Narrative practices and autism:

Part 1:

Theory and engagement: Shedding ableism from therapy

by Courtney Olinger

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Abstract

Narrative practices provide a theoretical basis for supporting neurodivergent individuals in many ways. However, many therapists are seeking ways to better engage clients that have communication and sensory challenges that might interfere with more traditional therapeutic conversations. This paper gives some possible frameworks for engaging neurodivergent individuals, such as those with autism spectrum disorder. Examples are shared to support other therapists to embark in creative ways to rethink engagement in the first of a three part series exploring different concepts associated with working with autism.

Key words: autism; Asperger's; neurodiversity; sensory processing; neurodevelopment; ableism; narrative practice; telehealth

Narrative therapy, a model that originated with the work of Michael White and David Epston (1990), has become the guiding theory for the work I do with autistic individuals[1] and other neurodivergent individuals. Narrative therapy was founded on philosophical principals from postmodernism, social constructionism and poststructuralism. I have attempted to highlight the aspects of these philosophies that underline my work. In this paper, I discuss my work with autistic individuals; however, I attend to the neurodivergence of each client, regardless of diagnosis, and take that into consideration throughout the course of our work together. My guiding theory and many of the engagement practices I use have proven helpful with many neurotypical clients and other clients who do not have a diagnosis of autism.

Paying attention to a 'multiplicity of truths'

With advances in technology over the last several decades, we now know that there are many representations of ideas that are considered to be truths or realities. This holds true at a local level, within a family or even as represented by one person. In my work with autism, I recognise that there is not *one* truth, and am listening for and looking for the many ways that individuals and families represent what is meaningful to them.

Meaning is not intrinsic to a given object or situation. Meaning develops through language, interaction and communication. Meaning is constantly changing depending on one's social surroundings. In my work, I also notice that meaning may be inferred and depart from the original intention of the person seeking to communicate that meaning. Because of this, I am constantly checking in about meaning – that intended, that received and that which we are negotiating as we interact or occupy space together. With my clients who are not yet verbally fluent, I think of our interactions as a process of making meaning, as I am aware that there are many different ways in which a story can unfold and not all rely on verbal communication, written communication or even language. I think of dance, silent art films, miming and even 'people watching'. There is a story being told in movement, in colour, in sounds and in sensations. It has a history, a present and an emerging future. I see myself as a steward, transcriber and translator of this story while holding close to the authenticity of the message at any given time.

I think of 'mental health' as *emotional, relational and internal wellbeing*, where the internal part includes how our body is working, including the many processes that allow our body to function and give us information about our experiences (e.g. the central nervous system or brain stem functions). The internal part can be affected by sleep or nutrition; how our physiological, sensory and physical processes work; and how we experience the world around us. It can also include how we internalise social processes; that is how we are affected by social interactions and expectations.

Attending to discourses

Early on, I felt a relief in learning the popular narrative saying, 'the problem is the problem; the person is not the problem' (White & Epston, 1990). I have an understanding that problems, identity and meaning are continuously being created in the context of relationships within a social structure. Additionally, discourse is connected to meaning-making as it includes language and extends to the ways in which social and political power influence what is and is not said in certain contexts and who can and cannot say it (Foucault, 1980). I pay particular attention to the ways in which problems are defined in relation to someone with autism. Are these problems that exist only when in relationship with others? What are the long-standing social expectations that contribute to these problems?

The sort of meaning that is socially created and accepted in a society is known as a *social construct*. Social constructs differ based on the society and the events surrounding the time period in which they exist. Social constructs can and likely will change. Additionally, it is important to attend to *social discourse,* which concerns the social rules about the communication of social constructs. Typically, a social discourse supports a power hierarchy or social control, which results in a marginalisation of those not afforded such power.

Why is this important? Social norms, constructs and discourses tend to shape problems more than we realise, and with that they influence our mental health experiences. I have found narrative work on 'normality' incredibly helpful in my work with autistic individuals. Specifically, work by Jane Hutton and Kate Knapp has shaped and continues to shape many of the conversations I have with my clients. In their introduction to their *Lost in Normality* cards (2005), they explain that ideas around normality are constantly changing. ‘The word “normal” originally comes from the Latin or French for the carpenter’s square, or normal angle … It was only in the early 19th century that the word normal began to be applied to people and their actions rather than to just angles.’ Normal is now used to describe people and their worth. It gives us a metric for comparison, to which some measure up and some do not. Those who measure up have more access, more privileges and more of a voice. Others are judged against these arbitrary standards and face marginalisation.

I read the excerpt on normality to a 16-year-old client who was struggling with his diagnosis of Asperger’s, which he believed meant he was abnormal. His eyes widened as he stated, ‘everyone should read this’. When asked why, he exclaimed ‘because no-one is normal!’ This was a turning point in our work together. We began to explore the discourses that affected him and others, as well as the term ‘neurodiversity’, coined originally by Judith Singer (see Blume, 1998).

Some social discourses have been more commonly discussed and attended to in the last few years, such as discourses around gender, race and normality. More recently, people have been beginning to reconsider ability discourses. Much of this is thanks to the many adults and young people with disabilities who are engaging in activism and advocacy. In my work, I am constantly on the lookout for the ways discourses are influencing clients, specifically *ability discourse*. These are the social rules that dictate what one can or cannot do, what one is capable or incapable of, and how one is treated based on others’ expectations of their capabilities. I often hear autistic people speak of the expectations and judgements they are up against because they ‘look normal’ or ‘seem capable’. In my work, I seek to understand how such discourses affect those I work with. I often hear the following sentiments when ability discourses are at play:

- He knows better than this.
- She should know better.
- She was able to do it yesterday. Today she’s giving me a hard time.
- He is choosing to act this way. If he just focused, he could do it.
- She just needs discipline.
- He doesn’t look like he has autism.

I hear many speak of the struggle between wanting to be treated just like anybody else, while also acknowledging and understanding that there may be some difficulties they face that others do not. In my work, I both attend to and honour each person’s neurodivergence. That is, I seek to acknowledge and understand that which is challenging, concerning, difficult or even problematic, while not allowing this acknowledgment and understanding to result in treating anyone as less than.

Engagement strategies

Inevitably, when I am speaking with other clinicians about working with autistic individuals, I am met with the question, ‘but what about kids who don’t speak?’ Or with questions about working with people whose autism presents to others more significantly. I have found that many therapists feel okay working with clients whose autism is less evident, but as those common characteristics or challenges add up, many therapists feel less confident. My previous experience in behavioural[2] and educational settings has proven to be valuable in this area. I have used this work to inform what I call *engagement strategies*, and I have seen that almost all children, adolescents and adults who are referred to therapy with me can engage with me in many of the same ways as others, given the right supports. These engagement strategies are neurologically based supports for individuals with varying abilities to be able to benefit from therapy and/or narrative practices.

Input, processing and output

When I work with individuals[3] with neurodevelopmental differences, I find it useful to identify some of the challenges that may be occurring for them that might hinder them benefiting from our interaction. I consider input, processing and output. This informs the strategies I use in hope of supporting that specific person.

Input

Input is the information that we take in and perceive, usually through our senses. One common challenge with input is trouble with too much visual or auditory stimulus. When someone is struggling with input, I often observe distress when the person is presented with certain sensory stimuli. This distress or overwhelm can occur with any of the senses, and can be different for each person. Additionally, I have frequently seen autistic individuals or individuals with other communication challenges express distress when there is a great deal of verbal stimulus, particularly questions, as questions are incredibly complex and require many different mental processes at once.

To address challenges with input, I first want to gain an understanding of that person's unique sensory profile. In my first session with a client, I typically ask sensory questions to understand the ways they respond to different stimuli. When there are family members present, I ask everyone in the room about sensory processing and include some of my own processing. I do this to highlight that everyone's sensory processing is different, and to reduce the potential negative effects of a discourse that could suggest that these differences are solely located in one person, who can then be labelled disabled. Some of the supports I have used to promote engagement when I am aware that input challenges may be working on my client include using visuals, building in sensory breaks and reducing distractions.

Visuals

I use whiteboards constantly. Sometimes I use a small 8x11-inch whiteboard or three. At other times, I use a larger hanging whiteboard. I take photos of what we record on the whiteboards so we can refer back to them. When I work by telehealth, I share my screen and use a shared document or drawing app to support the input. I have found that simple drawings and stick figures can help, and sometimes just words are preferred. I often map out the conversation or story visually or in writing for the client to see, and will often keep these images for us to return to, revise, add to or change along the way.

When working with a 13-year-old girl via telehealth, I noticed that she was often distracted by items in her room and would often begin talking about the various things she saw, straying from the original topic. I began using the share screen function and a Word document to type out what we were discussing, and our conversations became much more fluid.

Building in sensory breaks

I try to limit any more challenging interaction to roughly the person's age in minutes, and allow for as many breaks as we need throughout a session to move our bodies or calm and rest our brains. During telehealth appointments, I can share my screen to show videos or play music that either calms or promotes movement. Sometimes we take turns guiding each other through movement or stretches. This is also very individualised, and I have found that it is important to pay attention to what supports a person to engage with me and what interferes or limits that engagement. For in-person meetings, I have accessible sensory cushions and materials that support people to manage stimulus that they are perceiving. This may include different textured balls, clips and pieces of material. If sessions are done via telehealth, I ask that they gather some sensory items to have available to them throughout the session and we discuss ways these are helpful and unhelpful.

When working with an eight-year-old who would quickly fatigue from conversation, we built in a movement routine about every eight minutes that included his favourites: trying to push the wall over and downward dog pose.

Reducing distractions and stimulus

I pay attention to how much stimulus is in a room, what is within the person's reach or view, and how they are responding to the environment. If I notice that things in the environment or even in my visuals are interfering, I will remove them or reduce what is out. I then gradually build in more complexity as we work together as a way to support their tolerance to different stimulus. One thing I have learnt from autistic individuals was to not require them to make eye contact. This has made a huge difference. Many of my clients describe how distracting it is to try to focus on someone's eyes, and that if they are trying to do this, they are not able to actually pay attention to other things. If using telehealth, it is important to discuss with clients and parents how to set up a space that supports engagement, and I also pay attention to whether the person appears to be doing other things that are distracting them.

One young boy who I worked with (we'll call him Jonathan as I will share more of his story later) spent a majority of our sessions for several months hidden under a small, square side table I had next to my couch in my office. He was nine years old when I started working with him. He would crawl under the table in response to overwhelm from auditory stimulus or if he perceived the content of our conversation to be difficult. When he crawled under, I would place the couch cushions around him to help reduce any additional stimulus and would write on a whiteboard, 'You can join us when you are ready', leaving it just out of reach but in his view. Gradually, the time he spent under the table decreased until he no longer needed the table to calm himself.

Processing

The simplest way I think about processing is that it's what we do with information in our brain. Once we input something, we engage in a very complex process of making meaning and connecting to other information and memories. Some common processing challenges are with receptive language and pragmatic language. Receptive language is the ability to understand language that is heard or read. Pragmatic language has to do with the understanding of social forms of language. Some autistic individuals and individuals with other neurodevelopmental differences have delays in processing and need a bit more time to make meaning or draw on their previous experience and knowledge. Some individuals may be making connections that are not intended, especially if they have a tendency to understand language in a rote or literal fashion. Below are the three most common supports I use for processing.

Becoming comfortable sitting in silence

I have learnt to give people quiet time to think about a question. I ask and/or write the question and then wait. I often sit with an expectant look, indicating that I am awaiting a response. Most of my clients will notice this look and either answer or indicate that they do not know what I said, in which case I can start over. If clients do not pick up on the expectant look, I will teach it to them and may add a prompt such as a coloured cue card that indicates that I am waiting for a response. Then most of the work happens in my head as I remind myself to give them the space to process and respond.

A young man in his early 20s had a 30-second delay in processing on good days, but on days where he was struggling more, it could be up to 60 seconds. I recognised early on that if I asked a question and did not give him ample time to respond, he would get confused and overwhelmed. When I waited in silence, he was more readily able to respond. I had to really pay attention to how he was showing up each day, and even noticed that on many days if I moved or wrote something while I was giving him time to process, this would disrupt his processing. While his processing seemed to take longer than most, I find that many autistic people benefit from having some additional processing time.

Comprehension checks and breaking down or defining concepts

Several of my autistic clients misunderstand communication during our sessions, but are not always aware that they have misunderstood. First off, I acknowledge that this can happen with anyone, autistic or not; however, the frequency with which I check in about comprehension is much greater with clients who are experiencing processing challenges. I regularly ask these clients if things made sense or were confusing. I also pay attention to whether my clients notice when they are not understanding because I have learnt that some do not always notice this. I will often ask clients to explain back what I have said to get a sense of what they are understanding. I look out for words that can hold multiple meanings and ask what they understand about these words. If more than one person is in the room, I will regularly check in with my client to see what they have understood about what the other was saying. This effectively slows our work way down, which is a practice I have been striving for since my traineeship, during which one of my first supervisors, Anne Arnold, repeatedly encouraged us to 'go slow'.

I was working with a middle school–aged girl recently. We watched a video showing a young girl sitting by herself with the caption 'She feels invisible'. When I asked her about the video, she began to tell me about how she sometimes tried to be invisible but that it didn't work because she is tall. I realised that she was thinking about this in a very literal sense, whereas the video was intending to use 'invisible' as a metaphor for feeling like no-one cares. It took three times for me to explain this and check in before she started to understand this metaphor.

Explicitly connecting to previous experiences

The use of visuals assists me with this strategy, in that I can often present words or images representing something we had previously discussed and bring that idea forward again. When I am noticing that something might be connected and a client is not making that connection, I will bring forth what was previously discussed to explore whether and how it is connected. I might ask: Is this connected? How is this connected? What difference does it make to notice this connection that you had not previously noticed? Additionally, I have found that many of my clients find it helpful when we connect something we are exploring or noticing in our sessions to experiences they are having outside the sessions. When working with clients who struggle to read social cues, I often express my thoughts and experience for them to hear what typically, in social situations, is expected to be understood even when not spoken. I talk with my clients about unspoken social rules while I share my experience, and then work with them to identify connections to other experiences that are meaningful to them.

When working with an 11-year-old boy, we were discussing the ways he wanted to be with friends, which included both people showing interest and being able to pay attention to their interests just as they pay attention to his. As we were reviewing this, he suddenly started talking about a tooth that he had lost. I saw this as an opportunity to share my experience of this interaction and connect it to other experiences. In doing this, I come from a place of genuine curiosity, kindness and a desire to connect, rather than a place of viewing myself as imparting my social wisdom to him.

Courtney: I'm confused and thought we were talking about ideas for improving friendships. It's hard for me to remember what we were talking about because I don't know why you were talking about teeth. Were you aware that I was experiencing confusion and having a hard time following?

Ben: No.

Courtney: Now that you know what my experience was, do you have any ideas about what you could have done that would have kept confusion out of our interaction?

Ben was then able to share with me how the tooth comment was connected, and we explored the idea that just because he knows a connection, others might not, but he could explain it beforehand.

Courtney: Do you think this kind of confusion has shown up before in your interactions or conversations with others?

Ben was then able to make connections and explore what he could do in future interactions.

Output

Once we input information and spend time connecting it to our experiences, memories and so on, the process of getting that information (or what was storied) out to others is known as output. Many fields place great emphasis on verbal and written forms of output, but as mentioned previously, there can be various forms of output. It is more evident when there are output challenges such as not speaking or not writing; however, there can also be output challenges when a person's nonverbal communication does not match their spoken communication, such as when a person laughs when scared or when a person regularly speaks with a tone interpreted by others as annoyed. Additionally, there have been times when I have noticed output challenges when an individual I am working with has adopted language that others are using but that they do not actually understand.

Another middle-school-aged boy who I worked with readily adopted phrases that communicated his anger, such as 'I will kill you'. He was getting into a lot of trouble at school for saying violent, racist and quite worrisome things. I was brought in to see if I could help, and in my first interview with him, I asked where he heard these things. I asked him if he heard a person, a show or a movie say them. He immediately grabbed my computer, went to YouTube and pulled up a show that had these very words. When I explored further with him, I learnt that he did not know what some of the words meant, but knew that others understood that he was angry. We then worked together to better express what he was trying to express. I did this by writing out several options on a whiteboard and asking him to point to what best explained what he wanted others to know. Among my options, I always include 'none of these' or 'something else'.

When I focus on supporting verbal, written or expressive output, I use the following strategies.

Various options for communication

I often give clients options to write, speak, type, draw or find lyrics. Some clients have devices they use to communicate, and we incorporate these into our sessions. Even a client who appears to have intact expressive language – that is, the ability to output their ideas through writing and speaking – may struggle to describe their experience, opinions and beliefs. Some speak really well but can have trouble locating the words they are wanting, especially if they are in a heightened emotional or physiological state. Many of my clients, when escalated, cannot use verbal communication and will better respond with pointing, hand gestures, eye contact or nods.

A 15-year-old trans boy who had a diagnosis of autism was experiencing a great deal of angst and sadness, *but was having trouble expressing this verbally. We found that he drew and wrote his thoughts beautifully, and also found that he could locate songs with both lyrics and music that spoke to his experience. Over the course of our work together, his drawings turned from dark and hopeless to full of life. His writing and music choices also began to encompass hope and possibility.*

Remember Jonathan, the nine-year-old who often retreated under my side table? When Jonathan was under the table, he was often nonverbal; at other times he was not. He would grunt and scream and sometimes throw things. Initially, I asked Jonathan to use hand gestures to indicate whether he was ready or not. One day when he was under the table, he grabbed a stack of construction paper and pulled out green, yellow and red sheets. From that day, when he was under the table, he would use the colours to show me what level the anger was at. The use of the sheets of construction paper also seemed to support him to more quickly get to a space in which the anger did not prevent him from staying in the conversation.

Three choices, sentence starters and thumbs up, thumbs down, thumbs in-between

In my early work in educational settings and behavioural programs, I learnt that pairing language with a visual can make it more accessible for autistic persons, particularly children. Sign language and other augmentative forms of communication have been shown to support a person's development of spoken language. Additionally, choices are viewed as supportive to expressive language output. Early in my narrative work, I saw Michael White often providing choices to those he worked with. I found it fascinating that he would give two choices and the third would be something like 'none of these'. This allowed the person to come up with their own idea. I have since found that for autistic people or those who tend to think in either/or terms, giving two choices seems to send the message that they must pick one, whereas giving three choices allows for some flexibility. I often write out three to five choices, depending on the person's tolerance for visual stimulus. I sometimes pair these choices with a visual, especially if reading is too difficult or overwhelming, by saying the choices and pairing each with a thumbs up, thumbs to the side or thumbs down. Clients may then respond with words alone, the thumb motion alone or both together. I notice that their output speed improves.

I also use sentence starters to support expressive output. This can be done verbally, in writing or both. An example would be, 'Some things I really like are _______' or 'Some things I really do NOT like are _______'. For those who struggle with questions, I will often turn my question into a sentence starter: instead of asking 'What are your hopes?', I will write out 'My hopes are _______'. The complexity or simplicity of the language I use changes depending on each individual. For many young children or individuals who do not frequently engage in conversation, I will use simple sentence starters and build on them, while also giving the option to draw, point, write or paste a response (I avoid cutting as many of my clients express distress with this task).

The most frequent simple sentence starters I use are:

- I am ______________________________
- I can ______________________________
- I like ______________________________
- I do NOT like __________________________
- I am learning __________________________
- Others help me ________________________

I typically present sentence starters that are open-ended, but some people need sentence starters and choices. I start with simple phrases and then build in variations to explore ways I can locate more of their knowledges and preferences. During telehealth sessions, I use the share screen function and an onscreen document for this process.

Over two years of work with a young man who had some significant receptive and expressive challenges, we filled a four-inch binder with papers that had sentence starters, drawings and stories we had developed together. He was able to share that he valued friendship and family and hoped to one day have a girlfriend. He shared that he wanted to be a 'good man' and that this would show up through the ways he cared for others, how he smiled at others, how he tried to ask them questions about what they like, and how he would help when he could.

Communication checks

I am cognisant that when I am offering choices with sentence starters, the options may not fully capture the client's intended communication. For this reason, I regularly re-ask questions or re-present a sentence starter and change the order or position of choices. If I notice a pattern in their choice, such as always picking the third choice or always pointing to the one on the right, I recognise that this might not be what they intend, and hold it very loosely to go back to at a later date. For clients who can engage in a more verbal communication check, I will re-state what I have heard from them and check to see whether this fits for them, and whether it captures what they were hoping to express. Sometimes, I get responses that indicate it is close but not quite right, and while we may need to take a break from it at that time, because it was a lot of work to get there, we will revisit it another time. Communication checks also effectively help me slow down!

Engagement strategies and a story of hope

I wanted to share another story of one of my sessions with Jonathan, the boy who often spent time under my side table, and his grandfather, and how these engagement strategies supported Jonathan and his grandfather to move from a story of frustration to one of hope. I had worked with Jonathan for almost two years, using engagement strategies and going at his pace. By this time, Jonathan no longer needed to retreat under the table. He had been engaging for the full duration of sessions, sometimes alone and sometimes with his grandfather, Ken, his primary caregiver, present. I regularly used two or three 8x11-inch whiteboards to track our conversation, used thumbs up, down and in-between, and gave choices. Jonathan also usually sat on or leaned back against a sensory cushion, and we typically played a game where I would ask a question before my turn and he would get a break while his grandfather and he took turns. It should also be noted that Jonathan regularly engaged in a very intense flapping of both hands, which was often coupled with a verbal/mouth self-stimulation (much like a loud raspberry). The hand flapping appeared to support Jonathan to stay regulated and engaged, so we agreed that no intervention was needed, and I often just waited and sometimes needed to repeat the question.

Jonathan's grandfather often came in wanting to express all of the things that had not gone well and what Jonathan was doing wrong. I had worked quite a bit with Ken to also focus on the things Jonathan was doing well and to look for successes (Beaudoin, 2010). On this particular day, as we entered my office, Ken shared that Jonathan had not been listening, and that this was an indication that Jonathan did not care about what others were saying and how they felt. Jonathan's posture shrank and his face looked sullen. I asked if it was okay to start with our successes and promised Ken that I would pay attention to his concerns. We set up a game, I grabbed my whiteboards and we started to play while Jonathan and his grandfather reported their successes. Ken reported Jonathan had helped feed the dogs the first time he was asked. I used the whiteboard to track this and asked Jonathan what it said about him that he helped feed the dogs the first time he was asked. Jonathan and Ken discussed this unique outcome and told me about the ways it connected to values of caring and helping, which we had previously talked about, and to Jonathan's preferred identity of being a 'nice person'.

I then wrote on the whiteboard 'Grandfather is concerned that Jonathan does not care about what others are saying and how they feel'. I asked Jonathan about how this thought might affect Ken. Jonathan understood that Ken might feel upset, and with Ken's and my help, it came up that perhaps Ken was also feeling like Jonathan did not care about what Ken was saying or how he felt. Jonathan shot a shocked look at his grandfather: 'Really!? You think I wouldn't care about one of my favourite three family members!' He then listed the three favourites, stating 'by the way, you're number one'. There was a brief tangent, and I reminded Jonathan that we were talking about something [while holding up and pointing to the whiteboard] and that sometimes it takes a little bit to wrap a topic up. This was something we had previously discussed as a way to support the flow of conversations.

I said, 'it seems like you were bothered and maybe a little bit sad thinking about the idea that Grandfather thinks you don't care about him'. Jonathan affirmed this. I followed up by asking 'Is this something you like or don't like?' and recorded his answer next to the statement about Ken's concern: 'J DOES NOT LIKE THIS'. I followed up by reiterating that Jonathan was not liking that Ken was having these thoughts.
I asked, 'what is it you would want Grandfather to know?' Jonathan had his head down, in the way he did when he did not seem to be able to find the words, or when he was being silenced by nervousness. He said, 'I'd rather not say that. Not while he's here'. I offered a few options for output and Jonathan chose to write it. I wrote the sentence starter 'I want Grandfather to know ______' on a whiteboard and handed it to Jonathan.

I took my time taking my turn and so did Ken. We both knew that writing was difficult for Jonathan. After a minute and a half, Jonathan handed me the whiteboard. I struggled a bit to make out the writing but finally understood. He had written 'I don't mean it when I say I hate you'. I looked at Jonathan and said, 'are you sure you don't want to share this with Grandfather? It seems like something he would want to know'. Jonathan indicated that he did not want to say it but was okay with Ken reading it. I handed the whiteboard to Ken, who also struggled a little to make out the writing, but then said 'oh, you don't mean it when you say "I hate you". Well, I kind of had a feeling that you didn't really mean it, but it still hurts when you say it'. Jonathan began hand flapping. I asked, 'Jonathan, did you know that Grandfather kind of knew that you didn't really mean it?' Jonathan did not respond and kept hand flapping. I offered, 'you can give thumbs up for "you knew" or thumbs down for "you did not know"', pairing these with my own thumbs up and down as I said each respectively. I waited. Jonathan stopped hand flapping after a few seconds and gave a thumbs down.

I then interviewed Ken about the experience of hearing Jonathan independently offer that he does not mean it. Grandfather responded that it brought hope. I turned to Jonathan to do a comprehension check and wrote on the whiteboard, 'When grandfather hears you say you don't mean it, he feels hopeful'. I first checked in to see whether Jonathan understood the word 'hopeful'. Jonathan indicated that he knew what hopeful meant, but he was not sure what Ken was meaning. We checked in with Ken who explained: 'I am hopeful because you are showing that you do have feelings about other people'. We connected this to Jonathan's value of caring about others, and I continued to interview Jonathan and Ken about hope and what might be possible if Jonathan continued to show he cared about others, all while making sure there were pauses in-between for taking turns in the game. Through this conversation, Jonathan responded with all sorts of ways it would impact him, his relationships and his future, in line with his preferences. As he spoke, I wrote his responses on the whiteboard, making sure both he and Ken could see, and re-reading periodically to engage in communication checks.

Summary

This is the first part of a three-part series that builds on these theoretical understandings and the practices I have incorporated into my work. As discussed in this paper (part 1), narrative practices have provided a guiding theory to my work. One major premise – that meaning-making is an iterative process realised through interactions with others – has informed the ways I pay attention not just to language but to other aspects of communication such as movement and nonverbal communication. Through my work with autistic individuals, I have also come to recognise other ways of making meaning as we interact with ambience and environment. I notice how we negotiate our interactions with others and the world. Additionally, an awareness of social discourses and being introduced to the neurodiversity movement have left me paying close attention to the ways we may take for granted such forms of communication, and the ways that ability discourses may render therapy inaccessible to autistic individuals.

These theoretical premises have provided me with a freedom to listen and attempt to understand, which I believe allows for an experience-near process of engagement. It helps me to attend to mental health experiences by way of internal processes, just as much as emotional and relational ones. My hopes are that by sharing these theoretical ideas, other therapists will join me in the practice of rendering therapy more accessible. By attending to ability discourses, we can stand against the idea that if someone is to participate, be active and benefit in therapy, they must exhibit certain abilities such as spoken communication or certain forms of attention and focus. We may ask ourselves: *How are these ability discourses getting in the way of my connection with autistic individuals? How are these ideas limiting my creativity and willingness to explore?*

I have shared one way – input, processing and output– to conceptualise different challenges that may interfere with traditional therapy and how an awareness of these challenges can inform possible engagement strategies. To summarise:

- Input challenges such as overwhelm or overloading of stimuli can be addressed by use of visuals, sensory breaks, and/or reducing distractions and stimulus in the environment.
- Processing challenges that make it difficult to keep up with the pace of a conversation or lead to confusion or miscommunication may be addressed through slowing down, comprehension checks, breaking down or defining concepts, explicitly connecting previous experience to what is being discussed or discovered in the moment, and – perhaps most importantly – the therapist learning to become comfortable with silence.

- Output challenges evident in difficulty with verbal expression can be addressed through use of various options for communication, offering three choices, sentence starters, thumbs up, thumbs down and thumbs in-between, and communication checks.

I hope that my ideas about engagement and the strategies shared open many more possibilities.

The final story of hope that I shared depicts a session incorporating a variety of engagement strategies while exploring emerging hope for Jonathan's grandfather. It also shows possibilities that exist when we shed the requirements of ableism, which render therapy inaccessible to many autistic individuals. The stories and strategies shared in this paper are by no means exhaustive, but may be supportive of many different clients, autistic or not, gaining better access to therapeutic work.

Notes:

[1] There is some debate about the use of person-first language (individual with autism) versus identity-first language (autistic individual). Some autism self-advocates and those active in the neurodiversity movement advocate for identity-first language. To honour those self-advocates and their preferences, I have chosen to mostly use identity-first language, except in cases in which a person had expressed a preference for person-first language. It is my practice is to ask clients what language they prefer. When clients come to me prior to a diagnosis, I support them to discover these preferences for themselves. Some of my clients do not have a preference but others do. Among those who have a preference, there is no consensus: many prefer person-first and many others prefer identity-first language. I have done my best to honour my clients and those who have expressed a preference. In writing this set of articles, choices about language were particularly challenging when I could not ask people what they preferred – it seemed unfair for me to determine what language to use.

[2] In this context, I am referring to behaviour practices and principals of learning such as task analysis, shaping and other strategies used to support an individual's learning. This informs a practice of breaking down tasks and then gradually adding complexity – a sort of scaffolding.

[3] The use of the first person in this paper is intended to provide real, practice-based examples from my work as a way to share my learnings and express a possibility for therapeutic work, rather than as a prescription of what should be done.

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