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Abstract

Purpose: Autistic people are subject to having their behaviour shaped from a variety of practitioners predominantly using behaviourist methodologies. Little is known about how learning alternative humanistic methodologies impacts practitioner experiences of relational encounters with autistic people. This exploratory study sought to develop an understanding of practitioner experiences of using person-centred counselling (PCC) skills and contact reflections (CR) when engaging with autistic people.

Design/methodology/approach: This qualitative study employed an interpretive approach to help elucidate perceptions of changing practice. It involved a framework analysis of 20 practitioner's experiential case study accounts.

Findings: An overarching theme emerged: subtle transformations resulted from shifting practice paradigms. Four broad themes were identified: 'A different way of being'; 'Opening heightened channels of receptivity'; 'Trust in self-actualizing growth' and 'Expanding relational ripples'. Our findings suggest that person-centred counselling and contact reflections skills training shows promise in providing practitioners with a different way of being with autistic people that enhances their capacity towards neurotypical-neurodivergent intersubjectivity.

Originality/value: This is the first study to provide a qualitative account of autism practitioner reflections following training in humanistic methodologies. It challenges the concept of *autism expertise,* guided by a pathologizing model, focused on fixing a problem located in the person, which conceals the removal of personhood.

Social implications: We speculate on the power dynamics of care relationships and those who may identify as possessing autism expertise. We are curious as to whether this humanistic skills training can truly penetrate practitioner core values and we see this as a fundamental issue which requires further investigation.

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Introduction

Within the medical model of disability, Autism Spectrum Disorder (ASD) is defined as a pervasive lifelong neurodevelopmental condition characterised by persistent qualitative impairments in social interactions, verbal and non-verbal communications, as well as restricted and repetitive thinking and behaviours (American Psychiatric Association, 2013). Autistic people may experience difficulty adapting to what are considered 'social norms' and as such many have experienced isolation and mental health issues, leading to poorer quality of life outcomes (Heijst & Geurts, 2015). Empathy has been considered a core mechanism to explain these difficulties and cognitive empathy has been found to be impaired in autistic people (Mazza et al. 2014; Rueda et al. 2015).

Autistic scholars are challenging this narrative through positioning alternative explanations, such as the double empathy problem (Milton, 2012) which recognises that autistic people have difficulty connecting with others; but instead of explaining this as a problem residing in the person, it locates the problem more at the level of society. It supposes that in a similar way to autistic people having difficulty understanding neurotypical people, neurotypical people have difficulty understanding autistic people, as a consequence of different perceptions and experiences. Milton (2012) proposes that locating problems of intersubjective engagement within the autistic person has led to unhelpful claims that autistic people are socially unmotivated and they may not crave social connections. In contrast, research indicates that autistic people do experience feelings of loneliness (Hedley et al., 2018), and an important aspect of personal wellbeing is a sense of belonging through meaningful relational connections (Milton & Sims, 2016). Further, Milton (2014) proposes that being autistic is a necessary condition in understanding autistic bodily states and experiences, and as such postulates that interpersonal engagement between autistic and non-autistic people will always be constrained.

Treatment methodologies for autistic people tend to use behaviourist formulations, such as Applied Behaviour Analysis (ABA) for early interventions with young children and cognitive-behavioural therapy (CBT) for older youth and adults (see Appendix 1 for Table of abbreviated terms). Currently,

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ABA approaches have the largest evidence base, but critics have argued that the intense nature of these types of interventions can be psychologically damaging, through the erosion of ones sense of self (Sandoval-Norton & Shkedy, 2019). Furthermore, these interventions dismiss certain behaviours as they are viewed through a lens of 'challenging behaviour' and as a consequence silence and or remove voice (Bascom, 2012). Others view the same behaviours as self-stimulatory, providing a calming effect (Kirkham, 2017) and this non-acceptance of differing forms of communication exposes autistic people to harmful experiences, which enhances vulnerability. Controversy surrounds the use of ABA in the treatment of ASD (Kirkham, 2017) with calls for a focus on other less intrusive treatment methods. One such approach, is Intensive Interaction (II) (Nind & Hewitt, 1994) developed to teach communication and social interaction to those who experienced severe difficulties in learning and in relating to others (Nind, 1996). Based upon pre-expressive communication principles, it adopts a paradigm of Infant-Mother interaction, in which the infant initiates a sound or movement or rhythm and the mother responds in an imitative way (Caldwell, 2008). For decades, studies of Intensive Interaction with autistic people report positive results in enhancing communication and social interaction (Nind, 1996; Zeedyk, Caldwell, & Davies, 2009; Argyropoulou & Papoudi, 2012). However, a recent systematic review found limitations of methodology and study design, along with the small numbers of participants, prevent any conclusions being made regarding its efficacy with autistic people (Hutchinson & Bodicoat, 2014).

The use of Cognitive Behaviour Therapy (CBT) as a treatment for autistic individuals has been explored, offering positive outcomes (Spain et al., 2017). A recent randomised controlled trial compared the use of CBT against person-centered counselling (PCC) for anxiety in 36 young autistic people and findings suggested that CBT is superior to no treatment or treatment as usual, but neither therapy was superior to the other to a significant degree (Murphy et al., 2017). Person-Centered Therapy (PCT) takes a non-pathologizing approach that moves away from a focus on diagnosis and emphasises that clients themselves (through self-actualising) have, in this process, the ability to reflect, assess, and ultimately determine any changes needed to better their own lives (Cooper, 2013). In PCT the first

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condition of therapeutic change is that two persons are in psychological contact with each other (Rogers, 1957). It is the counsellor's role to nurture psychological contact (Joseph, 2004). For those autistic people who do not have a co-occurring intellectual disability, they have agency in making choices in their psychological treatment and PCT accepts the person and trusts the choices they make for their own lives. However, if neurotypical people have difficulty understanding autistic people this may present a challenge to offering empathy as a core condition in PCT.

Further, a subset of autistic people who do have an additional intellectual disability with complex communication needs may be seen as persons who are deemed 'contact impaired' (Prouty, Werde & Pörtner, 2002). Previously in PCT, these individuals, as well as those with psychosis were deemed to be unreachable or 'not capable of contact' (Portner, 2000). People who move back and forth, in and out of, contact was first described by Van Werde (2005) as 'grey zone' clients. Similarly to Intensive Interaction, pre-therapy is designed to enable contact with people who appear profoundly isolated and withdrawn from others (Prouty, Werde & Pörtner, 2002). The degree of contact an individual has will vary and pre-therapy has been seen as an effective method which seeks to include those often described as 'grey zone' clients (Meaden and Fox, 2015).

Prouty's principles of pre-therapy take the form of 'contact work' through contact reflections for gaining psychological contact with those moving between expressive and pre-expressive states (Prouty, 1976). The ability to teach non-counselling specialists working within the field of autism to use aspects of the person-centered approach has been reported (Carrick & McKenzie, 2011). The authors reported two case study vignettes of the process and impact of learning PCT and pre-therapy skills. To date, there has been no qualitative enquiry into worker characteristics of practitioners' (who are non-counselling specialists) reflective experiences of their practice pre-post Person-Centered Therapy and pre-therapy skills training on their practice. The present qualitative investigation set out to fill this gap. We conducted a small scale exploratory study that sought to develop an understanding of practitioners' characteristics and reflective experiences of using person-centered counselling skills and contact

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reflections (contact work) when relating to autistic individuals who are described as being without or with an intellectual disability and with complex communication needs. Our hypothesis was two-fold: we hypothesised first that practitioners would lack awareness of using a pathologizing lens in their practice as their dominant relational style with autistic people, and second that our Person-Centered Therapy/Pre-Therapy training would challenge this, resulting in transformative changes to practice.

Methods

Participants

Participants (see Table 1 for participant information) were 20 practitioners from a range of disciplines reporting experiences of using person-centered counselling/Pre-Therapy skills with a person on the autistic spectrum. Inclusion criteria were: 1) practitioners who had completed the Counselling Skills in Autism module; and 2) had engaged with an autistic person using person-centered counselling (PCC) skills or contact reflections (CR) for a minimum of 9 sessions; 3) additionally, they had engaged with a person who had a diagnosis of autism described as with or without an additional learning disability.

TABLE 1 Characteristics of Practitioners, Clients and Therapeutic Skills Applied in Practice

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Procedure

Practitioners working in education, health, social care sector were recruited after completion of a 20-credit Masters module in Counselling Skills in Autism (for information see https://www.strath.ac.uk/courses/postgraduatetaught/autismmsc/#coursecontent) which included person-centered (Rogerian) and Pre-therapy (Prouty) theory and experiential skills practice during the training (see Table 2 for contact reflections with example). Following a marking process, we made an open request to all students who had completed the module, seeking consent to use anonymous experiential case study accounts for analysis in a research study on exploring practitioners experiences of applying person-centered and pre-therapy counselling skills. Participants were invited to submit a

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blind experiential case study for analysis in our research study. Twenty participants gave informed consent to use their anonymous experiential case study account.

Table 2 Prouty's Five Contact Reflections with Explanation and Illustration

Analysis

All experiential case studies were initially reviewed to extract theory-only content. All remaining text contained 'therapist' 'client' verbatim interactions and practitioner reflections on applying person-centered counselling (PCC) and contact work (CW) skills. A Framework Analysis was applied to the data (Ritchie et al. 2003). This method involves following a structured sequence of steps in order to systematically identify themes within qualitative data. Framework Analysis was chosen as it is widely used as a transparent method of qualitative analysis that allows researchers to generate new theory from data whilst focusing their inquiries on pre-determined research objectives. We adhered to guidelines for good practice in qualitative research (Mays and Pope, 2000) by conducting the following credibility checks, to ensure that interpretations of the data were sound. First, to avoid relying upon a single researcher's perspective, a consensus approach (Barker and Pistrang, 2015) was employed with two of the authors: IG took the lead in analysis but regularly discussed themes with AR until, eventually, they derived a final set of themes and subthemes. Second, during this process, AR audited the framework against transcript data (Elliott et al., 1999). Finally, respondent credibility checks were conducted to promote testimonial validity (Barker and Pistrang, 2015), whereby the framework was sent to participants who were willing to provide their feedback, to ensure it reflected their experiences.

Results

Relevant data in the case studies were organised into themes and subthemes, with the final thematic analysis presented in Table 3. An overarching theme emerged: subtle transformations resulted from shifting practice paradigms. Four themes, comprising eleven subthemes, were identified.

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The four major identified themes are as follows: (1) 'A different way of being', which recognises tensions experienced when implementing PCT/CR skills; (2) 'Opening heightened channels of receptivity' which explores the impact of non-counselling practitioners using all of their senses within relational encounters; (3) 'Trust in self-actualising growth' which recognises the emergence of self-agency when you are present and alongside; and (4) 'Expanding relational ripples' which recognises observations that are beyond the dyadic relationship. The themes and subthemes are expanded with participant illustrations.

Table 3 Thematic Analysis of Practitioners Experiences of Using Person-centered Counselling Skills and Contact Reflections

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Theme 1: A Different way of Being

This theme encapsulates how practitioners responded to a new way of making relational contact with autistic people, and it contained three subthemes. The majority spoke of these new skills confronting their cherished beliefs which were grounded in autism theory and resulted in a sense of feeling deskilled. This led to a period of testing out their competency, with a further realisation that they needed to create new opportunities to allow this new approach to occur.

Subtheme 1.1: Challenge to my role as fixer

The majority expressed facing challenges to their cherished belief that their role was to problem-solve and find solutions to fix numerous problems. Most expressed role conflicts when implementing counselling skills emerging from both personal as well as professional standpoints. Parents expressed how they felt conflicted in their role of *parent as repairer*

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"I am aware that our relationship needs to develop and include more empathic listening to reflect my belief that my child has the ability to 'self-actualise' and 'self-heal'"

This conflict to role was also expressed by *teacher as director*

"trying to understand and control behaviours was a fundamental mistake. Allowing him [the client] to express and sharing with him, accepting rather than correcting him, led to a viable change in his body language"

The majority of practitioners within the care sector when implementing counselling skills (n =8) faced a challenge to their role. Support workers and practitioners working in the care setting expressed how most who work in this field agree that they believe they are there to offer various solutions. Participants in a caring role expressed that this new approach posed a conflict to their view of *carer as fixer* and shifting from offering direct solutions

"Do you think you'd be happier at a different college?"

Moving towards a realisation that they needed to question their approach

"when he expressed his emotions I responded with a clarifying question. It would have been more effective to acknowledge this specific feeling and ask a bit more about his experience of this"

Subtheme 1.2: Practising with tentative steps

This theme encapsulates how practitioners experienced a loss of skills when beginning their practice in this new way. The majority of participants (n= 15) expressed that they faced feelings of being deskilled, with many lacking confidence at first

"this is a completely new way of thinking and something which I am not used to. The process was extremely challenging to me"

This lack of confidence resulted in some being reluctant to practise

"I strongly believe that I need more practical opportunities in order to implement counselling skills effectively"

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Other participants reflected their initial reservations in implementing counselling skills and contact reflections as

"I felt that I wasn't 'qualified' to deliver such ways of relating"

Others were sceptical as to how this approach could work

"initially I was sceptical as to how effective such an approach would be as I have had no previous training"

Many reflected the importance of practical experiential learning, stating that it took time and a number of sessions before they were able to feel comfortable in their new role as therapist

"I had found taking on the role of the therapist difficult but over time I became more comfortable with this"

Although many were initially reluctant to engage in this new way

"I felt that I lacked the skills needed to carry out the session"

participants expressed gaining confidence in their ability as they engaged in more sessions

"as I saw results emerge from the client I began to feel more comfortable in my ability to relate in this way"

others reflected on the impact this new approach had for them, and ultimately for those who they engaged with

"It was very intense and eye-opening. I was shocked at how different and powerful counselling skills are"

Subtheme 1.3: Creating a new space

This subtheme relates to the where and when highlighted by various participants (n=9) and the difficulty practitioners had in finding an appropriate space in which to implement counselling skills and contact reflections. This was a common finding across all fields. All teachers (n=6) reported issues with both finding the time and space to implement counselling skills into their teaching or non-contact schedules.

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"The biggest challenge for me in my work environment is having the time to spend with someone one-on-one"

Similarly those in the care sector also noted this issue

"My role often does not allow me to work with individuals one on one, therefore facilitating this would be the biggest challenge"

Theme 2: Opening Heightened Channels of Receptivity

This theme encapsulates how practitioners viewed enhanced experiences as a result of changes in their typical way of relating and contained three subthemes. These relational changes related to participants opening up various modes of receiving the person so they could be more receptive and less directive. Reflections within this theme were based upon using counselling and contact reflection skills to be present within the relationship, and meant changing practice as well as a move away from previous interventions and approaches which were less client driven.

Subtheme 2.1: The transformative power of the unspoken

This subtheme referred to practitioners' shift in how they viewed silence within the relationship accompanied by a move towards creating space so they could be present. Some of the participants (n=6) reported that counselling skills and contact reflections allowed them to relate in a way that clients could find their voice, and as such they began to see behaviours as a means of communicating

"by just listening, it appeared that they responded and really opened up"

Others expressed that by simply allowing space to talk without interruption opened up more meaningful insights into their emotional state

"by not interjecting this gave him the time needed to tell me more about his feelings and experiences"

Whilst when reflecting upon changing their approach, some participants expressed that they gained meaningful responses

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3 *"adapting my approach and learning to truly empathise rather than sympathise or advise.*
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5 *Simply just listening, saw great responses"*
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8 **Subtheme 2.2: Seeing for the first time**
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10 Some of the participants began to open all of their senses to what was happening in the sessions and
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12 began to see certain behaviours in a new way which were previously closed to them. This opening up
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14 allowed them to be more receptive and see things in new ways
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17 *"Using body reflections quickly brought success in making contact with Jon (pseudonym). He*
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19 *seemed to be surprised that no one was dictating how he should behave and responded*
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21 *positively"*
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24 Some participants acknowledged that using the contact reflections allowed them to be more accepting
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26 of behaviours they could see without interpretation or judgement
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29 *"utilising body reflections meant I was able to feel greater empathy towards him without judging*
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31 *what they were doing"*
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33 Similarly, being present in the moment brought about changes
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36 *"allowing myself to sit with her, without analysing, sharing in the moment saw dramatic results"*
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38 Whilst some reflected that using body reflections in pre-therapy skills helped them to make contact with
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40 the client
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43 *"body reflections quickly brought success in making contact with him"*
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45 **Subtheme 2.3: Putting judgements aside**
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47 Reflections from participants stressed the significance of listening without judgement or demonstrating
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49 Unconditional Positive Regard (UPR) which could be difficult to achieve
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52 *"the biggest challenge was getting outside my head, not judging"*
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54 and for some posed a challenge
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56 *"demonstrating UPR does not come naturally and needs to be practised over time"*
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58 but was seen as bringing about change in the client
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"He seemed to be surprised that no one was dictating how he should behave and responded positively"

Theme 3: Self-Actualising Growth Tendency

This theme encapsulates how practitioners came to realise that each person had an internal drive that propelled them forward in a positive direction, and this contained three subthemes. The subthemes refer to how practitioners came to recognise that the changes they made in using person-centered counselling skills and contact reflections helped them to trust the person's capacity, which in turn unlocked the power within the person, resulting in positive growth.

Subtheme 3.1: Freedom to just be

Some reflections from practitioners demonstrated the insight that changing their behaviour to a more accepting stance appeared to have a positive affirming effect, bringing closer relational connections

"just allowing him to be himself with people, actually listening and accepting him, seemed to make him feel less on the 'outside'"

when practitioners changed their practice to a more person-centered stance they could also see the powerful impact on the person feeling accepted and valued

"it seemed to me that relating in a person-centered way meant he felt accepted and not judged for his actions"

Subtheme 3.2: Openness to own misinterpretations

Some reflections from practitioners demonstrated a growing realisation that their own relational practice was dominated by an interpretive lens

"I was unsure of the correct response or reflection in this instance"

later reflecting on how this relational style resulted in them misinterpreting exchanges, which was particularly apparent when relating with those who have complex communication needs, which led practitioners to realise that this may not be the best or only way to relate

" I may have been overanalysing behaviours rather than just being with or responding"

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With an emerging openness in allowing the person to tell their own story

"I initially found it difficult to understand Sam and what he was trying to communicate to me, but I just stayed with him as he continued to expressed himself"

Subtheme 3.3: Trusting acceptance triggers relational connections

Some practitioners expressed how they began to develop a trusting acceptance of the client, which in turn triggered enhanced relational connections. First, practitioners spoke about

"the biggest challenge was to gain her (the client's) trust"

and how

"building trust was key to him opening up to me"

For some practitioners this developing trust in the person gave them an

"…understanding that they themselves have the answers themselves….and this is powerful"

and allowed them to discover more about the person which was previously unknown

"the connections allowed us to discover that he could spell, knew his name, recognised many words and could ask for a hug"

some practitioners came to the realisation that they need to maintain this level of trust

"when I was able to remain consistent with my practice of PCT and pre-therapy skills I felt the responses were greater"

Theme 4: Expanding Relational Ripples

This theme encapsulates relational impacts beyond immediate practitioner and client relationships, which contained two subthemes. These subthemes referred to an increase in relational interactions reported by others and to the practitioners' desire to influence the practice of others stemming from their belief in the approach.

Subtheme 4.1: Positive responses voiced by others

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Some practitioners reported that person-centered counselling skills and contact reflections enabled increased interactions to take place with clients (n=8) and this was evidenced by reports coming from other people, which they felt corroborated their own experience

> *“staff have noticed an increase in contact and interactions with him since sessions using contact reflections began”*

These reports were not only made by staff, but also from significant people in his personal life, who reported changes in their emotional state as the sessions advanced

> *“mum was impressed how she has become calmer, less distressed and more engaged with the progression of the sessions”*

Other practitioners reported positive feedback from parents who reflected upon what appeared like small but meaningful changes due to the sessions

> *“the child’s parent was amazed at his development, that her child had engaged in direct eye contact, and appeared to be interested in interacting”*

Subtheme 4.2: Sharing experiences to influence others

As a result of experiencing such encouraging and positive findings, some participants sought to share their practice after completion of sessions (n=7). This sharing of practice took the form of explaining principles so others could replicate these

> *“I have managed to explain the principles of what I was doing and how they [staff] could utilise some of the techniques”*

Similarly, other practitioners demonstrated contact reflections so staff teams could implement this in their practice, with strategic aims to train others within an organisation

> *“the contact work has had a profound effect on the whole staff team working with child A and I am looking at offering training to other members of staff”*

Discussion

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The purpose of the study was to explore relational experiences of practitioners' (who were non-counselling specialists) ability to use person-centered counselling (PCC) skills and contact reflections (CR) to engage with autistic people. We hypothesised that practitioners would be engaging with autistic people from a diagnostic informed relational stance, not by a person-centered paradigm. The overarching theme to emerge from our data showed that person-centered counselling skills and pre-therapy (contact reflections) training challenges practitioners' strongly held beliefs, resulting in subtle transformations resulted from shifting practice paradigms. Our first main theme to emerge showed how practitioners recognised that training in person-centered counselling skills and pre-therapy offered them an alternative approach which we referred to as *a different way of being*. Our findings showed that practitioners in all contexts, including partners and parents, took on the role of what we describe as 'fixer'. Person-centered skills training presented them with a challenge to this preferred dominant relational style. We propose this supports concepts such as ableism (viewing those with a disability as less than) in how practitioners perceive their role, by taking the stance of fixing the problems of the other, by othering or pathologizing the behaviours of other. The carer knows best. Social care settings may exacerbate this through an absence of alternative role models promoting a reflective role expectation. We are in accordance with Hodge (2013) that counsellors need to be curious and willing to learn new ways of being, and open to challenging their own beliefs and values. Although our participants were not counsellors we found that practitioners were open to challenging their own strongly held practice beliefs and were able to shift their relational stance.

Our study found that the person-centered counselling skills training triggered a significant change in practitioners' relational style with their 'clients', that we referred to as opening heightened channels of receptivity. We argue that this opening up of practitioner channels of receptivity may lend support to Milton's concept of a double empathy problem (Milton, 2012). We found neurotypical–neurodivergent encounters manifest this double empathy problem, with practitioners displaying limited capacity for neurodivergent intersubjectivity leading to misempathy and lack of relational depth.

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However, once practitioners began to relate using person-centered principles and/or with contact reflections, they experienced their own increased capacity to interpersonally connect. This enabled them to open up, be receptive and free to experience their clients in differing ways. These findings lend support to Rogers' (1957) suggestion that psychological contact is the first condition of a therapeutic relationship. We propose that neurotypical-neurodivergent relational encounters may lack this necessary psychological contact for a therapeutic relationship, but person-centered counselling skills and contact reflection training can enhance neurotypical practitioners' capacity to empathise with neurodivergent intersubjectivity.

This different way of being adds further support to earlier observations of a powerful dyadic change process occurring in non-counselling specialists following person-centered counselling and pre-therapy skills training (Carrick & McKenzie, 2011). Although the authors did not describe this in relation to neurodivergence, we propose that these earlier findings support our hypothesis that practitioners are engaging with autistic people through a deficit lens, resulting in misempathy. Empathy is a vital condition for the therapist to be able to establish contact with a person whose contact functions are limited (Prouty et al., 2005). Our findings suggest that training in person-centered counselling skills and contact work provides practitioners with an enhanced capacity for neurodivergent intersubjectivity. This is in accordance with previous research where students reported experiencing themselves as being closer to their clients, felt more empathy and felt less conditional in their responses (Carrick and McKenzie, 2011). Similarly, our findings support experience of developing empathic contact with the client's frame of reference, which has in turn led to a more unconditional, accepting and positive way of viewing them. We discovered that practitioners reported feeling greater empathy towards their clients, with fewer judgements and increased sense of psychological contact when using body reflections. Body reflections are used to help the client remain embodied within the contact.

We found that practitioners were able to use the person-centered skills and contact reflections to reach a level of therapeutic contact or enhanced engagement with their clients. When they were able

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to open up their channels of receptivity, this enabled them to trust in the power of self-actualising growth. They spoke of the transformative power of the unspoken; being next to, present and beside the person as opposed to leading, directing or shaping what the person is or should be doing. Practitioners experienced seeing the person for the first time by putting judgements aside and by being open to their own misinterpretations. We agree with Prouty's (1994) call for the necessity of 'existential empathy' (stepping out of one's own frame of reference to vicariously experience another's out-of-contact state of being) to enhance our capacity in offering humbleness and unconditional regard. We found that acceptance was key to triggering deeper relational connections within the process of relational contact. Therefore, supporting Prouty's claim that contact reflections promote contact with the world, self and others.

This study lends support to the argument that sometimes disabled people become positioned as 'problems' and their personhood is then lost (Hodge, 2015). We propose a similar concern that, when practitioners take on the role of 'autism expert', they position autism as the 'problem' needing to be corrected, often losing all sense of the person. Therefore, the label becomes central and this in turn pervades their sense of self as a practitioner. We found that, unwittingly, practitioners operated from this frame of reference, working with 'the autism' as opposed to the person. The juxtaposition of the person-centered approach was effective in bringing about practitioner change as trainers embody these principles and accepting these challenges about their own beliefs and values. The power of such training is that practitioners discover for themselves that they should focus on the client as an individual rather than as the label of his disability. Although a positive core value shift created relational ripples that extended beyond the relational dyad, it brought into question whether this truly penetrated core values or merely shifted into a different form of 'practitioner expertise'. This issue emerged as a number of practitioners discussed training others or planning to train staff teams. Although practitioners wanting to share the philosophy of the person-centered approach with others around them is a positive outcome, it brings into sharp focus a concerning issues related to practice. How can a brief training,

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leading to feelings of loss of skills to practising with tentative steps, be followed by practitioners positioning themselves as 'trainers'? We speculate that this may be indicative of the problem around power dynamics in care which requires further research.

There were, however, some limitations of the study. One possible problem in this study was the influence of the social positionality and view of the researchers on the interpretation of the data. Further, the first and third authors are person-centered counsellors and were the trainers and as such it could be argued were invested in portraying only positive experiences from the impact of person-centered approach. However, all experiences reported by practitioners were included in the analysis and recommended qualitative trustworthiness checks were followed. This study has demonstrated a need for less focus on remediation and greater focus on shifting practitioner capacity for humanistic relating. To this end, further research investigating these preliminary findings of our training employing robust measures, such as treatment as usual and pre-post measures is required. As well as testing replication, we intend to explore the impact our training has on complex concepts such as practitioner understanding of the dynamics of care relations in contributing to spoiled identities (Goffman, 1963) and autistic-neurotypical trauma-related experiences (Robinson, 2018).

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TABLE 1 Characteristics of Practitioners, Clients and Therapeutic Skills Applied in Practice

Role (Professional/Personal)	Gender of Client	Client Age Range	Diagnosis	Type of therapy used
Teacher	Male	C/YP	Autism (+ ID) (+ CC)	Contact Reflections
Teacher	Male	C/YP	Autism (+ ID) (+ CC)	Contact Reflections
Teacher	Male	C/YP	Autism (+ ID) (+ CC)	Contact Reflections
Teacher	Male	C/YP	Autism (+ ID) (+ CC)	Contact Reflections
Learning Support Teacher	Male	C/YP	Autism (+ ID) (+ CC)	Contact Reflections
Support Worker	Male	C/YP	Autism (+ ID) (+ CC)	Contact Reflections
Support Worker	Male	C/YP	Autism (+ ID) (+ CC)	Contact Reflections
Support Worker	Female	C/YP	Autism (+ ID) (+ CC)	Contact Reflections
Support Worker	Female	A	Autism (+ ID) (+ CC)	Contact Reflections
Support Worker	Male	A	Autism (+ ID) (+ CC)	Contact Reflections
Speech and Language Therapist	Male	C/YP	Autism (+ ID) (+ CC)	Contact Reflections
Support Worker	Female	A	Autism	PCT Skills
Support Worker	Female	A	Autism	PCT Skills
Support Worker	Female	A	Autism	PCT Skills
Support Worker	Male	A	Autism	PCT Skills
Autism Practitioner	Female	A	Autism	PCT Skills
Teacher	Male	C/YP	Autism	PCT Skills
Parent	Male	C/YP	Autism	PCT Skills
Parent	Male	C/YP	Autism	PCT Skills
Wife	Male	A	Autism	PCT Skills

Key: C = Child; YP = Young Person; A = Adult; ID = Intellectual Disability; CC = Complex Communication; PCT = Person-Centred Therapy

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Table 2 Prouty's Five Contact Reflections with Explanation and Illustration

Contact Reflection	Explanation	Illustration
Situational reflections **(SR)**	*Reality contact:* reflecting aspects of the shared environment (people, places, things)	Client sits beside therapist staring at the floor. Therapist: We are sitting in the green room with the brown carpet.
Facial reflections **(FR)**	*Affective contact:* reflecting verbally or mimicking the facial expressions of the client	Client looks fleetingly at therapist and smiles Therapist (smiling): You smile…Jenny smiles at Joan…
Body reflections **(BR)**	*Body-self/here-and-now contact:* reflecting verbally or with postures the gestures, movements and postures of the client	Client stands by the window swaying Therapist stands silently next to John (follows his gaze) and sways from side to side
Word-for-word reflections **(WWR)**	*Communicative contact:* repeating back what the client says word for word	Client says loudly: "Mary gone, Mary gone." Therapist: (repeats after client, matching volume and urgency in voice) "Mary gone, Mary gone. . . ."
Reiterative reflections **(RR)**	*Re-contact:* remaking contact by repetition of previous reflections that had an effect	Client sits silently and appears to have dropped out of contact. Therapist: (reiterates verbal or contact expression from an earlier part of the session) Sami said "I see Molly." (This is a repetition of the exact words spoken by Sami earlier.)

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Table 3 Thematic Analysis of Practitioners Experiences of Using Person-Centred Counselling Skills and Contact Reflections

SUBTLE TRANSFORMATIONS RESULTED FROM SHIFTING PRACTICE PARADIGMS		
Theme	Subtheme	*Example*
1. A DIFFERENT WAY OF BEING	1.1 Challenge to my role as fixer	*"I am aware that our relationship needs to develop and include more empathic listening to reflect my belief that my child has the ability to 'self-actualise' and 'self-heal"*
	1.2 Practising with tentative steps	*"as I saw results emerge from her I began to feel more comfortable in my ability to relate in this way"*
	1.3 Creating a new space	*"the biggest challenge for me in my work environment is having the time to spend with someone one-on-one"*
2. OPENING HEIGTHENED CHANNELS OF RECEPTIVITY	2.1 The transformative power of the unspoken	*"by not interjecting, this gave him the time needed to tell me more about his feelings and experiences"*
	2.2 Seeing for the first time	*"utilising body reflections meant I was able to feel greater empathy towards him without judging what he was doing"*
	2.3 Putting judgements aside	*"the biggest challenge was getting outside my head, not judging"*
3. TRUST IN SELF-ACTUALISING GROWTH	3.1 Freedom to just be	*"just allowing him to be himself with people, actually listening and accepting him, seemed to make him feel less on the 'outside'"*
	3.2 Openness to own misinterpretations	*"I may have been overanalysing behaviours rather than feeling and responding"*
	3.3 Acceptance trigger relational connections	*"the connections allowed us to discover that he could spell, knew his name, recognised many words and could ask for a hug"*
4. EXPANDING RELATIONAL RIPPLES	4.1 Positive responses voiced by others	*"staff have noticed an increase in contact and interactions with him since sessions using contact reflections began"*
	4.2. Sharing experiences to influence others	*"the contact work has had a profound effect on the whole staff team working with child A and I am looking at offering training to other members of staff"*

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Appendix 1

Table 4 Legend of Full Terms with Abbreviated Acronym

Term	Acronym
Applied Behaviour Analysis	ABA
Cognitive Behaviour Analysis	CBT
Intensive Interaction	II
Person-Centered Counselling	PCC
Person-Centered Therapy	PCT
Pre-Therapy	PT
Intellectual Disability	ID
Complex Communication	CC
Unconditional Positive Regard	UPR
Contact Work	CW
Contact Reflections	CR
Situational reflections	SR
Facial reflections	FR
Body reflections	BR
Word-for-word reflections	WWR
Reiterative reflections	RR

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