas of importance include the manifestation of comorbid psychiatric disorders and aggressive tendencies, which intersect with youth with HFA's ability to grow and develop. Finally, it is essential to recognize the vulnerability of this population to social exclusion, victimization, and bullying, by identifying the needs and barriers that may inhibit their success. Within the family literature, it is apparent that families with a youth with HFA also experience challenges and require ongoing support. When considering treatment planning, it is imperative that the family is included as they serve as a source of ongoing support for youth with HFA. Given these identified needs, it is essential that youth with HFA receive appropriate resources in the school setting to support their social-emotional well-being and overall development. However, through my review it is clear that a gap exists in evidence-based counselling treatments for youth with HFA, as well as from a school-based perspective the research on school counsellors' role in supporting youth with HFA is scant and virtually nonexistent.

Significance of the Issue

I contend that youth with HFA are often misunderstood in the school setting and are not always receiving the required mental health support to be successful in school.

Youth with HFA often have intensive mental health needs (Lake et al., 2014; Lugnégard et al., 2011; Moseley et al., 2011), which may not be addressed due to lack of support and understanding. As well, the existing research suggests that mental health needs and challenges extend into adulthood (Moseley et al., 2011). Therefore, I purport that the role of the school counsellor has become more necessary and essential to ensure that educators are addressing the needs of youth with HFA. We are at a turning point and need to recognize the school counsellor's role in supporting youth with HFA and their families to help improve long-term outcomes. School counsellors are in a unique position to serve the needs of youth with HFA.

Since youth with HFA are integrated in the mainstream school environment, school counsellors may often support the social-emotional needs of youth with HFA. Despite this assumption, the research relating to how school counsellors support youth with HFA is in its infancy. By gaining an understanding of school counsellors' role and their experience in working with youth with HFA it is hoped that they can better help youth with HFA during the high school years, and help to prepare them for adulthood, and future, long term growth and development.

Chapter III: RESEARCH DESIGN

In this chapter, I outline the purpose of this research, my theoretical framework, my rationale for choosing narrative inquiry, participants and recruitment strategy, my data collection process, narrative analysis and representation, trustworthiness, and ethical care of participants.

Overview

The purpose of this research is to gain an in-depth understanding of the experiences of school counsellors and their interactions with youth with high functioning autism in the high school setting. This study aims to answer the research question: What are the experiences and stories of school counsellors in supporting youth with HFA? I chose a qualitative method to gain a preliminary and in-depth understanding of school counsellors' experiences in supporting the social-emotional needs of youth with HFA in the mainstream high school. I anticipate that this preliminary qualitative investigation will bring more attention to the issues faced by school counsellors when supporting youth with HFA. I also expect that this information will help to inform school counselling practice and possibly influence policymakers (Lyons, 2011).

Theoretical Framework

Narrative Inquiry Defined

Generally, narrative inquiry operates on three assumptions: humans organize experiences into narratives (Bruner, 1990), stories reflect individuals' values and expectations (Polkinghorne, 1988), and multiple voices are represented illustrating the interactive experience between the researcher and the participant (Clandinin, 2013; Clandinin & Connelly, 2000; Moen, 2006).

Narrative inquiry is an evolving method of qualitative inquiry and is constantly developing (Clandinin, 2013; Pinnegar & Daynes, 2007). Narrative inquiry is viewed differently depending on the background of the researcher (Kim, 2016). For clarity in this study, my philosophical background is from an educational perspective (Caine, Estefan, & Clandinin, 2013). Therefore, it is most appropriate to employ the theoretical perspective based on Connelly and Clandinin's (1990) original work and current theory of narrative inquiry (Clandinin, 2013). Specifically, within their theoretical framework experiences and stories provided by participants are the phenomena that are examined in the study (Connelly & Clandinin, 2006). Furthermore, narrative inquiry is a practical methodology that helps practitioners to merge their theoretical understandings with practical experience (Xu & Connelly, 2010).

Connelly and Clandinin (2006) outline two key areas that differentiate their conceptualization of narrative inquiry from other forms of narrative and qualitative inquiry. First, the authors explain that when engaging in a narrative inquiry the researcher begins by first having a narrative mindset and is encouraged to think narratively throughout the entire process (start to finish and beyond). Thinking narratively means that the inquirer approaches the inquiry with a curious mindset, wondering about the experiences within the inquiry, and the inquirer is viewed as alongside the participant, rather than the objective observer (Caine et al., 2013; Clandinin, 2013).

Additionally, the inquirer approaches the inquiry with the underlying framework and understanding that the inquiry will transform and go through a process of living, telling, retelling, and reliving. While this is initially presented as a linear concept, Caine et al. (2013) describe this process as fluid and circular. To explain, living is defined as the

experience that naturally occurs every day. Telling is the conversation, the sharing of the various field texts (interview data and researcher observations), and other forms of self-expression such as journal writing, artefacts, stories, photos, and so forth. Within narrative inquiry, different forms of expression can be used to generate a narrative of the individual experience. Retelling is the written or generated account of the life experience told. Connelly and Clandinin (2006) explain that the most difficult element in this process is the reliving.

The second key feature of narrative inquiry is the emphasis on attending to the three dimensions of inquiry space (Clandinin, 2013; Clandinin & Connelly, 2000): temporality, sociality, and place. Connelly and Clandinin (2006) explain that in narrative inquiry it is essential to attend to all three dimensions throughout the inquiry (before, during, and after). Specifically, narrative inquiry incorporates past, present, and future as opposed to describing experience as a static event held in time. Narrative inquirers examine the experience as an always evolving changing phenomenon. To create a temporal account from a narrative perspective the researcher describes events from the previous day, previous week, month, year, and so forth. It is very common to go back in time as far back as childhood as it relates to the inquiry (Clandinin, 2013; Clandinin, Pushor, & Orr, 2007).

Sociality refers to attending to both the social and personal experiences within the inquiry. With regard to personal, the inquirer pays attention to the participants' and the inquirer's emotions, expectations, wants, needs, responses, worldview, and personal moral ethic throughout the inquiry (Clandinin, 2013; Connelly & Clandinin, 2006). The social domain also refers to the social environment, systemic factors, other people or

influences, and other factors that contribute to the individual context or social environment. It is important to pay attention to the relationship and coexistence between the inquirer and the participant within the inquiry.

Place refers to the actual setting of the inquiry. In this study, the coffee shop, home, or office may represent place; it is where I met with each participant. Essentially place represents the specific location of the inquiry as well as the location described by the participants from past experience, for example the school, classroom, or guidance office in the school. Because of the attention to temporality in narrative inquiry, the place is not static and changes (Clandinin, 2013; Connelly & Clandinin, 2006).

Theoretical underpinnings.

Clandinin (2013) explains that narrative inquiry is a multifaceted process. The ontological and epistemological assumptions of narrative inquiry are grounded in Dewey's view of experience (Clandinin & Connelly, 2000). Dewey (1938) describes experience as occurring in relationship, continuous, and within the social environment. Dewey (1938) explains that experience does not occur within a bubble, rather is continuously influenced by these three factors. Therefore, they are foremost when analysing experience as a phenomenon. With this in mind, narrative inquiry is primarily relational, meaning that the researcher is in relationship and is continually negotiating her relationship with the participants and with others throughout the research process (Clandinin, 2013).

Second, when studying experience through the lens of narrative inquiry, experience is both the method and the phenomenon (Connelly & Clandinin, 1990, 2006). Dewey (1938) explains that experience is continually changing as we move through life.

Our view of experiences changes as we change and develop. Narrative inquirers also believe we all live storied lives and that there is significance in all stories and experiences (Clandinin & Rosiek, 2007). While the study of experience may initially appear simple, there is always depth and insight (Clandinin & Rosiek, 2007). Narrative inquirers anticipate and believe that the inquiry process elicits new understanding. From this point of view, by studying or examining everyday experience, new understandings form to help inform educational practice.

Third, Clandinin (2013) explains in narrative inquiry there is an emphasis on the social dimension of human existence. We need to pay attention to both our external and internal experiences when attending to our stories (Dewey, 1938). Experience is viewed as a gateway to understanding life in the past, present, and future (Clandinin, 2013; Clandinin & Connelly, 2000). From this lens, the phenomenon of inquiry is the story spoken, shown, and demonstrated by the participants and the narrative is the co-creation between the participants and I.

Narrative inquiry terms.

Clandinin and Connelly (2000) and Clandinin (2013) speak extensively of being “in the midst” with the participants. Clandinin (2013) explains:

Our participants are also always in the midst of their lives. When our lives come together in an inquiry relationship, we are in the midst. Their lives and ours are also shaped by attending to past, present, and future unfolding social, cultural, institutional, linguistic, and familial narratives (p. 43).

With this in mind, Clandinin (2013) encourages researchers to imagine their lives along with the participants’ lives before, during, and after the inquiry.

Within narrative inquiry research, terms from the positivist tradition are replaced with more inclusive terms that reflect the holistic nature of narrative inquiry. For example, key terms in narrative inquiry include using the term “field text” rather than data to describe the information gained through the study (Clandinin, 2013). Field texts can be written notes about the experience, interview transcripts, artefacts such as pictures, poetry, and so forth. Essentially, the field texts are comprised of any information gained within the inquiry. Given the relational emphasis in narrative inquiry, Clandinin (2013) also frequently uses the term “conversation” rather than interview. Lastly, Clandinin (2013) discusses how the narrative inquirer approaches inquiries by examining “research puzzles” versus formulating research questions. Therefore, narrative inquirers are encouraged to approach the research study from a position of wonderment and curiosity (Clandinin, 2013; Connelly & Clandinin, 1990, 2006).

Choice of Narrative Inquiry

In this study, I hoped to gain an in-depth view and understanding of school counsellors’ experiences in supporting youth with HFA through a narrative inquiry lens (Clandinin, 2013). Narrative inquiry is a discovery-oriented approach designed to help understand the lived experiences of others through telling stories (Clandinin, 2013; Clandinin & Connelly, 2000; Kim, 2016; Polkinghorne, 1988). This method of inquiry is non-invasive and is aimed at understanding experience through the relationship between the researcher and the participant.

Narrative inquiry offers opportunities to gain “stories of empowerment” (Clandinin & Connelly, 2000, p. 4). Both the researcher and the participant are empowered through the process (Clandinin, 2013; Clandinin & Connelly, 2000). The

narrative approach serves to provide a voice for the participants and allows them to tell their story. As well, it is empowering for me, the researcher, because it allows me to shed the role of the objective observer and recognize my personal influence on the inquiry and analysis.

When considering my choice for narrative inquiry over and above the other qualitative methodologies, I continually returned to narrative inquiry as it resonated with my overall view and understanding of human experience. I am drawn to the inclusive and holistic nature of narrative inquiry. Narrative inquiry is a fluid process that started before I began this inquiry, meaning that the researcher is not only interested in gaining an understanding of the present day experience, but also pays attention and considers previous and future experiences (Caine et al., 2013). It is primarily a way of being and completing research in relationship with others, rather than on or about others (Clandinin, 2013). The inclusive nature of narrative inquiry appeals to my personal understanding of experience.

Further, in contrast to other forms of qualitative inquiry, narrative inquirers do not classify and deconstruct the data; rather, they provide the narratives as a whole and examine it from an all-inclusive perspective (Riessman, 2008). Polkinghorne (1988) adds to this point, “Narrative meaning is a cognitive process that organizes human experiences into temporally meaningful episodes. Because it is a cognitive process, a mental operation, narrative meaning is not an “object” available to direct observation” (p. 1). While each qualitative method can be effective in discovering new meaning, each method examines the phenomenon under study from a different vantage point.

In many category-centered methods of analysis, long accounts are distilled into

coding units by taking bits and pieces-snippets of an account often edited out of context. While useful for making general statements across many subjects, category-centered approaches eliminate the sequential and structural features that are hallmarks of narratives (Riessman, 2008, p.12).

As iterated by Polkinghorne (1988) and Riessman (2008), it is difficult to capture a thorough understanding of the experience when it is deconstructed and coded. Essentially, narrative study's holistic nature keeps experience authentic and true to the experiences relayed by the participants (Riessman, 2008). In this study, my choice of narrative methodology was based on my desire to capture the wholehearted experience of school counsellors, and to relay their accounts true to their experiences, rather than dividing it up into categories and reducing it.

Participants

Within qualitative inquiry, purposeful sampling (Creswell, 2013) or purposive selection (Polkinghorne, 2005) is a common way to gather participants because of the desire to gain a thorough understanding of the experience of a specific population or group. Additionally, a small sample size is common in narrative inquiry (Creswell, 2013). For this study, I interviewed 3 school counsellors who are currently employed in a high school in an urban center in Western Canada. Other inclusion criterion included that each participant have at least five years of experience working in the mainstream high school setting. However, it was difficult recruiting participants, therefore one of the participants (Shannon) had a sum of 5 years experience as a school counsellor in the Junior High School and High School settings. Furthermore, given the nature of this inquiry, it was also important that the school counsellors have experience with supporting youth with

HFA. All three participants had experience with supporting youth with HFA. This criterion had been set to ensure that the school counsellors could draw from sufficient breadth and depth of experience to help inform the research puzzle.

I employed three methods to recruit participants. Initially, I tried to recruit each participant through the provincial school counsellors association. I sent an email to the president of the association and asked to have my recruitment letter circulated among the association's members through email. The president replied to my email and explained that she could only send the information about the study to the executive members, but also committed to circulating my poster at the annual school counsellors' conference that was hosted in October 2016. I did not receive any participants through this method. Therefore, I resorted to directly recruiting participants through word of mouth. I sent emails with my recruitment poster to school clinicians (school psychologists and school social workers) and school counsellors with whom I had a professional relationship, and to the Student Services Consultant from a large urban school division. I successfully recruited all three participants through word of mouth.

The following table contains the demographic information about each participant as it relates to this study:

Table 1

Demographic Information for Participants

Participant Pseudonym	Gender	Years of Teaching	Years of Counselling
Diana	Female	17	8
Tyb	Male	20	7
Shannon	Female	5	5

Each participant received an email either from one of my contacts or the Student

Services Consultant containing my recruitment poster. On their own volition, participants initiated contact with me through email. We then corresponded through email for the duration of the study. Given that I do not live in the same province as the participants, email was agreed to be the least intrusive and best way to communicate. Specifically, we used email to set up appointments and to share the narrative accounts. In Shannon's case, email was also used to share and receive the consent form. Furthermore, participants received a \$50 gift card for their participation in the study.

Data Collection Methods

I collected data through two open-ended semi-structured interviews (Polkinghorne, 2005). The first interview was completed face-to-face with two participants (Tyb and Diana) and over videoconference with the third participant (Shannon). The second interviews were completed face-to-face with all three participants. Each interview was audio recorded on my password protected iPhone and on a back-up password protected iPod. Each interview was immediately transferred to a password protected USB drive after the interviews were completed.

I met with the participants in locations and at times most convenient to them, for example, we met at coffee shops, over videoconference, over lunch hour during the work day, and at the end of the work day. Each appointment was arranged through email. I tried to be as accommodating as possible as well as to relay the message that this research was a collaborative process (Creswell, 2013). The first set of interviews took place over a two-month period (October to November 2016), and the second set of interviews occurred four months (March 2017) after the initial set of interviews.

Before starting the first interview, I explained informed consent, described the

rationale for the study, and asked the participants to complete the consent form. I also provided my personal background experience and rationale for the study to help build trust and understanding of my interest in the project (Glesne, 2011). To preserve anonymity, the participants were asked to choose a pseudonym. Following this process I began the first interview. The aim of the first interview was to gain an in-depth account of the counsellors' experience in supporting youth with HFA. The purpose of the second interview was to provide an opportunity for the participants to review the initial draft of the narrative account, to provide feedback about how I had represented their views and experiences, and to add information they may not have considered in the first interview. I also used this face-to-face opportunity to clarify any questions that I had after reviewing the transcripts from the first interview. Furthermore, prior to meeting a second time, I emailed a password protected draft copy (word document) of the individual narrative account to each participant. This allowed the participants the opportunity to read the draft copy of their specific narrative account prior to the second encounter. I also provided a printed copy to each participant at the second meeting.

Flexible approaches are intrinsic to narrative inquiry (Gilbert, 2002). Often researchers start the inquiry with a broad question or a single open-ended question about the phenomenon (Chase, 2003; Maple & Edwards, 2010). Despite this recommendation, as a new researcher, I felt that it was necessary to have a semi-structured interview to guide the process. While Chase (2003) criticizes that too many predetermined questions may inadvertently interfere with the participants' account of their story, as a new researcher predetermined questions helped to keep the interview focused on the main topic, and ensured that I asked the questions that related to my inquiry. That said, as the

interview progressed, I tried to be flexible and asked questions based on the participants' responses (Gilbert, 2002). Importantly, I took care to pay attention, actively listen, and be present with the participants throughout the narrative inquiry (Kramp, 2004; Maple & Edwards, 2010; Riessman, 2008). Please see Appendix C for a summary of the semi-structured interview questions.

Narrative Analysis

The data analysis process in narrative inquiry is not a step-by-step process but a fluid and recursive experience for both the researcher and participant (Clandinin, 2013; Clandinin & Connelly, 2000; Riessman, 2008). This process involves a continuous examination of the field texts, checking the field texts with the participant, and back and forth.

As noted in Clandinin (2013), I followed this procedure to ensure that I met the standards and expectations consistent with narrative inquiry.

1. Throughout this project I kept two journals: methodological and reflective (Caine et al., 2013; Doyle, 2013), to record both my analytic process and my emotional and personal reactions to the research experience and the participants' narrative accounts.
2. I completed the first interviews.
3. I transcribed each interview.
4. I listened to the interviews multiple times while reading the transcriptions (Gilbert, 2002) before generating the initial narrative account.
5. While listening to the interviews, I added notes to the interview transcripts; I added questions, comments, observations, and points of clarification

(Clandinin, 2013).

6. While reviewing the transcripts and writing the initial narrative draft, I paid careful attention to the three dimensional inquiry space as noted in Clandinin (2013) and Clandinin and Connelly (2000). Specifically, I paid attention to the following elements:
 - (a) temporal: obtained information about the participants past, present, and future experiences as well as creating a temporal order;
 - (b) place: examined where experiences took place in the immediate, past, and future; and
 - (c) social: explored my and the participants' emotions, feelings, and responses to the described experiences.
7. After I had written the initial draft, I sent it to my supervisors for feedback. Once I had received feedback from my supervisors, I sent a copy to each participant, and made arrangements for the second interview. To maintain confidentiality and privacy, I emailed a password protected version of the first draft of the narrative account to my supervisors and participants, and I provided a printed copy of the first draft to the participants at our second meeting.
8. Approximately four months after the first interview, I met with the participants a second time. During this encounter, we reviewed the draft together, we each asked questions for clarification, and further discussed additional experiences with the intention of coming to a shared understanding (Clandinin, 2013). I then incorporated the feedback from the participants,

completed the narrative accounts after the second conversation, and then sent the revised versions to my supervisors for feedback and revisions.

9. Once I had received feedback and revisions from my supervisors, I emailed a finished copy of the narrative account to each participant and a link to the online version of the completed thesis.

Representing the field texts.

When representing the field texts, in narrative inquiry the researcher is extended flexibility and creativity (Maple & Edwards, 2010). That said, the process of integrating the field texts is more than simply analyzing a transcript. It is a relational approach and an iterative process (Caine et al., 2013). Given the strong emphasis on the relationship between the participant and the inquirer, this element of the research process was approached with care and the utmost attention (Connelly & Clandinin, 2006). In this case, the analysis was twofold. First, I generated a narrative account to represent each participant's experience. I then examined the narrative accounts alongside each other, and discovered seven narrative threads (Clandinin, 2013).

While generating the narrative accounts or stories, I chose to illustrate each participant's experience by including excerpts of the individual narratives or stories relayed by the participants. As well, I embedded reflexive analyses within the body of the report (Maple & Edwards, 2010). Throughout the entire inquiry process, I tried to think narratively and always consider the three commonplaces (temporal, social, and place), as well as my role in the inquiry (Clandinin et al., 2007). Furthermore, at all stages of the study, I was careful to always consider multiple audiences, the large-scale social importance, how the results will be received within the academic community, and how it

will further knowledge within this specific area of inquiry (Connelly & Clandinin, 2006).

Once the narrative accounts were written, I engaged in a second level of analysis and examined the accounts alongside each other looking for common threads that echoed across each experience (Clandinin, 2013). Specifically, I reviewed and re-read each narrative account and examined each for potential themes. I then created an annal (Clandinin, 2013) of each narrative account to help gain a deeper understanding each participant's experience chronologically. I organized the information in a chart outlining the different themes that were present alongside the specific narrative accounts of each participant. Finally, I examined the highlighted themes and how they positioned within the current literature. Overall, seven narrative threads were identified across the three narrative accounts.

Trustworthiness

Narrative inquiry is often viewed as less rigorous compared to other qualitative methodologies because of the less structured data collection techniques and analytical strategies (Green, 2013). Loh (2013) asserts that narrative inquirers need to be more accountable to adhering to standards of trustworthiness. Specifically, Loh outlines member checking as a primary form of establishing trustworthiness. Specifically, he calls for consistency and expresses that narrative inquirers should aim to achieve verisimilitude and utility when completing studies, meaning the degree to which the reader can assess whether the study is believable. In terms of utility, this concept helps to establish and support the study's usefulness and applicability (Riessman, 2008).

Given the relational nature of narrative inquiry, member checking is a natural method to ensure trustworthiness (Connelly & Clandinin, 2006). Member checking

allows the participant to provide feedback, examine whether the story is accurately represented, and helps to clarify any uncertainties or ambiguities (Creswell, 2013). Carlson (2010) warns that although member checking is an effective strategy in helping to add credibility to a study, factors associated with member checking should also be carefully considered, such as how the transcripts or the information is presented to the participant. Thinking critically about how to present and incorporate member checking is essential to accurately perform this validation strategy.

Additionally, Clandinin (2013) explains that the researcher is in conversation rather than in research with the participant. The researcher and participant are viewed as co-creating the field texts (Kim, 2016). With this in mind, I provided a written draft of the initial or draft version of the narrative account to the participants following the first interview. As encouraged by Clandinin (2013), I emphasized to the participants that the written narrative was in draft form, that their feedback and input was crucial to the process. After the second interview, I integrated the participants' feedback into the narrative account. Then I sent a copy to each participant to review and provide feedback. This strategy helps to promote rigour as well as helps to avoid misrepresenting the participants' views and experiences.

According to Creswell (2013), other ways to clarify bias include engaging in reflexive practice, acknowledging subjectivity, acknowledging participant bias, and identifying potential bias between the researcher and participant. To help minimize bias or my personal preconceived ideas I continually engaged in reflexive practice (Doyle, 2013). I accomplished this by regularly writing in my research journal, engaging in ongoing self-assessment, and self-awareness practices. This strategy helped me be more

aware of my subjective position in the study. I continually examined how I related with the participants, how I responded and reacted to their accounts of their experiences, and considered how my personal experiences may have intercepted with the participants' views.

Clandinin et al. (2007) encourage narrative inquirers to examine their personal narrative beginnings. Therefore, as a reflexive practice, I engaged in a parallel experience with the participants and examined my personal experience within the three common places of inquiry (Clandinin, 2013). This process is encouraged to help the inquirer understand her position in the study. Another key element in self-reflection and self-critique is to examine personal biases and ensure that my experience does not overpower the participants (Green, 2013). Keeping a journal and documenting personal biases and experiences can help to prevent this from occurring. Caine et al. (2013) indicate that the researcher is expected to be engaged and aware when "in relationship" with the participants. Given the inter-subjective nature of this line of inquiry, it is essential that throughout the entire process that I considered my role in the inquiry. As well as be aware of power differences between the participants and myself, and practice humility in my interactions with the participants (Yeh & Inman, 2007).

The inquirer's role in this line of inquiry is of a non-expert and viewed as collaborator (Clandinin, 2013; Clandinin & Connelly, 2000). Gilbert (2002) expresses that participating in qualitative research can be very personal and that it is essential that the inquirer be aware of the participants' vulnerability as well as the inquirer's personal vulnerability. From this perspective, I strived to be a supportive listener. Ultimately, self-awareness is the key to effectively navigate narrative inquiry (Kramp, 2004). Riessman

(2008), Clandinin (2013), and Clandinin and Connelly (2000) advise that the role of the researcher is embedded in the process from start to finish.

Unquestionably, reflexivity and self-awareness are critical elements and assist in the interpretive process (Green, 2013). Throughout the entire process from beginning to end, I endeavoured to engage in ongoing self-reflection and cultural awareness reflecting on the dynamics between the participants and I (Yeh & Inman, 2007). Consequently, my role, personal beliefs, and biases in the inquiry were important factors to consider.

Ethical Care of Participants

Narrative inquiry is considered foremost as an ethical, relational, and responsive form of inquiry (Clandinin et al., 2007). Ethical care is essential at all points of the inquiry; before, during, and after the interaction with the participants has taken place (Clandinin, 2013; Josselson, 2007). Clandinin et al. (2007) emphasize that the narrative inquirer continually imagine that the participants are present when reviewing the field texts (interviews). Narrative inquirers are encouraged to imagine beyond the direct interaction with the participants and visualize their presence while going through the field texts to ensure that the participants' voices are represented in the narrative (Clandinin et al., 2007). Given the emphasis on the relationship and developing trust between the inquirer and participants, it is essential to have consideration for how the interview or conversation ends (Josselson, 2007). Josselson (2007) discusses the importance of thanking the participants for their time and for trusting the inquirer with their stories. Finally, Josselson recommends that the inquirer also pose a question to the participants at the end of the inquiry about their overall impressions to gain a perspective of their experience. Within this study, I was cognizant to thank the participants for their

participation and offered ongoing opportunities to engage in the inquiry (e.g., providing drafts of the narrative analysis, meeting face to face to discuss the narrative accounts, and available over email if they had any questions).

Furthermore, Creswell (2013) outlines key moments in a qualitative study where potential ethical issues may arise such as informed consent, dual relationships, privacy and risk to the participants and researcher. Specifically with regard to informed consent, in this study it was essential to clearly explain the purpose and method of the study to the participants. See Appendix B for a copy of the consent form. Each participant signed and received a copy of the consent form. Furthermore, throughout the inquiry it was clearly stated and repeated that consent was ongoing and could be withdrawn at any time during the study.

Dual relationship may also be another potential ethical issue within this study given my previous role in the school system as a school psychologist, rather than school counsellor. In this study, I am the primary investigator and I am serving in the capacity of a graduate student; hence, it was vital that I clearly stated my dual role as both a researcher and graduate student and my previous role in the school system as a school psychologist. While I am no longer employed with a school division, I felt that it was necessary to be transparent about my previous role. Therefore, to help alleviate any discomfort and minimize concerns, I explained that for the purpose of the study I am now independent of the school system and provided opportunity for the participants to ask questions to clarify any issues or concerns that they may have regarding my previous dual role.

Furthermore, given my experience as a school psychologist I am also cognizant of

my perspective of the school setting and the biases that I had entering the research relationship (Josselson, 2007). I refrained from using judgmental language, listened empathically, and avoided confrontation if I disagreed with the participants. Additionally, I endeavoured to clarify meaning with the participants to ensure that I did not assign my personal meaning to their experiences because of my own experience in schools (Josselson, 2007). As previously iterated, engaging in reflexivity and self-awareness was crucial in this process (Josselson, 2007). Lastly, I engaged in ongoing journaling regarding my experiences, reactions, and responses to the various experiences.

Given that I asked questions about the participants' personal experiences, it is also imperative that confidentiality be considered foremost. To help ensure confidentiality each participant was invited to choose a pseudonym. The pseudonym was immediately used when the interviews were transcribed from the audio files. To help further protect the participants' privacy, the recorded interviews and typed versions of the transcripts (password protected word document) are stored on a password protected USB drive and locked in a file cabinet: only the primary investigator has access to the data. With respect to dissemination of the findings, it is imperative to preserve the participants' anonymity particularly given the small pool of participants in this study. One strategy beyond creating a pseudonym was to generally state that the study took place in an urban centre in Western Canada, as well as assuring that all personal information is removed from the final written analysis. It is anticipated that by masking the location of the participants' residence that their anonymity will be further protected.

Chapter IV: STORIES

I begin this chapter with my narrative beginning. My narrative account outlines my initial interactions with HFA and my interest in this project. Following my narrative beginning, I provide the narrative accounts for each of the three participants: Diana, Tyb, and Shannon. Each story begins with an overview of the participants' experiences in becoming a school counsellor, and then it follows with their individual experiences in working with youth with HFA. Each narrative is comprised of the participants' stories about understanding HFA, stories of relationships with youth with HFA, and stories of supporting youth with HFA. Lastly, each account ends with an epilogue.

Narrative Beginnings

My Story

I knew very little about autism until I went to graduate school. I was young, inexperienced, and had had very few interactions with people with disabilities. In the spring of my first year in the school psychology program, I attended a supplementary course about disabilities. I recall a lecture from one of the professors where she described people who perpetually felt that they were “out of place and not from this earth.” She named her lecture “Wrong Planet”. She referred to these individuals as having a disorder called Asperger's Syndrome. As I travel back into that graduate seminar classroom, as a naïve 22-year-old, listening to the professor speak about the characteristics of Asperger's Syndrome, I recall feelings of interest and uncertainty. I was interested in the dichotomy experienced by those who have this disorder. Specifically, I found her description of how people with Asperger's often have unique skills and concurrent challenges intriguing. I recall wondering what I needed to know as a school psychologist to help support children

and youth with this disorder. That said, I had a hard time imagining what life is like for people with Asperger's, or autism spectrum disorder in general, because as far as I knew at the time, I had never met anyone with this disorder.

Up to that point in my life, my interaction with people with disabilities and challenges had been limited. While I had a textbook understanding, I had limited personal and professional experiences with people with disabilities. I grew up in a small town where disability was generally not accepted or discussed. Sadly, as a young child, I recall listening, observing, and receiving the unsaid message that differences are undesirable, strange, and weird. People with disabilities or challenges, were referred to as "crippled" or "retarded" and it was thought that their futures were hopeless.

Furthermore, in my small rural prairie community, the unspoken message was that people did not speak openly about their personal and emotional challenges. Specifically, the conversation around mental health and mental disabilities was nonexistent. As a youngster, I could not name this and did not quite understand that the conversation was not happening. I just remember having an implicit understanding that emotional problems were not to be spoken about with anyone (family or community). There was an expectation that the individual would "tough it out" and if they did not, then it was their fault, or their family's fault, if they did not succeed. This was the unsaid message that I received as a young person. In my perspective, this is just the way it was. When I think about how common it is to discuss mental health challenges now, it is hard to believe that there was a time when we were silent.

The idea of having strengths and resilience had not dawned on me until I was in university. This is where I learned about how people who have challenges and disabilities

are not destined to an unfulfilling life. I learned that it is helpful to focus on strengths and that there were positive resources to support people with disabilities. This awareness led me to the field of school psychology and inspired me to be a helper.

For the last 15 years, I have worked as a school psychologist in the public school system in both British Columbia and Manitoba. I love working with children of all ages and of all abilities. Since that initial graduate course, I have had the pleasure of making many positive connections with youth with HFA and their families. My path to understanding and competence has developed significantly over the last 15 years. That said, my journey was bumpy at times and I had to learn to find my place in schools.

My role as a school psychologist was itinerant and in the first part of my career I felt like I was on the periphery of many schools. In my first position, I was responsible for 7 schools. Generally, I would go to each school, complete an assessment, offer my recommendations and support, and then whisk off to the next school and repeat. As a result, I never felt as though I was part of the school community. I also felt that my relationship with the school teams was top down. I was the professional coming into the school, giving advice, and then leaving. In this service delivery model, it was difficult to build relationships and develop a sense of belonging in the schools. I never felt like I had a chance to get to know the staff, students, and the families. Something about this way of delivering service did not sit well with me and was inconsistent with my goals as a professional and as a person.

During my second position, I had fewer schools assigned to me and had the opportunity to spend more time in each school. As a result, I was able to develop better relationships with the staff, students, and families. I finally developed a deeper sense of

belonging within the school community. I believe that having a permanent placement in a school allowed me to get to know the school staff, the students, and the families on a more intimate level, compared to my first position. Despite this change in service delivery, the staff and families continued to look to me for leadership and guidance and I recognized the same dissonance that I had felt in my last position.

During those early experiences, I remember having intense interactions with youth with HFA, their families, and school staff. As I learned more about youth with HFA, I recollect feeling significant tension and anxiety around my own skill base. I recall tension between what I knew as a professional (my understanding of autism which was still developing at that point), my ethical obligation to remain in my area of competence, and the significant amount of authority provided to me by the school staff. The school and families were looking for support but I was still developing my skills and understanding, and did not always have the answers they needed. There was a significant expectation that I knew exactly what to do and how to lead the team at all times. As a result, I spent a lot of time researching autism, and attending conferences and in-services to help build my knowledge.

Throughout this time in my career, I felt very alone and despite having more time in the school to develop relationships with my coworkers, I felt alienated from them. I felt a tremendous obligation towards the school, the students, and the families to have the information they needed to support the youth in their care. I remember feeling a huge weight and burden on my shoulders and could not get relief from it, no matter how much I learned and trained.

After spending countless hours pouring over information about autism,

conversations with my supervisors, and starting to feel more competent in my understanding, I finally realized that this was not the role I wanted to play. I came to the understanding that I cannot do this on my own. I acknowledged that it was more important to work as a team than have me be the “all knowing” expert since I was not always readily available at the school and this was an unrealistic expectation. Instead, I decided that it was best to take a team oriented approach to my work. I needed to work in a team to better serve the schools, the students, and the families. That is what made sense to me. I also realized that it is okay to say that I do not know everything. I learned to say, “I will get back to you,” or, “We can work on this together,” and started to develop team-oriented language. After this realization, I became more proactive in involving the team in all areas of my job. I noticed the weight lift from my shoulders and, more importantly, I noticed that the students were receiving better service and support. Working in teams helped me gain a better understanding of the roles of the other service providers. I felt an alignment with the school counsellors, because they were always at the school and were often the first point of contact for many students. We often worked together in addressing students’ needs and concerns. I felt freer and more effective as a clinician. I no longer felt overwhelmed rather I was more motivated to be a better clinician and support to the school teams, students, and their families. These early experiences, combined with my ongoing experiences with youth with HFA, have profoundly influenced my desire to learn more about the other members of the team and how they perceive their role in the school when supporting students with differing abilities.

When I think about this project, I keep coming back to the metaphor of a journey. Over the last few months, I have moved and returned to a familiar landscape, the

province of my childhood. Although this is a familiar setting, it has many unfamiliar qualities as I learn about it and exist in it as an adult rather than as a child or adolescent. What I had always considered familiar has become unfamiliar. I find myself continually remarking and reflecting on the changes that have taken place over time, and how I am amazed with how much I had not noticed when I lived here as a child. I have approached this new move with a feeling of awe and wonderment.

I feel that my current life experience is a metaphor that represents how I feel when approaching this project. Schools are a familiar place for me. Although I no longer work in schools and have only been away from them as a professional for a few months, the more time I spend away from schools the less familiar they become. Nevertheless, because of the time I spent in school as a student, as a professional (school psychologist), and continue to spend as a parent, they will always seem familiar to me.

When considering speaking with school counsellors about their experiences, I feel that my perspective has to be one of wonder. I have approached this opportunity with the expectation that the familiar will seem unfamiliar at times. Learning through this perspective will help me to view this familiar territory in a new manner, just as I now view the landscape of my new home from a new vantage point.

Stories

Diana's Story

I met with Diana on a rainy fall day. It was the end of the workweek and I was grateful that she was available to meet to discuss her experiences as a school counsellor and working with youth with high functioning autism. I have known Diana for 4 and a half years and was honoured when she volunteered her time to meet to talk about her

experiences in schools. Diana is a kind-hearted and passionate person. I have witnessed her as a school counsellor on many occasions and have seen the care and attention that she extends to each student. Not surprisingly, evident throughout the interview was the care and devotion she feels for the students with whom she works. As we sat together comfortably talking back and forth, time passed quickly, and our conversation flowed easily. After explaining the consent form and going over the information letter for the study, Diana chose her pseudonym and we started the interview.

Diana is currently a high school guidance counsellor in an inner city high school. She has held many other positions previously. As we discussed her experiences working with youth with HFA, Diana revealed her path in becoming a counsellor. Diana first became aware of the counselling field when she was a student in middle school. Diana recalled that, while she had very few interactions with the school counsellor, she found the school counsellor inspiring:

I didn't actually see her for anything...She was very kind and I just remember that she left a lasting impression and at some point, I thought I would like to be a counsellor like she was.

Diana did not take a direct route to the counselling field and started her career as an elementary school teacher in a rural community. She explained that she was unable to get a job in the city, so she went back to school and specialized in special education. This extra schooling opened up doors for her in the city school divisions where she worked as a special education teacher for 10 years. She described this position as “*satisfying*” and she enjoyed the “*informal counselling*” that she routinely engaged in with students and families. Diana then worked briefly as a resource teacher before transitioning into school

counselling. Diana has worked as a school counsellor in both elementary and high school. Eventually, Diana decided that she preferred working with adolescents. For the last 8 years, Diana has worked in an inner city high school. Diana feels that she can make more of an impact or difference with adolescents than the younger students.

I just feel there is a bigger impact working with young adults and teenagers because they are just at that age where they are learning life strategies. And they're experiencing lots of different situations that need that kind of support. And the fact that they can make choices and decisions for themselves is the nice part. So that independence allows for more opportunities and they can choose the direction of their counselling, ... so this can be more self-directed by the students themselves.

Stories of understanding HFA.

Before working as a school counsellor, Diana worked as an elementary school teacher, special education teacher, and resource teacher. She gained extensive knowledge and understanding of HFA through these specialized positions.

When I was a special education teacher, I think I became more aware (of autism). I guess when I first started out it was "autism." It wasn't even the spectrum. I think at that point a lot of autism was more the lower functioning kids that were non-verbal and not even in regular programs. So, when there started to be the differentiation of Asperger's and more high functioning autism, you know there was some in-servicing. Especially when I was in a different school division, in that school division they were very big on giving you in-servicing and so forth.

While Diana received training and support as a special education teacher, she has not received any training in her current role in terms of strategies to use when working

with youth with HFA from a school counselling perspective. Diana's school division and provincial school counselling association rarely offer training for school counsellors about working with youth with HFA; rather, training efforts are often centered on supporting children with HFA. As well, she does not have the support from her administrator to attend in-service training.

No, and I would say, you know, I guess because when I look at my caseload and I think, the administration isn't very supportive with in-servicing. So I really haven't accessed (training), and I am not sure how much has been available through our school division and especially for high school aged kids. I find that a lot of the things that I have gone to on autism have been about social stories. I know you can apply social stories to older kids, but a lot of the in-servicing tends to be geared towards younger kids.

Training and in-servicing often focus on supporting younger students, therefore Diana suspects that many high school counsellors do not find them helpful.

I think that the strategies that you use with the younger kids can be adapted for older kids, but I think that it turns off a lot of people because a lot of people go to that in-servicing with the idea that they are going to come back with something that is going to be immediately usable; not, here is a broad idea and now you tweak it to your population. I don't think it is specific to counsellors, I think a lot of it is more specific to classroom based.

Diana spoke about the potential challenges that counsellors may experience when working with youth with HFA if they do not have extensive background knowledge.

Jill: So you just have to do what you can in the moment, I guess, is that how you deal with it?

Diana: Yes, I think having that Special Ed background helps. So, you pull on things you know that make sense and try different things. But I think for some counsellors, if you didn't have that background, it would be really, hmm, tough. Cause I think a lot of what you are drawing on, putting yourself in someone else's shoes is, a lot of our HFA kids don't really get that. The whole empathy piece is sometimes not really there for them. So, if you are trying to get them to understand through that way (empathy), you are going to get really frustrated as a counsellor.

Through her varied job experiences, Diana has developed an appropriate amount of knowledge and understanding of how to support youth with HFA.

I think I feel as confident as I do addressing any students' needs. Obviously, I don't consider myself an expert or a specialist in dealing with them (youth with HFA) but I feel confident that I would be able to seek out supports if I got stuck along the way somewhere.

While Diana has a firm understanding of HFA and the needs of youth with HFA, she also acknowledges that her understanding is always changing.

I think (my view on HFA) has changed definitely over time and I think it will continue to evolve.

Stories of relationships with youth with HFA.

Diana's personal counselling philosophy helps to orient us in her journey as a counsellor and her work with youth with HFA.

My philosophy just has to do with building on kids' strengths and recognize their strengths because I think often when they come they are in such a bad place that they don't see already how much they have accomplished. Going back and looking at the

strengths that they do have and making them aware of that and dissecting that is very helpful for kids to realize, because they get overwhelmed in a situation. So, I think that it is really empowering kids, giving them some strategies, and things they can try... different resources.

Throughout her journey in schools, as both a student and professional, Diana expressed that making connections has always been a focus and is helpful in establishing positive well-being.

I think when you look in high school it is all about connection. Finding a friend, or a group of friends, some people you can connect with. Um, I think once you have that, you have a sense of security, and I think that was always important to myself in high school. It didn't have to be many kids, but once you had someone, your people, whom you connect to and I don't think that has really changed much for me.

Looking back on her youth, Diana reflected on how only students who experienced severe difficulties received intervention from the school counsellor. Currently, in her high school, every student is assigned a school counsellor and the students are aware that they can access the counsellor if they need support. There is a referral process, where teachers bring forward names of students who they are concerned about and it is the counsellor's responsibility to go and meet with those students and check in with them. It is very important to Diana to make those connections regardless of the severity of the students' needs or abilities. Diana feels that all students would benefit from counselling intervention, however, due to the demands of the school and perceptions around counselling this is not always the case.

Directly, Diana tries to build and nurture relationships with youth with HFA and

other students in the school through the physical space of her counselling office. Diana pays careful attention to her counselling space and makes efforts to make the environment welcoming and comfortable. Within the counselling department there is also an additional room called the “relax”¹ room and this additional space is available to students when they are upset or need a quiet place to relax and have a break.

We have a private space and it is easy to have confidential conversations and that's nice. I try and keep it filled with the things that I need to access and things that will hopefully help students feel comfortable when they come in. I try to make sure that there are things visually that kids might see. Things that are tactile that they may interact with and things that will respect their cultural backgrounds... I think it is nice we have the relax space where students can decompress a little bit and sometimes you know, sometimes, sessions can take place in there as well if they need a space that is more comfortable for the student. So, I think it is nice that we have that option between those two spaces.

Diana often sees youth with HFA connecting with others based on similar interests, joining clubs, and connecting in the hallways during the quiet times of the school day. In her school, the students with HFA frequently spend time on their own or they have one or two close friends with whom they spend time. In her experience, they tend to avoid the hallways during the busy times and find a safe place during the school day such as clinical support services (the school psychologist, social worker, and speech and language pathologist's office space), the art room, and counselling department or somewhere away from the busy hallway.

A lot of them were in the art club. So, I see them in the art room. Hallway yes, um,

¹ All client and participants names and school and program names are pseudonyms

ya I would say it is a variety of spaces, you know, the lunch bunch so sometimes they would be in clinical support services. It was a variety of places, but I think they find little clusters of each other and then that tends to be their comfort. So, you would see them more in those clusters. I always think of Easton¹ and see him looking for.... for what's her name.... Jane¹. So, I would see them in the hallways. When I would see them, it would tend to be in the hallways at quieter times. I didn't always see them at busier times. I don't know if that was just my experience or maybe because I would see them more on their own than in the large group. I think that they would tend to during the busier times to find a safer place to go to.

In previous years, the counselling department provided informal opportunities for the students to connect with the counsellors over the lunch hour. The counselling department would host lunch hour activities such as, “mindful coloring, games, and so forth.” These activities helped students make connections with each other and with the staff. Diana believes that these connections helped to promote student well-being and belonging in the school.

I think it (lunch hour activities) was a good way to go and it took in a lot more students and it was a very informal way to have conversations. We grew really productively with students and I think for kids who are overwhelmed with the hallway setting, it gave them a little escape place to go to as well. Which I think we need more of in our building. You know to have little pods of tranquility and calmness.

Stories of supporting youth with HFA.

Diana's main aim as a school counsellor is to provide her students with skills and strategies to help foster independence. It was evident throughout our conversation that

Diana values developing long-term care-based relationships with all students. She focuses on working with students in a way that empowers them, and helps them to develop so they can learn to independently solve their problems and rely on their own skills and strengths.

I am not there to solve their problems. Sometimes when kids come to counselling they just want a quick fix. And that's not what I would be doing with kids.

When considering how she currently supports youth with HFA in the high school, Diana feels that she approaches each individual as unique and has found that if she needs support she seeks the appropriate personnel. Diana has a desire to make a big impact in the lives of students. She tries to help them to develop healthy coping skills and draws on a variety of tools and strategies when supporting the needs of youth with HFA.

I think like with any group of kids, you feel as prepared as you are until you get to the particular issues, and if you are not then you try and find supports to help you. I feel like I have some tools to draw on. But each kid is so individual that I couldn't say that I am always prepared for every student and every situation that is going to arise. So I think we are fortunate in the high school setting that we have other support people, within our building to draw on, we have our senior years support team meeting, so if you have a block where we just aren't seeing any progress then you can go to the team and say, you know, I am not sure, does anyone have any ideas, and stuff like that. So I do think we do have resources within our building. Given that we have our whole special education (department).

Additionally, Diana finds that she often helps the youth with HFA navigate social situations and social skill challenges.

When I think about how I have supported youth with HFA a lot of it tends to be the social pieces related to functioning within school. Lots of times they're not picking up on social cues or feeling isolated or having peer interaction issues and stuff like that. So, those would be the kind of issues that I would support them through.

Diana has also supported youth with HFA by helping to educate their peers about their diagnoses as a way to foster acceptance and understanding from their classmates. Diana spoke about a student who felt comfortable to share about his diagnosis with his classmates and how the classmates responded in a respectful and accepting manner.

It wasn't an easy road for a lot of students and I think middle school is even harder age-wise. Sometimes I think by the time they get to high school they kind of figure it out a little more. So, I think in some ways in high school we are a little more fortunate because many of the growing pains have already happened, they have the diagnosis, and they have some strategies that work and they have found things that will calm them. Some kids, well look at Easton, he talked to the class about how he was feeling and what life was like for him (with HFA) and kids were um, mature enough to have some receptive understanding of what he was saying and respond positively.

Diana further explained that youth with HFA comprise a very small portion of her caseload. While she would like to be working with youth with special needs more often, the demands of her job do not always allow for this. She explained that in her school the special education personnel often take responsibility for the mental health needs of youth with special needs (including youth with HFA). Because of the demands of the school and the changing nature of how she practices as a counsellor, Diana indicated that her work with youth with HFA often occurs in collaboration with the other support staff

(special education department head, integrated support teacher, clinical support team (e.g., school psychologist, school social worker, and speech and language pathologist)). On the occasion that she is able to help support youth with HFA, she welcomes the opportunity and finds working with youth with HFA to be refreshing and enlightening because of their unique perspective on situations and the world around them.

You kind of get to see things from a different perspective.... they are seeing things from a perspective that is different from mine. Reminding myself of that is really neat and sometimes, in counselling, being so empathetic, you're looking at how things affect everyone.

Diana values collaborating with other school personnel when supporting youth with HFA and youth with other special needs. Youth with HFA benefit when school personnel take a team based approach and work collaboratively, for example by meeting together and discussing strategies on how best to support youth with HFA within the school. Furthermore, in her opinion, she would prefer that schools provided more support for these youth. Optimally, she feels that if a specific person was assigned to individuals with HFA this would ensure that communication is happening throughout the school year and not just when concerns are posed.

I think that being able to collaborate and have flexibility, is really helpful. Hmm could there be more things that happen, yes. I think it is important that there may be more awareness within the staff as a whole. I think that not all teachers, especially when kids are integrated, because they have so many different teachers, it is hard to communicate without having...there is not always, a real case manager.

Despite more awareness, many teachers still struggle to meet the needs of youth

with HFA. Unfortunately, behaviour expressed by youth with HFA is often misunderstood because many teachers lack an understanding of how to accommodate and support students on the autism spectrum. Diana explained that because youth with HFA are often integrated into the mainstream school setting, they are in contact with a variety of teachers and sometimes require a case manager to help communicate and support their needs in the school. Since working at her current high school, Diana feels that this is a gap in the system.

Diana: I think for kids, because you know, may be involved with so many different people and sometimes I think teachers don't always know who to see to get the information that they need.

Jill: And if there is nobody, sort of communicating those needs to them...

Dianna: and I think that sometimes it just helps to have a profile of our population as a whole and we will do, you know. "These are our Tier 1, (Tier 2) and Tier 3², but we never talk about where these kids (youth with HFA) fit in those kinds of systems. Or we will talk about how school is made up racially or how many kids are in care. But we don't necessarily talk about our integrated kids the same way.

Jill: Oh, that's interesting.

Diana: We have how many ISES (integrated special education students) kids, but if you ask the teachers in the building to identify them or to know what their diagnoses would be, I think that they would struggle and that's where not having a resource teacher is um, not a helpful thing. And I think classroom teachers need the collaborative consultant time that we get through our student support team meetings. That would be

² Response to Intervention Model: Tier 1 is whole class, Tier 2 is small group interventions, and Tier 3 is intensive interventions (usually one to one support) (see Hawken, Vincent, & Schumann, 2008).

very helpful to our classroom teachers. So that (teachers of youth with HFA) could talk to someone on a regular scheduled time and say, well, you know, "I don't know anything about this subject area." Cause I don't think there is a resource person for classroom teachers to go to. I don't think a high school classroom teacher, if they have one integrated HFA student in their class for one semester, are going to go and seek out the professional development that would help them with that. By the time it's offered or they get to do it, they might not even have that student anymore.

Furthermore, there is a need for advocacy for youth with HFA and self-advocacy for youth and their families. Despite more awareness and changes in how we support youth with HFA in schools over the last 20 years, more can be done to help support both youth and their families. In her experience, not all teachers are open to making accommodations. In addition, some of the teachers may also lack the appropriate knowledge and understanding of the supports required for youth with HFA. Diana also spoke about integration and how it affects youth with HFA in her school. Integrating special needs students in the regular program has become common practice, yet teachers are not always receiving the support that they require to adequately support them.

Diana: I would say there is a lack of advocacy. And I think you know, sometimes our students, um, the way that they might communicate that things aren't working, may be behaviourally versus saying, "I can't do this", or "This isn't working for me", then teachers just, I think a natural response is oh, "They aren't in the right program", it's not, "What can I do to make it work in this place all the time."

Jill: Right and right, and part of that, is there is a lack of information being shared with them too. To help them realise that there are some things they could be doing

to better support those students.

Diana: Ya, and I think there is still, you know the perception that autism, just generally, versus HFA is just, special needs, and they shouldn't really be in regular stream and sometimes I think there becomes a little bit of a block for teachers, because (they may think or say), "I am not a special education teacher."

Diana also discussed her own changes in thinking and the thinking of the families with whom she has worked. Diana described a situation she had experienced in her early years as a teacher.

I remember this one student, he was struggling with behavioural issues you know and part of this was we were just learning more how to accommodate and I don't think we were quite there. And then parents sort of denying and I think some of our strategies were to pull away from the regular classroom, and isolate and give more one on one support. I just think we weren't really prepared and if you have a family that is really denying you can't always access those kinds of supports. So then you have a student who you kind of know what might assist them but if the family is not on board then that adds extra challenges onto it. So I think um, I think there has been a big change over the last 20 years of how families are really accepting that and more publicly with even saying that, saying that kind of diagnosis and saying I have a child with autism.

Jill: Ya

Diana: With all the celebrities that are out there and all the different things, I think it makes it a little more, not easy by any means, but just um, I think parents feel more open with sharing that information.

Jill: With more awareness.

Diana: Ya but, I think it is still hard because I keep hearing what the waitlists are like, especially for young children, to get support.

As we talked about our stories in working with both youth with HFA and their families, we empathized with each other about the times we may have missed the mark in adequately supporting youth.

I think years ago, some of the different things we have tried with kids with special needs, and I feel kind of almost barbaric in some of the ways. You think of 'time out' rooms and you think of just some of the things we thought we were doing that were helpful, weren't really that helpful. So it's, um, but like I say, you did what you thought was best at the time. You sort of learn because I think of one young man too, we had in the regular classroom, if that didn't work then he would have to have a quieter setting, and if that didn't work then we would have to send him home. Then I remember the conflict and the phone calls that I, as a resource teacher would have to call home and say that this and this has broke down. You hear the hurt in the parents' voice because they want so much for their child to be successful and to come to school. It wasn't an easy road for a lot of students.

Diana spoke about different ways she used to support youth with HFA when she was a special education teacher, and how she would provide interventions and supports to help build empathy and understanding in the classmates of the student with HFA.

I know times when I would go in even as a special ed (education) teacher on a day when the student wasn't there and talk about the student's disability to the whole class.

Diana reflected on the future for her students and expressed concern about what happens to them outside of the school system. While she often thinks about them and

hopes that they have been successful, she rarely has the opportunity to reconnect with previous students.

The thing is with the high school you always want to, but you lose track of the kids. I guess that happens at any level. I always wonder where they are now and what they are doing?

Diana also expressed her hopes and worries regarding how youth with HFA will be supported once they leave high school.

Sometimes it is kind of enlightening, you know, just having their perspective and other times I think it can be you know, a little bit tough because we don't know the kinds of supports they are going to have once they leave the school setting...cause I think in some ways we accommodate for them and support them more than they may get in real life afterwards once they leave the school setting. And uh that's kind of uh, its concerning with all kids when they leave the structure of the school. What's going to happen? Some will find the right fit before and sometimes they are really good at finding that and others sort of flounder. I think that's always a bit of a concern and you just kind of hope that they find a good match for themselves in society as an adult; in jobs and partners and everything.

While Diana only has a short time to influence and support youth, she continues to think of them and hope for them after they leave the school system.

Epilogue.

Diana and I met a second time a few months later in a coffee shop. Diana read the narrative before our meeting and expressed that it accurately represented her experiences. We conversed about the results of the study and what they would mean for future

practice. We talked about the dissemination of the results. When considering this study and the impact it could have on future practice, Diana expressed, “It would be nice if someone would read this and translate it into informing counsellors on ideas and supports to help students with HFA.” I then laughed and stated that that was what I was hoping to accomplish!

Diana then shared a story about a student with HFA who had graduated a few years ago, and how she had recently returned to the school for assistance. She is attending university and is interested in attending a program in another country, but she struggles financially. She came to the school to see if the guidance counsellors could help her with this issue. Diana and the other school counsellor helped the student set up a “Go Fund Me” page as a means for her to raise money. Diana spoke about this experience as an example of how students often return to the school after they have graduated because they continue to see the high school as a source of support. Diana also remarked how this particular student relied heavily on the school team when she was a student and developed strong relationships with the team as a result. This story is another example of the central role a school counsellor plays in the lives of students, and how even after graduation they are called upon to support their students.

Tyb’s Story

I met with Tyb during his lunch break. When we first met, we realized we had met before. Trying to recall when and where, we concluded that we likely attended a common in-service training when I worked as a school psychologist. I then explained to Tyb my interest in the project and how I worked closely with the school counsellors in my schools when I was a school psychologist. After we were acquainted, I explained the

consent form, he chose a pseudonym, and we started the interview.

Tyb spoke openly and comfortably about his experience as a teacher and of his experience of becoming a counsellor. Tyb explained that before he became a school counsellor, he had been a classroom teacher for more than 20 years in the high school where he currently works. Although he did not have any formal school counselling training, he was offered the school counsellor position because there was a vacancy in the school. Tyb explained that the school administration thought he would be a good fit for the position and offered him the job on the condition that he agreed to take some school counselling courses at the University. Tyb has been a school counsellor for 7 years. While he expressed that he is more comfortable in the classroom and at times misses teaching, he enjoys his role as a counsellor. Teaching is his second career, which he happened upon because of his interest in coaching and working with youth. Tyb enjoys his work with adolescents and has been in the same school since he started teaching. Tyb has always liked being in schools, as a student and as a professional. As a youngster, he was always involved in sports and extracurricular activities, and he enjoyed the school atmosphere. Tyb stated that he experienced a feeling of coming home when he re-entered schools as a teacher. He finds this work meaningful and enjoyable.

For me it was just such a wonderful place. It was (pause) it (working in schools) was home, sort of, and before that, I had many different jobs. I was like, I can't do that, I can't do that, and I don't like this. It wasn't that I was averse to change; it is just that once I got here, (his current school) it was so good.

Stories of understanding HFA.

While Tyb has had a variety of experiences with youth with HFA over the last

few years as a school counsellor, Tyb's journey toward understanding HFA was initiated through his relationship with his twenty-five-year old nephew. Tyb recalls how he felt when he first heard about his nephew's diagnosis:

Poor guy, that's what I think I felt. Oh, geez, too bad, you know.

He spoke about his early experiences with his nephew.

You know when he was younger he was tough to be around. It was tough for everybody. His barriers...his social barriers and what not, were not even close and everybody would watch him at family functions and I think my overall sentiment was, "That's too bad".

Tyb discussed his experiences with his nephew and the unconditional acceptance shown by his family, despite not having any experience with special needs. Tyb's perspective and understanding of HFA evolved through both his interactions with his nephew and his professional experiences with his students. Throughout our conversation, Tyb spoke about his experiences working with youth with HFA. Despite these experiences, Tyb expressed that he does not always feel prepared or informed about best practice when working with youth with HFA.

Tyb: I don't feel fully prepared. No. I have to tell you honestly. I don't feel fully prepared. Um, my first line of attack is to first build a relationship. Then hopefully I can then get some more information as the process goes on and figure what things I might be able to help him with. So, ya, my confidence level isn't 100 % that's for sure.

Jill: And so what do you think are some of the barriers to you having the preparation that you feel you could use?

Tyb: I don't have a lot of information about the different characteristics of this

malady and I haven't heard of many other people working with them and hearing about their successes and what they do. And what works and what doesn't work. I don't have that information. So it is sort of, it is a little like flying by the seat of your pants. But, hmm, you know when in doubt I go look for help. That is my thing, if things aren't going as well as they should be I go get some help.

Tyb's experience and professional understanding of HFA has developed on a case-by-case basis. While Tyb is eager to learn how to support youth with HFA as a school counsellor, he does not have the necessary resources to support his understanding. Tyb seeks additional support and assistance when he is unsure how to proceed.

Furthermore, Tyb's view and understanding of HFA has shifted over time through his interactions and experiences with youth with HFA. What he had initially conceptualized as a challenge he now views as simply a new way of existing in the world. His experiences with youth with HFA have changed his worldview.

Jill: What do you see as some of the benefits of working with kids who are on the autism spectrum?

Tyb: Well, it has allowed me to see people that I had never run into before. And of course, before I ran into these guys, to me it would have seemed like an impossible life to be in. Right, oh my goodness, you know all these challenges and what not. But with the few people I have worked with, like Carl¹, I have been able to see a whole different part of humanity. And my values have changed as a result. A value system is put on as we are culturalized and my values have changed as a result.

Anecdotally, based on his first hand observations of youth with HFA, Tyb notes that many youth with HFA often have a high vocabulary, difficulty with perspective

taking, and are often alone. He also observed that the individuals who have been successful often have support from their families.

Professionally, Tyb has received very little training and support in how best to support youth with HFA in the school system. Tyb indicated that a brief in-service training was offered through the school division on one occasion, but he has not received any other specific training. Tyb expressed a desire to learn more and to better understand HFA from a school counselling perspective.

There was one (training) at breakfast. Counsellors go and get information on a topic and one time it was on autism or Asperger's. That's about it...if somebody starts talking about it (autism and Asperger's), I am all ears, and I have to fit the information into a bigger scheme. So, I have a better idea of what is going on. I haven't been able to get enough pieces together. So I think there is a lack of knowledge here in a lot of different places when we are talking about this.

Stories of relationships with youth with HFA.

Tyb has been in the same school since he started teaching and has had the benefit of developing long-term relationships with many of his students.

I like coming to work and talking to the kids and now I have relationships with guys who are forty years old.

Tyb explained that relationships come first above the busyness of the school day. Although he has administrative tasks to attend to and he has a specific caseload, the counsellors in the office have decided to maintain an open-door policy. When students need someone to speak with, they are welcome to go to any of the counsellors and meet with whom they are comfortable.

But when it comes to counselling and talking with the students, it is with whomever they feel comfortable... that's basically how it works and it works out really well.

Tyb recalls one particular student with HFA with whom he has stayed connected over the years, even after graduation. Tyb was first introduced to Carl in grade 9. Carl is now an adult and at times, he comes to the school and checks in with Tyb. Tyb considers Carl to be a success story and told a story of his journey through high school. Carl struggled to get through high school but with understanding teachers, parental support, and Tyb's support, he was able to complete this chapter of his life.

It is actually a good story. Uh, he started here in 2009, I believe, and he came in as a little grade 9 kid. But what had happened in his final semester of grade 9. He was quite a high achieving kid and the last semester he started to slide and he stopped talking. By the end of the grade 9 year, he wasn't communicating with anybody and he was working with the psychologist. And so, in the beginning of grade 10 he came the first day of grade 10 with his father. His dad introduced him to me, we went up, I didn't know what was going on, and he wasn't talking at that point. I took him up to his first class, it was Geography and got to the door and he wouldn't step over. Dad didn't push it. We tried a few times later on in the week and finally he disappeared for about 3 semesters. Dad and I were in touch just briefly for a while and finally we thought it best to give him distance education courses and so we did. The first one was a pre-calculus grade ten course. He did really well. He got 80. Basically, in distance education, the package is sent to his house and he does it, but he has to come to the school to write the exam. It has to be in a monitored environment, and lo and behold, he shows up! I haven't seen him

since 18 months ago, he had grown, his hair was down over his face, and he is still not communicating. So he walks in and I say to him, "How's it going? Here's your exam. Here is the calculator," and all this kind of stuff and so he writes this thing and he gave it to me. We pack it up, I am talking to him about what's going to happen next, and he goes away. And he never said a word, but (later) he emails me, "What a great experience that was, I just feel that I am going to do really well in this course, thank you very much," etcetera. "Wow, okay!" So, he has to come in and write the final; same thing and we got him on one or two more courses. So, he is doing all these courses and dad says, "Let's see if we can get him into school." So, we tried him on a trial basis where he came in and sat in a class. Now this was a few months after that initial thing, he cut his hair, and you can see his face. He wasn't really talking. But he was saying some words and he came in, and he got into the Alternative¹ program here, which is if kids are behind in credits and what not, or attendance problems. It is a way they can get credits. He sat in that class and got lots of credits. He was bright so that worked out and he eventually became a full time student. He slowly integrated into regular classes with targeted teachers. It would have to be with somebody who is going to be empathetic to this because he was always outside the norm, so to speak, the way he presented himself and what not. But he ended up getting all his credits and he graduated! Ya, quite a story! I attribute almost all of that to his father, who never gave up.

Although Carl has graduated, he continues to stay in touch with Tyb. He periodically visits with Tyb at the school. Tyb appreciates that Carl returns for visits and enjoys the opportunity to connect and see how he is doing.

He (Carl) would come in pretty regularly and give me updates on what he was

doing. And if there was a piece of work that he was really proud of, well, he would (share the work with Tyb).

Despite his success in high school, Tyb explained that Carl did not have the same experience in university. Tyb is saddened that Carl has not been doing as well in adulthood. In Tyb's view, Carl was academically capable of completing school, however he struggled with following the requirements of many of his assignments. Tyb suspects that the university was not as accommodating and supportive as the high school. As a result, Carl failed out of university, and currently struggles with mental health difficulties. Tyb feels helpless in how to support Carl through this phase of his life.

I think this character that we had here, this Carl, he was in some respects a big success story. But now that he is not here (in high school), I think that he is really, really going to struggle. And I don't know what can be done about that. His dad is just a wonderful dad and he is the reason that Carl kept going and where he is right now. Absolutely he is and dad is running out of energy and I don't know.

Tyb's experience with Carl is an example of how he continues to be connected to his students beyond the high school. He sees his role as extending beyond the walls of the school building and it is important to him to build and maintain those relationships indefinitely.

Stories of supporting youth with HFA.

Tyb's school counselling department is often the first point of contact when the teachers are having difficulty with individual students. While Tyb's experience with youth with HFA is infrequent (he sees approximately one to two students per year), he has found that when he is working with a youth with HFA he is very involved, and it is

time intensive and multifaceted. In addition to the one-to-one work he engages with the student, he also provides indirect support by consulting with the school team (teaching staff and clinical staff), to help the students be successful in high school. Tyb has a good team and they work well together to help meet individual student's needs.

While Tyb feels that he could learn more about HFA, he feels that he is equipped to counsel youth with HFA, and really enjoys working with these students.

I think I have the skills to help them. You know with these kids. Maybe even more than some of the kids that come in here with anxiety. I think I do a better job with the autistic kids. And it is only because of the feedback I am getting after the sessions are over. In that, things have calmed down for them and they will come back and always visit and feel comfortable here. So, that's what I am going on right now.

Tyb also spoke about how his main goal when working with students is to form a relationship with them. He feels more productive when he works with youth with HFA. Generally, he finds their problems to be more in the moment and he feels they can be solved more easily than some of the students who come in with anxiety or depression.

I don't think that I take too much of a different approach. I don't have that many different strategies (laughter) to use with these guys. As I was saying if there is a kid who comes in here with anxiety who is not autistic, sometimes that problem hangs around for a long time. It is a debilitating problem for this student and we go look for other resources and what not. All the stuff coming down doesn't seem to make a big change and the student is dealing with it all the time, eh. But these few characters that I work with who are autistic they come with their problems and then you see change. Right. The problem might come back but it is bump, bump (up and down hand motion) vs.

(demonstrated with hand motions a downward motion), just bumps along the way in my experience.

Tyb finds that the students with HFA are often frustrated and struggle with accurately communicating their needs to teachers and staff. He often listens to their frustrations and helps them with perspective taking. Learning how to understand other people's point of view is often the main focus of his counselling sessions.

It is more frustration about the relationship with the teacher or the one guy who beats up on himself. It is not so much anxiety.

Tyb spoke about one student who required ongoing support with perspective taking. Tyb would often take a calm and supportive approach when meeting with this student and in his experience the student would eventually see the other side.

Tyb: His way of thinking was very elaborate, I would say. He was always a strategic thinker. When he wrote he would be pulling in different things to back up things that he was thinking about. It was all kind of a roundabout way of doing things. Sometimes missing the mark. But it was this approach to thinking that I saw a little bit different and in some ways, more mature than another student his age. But just not quite hitting the mark all the time. And he saw some things his way and at times got a little stubborn about it too.

Jill: A little black and white in his thinking, rigid?

Tyb: Ya and if things didn't go (his way) and if he thought he did an unbelievable piece of work he would say, "I am very proud of this," and "I think that Mr. M¹ will be very proud of this too and this should be an A+", and he won't get an A+ and he will come back down (to the counselling office) and he would be going off on how it wasn't "a

good educational experience". (Laughter) And you know and all this kind of stuff, but it took a while for him to see the other side too. I had to do a lot of talking at that point. In terms of, "What is the learning part of this, of not getting an A+?" and this kind of stuff. We go back and forth for a few days and finally he would come back and he would tell me, "Yes, I understand now."

Jill: Okay, so lots of perspective taking type communication and counselling.

Tyb: He couldn't understand that. When he was stubborn, he didn't want to hear it. But he could understand that. He took a while to process it. I think. Not that he wasn't sharp enough, he just...you know he was still thinking about that good essay! (Laugh)

Currently, Tyb is working with a youth with HFA. He often provides him with one-to-one counselling support. In addition to supporting the development of perspective-taking skills, Tyb finds his role is centered on helping students with HFA learn stress management skills. He also finds that he often advocates on their behalf with teachers. Tyb views his office as a safe place for youth with HFA when they need a quiet space to calm themselves. Tyb spoke about a student with HFA with whom he is currently working.

Tyb: Once in a while he just gets really stressed. And he puts a lot of pressure on himself at this point in time and he just needs to be talked to and he (pause) may come in here for 10 or 12 minutes and then he will leave and he will come back (later) and when he comes back he is better. And the first part is always tough. You know he is not willing to listen or sort of entertain any kind of strategies and I will start with that. But the next time he is usually ok. In fact, he will say some pretty interesting things. He will come back and be like, "Did I say that?" (Laughter)

Jill: So he comes (to see you) and he is pretty aggravated, upset, stressed, and he goes away. Where does he go?

Tyb: He probably goes home or to another class; this particular character he can't miss a class. He is not going to miss a class, but with him, it goes in waves. I would say with him, he is loud; he will probably get along in life pretty well.

Jill: But you are his safe zone.

Tyb: Ya. It is a safe zone. And I was lucky enough to get a relationship with him. So, I will see him in class and ask, "How are you doing?", and he will say, "Thank you, thanks for stopping by."

Jill: So that's great. You go and check in on him sometimes.

Tyb: Every once in a while and sometimes a teacher will bring him in, if he is having a bad day.

Jill: Sort of pick up on his cues. Are his cues subtle or obvious?

Tyb: Pretty obvious when he is having a bad day. He is not going to hurt anybody and he is not going to be real aggressive with his words.

Epilogue.

A few months following the initial interview, Tyb and I met at a bakery close to his home. As with all three participants, we greeted each other with a hug. As we spoke casually, we enjoyed a cup of coffee together and Tyb excitedly told me about an initiative he was involved with at his school. I then told him about my new job and new home. Afterwards, we discussed the narrative account and some changes that he thought should be made. He asked that I change the wording in one of his accounts. He also mentioned that it was like listening to himself on a microphone when he was reading his words. Besides this concern, he was content with the account and how it was written, and

stated, *“I have full confidence in what you are doing.”* As we parted, he asked whether his story was helpful to me. I assured him that his story was very helpful and instrumental in my research. I thanked him for his story and wished him well.

Shannon’s Story

Shannon and I met over videoconference because we were unable to coordinate a face-to-face interview. Although I had previously been in her city to complete the interview, Shannon had to tend to an emergency while I was there and was not available to meet, so we made alternative arrangements to meet over videoconference. I was glad that we were able to meet this way and that Shannon was able to fit me into her schedule. We spent a few minutes getting acquainted and comfortable with meeting over videoconference. I introduced myself and explained my research interest and my experience as a school psychologist. Because of the virtual nature of the interview, Shannon had completed the consent form before our meeting and had emailed a copy to me. I asked her whether she had any questions about the study and reviewed the consent form. She chose a pseudonym and then we started the interview.

Shannon’s desire to become a teacher stemmed from her experience with her parents. Both of Shannon’s parents are educators and she has always been interested in this field.

Both of my parents were in the education system, so I think I just grew up around it, they never ever told me I should go into education or anything like that. I guess I was just naturally interested in it. I worked in daycares when I was going through university and I think that’s what got me thinking about that path for myself.

Currently, Shannon is in the middle of her career as an educator. She started her

career as an elementary school teacher and taught grade 6 for 4 years. Shannon's interest in guidance stemmed from her experience in the grade 6 classroom.

I just felt like being a grade 6 teacher, some days I would leave work and be like, "Did I even teach today, or was I just doing guidance all day?" I felt like so much guidance was coming into my classroom and I was doing so much guidance. I liked it though. I loved the classroom but I also loved that side of it. And then I loved grade 6 and they would come visit from junior high and I loved that age too, so I thought junior high would be a nice transition, instead of jumping to high school, and then I went to Thompson Junior High School¹, I loved [it] and I loved guidance. And again I loved the grade 9s and I was like, "I think I really like high school students."

She then transitioned into junior high school as a guidance counsellor and worked in a grade 7 through 9 school for 4 years. Currently, Shannon is a high school counsellor and has been for the last two years (grades 9-12). Shannon loves this position and is very passionate about working with adolescents.

I love my role (as a guidance counsellor). Sometimes, I don't even know what my role is as a guidance counsellor because it's so much.... it's helping them (students) choose classes, its helping them figure out where they want to go for post secondary. It's helping them with their friendship problems here (at the school); it's helping them with their problems at home. It's just so, all over the place! So, that's how I see my role here (at her current high school), which is good because it never gets boring! I feel like I am always learning.

In addition to her work as a school counsellor, Shannon is also enrolled in graduate school and is completing her Master of Education in Educational

Administration. She is also a mother of a two-year-old and is expecting a second child. My impression of Shannon in the short time that we met is that she is a hardworking and caring person. It is clear that she loves her job and enjoys working with youth.

Stories of understanding HFA.

During her early school years as a youngster, Shannon had positive experiences, and told stories of attending small rural francophone schools. When considering her first interactions with people with HFA, she does not recall having any classmates with special needs or specifically interacting with people with autism during her years as a student.

Oh my goodness, I had very small classes and I went to a French, a Francophone school. So, they were always really small schools, with the same students from K to 12. So, for me it was great. I had my friends there. I guess for somebody who maybe didn't feel like they had as many friends it would have been a more negative experience. But for myself it was never a negative experience. It was great being with the same people throughout. I certainly don't recall having many students with disabilities... or even behaviour for that, it was a pretty standard ya, little country school. I lived in the city but I went to school in the country. My experiences were good, but I can't say that I experienced a lot of what I experience here (in her current high school) during my schooling at all.

Shannon's awareness and understanding of HFA has developed primarily through her experience as a teacher and school counsellor, and she believes that she is still developing her understanding through her interactions with her students.

How much do I know about it (autism)? I wouldn't say a whole ton. I have only

worked with a few students and it's been on a, almost on a need to know basis about their situation. I can't say I know overly in general a ton of information about autism.

Shannon recalled that she has attended some professional development opportunities about autism, but could not recall specifically what they were and how they intersect with her current role as a school counsellor.

Geez, I'm trying to think of PDs (professional developments or in-service trainings) I have done in the past. I mean other than guidance training. I don't know. I know I have had some PDs on autism, and students with autism. The names of those PDs I am not sure. (Pause) I know I have done a few PDs but nothing extensive.

Shannon also discussed that in her position it is often difficult to leave the school because of the everyday demands.

You know what, I feel that they (her school division) put on lots of workshops and PDs, unfortunately, I feel like sometimes we (her and the other counsellors) are so busy that the thought of leaving for two days and not being here stops me from attending, because I feel like I will be so swamped when I get back. Which is unfortunate because I am missing out on a lot of learning opportunity.... ya I think that opportunities are there. I am not sure whether we are able to take advantage of them without having it cost somewhere else.

Shannon recalled that her first experience with a student with HFA was during her student teaching. She remarked that this was a difficult interaction for her because she was being evaluated and she was unsure how to adequately support the student.

Shannon: But the first time I knowingly met with people with autism was when I was student teaching.

Jill: Oh okay, and how did you feel when you first met them, if you can remember?

Shannon: I am trying to think back and I do remember. It's funny because I am taking a university course with that collaborating teacher and we talk sometimes about that experience! But I was nervous, because I didn't know this boy very well but he would... um had a pretty short fuse, and I was pretty nervous and I didn't want to set him off, right, I am the student teacher, right and I don't want to be the cause of some big explosion. That kind of thing. I do remember feeling nervous or not confident anyway. But I mean now. I guess if I set off that bomb...well, we'll figure it out. I remember being nervous.

When considering how prepared she feels to work with youth with HFA, Shannon stated that she does not have a lot of training and background, however, she works hard to learn what each student needs as an individual and tries to support their individual needs.

I feel like I learn as I go. So I, um, I am sure the first time I met him (current student with HFA) last year, I probably was a little bit like, "How am I going to deal with this?" But then I spoke with other teachers so I could get to know about him a little bit more. And I have also read, you know, some information about autism and as I just get to keep meeting him throughout the year, I got to know him and what he needs and what things are that make him tick and how to keep him on the right track. I feel comfortable, but I am certainly not an expert.

She is currently working with one student who has had a significant impact on her understanding of HFA. Shannon appreciates his perspective on the world; she sees this as

an asset and a positive strength for him.

He is so smart. He is the most interesting person to talk to. He can talk to you about anything from sports to politics. He is very worldly. Educated, he reads the paper, he watches the news, and just to see how his brain works, sometimes I will go home and I will say, he says things sometimes, that I wish 50 year olds would say! I wish everyone saw from his real perspective. Because he is so real. He doesn't sugar coat things. Which is nice. He is completely honest all the time. He is just; he just has a really good nature about him.

Shannon continued to discuss how this youth is sociable, is accepted, and is liked by his peers.

The students here adore him. Ya, I wouldn't say that he is Mr. Popularity. I don't know that he has (pause) I don't know if he goes home and has friends that he really hangs out with out of school, I don't know that. I do know that at school, everybody says hi to him. Everybody asks him how he is. He is just a very liked person.

While she has seen similar traits within youth with HFA, she has observed that youth with HFA can have diverse needs. Shannon spoke about the individuality of the youth with HFA and how they each have their own unique personality.

The students who I have met who have autism were opposites, like their traits are probably similar, but personalities are so different you almost can't compare, you just can't.

While Shannon acknowledges the individuality of youth with HFA, she has also noticed that there are differences between youth with HFA and youth who do not have HFA. She has to adjust the language that she uses to ensure that she is communicating

with him effectively.

I think, um, maybe the open-mindedness of both of them, I think students might (laugh) not all students but students in general who don't have autism might be able to see like the bigger picture a little bit more. Whereas I find that some students with autism they kind of just see like up to here and the big picture is a little bit harder...the long term picture.... Hm so I think that would be a difference. And then um (pause) I just try to be a little clearer I think with students with autism. Cause I feel like I [pause] I don't know if he would get like an idiom or something like that. Like I, he's, the boy I see, and he is very literal. So if I use some kind of idiom I think he would look at me like I was crazy. He wouldn't get quite, you know the whole picture of what I am trying to say, so that would be a difference. I think I have to choose the right words maybe a little bit more carefully and be clear and direct. Where I guess you can, you should do that with all students too but I think a little bit more so with the kids (with HFA) I have worked with.

Shannon described an example of how one youth demonstrated how he experiences the world at school. While she did not directly interact with this youth, she learned about his feelings, and his viewpoint through a conversation with the vice principal at her school.

Interestingly, I was sitting with our vice principal yesterday. There is this student; I am not his guidance counsellor. So, I haven't really met with him, but he has autism and he has a book that helps him describe what he is feeling. So, he won't go to the bathroom at school, this student from what I hear, he won't. So he doesn't drink at all, all morning and he goes home for lunch because he will not use the facilities at school. So he showed our vice principal a picture and he said, "When you go into the washroom this is what

you see” and it was a super clean bathroom. And he turned the page and he said, “When I go into that same bathroom this is what I see”, and it looked like a bomb went off in the bathroom. It just looked filthy and disgusting. So, I think for that particular student, I don’t, really know him, but he is really connected with photos and stories to help him explain how he feels. But I personally haven’t had that experience.

I asked Shannon to discuss how her view of autism has changed over time. She responded that she has a continuously evolving understanding of autism and has much to learn.

Jill: Has your view of HFA changed over time?

Shannon: Yes.

Jill: Yes, in what way?

Shannon: I think in a positive way. I think that um, especially working with this boy. I know I keep going back to him but I just think that I have the most experience with him. I just feel like they (youth with HFA) can be so successful in society. We just need to find...we just need to find a place for him where he doesn’t have to write, where he can be speaking with someone more, where he doesn’t have to use his hands as much because that coordination isn’t great. Though I think that, I feel like they’re so capable and I feel that I, not that I didn’t ever think they weren’t capable, like students with autism, I am seeing how capable they really are.

Stories of relationships with youth with HFA.

Describing her confidence when supporting the social-emotional needs of youth with HFA, Shannon believes that it depends on the student and the relationship she has developed with the student. With one student with HFA, she did not think that she could

reach him or support him, whereas she has had success with another student with HFA with whom she is currently working.

Shannon: Um, yes and no. With this student that I have been speaking about, yes, I do (feel confident). I have really gotten to know him and there was one day that I felt that his mental being, his mental health that day, I was worried, he was very down on himself because he is very shaky and his penmanship is not great. He just started saying how he hated how he was different than everybody else. And I have never. This was this year. So, in a full year of knowing him I had never seen him be down like that before. So, I was very concerned. And actually that day, my schedule was booked for the entire day, so they were trying to book him in for the next day and um, I heard him from outside my office saying, "It's very important, it's very important, it's very important!" And he never ever pushes like that. So, I went out and I said, "You know, if you can wait five minutes, I will fit you in." So, I was happy I did, and we were able to get him back to feeling at least a little more positive about himself. But he was the one asking for the psychological assessment, so that he can get some supports, because he is realizing that he needs that and wants it. So, it was a really good conversation to have and I think he felt a lot better leaving (her office). With him, I do feel comfortable. With the other boy at Thompson School¹, I didn't. I just couldn't, I couldn't reason with him. It was... I couldn't... Ya, I couldn't reach him.

Jill: Ya, he just wasn't as open with you about how he was feeling?

Shannon: Um, I think he wasn't open. I don't know if he was open with anybody except really, expect, maybe his mom, about how he is feeling. But it is really too bad because there was so many...you could see that he had some really great qualities.

Unfortunately, we weren't able to pull those out of him very well.

Shannon cares deeply about the youth with whom she works, and wants to help them all succeed. Shannon found it frustrating when she could not connect with the youth with HFA from her previous school. In contrast, she is currently working with a youth with whom she has been able to form a positive connection. While she continues to feel a level of apprehension, in this case she feels that she is better able to meet his needs. This particular student is also connected with other staff in the school, and is receptive to guidance and support.

Jill: When you think about working with youth with HFA, maybe the guy at your other school where you didn't feel as successful compared to your current student, how did that make you feel?

Shannon: A little defeated. There were some days where I would have felt like banging my head against the wall because to the best of my ability, I thought I had mentored him on so many different levels and I just felt a little bit defeated about the whole thing. But then again, the next day would come and it was a new day. And you would try again! Some days were a lot better than others. Which would sometimes be, I don't know. You would have a good day so you would be really hopeful for the next day and then you would go back to not great. But it is a little bit defeating.

Jill: And now with the young man that you work with in the high school, how do you feel about your interactions with him?

Shannon: I feel like they are good. I always, I am nervous, I want to make sure that I am never leading him in the wrong direction. You know, so I think me speaking with the resource teacher that works with him and he is really close to the principal. The

principal and some of his teachers just feel like we all need to have a lot of communication to make sure we are all on the same page. So, I feel more confident with him.

To help support the relationship she has formed with youth with HFA she makes accommodations to support their needs.

I don't know if I feel different. I think I just know that when this boy is coming to see me, that I just, I am ready for a longer meeting. I never know where the conversation is going to go with him because he sometimes takes it somewhere totally different. So, I just prepare myself a little bit more for that. Sometimes I block myself off a little bit longer cause I also don't like to rush him because that makes him uncomfortable. Because then he leaves feeling like his questions haven't been answered or he leaves feeling like he's not satisfied with what we've talked about. Like it wasn't finished. So, I just give myself a little more time.

Stories of supporting youth with HFA.

Throughout our conversation, Shannon spoke extensively about two students who have influenced her understanding of HFA over the last couple of years during her experience in both the junior high school and the high school.

Jill: In your current job and when you were in your other school, do you or did you help support youth with autism?

Shannon: I have a few students with autism. I have one in particular at my current school, that I work fairly closely with. He is one of my favourites. And there was one in particular at my previous school, who really gave me a run for my money. I had a harder time getting closer to him because it was hard for him to let anybody get close to him. But

this one at my current school is a model student to work with. He is great.

Jill: Can you just tell me what it looks like? What you do with him, how does that look on a day-to-day basis?

Shannon: Well, he is, he came back here as a post grad student. So last year he was in grade 12 and he really wanted to go into Law. Unfortunately, to jump from high school to Law... it just wouldn't have worked for him. And then he changed his mind and he wanted to go into business. He would get fixated on an idea and it would take a few of us; myself, resource teachers and the other teachers, to persuade him that perhaps that wasn't the best idea. So, after speaking with him throughout the year about what he wanted to do, we convinced him to come back here this year for post high. And because he was interested in business, we have business classes here and he had never taken them before (laughter)! "Why don't you try taking a couple here to see if you like it?" He wasn't happy with some of his grades from last year, so we said, "Why don't you upgrade some of your classes and it just bides you some time and you know we can get you." We also are getting a psych assessment done on him so he can get the supports that he needs, because with support he will do great. Just to throw him out at the university. He will get lost. We convinced him to come back this year and I think he is very happy that he did. He uses big words that I haven't even heard before! He uses them all in the right context and he is so bright in so many ways, so he will be successful. I am not sure what exactly he will end up doing, but he will find somewhere he fits. He'll be very successful.

When supporting youth with HFA, Shannon and her team work together to help meet the needs of each of the students with HFA by focussing on their strengths and

balancing their strengths with their challenges. The team also works hard at delivering a consistent message. At times, she has to be very direct with the youth with HFA to ensure that they understand what she is trying to tell them. Shannon is direct, matter of fact, and realistic with youth with HFA when she discusses future planning and life beyond high school. She does not always feel that they are as aware of their challenges and identifies this as a barrier when working with youth with HFA. She finds this part of the job difficult because she does not want to be preventing them from trying things, but is also very aware of some of the negative consequences that may result in failure. Shannon shared a specific example about a youth with whom she is currently working.

I don't know if this is really fair. I feel like we have an idea of what his limitations might be whereas I don't think he does. In saying that, I don't want to ever feel like we are holding him back. We just don't want to set him up for failure. We just want him to succeed. So I think, he was adamant that he was going to go into Law and that he was going to become a lawyer out of high school and trying to explain to him how tough that is and how competitive that is and the marks you need for that. It really took a lot of explaining for him to kind of grasp that concept, or maybe to accept it. So I have found that is a bit of a barrier with him and I feel with him you need to have a lot of adults that he trusts to be on the same page, to be giving him that same message. Because as someone gives him a different impression he will get fixated on that and it is really hard to bring him back.

Shannon feels a sense of responsibility towards the youth she works with and believes that she needs to work together with the other school staff. Shannon and the school team feel that developing a trusting relationship with the youth with HFA is

essential.

I find myself in partnership with our resource teacher. She's very involved too. He trusts her a lot too. When it comes to deciding something with a course, "Should I try this or should I try this?" He always comes to guidance and it's always a long, it's always a long meeting. It's never just a short one, (laughter) a very long meeting!

Shannon expressed that it is important for the school team to connect and communicate a consistent message when planning and interacting with youth with HFA.

The principal and some of his teachers just feel like we all need to have a lot of communication to make sure we are all on the same page. Ya, and some teachers may see something different in another class. I just think we need to make sure we are all seeing or just tell each other what we are seeing.

When considering non-direct ways of supporting youth with HFA, Shannon reflects on the different spaces that are available to youth to help them be comfortable in the school.

Jill: In your school, so I assume that most of the time you encounter youth with autism in your space, but are there other spaces in the school where you tend to notice them?

Shannon: Yes, yes, we have our resource room it's on the same floor but it is at the other end of the hallway. It is called the Resource Room¹. So two of our, three of our resource teachers have their offices in there, and there are about 6 tables where students can come put their headphones on and work. There are 10 computers students can use and it's always quiet in there. So there is a lot. The boy that I see, if he is not in class he is in study skills. So, he is just on the computer doing his own thing. It is not

overwhelming for him and those resource teachers know him and they know what he needs and that's a good place for him. So, that would be the next spot where students would go. Because anywhere else you would go, the library, the cafeteria, it's packed with people. Not to say that he doesn't go in some of those areas. I would say their "go to" would be here or the Resource Room.

Shannon also discussed elements within her counselling space that help make it comfortable for youth with HFA and all youth in general. She described a welcoming and comfortable space where students are free to walk in and sit down in the waiting area, and color or just sit and wait to meet with a counsellor.

Sometimes they (students) will color. And we have Peter¹ (the frog). We have a frog cause lots of students like Peter. We have a spare computer if the students need to use the computer. Ya, so the frog, it's funny. It seems funny, but when students come in and they are really upset, they see Peter, and they sit down and put Peter in front of them, and they get calm so fast.

Epilogue.

I met Shannon in person at a coffee shop during the lunch hour. Although it was our first time meeting in person, our conversation and time together was comfortable and familiar. Shannon expressed that she was happy with the way the narrative account turned out and did not think that anything needed to be changed. During this conversation, she reiterated that she feels that she is "*Learning as she goes*" and discussed how she is learning so much by working with the youth she spoke about in our initial interview. She also spoke about how this student is accepted in the school community as an individual, and how the staff at the school is supportive of his needs and

are strengths-based in their approach with him. She also spoke about how he is open to ask for help and how the staff works as a team and is responsive to his needs.

Chapter V: DISCUSSION

In this chapter, I briefly outline and describe narrative threads as conceptualized by Clandinin (2013). I then discuss the common threads between the three narrative accounts and relate these experiences to current research. Specifically, the following seven narrative threads are outlined: care and relationships with youth with HFA, changes in thinking about HFA, learning about HFA, supporting youth with HFA (supporting mental wellness, creative strategies, strengths-based, and attending to environmental needs), working in teams to support youth with HFA, family involvement, and long term support for youth with HFA.

Overview

“Moving from field texts to interim and final research texts is a complicated and iterative process, full of twists and turns (Clandinin, 2013, p. 49).”

The process of transferring the field texts, or data, is neither linear nor filled with certainty; rather, there is an understanding in narrative inquiry that specific conclusions may not be drawn and that more questions than answers may evolve out of the inquiry (Downey & Clandinin, 2010). My experience with this project has been consistent with this assertion. While I have discovered many important elements about school counsellors’ interactions with youth with HFA, this project has brought forward additional questions about this relationship.

That said, Clandinin (2013) discusses how during a narrative inquiry the inquirer may discover “resonant threads or patterns (p.132)” that emerge when holding the narrative accounts parallel to each other. When examining the accounts next to each other, Clandinin (2013) explains that the researcher can look for “resonances or echoes

that reverberated across accounts” (p. 132). Clandinin contends that by examining the accounts alongside each other the researcher can develop a more in-depth understanding or knowledge about the experience under investigation. Clandinin further discusses how this process can bring to light a more in-depth understanding of the participants’ experiences.

Importantly, while each individual experience is unique, relevant threads resonated across all three accounts. Overall, the individual conversations with each of the three participants, Diana, Tyb, and Shannon were informative and insightful. Listening to their stories helped better understand the lived experiences of school counsellors and their experiences with youth with HFA in the high school setting. Specifically, after co-generating the narrative account with the three participants, I examined each account alongside each other and discovered seven resonant threads between the three accounts. The following is a summary and interpretation regarding the meaning of these threads and how they relate to current practices as evidenced in current research. Importantly, much is still unknown about the experiences of school counsellors and their experiences with youth with HFA. It is anticipated that by examining the common threads across the three accounts more insight may be gleaned into the experiences of school counsellors and their interactions with youth with HFA, inform school counselling practice, and encourage additional research in this critical area of practice.

Narrative Threads

Care and Relationships with Youth with HFA

“Not only must we respect the various talents of our children and the occupations they will fill as adults but, if we are doing the work of attentive love, we must care deeply

for them. We want to preserve their lives, nurture their growth, and shape them by some ideal of acceptability (Noddings, 1992, p. 62).

While reading through each narrative account, I was continually struck with the overarching concepts of care and relationship as central to each of the three school counsellors' everyday practice. All three counsellors primarily focused on attending to their students' needs and cared deeply about their students. Noddings (1992) defines a caring relationship as, "A connection or encounter between two human beings (p.15)." From this perspective, each counsellor practiced abiding by an ethic of care. Noddings (1992) spoke about the importance of care in school and the pivotal role educators play in the lives of their students. When reviewing the three narrative accounts, it was evident that dedication to care and hope in the relationship with their students was paramount in the experiences of each of the school counsellors in this study.

Forming a relationship with youth with HFA was a foundational element consistent across all three accounts. Despite lack of training on how to effectively counsel youth with HFA based on best practices, all three participants had an intuitive sense of how to nurture, develop, and support the therapeutic relationship. All three participants relayed how they developed the relationship with youth with HFA. Specifically they mentioned the importance of following the youth's lead, allowing the youth time to express himself, being cognizant of language use, building trust with the youth, allowing for extra time during sessions, and gently guiding the youth towards his strengths.

Interestingly, while this area is not yet widely researched in the extant literature, in their recent and preliminary investigation, many of these same elements of nurturing the relationship with children and youth with HFA was explored by Gallo, Self, and

Rausch (2016). Specifically, the authors examined the role of empowerment in the everyday practice of school counsellors and their work with youth with HFA.

Furthermore, in their examination of the experiences of youth and young adults with Asperger's Disorder, Baric et al. (2016) revealed that forming a relationship with their teachers is very helpful and supportive in meeting their social-emotional needs. Therefore, in light of these findings, maintaining a relational stance is viewed as supportive and helpful to serving the needs of youth with HFA.

Changes in Thinking about HFA

It is commonly understood that autism spectrum disorders (ASD) and how ASDs are conceptualized has changed over the last twenty years. Specifically, awareness has grown substantially as well as the categorization of ASDs has changed with the inception of the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5) (APA, 2013). There has been a significant increase in research on HFA over the last twenty years (Matson & LoVullo, 2009). As a result, awareness of HFA has improved. Correspondingly, the participants in this study expressed that their experience and understanding of HFA has evolved and continues to evolve over time.

Overall, either their professional or personal experiences largely influenced their view of HFA. As a previous special education and resource teacher, Diana's view has changed extensively over the last twenty years (p. 71). Diana explained that her experience with autism was primarily comprised of supporting children who were nonverbal and had significant learning and behavioural needs. However, over time and through her experiences working in both elementary and high schools as a school counsellor, she has become aware of the wide range of skills and abilities on the autism

spectrum. Similar to Diana, Shannon's professional interactions have significantly influenced her understanding and view of youth with HFA (p. 99-101). Shannon spoke about how she was initially introduced to HFA when she was student teaching. She described how her understanding and awareness of HFA first developed through her teaching experience and more recently through her school counselling role. Generally, her view has expanded through her everyday interactions with youth with HFA.

In contrast, Tyb's understanding has been predominately influenced by both his personal and professional experiences (p. 85-87). His initial awareness of autism was through his relationship with his nephew. He spoke about how his thinking has shifted and changed over the last 25 years as he observed his nephew grow and develop. Over time through observing his nephew's development combined with his professional experiences as a school counsellor, he realised that there are ways to accommodate and support youth with HFA so that they can live a fulfilling and productive life.

Furthermore, Tyb's account helps to draw attention to how our personal experiences influence understanding of human experience. Tyb reported that although he has learned about HFA from his nephew and his students, he believes that there is still so much to learn. Similarly, all three participants recognize that, as school counsellors, they still have so much to learn about best practices when supporting youth with HFA.

Learning about HFA

Generally, school counsellors first receive training as classroom teachers before becoming school counsellors. Therefore, they often have other classroom-based experiences to draw from when working as a school counsellor (CCPA, 2012). This was true for each of the participants in this study. Each participant had initially taught in the

classroom before becoming a school counsellor. All three counsellors discussed how they gained experience working with youth with HFA on a case-by-case basis in both their classroom and school counselling roles.

Interestingly, all three school counsellors followed a different trajectory to becoming a school counsellor. Diana worked in specialized roles as a special education teacher and a resource teacher. Diana gained her understanding of HFA through these positions. While in these roles, she received both on the job training and in-service training where she learned specific strategies and techniques to support children with autism spectrum disorders. These early experiences helped build her knowledge and understanding of HFA before becoming a school counsellor. However, Diana noted that since becoming a high school counsellor she has not received specific training on how to effectively support youth with HFA from a school counselling perspective. Nor, has she received training through her school division or her provincial school counselling association (p. 69-70).

In contrast, Tyb and Shannon started their careers as classroom teachers. Shannon began as an elementary school teacher and Tyb began as a high school teacher. Although, Tyb and Shannon have had some in-service training (only a few sessions), they both predominately learned about HFA and autism on the job as school counsellors. Tyb revealed that he does not always feel that he is prepared or equipped to work with youth with HFA from a school counselling perspective. He explained that he has received little to no training and would like to receive more to ensure he is adequately supporting youth with HFA. He explained that he is learning as he goes and is open to asking for help along the way (p. 86-87). Shannon also stated that she does not have a lot of professional

knowledge about autism. While she has received some training and suspects that training is available, she often has a difficult time taking time away from her school to attend additional trainings to develop her knowledge and understanding (p. 98-99). Shannon gains most of her information on a case-by-case basis, consults with school team members, and works hard to support youth with HFA based on their expressed needs.

Importantly, all three counsellors discussed how competing demands of their job often interfere with accessing additional support and seeking additional training. The participants also spoke about how youth with HFA comprise a small portion of their overall caseload. These issues were echoed in Gallo et al.'s (2016) investigation and highlight the everyday experiences of school counsellors beyond supporting the needs of students with HFA and or ASD. Furthermore, Griffin (2015) identified that the level of professional development, training, and understanding of ASDs is variable among school counsellors. This information helps draw attention to the question of whether school counsellors are privy to professional development opportunities to help build their understanding of HFA. Importantly, professional development and developing understanding of HFA and ASDs has been addressed in the literature from the perspective of teachers (Brock, Huber, Carter, Juarez, & Warren, 2014; Humphrey & Symes, 2013; Kucharczyk et al., 2015; Rue & Knox, 2013), and school psychologists (Combes, Chang, Austin, & Hayes, 2016). However, to date there is very little evidence beyond Griffin's (2015) study regarding the professional development needs and activities of school counsellors and HFA.

Supporting Youth with HFA

Supporting youth with HFA from a high school counselling perspective is mixed within the literature. Many of the studies that currently exist, are centered on children with ASD and do not delineate whether the children are on the high or low end of the autism spectrum. Within the specific areas of school counselling practice and youth with HFA studies have been completed examining common concerns with youth with HFA such as teaching social skills (Cigrand, 2011; Goodman-Scott & Carlisle, 2014; Halle, Ninness, Ninness, & Lawson, 2016), and preparation and transition to higher education after high school (Dipeolu, Storlie, & Johnson, 2014; Wood, Krell, & Perusse, 2012).

Furthermore, while there have been many school based intervention studies completed with youth with HFA and the implementation of evidence based practices (EBP) (Rue & Knox, 2013; Sansosti & Sansosti, 2012; Wong et al., 2015; Wood, McLeod, Klebanoff, & Brookman-Fraze, 2015), the role of the school counsellor is not included within these investigations. To date, Griffin's (2015) recent investigation provides support for the role of the school counsellor in supporting youth with HFA. Griffin surveyed 100 school counsellors and discovered that school counsellors often help to support youth with HFA in the following ways: providing individual and group counselling, social skills instruction, consulting and teaming with teachers and parents, providing in-service training to teacher and staff, and offering a place of refuge to go to when they are overwhelmed. Similarly, the participants in this study reported some of these same themes. For example, each participant indicated that they support mental wellness, use creative strategies, approach youth from a strengths-based paradigm, and attend to the environmental needs of youth with HFA.

Supporting mental wellness.

Current research suggests that youth and adults with HFA often experience co-occurring or comorbid anxiety and depression (Ambler, Eidels, & Gregory, 2015; Lake et al., 2014; Osborne & Reed, 2011). Paxton and Estay (2007) provide practitioners with strategies and interventions to help support youth with HFA with social skills, stress management, anxiety, relationships, perseveration, puberty, emotional expression, and self-regulation. While research about how mental health professionals are serving the mental health needs of youth with HFA is still developing, Griffin 2015 found that school counsellors were often called to support youth with HFA with emotional regulation, perspective taking (theory of mind), advocacy with teachers, and difficulties with perseveration.

The experiences of the three participants in this study centered on both supporting the course work related needs and social-emotional needs of youth with HFA. Similar to Griffin's (2015) findings, the participants also reported that the youth they have worked with often have difficulty expressing their feelings and have difficulty with perspective taking. Shannon discussed one situation where she made significant efforts with one youth to support his mental well-being. Despite her good intentions and efforts to help him, this youth had difficulty sharing his feelings, and she was unable to effectively support him (p. 104). In her experience, Diana primarily helped youth with HFA navigate social situations and build friendships (p. 75-76). Diana also spoke about using social stories to support youth with HFA (p. 70), whereas, Tyb often helps youth with HFA in the moment; responding to crisis, and providing calming strategies (p. 91-93).

Creative strategies.

The experiences of the participants in this study are similar to Kucharczyk et al.'s (2015) study, regarding how educators, in general, support youth with HFA. Based on their study, Kucharczyk et al. (2015) found that educators often use creative interventions when supporting youth with HFA. Similarly, the participants in this study recognized that conventional approaches were not always effective when working with youth with HFA. The results from Kucharczyk et al. (2015) indicated a need for educators to better understand that the needs of youth with HFA are not always similar and to treat each youth on a case-by-case basis. The authors noted, "Although individualization is a hallmark of all special education, the diversity of students served under the ASD category seems to be especially wide (p. 345)." While Kucharczyk et al. did not examine school counsellors' experiences, given the paucity of research in this area of inquiry, until additional research is completed, school counsellors can only draw conclusions from research completed with teachers to inform current practice. Further research in this area is required to gain a better understanding of how school counsellors support youth with HFA.

That said, the participants' experience in this study echoed Kucharczyk et al.'s (2015) findings. The participants learned that youth with HFA do not always respond to conventional approaches, and their needs are highly individual. Each participant spoke about different creative approaches that they employed to help support youth with HFA. For example, Diana provided psychoeducation within the classroom to help other students understand HFA. The goal of this intervention was to help build empathy and understanding among the youth's peers (p. 82). On another occasion, under Diana's

guidance a youth gave a presentation to his peers to help them better understand HFA from his perspective (p. 76). Furthermore, Diana spoke about different ways staff in her school collaborates to create a sense of belonging and positive connections in the school environment for youth with HFA and youth in general. For example, in the past the guidance department offered lunchtime activities such as mindful coloring, while other staff created a lunch group for youth with HFA (p. 74).

In Tyb's school, the counsellors are encouraged to be flexible to the needs of the youth. As well, there is an acknowledgment that not all youth will connect with the same counsellor, therefore his counselling department allows the youth to choose the counsellor they are comfortable with, as opposed to being assigned a counsellor (p. 88). Tyb always tries to be calm and supportive when working with youth with HFA (p. 92). Within the framework of listening and understanding, he also takes time to understand how the individual views the world (p. 92). Both Tyb and Shannon spoke about always allowing extra time when a youth comes to the office, understanding that at times youth with HFA may require additional time to communicate their needs.

In Shannon's experience, following the student's lead is effective and allows them to go at their own pace. She has noticed that youth with HFA benefit from extra processing time when engaged in conversation and when engaged in problem solving (p. 105). Shannon is aware of her language usage when she is working with youth with HFA, and she has to be more direct when she is communicating with youth with HFA (p. 101). Shannon also shed some insight into the importance of acknowledging and understanding that youth with HFA experience communication difficulties. For example, Shannon's shared a story about a youth who used drawings to demonstrate and express his feelings

and thoughts (p. 102).

Strengths-based.

In this study, the participants consistently spoke about how they pay attention to each youth's strengths and try to support youth based on their strengths. Taking a strength-based approach has been well established as a positive and effective strategy in school counselling (Galassi, Griffin, & Akos, 2008). Niemiec, Shogren, and Wehmeyer (2017) extend this assertion and discuss taking a strengths-based approach when working with people with intellectual and developmental disabilities. Niemiec et al. (2017) explains that building on character strengths is a positive and proactive way to help support individual well-being.

Another common thread was identified in how each participant shifted from a deficit-based to a strength-based understanding of youth with HFA. To illustrate, Shannon discussed how she enjoyed learning from the perspective and intelligence of youth with HFA. She spoke about how she found one youth, interesting, well-educated, and worldly. Shannon also viewed the youth's direct nature as an asset rather than a deficit (p. 100). Shannon spoke further about how one youth with whom she works with is academically strong and has extensive knowledge and understanding of the world around him. She used this strength to help him with future career planning and supporting him on an everyday basis. Tyb had a similar experience with one of the youth he works with and discussed how the youth was a strategic thinker, articulate, and intelligent (p. 92). Diana's personal counselling philosophy is strengths-based and speaks of empowerment and supporting youth to be independent thinkers (p. 71-72).

Attending to environmental needs.

Regarding supporting the environmental needs of youth with HFA, all three participants spoke about how it was important for the youth in their schools to have a physical location in the school where they could go when they were having difficulty or need time away. Similarly, the school counsellors in Griffin's (2015) study also reported that they often provided a location for youth with HFA to go when they are feeling dysregulated or need space.

While not formally examined, however, based on their experience as school counsellors, Guo et al. (2014) recommend an adapted approach to support the individual needs of students with ASD. Specifically, the authors recommend creating an area in the school where the youth with ASD can go when they need quiet and calm. Similarly, the participants in this study identified the importance of providing an area in the school for youth with HFA. To illustrate, Tyb discussed how youth with HFA often view the counselling department as a quiet and comfortable space (p. 93). Tyb indicated that at times he has been viewed as the youth's "safe zone" (p. 94). Additionally, teachers have a common understanding that they can bring youth with HFA who are having difficulty during the day to the guidance department (p. 91). Shannon discussed how both the guidance office and the resource office are places of comfort for youth with HFA in her school (p. 109). Shannon identified specific items in her space that often bring comfort to the students she works with. For example, she has a pet frog in the office and coloring available as an informal calming activity the youth can do while they wait for the counsellors.

In Diana's school, there are places for youth with HFA to go to during the school

day. For example, in her counselling department they have created a separate office space for youth to go when they are feeling overwhelmed (p. 73). Within her personal counselling space, Diana makes a conscious effort to make connections with youth by ensuring that the counselling space is welcoming. Diana also believes that it is important to decorate her counselling space in a way that is welcoming to youth (p. 73).

Working in Teams to Support Youth with HFA

It benefits youth with HFA if the school team and family work collaboratively together (Gibbons & Goins, 2008; Guo et al., 2014; Hedges et al., 2014; Mount & Dillon, 2014). The concept of teaming to support youth with HFA has been well established from an educator's perspective and has shown to be common practice with many educators (Kucharczyk et al., 2015). Given their expertise and direct contact with youth with HFA it is beneficial to involve school counsellors in team-based decision-making (Auger, 2012; Griffin, 2015). Furthermore, in their experience as school counsellors, Guo et al. (2014) proposed that to effectively meet the needs of students with ASD, a threefold approach is necessary where the family, school, and community are involved in supporting the youth as a team.

Consistent with this view, all three participants discussed the importance of working in teams to effectively support youth with HFA. All three participants relayed how they rely on the members of the team for support. When they have questions, they bring their queries to the team so they are not working in isolation. Specifically, Shannon spoke about how it was essential for one of her students to receive a consistent message from all the adults involved in his programming (p. 107-108). Diana believes that having a case manager would help provide consistency and communication for youth with HFA

(p. 78). In Tyb's experience, occasionally, specific teachers, who may have empathy and understanding on how to support the needs of youth with HFA, were chosen when planning courses (p. 89).

Family Involvement

Family involvement in the lives of youth with HFA is ongoing and often extends into adulthood (Neary, Gilmore, & Ashburner, 2015). According to parents of adolescents and adults with HFA, more support is needed to help address the needs of youth with HFA when they leave the school system (Neary et al., 2015). Additionally, parents report difficulties with supporting adolescents with HFA as they transition into adulthood (Cheak-Zamora, Teti, & First, 2015). Generally, youth with ASDs have better long-term outcomes when they receive parental and family involvement throughout high school (Karst & van Hecke, 2012).

Regarding families interactions with school counsellors, the participants in this study had mixed experiences. In her experience, Diana discussed the need for advocacy for youth with HFA and self-advocacy for youth and their families. She discussed that despite more awareness and changes on how we support youth with HFA in schools over the last 20 years, she feels that more can be done to help support both youth and their families (p. 79-80). Diana recognizes a continued need with helping to bridge the gap between school and families (p. 81).

In Tyb's experience connecting with families has been a key element to having success with youth with HFA. Tyb has experienced positive support from the families he has worked with throughout his career and in one case credited a youth's positive experience to the support provided by the father of the youth (p. 89-90). In contrast,

Shannon's experiences with families have not been as positive. In her experience, there has been a disconnect between the school and the families, and she has not yet had an experience where the relationship was truly collaborative (p. 104-105).

Advocating on behalf of families or for the youth with HFA was also a common thread between the participants. Tyb and Diana spoke about how they are compelled to advocate by communicating with teachers on behalf of youth with HFA. In their recent study Gallo et al. (2016) also examined school counsellors' experiences. In their study, themes of empowerment were identified as central to their work with children with ASD. Specifically, one of the themes identified centered on the role of advocacy in the lives of students with ASD. Similar to the participants in this study, Gallo et al. (2016) identified that school counsellors often take a supportive role for youth with HFA in the school system.

Long-Term Support

The transition out of high school can be difficult for youth with HFA (DePape & Lindsay, 2015; Powers & Loomis, 2014; Wehmeyer & Zager, 2014). Consistent with this assertion, all three participants discussed how they have continued to provide support to youth with HFA after the youth graduated. Furthermore, all three participants viewed themselves as long-term supporters of youth with HFA.

Despite having graduated, youth continue to feel connected and see their alma mater as a source of support. In Shannon's account, she spoke extensively about her interactions with a specific youth who returned to school for post-high school. She explained how she was able to support this youth in forming long-term goals (p. 106-107). Even when not directly supporting youth with HFA, Diana expressed her hopes and

concerns about whether the necessary supports will be available to youth with HFA beyond high school. Diana also discussed how youth might struggle once the structure of high school is gone (p. 82). Tyb spoke about challenges for youth with HFA particularly as they enter adulthood and learn to manage the demands of attending post-secondary schooling (p. 90).

All three counsellors discussed how they continue to support graduates with HFA. Specifically, Tyb shared that he continues to maintain relationships with students who have graduated (p. 90). Diana discussed how a youth with HFA returned to the school for support around obtaining funding for her academic endeavours (p. 83). Lastly, Shannon is helping to support youth in high school so they are ready for university. For example, by helping a youth receive a psycho-educational assessment and ensuring classes align with realistic long-term goals (p. 106-107).

Summary

Overall, while the three participants each have different accounts and experiences with youth with HFA, I identified seven narrative threads between the three accounts. The above discussion is comprised of the relevant threads and experiences that the three school counsellors had in common. Specifically, the narrative threads included care and relationships with youth with HFA, changes in thinking about HFA, learning about HFA, supporting youth with HFA (supporting mental wellness, creative strategies, strengths-based, and attending to environmental needs), working in teams to support youth with HFA, family involvement, and long term support for youth with HFA. While, these results are considered preliminary, it is anticipated that they will incite further inquiry into the experiences of school counsellors and their experiences with youth with HFA. As

well, develop a greater understanding of how their experiences can inform future school counselling practice.

Chapter VI: CONCLUSION

I completed this exploratory study to help bring greater awareness to the experiences of school counsellors in the lives of youth with HFA. I anticipated that by hearing the participants' stories that school counsellors and members of multidisciplinary teams will develop a more comprehensive understanding of how best to support the overall development of youth with autism spectrum disorders in the high school setting. These stories are both inspiring and informative. They help to illustrate what school counselling practice looks like in the high school setting. It is clearly a very dynamic and multifaceted experience. I hope that this project helps bring to the forefront the importance of the role of the school counsellor in the lives of youth with HFA. I anticipate that this project will continue the conversation of how school counsellors interact with youth with HFA in the school system.

Significance of the Research

This research was intended to help bring an in-depth perspective on the support provided to youth with HFA from a school counselling perspective. While there is significant research available on how teachers are supporting youth with HFA in the school setting, there is a dearth of information about how school counsellors are meeting the needs of youth with HFA. School counsellors provide unique insight into how to support youth with HFA in the mainstream environment. By developing a better understanding of the experiences of school counsellors, new avenues of understanding of how school counsellors are supporting youth with HFA can help to support best practices, and ensure that school counsellors are meeting the needs of youth with HFA. These stories also help to inform policy makers, school teams, administrators, and families

about the experiences of school counsellors. Further, these stories provide insight into potential gaps in school counselling practice and provide a voice to the concerns and challenges faced by school counsellors as they support youth with HFA.

In this inquiry, I attempted to answer the following question, “What are the stories of high school counsellors in supporting youth with HFA in the school setting?” and sub-questions, “What are the lived experiences of school counsellors in directly impacting and supporting the social-emotional well-being of youth with HFA? What do school counsellors’ stories reveal about common practice in the high school setting? What can educators learn from the school counsellors’ stories? How can these stories inform best practice and ensure that the social-emotional needs of youth with HFA are addressed in the high school setting?” To help answer these questions, I interviewed three high school counsellors who worked in urban high schools in a city in Western Canada.

School Counsellors’ Stories

Each of the high school counsellors told stories about their experiences with youth with HFA. These stories occurred over time throughout their career as teachers and school guidance counsellors. While each story is independent and considered unique, each participant told stories about how they developed an understanding of HFA, engaged in relationships with youth with HFA, and how they supported youth with HFA.

I completed a detailed analysis of the narrative accounts. Specifically, I examined each story parallel to the others, identified seven common threads, and compared the threads to current research. The following narrative threads were woven within each narrative account: relationships with youth with HFA, changes in thinking about HFA, learning about HFA on the job, supporting youth with HFA (supporting mental wellness,

strengths-based, and attending to environmental needs), working in teams to support youth with HFA, family involvement, and long-term support for youth with HFA. These threads help to provide a comprehensive understanding of the participants' experience. Foremost, the importance of care in the relationship resonated throughout each account. Despite the challenges that the school counsellors were presented with while trying to support youth with HFA, each participant relayed a message of care and attention for the youth they work with, and their care and attention continued even after the youth had graduated or left the school.

Diana, Tyb, and Shannon's storied accounts help bring awareness to positive and proactive strategies school counsellors use to support youth with HFA during their high school career. These stories help spread awareness and education around the school counsellors' role in the lives of youth with HFA. Given the high demands and the multiple roles often required of school counsellors, their involvement in the lives of youth with HFA could be overlooked or misunderstood. These experiences highlight interventions used to support youth with HFA. Further, they illustrate areas of challenges experienced by school counsellors when supporting youth with HFA.

These life stories help to inform school counselling practice as well as draw insight to the important role of the school counsellor in the school life of youth with HFA. Each story highlights the importance of recognizing that intervention approaches with youth with HFA are not prescriptive and youth with HFA often require an individualized approach.

The importance of developing a relationship with youth with HFA resonated across each participant's account. Care and attention for youth with HFA was paramount.

While it is an ethical obligation to care for all students, the findings from this study highlight the importance of relationship building when interacting with youth with HFA.

Strength-based interventions and positive psychology have gained popularity over the last 20 years and more educators look for strengths and have shifted from a deficit model to a strengths-based model (Bozkurt, 2014; Seligman & Csikszentmihalyi, 2000; Smith, 2006). Similarly, this shift was demonstrated by the experiences of the participants. All three participants discussed how their approach and support with youth with HFA has changed to reflect this shift. They also spoke about incorporating youths' strengths to plan interventions.

When considering how the storied accounts relate to the experiences of the three participants, each account brings new meaning into the role of the school counsellor as they intersect in the school lives of youth with HFA. The resonant threads identified across each account help illustrate the various ways school counsellors are interacting with youth with HFA. Attending to the social-emotional, academic, and long term needs when supporting youth with HFA was viewed as essential. Each participant discussed a variety of interventions and strategies that they used, such as social stories, psycho-education, providing an alternate area in the school, calming strategies, and visual strategies.

Each participant highlighted how they embraced the team approach, and preferred to work in collaboration with others when supporting youth with HFA. They relied on the school team as a source of support and expressed an understanding that to effectively support youth with HFA it is important to utilize a team-based framework. They valued helping youth with HFA develop a sense of belonging in the school, provided flexibility

when counselling, and responded to the individual needs of youth with HFA on an ongoing basis. Furthermore, while all three participants acknowledged the importance of involving family in the lives of youth with HFA, Shannon was unable to incorporate family in her practice and spoke openly about her difficulty. Lastly, the participants discussed how they viewed their time with youth with HFA as a long-term commitment and in the case of Diana and Tyb extended into adulthood after graduation.

Integration with Existing Literature

Many of the findings in this study align with recent research that examined school counsellors and youth with HFA in the high school setting (Gallo et al., 2016; Griffin, 2015; Guo et al., 2014). Similar to Gallo et al.'s (2016) study, serving as a source of support was highlighted as an essential role of the school counsellor in the life of youth with HFA. In this study, providing support often meant being creative and finding alternative ways to help youth with HFA. Further, Gallo et al. (2016) discusses the importance of nurturing the relationship with youth with HFA. The participants in this study spoke about how their creativity often stemmed from their willingness to follow the youth's lead. This finding has important implications in that when discussing interventions and ASDs, behavioural supports and specific prescriptive approaches are often recommended (Volkmar et al., 2014), and may not always be feasible or the only solution when supporting youth with HFA.

Consistent with Griffin (2015) and Guo et al. (2014), the participants spoke about providing an alternative space for youth with HFA to go to in the school. This strategy can serve as a proactive way to help reduce anxiety and stress. Additionally, similar to the findings in this study, Griffin (2015) and Guo et al. (2014) also highlight the role of the

school team and the importance of collaboration between families, teachers, other school professionals, and school counsellors. It is evident that in reviewing current research and the results of this study, taking an active role in the school career of youth with HFA is an important element to supporting them effectively in the school environment.

In contrast to current research and recommendations extended by Volkmar et al. (2014), the participants did not report using a wide variety of evidence-based practices beyond social stories and visual aids. The participants cited relying on what made sense in the moment when supporting youth with HFA. Additionally, while the participants alluded to helping youth with HFA around perspective-taking and working through difficult social situations, none of the participants indicated that they explicitly addressed Theory of Mind deficits. In contrast, in Griffin (2015) study, Theory of Mind deficits were viewed as a primary area of intervention for school counsellors working with youth with HFA.

In terms of professional development and previous learning and understanding of HFA, the participants' stories highlighted how the school counsellors primarily learned about HFA on the job, rather than having specific training in HFA. Griffin (2015) discovered a similar trend in her study, where most of the school counsellors surveyed responded having had limited training and professional development opportunities around HFA.

Professional Implications

Regarding professional implications, both educators of school counselling programs and professional school counsellors may benefit from the results of this inquiry. Findings also suggest that policy makers and administrators be aware that school

counsellors may have different levels of awareness and understanding of HFA, and may require and benefit from additional training and professional development. Specifically, the stories lived and told in this inquiry help to bring awareness to the importance of integrating more knowledge and understanding of HFA in training programs. Given that youth with HFA are often integrated in the mainstream school environment, school counsellors may feel better equipped to meet the needs of this specialized population if they have training and support. Additional implications from this study may include, a disconnect between administrators demands on the time of school counsellors and the school counsellors' professional discretion on how best to serve the needs of youth with HFA. Advocacy on behalf of school counsellors and job expectations appears to be a potential implication for school counselling practice.

Some researchers have explored alternative ways to counsel youth with HFA. For example, Lego therapy has shown to be effective with youth with HFA (Legoff, Krauss, & Allen, 2012), sandtray therapy (see Richardson, 2012), and Gallo-Lopez and Rubin (2012) outline different ways to incorporate play when counselling individuals with ASD. Common recommendations and support with counselling youth with HFA is often focussed on addressing social communication challenges. Volkmar et al. (2014) recommend social skills training as considered best practice when supporting youth with HFA, however, the authors remark that these strategies are often not used in school setting settings due to a lack of appropriately trained professionals in prescriptive programs.

I anticipate that this research will help encourage other school counsellors to take an active role when supporting youth with HFA, even in situations where they may not

feel adequately prepared to do so. The school counsellors in this study were willing to support and follow the youth's lead, despite not always feeling equipped to do so. Furthermore, school administrators, and other members of the school team, may be interested in reading this research to help gain more insight and understanding of the role of the school counsellor in the lives of youth with HFA. These personal accounts help to illustrate the day-to-day activities, challenges, and celebrations school counsellors experience with youth with HFA.

While the intention of this study is not to generalize beyond the experiences of the three participants, this research raises important questions about the training and information that school counsellors receive about HFA. It is important to recognize that the experiences relayed in this study highlight an area of significant need in school counselling practice. Youth with HFA are a vulnerable population, and despite best intentions and a desire to help, intuition is not sufficient to effectively meet the needs of youth with HFA. School counsellors require additional training to successfully meet the needs of youth with HFA in the high school setting. Although it is school counsellors' responsibility to seek training and practice within their area of competence, it is recognized that they may be called upon to support students with varying abilities and challenges outside this area of expertise. Certainly, it is the ethical obligation of school counsellors to ensure that they have the appropriate training; it is also acknowledged that broader school administrator and school division priorities may inhibit school counsellors' professional development opportunities. The goals of administration and counsellors do not always align.

Furthermore, this study points to the importance of informing policy-makers and

administrators about the challenges experienced by school counsellors in supporting youth with HFA. Key decision-makers need to be aware that school counsellors may be placed in situations where they are asked to work with students with conditions for which they have little to no preparation.

These findings also indicate that without specialized mental health supports, youth with HFA are at risk of victimization, long-term mental health concerns, and suffering serious and potentially deleterious effects. It is unfortunate that school counsellors lack the essential training in how best to support youth with HFA despite the surge of awareness and understanding over the last 20 years. Counsellor education programs should make it a priority to incorporate ASD training within their programs to ensure that school counsellors have competence in this important area of practice. Finally, it would better serve youth with HFA and their families if the professionals who work with them both prioritize their professional development opportunities, and receive time from their employers to develop their knowledge base and competence. It is hoped that all who serve youth with HFA choose a culture of encouragement, engagement, and desire to be better equipped in all areas of practice.

Limitations

Narrative inquiry assumes that the researcher's experience is embedded within the study and there is no presumption of objectivity (Clandinin, 2013). Unlike other forms of qualitative inquiry where the researcher is separate from the inquiry, narrative inquiry recognizes that this is not possible and embraces the researcher's involvement and influence on the inquiry (Clandinin, 2013). From a non-narrative perspective, lack of subjectivity may be viewed as an intrinsic limitation to this study. Given the lack of

objectivity between the researcher and the participants, the results are viewed through the researcher and the participants' lens, and are influenced by the researcher's subjective view and understanding which inadvertently creates a bias. This bias is reflected in how the stories are represented as well as how they are analysed.

Another limitation within this study is the lack of transferability of the findings across contexts or other settings. This study took place within one urban center in Western Canada; as a result, it is possible that the findings are not necessarily reflective of school counselling practice in other urban and rural centers in Canada. Furthermore, due to population differences, the experiences of school counsellors in rural centers may differ, as they may not have the same opportunity to interact with youth with HFA compared to school counsellors in urban school divisions. Differences in job expectations, training opportunities, and qualifications across jurisdictions may influence findings in other areas of Canada.

Finally, limitations related to sampling bias may limit the transferability of the findings from this study. Specifically, I only recruited participants from one urban centre in Western Canada. My decision was based on my previous experience working in the schools in the same urban centre. Therefore, readers from other jurisdictions should be mindful of contextual differences that may influence the relevance of the current study to their setting. Lastly, this study only examines the experiences of school counsellors and their view of how they interact with youth with HFA. This study does not provide information about how youth with HFA and their families perceive the support that they receive from school counsellors.

Recommendations for Future Research

The results from this study highlight the need for more research in understanding how school counsellors are supporting youth with HFA in the high school setting across other jurisdictions in Canada. The results from this inquiry highlight a gap in the area of professional development to support school counsellors in their work with youth with HFA. Furthermore, additional research regarding evidence-based interventions within the school setting is necessary to ensure that school counsellors are effectively supporting the mental health needs of youth with HFA (Wong et al., 2015). Most importantly, more research is required to help better understand how school counsellors can effectively support the long-term social-emotional needs of youth with HFA in the high school setting.

Given that this study only examined the experiences of school counsellors from one city in Western Canada in a large urban centre, it may be helpful to understand the experiences of school counsellors from other cities, provinces, and rural communities in other parts of Canada. Gaining an expanded view of the experiences across jurisdictions would help to better inform the role of the school counsellor in the school life of youth with HFA. Research in other areas would help to both better understand school counsellors' experience across regions as well as help to further support the development of best practice within Canadian schools.

Furthermore, research on the long-term mental health outcomes of individuals with HFA is still in its infancy. Preliminary studies examining the experiences and needs of young adults with HFA in higher education have been completed (Cai & Richdale, 2016; Van Hees, Moyson, & Roeyers, 2015), however, more research in understanding

how high schools are preparing youth with HFA for life after high school is required. Specifically, it is recommended that additional research examine how school counsellors support the mental health needs of youth with HFA.

Next steps to extend this research may be to query adults with HFA and their families to learn about their high school experiences and the involvement of school counsellors during their high school career. A retrospective account may be informative and helpful to learn how school counsellors supported them and identify gaps in support when they went to high school. It is essential to ensure that school counsellors are supporting youth HFA effectively, with the intention or goal to improve long-term outcomes in overall well-being. Some potential future questions include: Did youth with HFA receive support in long-term planning and career development, if so, what worked and what did not? What could have been done differently from a school counselling perspective? The development of best practices for high school counsellors working with youth with HFA would help ensure that school counsellors are prepared and consistent in how they address the needs of youth with HFA. This research has helped bring awareness to some of the issues experienced by school counsellors, but there is more to learn and more to examine from a school counselling perspective.

Epilogue

My interest in HFA and the experiences of school counsellors stemmed from my time spent in schools as a professional school psychologist. By working collaboratively with the other experts in the schools supporting students with special needs, I became interested in the role school counsellors play in the lives of youth with high functioning autism. Similar to the participants in this study, my personal and professional awareness

and understanding of HFA has changed significantly over the years, often influenced by my interactions with the youth I have supported. In this research, I developed a stronger appreciation for the role of school counsellors in the lives of youth with HFA. I am extremely grateful to have had the opportunity to meet and connect with each participant. Their experiences are an invaluable resource and testament to the important role they play in the lives of youth with HFA.

This thesis project has been an eye-opening experience and has helped me to gain a broader awareness and understanding of the work of other school professionals. Furthermore, given the time and energy involved in writing a thesis, people would often inquire about what I was writing about and why it is of interest to me. These conversations have made me acutely aware of the importance of creating awareness about autism, drawing on new understandings, and viewing common and everyday experience from a new perspective. I am extremely grateful for the time and experience provided by Diana, Tyb, and Shannon. Their experience is a valuable resource that I feel privileged to share.

References

- Ambler, P. G., Eidels, A., & Gregory, C. (2015). Anxiety and aggression in adolescents with autism spectrum disorders attending mainstream schools. *Research in Autism Spectrum Disorders, 18*, 97-109. <http://dx.doi.org/10.1016/j.rasd.2015.07.005>
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Ashburner, J., Ziviani, J., & Rodger, S. (2010). Surviving the mainstream: Capacity of children with autism spectrum disorders to perform academically and regulate their emotions and behaviour at school. *Research in Autism Spectrum Disorders, 4*, 18-27. <http://doi.org/10.1016/j.rasd.2009.07.002>
- Asperger, H. (1991). 'Autistic psychopathy' in childhood. In U. Frith (Ed. & Trans.), *Autism and Asperger syndrome* (pp. 37-92). New York, NY: Cambridge University Press. (Original work published 1943)
- Atwood, T. (2008). *The complete guide to Asperger's syndrome*. Philadelphia, PA: Jessica Kingsley Publishers.
- Auger, R. W. (2012). Autism spectrum disorders: A research review for school counsellors. *Professional School Counseling, 16*, 256-269. <http://www.questia.com/library/p973/professional-school-counseling>
- Autism Society of Canada. (2013). *Prevalence in Canada*. http://www.autismsocietycanada.ca/index.php?option=com_content&view=article&id=55&Itemid=85&lang=en

Baker-Ericzen, M. (2013). Early intervention for children/youth with Asperger syndrome.

In R. DuCharme & T. Gullotta (Eds.), *Asperger syndrome: A guide for professionals and families* (pp. 39-63). New York: Springer.

Barbaro, J., & Dissanayake, C. (2009). Autism spectrum disorders in infancy and toddlerhood: A review of the evidence on early signs, early identification tools, and early diagnosis. *Journal of Developmental & Behavioral Pediatrics, 30* (5), 447-459. <http://doi.org/10.1097/DBP.0b013e3181ba0f9f>

Baric, B. V., Hellberg, K., Kjellberg, A., & Hemmingsson, H. (2016). Support for learning goes beyond academic support: Voices of students with Asperger's disorder and attention deficit hyperactivity disorder. *Autism, 20* (2), 183-195. <http://doi.org/10.1177/1362361315574582>

Barnhill, G. P., Hagiwara, T., Smith Myles, B., Simpson, R. L., Brick, M. L., & Griswold, D. E. (2000). Parent, teacher, and self report of problem and adaptive behaviors in children and adolescents with Asperger syndrome. *Assessment for Effective Intervention, 25*, 147-167. <http://doi.org/10.1177/073724770002500205>

Bauminger, N., Shulman, C., & Agam, G. (2003). Peer interaction and loneliness in high-functioning children with autism. *Journal of Autism and Developmental Disorders, 33*, 489-507. <http://www.springer.com/psychology/child+%26+school+psychology/journal/10803>

Bauminger-Zviely, N., Eden, S., Zancanaro, M., Weiss, P. L., & Gal, E. (2013). Increasing social engagement in children with high-functioning autism spectrum disorder using collaborative technologies in the school environment. *Autism, 17*,

- 317-339. <http://doi.org/10.1177/1362361312472989>
- Bekhet, A. K., Johnson, N. L., & Zauszniewski, J. A. (2012). Resilience in family members of persons with autism spectrum disorder: A review of the literature. *Issues in Mental Health Nursing, 33*(10), 650–656.
<http://doi.org/10.3109/01612840.2012.671441>
- Bluth, K., Roberson, P. N. E., Billen, R. M., & Sams, J. M. (2013). A stress model for couples parenting children with autism spectrum disorders and the introduction of a mindfulness intervention. *Journal of Family Theory & Review, 5*(3), 194–213.
<http://doi.org/10.1111/jftr.12015>
- Bozkurt, T. (2014). New horizons in education: Positive education and emerging leadership roles of counsellors. *Procedia-Social and Behavioral Sciences, 140*, 452-461. <http://doi.org/10.1016/j.sbspro.2014.04.452>
- Brock, M. E., Huber, H. B., Carter, E. W., Juarez, A. P., & Warren, Z. E. (2014). Statewide assessment of professional development needs related to educating students with autism spectrum disorder. *Focus on Autism and Other Developmental Disabilities, 29* (2), 67-79.
<http://doi.org/10.1177/1088357614522290>
- Bruner, J. S. (1990). *Acts of meaning*. Cambridge, MA: Harvard University Press.
- Buzanko, C. (2007). *Supporting siblings of children with autism* (Unpublished master's thesis). Athabasca University, Alberta.
- Cai, R. Y., & Richdale, A. L. (2016). Educational experiences and needs of higher education students with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 46*, 31-42. <http://doi.org/10.1007/s10803-015-2535-1>

- Caine, V., Estefan, A., & Clandinin, D. J. (2013). A return to methodological commitment: Reflections on narrative inquiry. *Scandinavian Journal of Educational Research, 57*, 574-586.
<http://dx.doi.org/10.1080/00313831.2013.798833>
- Canadian Counselling and Psychotherapy Association. (2012). *Regulation for school counsellors by province* [pdf]. https://www.ccpa-accp.ca/wp-content/uploads/2014/10/RegulationSchoolCounsellors_en.pdf
- Canadian Counselling and Psychotherapy Association. (2016). *The school counsellors chapter* [pdf]. https://www.ccpa-accp.ca/wp-content/uploads/2015/06/SCC_brochure_ENG.pdf
- Carlson, J. A. (2010). Avoiding traps in member checking. *The Qualitative Report, 15*, 1102-1113. <http://www.nova.edu/ssss/QR/QR15-5/carlson.pdf>
- Carter, S. (2009). Bullying of students with Asperger syndrome. *Issues in Comprehensive Pediatric Nursing, 32*, 145-154. <http://doi.org/10.1080/01460860903062782>
- Cashin, A., Browne, G., Bradbury, J., & Mulder, A. (2013). The effectiveness of narrative therapy with young people with autism. *Journal of Child and Adolescent Psychiatric Nursing, 26*(1), 32-41. <http://doi.org/10.1111/jcap.12020>
- Cederlund, M., Hagberg, B., & Gillberg, C. (2010). Asperger syndrome in adolescent and young adult males. Interview, self and parent assessment of social, emotional, and cognitive problems. *Research in Developmental Disabilities, 31*, 287-298.
<http://doi.org/10.1016/j.ridd.2009.09.006>
- Chase, S. E. (2003). Learning to listen: Narrative principles in qualitative research methods course. In R. Josselson, A. Lieblich, & D. P. McAdams (Eds.), *Up close*

- and personal: The teaching and learning of narrative research. The narrative study of lives* (pp. 79-99). Washington, DC: American Psychological Association.
- Cheak-Zamora, N. C., Teti, M., & First, J. (2015). 'Transitions are scary for our kids, and they're scary for us': Family member and youth perspectives on the challenges of transitioning to adulthood with autism. *Journal of Applied Research in Intellectual Disabilities*, 28, 548-560.
[http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1468-3148](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1468-3148)
- Chiang, H-M., & Wineman, I. (2014). Factors associated with quality of life in individuals with autism spectrum disorders: A review of the literature. *Research in Autism Spectrum Disorders*, 8, 974-986.
<http://doi.org/10.1016./j.rasd.2014.05.003>
- Cigrand, D. L. (2011). *School counsellors' use of the combination social stories and video modeling intervention for social skills developed of students diagnosed with autism spectrum disorders: A qualitative criticism of the perceptions of multidisciplinary team members* (Unpublished doctoral dissertation). University of Iowa, Iowa City, Iowa.
- Clandinin, D. J. (2013). *Engaging in narrative inquiry*. Walnut Creek, CA: Left Coast Press, Inc.
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco, CA: Jossey-Bass.
- Clandinin, D. J., Pushor, D., & Orr, A. M. (2007). Navigating sites for narrative inquiry. *Journal of Teacher Education*, 58, 21-35.
<http://doi.org/10.1177/0022487106296218>

- Clandinin, D. J., & Rosiek, J. (2007). Mapping a landscape of narrative inquiry. In J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 35-75). Thousand Oaks, CA: Sage Publications Inc.
- Combes, B. H., Chang, M., Austin, J. E., & Hayes, D. (2016). The use of evidence based practices in the provision of social skills training for students with autism spectrum disorder among school psychologists. *Psychology in the Schools, 53*, 548-563. <http://doi.org/10.1002/pits.21923>
- Connelly, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. *Educational Researcher, 19*, 2-14. <http://edr.sagepub.com>
- Connelly F. M., & Clandinin, D. J. (2006). Narrative inquiry. In J. Green, G. Camilli, P. Elmore, A. Skukauskaite, & E. Grace (Eds.), *Handbook of complementary methods in education research* (pp. 477-487). Mahwah, NJ: Lawrence Erlbaum.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.
- Cridland, E. K., Jones, S. C., Stoyles, G., Caputi, P., & Magee, C. A. (2015). Families living with autism spectrum disorder: Roles and responsibilities of adolescent sisters. *Focus on Autism and Other Developmental Disabilities, 233*, 1-12. <http://doi.org/10.1177/1088357615583466>
- Danial, J. T., & Wood, J. J. (2013). Cognitive behavioral therapy for children with autism: Review and considerations for future research. *Journal of Developmental & Behavioral Pediatrics, 34*, 702–715. <http://www.jdbp.org>
- Data & Statistics. (2015, February 26). <http://www.cdc.gov/ncbddd/autism/data.html>
- De Bruin, E. I., Blom, R., Smit, F. M., van Steensel, F. J., & Bogels, S. M. (2014).

- MYmind: Mindfulness training for youngsters with autism spectrum disorders and their parents. *Autism*. <http://doi.org/10.1177/1362361314553279>
- DePape, A-M., & Lindsay, S. (2015). Lived experiences from the perspective of individuals with autism spectrum disorder: A qualitative meta-synthesis. *Focus on Autism and Other Developmental Disabilities, 1-12*.
<http://doi.org/10.1177/1088357615587504>
- Dewey, J. (1938). *Experience and education*. New York, NY: Kappa Delta Pi.
- Diener, M. L., Anderson, L., Wright, C. A., & Dunn, M. L. (2015). Sibling relationships of children with autism spectrum disorder in the context of everyday life and a strength-based program. *Journal of Child and Family Studies, 2008*, 1–13.
<http://doi.org/10.1007/s10826-014-9915-6>
- Dipeolu, A. O., Storlie, & C., Johnson, C. (2014). Transition to college and students with high functioning autism spectrum disorder: Strategy considerations for school counselors. *Journal of School Counseling, 12*. 1-38. <http://jsc.montana.edu>
- Downey, A., & Clandinin, D. J. (2010). Narrative inquiry as reflective practice: Tensions and possibilities. In N. Lyons (Ed.), *Handbook of reflection and reflective inquiry* (383-397). <http://doi.org/10.1007/978-0-387-85744-2>
- Doyle, S. (2013). Reflexivity and the capacity to think. *Qualitative Health Research, 23*(2), 248-255. <http://doi.org/10.1177/1049732312467854>
- Epp, K. M. (2008). Outcome-based evaluation of a social skills program using art therapy and group therapy for children on the autism spectrum. *Children & Schools, 30*(1), 27–37. <http://doi.org/10.1093/cs/30.1.27>
- Farmer, C. A., & Aman, M. G. (2011). Aggressive behaviour in a sample of children with

- autism spectrum disorders. *Research in Autism Spectrum Disorders*, 5, 317-323.
<http://doi.org/10.1016/j.rasd.2010.04.014>
- Ferraioli, S. J., Hansford, A., & Harris, S. L. (2012). Benefits of including siblings in the treatment of autism spectrum disorders. *Cognitive and Behavioral Practice*, 19(3), 413–422. <http://doi.org/10.1016/j.cbpra.2010.05.005>
- Freedman, B. H., Kalb, L. G., Zablotzky, B., & Stuart, E. A. (2012). Relationship status among parents of children with autism spectrum disorders: A population-based study. *Journal of Autism and Developmental Disorders*, 42(4), 539–548.
<http://doi.org/10.1007/s10803-011-1269-y>
- Galassi, J. P., Griffin, D., & Akos, P. (2008). Strengths-based school counselling and the ASCA National Model®. *Professional School Counseling*, 12, 176-181.
<http://professionalschoolcounseling.org>
- Gallo-Lopez L. & Rubin, L. C. (Eds.). (2012). *Play-Based Interventions for Children and Adolescents with Autism Spectrum Disorders*. New York, NY: Routledge
- Gallo, L.L., Self, T., & Raush, M. A. (2016). School counselor's experiences with empowerment and students on the autism spectrum: A qualitative study. *Journal of Child and Adolescent Counseling*, 2(2), 259-174.
<http://doi.org/10.1080/23727810.2016.1252652>
- Gardner, K. F., Carter, E. W., Gustafson, J. R., Hochman, J. M., Harvey, M. N., Mullins, T. S., & Fan, H. (2014). Effects of peer networks on the social interactions of high school students with Autism Spectrum Disorders. *Research and Practice for Persons with Severe Disabilities*, 39(2). 100-118.
<http://doi.org/10.1177/1540796914544550>

- Gibbons, M. M., & Goins, S. (2008). Getting to know the child with Asperger syndrome. *Professional School Counseling, 11*(5), 347-352.
<http://professionalschoolcounseling.org/>
- Gilbert, K. R. (2002). Taking a narrative approach to grief research: Finding meaning in stories. *Death Studies, 26*, 223-239.
<http://www.tandfonline.com/toc/udst20/current#.UzjP-txN1uY>
- Gill, J., & Liamputtong, P. (2011). Being the mother of a child with Asperger's syndrome: women's experiences of stigma. *Health Care for Women International, 32*(8), 708–722. <http://doi.org/10.1080/07399332.2011.555830>
- Gillberg, C., & Cederlund, M. (2005). Asperger syndrome: Familial and pre-and perinatal factors. *Journal of Autism and Developmental Disorders, 35*, 159-166.
<http://doi.org/10.1007/s10803-004-1993-7>
- Gillis, J. M., & Beights, R. (2012). New and familiar roles for clinical psychologists in the effective treatment for children with an autism spectrum disorder. *Cognitive and Behavioral Practice, 19*(3), 392–400.
<http://doi.org/10.1016/j.cbpra.2011.02.007>
- Glesne, C. (2011). *Becoming qualitative researchers: An introduction*. Boston, MA: Pearson Education.
- Goodman-Scott, E., & Carlisle, R. (2014). School counselors' roles in creating and implementing social stories to serve students with autism spectrum disorder. *Professional School Counseling, 18*(1), 158-168. <https://doi.org/10.5330/2156-759X-18.1.158>
- Green, B. (2013). Narrative inquiry and nursing research. *Qualitative Research Journal,*

- 13, 62-71. <http://doi.org/10.1108/14439881311314586>
- Griffin, S. (2015). *Secondary school counselors' identification of strategies for meeting the needs of high-functioning autism spectrum disorder students placed in the general education program* (Unpublished doctoral dissertation).
<http://rdw.rowan.edu/etd/557>
- Griffith, G. M., Hastings, R. P., & Petalas, M. A. (2014). Brief report: Fathers' and mothers' ratings of behavioral and emotional problems in siblings of children with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 44*(5), 1230–1235. <http://doi.org/10.1007/s10803-013-1969-6>
- Guo, Y-J., Wang, S-C., Corbin-Burdick, M. F., & Statz, S. R. (2014). Children with Asperger's in school: Essential points for building a support network. *Michigan Journal of Counseling, 40*, 28-39.
<http://www.michigancounselingassociation.com/>
- Gutstein, S. E. (2009). Empowering families through Relationship Development Intervention: An important part of the biopsychosocial management of autism spectrum disorders. *Annals of Clinical Psychiatry, 21*(3), 174–182.
<http://www.aacp.com>
- Hall, H. R. (2012). Families of children with autism: Behaviours of children, community support and coping. *Issues in Comprehensive Pediatric Nursing, 35*, 111-132.
<http://doi.org/10.3109/01460862.2012.678263>
- Halle, S., Ninness, C., Ninness, S. K., & Lawson, D. (2016). Teaching social skills to students with autism: A video modeling social stories approach. *Behavior and Social Issues, 25*, 42-63. <http://doi.org/10.5210/bsi.v.25i0.6186>

- Hartley, S. L., Barker, E. T., Seltzer, M., Floyd, F., Greenberg, J., Orsmond, G., & Bolt, D. (2010). The relative risk and timing of divorce in families of children with an autism spectrum disorder. *Journal of Family Psychology, 24*, 449-457.
<http://doi.org/10.1037/a0019847>
- Hawken, L. S., Vincent, C. G., & Schumann, J. (2008). Response to intervention for social behaviour. *Journal of Emotional and Behavioral Disorders, 16*, 213-225.
<http://doi.org/10.1177/1063426608316018>
- Hayashi, M., Kato, M., Igarashi, K., & Kashima, H. (2008). Superior fluid intelligence in children with Asperger's disorder. *Brain and Cognition, 66*, 306-310.
<http://doi.org/10.1016/j.bandc.2007.09.008>
- Hayes, S. A., & Watson, S. L. (2013). The impact of parenting stress: A meta-analysis of studies comparing the experience of parenting stress in parents of children with and without autism spectrum disorders. *Journal of Autism and Developmental Disorder, 43*, 629-642. <http://doi.org/10.1007/s10803-012-1604-y>
- Hedges, S. H., Kirby, A. V., Sreckovic, M. A., Kucharczyk, S., Hume, K., & Pace, S. (2014). "Falling through the cracks": Challenges for high school students with autism spectrum disorder. *The High School Journal, 98*, 64-82.
<http://doi.org/10.1353/hsj.2014.0014>
- Hill, A. P., & Fombonne, E. (2014). Epidemiology of autism spectrum disorder. *Cutting Edge Psychiatry in Practice, 1*, 8-12.
http://www.researchgate.net/publication/265510449_Epidemiology_of_Autism_Spectrum_Disorder
- Ho, B. P. V., Stephenson, J., & Carter, M. (2015). Cognitive-behavioural approach for

- children with autism spectrum disorder: A literature review. *Journal of Intellectual and Developmental Disability*, (May), 1–17.
<http://doi.org/10.3109/13668250.2015.1023181>
- Humphrey, N., & Lewis, S. (2008). ‘Make me normal’ The views and experiences of pupils on the autistic spectrum in mainstream secondary schools. *SAGE Publications and The National Autistic Society*, 12, 23-46.
<http://doi.org/10.1177/1362361307085267>
- Humphrey, N., & Symes, W. (2013). Inclusive education for pupils with autistic spectrum disorders in secondary mainstream schools: Teacher attitudes, experience and knowledge. *International Journal of Inclusive Education*, 17(1), 32-46. <http://dx.doi.org/10.1080/13603116.2011.580462>
- Josselson, R. (2007). The ethical attitude in narrative research: Principles and practicalities. In J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 537-566). Thousand Oaks, CA: Sage Publications Inc.
- Kaffenberger, C., & O’Rourke-Trigiani, J. (2013). Addressing student mental health needs by providing direct and indirect services and building alliances in the community. *Professional School Counseling*, 16, 323-332. <http://doi.org/10.5330/PSC.n.2013-16.323>
- Kaland, N., Mortensen, E. L., & Smith, L. (2011). Social communication impairments in children and adolescents with Asperger syndrome: Slow response time and the impact of prompting. *Research in Autism Spectrum Disorders*, 5, 1129-1137.
<http://doi.org/10.1016/j.rasd.2010.12.009>
- Kanne, S. M., & Mazurek, M. O. (2011). Aggression in children and adolescents with

- ASD: Prevalence and risk factors. *Journal of Autism and Developmental Disorders*, 41, 926-937. <http://doi.org/10.1007/s10803-010-1118-4>
- Kanner, L. (1943). Autistic disturbances of affective contact. *Pathology*, 217-250. http://neurodiversity.com/library_kanner_1943.pdf
- Karst, J. S., & van Hecke, A. V. (2012). Parent and family impact of autism spectrum disorders: A review and proposed model for intervention evaluation. *Clinical Child and Family Psychology Review*, 15(3), 247–277. <http://doi.org/10.1007/s10567-012-0119-6>
- Kenworthy, L., Case, L., Harms, M. B., Martin, A., & Wallace, G. L. (2010). Adaptive behaviour ratings correlate with symptomatology and IQ among individuals with high functioning autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 40, 416-423. <http://doi.org/10.1007/s10803-009-0911-4>
- Khanna, R., Madhavan, S. S., Smith, M. J., Patrick, J. H., Tworek, C., & Becker-Cottrill, B. (2011). Assessment of health-related quality of life among primary caregivers of children with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders*, 41(9), 1214–1227. <http://doi.org/10.1007/s10803-010-1140-6>
- Kim, J. H. (2016). *Understanding narrative inquiry*. Thousand Oaks, CA: SAGE Publications, Inc.
- Klin, A., Saulnier, C. A., Sparrow, S. S., Cicchetti, D. V., Volkmar, F. R., & Lord, C. (2007). Social and communication abilities and disabilities in higher functioning individuals with autism spectrum disorders: The Vineland and the ADOS. *Journal*

- of Autism and Developmental Disorders*, 37, 748-759.
<http://doi.org/10.1007/s10803-006-0229-4>
- Kowalski, R. M., & Fedina, C. (2011). Cyberbullying in ADHD and Asperger syndrome populations. *Research in Autism Spectrum Disorders*, 5, 1201-1208.
<http://doi.org/10.1016/j.rasd.2011.01.007>
- Kramp, M. K. (2004). Exploring life and experience through narrative inquiry. In K. deMarrais & S. D. Lapan (Eds.), *Foundations for research: Methods of inquiry in education and the social Sciences* (pp. 103-121). Mahwah, NJ: Lawrence Erlbaum Associates.
- Kucharczyk, S., Reutebuch, C. K., Carter, E.W., Hedges, S., El Zein, F., Fan, H., & Gustafson, J. R. (2015). Addressing the needs of adolescents with autism spectrum disorder: Considerations and complexities for high school interventions. *Exceptional Children*, 81(31), 329-349.
<http://doi.org/10.1177/0014402914563703>
- Kurth, J. A., & Mastergeorge, A. M. (2010). Academic and cognitive profiles of students with autism: Implications for classroom practice and placement. *International Journal of Special Education*, 25. http://www.researchgate.net/journal/0827-3383_International_journal_of_special_education
- Lake, J. K., Perry, A., & Lunsky, Y. (2014). Mental health services for individuals with high functioning autism spectrum disorder. *Autism Research and Treatment*, 2014, 1-9. <http://dx.doi.org/10.1155/2014/502420>
- Lasser, J., & Corley, K. (2008). Constructing normalcy: a qualitative study of parenting children with Asperger's Disorder. *Educational Psychology in Practice*, 24(4),

- 335–346. <http://doi.org/10.1080/02667360802488773>
- Lee, G. K. (2009). Parents of children with high functioning autism: How well do they cope and adjust? *Journal of Developmental and Physical Disabilities, 21*(2), 93–114. <http://doi.org/10.1007/s10882-008-9128-2>
- Lee, G. K., Lopata, C., Volker, M. A., Thomeer, M. L., Nida, R. E., Toomey, J. A., ... Smerbeck, A. M. (2009). Health-related quality of life of parents of children with high-functioning autism spectrum disorders. *Focus on Autism and Other Developmental Disabilities, 24*(4), 227–239. <http://doi.org/10.1177/1088357609347371>
- Lee, G. K., Lopata, C., Volker, M. A., Thomeer, M. L., Toomey, J. A., Rodgers, J. D., ... McDonald, C. A. (2012). Stress, resiliency factors, quality of life among caregivers of children with high functioning autism spectrum disorders (HFASDs). *The Australian Journal of Rehabilitation Counselling, 18*(01), 25–36. <http://doi.org/10.1017/jrc.2012.5>
- Legoff, D. B., Krauss, G. W., & Allen, S. L. (2012). LEGO-based play therapy for improving social competence in children and adolescents with autism spectrum disorders. In L. Gallo-Lopez, & L. Rubin (Eds.), *Play-based interventions for children and adolescents with autism spectrum disorders* (pp. 137-158). New York: Taylor and Francis Group.
- Little, L. (2002). Middle class mothers' perceptions of peer and sibling victimization among children with Asperger's syndrome and nonverbal learning disorders. *Issues in Comprehensive Pediatric Nursing, 25*, 43-57. <http://informahealthcare.com/journal/cpn>

- Lock, R. H., Bradley, L., Hendricks, B., & Brown, D. B. (2013). Evaluating the success of a parent-professional autism network: Implications for family counselors. *The Family Journal*, 21(3), 288–296. <http://doi.org/10.1177/1066480713479321>
- Locke, J., Ishijima, E. H., Kasari, C., & London, N. (2010). Loneliness, friendship quality and the social networks of adolescents with high functioning autism in an inclusive school setting. *Journal of Research in Special Education Needs*, 10, 74-81. <http://doi.org/10.1111/j.1471-3802.2010.01148.x>
- Loh, J. (2013). Inquiry into issues of trustworthiness and quality in narrative studies: A perspective. *Qualitative Report*, 18, 1-15.
<http://www.nova.edu/ssss/QR/QR18/loh65.pdf>
- Lugnegard, T., Hallerback, M. U., & Gillberg, C. (2011). Psychiatric comorbidity in young adults with a clinical diagnosis of Asperger syndrome. *Research in Developmental Disabilities*, 32, 1910-1917.
<http://doi.org/10.1016/j.ridd.2011.03.025>
- Lyons, A. C. (2011). Advancing and extending qualitative research in health psychology. *Health Psychology Review*, 5, 1-8.
<http://dx.doi.org/10.1080/17437199.2010.544638>
- Macintosh, K., & Dissanayake, C. (2006). Social skills and problem behaviours in school aged children with high-functioning autism and Asperger's disorders. *Journal of Autism and Developmental Disorders*, 36, 1065-1076.
<http://doi.org/10.1007/s10803-006-0139-5>
- Maenner, M. J., Rice, C. E., Arneson, C.L., Cunniff, C., Schieve, L. A., Carpenter, L. A.,...Durkin, M. S. (2014). Potential impact of DSM-5 criteria on Autism

- Spectrum Disorder prevalence estimates. *JAMA Psychiatry*, 71, 292-300.
<http://doi.org/10.1001/jamapsychiatry.2013.3893>.
- Mandy, W., Murin, M., Baykaner, O., Staunton, S., Hellriegel, J., Anderson, S., & Skuse, D. (2015). The transition from primary to secondary school in mainstream education for children with autism spectrum disorder. *Autism*, 1, 1-9.
<http://doi.org/10.1177/13623613145562616>
- Manitoba Government. (2017a). *Appropriate educational programming*.
<http://www.edu.gov.mb.ca/k12/specedu/aep/inclusion.html>
- Manitoba Government. (2017b). *Student services/ Special education: School guidance and counselling*. <http://www.edu.gov.mb.ca/k12/specedu/guidance/index.html>
- Manitoba Government. (2017c). *Student services/ Special education: The Manitoba school counsellor certificate*.
<http://www.edu.gov.mb.ca/k12/specedu/guidance/certificate.html>
- Manitoba School Counsellors' Association (MSCA). (2017). *School counselling certificate guidelines*. Retrieved from <http://www.msca.mb.ca/guidelines.html>
- Maple, M., & Edwards, H. (2010). Locating and understanding voices in narrative inquiry. In V. Minichiello & J. A. Kottler (Eds.), *Qualitative journeys: Student and mentor experiences with research* (pp. 33-48). Thousand Oaks, CA: Sage.
- Matson, J. L., & LoVullo, S. V. (2009). Trends and topics in autism spectrum disorders research. *Research in Autism Spectrum Disorders*, 3, 252-257.
<http://doi.org/10.1016/j.rasd.2008.06.005>
- Matson, J. L., Mahan, S., Hess, J. A., Fodstad, J. C., & Neal, D. (2010). Progression of challenging behaviors in children and adolescents with autism spectrum disorders

- as measured by the Autism Spectrum Disorders-Problem Behaviors for Children (ASD-PBC). *Research in Autism Spectrum Disorders*, 4, 400-404.
<http://doi.org/10.1016/j.rasd.2009.10.010>
- Mayes, S. D., & Calhoun, S. L. (2011). Impact of IQ, age, SES, gender, and race on autistic symptoms. *Research in Autism Spectrum Disorders*, 5, 749-757.
<http://doi.org/10.1016/j.rasd.2010.09.002>
- Mayes, S. D., Calhoun, S. L., Aggarwal, R., Baker, C., Mathapati, S., Anderson, R., & Peterson, C. (2012). Explosive, oppositional, and aggressive behaviour in children with autism compared to other clinical disorders and typical children. *Research in Autism Spectrum Disorders*, 6, 1-10. <http://doi.org/10.1016/j.rasd.2011.08.001>
- Mazzone, L., Ruta, L., & Reale, L. (2012). Psychiatric comorbidities in Asperger syndrome and high functioning autism: Diagnostic challenges. *Annals of General Psychiatry*, 11, 1-13. <http://www.annals-general-psychiatry.com/content/11/1/16>
- McMahon, C. M., Vismara, L. A., & Solomon, M. (2013). Measuring changes in social behavior during a social skills intervention for higher-functioning children and adolescents with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 43(8), 1843–1856. <http://doi.org/10.1007/s10803-012-1733-3>
- McStay, R. L., Trembath, D., & Dissanayake, C. (2014). Maternal stress and family quality of life in response to raising a child with autism: From preschool to adolescence. *Research in Developmental Disabilities*, 35, 3119-3130.
<http://doi.org/10.1016/j.ridd.2014.07.043>
- Meadan, H., Halle, J., & Ebata, A. (2010). Families with children who have autism spectrum disorders : Stress and support. *Council for Exceptional Children*, 77(1),

- 7–36. <https://www.cec.sped.org/>
- Metz, A. E. (2013). What we know about Asperger syndrome: Epidemiology and etiology. In R. DuCharme & T. Gullotta (Eds.), *Asperger Syndrome: A guide for professionals and families* (pp. 1-19). New York: Springer.
- Meyer, K. A., Ingersoll, B., & Hambrick, D. Z. (2011). Factors influencing adjustment in siblings of children with autism spectrum disorders. *Research in Autism Spectrum Disorders*, 5(4), 1413–1420. <http://doi.org/10.1016/j.rasd.2011.01.027>
- Moen, T. (2006). Reflections on the narrative research approach. *International Journal of Qualitative Methodology*, 5, Article 5.
http://www.ualberta.ca/~iiqm/backissues/5_4/pdf/moen.pdf
- Montague, M., Enders, C., Cavendish, W., & Castro, M. (2011). Academic and behavioural trajectories for at-risk adolescents in urban schools. *Behavioral Disorders*, 36, 141-156. <http://www.ccbd.net/Publications/BehavioralDisorders>
- Morij, K., Ujlie, T., Smith, A., & Howlin, P. (2009). Parental stress associated with caring for children with Asperger’s syndrome or autism. *Pediatrics International : Official Journal of the Japan Pediatric Society*, 51(3), 364–370.
<http://doi.org/10.1111/j.1442-200X.2008.02728.x>
- Moseley, D. S., Tonge, B. J., Brereton, A. V., & Einfeld, S. L. (2011). Psychiatric comorbidity in adolescents and young adults with autism. *Journal of Mental Health Research in Intellectual Disabilities*, 4, 229-243.
<http://doi.org/10.1080/19315864.2011.595535>
- Mount, N., & Dillon, G. (2014). Parents’ experiences of living with an adolescent diagnosed with an autism spectrum disorder. *Educational and Child Psychology*,

- 31, 72-83. <https://www.bps.org.uk/taxonomy/term/396>
- Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, W. J., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among US youth. *Journal of the American Medical Association, 285*, 2094-2100. <http://jama.jamanetwork.com/journal.aspx>
- Neary, P., Gilmore, L., & Ashburner, J. (2015). Post-school needs of young people with high-functioning Autism Spectrum Disorder. *Research in Autism Spectrum Disorders, 18*, 1-11. <http://dx.doi.org/10.1016/j.rasd.2015.06.010>
- Nicpon, M. F., Doobay, A. F., & Assouline, S. G. (2010). Parent, teacher, and self perceptions of psychosocial functioning in intellectually gifted children and adolescents with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 40*, 1028-1038. <http://doi.org/10.1007/s10803-010-0952-8>
- Niditch, L. A., Varela, R. E., Kamps, J. L., & Hill, T. (2012). Exploring the association between cognitive functioning and anxiety in children with Autism Spectrum Disorders: The role of social understanding and aggression. *Journal of Clinical Child and Adolescent Psychology, 41*, 127-137. <http://doi.org/10.1080/15374416.2012.651994>
- Niemiec, R. M., Shogren, K. A., & Wehmeyer, M. L. (2017). Character strengths and intellectual and developmental disability: A strength based approach from positive psychology. *Education and Training in Autism and Developmental Disabilities, 52*, 13-25. <http://daddcec.org/Home.aspx>
- Noddings, N. (1992). *The challenge to care in schools: An alternative approach to education*. New York: Teachers College Press.
- Nordenbuck, C., Jorgensen, M., Kyvik, K. O., & Bilenberg, N. (2014). A Danish

- population-based twin study on autism spectrum disorders. *European Child and Adolescent Psychiatry*, 23, 35-43. <http://doi.org/10.1007/s00787-013-0419-5>
- Orsmond, G. I., & Seltzer, M. M. (2007). Siblings of individuals with autism spectrum disorder across the life course. *Mental Retardation and Developmental Disabilities* 13, 313-320.
[http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)1940-5529](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1940-5529)
- Osborne, L. A., & Reed, P. (2011). School factors associated with mainstream progress in secondary education for included pupils with Autism Spectrum Disorders. *Research in Autism Spectrum Disorders*, 5, 1253-1263.
<http://doi.org/10.1016/j.rasd.2011.01.016>
- Parellada, M., Penzol, M. J., Pina, L., Moreno, C., Gonzalez-Vioque, E., Zalsman, G., & Arango, C. (2014). The neurobiology of autism spectrum disorders. *European Psychiatry*, 29, 11-19. <http://dx.doi.org/10.1016/j.eurpsy.2013.02.005>
- Paxton, K., & Estay, I.A. (2007). *Counselling people on the autism spectrum: A practical manual*. Philadelphia, PA: Jessica Kingsley Publishers.
- Pepa, L., & Harris, S. L. (2014). Autism spectrum disorders and the family. In M. Tincani & A. Bondy (Eds.), *Autism Spectrum Disorders in adolescents and adults: Evidence –based and promising interventions* (24-43). New York NY: Guilford Press.
- Petalas, M. A., Hastings, R. P., Nash, S., Hall, L. M., Joannidi, H., & Dowey, A. (2012). Psychological adjustment and sibling relationships in siblings of children with Autism Spectrum Disorders: Environmental stressors and the Broad Autism Phenotype. *Research in Autism Spectrum Disorders*, 6(1), 546–555.

<http://doi.org/10.1016/j.rasd.2011.07.015>

- Pinnegar, S., & Daynes, J. G. (2007). Locating narrative inquiry historically: Thematics in the turn to narrative. In J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 3-34). Thousand Oaks, CA: Sage Publications Inc.
- Pisula, E., & Lukowska, E. (2012). Perception of social relationships with classmates and social support in adolescents with Asperger syndrome attending mainstream schools in Poland. *School Psychology International, 33*, 185-206.
- <http://doi.org/10.1177/0143034311415784>
- Polkinghorne, D. E. (1988). *Narrative knowing and the human science*. Albany, NY: SUNY press.
- Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology, 52*, 137-145.
- <http://doi.org/10.1037/0022-0167.52.2.137>
- Potvin, M. C., Snider, L., Prelock, P. A., Wood-Dauphinee, S., & Kehayia, E. (2013). Health-related quality of life in children with high-functioning autism. *Autism, 19*(1), 14–19. <http://doi.org/10.1177/1362361313509730>
- Powers, M. D., & Loomis, J. W. (2014). Asperger syndrome in adolescence and adulthood. In J. McPartland, A. Klin, & F. Volkmar (Eds.), *Asperger syndrome: Assessing and treating high-functioning autism spectrum disorders* (pp. 311-366). New York: The Guilford Press.
- Ramisch, J. L., Onaga, E., & Oh, S. M. (2014). Keeping a sound marriage: How couples with children with Autism Spectrum Disorders maintain their marriages. *Journal of Child and Family Studies, 23*, 975-988. <http://doi.org/10.1007/s10826-013->

9753-y

- Rao, P. A., & Beidel, D. C. (2009). The impact of children with high-functioning autism on parental stress, sibling adjustment, and family functioning. *Behavior Modification, 33*, 437-451. <http://doi.org/10.1177/0145445509336427>
- Reaven, J., Blakeley-Smith, A., Beattie, T. L., Sullivan, A., Moody, E. J., Stern, J. A., ... Smith, I. M. (2014). Improving transportability of a cognitive-behavioral treatment intervention for anxiety in youth with autism spectrum disorders: Results from a US-Canada collaboration. *Autism : The International Journal of Research and Practice*, (January). <http://doi.org/10.1177/1362361313518124>
- Reber, M. E. (2012). Autism nosology: Historical perspectives. In M. Reber (Ed.), *The autism spectrum: Scientific foundation and treatment* (pp. 1-33). New York: Cambridge University Press.
- Rice, C. (2009). Prevalence of autism spectrum disorders –Autism and developmental disabilities monitoring network, United States, 2006. In *Centre for Disease Control and Prevention*.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5810a1.htm>
- Richardson, J. F. (2012). The world of the sand tray and the child on the autism spectrum. In L. Gallo-Lopez, & L. Rubin (Eds.), *Play-based interventions for children and adolescents with autism spectrum disorders* (pp. 209-230). New York: Taylor and Francis Group.
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage.
- Roberts, J., & Simpson, K. (2016). A review of research into stakeholder perspectives on

- inclusion of students with autism in mainstream schools. *International Journal of Inclusive Education*, 1464-5173.
- <http://dx.doi.org/10.1080/13603116.2016.1145267>
- Robinson, C. A., York, K., Rothenberg, A., & Bissell, L. J. L. (2014). Parenting a children with Asperger's syndrome: A balancing act. *Journal of Child and Family Studies*, 34. <http://doi.org/10.1007/s10826-014-0034-1>
- Rue, H. C., & Knox, M. (2013). Capacity building: Evidence based practices and adolescents on the autism spectrum. *Psychology in the Schools*, 50, 947-956.
- <http://doi.org/10.1002/pits.21712>
- Sansosti, F. J. (2012). Reducing the threatening and aggressive behaviour of a middle school student with Asperger's syndrome. *Preventing School Failure*, 56, 8-18.
- <http://doi.org/10.1080/1045988X.2010.548418>
- Sansosti, F. J., Powell-Smith, K. A., & Cowan, R. J. (2010). *High-functioning Autism/Asperger Syndrome in schools*. New York, NY: The Guilford Press.
- Sansosti, J. M., & Sansosti, F. J. (2012). Inclusion for students with high-functioning autism spectrum disorders: Definitions and decision making. *Psychology in the Schools*, 49, 917-931. <http://doi.org/10.1002/pits.21652>
- Saulnier, C. A., & Klin, A. (2007). Brief report: Social and communication abilities and disabilities in high functioning individuals with autism and Asperger syndrome. *Journal of Autism and Developmental Disorders*, 37, 788-793.
- <http://doi.org/10.1007/s10803-006-0288-6>
- Schaefer Whitby, P. J., Ogilvie, C., & Mancil, G. R. (2012). A framework for teaching social skills to students with Asperger syndrome in the general education

- classroom. *Journal on Developmental Disabilities*, 18, 62-72.
http://www.oadd.org/Published_Issues_142.html
- Schohl, K. A., Van Hecke, A. V., Carson, A. M., Dolan, B., Karst, J., & Stevens, S. (2014). A replication and extension of the PEERS intervention: Examining effects on social skills and social anxiety in adolescents with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 44(3), 532–545.
<http://doi.org/10.1007/s10803-013-1900-1>
- Segall, M. J., & Campbell, J. M. (2012). Factors relating to education professionals' classroom practices for the inclusion of students with autism spectrum disorders. *Research in Autism Spectrum Disorders*, 6, 1156-1167.
<http://doi.org/10.1016/j.rasd.2012.02.007>
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55, 5-14. <http://doi.org/10.1037/0003-66X.55.1.5>
- Sharp, S. (2013). Counseling and other therapeutic strategies for children with AS and their families. In R. W. Ducharme & Gullota, T. P. (Eds.), *Asperger Syndrome: A guide for professionals and families-second edition* (pp. 39-63). New York, NY: Springer.
- Shtayermman, O. (2007). Peer victimization in adolescents and young adults diagnosed with Asperger's syndrome: A link to depressive symptomatology, anxiety symptomatology and suicidal ideation. *Issues in Comprehensive Pediatric Nursing*, 30, 87-107. <http://doi.org/10.1080/01460860701525089>
- Simonoff, E., Pickles, A., Charman, T., Chandler, S., Loucas, T., & Baird, G. (2008).

- Psychiatric disorders in children with autism spectrum disorders: Prevalence, comorbidity, and associated factors in a population-derived sample. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47, 921-929.
<http://www.jaacap.com>
- Singh, N. N., Lancioni, G. E., Singh, A. D., Winton, A. S. W., Singh, A. N. A., & Singh, J. (2011). Adolescents with Asperger syndrome can use a mindfulness-based strategy to control their aggressive behavior. *Research in Autism Spectrum Disorders*, 5(3), 1103–1109. <http://doi.org/10.1016/j.rasd.2010.12.006>
- Smith, E. J. (2006). The strength-based counseling model: A paradigm shift in psychology. *The Counseling Psychologist*, 34, 134-144.
<http://doi.org/10.1177/0011000005282364>
- Stichter, J. P., Herzog, M. J., Visovsky, K., Schmidt, C., Randolph, J., Schultz, T., & Gage, N. (2010). Social competence intervention for youth with Asperger syndrome and high-functioning autism: An initial investigation. *Journal of Autism and Developmental Disorders*, 40, 1067-1079. <http://doi.org/10.1007/s10803-010-0959-1>
- Sullivan, A., Winograd, G., Verkuilen, J., & Fish, M. C. (2012). Children on the autism spectrum: Grandmother involvement and family functioning. *Journal of Applied Research in Intellectual Disabilities*, 25(5), 484–494.
<http://doi.org/10.1111/j.1468-3148.2012.00695.x>
- Tanaka, K., Uchiyama, T., & Endo, F. (2011). Informing children about their sibling's diagnosis of autism spectrum disorder: An initial investigation into current practices. *Research in Autism Spectrum Disorders*, 5(4), 1421–1429.

- <http://doi.org/10.1016/j.rasd.2011.02.001>
- Tint, A., & Weiss, J. A. (2015). Family wellbeing of individuals with autism spectrum disorder: A scoping review. *Autism*. <http://doi.org/10.1177/1362361315580442>
- Towle, H. (2015). Disability and inclusion in Canadian education: Policy, procedure, and practice. *Canadian Centre for Policy Alternatives*.
https://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2015/07/Disability_and_Inclusion_in_Education.pdf
- Van Hees, V., Moyson, T., & Roeyers, H. (2015). Higher education experiences of students with autism spectrum disorder: Challenges, benefits and support needs. *Journal of Autism and Developmental Disorders*, *45*, 1673-1688.
<http://doi.org/10.1007/s10803-014-2324-2>
- van Roekel, E., Scholte, R. H. J., & Didden, R. (2010). Bullying among adolescents with autism spectrum disorders: Prevalence and perception. *Journal of Autism and Developmental Disorders*, *40*, 63-73. <http://doi.org/10.1007/s10803-009-0832-2>
- Vogan, V., Lake, J. K., Weiss, J. A., Robinson, S., Tint, A., & Lunskey, Y. (2014). Factors associated with caregiver burden among parents of individuals with ASD: Differences across intellectual functioning. *Family Relations*, *63*(4), 554-567.
<http://doi.org/10.1111/fare.12081>
- Volker, M. A., Lopata, C., Smerbeck, A. M., Knoll, V. A., Thomeer, M. L., Toomey, J. A., & Rodgers, J. D. (2010). BASC-2 profiles for students with high-functioning autism spectrum disorders. *Journal of Autism and Developmental Disorders*, *40*, 188-199. <http://doi.org/10.1007/s10803-009-0849-6>
- Volkmar, F. R., Klin, A., & McPartland, J. C. (2014). Asperger syndrome: An overview.

- In J. McPartland, A. Klin, & F. Volkmar (Eds.), *Asperger syndrome: Assessing and treating high-functioning autism spectrum disorders* (pp. 1-42). New York: The Guilford Press.
- Wehmeyer, M. L., & Zager, D. (2014). Effective secondary education and transition for adolescents with autism spectrum disorder. In M. Tincani, & A. Bondy (Eds.), *Autism spectrum disorders in adolescents and adults: Evidence-based and promising interventions* (pp. 47-89). New York, NY: The Guilford Press.
- Weiss, J. A., Robinson, S., Fung, S., Tint, A., Chalmers, P., & Lunsky, Y. (2013). Family hardiness, social support, and self efficacy in mothers of individuals with Autism Spectrum Disorders. *Research in Autism Spectrum Disorders, 7*, 1310-1317.
<http://doi.org/10.1016/j.rasd.2013.07.016>
- Weitlauf, A. S., Vehorn, A. C., Taylor, J. L., & Warren, Z. E. (2014). Relationship satisfaction, parenting stress, and depression in mothers of children with autism. *Autism, 18* (2), 194-198. <http://doi.org/10.1177/1362361312458039>
- White, S. W., Albano, A. M., Johnson, C. R., Kasari, C., Ollendick, T., Klin, A., ... Scahill, L. (2010). Development of a cognitive-behavioral intervention program to treat anxiety and social deficits in teens with high-functioning autism. *Clinical Child and Family Psychology Review, 13*(1), 77-90.
<http://doi.org/10.1007/s10567-009-0062-3>
- White, S. W., Ollendick, T., Scahill, L., Oswald, D., & Albano, A. M. (2009). Preliminary efficacy of a cognitive-behavioural treatment program for anxious youth with autism spectrum disorders. *Journal of Autism and Developmental Disorders, 39*, 1652-1662. <http://doi.org/10.1007/s10803-009-0801-9>

- White, S. W., Oswald, D., Ollendick, T., & Scahill, L. (2009). Anxiety in children and adolescents with autism spectrum disorders. *Clinical Psychology Review, 29*, 216-229. <http://doi.org/10.1016/j.cpr.2009.01003>
- Wing, L. (1981). Asperger's syndrome: A clinical account. *Psychological Medicine, 11*, 115-129. <http://doi.org/10.1017/S0033291700053332>
- Wong, C., Odom, S. L., Hume, K. A., Cox, A. W., Fettig, A., Kucharczyk, S., ...Schultz, T. R. (2015). Evidence-based practices for children, youth, and young adults with autism spectrum disorder: A comprehensive review. *Journal of Autism and Developmental Disorders, 45*, 1951-1966. <http://doi.org/10.1007/s10803-014-2351-z>
- Wood, J. J., Ehrenreich-May, J., Alessandri, M., Fujii, C., Renno, P., Laugeson, E., ... Storch, E. A. (2014). Cognitive behavioral therapy for early adolescents with autism spectrum disorders and clinical anxiety: A randomized, controlled trial. *Behavior Therapy, 46*(1), 7-19. <http://doi.org/10.1016/j.beth.2014.01.002>
- Wood, C., Krell, M., & Perusse, R. (2012). Providing college readiness counselling for students with autism spectrum disorders: A delphi study to guide school counsellors. *Professional School Counselor, 16*, 29-39. <https://doi.org/10.5330/PSC.n.2012-16.29>
- Wood, J. J., McLeod, B. D., Klebanoff, S., & Brookman-Frazee, L. (2015). Toward the implementation of evidence-based interventions for youth with autism spectrum disorders in schools and community agencies. *Behavior Therapy, 46*, 83-95. www.elsevier.com/locate/br
- Woods, A. G., Mahdavi, E., & Ryan, J. P. (2013). Treating clients with Asperger's

- Syndrome and autism. *Child and Adolescent Psychiatry and Mental Health*, 7 (32), 1-8. <http://www.capmh.com/content/7/1/32>
- Xu, S., & Connelly, M. (2010). Narrative inquiry for school-based research. *Narrative Inquiry*, 20, 349-370. <http://doi.org/10.1075/ni.20.2.06XU>
- Yamada, A., Kato, M., Suzuki, M., Suzuki, M., Watanabe, N., Akechi, T., & Furukawa, T. A. (2012). Quality of life of parents raising children with pervasive developmental disorders. *BMC Psychiatry*, 12(1), 119. <http://doi.org/10.1186/1471-244X-12-119>
- Yeh, C. J., & Inman, A. G. (2007). Qualitative data analysis and interpretation in counselling psychology: Strategies for best practices. *The Counseling Psychologist*, 35, 369-403. <http://doi.org/10.1177/0011000006292596>

APPENDIX A**Recruitment Letter**

Re: Invitation to Participate in a Research Study about the Stories of High School
Counsellors and their Experiences with Youth with High Functioning Autism

Rationale for Study

The purpose of this study is to examine the experiences of school counsellors who support adolescent students with High Functioning Autism (HFA). I am interested in learning about these experiences. It is anticipated that by hearing the stories of school counsellors that members of the multidisciplinary teams, and counsellors will develop a more comprehensive understanding of how best to support the social-emotional development of adolescents with autism spectrum disorders in the high school setting. There are very few studies about school counsellors' involvement with youth with HFA. Therefore, another aim of this preliminary exploratory study is to draw attention to the role of the school counsellor in the life of youth with HFA. I will be interviewing high school counsellors about their experiences.

As partial fulfillment of a Master in Counselling Degree, a qualitative study of high school counsellors' experiences with adolescents with high functioning autism (Asperger's disorder and/ or pervasive developmental disorder) is being undertaken to gain a better understanding of school counsellors' experiences with providing support to youth with high functioning autism in the high school setting.

Please contact me if you:

- Are a high school guidance counsellor
- You have been working as a guidance counsellor in the high school setting for 5

or more years

- You are interested in volunteering approximately 2-3 hours of your time
- You are interested being interviewed about your experiences as a high school guidance counsellor
- You have direct experiences with youth with HFA in your current job setting

I understand that this study requires an extensive time commitment; therefore as a thank you for your participation, I am also offering a \$50 gift card to Chapters/ Indigo.

Please note: Participant confidentiality will be maintained throughout the study. All electronic, paper, and related documents will be securely stores and destroyed December 2021.

If you are interested in participating in this study or have any questions, please email Jill Tanner at jill.tanner@gcap.ca by October 15, 2016.

Sincerely,

Primary Researcher:

Jill Tanner, M.Ed, B.Sc.

Master of Counselling Student

Graduate Centre of Applied Psychology

Athabasca University

Researcher Supervisor:

Dr. Jeff Chang, Ph.D, R.Psych.

Associate Professor

Graduate Centre of Applied Psychology

Athabasca University

APPENDIX B**Consent for Participation****LETTER OF INFORMATION / INFORMED CONSENT FORM**

*Stories of High School Counsellors and their Experiences with Youth with High
Functioning Autism*

August/ September 2016

Principal Investigator (Researcher):

Jill Tanner, M.Ed

Graduate Student

Graduate Centre for Applied Psychology

Athabasca University

204-930-5220

jill.tanner@gcap.ca

Supervisor:

Dr. Jeff Chang, Ph.D, R.Psych.,

Associate Professor

Graduate Centre for Applied Psychology

Athabasca University

toll-free: 866.901.7647

jeffc@athabascau.ca

You are invited to take part in a research project entitled '*Stories of High School
Counsellors and their Experiences with Youth with High Functioning Autism.*'

This form is part of the process of informed consent. The information presented should give you the basic idea of what this research is about and what your participation will involve, should you choose to participate. It also describes your right to withdraw from the project. In order to decide whether you wish to participate in this research project, you should understand enough about its risks, benefits and what it requires of you to be able to make an informed decision. This is the informed consent process. Take time to read this carefully as it is important that you understand the information given to you. Please

contact the principal investigator, *Jill Tanner* if you have any questions about the project or would like more information before you consent to participate.

It is entirely up to you whether or not you take part in this research. If you choose not to take part, or if you decide to withdraw from the research once it has started, there will be no negative consequences for you now, or in the future.

Introduction

My name is Jill Tanner and I am a Graduate Student in the Graduate Centre of Applied Psychology program at Athabasca University. As a requirement to complete my degree, I am conducting a research project about school counsellors and their experiences with supporting youth/ adolescents with high functioning autism in the school setting from their perspectives. I am conducting this project under the supervision of Dr. Jeff Chang.

Why are you being asked to take part in this research project?

You are being invited to participate in this project because you are a high school guidance counsellor and you have indicated that you have had long term and ongoing experience in providing counselling support to youth with high functioning autism or Asperger's disorder. You have also indicated that you are employed in a high school and have worked in this setting for five years or more.

What is the purpose of this research project?

The purpose of this study is to examine the experiences of school counsellors who support adolescent students with High Functioning Autism (HFA). I am interested in learning about these experiences. It is anticipated that by hearing the stories of school counsellors that members of the multidisciplinary teams, and counsellors will develop a more comprehensive understanding of how best to support the social-emotional

development of adolescents with autism spectrum disorders in the high school setting.

There are very few studies about school counsellor's involvement with youth with HFA.

Therefore, another aim of this preliminary exploratory study is to draw attention to the role of the school counsellor in the life of youth with HFA.

What will you be asked to do?

You will be asked to participate in two in person interviews. The in person interview will be audio recorded on a password protected iPhone. The first interview may take 1-2 hours; the second interview may only take 30 minutes to an hour. The purpose of the first interview is to gain an in-depth understanding of your experiences in working and supporting youth with HFA in the school setting. After the first interview, I will provide you with a draft of the first interview. You will be asked to read this draft and provide feedback, clarification about the information recorded in the draft. In the second interview, you will be asked to discuss your feedback and the investigator may also have additional questions based on the information you provided in the first interview.

The two interviews may be within one month of each other. The interviews may occur in your home or at a private and confidential location such as a meeting room at the local library. The interviews will be arranged for a time and place that is convenient to your schedule.

What are the risks and benefits?

Potential benefits of this study include helping school teams and school counsellors develop a better understanding of how to support youth with high functioning autism and Asperger's disorder. This study may also bring awareness to the importance of the role of the school counsellor in the school career of youth with HFA.

It is important to be aware that there are potential psychological risks in participating in this study. It is possible that discussing personal experiences may generate feelings of discomfort, and stress. In the event that you are uncomfortable with the discussion and it has caused you social-emotional distress the interview will be immediately stopped and community based counselling agencies/ supports will be recommended to help support your well-being.

Free drop crisis services (204-786-8686) are available at Community Health Center or free Drop-In Counselling is available in the following communities:

Central/Downtown City¹

XXX Unnamed¹ St.

Mondays & Wednesdays Noon – 7:00 p.m.

Tuesdays, Fridays & Saturdays Noon – 4:00 p.m.

Area of City¹

845 Unnamed Street¹,

Tuesdays Noon – 7:00 p.m.

Do you have to take part in this project?

As stated earlier in this letter, involvement in this project is entirely voluntary. At any point during the interviews or after the interviews if you decide to stop your participation, you can directly inform the primary researcher Jill Tanner at jill.tanner@gcap.ca.

Any information collected up to that point would be destroyed/ deleted.

Please note that you may stop or end your participation during any time of the research process. For example, you may choose to stop the interview partway through. The audio version of the interview will then be deleted from the iPhone and the transcripts will be

deleted from the password protected USB drive. You may withdraw your interview transcript after the interview until December 2016, after that time, the information will have already been anonymized (or is anonymous) and cannot be removed. You will still receive the \$50 gift card if you choose to withdraw your consent.

How will your privacy and confidentiality be protected?

The ethical duty of confidentiality includes safeguarding participants' identities, personal information, and data from unauthorized access, use or disclosure.

To help protect your privacy you will be asked to provide a pseudonym before starting the interview. With your consent the interview will be audio recorded on the principal researcher's password protected iPhone. The interview will then be transcribed into a word document and your name will be changed to your pseudonym for all written transcripts.

How will your anonymity be protected?

Anonymity refers to protecting participants' identifying characteristics, name, or description of physical appearance.

To help preserve your anonymity, before engaging in the study you will be asked to provide a pseudonym (false name). Your pseudonym will be used when the interview is transcribed and within the body of the research report.

Every reasonable effort will be made to ensure your anonymity; you will not be identified in publications without your explicit permission.

How will the data collected be stored?

Data will be initially stored on the primary researcher's password protected iPhone, once the transcripts are created they will be stored on a password protected USB that will be

stored in a locked file cabinet in the primary researcher's home. Data will be disposed after the project is complete (estimated date is April 2017). Data will be deleted from the USB.

Only the primary investigator and the supervisor will have full access to the data collected. Other individuals or agencies such as government and public institutions may be presented the results of the data, but with all personal identifiers removed. Finally, the results of the study may be used in a future secondary analysis, and if this occurs, further REB approval will be sought.

Who will receive the results of the research project?

The results from this research project will be written up in my Master's thesis. An online presentation will be completed and is open to the public. The existence of the research will be listed in an abstract posted online at the Athabasca University Library's Digital Thesis and Project Room and the final research paper will be publicly available.

Although the focus is to use data reported in a summarized form, direct quotes may be used to assist readers in better understanding the participants' experience.

Participants will be provided with access to the report when the project is complete. The principal investigator will provide participants with the website containing the finished project.

Who can you contact for more information or to indicate your interest in participating in the research project?

Thank you for considering this invitation. If you have any questions or would like more information, please contact me (the principal investigator) by e-mail jill.tanner@gcap.ca or my supervisor by email jeffc@athabascau.ca. If you are ready to participate in this

project, please complete and sign the attached Consent Form.

For your participation in this study, you will receive a \$50 gift card for Chapters/Indigo as a thank you.

Thank you.

Jill Tanner

This project has been reviewed by the Athabasca University Research Ethics Board.

Should you have any comments or concerns regarding your treatment as a participant in this project, please contact the Research Ethics Office by e-mail at rebsec@athabascau.ca or by telephone at 1-800-788-9041, ext. 6718.

Informed Consent:**Your signature on this form means that:**

- You have read the information about the research project.
- You have been able to ask questions about this project.
- You are satisfied with the answers to any questions you may have had.
- You understand what the research project is about and what you will be asked to do.
- You understand that you are free to withdraw your participation in the research project without having to give a reason, and that doing so will not affect you now, or in the future.
- You understand that if you choose to end your participation **during** data collection, any data collected from you up to that point will be destroyed.

YES NO

	YES	NO
I agree to be audio-recorded	<input type="radio"/>	<input type="radio"/>
I agree to the use of direct quotations	<input type="radio"/>	<input type="radio"/>
I am willing to be contacted following the interview to verify that my comments are accurately reflected in the transcript.	<input type="radio"/>	<input type="radio"/>
I agree to be contacted for additional interviews and follow up questions	<input type="radio"/>	<input type="radio"/>

Your signature confirms:

- You have read what this research project is about and understood the risks and benefits. You have had time to think about participating in the project and had the opportunity to ask questions and have those questions answered to your satisfaction.
- You understand that participating in the project is entirely voluntary and that you may end your participation at any time without any penalty or negative consequences.
- You have been given a copy of this Informed Consent form for your records; and
- You agree to participate in this research project.

Signature of Participant

Date

Pseudonym

Principal Investigator's Signature:

I have explained this project to the best of my ability. I invited questions and responded to any that were asked. I believe that the participant fully understands what is involved in participating in the research project, any potential risks and that he or she has freely chosen to participate.

Signature of Principal Investigator

Date

APPENDIX C

Interview Protocol

According to Creswell (2013) the following example interview protocol is recommended when completing qualitative research:

Date of interview:

Interviewees: High School Counsellors are interviewed

Location of interview: at a third party location such as the participant's local library

Provide a brief description of the project to the participants:

Describe informed consent: Explain the form and obtain consent from the participant

Provide an explanation about confidentiality: Ask participants to choose pseudonyms

Obtain brief demographic information: Confirm school counselling experience and years of experience in the high school setting.

Semi-Structured Interview Questions

The interview will be formatted to be consistent with the 3 dimensional inquiry space as outlined in Clandinin (2013).

Sociality

1. What is your background? Tell me the story of becoming a high school counsellor.
2. What inspired you to work with adolescents?
3. Do you help to support youth with HFA?
 - a. What does that look like?
 - b. How much do you know about HFA?

- c. Do you feel prepared to work with youth with HFA?
 - d. What are some of the barriers?
 - e. What are some of the benefits?
 - f. Do you have your own personal experiences with youth with HFA outside of your work setting? If so, please tell me about that.
4. When supporting youth with HFA, do you feel confident in addressing their social emotional needs?
 - a. If so, why?
 - b. If not, why?
 - c. How does it make you feel?
 - d. How do you feel about your everyday interactions with youth with HFA?
5. What do you see as the benefits in working with youth with HFA?
6. What training have you received in your career to support your understanding of how to meet the needs of youth with HFA?
7. Do you have any artifacts, journal entries, photos, artwork, that relates to your experiences with youth with HFA?
8. Are there differences in supporting youth with HFA compared to neurotypical youth?
 - a. If so, please explain.
 - b. How does that make you feel?

Place

9. Please describe a typical day in your high school.
10. Please describe a typical week in your high school.

11. Please tell me about your office and your work setting.
12. Tell me about your school division and how they support youth with special needs and autism.
13. Please describe the place where you most often encounter youth with HFA.

Temporality

14. What were your early school experiences like? How did you feel?
15. When were you first made aware of HFA? How did you feel?
16. Has your view of HFA changed over time? How so? Why or why not?
17. Do you have any other experiences with youth with HFA, either in school, out of school or in your personal life that you would like to share?
18. How has your role changed over time?
19. How do you view your role now?
20. How do you view your role in the future?
21. Is there anything else you want to tell me?

APPENDIX D

Athabasca University Research Ethics Approval



September 13, 2016

Ms. Jill Tanner
Faculty of Health Disciplines/Graduate Centre for Applied Psychology
Athabasca University

File No: 22309

Expiry Date: September 12, 2017

Dear Jill Tanner,

The Faculty of Health Disciplines Departmental Ethics Review Committee, acting under authority of the Athabasca University Research Ethics Board to provide an expedited process of review for minimal risk student researcher projects, has reviewed your project, 'STORIES OF HIGH SCHOOL COUNSELLORS AND THEIR EXPERIENCES WITH YOUTH WITH HIGH FUNCTIONING AUTISM'. Thank you for a well written application.

Your application has been **Approved on ethical grounds** and this memorandum constitutes a **Certification of Ethics Approval**. You may begin the proposed research.

AUREB approval, dated September 13, 2016, is valid for one year less a day.

As you progress with the research, all requests for changes or modifications, ethics approval renewals and serious adverse event reports must be reported to the Athabasca University Research Ethics Board via the Research Portal.

To continue your proposed research beyond September 12, 2017, you must apply for renewal by completing and submitting an Ethics Renewal Request form. Failure to apply for **annual renewal** before the expiry date of the current certification of ethics approval may result in the discontinuation of the ethics approval and formal closure of the REB ethics file. Reactivation of the project will normally require a new Application for Ethical Approval and internal and external funding administrators in the Office of Research Services will be advised that ethical approval has expired and the REB file closed.

When your research is concluded, you must submit a Project Completion (Final) Report to close out REB approval monitoring efforts. Failure to submit the required final report may mean that a future application for ethical approval will not be reviewed by the Research Ethics Board until such time as the outstanding reporting has been submitted.

At any time, you can login to the Research Portal to monitor the workflow status of your application.

If you encounter any issues when working in the Research Portal, please contact the system administrator at research_portal@athabascau.ca.

If you have any questions about the REB review & approval process, please contact the AUREB Office at (780) 675-6718 or rebsec@athabascau.ca.

Sincerely,

Sherri Melrose
Chair, Faculty of Health Disciplines Departmental Ethics Review Committee
Athabasca University Research Ethics Board

APPENDIX E

Athabasca University Research Ethics Addendum

Athabasca University Modification Review



November 23, 2016

Ms. Jill Tanner
Faculty of Health Disciplines\Graduate Centre for Applied Psychology
Athabasca University

File No: 22309

Certification of Ethical Approval Date: September 13, 2016

Dear Jill Tanner,

The Athabasca University Research Ethics Board has reviewed the modifications to your research entitled 'STORIES OF HIGH SCHOOL COUNSELLORS AND THEIR EXPERIENCES WITH YOUTH WITH HIGH FUNCTIONING AUTISM' as outlined in the Modification Request form submitted November 23, 2016 and confirms that the amendments you have outlined are approved.

You may proceed with your project as amended.

At any time you can login to the Research Portal to monitor the workflow status of your application.

If you encounter any issues when working in the Research Portal, please contact the system administrator via research_portal@athabascau.ca.

If you have any questions about the REB review and approval process, please contact the AUREB Office at (780) 675-6718 or rebsec@athabascau.ca.

APPENDIX F**Athabasca University Funding****Student Research Grant**

September 13, 2016 Ms. Jill Tanner Faculty of Health Disciplines\Graduate Centre for Applied Psychology Athabasca University File No: 22214

Dear Ms. Jill Tanner,

Confirming that the GSRF Committee has received notification of AU Ethics Certification (received September 13, 2016).

The conditions have now been removed and the Athabasca University Graduate Student Research Fund (GSRF) Committee is pleased to announce **FULL APPROVAL** of a GSRF award **up to CAD : 1,000.00** for your research entitled, [GSRF] 2016-2017 "Stories of High School Counsellors and Their Experiences with Youth with High Functioning Autism", with a proposed start and end date, June 01, 2016-February 03, 2017, respectively.

Congratulations on this research award!

The award (based upon receipts submitted), is to be used for the payment of **any combination** of the costs as outlined in the approved budget. Expenditures that exceed the value of the award will be the responsibility of the award recipient. **Please acknowledge Athabasca University funding on all presentations and papers related to this project.**

As you progress with your research study, all requests for changes or modifications, renewals and serious adverse event reports must be reported to the Athabasca University GSRF Committee via the Research Portal. **Your file has now moved from pre-award to post-award.** If you have any questions related to post-award activities, please contact the Post Award Financial Administrator, Janet Bauer, who will be assisting you with administration of this award. She can be contacted at research@athabascau.ca or at (780) 675-6127. If you have any questions about the GSRF review & approval process, please contact the GSRF Committee Secretary at research@athabascau.ca or at (780) 675-6651. If you encounter any issues when working in the Research Portal, please contact the system administrator at research_portal@athabascau.ca. Sincerely,
Dr. Connie Blomgren
Chair, GSRF Committee