“We’re in the room”.

A reflexive thematic analysis of the experiences of autistic Educational psychologists.

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Abstract

Historically, research into autism had been led by non-autistic researchers, excluding the valuable epistemic resource of the first-hand autistic experience. Recent years have shown a growing recognition of the importance of autistic voices in autism research, particularly with regards to shaping support and practise *for* the autistic community, identified as important *by* the autistic community (Botha, 2021; Charlton, 2011; Crane, 2022; Dark, 2024; Gillespie et al., 2017, Haart, 2024).

There is a growing body of research into the experiences of autistic adults in professions similar to educational psychology, in that their work is focused around the support of others. This includes professions such as nursing, teaching, psychology, mental health and speech and language. These professions are often referred to as 'caring professions' (Cambridge Dictionary, 2024). Research exploring the lived experiences of autistic people working in these fields has become more prevalent in recent years (Wood and Happé, 2021; Wood et al., 2022; Tattersall, 2023; Shaw et al., 2023; Moore et al., 2020; Hill, 2022; Dundon, 2021). Specifically in the field of psychology, there have been several recent articles written from the perspective of the autistic practitioner (Hawker, 2017, Welsh et al., 2022; Haar et al., 2024). However, at the time of writing this study, there appears to be a gap in the literature exploring the experiences of the autistic educational psychologist

Through the use of semi-structured interviews and Reflexive Thematic Analysis (Braun and Clarke, 2021) I was able to explore the lived experience of five autistic educational psychologists, identifying three overarching themes - the threat of disclosure; the benefits and risk of autistic identity; and the implications of effective support and reasonable adjustment.

As a result of these findings, I make recommendations for both future practice within educational psychology, and for further research in this specific field of interest.

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Table of abbreviations

ASC	Autistic Spectrum Condition
ASD	Autism Spectrum Disorder
AS	Asperger's Syndrome
CR	Critical Realism
DFE	Department for Education
DSA	Disable Support Allowance
DWP	Department for Work and Pensions
EHCP	A statutory document for an individual aged 0-25, with special educational needs and disabilities. It details the educational, social and health needs of an individual and subsequent support required.
EP	Educational psychologist
NAS	National Autistic Society
RTA	Reflexive Thematic Analysis
SEND	Special Educational Needs and/or Disabilities
TA	Thematic Analysis
TEP	Trainee educational psychologist

Chapter 1: Introduction

In the UK, it is currently estimated that approximately 1 in 100 people are diagnosed as autistic, with approximately 435,700-1,197,300 currently undiagnosed (National Autistic Society, 2024). Within the workplace, only 29% of autistic adults are in employment (Office for National Statistics, 2022). Within education, ‘autistic spectrum disorder’ is reported as the most common ‘need’ for those with an Education, Health and Care Plan (Department for Education, 2023). The data suggests a clear role within research to examine the factors that underpin these differences in outcomes for autistic children and adults.

Traditionally, research into autism had been led by non-autistic researchers. Recent years have shown a growing recognition of the importance of autistic voices in autism research and the consequences of a lack of representation. Research has explored the impact on the direction of support strategies and approaches felt appropriate by the autistic community and the dichotomy that exists between this and current practices and recommendations (Botha, 2021; Charlton, 2011; Crane, 2022; Dark, 2024; Gillespie et al., 2017, Haart, 2024).

I am an autistic woman. In 2021, I achieved a long term goal in meeting the requirements to train as part of the doctoral training programme to become a qualified educational psychologist. As a trainee, I sought the shared experiences of other autistic trainees. I hoped to discuss with them the common conversation topics that arise, and how they dealt with them. I was interested to hear how they managed derogatory comments and outdated narratives. I wanted to learn from my colleagues. However, despite asking within the university, branching out to EP networks and asking on social media, I could not find an autistic trainee or EP to speak with. This led me to reflect on my working career to date. Having worked as a personal assistant, in a youth organisation, a specialist autism setting, a mainstream high school and a mainstream primary school, I had only knowingly worked *with* one autistic colleague. The overwhelming majority of autistic-to-autistic interaction was with children.

Despite the aforementioned low employment rates amongst the autistic adult community, there is a growing body of research into autistic adults in professions such as teaching (Wood and Happe, 2021; Crane and Happe, 2022; Baird, 2020), nursing (Tattersall, 2023; Hedlunh, 2023), doctors (Moore, et al., 2020; Shaw et al., 2023), Speech and language therapy (Lees, 2024) and Clinical Psychology (Hawker, 2016; Dundon; 2021). Autistic practitioners do exist. The British Psychological Society recently published an article, written by autistic psychologists (Welsh, et al., 2022), reminding us that "neurodiversity is not just for those we work with". However, it would appear that this visibility and presence is less so in educational psychology. This led me to question what was different about educational psychology - was there a genuine lack of autistic EPs, or was there a lack of visibility? Therefore, this study seeks to answer the following research questions-

1. What are the main barriers to practise for autistic EPs?
2. What factors are preventing the visibility and continued presence of autistic practitioners in educational psychology?

Outline of thesis

The structure of this study is as follows -

Chapter One - Introduction

Chapter Two - the literature review will cover existing research in autism, disability, and the workplace. This will cover the different perspectives within the neurodiversity movement and the social model of disability.

Chapter Three - the methodology will explain the theoretical underpinning of this study, including the transformative paradigm, Critical Theory and Critical Realism. This chapter will also include the research procedure and design.

Chapter Four - the analysis will show the themes that have been generated as a result of the semi-structured interviews, using Reflexive Thematic Analysis. The individual themes will be explored, followed by overarching themes.

Chapter Five - here the findings of the study are discussed. The overarching themes will be explored within the theoretical frameworks.

Chapter Six - herein presents the final conclusion of the study, its limitations and potential implications for educational psychology.

Chapter 2: Literature Review

2.1. Context of language used

Within this piece of work, there are many different terms used to describe autistic children and adults, such as having autism, on the spectrum, being autistic, having Asperger's Syndrome (AS), the use of functioning labels (high/low functioning autism), Autistic Spectrum Disorder (ASD) and Autistic Spectrum Condition (ASC). Where possible, I have aligned the terminology to that used in the source of any literature referenced, however, I will use the term autistic for the majority of this piece of work. Despite my clinical diagnosis being Autism Spectrum Disorder - High Functioning Type (Asperger's), I denounce this and prefer to refer to myself as autistic. This reflects solely how I prefer to use this terminology, and does not speak for the many who prefer to identify with different terminology. Research (Botha et al., 2020; Anderson-Chavarria 2022; Leadbitter et al., 2021) consistently reports that autistic people prefer identity-first language (i.e. autistic as opposed to person with autism). However, I believe that everyone's form of self-identity is valid and I firmly believe that autistic people should have autonomy over the terminology they use to describe themselves.

Similarly, as an autistic person it is my current position that autistic people are disabled, and therefore I will refer to autism as a disability (which is how it is also recognised in diagnostic pathways and encompassed in the Equality Act 2010). The complexities of how and why I feel autism is a disability are covered in this piece of work. I recognise this is my view and that many autistic individuals do not consider themselves disabled, as is their right to do so.

2.2. Brief history of autism

Autism as a condition and a diagnosis has been through a journey during the 20th Century through to the present day. Kanner (1943) initially described a syndrome called Infantile Autism, in which a pattern of 'abnormal behaviour' was observed in young children (National

Autistic Society, 2024b). In 1944, Hans Asperger identified a cohort of children who had difficulties with social interaction and also noted sensory difficulties - the difference between Kanner’s observations and Asperger’s were that the latter noted no delayed language onset (National Autistic Society, 2024b).Wing and Gould (1979) described a cohort of children with “sever impairments of social interaction, language abnormalities and repetitive stereotyped behaviours” (p11). Later, Baron-Cohen et al., (2009) described the ‘triad of impairments" in which autistic individuals are suggested to have impaired social interaction, communication and imagination skills (National Autistic Society, 2024b). Previous to the latest addition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) there were four separate disorders listed - autistic disorder, Asperger’s disorder, childhood disintegrative disorder and pervasive developmental disorder not otherwise specified (PDD-NOS). However, now all conditions come under the diagnosis of Autistic Spectrum Disorder (American Psychiatric Association, 2013). To meet the diagnostic criteria, an individual must have significant and lifelong difficulties in 1) social communication and interaction, reduced verbal and non-verbal communication, and difficulties with maintaining effective relationships; 2) restricted and repetitive behaviours, and 3) sensory difficulties (American Psychiatric Association, 2013). However, many other terms are used such as Autistic Spectrum Condition, Autism (high/low functioning type) and Autism Level One/Two/Three. Typically these descriptors relate to how an individual outwardly presents and whether there are additional intellectual difficulties.

In the UK, it is currently estimated that approximately 1 in 100 people are diagnosed as autistic in the UK, however, it is generally accepted that this is an underrepresentation of the real figure (National Autistic Society, 2024a) due to those who are autistic but do not have a medical diagnosis. O’Nions et al (2023) report that there may be between 435,700 and 1,197,300 undiagnosed autistic people in England, which accounts for approximately 59-72% of the English autistic population.

Data suggests that currently 1 in 34 10-14 year olds in England have a diagnosis of autistic spectrum conditions (O'Nions et al., 2023). However, the current picture for many autistic children in schools is challenging. Data from the Department of Education (2023) reports that 17.3% of pupils of school age either have an Education, Health and Care Plan (EHCP) or are classed as requiring SEN support. This amounts to over 1.5 million pupils in England alone having SEN (Department for Education, 2023). The data from the Department of Education reports that the most common type of need for those with an EHCP is 'autistic spectrum disorder'. The National Autistic Society carried out their 'school report 2021' – a survey of over 4000 parents, carers and autistic children and young people- in which seven in ten autistic children said that their school experience would be improved if more teachers understood autism. Similarly, only 8% of autistic pupils believe that their peers know enough about autism. Interestingly, within the same report, 87% of teachers report feeling confident in supporting autistic children, suggesting a disparity in an interpretation of school experiences for autistic children. Again, the NAS research found that less than 40% of teachers had received more than half a day's training on autism, with secondary teachers specifically reporting even less (14%). Autistic children are also highly represented amongst the cohort of children not able to attend school. Ambitious about Autism charity (2022) report that autistic children are twice as likely to be excluded from school; more than 30% of pupils have felt unable to attend school despite wanting to attend; almost three quarters of parents feel schools cannot meet their child's needs; and 60% of pupils have been waiting more than a year to receive appropriate support. Hill (2024) reports that cases with autism as a primary need account for 45% of all appeal cases - where families are challenging the provision of support for their child.

Outcomes for autistic adults also portray a challenging picture. Ambitious About Autism charity (2017) report that between 70-80% of autistic adults report having experienced mental health difficulties. Currently, in the UK autistic adults have a lower life expectancy than those without a diagnosis; life span reduction for autistic adults without an intellectual disability being 6.14 years for men and 6.45 years for women. Life span reduction for autistic adults with an intellectual disability is greater still with a 7.28 year reduction for men and a 14.59 year reduction for women (O'Nions et al., 2024). According to the Office for National Statistics (2022), currently 29% of autistic adults are in employment, which is considered to be one of the lowest percentages amongst the disabled population.

2.3. Social model of disability and autism

As previously mentioned, autism is defined as a lifelong developmental disability (National Autistic Society, 2024b). Within the Equality Act 2010, a person is defined as disabled if "you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities". However, there has long been an argument as to where the negative effect can originate; the medical model of disability looks within the individual due to their impairments, and views disability as pathological and deficit based (Dwyer, 2022).

The social model of disability seeks to change the narrative of disability towards one that is formed through the 'outcomes of interaction' (Dewsbury et al., 2004, p146,), proposing that the individual is disabled by the societal barriers as opposed to their condition (Oliver, 1983; 2013). The intended outcomes from this model were to reframe the emphasis of change on society through a social constructionist perspective (Dewsbury et al., 2004) in which disability is created within the environment, and subsequently can be aided by a supportive environment. Hacking (1999, p35) suggests "it can still be liberating suddenly to realise that something is constructed and is not part of the nature of things, of people, or human society". Humphrey (2000) writes

> '… the social model harbours a number of virtues in redefining disability in terms of a disabling environment, repositioning disabled people as citizens with rights, and reconfiguring the responsibilities for creating, sustaining, and overcoming disablism' (p. 63).

Whilst there is a recognition that the social model of viewing disability has led to the improvement in disability provision (Levitt, 2017), critics of this model argue that it leads to the over-generalisation and over-simplicity of support strategies for disabled people (Oliver, 2013), adding that disability is a more complex issue than the removal of societal barriers. A constructionist view has led to the questioning and critique of the exclusively medical practitioners' view of disability, and the amplifying of the insider viewpoint.

Woods (2017) proposes that, due to the ‘invisible’ nature of many neurodivergent conditions, the social model, and the subsequent reduction in barriers has not been as effective as for those with sensory and physical impairments. The nature of invisible difficulties means that there is often a responsibility on the disabled individual to disclose their needs in the context of their own experiences. This can vary hugely, as the social model suggests, due to circumstance and environment. Goodley and Roets (2008) write that the social model of disability has led to a paradigmatic shift away from individual ‘impairments’ and the focus more towards societal responsibility. However, Levitt (2017) suggests the following

> “I prefer to avoid the phrase ‘only by society’, as it could imply that disablement cannot be due to anything other than society. Forber-Pratt and Aragon (2013, 2) wrote that ‘The social model of disability posits that disability exists due to society’s failure to remove social, economic, and environmental barriers.’ I prefer to avoid attributing disability to society, and suggest replacing ‘exists due to society’s failure to remove’ with ‘can be shaped by’.

This perspective aligns with the thinking that the social model of disability can reduce disability to a purely societal issue, when Levitt proposes that society can amplify difficulties, not create them. Goodley and Roets further discuss the limitations of the social model by suggesting it can lead to the invalidation of some of the difficulties experienced by disabled people, particularly when considering ‘developmental disabilities’ such as autism. Woods

(2017) suggests the social model of disability is not being applied to conditions such as autism, and a disproportionate level of responsibility is placed on the autistic individual to change. Anderson-Chavarria (2022) describes how neither the medical model nor the social model sufficiently represent and support autistic individuals, and instead proposes a predicament model. The predicament model attempts to combine both a medical origin of disability, and an acknowledgement of the impact of varying context, history, circumstance, and societal restrictions. Anderson-Chavarria suggests that this model is particularly effective for conditions where there is a variance in the disabled aspects of the condition - where some would view a scenario as disabling, and others may simply view it as different.

2.4. The neurodiversity movement

The concept of neurodiversity is said to have become more widely known through the work of Singer in her 1998 thesis, entitled “Odd People In: The Birth of Community Amongst People of the Autistic Spectrum” (Singer, 2017). Within this work, Singer proposes that the variation in presentation is far more diverse that research and thinking originally suggested. Singer’s work sought to promote the strengths in this different presentation, from her own position as an autistic woman. Another key aspect of the neurodiversity paradigm was to discuss the concept of a community; a sense of belonging for those who are often in the minority in the general population. The improvement in technology, the internet and alternative ways of communicating other than the spoken word have all enabled autistic people to connect with each other in ways they were previously not able to (Leadbitter et al., 2021). Those who have felt "othered" in society, or thought of as odd or unusual, can come together, often examining ways in which they have felt mistreated, misrepresented or misunderstood (Singer, 2017).

There is some contention around whether Singer did instigate the neurodiversity movement, with some suggesting that the idea was developed by a collective group of autistic advocates and allies in online forums (Botha et al., 2024). Leadbitter suggests that the concept that ‘autism is a valid way of being’ originated from the early autistic self-advocacy movement of the early 1990s (Leadbitter et al., 2021 p1). However, there is attempt to reframe the deficit narrative surrounding conditions such as autism and Attention Deficit Hyperactivity Disorder (ADHD), the neurodiversity movement was born of a desire to focus on the strengths and even potential benefits of having these conditions (Leadbitter et al., 2021). In addition, there is an eagerness to remove the stigma from certain behaviours (such as stimming, flapping, spinning) and instead discuss the underlying reasons for these (i.e. anxiety, sensory difficulties) (Kapp et al, 2019). The main narrative of the movement is that autism is not a disorder or a deficit, but a natural variance in human presentation, and therefore should not be quashed or eradicated through treatment or cures.

Another key component of the neurodiversity movement is the rejection of certain interventions where the goal is to make a child or person appear “less autistic” (Stevenson, 2015). Research has raised the issues that exist for autistic individuals and the pressure to mask and the risk this causes to the individual psychological well-being (Beardon, 2017; Woods 2017; Miller et al., 2021) The neurodiversity movement positioning is that any support instead be directed toward raising the autistic person's quality of life rather than for the benefit of those who are around them (Leadbitter et al., 2021).

Applied Behaviour Analysis (ABA) is a prime example of an intervention proposed to support autistic individuals, however, research suggests it instead causes harm. The National Autistic Society (2023) describes ABA as a broad approach based on understanding behaviour, which originates from the mid-twentieth century. The UK Society for Behaviour Analysis describes ABA as “effective in helping people learn new skills, as well as reducing or eliminating engagement in behaviours that might be harmful to them or others” (UKSBA, 2024). However, there is a growing body of research that suggests many autistic individuals who have experienced ABA feel it “damages their mental health and treats them as though they are a problem to be fixed (Anderson, 2023, p737). The Autistic Self Advocacy Network

(2021) describes ABA as using rewards and punishments as a form of training for autistic people in making them appear less autistic and ‘normal’. Wilkenfield and McCarthy (2020) argue that ABA infringes on the rights of the autistic individual who undertake ABA, particularly with regards to autonomy. A study by Kupferstein (2018) reports that, within their cohort, almost 50% of those who has experienced ABA now experience Post Traumatic Stress Symptoms (PTSS), with almost half of this sub-group experiencing extreme levels of Post Traumatic Stress Disorder (PTSD).

Referring back to the neurodiversity movement, there is criticism of the fundamental elements (Hughes, 2020; Anderson-Chavarria, 2022). There are some that argue that autism is not simply a difference but a condition that causes great difficulty to many autistic individuals. Hughes (2020) suggests that, due to the wide variance in presentation and levels of difficulty within the autistic community, it is not accurate to portray autism simply as a variance, but rather as a harmful and disabling condition for many. One of the issues is the disagreement over whether co-morbid conditions such as anxiety, depression, epilepsy, intellectual difficulties, and self-injurious behaviours are a part of autism or entirely separate conditions (Chapman, 2019; Hughes, 2020; Anderson-Chavarria, 2022); here many of those in opposition to the "non-disorder" philosophy argue that these harmful conditions are intrinsic to autism, and therefore it is inaccurate to dismiss the negative impact such things would have on an individual’s life. The use of functioning labels seeks to differentiate between autistic people with varying presentations, with terms such as ‘severe’ and ‘low-functioning’ autism used to indicate level of need/harm (Hughes, 2020). Nelson (2020) suggests that the grouping of several conditions under the broad definition of autism in the more recent diagnostic manuals has created some of the confusion around the parameters of the condition. Nelson suggests that autism is a disorder, but this does not necessarily predicate medicalisation in all cases - it is acceptable in some cases to acknowledge that natural variation can sometimes create impairment, and this impairment is not solely as a result of society.

2.5. Autism research

A significant area of focus within the neurodiversity movement is the increase in visibility of autistic people in research and decision making. “Nothing about us without us” has long been synonymous with disability empowerment and research (Charlton, 2011). The Autistic Self Advocacy Network published a statement in 2021 in which they explained that their motto of “Nothing about us without us” means that ‘autistic people need to be involved whenever autism is discussed’ (https://autisticadvocacy.org/about-asan/what-we-believe/). Historically, research narratives were almost exclusively borne of those with no lived experience of autism; some suggesting this has helped to perpetuate negative narratives such as the perspective that autistic individuals lack certain attributes in effective communication compared to the majority (Milton and Bracher, 2013).

Botha et al., (2024) describe the narrative of this prior research -

> “While not all research on autism is dehumanising … there is still a distinct history of dehumanising autism research (Cowen 2009). Examples of pathology and dehumanisation include conclusions that autistic individuals are an economic burden (Ganz 2006; Lavelle et al. 2014), incapable of having moral-selves, personhood, or community (Barnbaum 2008), are inherently selfish/egocentric (Frith, 2004), have integrity equivalent to that of non-human animals (Russell, 2012), lack an ability to infer the minds of others (Baron-Cohen, Leslie, and Frith, 1985), are sub-human and in need of rebuilding as “proper humans” (Lovaas, Schaeffer, and Simmons, 1965) and “exhibit less marked domesticated traits at the morphological, physiological, and behavioural levels” (Benıtez-Burraco, Lattanzi, and Murphy, 2016, p1) which may be interpreted as autistic people being less domesticated than non-autistic individuals. Similarly, unfavourable comparisons to Great Apes (Tomasello et al. 2005), brain-damaged monkeys (Bainbridge, 2008), and robots or chimpanzees (Pinker 2002) have been made. Extensive arguments supporting the use of eugenics programmes in autism have been published (Barnbaum 2008; Tantum, 2009), with exceptions

> being made only for those who are economically-productive, and normative enough to not make others uncomfortable (Tantam 2009, p. 219). (p428-429).

Here, Botha et al. show the lengths and depth of the challenging narrative that has surrounded autism and autistic people. Indeed, it can feel incredibly uncomfortable to read an abridged version of the published narrative that has existed for many years. Only in 2009, the charity Autism Speaks published an advert which included the following transcript -

> I am autism.
> I'm visible in your children, but if I can help it, I am invisible to you until it's too late.
> I know where you live.
> And guess what? I live there too.
> I hover around all of you.
> I know no colour barrier, no religion, no morality, no currency.
> I speak your language fluently.
> And with every voice I take away, I acquire yet another language.
> I work very quickly.
> I work faster than paediatric aids, cancer, and diabetes combined
> And if you're happily married, I will make sure that your marriage fails.
> Your money will fall into my hands, and I will bankrupt you for my own self-gain.
> I don't sleep, so I make sure you don't either.
> I will make it virtually impossible for your family to easily attend a temple, birthday party, or public park without a struggle, without embarrassment, without pain.
> You have no cure for me.
> Your scientists don't have the resources, and I relish their desperation. Your neighbours are happier to pretend that I don't exist—of course, until it's their child.
> I am autism. I have no interest in right or wrong. I derive great pleasure out of your loneliness.

> I will fight to take away your hope. I will plot to rob you of your children and your dreams. I will make sure that every day you wake up you will cry, wondering who will take care of my child after I die?
> And the truth is, I am still winning, and you are scared. And you should be.
> I am autism. You ignored me. That was a mistake.
> (Autistic Self Advocacy Network, 2009)

The charity Autism Speaks has since removed the aforementioned advert, however, until 2016, they were still advocating a cure for autism (Autism Speaks, 2022). In 2021, high profile researcher Baron-Cohen led a project named Spectrum 10K, where the intention was to harvest the DNA of 10,000 autistic individuals to examine the ‘genetic and environmental contributions’ to autism (Sanderson, 2021). Although not stated as the intention, there was significant concern amongst some autistic adults that to identify genetic markers is a step towards a ‘cure’, and raised concerns about historical connections with contributors and eugenics (Bailey, 2021). Research into Hans Asperger and his role in the Nazi regime has pointed to his active involvement in the sterilisation and euthanasia of autistic children during the Nazi period (Czech, 2018).

A lack of autistic representation in earlier research could be a key reason behind the direction of previous studied, with the Due to this lack of representation, this could be proposed as a key reason for the historical focus of autism research and interventions being the ‘normalising’ of autistic presentation. Referring back to the neurodiversity movement, it is suggested that it is the autistic person who holds the knowledge and expertise around autism and their interpersonal and developmental capacities (Gillespie-Lynch et al., 2017) and previous interventions have been driven by the stigma towards autism from those who are not autistic and are rarely what the autistic person wants (McLaren, 2014). Pellicano, Dinsmore, and Charman (2013), as cited by Parsons (2015), discovered that members of the autistic community believed that the focus of current autism research did not reflect their own desires and areas for improvement. Botha et al. (2024) suggests that a lack of inclusion has been due to a perception that autistic people lack the insights and capability to contribute. Research by Bertilsdotter Rosqvist et al., (2019) proposes that, despite the inclusion of autistic voices leading to higher quality research, the processes involved in the writing of research and the training of researchers can act as a barrier. Hens et al., (2019) propose that being autistic is a direct reason why autistic people are not included in research. Begon and Billington (2019) suggest a lack of representation leads to the vicious cycle of autistic individuals not wanting to be a part of research that perpetuates inaccurate myths, and therefore there is a lack of autistic representation and myths continue. Pellicano, Dinsmore and Charman, 2013 (p39, as cited in Parsons, 2015) state that “researchers should listen to the views and perspectives of the autism community to appreciate what it’s like to be autistic”. The non-autistic voice has been unchallenged historically, and therefore, this perspective is perpetuated. However, often when speaking to autistic individuals, they report different priorities or ‘problems’, such as improving mental health and well-being (Leadbitter et al., 2021).

2.6. Autistic practitioners in research

Within the increased visibility of autistic voices in research, there has been an increase in the research of the experiences of autistic practitioners in what have traditionally been called ’professional jobs’ - jobs which are defined as requiring a certain level of specific training (Indeed, 2023) such as doctors, nurses and teachers. Previous research into this area was very much lacking, potentially due to a lack of visibility of autistic practitioners in the roles, and potentially an assumption that autistic people were not capable of fulfilling such roles in society. However, Haar (2024) proposes that “autism research is on the cusp of change” (p1), with more contributions from autistic researchers and a potential shift in both narrative and outcomes.

Moore et al. (2020) describes how the ‘autistic’ traits of attention to detail, excellent memory skills, and skills in negating problems are traditionally valued in doctors, however, differences in learning styles prevent a higher percentage of autistic doctors from qualifying and practising. Shaw et al. (2023) carried out a study of autistic doctors, recognising that such research did not exist before then. The research found that autistic doctors were often aware that there were other autistic doctors, however, this often wasn’t confirmed. In fact, almost 30% reported they had not disclosed their own diagnosis in the workplace. The study also found that over three quarters of autistic doctors had considered suicide and almost half had self-harmed. Almost one quarter of participants in the study had attempted suicide.

Hedlund (2023) asked the question “autistic nurses: do they exist?”, concluding that research into autistic nurses is ‘almost non-existent’ (p210) and that when it was proposed to a psychiatrist why there was such little representation in the field, they answered

> “you don’t find autism among nurses.’ I asked why, and the psychiatrist answered: ‘Because that job requires empathy and social skills, and autistic people do not have that, which means that they are uninterested in that kind of work” (p210)

The suggestion of a lack of social skills and empathy within the autistic cohort in a prevalent one. Tattersall (2023), an autistic nursing student, writes that she had often been challenged on how to be a nurse with it is suggested “autistic people lack empathy and people skills” One of the key components of receiving a diagnosis of autism is the recognition of a deficit in social communication. However, Leadbitter et al., (2021) asks whether this is actually a difference in communication, as opposed to a deficit on behalf of the autistic individual. Gernsbacher et al., (2017) highlighted the importance of considering the context when highlighting difficulties in autistic presentation. Their research found that with autistic to autistic communication, there were fewer reported issues than with an autistic- non-autistic communication, and that autistic people reported greater difficulties with communication when talking to non-autistic people. While autistic people communicated with each other, there appeared to be no emphasis on eye contact, inflection of tone, and pauses in conversation - whereas these were issues self-reported by autistic people during autistic - non-autistic communication.

Komeda (2015) reported that autistic people found it easier to interpret other autistic people, and similarly felt a higher level of empathy with other autistic people. Conversely, non-autistic people reported reduced levels of empathy and understanding of autistic individuals, thus creating the Double Empathy Problem (Milton, 2014; Milton et al., 2022) - where in fact there is no deficit within the autistic community with regards to social communication, empathy, or other perceived impairments - the issue is cross-neurological communication differences (Komeda 2015). Autistic people report that they find it easier to understand and empathise with the stories of other autistic people, as opposed to non-autistic people (Komeda, 2015; Milton, 2014; Milton et al., 2022).

Dark (2024) suggests viewing autism through a Neuro-Trait-Interaction approach, as opposed to using the existing deficit based language. Within this approach, there is the reframing of the Double Empathy Problem, using the terminology - across-neuro-type communication exchanges. Crompton et al., (2020) refer to the interaction between autistic and non-autistic people as ‘cross-neurotype’ interaction, reiterating the findings of previous studies which suggest that, when communicating with other autistic people, there are no communication difficulties, simply differences which exist within these two different cohorts. Despite historical views on autistic interaction being limited and impaired, autistic led current research suggests that there are rarely such issues when autistic people socialise with other autistic people.

Lees (2024) writes of the challenges of being an autistic Speech and language therapist (SALT) and the need to challenge what is described as oppressive narratives around a lack of empathy and social impairments in autistic children. The challenges include an on-going lack of understanding of the autistic experience for children, the need to eradicate social skills interventions. Lees reports that a significant consequence of these ongoing battles can be burnout.

Wood and Happe (2021) surveyed the views and experiences of autistic teachers, who reported that many autistic teachers feel they lack support, and fear disclosing their diagnosis. Many autistic teachers felt that others did not understand their sensory differences and co-existing mental health difficulties which can act as barriers to training and teaching. Again, it is recognised that research in this field is limited. Baird (2020), when discussing the lack of visible literature in teaching whilst autistic, suggests

> “the normative, ableist assumptions that act to form intricate relationships regarding power, identity, and culture places autistic teachers within a delicate position between seemingly warring private and professional spheres. With this in mind, this topic remains underdeveloped in terms of qualitative data. Thus, further research is needed regarding autistic teachers’ personal experiences as they navigate the professional and social demands within the ableist parameters of the classroom” (p44)

Somewhat suggesting a potential shift in narrative, Crane and Happe (2022) discuss the Autistic School Staff Project, initiated by Dr Wood, which through collaboration between autistic and non-autistic school staff, seeks to make the school environment a more inclusive environment, using the strengths within the autistic school staff community.

Autistic clinical psychologist, Dundon (2021) feels that being autistic has helped frame her practice, including being an advocate for the neurodiverse community and supporting approaches with affirm the autistic experience. Hawker (2017), an autistic clinical psychologist recognises that “Autism made it hard for me to become a clinical psychologist, but also made it possible” (p11), citing how it can be difficult to interpret the thoughts of others, and struggles with group interaction. However, he recognises strengths in individual consultation, ‘intense focus, organisation and rigour’ (p13). Hill (2022) wrote of nurses, therapists and psychologists who feel that being autistic has made them better at their job - open-mindedness, direct, fair, pattern recognition, and increased levels of empathy, particularly with autistic clients. However, Hill writes that there was still a recognition of the risks involved with disclosing being autistic, with practitioners suggesting “admitting openly that I am autistic could be professional suicide” and “there can be a lot of misconceptions about autism, and I worry others will assume I am not competent or capable, that I cannot communicate with others” .

In 2022, the British Psychological Society (BPS) published an article in which a group of autistic psychologists proposed the concept that “neurodiversity is not just for those we work with” (Welsh et al., 2022), which was signed by a number of practitioners who identify as neurodivergent; Clinical Psychologists, Psychological Wellbeing Practitioners, CAMHS practitioners, and Forensic Psychologists.

2.6. Autism in the workplace

When considering the representation of autistic professionals within specific fields, it is significant to view this within the wider context of autistic adults in the workplace in general. The Buckland Review of Autism Employment (DWP, 2024) found that, despite a will to work, only approximately 30% of autistic adults are in employment, which is lower than those with another disability (approximately 50%) and those with no disability (approximately 80%).

Also in the report, those consulted report that many of the barriers to employment include unfair hiring practices, poor support within work, and outdated attitudes leading to poor working practice. It found that many autistic adults will only disclose their diagnosis once they have been hired for a role, fearing discrimination within the recruitment processes. Davies et al., (2023) found that many autistic adults felt they had to hide their autism during the recruitment phase of the application due to fear of discrimination. Additionally, the report also examined barriers maintaining work, such as poor adjustments to the workplace. It reports that only approximately 35% of autistic adults in work regard themselves as ‘fully open’, with approximately 10% of those in employment not disclosing to anyone. These findings are replicated in further research into autistic practitioners in the workplace, with many references to the application of reasonable adjustments following a disclosure. Many talk of experiencing ableism (Baird, 2020; Wood and Happe, 2021; Riordan, 2022; Lees, 2024) through exclusion, prejudice due to outdated stereotypes, and restrictions on practice.

Romualdez, Walker et al., (2021) found that many autistic people in employment will only disclose their autistic identity once there has been an incident in which they feel a disclosure might explain - such as a miscommunication or an incident due to lack of reasonable adjustments in place. Many autistic people feel they then have to disclose to explain these ‘incidents’.

Leven (2020) studies the disclosure of ‘social identities’ in the workplace - social identities being those that are not outwardly obvious, such as religion, sexuality, invisible disabilities. It is suggested that disclosure can improve the rates of employment within the autistic population, however, many still don’t disclose. Clair, Beatty and MacLean (2005) developed the Conceptual Model of the Decision to Pass or Reveal - suggesting that disclosure is often influenced by both the context in which the disclosure takes place, and also the individual factors at play for the disclosing individual. These individual factors can include personality, prior experiences, motives for disclosure, and developmental stage of the individual. The NAS (2024a) suggest that autistic individuals choose not to diagnose through risk of prejudice, a lack of understanding, and the potential to find it more difficult to ‘fit in’ as a result. Lindsay et al., (2019) found that many cite stigma and discriminatory attitudes as barriers to disclosure.

2.7. My research

Whilst I am incredibly encouraged by the increased visibility of autistic professionals in research and in fields such as medicine, nursing, teaching and clinical psychology, as an autistic trainee educational psychologist, I am yet to find any research into representation within this branch of psychology. As mentioned previously, the article in the BPS was countersigned by many autistic practitioners in the field of medicine, mental health and psychology, however, the only representative from education was an assistant psychologist. Whilst this does offer some representation, an assistant educational psychologist's role is different to that of an educational psychologist, including the later having to complete the doctoral training course. Coop (2018) wrote a thesis on “exploring the experiences of trainee clinical psychologists who identify as living with a disability”. The research found that trainees felt disabled by a system designed for those who were not disabled, with both barriers in prejudice and practicalities. Riordon (2022) wrote of her experiences as a neurodivergent educational psychologist, as an adult with dyspraxia, sensory processing differences and ADHD. However, at the time of writing, I am not aware of any research into autistic representation in educational psychology. My personal experience is that I have not met, in person, another educational psychologist who has disclosed to me that they are autistic, which led me to the question where are the autistic educational psychologists?.

Chapter Three: Methodology

3.1. Chapter Overview

This chapter will encompass the philosophical foundations and underlying paradigms and theory which influence my positionality within my research. Within this, I seek to explain my ontological and epistemological positions, in addition to the axiological and methodological approaches used herein.

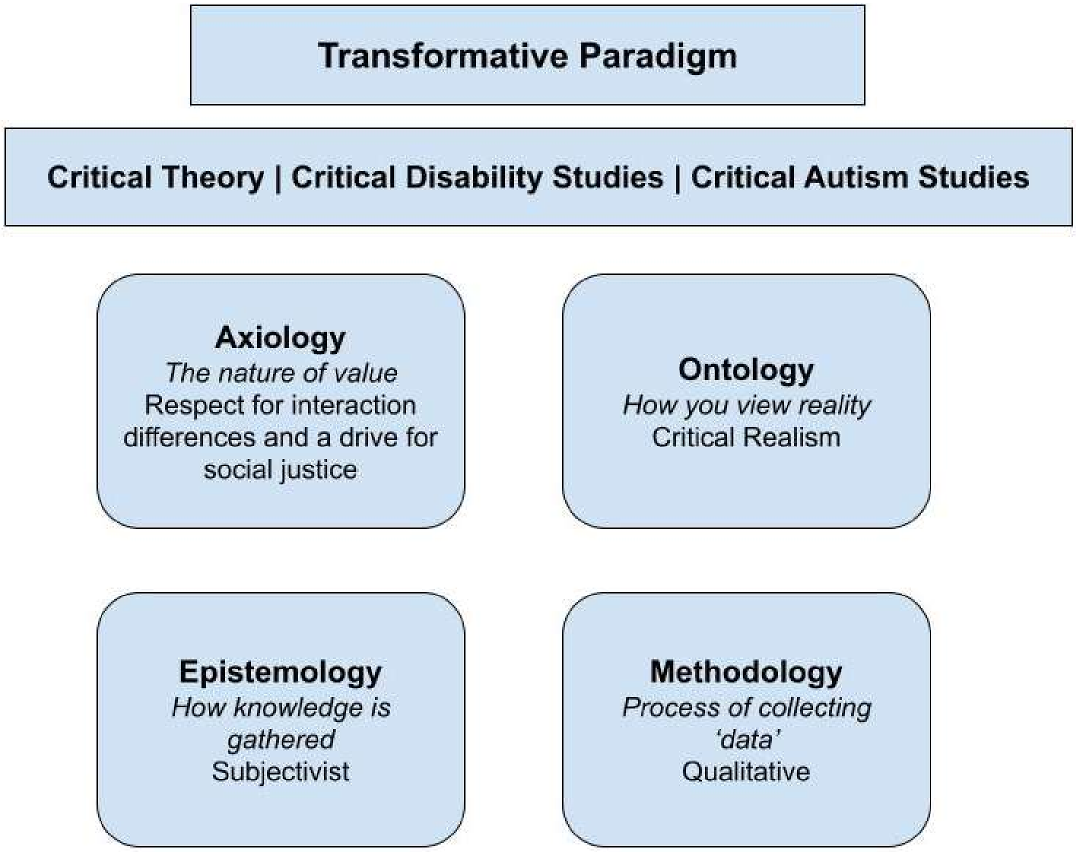

Fig.1 Overview of positionality

3.2. Transformative Research

Mertens (2009) proposes that there are four main paradigms within the field of social sciences; post-positivism, constructivism, pragmatism and transformative (previously referred to as emancipatory). Mertens describes the transformative paradigm as one driven by social justice and seeks to engage those historically marginalised in society through the amplification of their voice in research. Mertens suggests that the following present a need for the transformative paradigm

- The ongoing presence of difficulties
- A need to acknowledge the issues that exist around power imbalances, oppression and discrimination
- Evidence that social change can be instigated through research operating within the transformative paradigm.

The transformative paradigm exists for those who acknowledge the social inequalities that exist. Therefore, Mertens suggests that "there is not a single context of social inquiry in which the transformative paradigm would not have the potential to raise issues of social justice and human rights" (p4).

In relation to my research, I align with the transformative paradigm, seeking to instigate social change through privileging the voices of autistic EPs. Through hearing their lived experiences, I hope to inform future practice with regards to the inclusion and visibility of autistic EPs within the profession.

Within the transformative paradigm sits Critical Theory, and specifically Critical Disability Studies and Critical Autism Studies. The commonality of these frameworks, or methods, is to disrupt the within-person deficit view, looking to examine the contextual influences to instigate social change. I believe my research sits within these frameworks.

3.3. Critical Theory

"Critical Theory is not a research method but a "worldview" that suggests both an epistemology and a purpose for conducting research" (Depoy and Gitlin, 2020, p158).

Critical Theory is a movement described as a combination of strategies and approaches united by the end goal of social purpose and change (Howell, 2013; DePoy and Gitlin, 2016). Critical Theory acknowledges that individual assumptions are formed and influenced by the social and historical contexts in which they exist (Howell, 2013). This framework aligns with both a transformative paradigm and a critical realist position - particularly historical realism. Critical Theory also recognises the influence of power as the ‘basis of all political, social and organisational relationships’ (Howell, 2013, p77). Whilst acknowledging this power differential, research positioned within the Critical Theory ‘worldview’ seeks to challenge this status quo, acknowledging the bias privilege that exists; without this acknowledgement, change can not be instigated.

3.4. Critical Disability Studies

Within Critical Theory sits the more defined Critical Disability Studies. Critical Disability Studies seeks to deconstruct the medicalised view of disability within a sociocultural context, seeking to overturn the oppression that disabled people experience to the detriment of their own wellbeing (Goodley and Billington, 2017). Flynn (2021) suggests that Critical Disability Studies promote ‘new’ ways of considering disability, moving away from a ‘tragedy’ mindset which places disabled people at risk. Critical Disability Studies seeks to challenge the assumption that disabled people are objects to be fixed (Goodley and Billington, 2017), a within-person problem in an able-centred world. The priority of research in this field is to examine the context in which disability exists, and seek to facilitate change to the structures and environments in place. Examining Critical Disability Studies within a Critical Realist positionality acknowledges the complexity of disability and how the context can dictate the experience of the disabled individual in a multi-layered, ‘laminated’ system (Gable, 2013.

3.5. Critical Autism Studies

More specifically, and aligned with my research, sits Critical Autism Studies. Again, this framework seeks to understand the historical and cultural contexts which form our knowledge and understanding of autism (O’Dell et al., 2016). Critical Autism Studies does not aim to create a universal ‘singular’ autism, but instead to acknowledge the fluid and heterogeneous nature of autism across differing cultural contexts. Davidson and Orsini (2013) divide Critical Autism Studies into three parts: power relationships that construct autism; the enablement of disrupting narratives around a negative, medicalised, deficit understanding of autism; and the initiation and establishing of emancipatory theory and practice that acknowledge the variance and individual nature of the autistic identity and experience.

Importantly, in relation to my research, Critical Autism Studies places the autistic individual at the forefront of research. D E Milton (2014) proposed that autistic input into Critical Autism Studies is crucial to maintain epistemological validity.

3.6. Axiology

Axiology can be defined as the values and assumptions which underpin the ethical considerations that take place in research (Mertens, 2009). Within the transformative paradigm, there is particular emphasis on the interaction between researcher and participant, and an understanding of interaction differences. This is particularly relevant when considering the communication differences that exist in the autistic community. Research by Cummins et al. (2020) found that autistic adults find it difficult to navigate communication differences when interacting with agencies for support. Specifically, they found that anxiety can contribute towards difficulties, the communicative environment is particularly challenging, and the ‘communication partner’ can be a positive influence on the success of the interaction.

Mertens (2009) suggests guidelines when working cross-culturally within research. These include -

- Allowing people to meet on their terms
- Introducing yourself before beginning the research
- Listening before speaking

- Being generous in your contribution. This enables the research process to be reciprocal and allows to 'give back to the community'.
- Do no harm through cultural insensitivity.
- Be aware of maintaining the dignity of the participant, particularly when there may be misunderstandings.
- Avoid adopting the 'expert' position, i.e. the holder of the knowledge. Empower the community.

With these guidelines in mind, and acknowledging the importance of a recognition of communication differences, I did the following.

- Allow the participant to choose their preferred communication style. This includes the option to communicate non-verbally and the option to choose face-to-face vs online.
- I will include my own diagnosis in the pre-interview information sent to participants. I feel this offers a consideration of the disclosure by-proxy that they give by taking part in the research. This will hopefully contribute towards a consideration of power distribution. D Milton (2014) highlights how autistic participants in research can sometimes lack trust of non-autistic researchers and I hoped to negate this somewhat by disclosing my own diagnosis.
- By disclosing my diagnosis, I also hoped this will give some confidence to the participant that the interaction will be positive. Research has shown that, when interacting with other autistic people, the interaction is often viewed more positively (Watts et al., 2024; Pellicano et al., 2022; Botha and Cage, 2022).
- Continual monitoring of my own communication and interaction, including being mindful of maintaining dignity, listening, being sensitive to difference and privileging the voice of the participant and their experiences.

3.7. Ontology

Braun and Clarke (2021) propose that Critical Realism offers a 'contextual version of realism' (p169), combining ontological realism (that there are definable truths) and epistemological relativism (truth cannot be accessed directly). Critical Realism recognises that human experience and interaction can shape how we understand the concept of truth.

Critical Realism proposes that reality exists within three domains (Bhaskar, 1978) - the real, the actual and the empirical. The real domain considers the causal forces within a structure which influence events, such as power. The actual domain is the events that occur, whether these are observed by the individual or not. The empirical domain are the events experienced and understood through human interaction. Mertens (2009) proposes that the transformative ontological positioning is one where reality is socially constructed, and power over access to decision making and influence is a very real barrier to social justice. Therefore, there is an acknowledgement that, in society, some knowledge is privileged over others. The truth exists within a cultural context - some members of society are more likely to be excluded from influence and decision making. Mertens states "power is implicit in decisions about which interpretation of reality will be accepted" (p54).

Vincent and O'Mahoney (2018) suggest that Critical Realism provides a space between the dichotomy of objectivism and subjectivism by creating a distinction between ontology and epistemology. When considering the position of my research and positioning within the transformative paradigm and Critical Theory, I believe that Critical Realism adopts a position which acknowledges the existence of some irrefutable truths - such as the poor employment rates for autistic adults (NAS, 2022; DWP, 2024), whilst also acknowledging the contextual reasons for this discrepancy, such as poor and discriminatory recruitment and workplace practices (Baird, 2020; Wood and Happe, 2021; Riordan, 2022; Davies, et al., 2023;Lees, 2024; DWP, 2024). Importantly, Critical Realism acknowledges the factors within the 'real' - power. A critical realist perspective within a transformative paradigm recognises that opportunities for autistic people are restricted and oppressed through power discrepancies in access to information and resources.

Critical Realism within disability studies can inhabit the space between the medicalised view with a prescriptive, sometimes restrictive view on disability and the social view of disability where all difficulties are almost exclusively attributed to social factors (Gustavsson, 2004). Botha (2021) suggests that the traditional philosophies of positivism, interpretivism and social constructivism can struggle to fully support the complexity of the psychology of autism. Botha suggests that autism has long been the subject of reductionist, scientific paradigms which have led to an idea that autism is something to be fixed, cured, and has fixed characteristics regardless of context. Kourti (2021) proposes that Critical Realism can reconcile the two opposing positions on autism - the ‘objective’ behavioural, medicalised and ‘infallible reality’ (p1), and the neurodiversity movement led social constructionist view of autism. Critical Realism accepts that “access to reality can only occur through fallible theories”, allowing for autistic led theories of autism to develop.

Fricker's (2007) Three Levels of Epistemic Oppression emphasises the difficulties in allowing the oppressed voice to be heard due to three factors: testimonial oppression, in which the individual is not considered a credible source, and thus their views are not considered to be equal; hermeneutical oppression where varying interpretation can take conversations and decision making out of the realms of accessibility for some parties; and contributory oppression, where decision making can actively create an imbalance of epistemic power by choosing certain approaches or adopting paradigms that steer the power away from the oppressed voice. Drozdstoi and Moskaleicz (2023) also suggest that autistic people also experience hermeneutical injustice through a lack of understanding of their lived experiences, both by themselves and others. This can be created through a lack of access to information, through both conscious and unconscious omission. An autistic individual may not be aware of their own autistic identity and therefore will not seek information to further understand this. In addition to this, assumptions around effective inclusion are made without the contribution of the autistic person. Mertens talks of centred hearingness - hearingness being the way in which hearing people experience the world and this being the centre of all decision making for both hearing and non-hearing people. I propose that the non-autistic experience is also centred. To de-centre the non-autistic experience will enable all to experience the world through the lens of difference. Catala et al (2021) and Nešić (2023) discuss the importance of the inclusion of autistic voices in research to create epistemic justice. Rocha et al. (2020) found that there is a need to include autistic voices in autistic research so that the identification of research priorities is driven by the community.

Kourti (2021) describes the application of a Critical Realism framework to the understanding of an autistic meltdown.

> “When an autistic person has a meltdown, for example, a non-autistic person can only understand it by witnessing it; the event itself, the meltdown, happens within their autistic body and therefore only the person themselves has access to any information about it (how it feels, how it progresses, what might help etc.). To claim that any non-autistic person has access to the domain of the actual when it comes to embodied autism would be to claim that a person who is not the person themselves can have access inside their body, which obviously is impossible for any human.”(p6)

Therefore, by working within a critical realist ontological framework, embedded within the transformative paradigm, I aimed to provide a platform for the amplification of the underrepresented autistic voice, seeking to initiate positive change. The autistic voice provides access to the real, the actual and the empirical domains with regards to the autistic experience.

3.8. Epistemology

Whilst within Critical Realism, the ontological positioning can be more realist, there is a clear difference in the epistemological stance. Critical Realism posits epistemological relativism - knowledge is subjective, however, there is an acknowledgement that, due to context, not all evidence is ‘equal’. Within the transformative paradigm, knowledge and the nature of knowledge in research is centred around the relationship between the researcher and the participants, and a shared understanding around what is considered ‘valid knowledge’ (Mertens, 2009, p56). Knowledge acquisition is interactive, collaborative and empowering. However, the context in which knowledge is positioned is judgmentally rationalist (Botha, 2021).

Historically, autism research has been carried out by non-autistic researchers, seeking to look at autism from an outsider perspective (Gillespie-Lynch et al., (2017). Botha (2022) proposes that “autism researchers have power in determining *what* we know about autism and *how* we know it” (p3) indicating a huge power within research over the narrative surrounding autism. Harding's Standpoint Theory (1991) proposed that those who are typically oppressed have greater and more accurate knowledge of the situation due to their lived experiences. Wodziński and Moskaleicz (2023) propose that autistic people are often the victims of epistemic injustice in many ways - their first hand experiences are dismissed or misinterpreted; the testimony of those close to them is ignored; and they are denied epistemic authority through a perceived lack of credibility. Catala et al. (2021) proposes the contrast between autistic and non-autistic accounts of the autistic experience provides the rationale for greater epistemic agency for autistic people.

The actor Michael J Fox, who is diagnosed with Parkinson’s Disease, is suggested to have once said “This message is so simple, yet gets forgotten. The people living with the condition are the experts”. Whilst Fox was referring primarily to his own experiences, a similar sentiment could be applied to many conditions, including autism. Indeed, research by Gillespie-Lynch et al., (2017) found that generally autistic people have the greater ‘scientific knowledge’ on the subject, and tend to view the condition with less stigma.

Furthermore, D E Milton (2014) suggests that, to achieve epistemological integrity, then the autistic voice must be centred through the inclusion of autistic researchers and scholars. The positioning that the autistic individual is the source of the ‘valid knowledge’ around autism aligns with both the transformative paradigm and Critical Theory, in which the oppressed or marginalised is often the most informed (Harding, 1999). Through allowing epistemic agency to the autistic community, it could be suggested this could counteract the assumptions in place around sociability (or proposed lack of). The epistemological assumption herein, within the transformative paradigm, is that, through a reciprocal relationship between the researcher and participant, the knowledge held within the community is privileged.

3.9. Methodology

Key to carrying out this research is a consideration of the methodology within the philosophical frameworks outlined previously. Qualitative approaches are ‘critical’ within the transformative paradigm (Mertens, 2009, p59) - establishing a dialogue between researcher and the community, with a “conscious awareness of contextual and historical factors, especially as they relate to discrimination and oppression” (p59).

Therefore, with a significant role for dialogue, amplifying the community voice in line with my epistemological positioning and critical realist framework, with a recognition of the value of a reciprocal interaction, I chose to use semi-structured interviews to gather the ‘data’ in my research.

Working within a transformative paradigm, my ontological and epistemological positioning allows me to construct the following research questions. The critical realist perspective acknowledges there are tangible barriers, due to contextual factors which are hopefully explored in these two questions. Fryer (2022) suggests that at least one research question should seek to examine ‘causal mechanisms’ - the underlying causes behind an experience. I have chosen to explore this through looking at the barriers to practise, and factors affecting visibility and presence. Ultimately, my research for this study has highlighted a lack of visibility, and I sought to examine the causal factors. I explored these through hearing the lived experiences of those who the research is focused on - the autistic EP.

1. What are the main barriers to practise for autistic EPs?
2. What factors are preventing the visibility and continued presence of autistic practitioners in educational psychology?

To enable me to explore the possible factors here, it is important to consider the interview questions within the critical realist framework. Brönnimann (2021) suggests that researchers use “how” and “why” questions to examine data that looks beyond surface level experiences. Informed by a transformative framework and Critical Theory, I used semi-structured interviews to allow for participant autonomy over the direction of the interaction. An initial question of “why did you chose to become an educational psychologist?” was used to open the questioning with the intention to empower the participant to contribute their lived experience in a way that is considerate of their own sensitivities and priorities. Through my research for this study, I have made an informed presumption of barriers around visibility and inclusion, however, I am reminded of the importance of listening to the participant, and this may not be what they choose to discuss. To work within a transformative paradigm, I must not be presume this will be the priority of the participant. In planning for the interviews and with this in mind, I had also prepared some follow up questions to gain a greater depth of understanding from the participants, including “can you tell me about a piece of work you are proud of?” and also prompting participants to bring items or prompts. My priority throughout was to provide a space in which the participants could discuss their lived experiences, taking the interview in the direction of topics they felt held the most significance. The proposed length of time of the interview (1 hour) was shared with the participant before the interview so that they were aware of the expectations and if they wanted to plan to include certain content within this time frame.

With regards to data analysis, I chose to use Reflexive Thematic Analysis (RTA) (Braun and Clarke, 2021). I also considered the use of Narrative Inquiry to analyse the data, due to wanting to prioritise the lived experiences of the participants. However, I felt that the RTA allowed for more structure in determining some outcomes for the research. I felt that the participants gave great value to the research influencing future practice in educational psychology, and this also aligned with my positionality within a transformative paradigm. Fryer (2022) suggests that the use of Thematic Analysis (TA) is appropriate for explanatory research - looking to develop causal explanations for current phenomena. It is my belief that through the use of RTA within Critical Realism I both support the amplification of the autistic voice, whilst also recognising the contextual structures and barriers that exist. Within the RTA approach, I identify themes within the contribution of the participants, through semi-structured interviews. Braun and Clarke (2020) acknowledge the limitation of a prescriptive set of instructions, giving the presumption of a linear process when in fact RTA should be a flexible process where the revisiting of phases does not suggest errors in analysis. Nevertheless, in their most recent representation of RTA, Braun and Clarke (2021) propose there are six phases to RTA -

Phase One - Familiarising yourself with the data

Within this part of the process, Braun and Clarke (2021) propose that the researcher become immersed in the dataset, including the re-reading of transcripts and watching of videos. My interviews took place via Google Meet which allows for meetings to be recorded. I also used Google's transcription software. Due to software limitations, dialect and colloquialisms, and accent, it was necessary to edit the transcripts so that they contained the wording of the interviews verbatim. Therefore, my process of immersion had an element of necessity, as it was required to remove any inaccuracies from the process. This also involved the rewatching of the recordings of the meeting also. I found this to be a valuable process in becoming familiar with the dataset and each interview in its own right. In addition to the initial editing, I then felt it was valuable to read the transcripts without the intent to edit, so as to get a real sense of the content.

Whilst the interviews were taking place, I also made my own notes, particularly making reference where I felt the participant had emphasised a point or repeated a concept at different stages of the interview. Alongside these notes, in order to be aware of my own positionality, I made a note of how these particular concepts made me feel. I found this to be an important exercise in keeping my own reflexivity in check.

Phase Two - Coding

This stage of the process involves the systematic, detailed analysis of the data set, picking out areas which could be considered "potentially interesting, relevant or meaningful" (Braun and Clarke, 2021, p35). Within RTA, there is a clear distinction between codes and themes, which does not exist in other forms of TA (Braun and Clarke, 2020). Codes, in this context, are considered to be single faceted.

To identify the codes within my interviews, I created a table with two columns; in one column I would write down anything that I felt was 'interesting, relevant or meaningful' in terms of my research questions. I intentionally kept this in a chronological manner so as to not apply my own context at this point, privileging the voice of the participant. Alongside this column, I recorded the frequency of certain phrases or points that were made, if made more than once. I felt this served to add greater depth, and to authentically hear the significance of certain topics to participants. If a participant mentioned a particular concept, i.e. "I was tired" more than once, then I felt it was my responsibility to report this significance by noting the frequency this was mentioned (see appendix i).

At this point, I was aware that there were some very similar phrases and points made throughout an interview. However, so as to maintain authenticity, I coded these independently of each other, mindful of the varying contexts in which things were discussed.

Phase Three - Generating initial themes

Where codes are single faceted, themes are ‘multi-faceted crystals’ (Braun and Clarke, 2020, p340), suggesting that they are complex and made up of multiple components. Within this stage, Braun and Clarke (2021) suggest that codes may come together in commonality to form some emerging theme “which might provide a meaningful answer to your research question”. Using colour, I identified some common ‘themes’ and highlighted the codes already identified (see appendix ii) Braun and Clarke (2020) write about being mindful of suggesting themes emerge from the data, instead acknowledging that theme generation is researcher led through a creative and active process. In addition to this, I feel it would be naive to ignore the knowledge formed within the context in which it exists - the foundation of Critical Realism, and instead acknowledge my very real role in theme generation.

Phase Four - Developing and reviewing themes

Here, Braun and Clarke (2021) suggest the initial themes are reviewed. Some initial themes may merge into one, and some themes may be eradicated entirely. At this stage, I collapsed some of my initial themes, as I felt they duplicated meaning - this was not an entirely simple process. When considering whether to collapse themes such as ‘ableism’ and ‘discrimination’ I was wary of losing some context. What separates ableism and discrimination, and by merging these, do I lose some of the contribution of the participants?

With this in mind, I reflected on what was gained by keeping two separate themes - do we lose the sense of unfairness and oppression? At this point, I sensed that the message, and the weight of the message was maintained through the merging of these themes. In addition, I felt it added weight to the message/ theme I felt was being generated, and by splitting these two ‘themes’ I could be minimising their impact. This was a point of great reflection for me, as I felt the pressure of ‘fairness’ within authenticity - a concept which is covered in more detail later in this chapter.

It was also at this point I consciously began to allow my research questions to move towards the forefront of the analysis, allowing previously generated themes to align themselves with the questions I was hoping to explore.

To further aid this phase, I migrated the data into mind maps, to begin to understand the relationships between the generated themes. It was also at this stage I began to explore common themes within each interview, having previously kept each interview as its own data set. Using the mind-mapping software, I began to plot emerging overarching themes across the entire dataset (see appendix iii).

Phase Five - Refining, defining and naming themes

Braun and Clarke (2021) refer to this phase as the fine tuning part of the analysis. At this point, I began to name the themes. Braun and Clarke suggest the researcher look at the ‘story’ each theme is telling. Again, being mindful of privileging the voices of my participants whilst also acknowledging my own role in the theme generation and definition, I named and renamed each theme several times until I felt this was an authentic representation of the knowledge and the content.

Phase Six - Writing up

The final stage of Braun and Clarke’s (2021) framework is the production of a report. I chose to represent the themes from each participant separately, allowing each participant’s contribution to be ‘fairly’ and authentically represented. Through a process of supervision and personal reflection, I revisited phases four and five at this point, and themes were not fixed. Within the analysis, I chose to quote each participant at each key point, again seeking to provide agency and epistemic justice to the participant who shared their lived experiences with me. Once the themes were adjusted to a point I felt accurately reflected the messaging intended from each participant, I then chose to provide collaborative themes from the entire data set as a summary. This is represented in the next chapter.

3.10. Quality and validity of research

Lincoln (1995) suggests that judging the quality of qualitative research can be impeded by its fluid nature and definitive criteria. With this in mind, Lincoln suggested the following criteria for assessing the quality in research and evaluation.

- Authenticity
- Positionality
- Community
- Attention to voice
- Critical reflexivity
- Reciprocity
- Sharing the prerequisites of privilege

Authenticity

Authenticity refers to the balanced presentation of the views of all values and beliefs (Mertens, 2009). Lincoln and Guba (2000, cited in Mertens, 2009) propose the following criteria to ensure the researcher has been ‘fair’ in their representation.

- Fairness - in that all conflicts, values and perspectives should be solicited and represented, including the basis for the constructions of the participants.
- Ontological authenticity - this consider the impact of the research on a participants view of the world

- Catalytic authenticity - this looks to the outcomes of the research.

I feel that there are limitations to the extent I can apply authenticity to my research due to the limitation of operating within a doctoral study timescales. Ideally, I would like to check in with participants after the research to consider the impact of their taking part. In addition, to be able to measure the impact of my study would serve catalytic authenticity. I do feel it is still important to recognise that these are the ideals in which I would hope to work to in more applicable scenarios. However, within my research, I will strive to meet fairness in how I represent the different views of the participants and represent them authentically, as discussion earlier when detailing the phases of the analysis.

Positionality

Within research, it is important to consider how the researcher's background and status, with regards to personal and professional attributes, influences the positioning of the researcher in relation to the participants (Burnard, 2016). In research, an insider is classed as someone who is a member of the community, culture or social group of which is being researched (Greene, 2014). By acknowledging this position, there is a recognition of the existing standpoint and potential biases that influence the research. However, Burnard (2016) talks of how the positionality of the researcher can often switch between insider and outsider dependent on context. Wilkinson and Kitzonger (2013) reflect that there will always be aspects of a researcher's profile which will make them an insider in some capacity and an outsider in others.

Despite this ambiguity, I feel it is relevant to consider my positioning as an 'insider' of two distinct communities and the implications this has. There are two main identities in which this will be relevant in my research - being an autistic adult and being a trainee educational psychologist.

The TEP researcher

Greene (2016) proposes that this identity is not a binary concept and instead is more fluid. Whilst I am an insider with regards to working within educational psychology, I am an outsider as I am not yet qualified. Bernard (2016) discussed how research taking place from within the workplace can help to address some of the power imbalances which may exist in a researcher-participant relationship, subsequently allowing for knowledge co-construction. Indeed, when reflecting on my position within the profession, the participants are further developed in their careers, having been through training and having qualified. This presents an interesting standpoint in terms of positionality, and one which presents an alternative to the expert-participant dichotomy that may exist in research. I feel this aligned with the aims of transformative research in which the expert role is rejected, and knowledge sharing can be a collaboration with a consideration for the power differential. However, I am not naive to the role I play as the perceived researcher in my study and the perception of power over the interpretation of the participant contribution.

The autistic researcher

When considering my positioning as an autistic researcher, I feel it is important here to reference the context in which such an identity exists. Despite research suggesting autistic individuals potentially having the greater expertise on the topic (Gillespie-Lynch et al., 2017), a study by Roche et al., (2020) found that very little previous autism research had included the voices of autistic people (9%), instead looking to the families of autistic people and the professionals working with them. Milton (2014) suggests that autistic people are often 'frozen out' of autism research, and in turn do not trust the researchers. Milton proposed that the remedy to this distrust is the inclusion of autistic researchers. Pellicano et al., 2022 found that autistic participants in research often found it easier to discuss their lived experiences with a fellow autistic person, and the participants felt supported by research carried out by autistic researchers. In my study, I felt it was important for participants to be aware of my own diagnosis when choosing to take part in the hope that this would set the foundations for an establishment of a trusted researcher-participant relationship. When considering within-community positionality, Burnard (2016) referenced a sense of reciprocity and shared knowledge, which I aimed to enable in my research. In relation to the positioning of my research within Critical Autism Studies, it is also significant to acknowledge the presence of the autistic researcher (Woods, 2018) so as to maintain epistemological validity within this framework (Milton, 2014).

Community

Lincoln (1995) proposes that research should take place within a community the researcher knows well enough to recommend positive and relevant outcomes for said community. As both a member of the educational psychology community and the autistic community, I feel that I know these well enough to consider the potential implications of my research.

Attention to voice

"The researcher must seek out those who are silent and must involve those who are marginalised" (Mertens, 2009, p40). Literature has extensively highlighted the underrepresented autistic voice in research and I hope to privilege and amplify the voices of autistic EPs, where it would appear previous research has yet to do so.

Critical reflexivity

Lincoln (1995) proposed that a researcher should have a heightened sense of self awareness and awareness of others to enable a genuine exchange of ideas between researcher and participant. Through the use of semi-structured interviews, I intended to use this level of flexibility to allow the participant to discuss their lived experiences in a way that is sensitive to their current capacity.

As discussed earlier in the chapter, I have chosen to analyse the data within my study through the use of reflective thematic analysis. Braun and Clarke (2021) suggest that reflexivity goes beyond thinking about ourselves, and should include a consideration of the ‘knowledge’ we produce within our research. Wilkinson (1998, cited in Braun and Clarke, 2021) proposes reflexivity in the following sub-categories

- Personal reflexivity in which the researchers values inform and influence research decisions and outcomes
- Functional reflexivity in which the influence of the methodology can design the outcomes of the research
- Disciplinary reflexivity in which the academic influences on the research can impact on knowledge production.

Braun and Clarke (2021) propose that reflexivity includes the regular checking of assumptions, expectations, choices and actions throughout the process. I did this both through the use of supervision, and personal reflection through the use of a reflexive journal - elements of which are represented in my work through the use of reflexive boxes.

In terms of Reflexive Thematic Analysis itself, I feel it aligns with the criteria proposed here by Lincoln within the transformative paradigm due to the explicit reflexivity involved, as detailed earlier in this chapter.

Reciprocity

This should be enabled by the researcher facilitating a sense of trust amongst the participants. Through the application of my axiological stance, I wanted to facilitate a sense of trust amongst the participants of my study. As discussed earlier in this chapter, I aimed to be appreciative of the differing interaction and communication needs of my participants, valuing the knowledge exchange through consideration of the power differential, and I will be considerate of my own communication to manage any sense of misunderstanding or disrespect.

Sharing the prerequisites of privilege

Lincoln (1995) proposes that researchers should be prepared to share in the royalties of the research taking place. Indeed, this is something I have discussed in supervision as part of my research - I do not feel entitled to refer to this study as ‘my study’ due to the significant and critical contribution of the participants. They are the study. The analysis of their contributions aimed to be an authentic representation of the lived experiences I am privileged to have shared with me. Therefore, to enable clarity for the reader and to meet the purpose of a doctoral research study, I refer to this research as ‘my’ study, however, it is my belief that this research is in fact ‘their’ study and I am privileged to be a part of it.

3.11. Research Design

3.11.1. *Participants*

Participants for my study were self-selected through responses to a poster (see appendix iv). Being aware of the opportunity to facilitate a ‘knowledge’ exchange, being mindful of the participant-researcher power differential, I chose to include information about myself in the power. This included that I am autistic. During the interviews, participants commented that this information had changed how they anticipated the research would be carried out, and in some cases, had positively influenced their decision to take part.

The inclusion criteria were also clear on the poster -

- Are you a qualified educational psychologist?
- Are you autistic (including self-diagnosis)?
- Would you be interested in discussing your lived experience in both training and practice?

With regards to the inclusion of self-diagnosed autistic EPs, there are known barriers to diagnosis for many and therefore I did not want to dismiss the very real lived experiences of autistic EPs who have not been able to access a diagnosis. According to NHS England, the waiting list for a diagnosis has increased by 34% since 2021 (NHS England, 2023). It was also recognised by the Department of Health and Social Care, and the Department of Education (2021) that the pathway to diagnosis needed improvement, hence the implementation of a National Strategy for Autistic Children, Young People and Adults: 2021 to 2026. In addition, when considering my research within a transformative paradigm and Critical Realist ontology, it is acknowledged that access to information, resources and, in this case, appropriate support pathways, is not always available, particularly for those who are oppressed. Access to the required 'knowledge' required to receive a diagnosis is influenced by power structures within society. Therefore, I consider those with a self-diagnosis to be autistic.

By including the mention of 'lived experiences' in the inclusion criteria on the poster, I hoped this would help to reinforce the message that the context and experiences of the participants would be the centre of this research.

My poster was distributed via the PEP network, and via email from the university. I also shared the poster on the social media platform Twitter (also known as X). It was through Twitter I received all of my interest. I received eight responses to my poster. Three did not meet the inclusion criteria as the individuals were still in training and I also received a further two enquiries after my cut off date. All those who contacted me were responded to. At the end of the recruitment process, I had five participants who were able and willing to take part in my study.

3.11.2. *Ethical considerations*

Ethical approval for this study was sought and approved by The University of Sheffield in September 2023 (see appendix v). Within this application was the inclusion of a participant information sheet and consent form, both of which are included in the appendices of this study (see appendix vii; viii).

Anonymity

Although anonymity is a key ethical consideration in research (Roberts, 2015), within my study I felt it had an added level of importance. As was apparent in the article by the British Psychological Society ("neurodiversity is not just for those we work with", 2022) many autistic people do not feel comfortable 'being out' about their diagnosis. Therefore, to enable a sense of trust to be developed between the participants and myself, I wanted it to be very clear that the identity of the participants would be kept anonymous. Included in this was the use of pseudonyms. In order to build a reciprocal relationship with an acknowledgement of the power differential, I felt it was important that participants were given some autonomy over their pseudonym. Allen and Wiles (2016) discuss how a pseudonym can carry a psychological meaning for participants and those given the opportunity to choose their own name often did with care and consideration. I also felt this was an important opportunity to allow for collaboration of information between the participants and myself, allowing to build a much needed trusting relationship (Milton, 2014). Indeed, when asked, all participants responded positively to being asked to choose their own pseudonym. Therefore, the participants in my study are known as Rose, Joanne, Grace, Amelia and Sara. In addition to this, and as outlined in the Information Sheet (see appendix vii), any identifying information in the transcripts and subsequent quotes within the text was redacted.

3.11.3. *Method of data collection - semi structured interviews*

In line with my positionality within a transformative paradigm, I chose to use semi-structured interviews as my method of data collection. Semi-structured interviews include the use of some fixed questions which can be flexible throughout the course of the interview. I felt this allowed for reflexivity throughout the process, and also allowed for the acknowledgement of interaction and communication differences. As suggested by the research of Brönnimann (2021), I started the interview with a 'why' question - asking the participants why they chose to become an educational psychologist.

In line with my axiological positioning, participants were given the opportunity to use their preferred communication style and were reminded that this can be flexible throughout the process. All participants chose verbal communication as their preferred method in this circumstance. Being mindful of potential communication differences, in my pre-interview communication to the participants, I suggested that they bring something to the interview that might represent their EP journey, or that they bring knowledge of a piece of work they are proud of. I felt that this might alleviate some of the pressure on verbal communication, but also gave the participants some autonomy over the direction and content of the interview.

The interviews took place via Google Meet and all participants gave permission for the interviews to be recorded and transcribed.

3.11.4. *Limitations*

There are a number of limitations with regards to the research design of my study.

- Due to time and logistical considerations, I carried out interviews over Google Meet. This did not allow for face to face interviews, which could have allowed for a more reciprocal knowledge exchange. However, I felt my carrying out my interviews over Google Meet, this allowed for more flexibility and breadth of accessibility with regards to interviewing participants from all over the country.
- Unfortunately, I was not able to meet with the participants after both the interview and the study itself to discuss any changes in their knowledge as a result. This is definitely an area for development, as I feel this restricted the authenticity of my research within the guidelines suggested by Lincoln (1995).
- Thirdly, again due to time constraints, I had to limit the number of participants in my study to five. Once I had started the interview phase, I received contact from two more autistic EPs who wanted to take part in my study, but unfortunately I had to be boundaried with my time. This potentially excluded some knowledge from my study which could have enriched the outcomes.

Chapter 4. Analysis

I have chosen to represent the contributions from each participant and the following analysis separately in the first instance, so that the unique contribution each participant brings can be heard. Full transcripts of each interview can be found in the appendices of this study.

4.1. Rose

Rose is a practising educational psychologist who received a diagnosis of autism as an adult prior to attending the Doctorate training. However, Rose had completed an undergraduate degree as an undiagnosed adult, and therefore was able to discuss the differences in study with and without the knowledge of being autistic. When talking about her experience as an undergraduate, Rose described

> “...because I was late diagnosed,[...] not having that recognition of myself in terms of what was going on, but nobody else even knowing, [...]There's no support offered.”(61-65)

Rose discussed how she was drawn to educational psychology through an interest in people and desire to understand how people function. Rose described a particularly strong feeling of empathy with children who struggle with the demands of mainstream education and was able to share how she had experienced some challenges in education, both as a child in school and as an adult in her undergraduate degree.

> “I think because of my own educational background and things that I struggled with and not knowing that I was autistic when I did my undergraduate degree and really struggling with certain aspects of doing a degree” (10-12)

Rose discusses feeling that others had low expectations of her in school, and that she experienced difficulties with school behaviour expectations.

> “I really struggled at school in terms of not necessarily academically but with behaviour. So I was always in trouble and excluded and just a constant kind of cycle of difficulties at secondary school and I think maybe low expectations of what I would then go on to do.” (31-34)

Later on, in higher education, Rose experienced difficulties in her undergraduate learning, particularly with managing competing demands, organisation and executive functioning. Since being diagnosed as autistic as an adult, Rose completed further study in the form of the Doctorate in educational psychology and describes how, through having a greater understanding of herself and her autistic identity, she was able to access appropriate support to facilitate a far more positive experience. However, gaining access to the training course was difficult for Rose, and took several unsuccessful attempts beforehand.

> “... the application processes, I think already put some people on a back foot if they've got certain educational needs so yeah, it's been a struggle to get here, I feel like I've had to fight for it” (26-28)

Since qualifying as an educational psychologist, Rose is open about being autistic with colleagues, and where appropriate, children and young people and their families.

I have identified three interacting themes that come through when hearing Rose’s lived experiences.

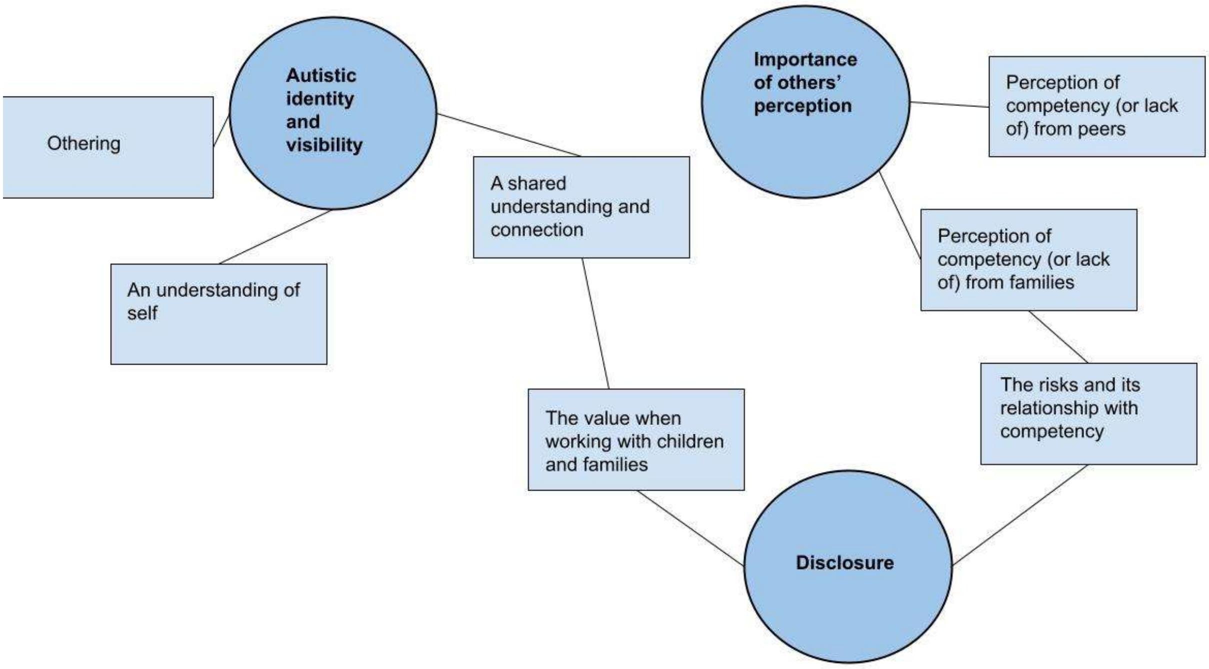

Fig 2. Rose's themes

Autistic identity and visibility

Rose discussed both her own autistic identity and the overall value in visibility throughout the interview, at different stages. Rose shared that she feels she has both strengths and difficulties which stem from being autistic. It is hard to extrapolate out the characteristics of an individual and attribute them to being autistic alone. However In terms of visibility and understanding, Rose was able to discuss how her own difficulties in education, both as a child and as an adult, were viewed differently once they were viewed through an autistic lens. Rose considers that her personal strengths include being able to build a strong rapport with autistic students and working in a strengths based way when writing reports. Similarly, when considering particular challenges, whilst these may not specifically be due to being autistic, Rose recognises that there are things which feel more difficult, such as interacting with other professionals, networking, balancing socialising and studying, managing energy levels, organisation, sustaining attention and processing information. With this mind, I felt that Rose's understanding of self, possibly in connection to receiving a diagnosis, led to a sense of compassion and greater self-awareness.

> "just that having that understanding of what works for me" (118)

Here, it felt that Rose's greater understanding of herself and her strengths enabled her to bring those strengths to her work.

> "I think once you've got that connection with something then, yeah, it's gonna make you more understanding isn't it or aware?" (472-474)

Rose was able to discuss how a greater understanding of her energy levels and the influencing factors on these could impact how she works.

> "if I've been out in the morning and I've done a consultation ,and that takes up a lot of energy not only because consultations take up a lot of kind of brain power [...] in terms of facilitating the [consultation] group but then you factor into everything else in terms of interaction of other people and how tiring that can be and actually coming out of that consultation I could do with just having a bit of downtime and just being able to go and do something else" (124-130)

From experience, Rose was also able to compare the impact of a greater understanding from others and how this can affect ways of working.

> "They're not gonna get the best of me from that and I'll be absolutely exhausted at the end of it and just that that's not how I'm gonna function best and I think some people I don't know whether there's that understanding there yet of this is where my brain works." (141-144)

> "the support I've been able to access and that understanding of particularly when it's just being able to kind of be my authentic self and not worry that all this is going to be

> perceived as somebody like…[...] they're gonna think that I'm now not coping because [...] that's just part of being autistic and it doesn't mean that [I'm] suddenly struggling and it's all falling apart" (156-162)

Despite describing situations where she felt understood and supported, Rose still describes a sense of loneliness in terms of being autistic in the EP world, describing how

> "every other autistic person I've worked with is either a child young person or an adult in terms of the family" (343-344)
>
> "It makes you feel really lonely" (341)
>
> "there doesn't seem to be those networks out there" (330)

Rose discusses that she senses there is an assumption that, as an EP, you are neurotypical and this can lead to colleagues using othering language when describing autistic children. This can lead to a decision to be made whether to disclose to others that you are autistic and challenge the narrative, or to remain quiet through a sense of self preservation. Rose comments that

> "There's assumptions being made there that I'm neurotypical [...] and yeah that's difficult. That's tiring." (210-211)

and describes autism as seen as

> "this other thing". (208)

Importance of others’ perception

During the interview, Rose frequently placed emphasis on the importance of the perception of others. When discussing the topic of asking for accommodations or reasonable adjustments, Rose said

> “It's about not wanting people to think that I'm not willing to be part of the service and the group and make an effort and appear difficult” (453-454)

> “I don’t want to come across as being awkward and difficult” (455)

However, these concerns were heavily focused on the perception of colleagues and peers, as opposed to children and families. Frequently, the concerns around perception are related to a judgement of competency. Rose makes the suggestion that

> “we might need that support to be able to do that and it doesn't mean that we're not competent and capable of doing the job because I think that's definitely been a concern of mine … if I say that I struggle with this. Will they then think this isn't somebody who's going to be a competent EP?” (302- 305)

Here, Rose suggests the views of others are important to her, and that it is important that sharing a diagnosis of autism does not create the impression of a lack of competency. The request of support and reasonable adjustments feels as though it comes with a sense of vulnerability to judgement.

Disclosure

Heavily entwined within the topic of reasonable adjustments and requests for support is the role of disclosure. A third theme within Rose’s interview is the topic of disclosing a diagnosis, and the risks this may carry. To presume risk would suggest that a diagnosis carries an element of vulnerability with disclosing.

> “if I say that I struggle with this. Will they then think this isn't somebody who's going to be a competent EP? (304-305)

> “I don't feel safe enough to respond to this Tweet openly and be like “hi, I'm here!” (358-359)

> “once I got into the course. I was really concerned about disclosing it, always thinking something like …. when I was filling out the Occupational Health form, and I was thinking, what if I disclose this that means that you're not suitable” (320-323)

This feeling of threat is Rose’s reality, and it is valid to wonder why this is the case. Rose mentions that before disclosing, she has to feel trust in that person. This would suggest the knowledge of someone’s diagnosis and imparting this on someone else is not something that is taken lightly. When something carries such value, but also such risk, it perhaps raises questions as to why this person felt they would have to disclose and Rose does talk about her consideration of the value and benefit of sharing this information.

> “So I think that's the most important thing for me where I've got to the point where now I think if I feel safe to do so and I trust this person and there's a purpose behind it or there's a need, like this would benefit me in some way, or benefit them” (265-267)

4.2. Grace

Grace is a practising educational psychologist who received an adult diagnosis of autism after completing the training and whilst in role as an educational psychologist.

Before training as an EP, Grace was a teacher with a keen interest in psychology. Grace chose to leave teaching due to a sense that she was not able to meet the needs of the children she was working with in the school environment. Grace describes how she loves to learn and enjoys the process of learning and this was driven by an interest in gaining a greater understanding of developmental psychology.

Through analysis of Grace's lived experiences, I propose there are two main themes herein.

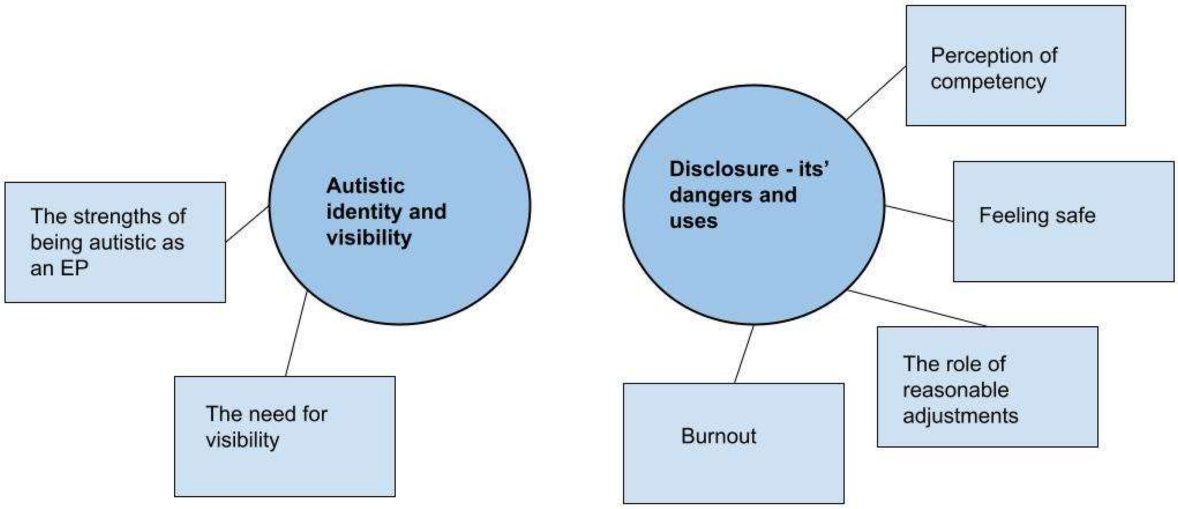

Fig. 3. Grace's themes

Autistic identity and visibility

Grace was able to identify how particular strengths she has lend themselves well to the profession. In particular, Grace suggests that her strengths lie in creativity, being well organised, empathy with the children we work with, being able to notice patterns in behaviour and creating models of working as a result.

> “I've got a good attention to detail and so when I look at a problem I will drill down to the nth degree which probably means I'm quite thorough in [...] identifying specific needs and strengths [...] because I will go down to that detailed level. Sometimes I read other reports and think *that*'s there but you haven't mentioned *that*. So I think that's one of the things that I use and allows me to kind of do well in my job” (159-164)

Grace also discusses having a keen interest in knowing and understanding how people ‘work’ - how they think, feel and subsequently behave. Grace suggested that she may have had to work harder at trying to understand the behaviours of others, and is therefore well versed in the observation techniques required to be an EP.

> “I'm a studier of people, which is great for a psychologist I suppose. And that's how I've used psychology all of my life. I think I've got a much better understanding now of how people work, because I've done the psychology. I think I may not have been as aware if I hadn't done the psychology” (155-158)

This observation led me to wonder whether the effort to try and understand the actions and motives of others is as a result of being autistic? And therefore, could there be a suggestion that autistic people who are interested in understanding those around them are ‘natural psychologists’. It could be suggested that these particular strengths may not necessarily be exclusive to the autistic community, however, Grace feels that being autistic can lead to a different perspective.

> “you can connect to children in a different way sometimes by being autistic. I think because you kind of go with where they are. Whereas I don't think the demands are there on you, and I think by doing that you can understand where they're coming from in a different way” (166-169)

> “I think that enables me to have a different view because maybe I don't have the same lens as other people. Maybe I'm looking at those details more closely” (177-179)

During the interview, Grace talked of the value of visibility of autistic EP, therefore providing a platform for others to see the unique contribution an autistic perspective could bring to the profession.

> “Visibility would normalise autistic EPs in the workplace. Like that it is a possibility that you could be working with somebody or just it's a possibility that there could be an autistic person in the room” (362-364)

> “I feel like when people talk about autistic people, they mean children and they don't recognise someone could be sitting in the room that is autistic and it's about normalising that it is a normal part of the population. You know, it's a normal distribution to me that a certain amount of people have neurodevelopmental differences” (368-372)

Reflecting on this, I wonder if, as EPs, we can be focused on supporting children and families, and therefore view the difficulties experienced as solely childhood difficulties. A lack of visibility would reinforce this view. However, visibility relies on disclosure due to the presumption that an EP is not autistic and therefore, this creates a responsibility on the autistic professional to change the presumption.

Disclosure - its dangers and its uses

During the interview, we were able to discuss disclosure, and how the pressure of disclosure can vary depending on the condition being disclosed. Having disclosed several medical conditions, Grace felt that disclosing being autistic carried additional risk due to how autism is perceived.

> “[...] it's about competence[that’s] what it comes down to doesn't it? [T]here are competency issues because of how society we view autism [there] will be the people who see it through a deficit lens. The autism.” (431-434)
>
> “I worry about disclosing it, when I'm working with families and children and again how will they perceive me, will I not be a good enough for EP?” (317-319)
>
> “I don't like people to think I'm struggling as well, that being autistic is a deficit in the way that I do something differently but they may perceive that as me not being able to do my job.” (295- 297)

Therefore, this raises the question as to why there is a perceived risk with disclosing autism, when other medical issues don’t feel as threatening. It could be suggested that certain medical conditions place restrictions on an individual’s capacity to work at times, and therefore there would be a requirement for support and adjustments. Grace also discussed the term ‘safety’ and feeling safe in sharing personal information, such as a diagnosis, with others.

> “it's all about feeling safe, isn't it?” (401-402)
>
> “It's just not normalised as professionals and it's like, Why have I been hiding for all of this time? Why did I not feel that I could disclose?” (383-384)

This then also raises the question as to why disclose at all if this carries so much threat. Grace was able to describe a situation with a supervisor where she had been advised not to write down that she was pursuing a diagnosis of autism.

> “It's not just because of me, but I was struggling a bit at work and I sort of blame to myself that I wasn't coping because it was something within me, but I realised now coming out of that high pressure environment, it was actually the pressures that were placed upon me in a very stressed system in the place that I was working. And then when I did disclose that, I could possibly be autistic. And that, I was going to go forward for a diagnosis, I was told by my supervisor “but we won't write that down” [like] it's something to be ashamed of. So therefore, it was ages before I raised it again because even though I am working in SEND, there was this, I don't know, barrier, if you like to being open about being autistic. I don't know why when we work in inclusion” (303-311)

However, Grace was able to reflect on the benefit of a greater understanding of her best ways of working since receiving her diagnosis, and how this led to the implementation of effective support strategies. Grace recognised the value in effective supervision - one where workload is not simply reduced during times of difficulty, but it is adapted and strengths become the focus. Grace recognises that her own strengths in organisation have enabled supervision to work well for her, leading her to have clear outcomes and intentions for the sessions, whilst also benefiting from clear expectations from the supervisor. It seems that, for Grace, the effective supervision was borne of clear communication, clear expectations, and little room for misunderstandings. It could be argued that this would be beneficial for most people, autistic or not.

Another area Grace was able to discuss had been of benefit to her was that her workload had been adjusted to suit her most productive way of working. However, she noted that this way of working is not always compatible with the EP role.

> “I think within the EP world, you've got your casework and you've got now the pressures of doing EHCP work and the pressures within a local authority, I think if you've got your own strengths, autistic strengths doesn't always lend itself to that because of the demands of what's coming in and the pressures of local authority working” (70-73)

Autonomy over work load is important to Grace, and this enables her to work to her full potential.

> “I like a degree of balance when I'm in my workplace. I like autonomy” (51)

> “I like control of what my work looks like. I'm not saying that I can't follow instructions or a working pattern but I have to have the right balance where I've got enough control over what I'm doing but also enough autonomy to be creative.” (80-82)

The key message I felt from this was that Grace had been able to adapt her way of working, and this had been of benefit to all. Through working in this way, Grace was able to lessen the rate of burnout, and also produce work of a quality that was then able to be used by others. Grace was able to describe a programme she had devised for young people, facilitated by being able to work creatively and with autonomy. This programme was then then rolled out and used when working with children and young people across the service, showing a real value to this work.

Raising an interesting point, Grace believes that reasonable adjustments should not have to be asked for and that they shouldn’t be something intrinsically attached to a difference, a deficit or a condition. All people require adjustments at some point. Grace describes how it can be frustrating at times when all difficulties can be attributed to being autistic, when sometimes difficulties can be experienced due to natural fluctuations in capacity, whether the individual is autistic or not.

> "it's almost like reasonable adjustments are only what we should all really have in some sense, us all be entitled to. So I think that's a wider issue rather than it's like a splitting again into a neurotypical world and whether it's neurotypical or just an educational culture. It doesn't help us when we're autistic and we need accommodation" (283-287)

> "I feel like I do need these adjustments, but I feel like I shouldn't have to need them because we should be entitled to certain things" (290-291)

> "Whether it's your autism or whether it's just something situational that's happening. For instance, I'll try and explain that the other day. I haven't been very well recently with headaches and stuff. And then "it's because you've got multiple sources of information coming in, it's the screen", that is the issue. I'm like, "No, not at the moment. I've got a headache. I do this every day. I know my limits with multiple sources of information. This is headaches". (343-348

> "it's not always about [autism] but it can become about that sometimes" (352-353)

Without effective support in place, Grace discusses how, whilst working as a teacher, and at other points in her life, she has experienced burnout. However, it was the doctorate and the pressures within this that led Grace to wonder if she was autistic.

> "I kind of got to burn out just before the end of the doctorate" (28)

> "I felt like there was a lot of demand [...] you are working at the same time, but you were also a student at the same time" (30-31)

> "you've got the social demands of going out into school environments, holding meetings etc. And then you've got in the university, the work demands" (32-33)

These reflections on the course format led me to question whether the apparent lack of visibility of autistic EPs may be in part due to the training required and the competing demands within this. In areas where there is slightly higher representation (medical, clinical), is the entrance route more suited to the autistic trainee?

4.3. Joanne

Joanne is a qualified EP who was diagnosed as autistic after having qualified. Joanne describes having a love for learning and keen interest in psychology.

> “my main reasons were going into it was for a passion for psychology and how a real keen interest in how children learn and develop and being able to help children in education who are disadvantaged or struggling in some way” (18-21)

Joanne worked as a teacher before applying for the doctorate, however, educational psychology always felt like the natural progression. Joanne talks of many barriers to training as an EP through the doctorate route.

> “I finally plucked up the courage to apply for the EP training” (6-7)
>
> “I was just relieved to get through the course and to pass it” (60)

Joanne described how her experience of both getting on the doctorate and completing the training had been a real test of strength and character; an endurance event. Language such as ‘terrified’ and ‘courage’ indicated to me how much of a challenge it has been for her and whether there are people with a similar passion for educational psychology, who cannot not ‘pluck up the courage’ for various reasons, and are therefore excluded. This narrative gave a real sense of determination, and was reiterated by Joanne here.

> “I felt like an imposter right from the word go and that if I was going to succeed I would have to really work at it. Which I did.” (39-40)

It is a difficult and intense level of training for all applicants, but is it worth considering the impact the training may have on those whose learning style does not necessarily match the mode of teaching? Joanne referred to the narrative around superior social skills being required and the reliance on social interaction. Joanne felt that she “faked it to get on this course”, and this led me to wonder what the impact of such a disparity between what is perceived as the required skill-set to be successful, and what is felt by the individual that they possess.

> “one of the things that really put me off is that I knew that you had to have the group interview [...] I'm particularly, terrified of them and the thought just put me off” (9-12)

Joanne’s lived experience fell into two overarching themes.

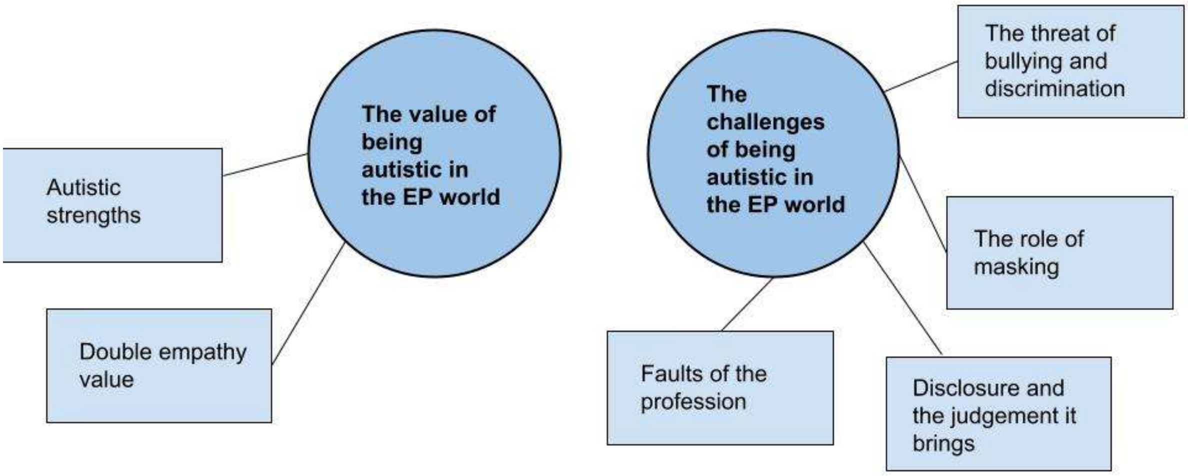

Fig. 4. Joanne’s themes

The value of being autistic in the EP world

Joanne was able to share the strengths she has which she believes are as a result of being autistic -

> "I suppose it's the autistic mind, isn't it that when Lawson wrote the book The Passionate Mind which is so apt I think and the monotropic mind, we just get fully stuck into things" (14-16)

> "I absolutely do what I think is right for the child and I'm not persuaded by any other agenda or anything else" (226-227)

> "I'm honest and tell the truth and want to do what is right" (209)

> "the feedback I get about my reports is that they're very thorough and detailed and schools like them and parents like them" (233-234)

I was interested in the way that Joanne described these strengths. Joanne implicitly contrasts these strengths with other available narratives such as single minded, stubborn, obsessed, restricted. But when using an affirming narrative, these attributes can be viewed more positively.

> "I read a lot around psychology and then that information passed on to my colleagues and some people have said your passion for your subject is really infectious, it's really great to see and it keeps things alive in the team" (223-225)

Joanna was able to further identify benefits to being autistic, in terms of relationships with the children and families we work with. Joanne describes the double empathy theory as being a real attribute to her practice, and one that is facilitated by being autistic.

> "You've got a double empathy problem [...]they're saying that autistic children are a puzzle. [...] it is perfectly reasonable to be puzzled by it if you're not like that yourself, I think we are at an advantage" (286-288)

Joanne goes on to describe a scenario where she was able to demonstrate this advantage.

> “a lot of parents have said all “you really understand my child, you really get my child” [...]. And I'm thinking yeah, that's because I'm exactly like your child and I know what they're thinking and I know what they're feeling sometimes it's quite uncanny the similarities” (294-297)

> “some parents have said “do you mind if I let my child know that you’re autistic [...] because I think it'll help them” (303-306)

The challenges of being autistic in the EP world

As part of the interview, the discussion turned to the question of why there might be a lack of presence or visibility of autistic EPS. Joanne described how she believed the EP profession itself can act as a barrier, describing how supportive and understanding colleagues are often ‘a minority’. Joanne describes the EP profession as ‘emotionally remote from the autistic experience’ (266) and ‘intolerant of autistic ways of being in a difference’ (150-151), suggesting that

> “there are always EPs who haven't accepted the broader understanding and definition of autism and still think of autism as being nonverbal boys and stimming all day” (281-282)

> “they come up with really insensitive comments and things. Without really thinking about how offensive it is and actually they wouldn't say that about other minority groups“ (273-274)

> “the language and the terminology that most EPs will use about autistic children. And is that it is another group, really quite ableist narratives” (134-136)

Joanne described how she has experienced bullying at the hands of colleagues; treatment which she believes is because she is autistic. Clearly, with these experiences, it would add context to Joanne’s view on the profession as a whole.

> “those kind of negative judgments that people make [...] it's hard because it means you're up against a lot of othering, criticism, sometimes bullying, sometimes blatantly” (186-188)

Joanne had described one of her strengths as being someone who will stick up for what she believes to be right, however, it would appear that this in turn can create vulnerability.

> “I think you can be targeted if you put your head above the parapet” (207)

Joanne strongly believes that the issue lies with the way that autism is viewed by the profession. As mentioned by other participants in the study, Joanne’s perception is that autism is viewed and discussed as something that directly impacts ‘others’. Joanne senses there is not a consideration that autistic people may be in the room, as fellow professionals.

> “Psychologists should be recognising “yes, I will have worked with autistic colleagues in the past. I may be working with autistic colleagues now and probably will do so in the future. And that is normal””(328-330)

> “When EPs talk about autistic children and people, [it's] as though they're not in the room. Because if they were they wouldn't be saying those things or they shouldn't be saying those things. (324-325)

> “They still think the preferred way of communicating is not autistic and being autistic is inferior [...] And you can see in the reports written about children that it's quite obvious. That autism is not accepted. So you do take a risk, sharing disclosing that you're autistic in the profession” (143-148)

Reflection

With this in mind, it is easy to understand why disclosing an autism diagnosis can feel like it carries a certain level of risk, creating a sense of vulnerability. I felt privileged to hear Joanne's lived experiences as they were clearly very emotive to share and I also feel a responsibility to share this experience that I have been trusted with. It is challenging for me to hear that the profession creates such unease for autistic colleagues and it raises the question as to what it could be about the way we operate that creates this sense of othering and vulnerability. It is clear from Joanne's lived experience that there is a great deal of anger felt surrounding her treatment, sense of being isolated and other, and the presumption of a reduced competency.

Similarly to a point raised by Grace, Joanne suggested that autism is viewed differently to other conditions.

> "I think there's far more stigma about autism than there is about dyslexia ADHD for example and other neuro divergences and disabilities." (177-178)

Reflection

This led me to wonder why this would be the case - do other conditions get looked at in a less stigmatised way? Does disclosing to someone that you have dyslexia or ADHD carry less of a threat?

Joanne discusses how difficult it was to disclose being autistic, and that the reaction of others had not been what was expected.

> "I thought that people would just accept and do the right things and just let's all sit down and talk about this, or people would be supportive but it has come with quite a lot of judgement" (355-357)

This again raises the query around the value of disclosure, if it does carry such risk and increased vulnerability. Why disclose if it will cause so much harm? Joanne described how her approach to disclosure has evolved over time, where initially Joanne would openly disclose more freely. Negative reactions have led to Joanne being more guarded around who to disclose to.

> “I would just be careful about who I disclosed to and I think that's always an ongoing dilemma. On the other hand, I think. If you are open about it … it should reduce stigma because we're everywhere in every profession in all walks of life” (317-320)

> “There's a feeling that it could be used against you. It could be used to limit your opportunities for career development and for going on courses.” (85-86)

With disclosure carrying this risk, it raises the question as to how many autistic EPs currently feel that the risks of disclosure outweigh the benefits. Through listening to Joanne’s lived experiences, it felt like this risk of disclosure had affected decision making and models of working. Not disclosing leads to an increased prevalence and reliance on masking, which Joanne describes across the interview as being something she has to do regularly.

> “I've learned to suppress a direct communication style” (201-202)

> “There is a lot of compromising; you’re doing a lot of camouflaging and acting” (72-73)

> “you never really drop the mask until you come back home [...] You can't be yourself and that… sometimes I think we deserve an Oscar” (50-53)

> “So if you're experiencing sensory overload, you have to just completely act like you're not getting it [...] and that takes a lot of effort. Sometimes you can't block out what's going around you and then you feel that you look incompetent or that people think that you're not quite with it in some way” (44-50)

One obvious benefit to disclosure is the relationship with the application of reasonable adjustments to working practice. However, Joanne discusses how the process of asking for and applying reasonable adjustments is not always straightforward, and the process itself can be “quite belittling and disempowering really”. “a sort of feeling that the reaction will be about entitlement or getting something that is more than what other people have or perhaps not understanding that for you to have that that's like breathing oxygen, it's a thing that you absolutely need. It's not an extra, being extravagant or greedy. It's just having something that you basically need” (114-118)

> “For me being autistic is perfectly ordinary but not having your needs met? That's not ordinary, that's extraordinary [...] I'm not saying that being autistic is ordinary because it's not, because we have real challenges in everyday life and it really is a struggle sometimes” (320-323)

I found the mention of disempowerment an interesting one. When we are asking for help in some way, does this relinquish us of power over our situation? Joanne also feels that to ask for reasonable adjustments can be perceived negatively by colleagues. I again wondered if this related back to power, and a sense that by receiving adjustments, does an individual gain power? By having a differentiated workload, could this be seen as choosing, where others can’t? Is this seen as threatening by others and create a divide? This perhaps carries a sense of irony, as such a huge aspect of the EP role is removing barriers for children and young people and instilling a sense of obligation in those around them to meet their needs through accommodation and adjustment.

4.4. Amelia

Amelia is a practising educational psychologist who currently self-identifies as autistic and is in the final stages of receiving an official diagnosis. Amelia also has additional medical conditions which impact on her ability to work full-time. Amelia’s journey of identifying as autistic is very prevalent in her ways of thinking and working, and it could be suggested that this is due to where Amelia is in her journey to receiving a diagnosis. This is reflected in the thematic analysis of Amelia's interview, where there is one overriding theme under which all sub-themes fall. When generating this theme, I explored the possibility of several themes, such as reasonable adjustments and support being their own theme. However, when Amelia discusses these things, they feel intricately linked back to her autistic identity. I felt this was a significant theme over and above the other sub-themes, and therefore represented them as below, including the several sub-themes within.

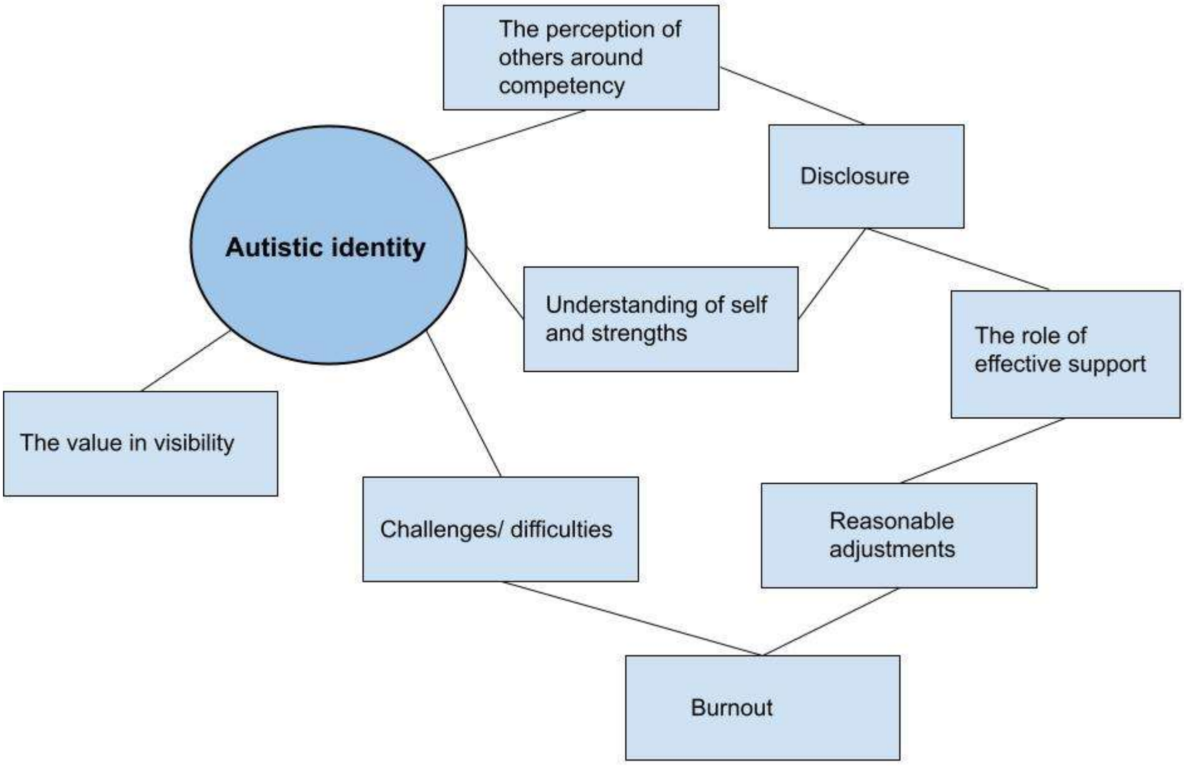

Fig. 5. Amelia's themes

Autistic identity

Amelia describes herself as commonly being 'misunderstood' by others, dating back to her own school years.

> “I've been hugely misunderstood [...]. I've been seen as a bit a bit of a troublemaker and I think that sometimes this is why it really helps in my work because I really get these kids” (229-231)

Amelia was drawn to the profession through an initial interest in psychology and a passion to work with children.

> “I felt like if I could help children that would potentially change the course of somebody's life” (36-37)

Having felt misunderstood at various points in her life, Amelia believes that she can empathise with children who are potentially misunderstood in education. As a result of this, Amelia has a strong desire to amplify the child’s voice, and enjoys using person-centred approaches in her work. Amelia feels that though gaining a better understanding of herself and how she may be perceived by others, has led to a greater appreciation of the strengths she has.

Amelia has identified that she is hyper-attuned to the feelings and emotions of others, which contradicts the common narrative around autistic people and their ability to understand and relate to others. Many autistic people consider themselves to be hyper-empathetic, and this could be considered to be a real benefit to the role.

> “I feel other people's emotions like they're happening to me” (330-331)
>
> “I can sense the slightest shift in emotion in a room” (331-332)
>
> “When I work with children, I can sense the unsaid and I can sometimes say to them “I'm wondering whether you're feeling this” and they'll say “Yeah definitely” [...] I do think that is a real strength that I bring to this role” (341-345)

One of the reflections I had when hearing Amelia's lived experience is that some of the strengths Amelia recognises in herself can also cause difficulties, particularly in the work place. Amelia describes herself as having a strong sense of justice and a passion for advocating for what is right for the child. However, Amelia explained how this can sometimes be viewed as confrontational by colleagues and, without an understanding of Amelia's autistic profile, this has led to difficulties with relationships. Similarly, Amelia describes herself as 'hyperorganised' and always able to meet deadlines, through the use of robust systems she uses in her work. However, this can cause issues with colleagues with regards to the need to stick to these systems and Amelia's requirement on the systems to work efficiently.

> "It makes it tough for other people because other people have to work around my systems" (379-380)

As Amelia has not yet received a clinical diagnosis, this creates challenges for Amelia with regards to disclosure and subsequent requests for reasonable adjustments. Amelia feels that, by disclosing to family, friends and colleagues, this creates more compassion and understanding with regards to some of the support strategies she uses.

> "I think since I've shared with them about the possibility of me being autistic, it has really opened their eyes and they've been like "oh right. Okay we get it" so that understanding is huge" (392-394)

During the interview, Amelia disclosed that she had had a very difficult period of time with regards to her health, which on reflection has been attributed to undiagnosed and unsupported autism. Amelia experienced a number of medical episodes which can be triggered by burnout and fatigue, and this led to disruption in her training and early years of practice. After a number of years, it was suggested by a medical professional that some of Amelia's difficulties could be as a result of being autistic.

> “You don't have a [medical condition], but we think you're autistic” (364-365)

Amelia’s difficulties first became unmanageable during the training to become an EP, and Amelia discusses some barriers to training for autistic adults, from her experience. Amelia reflected that she feels a combination of a significant commute, several different placements, a lack of understanding and support from colleagues on placement, and managing the competing demands of working and studying

> “It felt really overwhelming. I was just exhausted constantly and my thesis, I worked so hard on it and I was getting four hours sleep a night. It was tough” (66-68)

> “I have a really, really strong memory of the first few days. I remember coming home pulling up outside my house and just bursting into tears and [redacted] saying “what's going on” and I just sat in the car and sobbed and sobbed and sobbed and said I can't do this” (110-113)

> “I do remember thinking I just can't do this and that feeling never really went away. So I wouldn't say it was a particularly positive experience” (114-116)

As a result of the illnesses and difficulties Amelia experienced over this period of time, she has had to make significant changes to her working practices, and on reflection, it is understandable that Amelia would see the power of effective reasonable adjustments.

Again here, I feel this highlights the role that disclosure holds in the day-to-day life of being autistic and requiring support and reasonable adjustments.

Amelia is optimistic that having a diagnosis and a greater understanding of herself and her profile will lead to her feeling more able to ask for ‘reasonable adjustments’ and will elicit a greater understanding from others. When describing a recent misunderstanding with a colleague, Amelia suggests that if she had been able to disclose being autistic, it might have helped.

> “But it would have just brought a little bit maybe empathy between her and I think she might have been [...] a bit more forgiving of me and she was lovely. [...]. But yeah, perhaps it would have made her understand a little bit more”

Reflection

I wonder here how much we have to rely on people being ‘forgiving and lovely’ so that inclusion and accommodations can happen. Does this reliance on people being forgiving and lovely create vulnerability?

Amelia’s thoughts on the role of disclosure in this circumstance led me to wonder what power a diagnosis holds in this scenario. Is it enough for a person to explain a mistake by simple human error, or do mistakes have to be explained through the context of autism? Does a diagnosis elicit compassion and understanding? Amelia’s current point in her journey of diagnosis gives an insight into the motivations for further understanding and diagnosis that many people may pursue. Amelia is strongly optimistic that a diagnosis will be positive. Gaining a greater understanding of self and being understood by others carries great importance for Amelia.

> “[it will] stop me being misunderstood” (472)

> “That might be why sometimes I phrase things a little bit clumsily, so I think it's just that being understood” (488-489)

> “When I get the diagnosis, hopefully it will be really important then [...] at the moment I've been really tentative because I'm so black and white and also I really trust experts. I have a lot of faith in people that have knowledge. [...] I have told a few people that I've been referred and that I'm in the process of going through the assessment but I'm not saying I'm autistic until I've got that written down on a piece of paper and they all agree, which I think they probably will, and at that point it will be

> massively important. So I'm determined to be kind of loud and proud about it" (458-467)

Reflection

Amelia's determination to be 'loud and proud' led me to wonder here how her determination may be influenced by her experiences to date, and whether this determination could be affected by context in the future.

When talking about a breakdown of a previous work placement, Amelia suspects this was down to being misunderstood. In the following quote, she expresses how she imagines explaining to her previous colleagues.

> "You all just didn't really understand what was different about me. You didn't understand why I needed to know the answer to everything all the time. I wasn't just being a problem. I was actually anxious" (257-259)

Through hearing Amelia's experiences, it felt her sense of self is entangled with how she believes she is perceived by others. In addition to feeling that a diagnosis would help with interactions with others, Amelia strongly hopes that a diagnosis will lead to more compassion with herself.

> "I have been very, very misunderstood in the past and it's led to a lot huge amounts of shame" (239-240)

> "I think we carry a huge, huge amount of shame because I've spent my entire life looking around me going "Why am I not like everybody else?" and berating myself every time I come away from a social interaction going "Why did I say that? Why am I so weird and why can't I just seem to do it right, why can't I do life like everybody else does without having all these problems that seem to happen when I try to be normal" (529-534)

Amelia attributes a lack of understanding from others, and of herself, to particularly challenging experiences in previous roles. Amelia recognises that she can find it difficult when expected to respect the authority of someone who she feels has not earned it. This has led to difficulties with colleagues, but Amelia also recognises that this had an impact on supervisory relationships she has had in the past. Again, I feel this really serves to highlight the importance of understanding her own autistic identity.

> "I often do have difficult relationships with management and that was really unpleasant and so I was feeling really frightened on a day to day basis at work.[...] I think it was a case of not really understanding myself as such" (184-187)
>
> "I'll be quite argumentative and I'm not so much like this now [...] I've really grown in my knowledge of myself around this"(206-208)
>
> "I said after so many years "it can't be everybody else. There must be something wrong with me because every line manager I seem to at some point get into a conflict with them." So there was a point where I was like, "there has just something wrong with me"" (242-245)

However, Amelia describes the positive relationships she currently has, and what her current supervisor has been able to do in terms of support which has helped to facilitate this positive relationship.

> "She doesn't dismiss my anxiety because I can get very anxious about any changes or anything new that's implemented" (217-218)
>
> "She's been like "when [Amelia] can seemingly be becoming a bit confrontational. She might actually just be anxious"" (237-238)

Through hearing Amelia compare the previous negative interactions with her more positive previous interactions, I sense Amelia feels this has been aided by the sharing of knowledge and understanding between those involved. With reference to Amelia's intention to be 'loud and proud’ with regards to her autistic diagnosis with her colleagues, this is also reflected in Amelia’s view around representation and visibility of autistic EPs and that her colleagues might not consider they could be working with an autistic adult. Interestingly, Amelia reflects how she hadn’t considered that there could be autistic EPs until she began to understand herself a bit more.

> “It is a strange irony that there was such a blindness including to myself I think I was blind to my own differences” (274-275)

Amelia suggests that there is the beginnings of a shift in understanding around autistic representation, however, this is still at a very early stage.

> “This neurodivergence doesn't just exist in our client group it exists in the whole of humanity and that includes our workplaces” (266-267)

When discussing why this understanding is still at such an early stage, Amelia has a number of hypotheses. These fall under three main categories.

A lack of awareness in general due to the training received

> “I don't know whether we're a less self-aware profession because the therapy side of things Isn't sort of mandatory as part of the training” (281-282)

Here, Amelia is referring to how teaching of therapeutic methods can vary depending on the institution carrying out the training.

Working predominantly with children

> “I don't know whether it's also the age of the clients that we work with. I know we work with adults, but also the young people that we were working with there's almost this sort of othering, because they're younger than us” (286-288)

A lack of understanding regarding the variances of an autistic profile

> “Many of us work with children that completely nonverbal and so on, whether there's a lack of understanding that actually autistic people can hold down a job that they can be very intelligent that they can have a doctoral level of training” (300-302)
>
> “I have been told numerous times “you can't possibly be autistic though”, including by other psychologists “you can possibly be autistic because you're so empathetic” (304-306)
>
> “As a psychologist, [...] you couldn't be competent in terms of socially and emotionally. You don't have the skills to be able to relate to other people” (311-313)

Reflecting on the benefits of increased visibility, in addition to challenging the current narratives that exists, Amelia also suggests that fellow autistic EPs would benefit from knowing they are not alone in the challenges they might face.

> “the jobs tough enough, but being autistic and doing the job although [we have] our wonderful strengths, does also add another layer of challenge” (552-553)

Through hearing Amelia’s lived experiences, and her own reflections on these, I feel as though there are conflicting feelings with regards to challenges, strengths, benefits and reasonable adjustments.

4.5. Sara

Sara is a qualified educational psychologist who is self-diagnosed as autistic and is currently awaiting assessment. Similarly to Amelia, thematic analysis of Sara’s current lived experiences as an EP is strongly formed around her autistic identity.

> “I don't think there's anything that I could look at without the autism lens because it's everything I do.” (467-468)

> “I don't think I can separate being autistic from anything to do with the way that I function” (464-465)

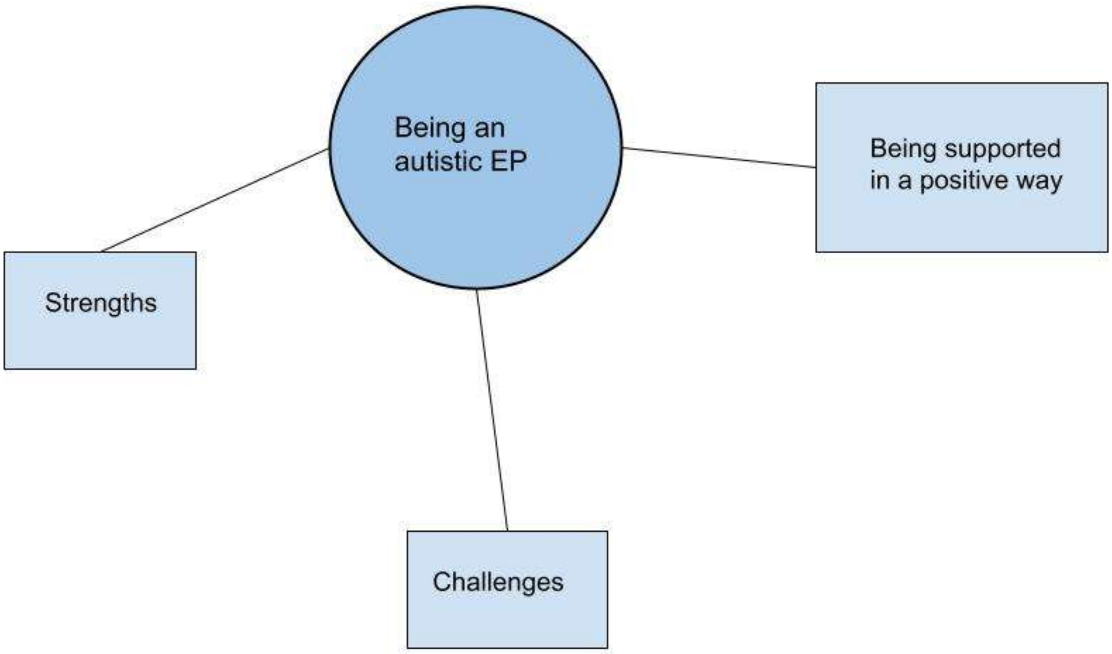

Fig.6. Sara’s themes

Being an autistic EP

Sara’s experience was that the change from teacher to trainee was far greater than the change from trainee to qualified EP. This again leads me to reflect on the mode of learning that takes place on the doctorate, and whether it is inclusive.

> “I've reflected on [how] did I hold it together for so long in teaching? Because it's so structured. You've got a timetable, it's the same. Every day you can colour code things, everything is in routine and I think it was when I left the kind of safety in some ways of teaching, and the predictability and familiarity that came with that and I went into EP work which is just not like that that's when my health crumbled.” (99-104)

Whilst on the doctorate, Sara became unwell, and developed a number of medical conditions which can be attributed back to fatigue and burnout. It was as a result of this that Sara began to explore the possibility that she was autistic.

> “we [...] basically agreed that undiagnosed autism for 30 something years and was one of the biggest contributors to me developing [medical condition] [...] I think it was a strain that had been on my body and mind for so long” (69-72)

Whilst working as a teacher, Sara felt a particularly strong connection with the children she worked with who found things more difficult in the classroom.

> “I wanted to go into educational psychology and now looking back, I've kind of reflected on this, is it because I'm more tuned into those children where you need to be a bit more tuned into, is it because I'm kind of hyper tuned into things because of I've had to be?” (17-19)

Sara reflects on whether this is specifically because she is autistic, or whether it is common for EPs to want to pursue that particular career due to a similar focussed interest on the children who fall outside of the typical.

> “I think in the EP world, I probably couldn't say whether I was different from other EPs in terms of how or why I got into it (49-51)

> “I imagine that because I think I do see things differently from somebody who would class themselves as neurotypical. I think it's likely that I was kind of different towards those children” (33-35)

Sara recognises that it is difficult to determine whether being autistic lends itself towards this way of thinking more than a non-autistic EP, but Sara does believe that being autistic does provide certain strengths for the role. Sara believes that she is able to spot patterns in behaviour and that she is able to find solutions with relative ease. Sara describes her way of work as ‘systematic’ and that she is able to share the benefits of her strengths within the team.

> “Over time, I've built up systems and processes and resource banks and people will come to me if they need to know something” (307-309)

> “So when I'm taking notes and training and when I'm creating guidance for the team, people used to try to discourage me from doing that because they felt like it was an extra thing that I was doing because I was being really conscientious. And I've explained to people that actually, I need to do that for me, and I may as well share it, because I've done it anyway. And I think people just being aware of the way that I work and just letting me get on with it. I think that's been really helpful as well” (152-157)

Sara describes her local authority as being “very needs led rather than diagnosis led” which has enabled her to access support and reasonable adjustments without a formal diagnosis. Sara has been supported through a reduced expectation to attend a busy office, easier access to assessment resources, adjustments to expectations during online meetings (turning camera off for example), and added support with social expectations. Sara has built a good relationship with her supervisor which has led to her feeling able to disclose that she is under assessment for autism within her work environment. This has subsequently allowed for these specific adjustments to be put in place.

An example of how Sara has been supported effectively is by adjusting the content of her workload.

> “We have a support line for parents and carers and professionals each week and I found that incredibly challenging and thinking on my feet, not having any visual cues for the interaction because it's a phone line and trying to synthesise the information [pause] I just really struggled with it, and so I've been taken off that and then given a

> piece of casework or something instead and similarly a strength is delivering training because it's scripted, you can prep for it, and so I probably do more of that" (163-169)

Reflecting on Sara's experiences and hearing how her workplace had accommodated her differences, I found parallels between this mode of support and the support we aim to advocate for children and young people in schools. Sara's workload, or access to work has not been reduced or removed. Instead, her workplace has sought to build on her strengths, such as casework and training, which other colleagues may prefer to do less of, and build on these. It feels as though Sara has been supported in a way that does not infantilise, nor create a sense of a reduced capacity. Sara commented that she was told something very similar during supervision.

> "[My supervisor] put these accommodations in place, and he'll try to think about how he can save my energy so it can be used for the right things, I suppose, and yet the same time has not all patronising" (177-179)

> "let's use your strengths because they're real strengths, and let's put accommodations in for the things that you find more difficult" (171-172)

> "We haven't sat you on the kids' table, like you've been doing the equivalent work of everybody else. It just looks different, it's not less" (181-183)

Sara talks very positively about requesting and receiving support and I wonder whether it is due to the empowering way she has been supported. By being supported in this way, Sara recognises she is far more able to cope with her workload, and has responded well to the adjustments.

> "My level of functioning has increased a lot and kind of in line with those accommodations being put in place. So if I didn't already know I was autistic, that was kind of confirmation" (81-83)

Before this support was in place, Sara did question her competency in the role. Sara recognises that there are some areas that are difficult, such as the high levels of social interaction required and the unpredictable nature of the role. Sara has recognised that there are aspects of her ways of thinking that can reflect in her work.

> “I'm so detail focused for example, when I'm writing a report that sometimes I miss the big picture. So I submitted one recently where all the kind of strengths and needs are there in the views are reported really well in the provision sort of thing….. but I hadn't actually said, in terms of the characteristics of the setting that young person needs, that kind of big picture, because it was in my head and it was really obvious to me, so I just missed putting it in the report so I think sometimes being really detail focused” (325-331)

However, Sara has identified strategies to support herself, such as preparation for home visits through the use of Google Maps, and through the use of scripting for social interaction.

> “If I'm having a consultation with staff I have got loads of different scripts, some of which are kind of saved to my desktop so I can quickly look them” (343-345)

> “I have to have these diagrams behind my computer, diagrams to shape my thinking about what it needs to be. So up here, I've got the characteristics of the setting, the kind of big picture of what I'm recommending” (331-333)

Having a strengths focused model of support has been empowering for Sara in terms of how she views herself as an autistic person.

> “I'm a really good EP, but if I'm trying to operate as a non-autistic EP, I'm going to find it really difficult. So actually it's not about being kind of lesser and I think since I've started playing to my strengths more and sharing those with the team, It's really boosted my confidence because I've seen how competent I am in those areas and

> how actually I find some things a lot easier than other EPs who are really good at other things” (201-205)

> “It's about realising it's not that you're rubbish at things, it's that you're autistic” (169-170)

> “I think what I wish I'd known earlier is that you can trust your EP skills and you need to match them up with your autistic profile” (395-397)

Sara predicts that once she receives an official diagnosis, it will help when working with young people who also have a diagnosis. Without an official diagnosis, Sara does not feel able to disclose outside of her close work colleagues, however, Sara intends to be open and visible once receiving the diagnosis.

> “There are so many people I work with who are just a younger version of me and have a diagnosis of autism. If I could just say to them “I'm autistic” it would make it easier. So I'm kind of really looking forward to that. [...] I think it's really important for people to know” (218-221)

Sara reflected back on a recent interaction with a young person who had recently been diagnosed with autism and felt very down about how their life will pan out and whether they will be successful. Sara feels that it would have been beneficial for that young person to learn that they were interacting with an autistic adult who has been able to achieve things throughout their life, some of which being *because* they were autistic.

> “I think if only I could have said to her, “I'm autistic”. I really think it would have changed things because I think it was about her perception of autistic people” (243-245)

Sara also believes that it would be beneficial for young people to hear that adults have experienced similar challenges to them, and provide a sense of validation for the young person.

> “I'm absolutely not saying that I've experienced what you've experienced. It's not the same thing. But I just want you to know I'll believe what you say” and it's absolutely that. It's making sure it's about them and hearing their voice and not kind of drowning out their experiences but offering enough so that they know that they're seen and heard” (255-258)

Sara strongly believes that this visibility can only be positive for both the children and young people we work with, but also for fellow autistic EPs. Sara describes the sense of a responsibility to advocate alone as ‘lonely’ and ‘exhausting’.

> “It's raising that understanding generally so that stuff can be put in place so that we're not having to constantly advocate for ourselves. I think that would be my hope for autistic EPs” (455-457)

> “If we can connect autistic EPs, we can facilitate positive change both for EPs and support for us, but also for children and young people and generally narratives around and understanding of autism” (444-446)

Chapter 5. Discussion

Research Questions

1. What are the main barriers to practise for autistic EPs?
2. What factors are preventing the visibility and continued presence of autistic practitioners in educational psychology?

I believe these research questions are answered within the following interacting themes.

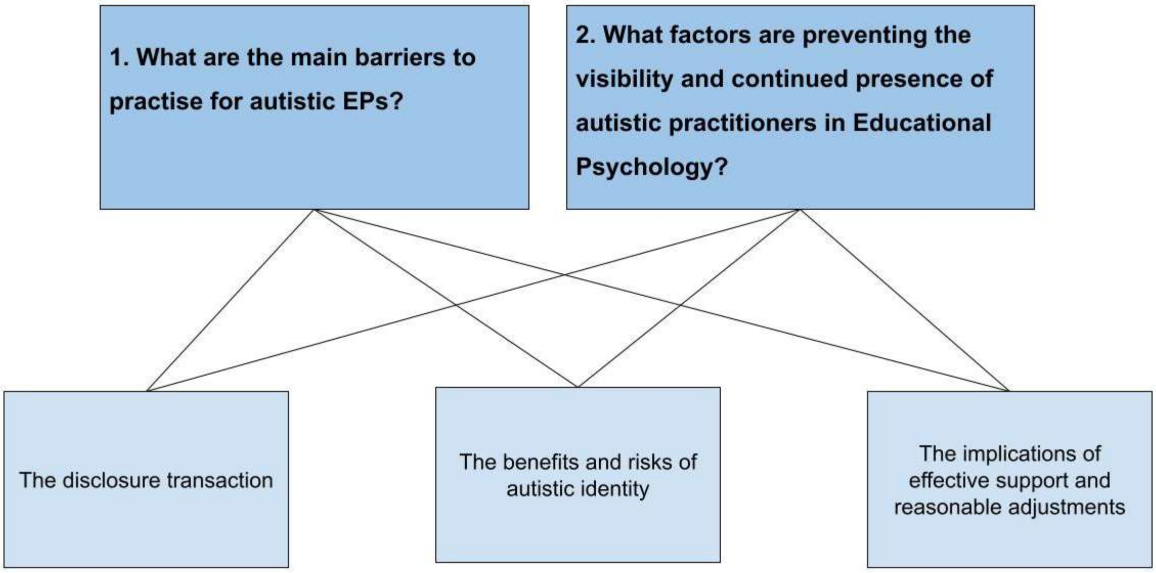

Fig.7. Research questions and their connection to overarching themes.

5.1. Introduction to main themes and sub-themes

Looking at the themes from each participant, I was able to generate some overarching themes. These themes are as follows:

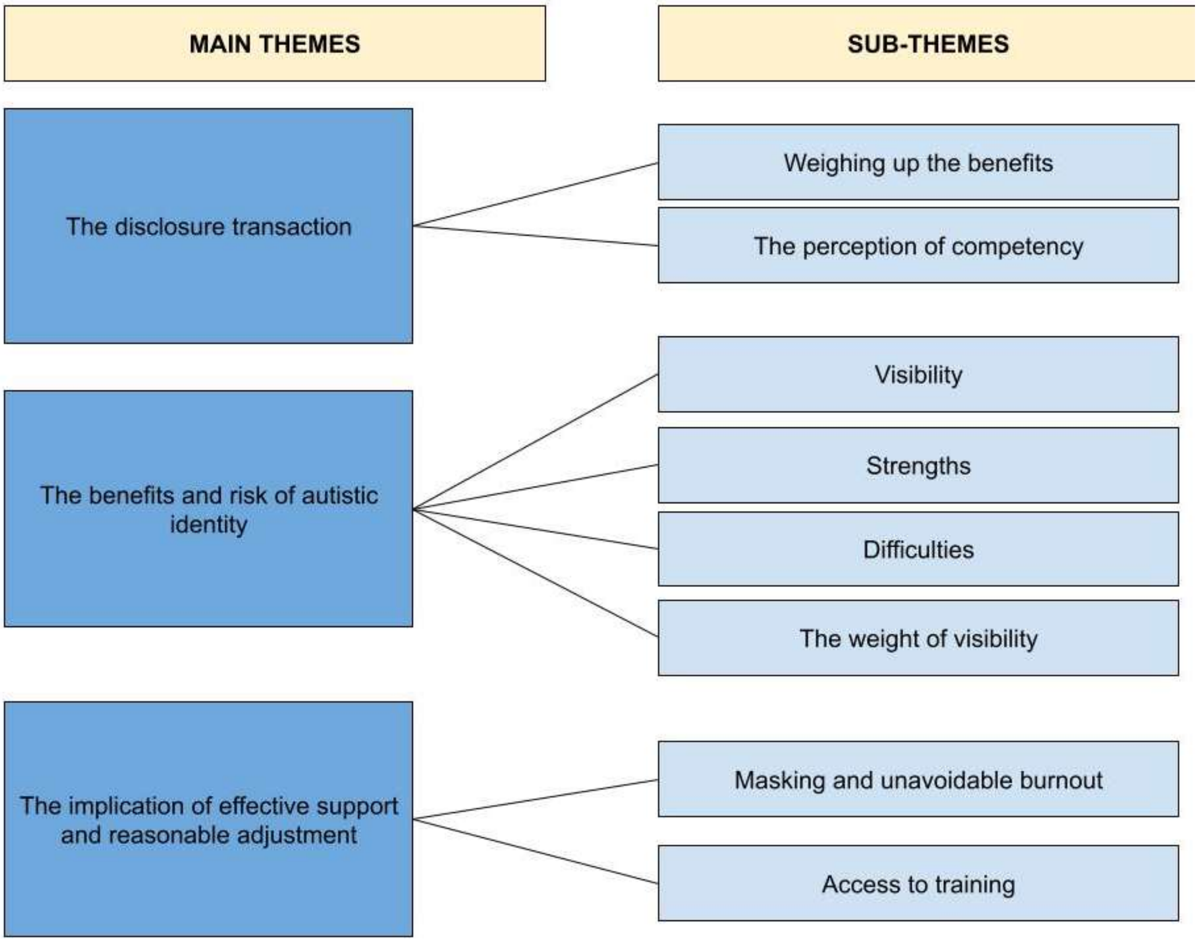

Fig.8. Overarching themes and sub-themes

5.2. Individual themes and their relationship to overall themes

Due to the intertwining and overlapping nature of the themes generated from the interviews, I felt it would be beneficial to demonstrate this visually. The following diagrams demonstrate how each participant's themes led to the generation of overall themes.

5.2.1. Rose

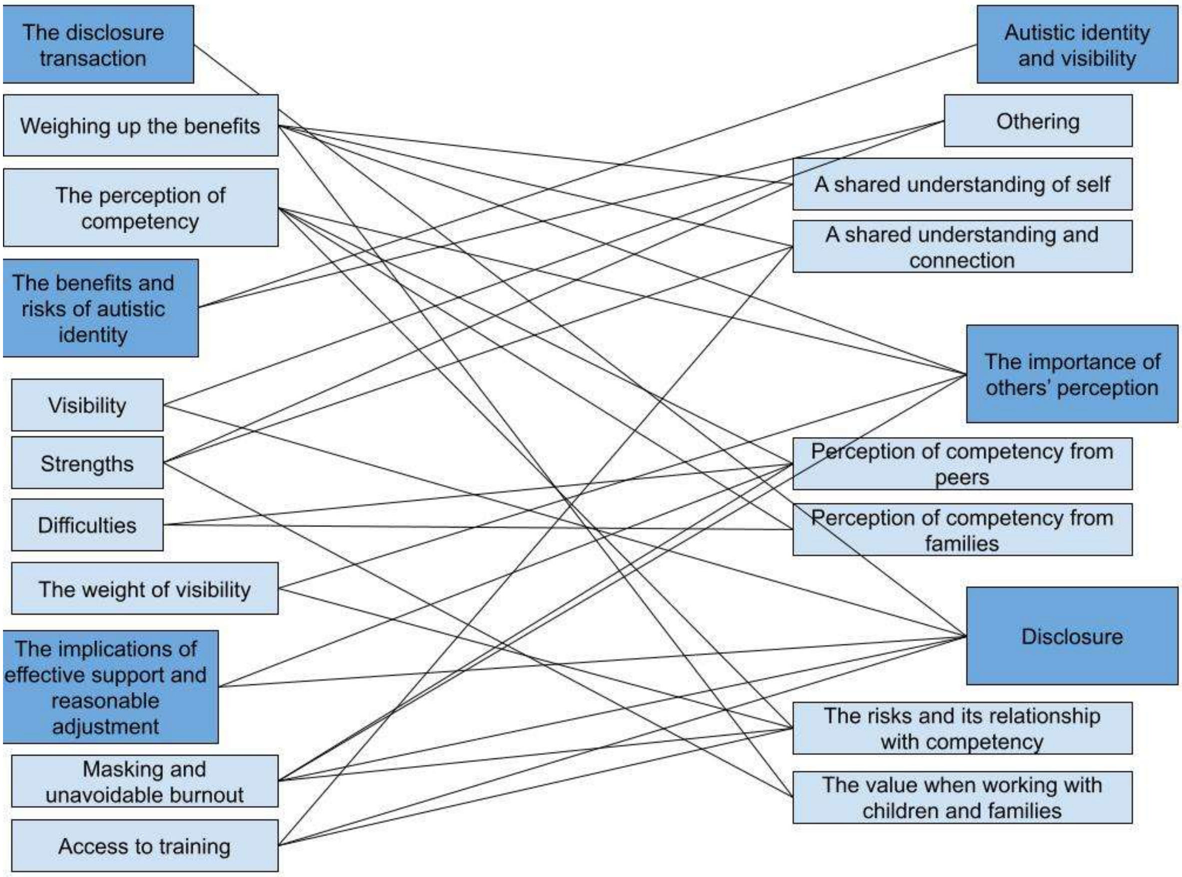

Fig. 9. Rose's themes in relation to overarching themes

Here, Rose's themes link into the overarching themes in several, overlapping ways. I feel this serves to highlight the entwined nature of the overlapping themes, and the interaction between them. All three of Rose's themes link into the overarching themes in different ways. Although Rose does not have a definitive theme around effective support, this comes through in Rose's themes around perception of competency, visibility, and disclosure.

5.2.2. Grace

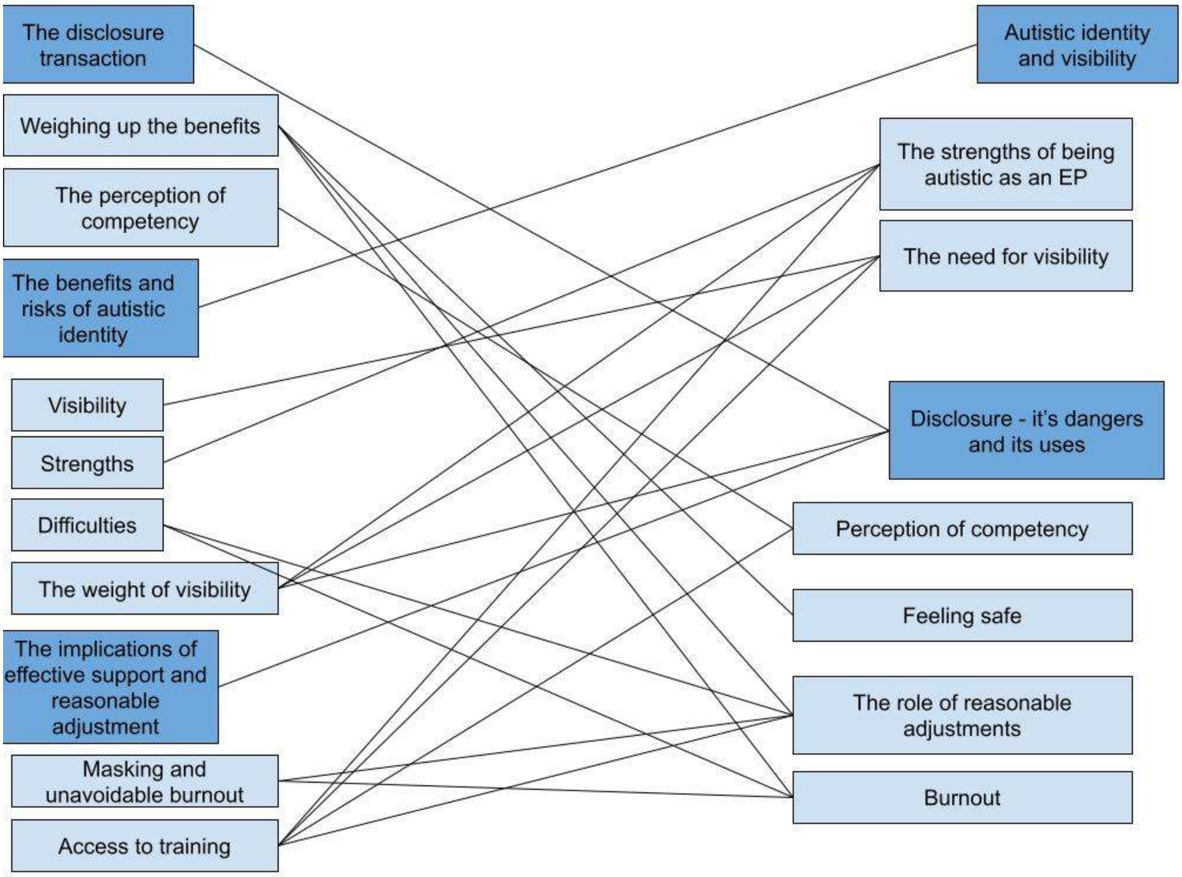

Fig. 10. Grace’s themes in relation to overarching themes

, Here, Grace’s themes overlap and entwine, for example, the ‘perception of competency’ falls under ‘the disclosure transaction’ and ‘the benefits and risk of autistic identity’, showing the connections between the themes.

5.2.3. Joanne

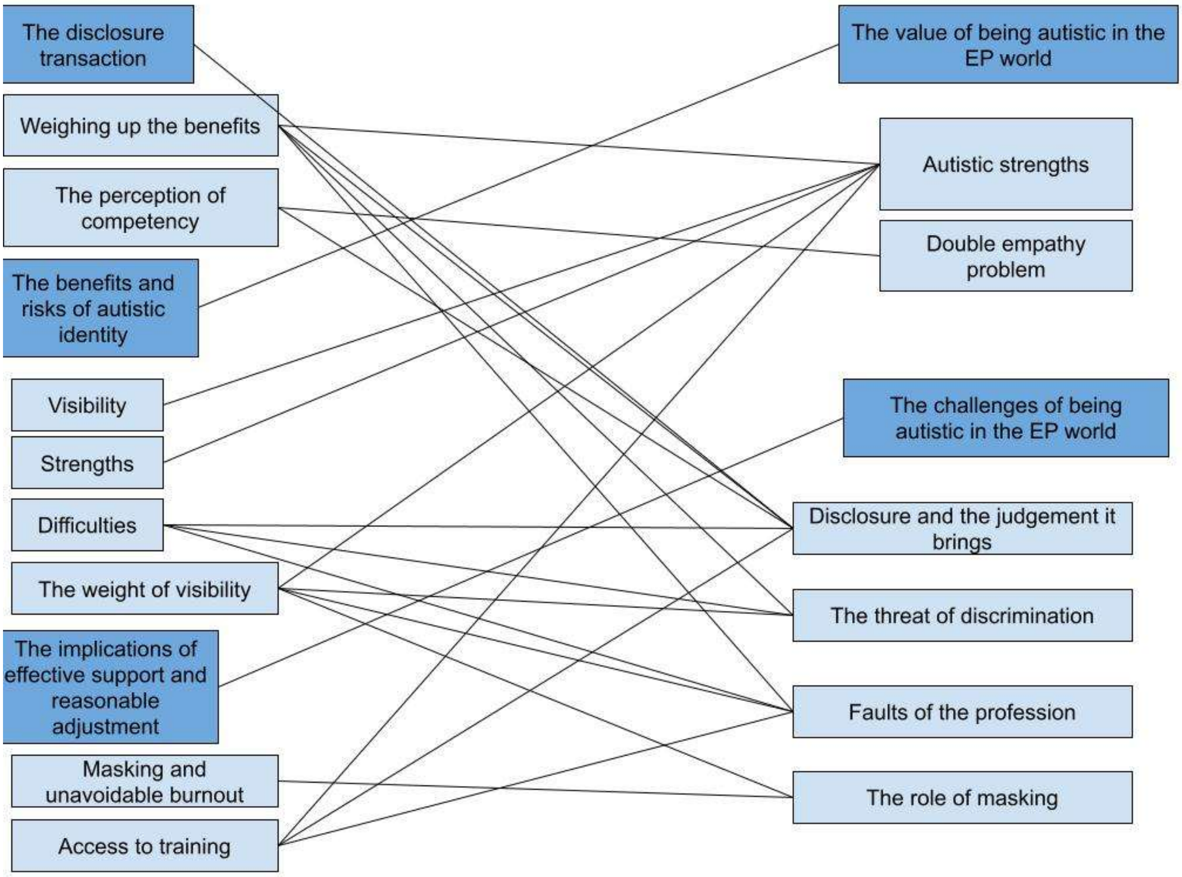

Fig. 11. Joanne's themes in relation to overarching themes

Here, there is a strong link between Joanne's theme of 'challenges of being autistic in the EP world', and the overarching theme around the perception of others. It is interesting to see the variance in the value of visibility, alongside the weight of visibility and the judgement it can bring.

5.2.4. Amelia

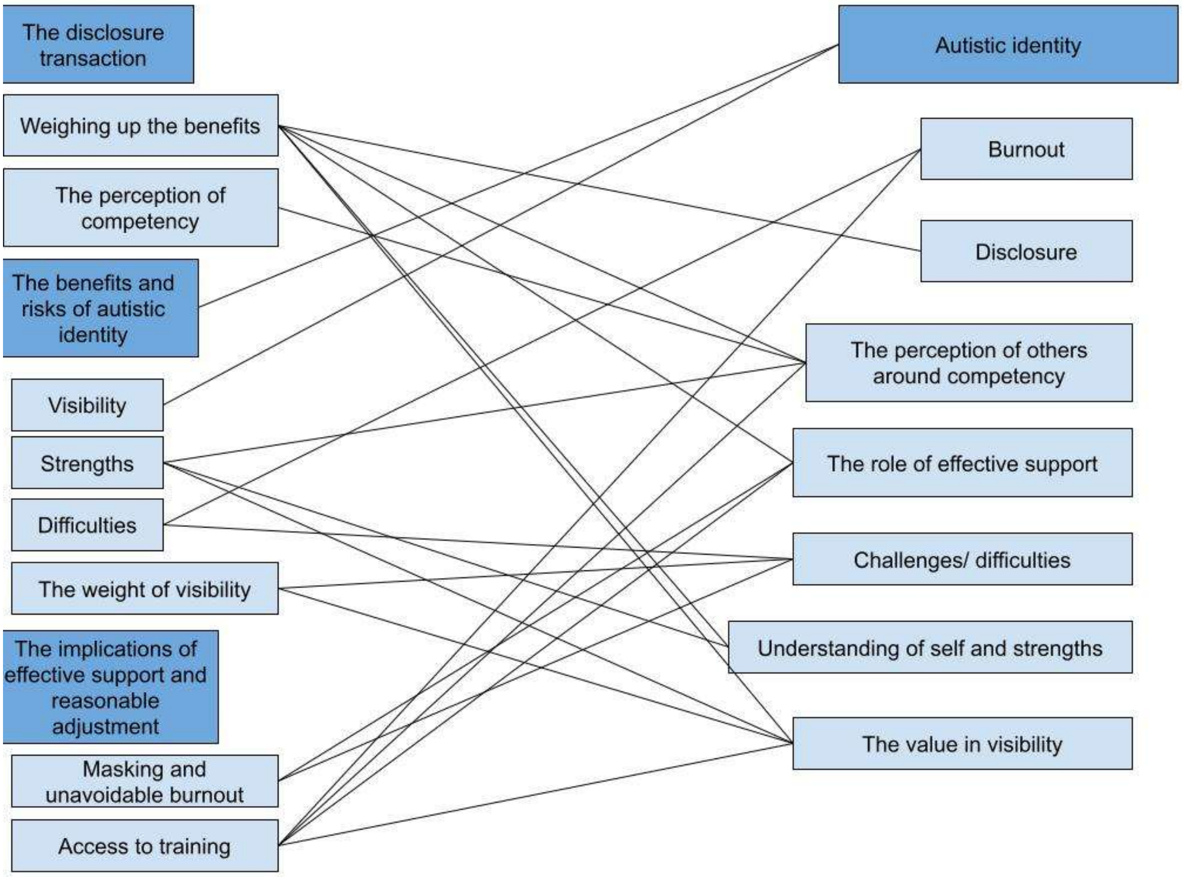

Fig. 12. Amelia's themes in relation to overarching themes

Although Amelia appears to have one main theme, there is a strong alignment with the overarching themes. Amelia's sub themes, and their relationship to the three overarching themes help to show the complexity of identity.

5.2.5. Sara

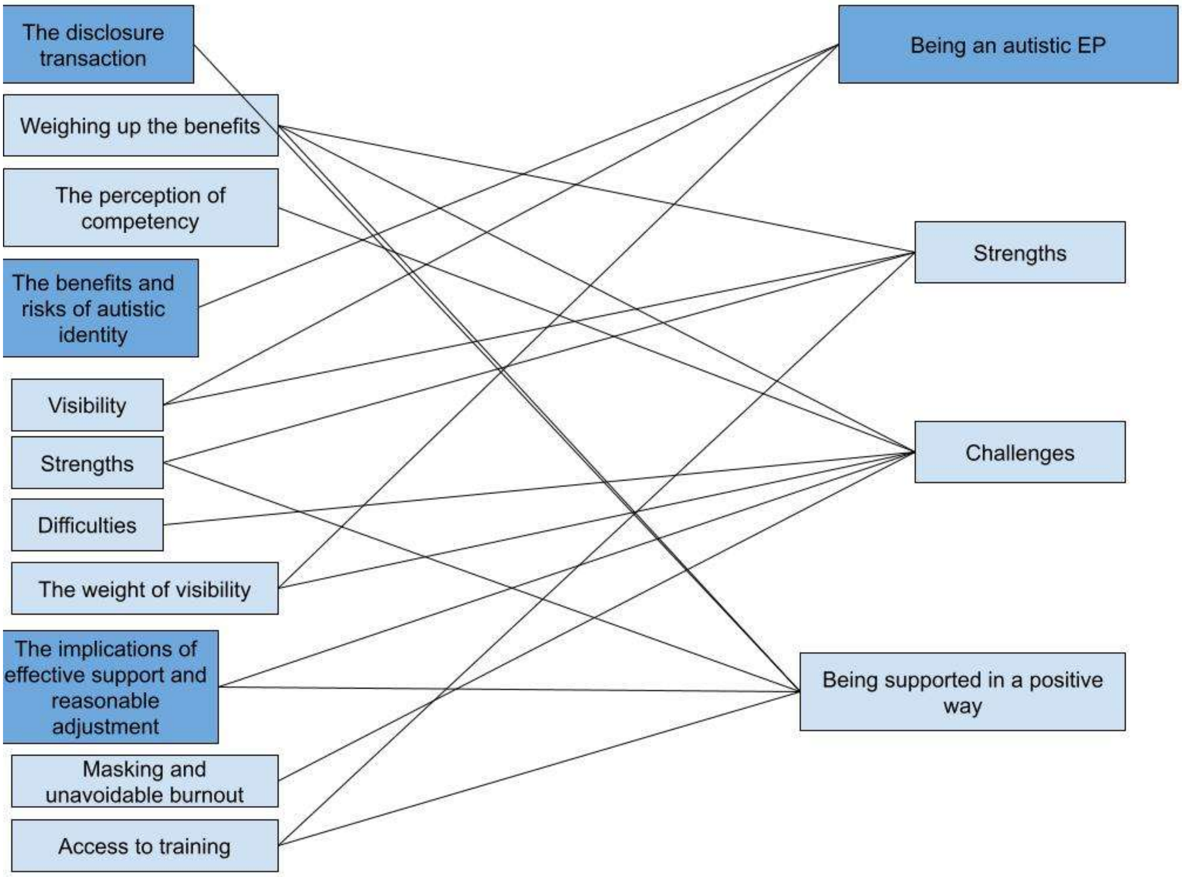

Fig. 13. Sara's themes in relation to overarching themes

Similarly to Amelia, although Sara has fewer themes, the diagram is able to show how these themes interact with the overarching themes, with many of Sara's sub themes linking into more than one overarching theme.

5.3. Theme One: The disclosure transaction

5.3.1. *Sub-theme: Weighing up the benefits*

One key theme which emanates from the interviews was the potential implications of disclosing being autistic, positive and negative. These potential implications lead to a great deal of 'weighing up' the benefits vs. the risks – hypothesising the outcomes of disclosure and the impact these will have. In addition, a lot of thought goes into identifying the 'right' time to disclose. Those who are awaiting their diagnosis feel that disclosure carries hope of a more understanding world ahead; where once people understand that they are working with an autistic person, they will show greater understanding, compassion and patience. Some participants speak of disclosure preventing them from being ‘misunderstood’. However, those who have experienced disclosure speak of it differently. Participants talk of a ‘no going back’ mindset around disclosure and the sense that, at the brink of disclosure, you can find yourself at a fork in the road at which you cannot return to the point of non-disclosure. Disclosure is presented as transactional; the benefits must be perceived to outweigh the risk. Sasson and Morrison (2017) found that non-autistic people’s first impressions of autistic people was more favourable if they were aware of their diagnosis. It could be hypothesised that the long term benefit of autistic visibility is a strong motivation to disclose, but does this carry a short term and immediate threat to the individual. It feels a heavy burden on the individual to carry that risk in the hope of a more abstract outcome of progression, which may not even be directly felt by the disclosing individual at that time. Personally, I have been warned around disclosing, warned that ‘things can’t be unsaid’ and to ‘be careful who you tell’. Both in my study, and in the wider research, those who have disclosed have mixed experiences. As in the research by Shaw et al., (2023), there is a reticence around disclosure. Shaw et al., found that almost one third of their cohort of doctors had not disclosed their diagnosis, and only one fifth of the cohort had experienced a fellow doctor disclosing to them. The Buckland Report (DWP, 2024) found that only 35% of autistic adults are openly autistic in the workplace. In the book Learning from Autistic Teachers (Wood et al., 2022), the topic of disclosure is referenced in six different chapters, written by autistic teachers.

The Conceptual Model of the Decision to Pass or Reveal (Clair, Beatty and MacLean, 2005) considers there to be many interacting determinants of whether an individual feels they can disclose their ‘invisible social identity’ - characteristic which may not be immediately obvious such as religion, occupation, nationality, health and sexual orientation. Disclosure can be influenced by individual differences such as self-awareness, a tendency to take risks, stage of development (i.e. emotional), and individual motives. There should also be a consideration of the context - current organisation climate, interpersonal relationships, legality, professional ‘norms’. Thirdly, there is consideration of the individual and interpersonal costs and benefits to disclosure.

One of the factors considered with the model is the ‘developmental stage’ of the individual, including self-awareness and understanding. Within my study, the stage of diagnosis of autism does appear to be an influencing factor on the perception of disclosure and the risks therein. I sensed a greater enthusiasm amongst those who are approaching diagnosis, and therefore it could be suggested, are at an earlier point of understanding with regards to their autistic identity. An interactive factor within this conceptual model is that, over time, the reaction and consequences an individual experiences on disclosure will impact on their decision making to disclose in the future. Indeed, within my study, those who have disclosed and have subsequently been exposed to discrimination and ableism therefore feel more guarded when considering who to disclose to in the future.

5.3.2.*Sub-theme: The perception of competency*

Another sub theme within the theme of disclosure was the associated perception from others that they are not a competent practitioner. When considering the implication of disclosing, this presented as a significant area of concern. Participants spoke of a fear that they would be perceived as ‘less’, as ‘not a good EP’. Disclosure seems to imply a burden of ‘need’ - that difficulties within the condition will require the support of others so as to meet the gap between autistic and competent. Interestingly, research by Heasman and Gillespie (2019) found that individuals presume a higher level of help required by autistic individuals, however, the help that people provide can sometimes be overestimated. The research showed that, despite no real change in the amount of ‘help’ autistic individuals needed compared to their non-autistic counterparts, people felt that they had provided more help to the autistic participants. This alludes to a sense that autistic people ‘need’ more support, when in fact, this may not always be the case.

Through the historical understanding of autism and a pathological understanding of need, autistic individuals are commonly diagnosed through the identification of deficits in social communication, social interaction and restrictive and repetitive behaviours (APA, 2013). The deficit model of diagnosis implies a requirement of support. A participant in my study talked about how she feels vulnerable acknowledging an area of difficulty in case the presumption might be that she is not a competent EP. Another EP worried that her opportunities for development would be restricted due to an assumption she might not be able to cope. A third participant talked of her frustration that every day difficulties, such as a headache caused by too much screen time, can then lead to the presumption that it is an ‘autistic difficulty’. These concerns are mirrored in the research within other professions, where there is an underlying anxiety that autism is viewed as impacting on capacity (Tattersall, 2023; Hedlund 2023; Hill, 2022). The sense of scrutiny and vulnerability that a disclosure brings surrounding their capacity is not something that should be considered lightly. As said by Joanne “you don't really know what's going to happen and until you disclose and then once you do there's no going back (367-368).

As in the Conceptual Model of the Decision to Pass or Reveal (Clair, Beatty and MacLean, 2005) context also feels to be a significant factor amongst those in my study. Many talk of supportive vs unsupportive environments in which to work, with influencing factors being access to effective supervision; service model of delivery; and the attitudes of those we work with. Wood (2022) speaks of autistic teachers ‘hiding’ their diagnosis after seeing and hearing the way colleagues spoke of autistic children, something which was mirrored by the participants in my study. Participants refer to ‘hiding in plain sight’, suggesting that being autistic is almost transgressional - something which requires a person to hide away. Wood (2022) also discusses how autistic EPs hear autistic children discussed in deficit focussed conversations, and are therefore reluctant to disclose themselves as being autistic.

Similarly, within my study, participants refer to exposure to deficit based conversations around the children and families we work with, with an assumption that there are no autistic professionals *within* the conversation, the room, the workplace. This presumption was a common theme amongst the EPs in my study, who spoke of workplace situations where autism is this 'other' thing and not something which could exist within the profession. Davidson and Henserson (2010) propose that the issue of disclosure is not one that many non-autistic people consider as being significant, potentially due to the assumption that autistic people would be 'obvious', easy to spot, and not requiring of a 'disclosure'. Those without these obvious indicators (such as stereotypical movements, poor social skills) are presumed to be non-autistic. Despite research into autism growing year on year, there is a lack of clarity around the underlying core concepts of the condition (Botha and Cage, 2022), leading to the continued misconception around social capacity and competency (Botha 2021). John, Knott and Harvey (2018) found a link between a reduced understanding of the condition and the perpetuation of potential harmful stereotypes of autistic people, with some participants acknowledging they hold a prejudice towards autistic people, considering them to be 'harmful' or 'mad'. With this in mind, it is easy to see why the presumption could be made that autistic people could not exist within the professional sphere. As in research regarding autistic professionals in nursing (Tattersall, 2023; Hedlund, 2023); medicine (Shaw et al., 2023); Speech and language therapy (Lees, 2024); teaching (Wood and Happe, 2021; Baird, 2020) and Clinical Psychology (Dundon, 2021; Hawker, 2016), there is a regular questioning of the suitability of autistic practitioners, often based on these outdated notions such as a lack of empathy or capacity to work. Stevenson et al., (2011) found that many consider autism to be a childhood condition, with many depictions of autistic children in film, books and media as opposed to adults. The study suggests

> Society's overwhelming proclivity for depicting autism as a disability of childhood poses a formidable barrier to the dignity and well-being of autistic people of all ages (p1).

It could be argued that, by the nature of the role, educational psychologists should be better placed to understand the heterogeneous nature of the condition, and therefore not concede to these outdated and ableist narratives. Research suggested those with a greater understanding of the condition generally view it more positively (Sasson and Morrison, 2017; John, 2017). Therefore, could it be suggested that one barrier for autistic educational psychologists is that within educational psychology, as a profession, there is not the level of understanding of autism which is required to offer an inclusive working environment. The lived experiences of some participants in my study, would suggest the profession has some way to go in its understanding of the heterogeneous nature of the condition, perpetuating the cycle of a lack of disclosure, leading to a lack of visibility and little challenge to the current narrative. Participants within my study draw on specific situations in which they have felt bullied or discriminated against (Joanne); have been told not to disclose their autism diagnosis (Rose); and have experienced damaging supervisory relationships (Amelia) due to a lack of understanding of autistic differences. Considering the context in which these things are said, often schools, offices, meeting places, it is significant to consider how others may vicariously experience these ableist narratives - notably the children and families who work with the educational psychology services.

5.3.3. *Considerations for practice*

As reported in the Buckland Report, autistic adults are underrepresented compared to other groups (DWP, 2024). Although educational psychology - due to the nature of the role - should be at the forefront of autistic understanding and inclusion in the workplace, the feelings of some of those within my study is that this understanding is not commonplace. Furthermore, the findings in my study, appear to suggest that the current context within educational psychology is acting as a barrier to disclosure and subsequent inclusion. Although autism is a frequent topic within every day practice, it would be pertinent to examine the depth and breadth of training educational psychologists receive with regards to

the heterogeneous presentation of autism. Do Principal educational psychologists consider that they might be interviewing an autistic EP when they are recruiting new EPs? My study would suggest that there is the presumption that autism is a concept encountered frequently in the people we meet, but not within the teams in which we work. Historical attitudes towards autism and competency could be an influencing factor when considering whether an autistic person could fulfil the role of an EP. My study suggests that outdated attitudes towards empathy and collaborative working may exist within the profession.
Do colleagues consider they are working with an autistic EP? As in the research by Steveson et al., (2011) often people are more likely to associate autism with children as opposed to competent working adults. Another consideration could be that colleagues do not have experience of knowingly working with an autistic EP - the key aspect here being the knowledge that a colleague is autistic. As discussed within this theme, the weight of disclosure weighs heavily on the individual, with the suggestion that disclosure carries a risk to the individual.

Practical implications could include the identification and implementation of a Disclosure Pathway (Romualdez et al (2021). As found in the Buckland Report (DWP, 2024), often the onus is on the individual to disclose and subsequently identify the support they need. A pathway could include identified individuals to disclose to within the workplace, published ‘next steps’ after disclosure, clear and transparent acknowledgement of rights within the workplace, and examples of flexible and accommodating working practices that have followed a disclosure. By creating a universal disclosure pathway within the profession, this could take away some of this emotional burden to identify the right time to disclose, how to disclose, what to disclose, and explain why they are disclosing. A clear pathway should help to reduce the sense of risk associated with disclosure. By externalising the process of disclosure, this could remove an element of risk for the autistic individual - the existence of a pathway is itself an indication that others’ have been through the process of disclosure, removing an element of isolation and subsequent vulnerability. Also, by creating a sense of transparency over the process, this removes the sense of individual variance in how a disclosure is received. Similarly, with the employer in mind, an externalised Disclosure Pathway could be supported by workplace practices that remove the opportunity for discrimination, and therefore removes some of the responsibility on the employer to navigate the disclosure alone. The hope is that a concept such as The Disclosure Pathway seeks to formalise and generalise the process of disclosure, taking it away from the hushed conversations that suggest something to be hidden or something to be wary of. A Disclosure Pathway acknowledges a role for disclosure, and subsequently, a role for support. In addition, a Disclosure Pathway does not need to operate for conditions such as autism alone - all social identities (Clair, Beatty and MacLean, 2005) could be supported by such a process.

The hope is that by bringing conversations around disclosure, support and difference into a more open and accepted space, this could be the catalyst for a wider understanding of the condition of autism in all of its forms, including that of the autistic professional within educational psychology. With this wider understanding comes a reduced pressure to disclose for the purposes of gaining understanding, compassion and support. Through increased understanding and visibility, it is hoped that a disclosure of autism would change very little to the everyday working practices of both individuals and teams in general. In effect, processes such as the Disclosure Pathway could eliminate the need for such a process altogether by having a wider influence on inclusive practice. As stated in the research by Romualdez et al., (2021), clear and transparent disclosure processes would contribute towards a genuinely inclusive working environment and in turn reduce the need to disclose to achieve inclusion. As suggested in their research, this should therefore enable autistic individuals to have some autonomy over their disclosure, and not feel it has to take place to achieve the support which may be required.

> Disclosure as a choice should mean that it is purely the decision of the autistic employee whether or not to disclose, with no external factors necessitating it (Romualdez et al., 2021, p164)

5.4. Theme Two: The benefits and risk of identity

5.4.1.*Sub theme: Visibility*

Another key theme within my study was the influencing role of autistic identity. Many of the participants alluded to the lack of visibility - that there is no consideration that autistic people are ‘in the room’ - in the meeting, in the workplace, in the conversations. Kapp et al., (2013) found that viewing autism as an intrinsic and inseparable part of someone’s identity has a positive impact on that individual's well-being. One participant in my study discusses a direct link between a greater understanding of self, allowing subsequently facilitating greater compassion of her own differences, but also a celebration of her strengths as a result of being autistic. Research has found a link between a positive autistic identity and positive self-esteem and well-being, with the opposite also being true (negative autistic identity and poor mental health) (Cooper, Smith and Russell, 2017). Shaw et al. (2023) seemed to suggest a connection between visibility and poor mental health - an association with never having worked with an autistic colleague and a higher risk of suicidal ideation.

5.4.2. *Sub theme: Strengths*

Several autistic practitioners within my study believe their autistic profile provides them with a unique set of skills and insight which can be of benefit to the profession in which they work. Participants talk of a range of strengths they believe are due to their autistic profile and subsequent way of working. These strengths include a unique sense of empathy with the children and young people they work with; an incredible sense of focus and determination; strengths in organisation and keeping to time scales; an ability to problem solve and identify patterns in behaviour. This is mirrored in the research of Russell et al., (2019) who found that many autistic adults describe attention to detail, memory, creativity and hyperfocus (also described as monotropism) as key attributes. Murray (2018) discusses how monotropic thinking and 'single attention' is often seen externally as rigid thinking or a lack of awareness of the bigger picture. However, several participants in my study refer to monotropism as a particular strength - the ability to focus intensely on a topic of interest and/or importance - referring to their in depth understanding of child development, and their ability to focus without distraction when needed. Dark (2023) suggests that, instead of using the deficit based descriptors when considering autistic identity, the Neuro-Trait-Interaction Approach should be considered as an alternative - considering how sensory differences, monotropic thinking and 'across-neuro-type communication (as in, an interaction between an autistic person and a non-autistic person) present and interact with the workplace environments. Interestingly, Russell et al., (2019) found that the context in which autistic traits were expressed significantly impacted on whether these traits were viewed as positive, and that it is important not to view autistic individual as having a list of strengths and weaknesses, but instead looking at the context in which these attributes are being displayed and the impact this can have. Participants in my study reflected similarly; that when in a supportive environment that embraced their strengths, they were able to use their 'autistic traits' to be of benefit. One participant talked of her strengths in organisation being of benefit to the whole team through the development of systems and structures. One other participant talked of her strengths in detail leading to quick and effective report writing. One participant spoke fondly of how her supervisor had recognised her strengths and used these to build a positive sense of identity, focusing on what her autistic attributes could bring to the team.

Grant and Kara (2021) talk of reframing how autism and autistic individuals are viewed, suggesting a strengths based concept referred to as the 'Autistic Advantage' - how certain autistic traits are strengths within certain fields. Grant and Kara refer to hyperfocus, attention to detail and detailed knowledge of specific fields as giving autistic individuals a real advantage within research teams. Instead of autistic individuals requiring support, the research suggests that, in the right environment, some autistic individuals are at an advantage compared to their non-autistic peers. Participants within my study report similarly, feeling that they can build a unique rapport with children and young people, particularly those with autism. It is felt by many in my study that their unique insight and shared lived experiences place them at an advantage in these situations. One participant discusses how she feels instinctively where the issues lie in the classroom; another discusses how it has been noticed by her peers that she can assess some situations quicker than others.

5.4.3. *Sub theme: Difficulties*

As discussed by Russell et al., (2019), context can also lead to difficulties for autistic individuals. Participants within my study acknowledge that there are attributes which can lead to difficulties in the EP workplace - juggling social demands, the sensory difficulties of working in a busy environment, the unpredictable nature of the role leading to increased levels of anxiety, and a direct approach to problem solving which can sometimes lead to conflict. When discussing these difficulties, participants identified these as being a result of their autistic profile, albeit with an acknowledgement that context does play a part. As mentioned previously, a strong autistic identity can be a positive influencing factor on an individual's well-being (Kapp, et al., 2013; Cooper, Smith and Russel, 2017), however, I wonder whether this also leads to the internalisation of difficulties experienced, and also an cover attribution of autism as the explanation. Can autistic people simply make mistakes, or does it always have to be because they are autistic? Research by Romualdez et al., (2021) found that many individuals disclose their diagnosis upon encountering a problem, with the hope that this may then help others to explain why things may have ‘gone wrong’. Within my study, participants discuss how they feel historical difficulties could have been avoided by receiving greater understanding of their autistic profile from others, and the ways in which this may present. Wodzinski and Moskalewicz (2023) discuss how receiving a diagnosis can be illuminating for many autistic people, who then have an explanation for many of the behaviours they feel are ‘different’. However, by internalising this identity in this way, the autistic person is also vulnerable to internalising any deficit narrative, seeing themselves as something that requires change, or is ‘broken’ and requires fixing. In terms of disclosure timing, I wonder whether this serves to strengthen the relationship between autism and experiencing difficulties - something has ‘gone wrong’ therefore I must disclose the role autism has played here. Could an internalisation of deficit narratives lead to the presumption that autism is the root of difficulties or ‘things going wrong’.

5.4.4. *The weight of visibility*

Whilst there is a clear need and benefit of visible autistic identity within educational psychology, it is important to acknowledge the weight of responsibility this can carry. Within my study, one participant talks of a desired situation in which disclosure is not necessary, in the same way it is not necessary that someone disclose their sexuality or religion. Another participant discussed the burden of always feeling like the lone voice and representation of autism. Interestingly, David and Henderson (2010) draw a parallel between the pressure of disclosing sexuality and ‘hidden health conditions’, such as autism, referring to the significance of ‘coming out’. The Buckland Report (DWP, 2024) acknowledges that often the onus is on the autistic individual to seek out support through disclosure. Romualdez, et al., (2021) also found that some autistic people would rather keep their autistic diagnosis private, with some preferring to have the autonomy over the private information they share about themselves with others. Botha (2021) talks of the internal battle autistic people may feel between wanting to feel comfort in being visible, but, through constant advocacy, feeling exposed to dehumanising, objectifying, and violent accounts of autism (p1). This further links to the methods of disclosure and considerations for the individual, which could be supported through the development of a Disclosure Pathway, as mentioned earlier in this chapter.

5.4.5.*Considerations for practice*

It is important to consider the impact of terminology, and the subsequent impact this has on how strengths and difficulties are framed. The many ways in which autism is talked about influence how an individual feels. The language used to discuss autism can influence an autistic person’s sense of self, and sense of safety. Therefore, it could be beneficial to reframe language used in the diagnostic criteria, using affirming language such as that used in the Autistic Advantage and the Neuro-Trait Interaction Approach (mentioned earlier in this chapter). Language used within the Neuro-Trait Interaction Approach specifically looks to move away from a within-person deficit narrative, examining the wider context. By reframing this language, this seeks to shift the narrative away from the autistic person being the problem.

It is also important to acknowledge that some autistic individuals may not want to be visible. Often the need to be visible is linked to advocacy and challenge - without the need to challenge and advocate, there is no longer the pressure to ‘be visible’. Therefore, by creating an environment without the pressure to advocate and challenge, the decision making on visibility is returned to the individual to consider. I feel this could be achieved through the acknowledgement and understanding that difficulties do exist and that support can sometimes be required, however, these difficulties can often be contextual. The impact of terminology can not be understated, and I feel a profession-wide challenge on existing terminology and its use in practice should be assessed. An example of how this change might be initiated is through a professional body led initiative, such as the Association of educational psychologists, through the medium of training or publications, focussing on the neuro-affirmative ways of working. As has been present throughout my study, it is important that these initiatives include the voices of autistic people.

5.5. The implications of effective support and reasonable adjustment

5.5.1. *Masking and unavoidable burnout*

One of the main reasons for disclosure of autistic identity, as cited by the participants in my study, is to access reasonable adjustments. Four out of five participants directly discuss conditions which could be either caused or exacerbated by stress. Participants talk of fatigue and burnout related conditions, and often a lack of effective support is identified as a contributing factor. Participants report that doctors have commented on the long term impact of stress on the body, with one participant having been told that undiagnosed autism is a likely contributor to her developing a life-long health condition. Therefore, it would appear many feel as though they need to disclose to access support and in turn, enable them to lead healthy lives.

All participants describe masking as a significant part of their everyday lives. Research (Bradley et al., 2021; Hull et al., 2019; Cassidy et al., 2018) has highlighted the relationship between high levels of masking and poor health outcomes. As discussed in the research of Pryke-Hobbes et al., (2023), all individuals mask to an extent, however, autistic and neurodivergent individuals feel a particularly high level of pressure to ‘mask’ due to the potential negative social and employment effects. Research by North (2021) suggests that making accommodations within the workplace for autistic women can be viewed as inconvenient or unnecessary, due to high levels of masking. Within my study, participants report feeling like actresses, as though have faked it to get to where they are, and that continuing to try and present as non-autistic would have a significant negative impact on their mental and physical wellbeing. Therefore, individuals feel they must take the risk of disclosure to access the support they require.

However, Romualdaz et al., (2021) found that, although autistic adults report positive reactions to their disclosure of a diagnosis to coworkers, the implementation of reasonable adjustments is not always consistent, and this is reflected in my study also. Similarly Shaw et al., (2023) found that only half of those who had requested reasonable adjustments had received them. Khalifa et al., (2020) found that a combination of the adaptation of the physical environment, and support from employers and co-workers as being significant factors in creating a positive work environment. Within this, an increased level of predictability was suggested to be beneficial. Within my study, participants also reference how adaptation to their role has been beneficial, including the management of tasks so that they can be more predictable and methodical, planning of visits through preparation of routes and familiarity, and the reduction of last minute changes where possible. Similarly, Lindsay et al., (2021) include adaptations to the physical environment to accommodate sensory differences as being a desired support strategy. This can be incorporated into a flexible working schedule, including the option to work from home. Within my study, participants considered the role Covid has played in making the workplace more accessible by facilitating hybrid working - a model of working many participants report having found beneficial. Leven (2020) found that several interacting factors influence the work environment for autistic people, including a respectful work environment.

Diener et al, (2020) propose a four-factor ecological framework for supporting autistic employers including using an individual's interests; using clear communication and expectations; an increased understanding of autism for colleagues; and a reduction in the expectation to socialise. Transposing this model onto the EP working environment, many participants describe psychology and working with children as an intense interest for them; clear communication and expectations would benefit all employees; and no employee should feel they have to socialise beyond their own capacity, and perhaps there should be an increased acknowledgement of effort socialising can elicit. There appears to be some clear research into some effective support strategies, and, as found within my study, autistic individuals often know the supports which enable them to work in the most efficient way.

5.5.2.*Access to training*

Referring back to the original title of this research, and subsequent research questions, one consideration is that the profession may be inaccessible. Is there a lack of autistic educational psychologists? Here we have considered that there is a lack of ‘visibility’, but is there a lack of presence? Some participants in my study discuss the levels of difficulty they have experienced whilst training to become a qualified educational psychologist, with two participants having to take breaks in training due to ill-health. All participants have undertaken the Doctorate in educational psychology, which involves a combination of traditional university based learning, and practice based learning through placement within a Local Authority educational psychology team. When discussing particular difficulties they reported particular difficulties in balancing the competing demands of the course, such as placement, training, and social demands such as family responsibilities. This mirrors the findings of Gurbuz et al., (2019) who found elevated levels of mental health difficulties and social challenges amongst autistic students. Research by The University of Bristol (2020) found that autistic students were 10 times more likely to drop out of university, with almost 60% of students not completing their course. Similarly, Bakker et al., (2022) found that autistic students began to lessen their attendance during the second year of study, impacting on their degree completion. However, Bakker et al., also acknowledge a lack of research and data in the field. Kemmis (2018) speaks from personal experience as an autistic person completing a PhD, citing difficulties with the university environment and the social expectations of interacting with others, whilst acknowledging strengths in detail and linking ideas.

Post-qualification research similarly shows a gap between autistic students and their non-autistic peers, with autistic graduates experiencing higher unemployment rates than graduates with no disability and graduates with a disability other than autism (Vincent and Ralston, 2023). Their date found that only 34% of autistic graduates report being in full-time employment, compared to those with no disability (68%) and those with a disability other than being autistic (57%). Interestingly, data from this study found that working in education is the most common post graduate destination, with 24% of autistic graduates entering this field of employment. This data serves to highlight the difficulties some autistic students might experience with regards to accessing training, the workplace, and with regards to the educational psychology training - both. Due to the make-up of the training course, many Trainee EPs will find themselves split between academia and traditional teaching and learning, and placement based practical learning. Trainees have to manage the demands typically expected within university and education, and within the workplace - both sectors that data suggests are difficult for autistic people to navigate successfully.

5.5.3.*Considerations for practice*

When examining the reasons behind this difference in outcomes, one area to consider is the support for autistic people through their access to teaching. In schools, Baek et al, (2023) found that teachers are eager to provide the appropriate support for autistic students, but lack confidence to implement the strategies. Interestingly, when carrying out a report into the experiences of autistic pupils in schools, the NAS found that 87% of teachers felt confident supporting autistic pupils, however, autistic pupils didn't mirror this confidence. Almost 70% of children surveyed felt that teachers had a gap in their knowledge of autism which directly impacted on their experiences in school. In higher education, Von Below et al., (2021) found that there was a dissonance between how inclusive educators' perceived themselves, and their classroom practice, which was less so. Therefore, it seems relevant to explore options as to why this dissonance seems to exist.

One such theory for the cause of this dissonance could be Ajzen and Fishbein's Theory of Reasoned Action (1980) and the Theory of Planned Behaviour (1985) which looks at the relationship between intentions and outcomes/ behaviour. The theory suggests that intentions lead to behaviour, however, intentions can be moderated by an individual's attitudes, which are formed through a combination of experiences, personality traits and demographic. In the context of my study, could it be suggested that educators intentions are influenced by the current financial restrictions in place in education? Examining further, this theory suggests that a person's perceived competency in carrying out the behaviour can be a further contributing factor, which leads me to wonder whether educators feel competent in supporting autistic individuals. Research mentioned earlier provides a mixed picture. With this in mind, it could be suggested it is not sufficient to consider the training and knowledge given to educators, but also to consider influencing factors on their intentions to implement the information available to them - money, time, attitudes, prior experience, confidence, amongst others. Ajzen (2006) adds a further contributing factor - perceived control over outcomes. Does the heterogeneous nature of autism as a condition lead to those ‘supporting’ this cohort feeling out of control by the number of variables to consider? Ajzen suggests a link between a high level of control and a high level of confidence in implementing a behaviour, and therefore the opposite will also exist. Autistic people have often been perceived as a ‘puzzle’, with the puzzle piece being synonymous with the condition since its origin in 1962 (Crosman, 2019). The Autism Society of America (2019), adopted the ‘autism ribbon’ to signify the ‘complexity’ of the condition. However, the message still remains - autism is complex, difficult to understand, perplexing. Does this perception therefore instil a lack of control, and subsequent lack of confidence, over those charged with supporting autistic people? Are autistic people considered too complicated to support? Within my study there has been a suggestion that autism is viewed differently to other conditions, and therefore, are other conditions viewed as more straightforward and therefore easier to support? Potential implications, such as those mentioned earlier in this chapter, could be the reluctance to accept a need for support or a reluctance to implement support, consciously or unconsciously.

Chapter 6. Conclusion

6.1. Overall considerations

Although three main themes have been identified in my study, I feel it is important to acknowledge the interacting nature of the themes.

There is a suggestion that support for autistic people is not always appropriate, or effective, due in part to a lack of understanding of the condition. Greater visibility and identity from all autistic people, displaying the wide heterogeneous nature of the conditions in all of its forms would serve to increase understanding and support a move away from a deficit based understanding. A neuro-affirming understanding of the condition leads to a more strengths based, holistic understanding of the condition and its variances depending on context. Disclosure is linked to identity. Without disclosure, there are no reasonable adjustments. Without reasonable adjustments, individuals tend to view themselves more negatively - as though they are not coping - leading to a more negative view of their identity. It is hard to look at these themes in isolation, and instead, I feel a more holistic view of the interacting factors serves to give a more authentic view of current barriers in place for autistic EPs.

6.2. Implications for the educational psychology workplace

As summarised within the discussion, in my opinion the themes from within my study have implications for educational psychology as a profession.

Primarily, I feel that my study has highlighted areas for improvement within the profession. There are areas in which educational psychology could improve its inclusivity, and an acknowledgement of this is the first step. Beyond this acknowledgement, some key changes could lead to the removal of barriers for autistic colleagues, leading to a more strengths based approach to autism as a condition. The participants within my study have discussed feelings of isolation and judgement, with instances of discrimination. Other participants have discussed ways in which they have been well supported. Through the use of these lived experiences, some adaptations to current practice could improve the inclusivity for not only autistic EPs, but for EPs of other marginalised groups also.

6.2.1. *Disclosure pathways*

Disclosure is a key area for progression. As discussed, and to mirror the findings of Romualdez et al (2021), a clear and defined disclosure pathway could be explored. Clear procedures, the elimination of employment rights and the incorporation of individual strengths into support strategies could help to remove the sense of obligation to disclose for individuals. Furthermore, this disclosure pathway would be beneficial to any EP with a invisible social identity that may require support or improved inclusion.

6.2.2. *Reframing language*

I feel it would be beneficial for the overall practice of EP to examine the language used when referring to autism. The lived experiences of those who have taken part in this study have illuminated a desire to talk about their experiences in a way that does not present them as having a deficit. Language is an important way of being about to have these conversations and by using language that does not locate the autistic individual as the problem can help facilitate these interactions. Examining the use of the Neuro-Trait-Interaction Approach acknowledges that there are contextual difficulties faced by autistic people, including EPs, and acknowledges the three areas of difference in which an individual must exhibit in order to receive a diagnosis. However, with the use of differentiated language, there is a switch in narrative to a more flexible, contextual understanding of the condition which can only serve to support the autistic community as a whole. There must always be an understanding that difficulties exist for autistic individuals, and therefore, this narrative must not look to dismiss these significant difficulties and challenges. However, an appreciation of contextual factors could lead to a more empowering narrative.

6.2.3. *Greater understanding of autism*

Alongside this, I also feel there needs to be a greater understanding of the heterogeneous nature of autism. The contextual understanding of autism would support this. However, in addition, I suggest supporting greater visibility in the profession in a more holistic fashion. This could include the inclusion of autistic EPs in the training content for Trainee EPs. Having the opportunity to speak and learn with autistic colleagues at an early stage of the profession would help to highlight the presence of autistic colleagues, including the contextual difficulties they may experience, and what effective support from colleagues looks like. Within this, there is also a specific platform to consider the ‘autistic advantage’ to autistic colleagues within educational psychology. I also feel that the direct presence of an autistic speaker during the training may support those autistic TEPs who have not yet felt able to be visible.

6.2.4. *Visibility with partners*

Another area in which visibility can be celebrated is within an environment where EPs spend a large part of their practice - schools. Through the initiation of the Autistic School Staff Project, there has been a drive to better understand the strengths and needs of autistic school staff (Wood et al., 2022). It is my opinion that educational psychologists can be a contributory factor within this project, forming collaborative working practices. Indirect visibility through initiatives such as this serve to increase an understanding of the presence of autistic practitioners, without the direct pressure on the individual.

In addition to this, I feel there needs to be a focus from the British Psychological Society to promote the presence of EPs when referring to neurodiversity within psychology.

6.3. Future research implications

When considering further research into this area, it is important to acknowledge the limitations within my study. Firstly, all of my participants are women. In 2017/18, a study by Vincent and Ralston (2023) found that the percentage of autistic women working in education (24%) was higher than the proportion of other women with no disability (22%) and a disability other than autism (23%). Furthermore, the Associate of educational psychologists carried out a survey of the profession, with 86% of respondents identifying as female. With this in mind, there has to be an acknowledgement of a gender bias both within the profession and within autistic people working in education in general. However, future research could look at the lived experiences of autistic males.

Another consideration is that my study examined the lived experiences of qualified EPs. By the nature of this, excluded are those still in training, those who have left training, those who have left the profession, and those who have been unsuccessful in accessing the profession. The lived experiences of these people would further serve to develop an understanding of the barriers faced.

Lastly, to further aid the understanding of autism within the profession, future research could look to examine the attitudes and experiences of non-autistic EPs with regards to working with autistic EPs. However, the findings of my study highlight the obvious difficulties that might exist with this - that non-autistic EPs have to have knowledge that they have worked with an autistic colleagues. Hopefully, this is a barrier which will lessen over time.

6.4. Implication on my future practice as an EP

It is impossible for me to not be influenced as a practitioner by my role as a researcher in this study. Through the generous sharing of their lived experiences, the participants in this study provided me with a sense of solidarity and validity of my own experiences in a way I had never experienced before. Hearing the experiences of passionate and competent fellow autistic educational psychologists reinforced to me that we do have a valued role to play in this profession.

During my time as a trainee and in previous roles in education, I have experienced ableist attitudes towards autistic children and adults, including questioning around my own competency as an autistic trainee. However, through the presence of empowering colleagues and support structures at university, I was able to recognise my strengths, and appreciate that a different way of working can be appreciated, I feel that this is also heavily reflected in the lived experiences of those who took part in this study – that through genuine inclusive practice in our working environment and a consideration of strength in difference, there is most definitely a place for autistic EPs in the room.

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Appendix i

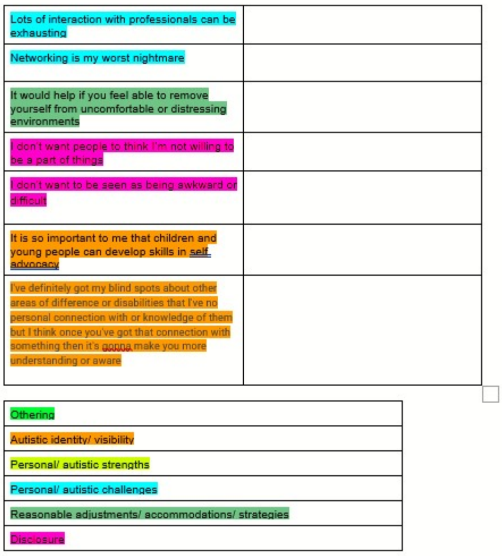
Example of coding

An interest in people	
Trying to understand how people function	
Six times to get on the doctorate	
A struggle to get on the doctorate	2
we're meant to be this service and we're meant to be people who are all about inclusion	
Limited places on the course make it difficult for those with SEND to apply	
I've had to fight to get here	
Struggled at school with behaviour	
In trouble at school	
People had low expectations of me	
I can empathise with children who are struggling	
Difficult to balance competing demands	2
The energy to socialise or study but not both	
The need to organise yourself	
Had to take a break during second year	
Without a diagnosis, I didn't know why I was struggling	
No-one wondered why	
Better experience at Masters	
Supportive environment	
Difficulties with executive functioning	
Difficult to sustain attention	
Processing information	
Didn't have the awareness around why it was difficult	

A learning mentor helped with organisation	
Had to explicitly learn how to manage time	
Having someone help build the skills helped	
Learning how to learn	
Understand what is being asked of you	
Difficulties with energy levels	
Greater understanding of self leads to more efficient working	
Other people might not understand why I need a break	
Different working patterns - more productive in the evenings and weekends	
Interaction is tiring	
Understanding what works for me	
Really cautious about disclosing	
Doctorate really supportive	
Able to be authentic self	
Not worried that people will think I'm not coping, they just understood.	
The majority of the time, when I've disclosed, it has been positive	
I've not felt judged	
Still makes you feel vulnerable	
Have to build up relationships before saying anything	
We should be non-judgemental about our colleagues like we are about families	
If people don't have a personal connection, they might make assumptions	
You need to make sure you look after yourself with what you share	

Assumption that we are not part of the group	
It can be tiring feeling like you represent autistic people	
Talked about in a disconnected way	
Some people use really affirming language	
Some people don't assume that your are in the room with them in the way they speak about autistic children	
It can be exhausting	
This 'other' thing	
The assumption is that you are neurotypical	
Some of the language used to describe autistic children in EHCPs can be upsetting	
It makes me think about how I write my reports	
Finding a balance between describing need but also finding strengths	
Thinking carefully about recommendations, such as social skills groups	
Disclosure is a struggle	
You have to feel safe, and trust the person	
There needs to be a purpose behind it	2
I have to think that they won't judge me and make me feel vulnerable	
Disclose if there will be a benefit to doing so	
Years of masking make me behave in a neurotypical way	
You need to feel comfortable talking about it	
If I say that I struggle with this. Will they then think this isn't somebody who's going to be a competent EP?	
You need to be able to talk to someone about things and them not get concerned	

being able to share in that environment and feel like you can be open and honest and be yourself and not have fear of how someone might judge what you are saying.	
I didn't have any other (autistic) EPs to ask	
once I got into the course, I was really concerned about disclosing it, always thinking something like … when I was filling out the Occupational Health form and I was thinking what if I disclose this that means that you're not suitable	
There doesn't seem to be those networks out there	
There is more visibility in speech and language and clinical	
It makes you cautious because people aren't open about it	
You feel lonely	
So every other autistic person I've worked with is either a child young person or an adult in terms of the family	
There is no judgement from children	
It's empowering for other people to see	
I can talk to young people around what their identity means to them and be positive	
It's important for children to see representation	
I feel safer talking to children about being autistic than fellow professionals	
If its not your personal experience, then you're not going to have the same understanding	
I'm not going to recommend social skills groups as they are potentially harmful	
I'm good at building a rapport with autistic students	

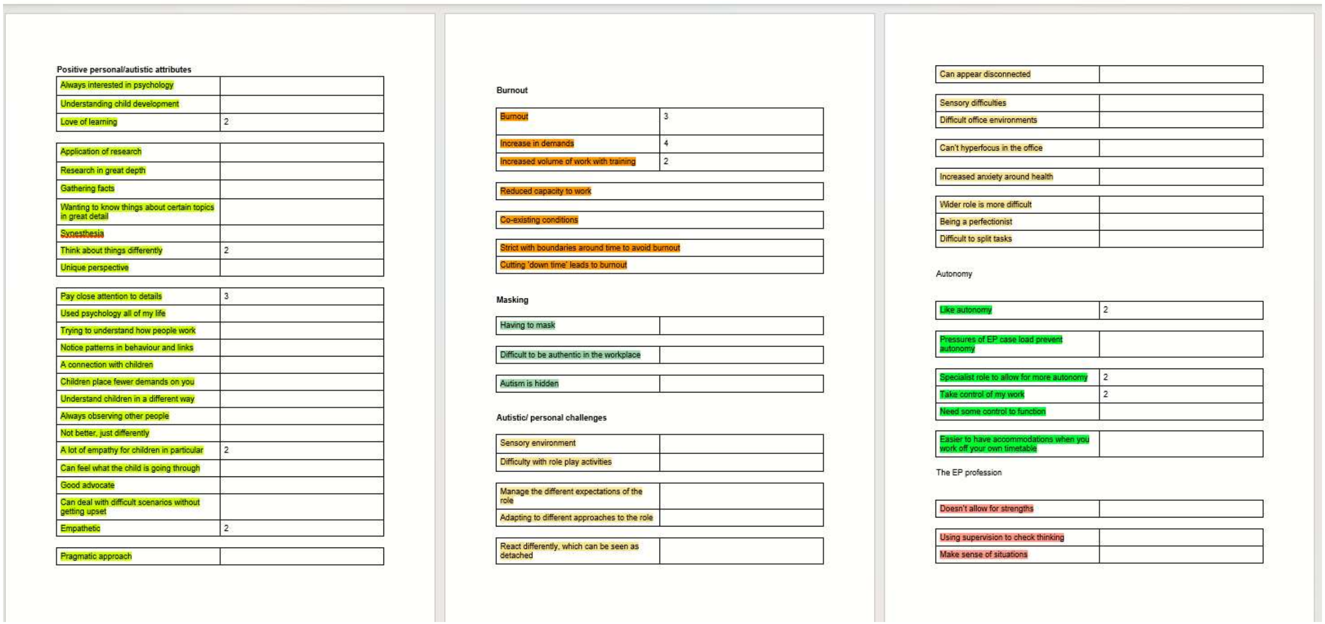


Lots of interaction with professionals can be exhausting	
Networking is my worst nightmare	
It would help if you feel able to remove yourself from uncomfortable or distressing environments	
I don't want people to think I'm not willing to be a part of things	
I don't want to be seen as being awkward or difficult	
It is so important to me that children and young people can develop skills in self advocacy	
I've definitely got my blind spots about other areas of difference or disabilities that I've no personal connection with or knowledge of them but I think once you've got that connection with something then it's gonna make you more understanding or aware	

Othering
Autistic identity/ visibility
Personal/ autistic strengths
Personal/ autistic challenges
Reasonable adjustments/ accommodations/ strategies
Disclosure

Appendix ii

Example of themes



Positive personal/autistic attributes

Always interested in psychology	
Understanding child development	
Love of learning	2

Application of research	
Research in great depth	
Gathering facts	
Wanting to know things about certain topics in great detail	
Synesthesia	
Think about things differently	2
Unique perspective	

Pay close attention to details	3
Used psychology all of my life	
Trying to understand how people work	
Notice patterns in behaviour and links	
A connection with children	
Children place fewer demands on you	
Understand children in a different way	
Always observing other people	
Not better, just differently	
A lot of empathy for children in particular	2
Can feel what the child is going through	
Good advocate	
Can deal with difficult scenarios without getting upset	
Empathetic	2

Pragmatic approach	

Burnout

Burnout	3
Increase in demands	4
Increased volume of work with training	2

Reduced capacity to work

Co-existing conditions

Strict with boundaries around time to avoid burnout
Cutting 'down time' leads to burnout

Masking

Having to mask	

Difficult to be authentic in the workplace	

Autism is hidden	

Autistic/ personal challenges

Sensory environment	
Difficulty with role play activities	

Manage the different expectations of the role	
Adapting to different approaches to the role	

React differently, which can be seen as detached	

Can appear disconnected	

Sensory difficulties	
Difficult office environments	

Can't hyperfocus in the office	

Increased anxiety around health	

Wider role is more difficult	
Being a perfectionist	
Difficult to split tasks	

Autonomy

Like autonomy	2

Pressures of EP case load prevent autonomy	

Specialist role to allow for more autonomy	2
Take control of my work	2
Need some control to function	

Easier to have accommodations when you work off your own timetable	

The EP profession

Doesn't allow for strengths	

Using supervision to check thinking	
Make sense of situations	

Requires good organisation and preparation	2

Disclosure (and the danger of)

And then when I did disclose that, I could possibly be autistic. And that, I was going to go forward for a diagnosis. I was told by my supervisor, but we won't write that down, it's something to be ashamed of.	
Worry about disclosing	2
Negative perception	
Have to be careful how much to disclose	

Not disclosing leads to it not being normalised	

Disclosure can create vulnerability	

Safety in not disclosing	

Competency

Don't like to be perceived to be struggling	
Autistic deficit model	
Doing things differently perceived as less able	2

Less of an EP	

Assumption that all difficulties are because of being autistic	
Assumption that someone needs to help	
Balance between receiving support and people assuming you always need it	

Seen as a childhood condition	

Being autistic is perceived differently to other health conditions	

Reasonable adjustments

Asking for reasonable adjustments is difficult	

Shouldn't have to have adjustments, they should already exist	

Need for routine	
Home working better suited	
Flexible working hours	

A template to work from	
Clear expectations	
Using a template to develop and adapt	

Autistic identity and visibility

Working to your strengths	

How you are treated depends on the other person's understanding of autism	2
Benefits of discussing with other neurodiverse people	

Shared strengths	

Visibility would normalise autistic EPs	
There could be an autistic person in the room	2

People talk about autism and don't realise we're sitting next to them	

Identity is important	
Why have I been hiding	

Hiding in plain sight	

Autistic and NT is not binary, things overlap, there is intersectionality	

Othering, similar to historical issues with other minorities such as sexuality	

Autism is hidden	

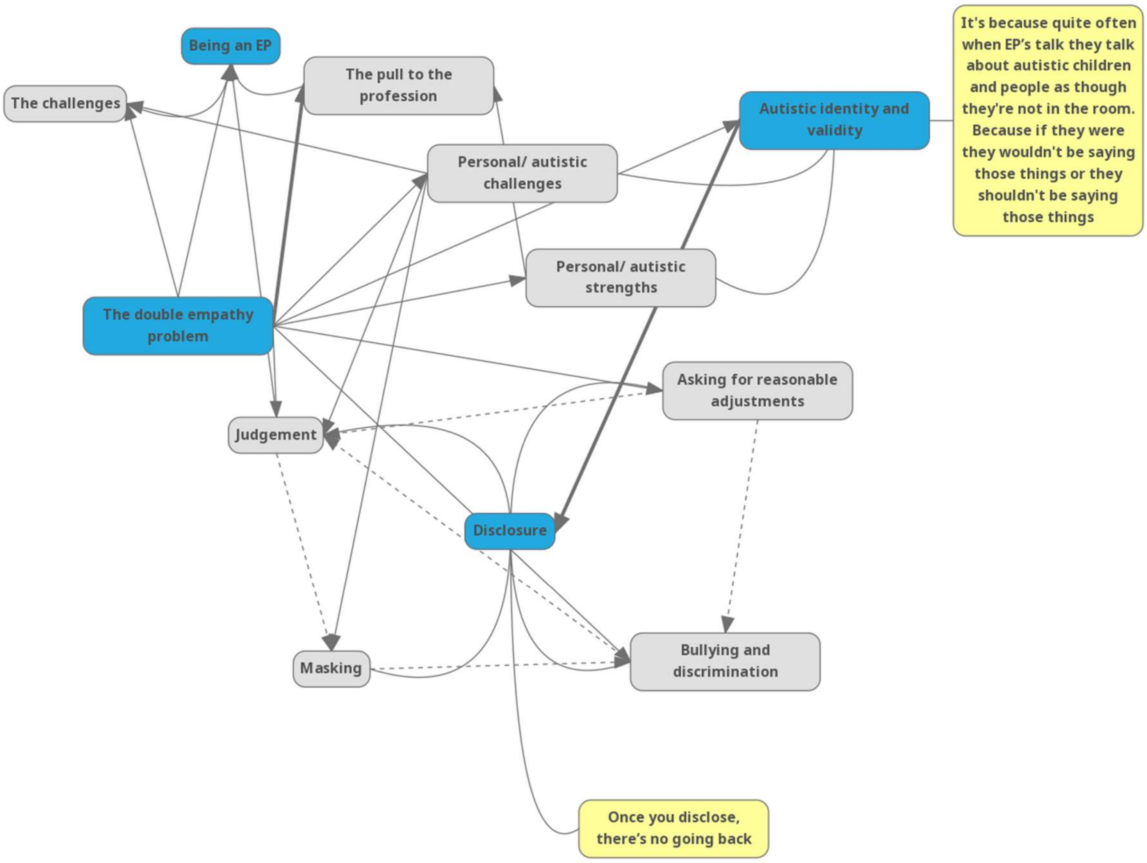
Difficult to be authentic in the workplace	

Having to mask	

Being autistic is perceived differently to other health conditions	

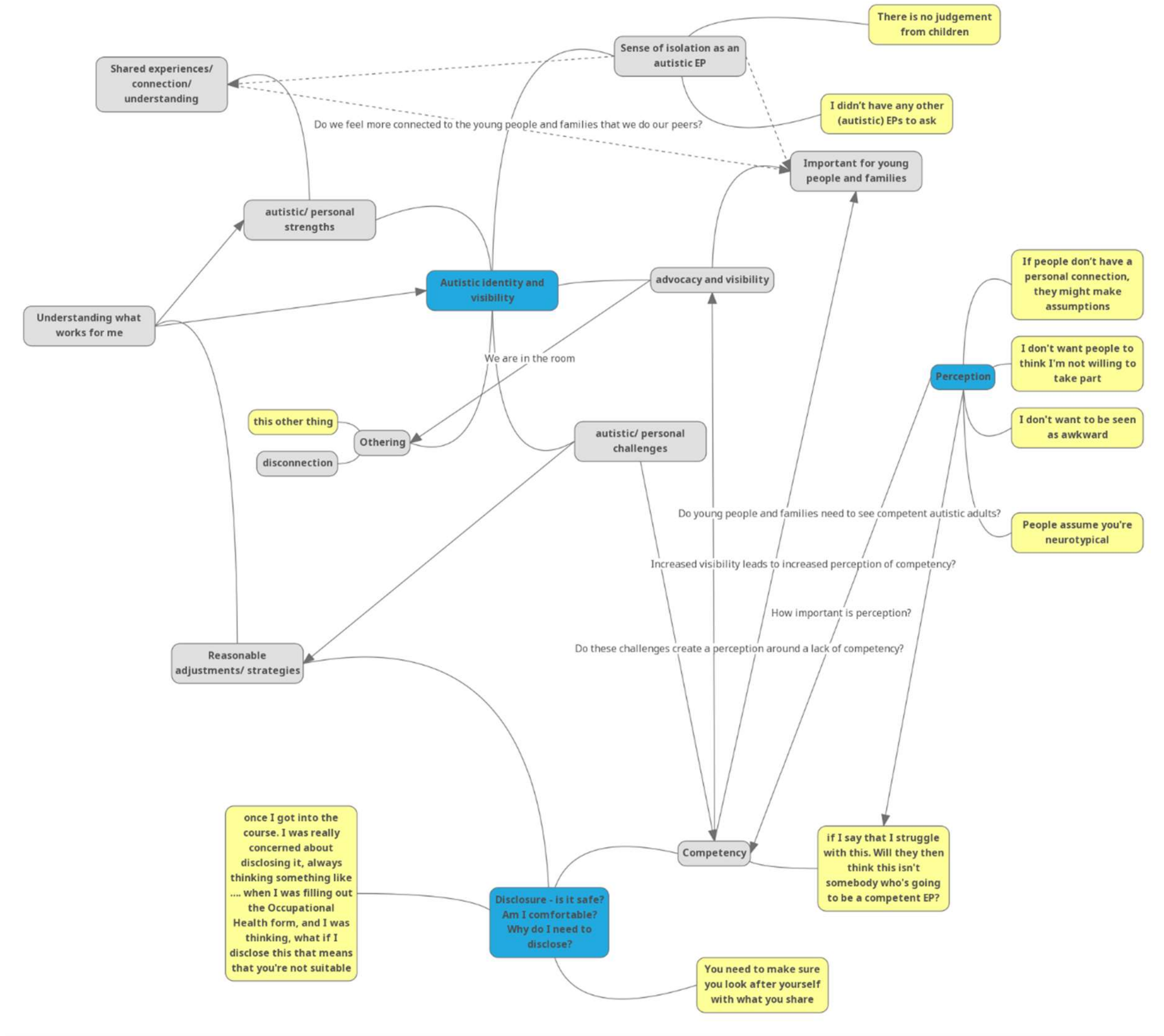
Appendix iii

Examples of Mind Maps



It's because quite often when EP's talk they talk about autistic children and people as though they're not in the room. Because if they were they wouldn't be saying those things or they shouldn't be saying those things

Once you disclose, there's no going back


There is no judgement from children
Sense of isolation as an autistic EP
Shared experiences/ connection/ understanding
I didn't have any other (autistic) EPs to ask
Do we feel more connected to the young people and families that we do our peers?
Important for young people and families
autistic/ personal strengths
Autistic identity and visibility
advocacy and visibility
If people don't have a personal connection, they might make assumptions
Understanding what works for me
I don't want people to think I'm not willing to take part
We are in the room
Perception
this other thing
Othering
I don't want to be seen as awkward
disconnection
autistic/ personal challenges
Do young people and families need to see competent autistic adults?
People assume you're neurotypical
Increased visibility leads to increased perception of competency?
How important is perception?
Do these challenges create a perception around a lack of competency?
Reasonable adjustments/ strategies
once I got into the course. I was really concerned about disclosing it, always thinking something like .... when I was filling out the Occupational Health form, and I was thinking, what if I disclose this that means that you're not suitable
Competency
if I say that I struggle with this. Will they then think this isn't somebody who's going to be a competent EP?
Disclosure - is it safe? Am I comfortable? Why do I need to disclose?
You need to make sure you look after yourself with what you share

Appendix iv

Participant recruitment poster

WHERE ARE THE AUTISTIC EDUCATIONAL PSYCHOLOGISTS?

PARTICIPANTS NEEDED

EDUCATIONAL PSYCHOLOGY THESIS RESEARCH

- ☑ Are you a qualified Educational Psychologist?
- ☑ Are you autistic (including self-diagnosis)?
- ☑ Would you be interested in discussing your lived experience in both training and practice?

THE RESEARCH:

- There is a current lack of visibility in research regarding the lived experiences of autistic Educational Psychologists.
- There is a growing body of research into the experiences of autistic professionals in social care, teaching, and clinical work.
- The aim of this research is to add to this growing topic of research by including the experiences of Educational Psychologists.
- The intended outcome of this research is to increase visibility of autistic people in Educational Psychology, and to inform future practice.
- You will be invited to discuss your experiences online with me. Communication differences can be accommodated for. Your privacy will be protected, and therefore you will remain anonymous during the process and no identifiable information will be published.

ABOUT ME:

My name is Amy Whittle. My email address is awhittle1@sheffield.ac.uk

I am currently training to be an Educational Psychologist. I am in my third year of training at The University of Sheffield

I am autistic.

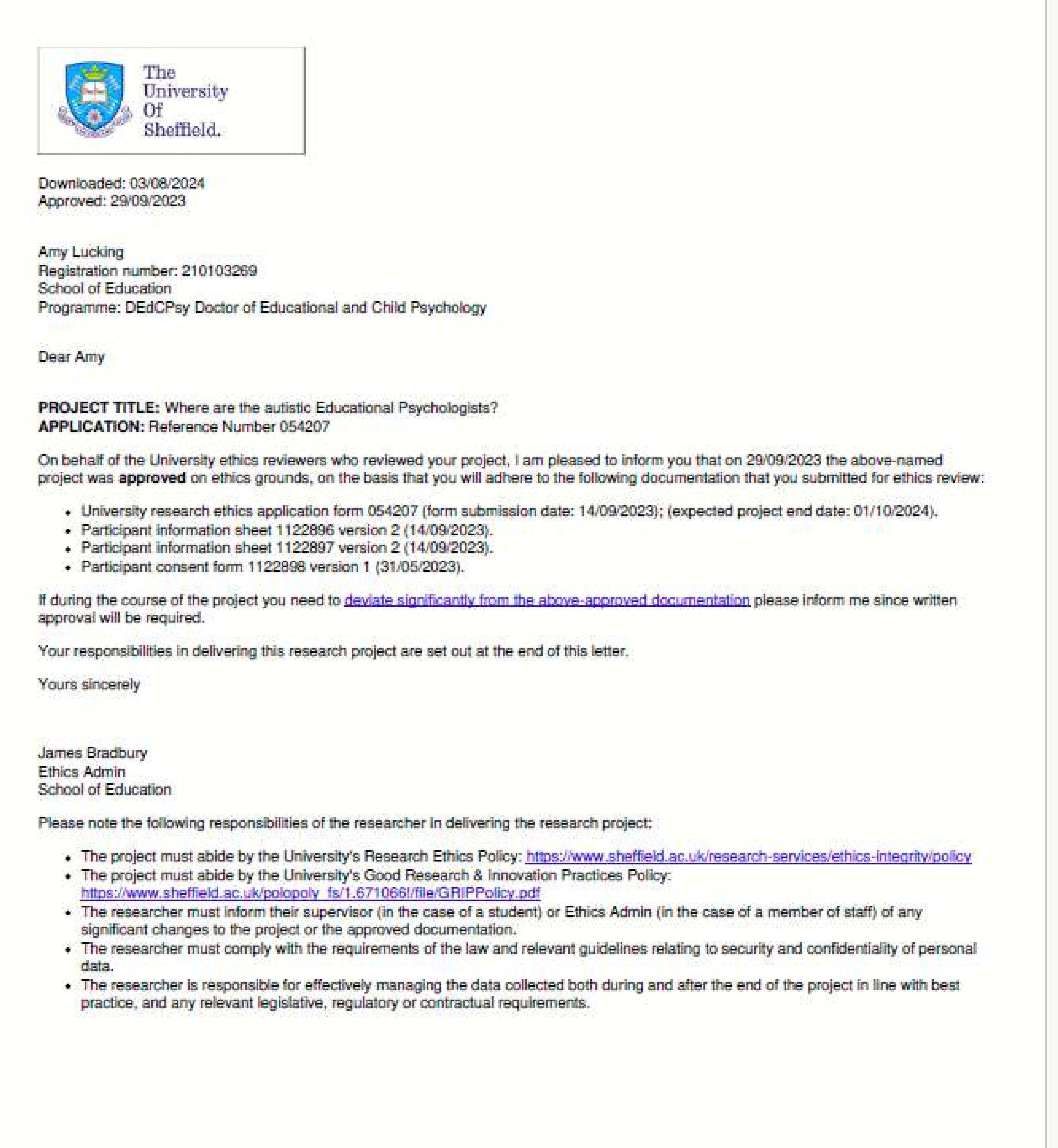
FOR MORE INFORMATION:

Please scan the QR code, or email me at

awhittle1@sheffield.ac.uk

Appendix v

Ethics approval letter



Approved: 29/09/2023

Amy Lucking
Registration number: 210103269
School of Education
Programme: DEdCPsy Doctor of Educational and Child Psychology

Dear Amy

PROJECT TITLE: Where are the autistic Educational Psychologists?
APPLICATION: Reference Number 054207

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 29/09/2023 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 054207 (form submission date: 14/09/2023); (expected project end date: 01/10/2024).
- Participant information sheet 1122896 version 2 (14/09/2023).
- Participant information sheet 1122897 version 2 (14/09/2023).
- Participant consent form 1122898 version 1 (31/05/2023).

If during the course of the project you need to deviate significantly from the above-approved documentation please inform me since written approval will be required.

Your responsibilities in delivering this research project are set out at the end of this letter.

Yours sincerely

James Bradbury
Ethics Admin
School of Education

Please note the following responsibilities of the researcher in delivering the research project:

- The project must abide by the University's Research Ethics Policy: https://www.sheffield.ac.uk/research-services/ethics-integrity/policy
- The project must abide by the University's Good Research & Innovation Practices Policy: https://www.sheffield.ac.uk/polopoly_fs/1.671066!/file/GRIPPolicy.pdf
- The researcher must inform their supervisor (in the case of a student) or Ethics Admin (in the case of a member of staff) of any significant changes to the project or the approved documentation.
- The researcher must comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data.
- The researcher is responsible for effectively managing the data collected both during and after the end of the project in line with best practice, and any relevant legislative, regulatory or contractual requirements.

Appendix vi

Participant information sheet

The University of Sheffield
School of Education

Participant Information Sheet

Project title: Where are the autistic Educational psychologists?
Researcher: Amy Whittle (DEdCPsy Sheffield), under supervision of Dr Penny Fogg

Invitation to participate: As a qualified Educational psychologist, you are invited to participate into a research project exploring the experiences of autistic practitioners in the field of educational psychology.
Before you decide whether or not you would like to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to decide whether or not you wish to take part and ask any questions you may have.

What is the purpose of this study?

- Research has shown that fewer than three in ten autistic adults are in paid employment (ONS, 2020).
- Organisations such as Autistica UK and the UK Government are currently examining barriers to education, training and employment for autistic individuals.
- Recently, The Psychologist published an article entitled "Neurodiversity is not just for those we work with" with many autistic psychologists offering their contribution. However, only one member was within the field of education, whereas all other contributors were in alternative fields of psychology. In addition, many contributors used an alias and reported that they did not feel safe to disclose their diagnosis.
- There is research into the experiences of autistic teachers (Stevens, 2022) and autistic clinical psychologists (Pursglove and Buckland, 2023) but no current literature into autistic representation amongst educational psychologists.
- I am interested in hearing the lived experiences of autistic educational psychologists, including their training
- It is my intention that this research can help to facilitate further representation of autistic practitioners in the field of educational psychology.

Why have I been chosen?

- You identify as autistic or having an Autistic Spectrum Condition
- You are a qualified educational psychologist
- You are happy to discuss your experiences as an autistic educational psychologist.

Do I have to take part?

No, this is an entirely voluntary project. If you give consent to participate, you will be asked to sign a consent form. You can withdraw from the study without any negative consequences. You do not have to give a reason. If you do decide to withdraw, you can also ask for part or all of your answers to be destroyed. However, if you would like to withdraw, please contact the researcher no later than 4 weeks after your interview, as it is not possible to remove your data after this point.

What will I be asked to do if I agree to take part?

You will be asked to discuss your journey to the point you are currently at in your educational psychology career. This may be supported through the use of visuals, and you are invited to use an artefacts or pictures of significance to themselves. You will be informed of the topic of discussion before the meeting, and provided with some prompts around topics you might like to discuss, such as “why did you want to be an educational psychologist?” Alternative methods of communication can be discussed and agreed on, dependent on the needs of the participant. This can take place online, however, this discussion can take place in person if deemed practical for all parties and it is your preference.

Whilst I hope that you will find this discussion enjoyable, there is the potential that you may want to discuss difficult or emotive events or topics. If the discussion becomes difficult at any point, please be reassured that you will be able to stop or pause at your convenience. The value of your story is important and valuable, but not to the detriment of your own well-being. You can take breaks or end your involvement in the discussion at any point.

Confidentiality and anonymity

All of the information collected about you during the course of the research will be kept strictly confidential and will only accessible to members of the research team. This means you will not be able to be identified in any reports or publications. All of your information will be stored securely on Google Drive and only the researcher and the project supervisor will have access to the information.

It is of utmost importance that you feel you are able to represent your own lived experiences in the most authentic way. Therefore, you can remain anonymous, use a pseudonym, and no identifiable information will be recorded. Any identifiable information discussion will be redacted in any transcripts used.

The only time that either the researcher or the supervisor would reveal anything to an appropriate authority would be if you provide information that we feel could put you or another person at direct risk of harm. This decision would only be taken following a conversation with the research supervisor at The University of Sheffield. For this research, this is Dr Penny Fogg.

How will my information be used?

- The information collected during this study will be used to produce my research thesis.
- An anonymised (and redacted where necessary) transcript of the recording of the discussion will be included in this project.
- A presentation of the findings will be given to trainee educational psychologists at the University of Sheffield in June 2023.
- The information may be published in academic journals, presented at academic conferences, or used for teaching purposes. Although the information may be used for these purposes, you will not be identifiable in any way.
- The audio recording will be destroyed once the written report of the project is completed.

Legal Information

According to the data protection legislation, we are required to inform you that the legal basis we are applying in order to process your personal data is that ‘processing is necessary for the performance of a task carried out in the public interest’ (Article 6(1)(e)). Further information can be found in the University’s Privacy Practice Notice

https://www.sheffield.ac.uk/govern/data-protection/privacy/general

The University of Sheffield will act as the Data Controller for this study. This means that the University if responsible for looking after your information and using it properly.

This project has been ethically approved via the University of Sheffield’s Ethics Review Procedure as administered by the School of education.

Further information

- The researcher is Amy Whittle (trainee educational psychologist at The University of Sheffield). The email address is awhittle1@sheffield.ac.uk
- The research supervisor is Dr Penny Fogg (The University of Sheffield). The email address is p.fogg@sheffield.ac.uk
- If you wish to talk to an independent representative within the university and someone who is outside of this research study, please contact Professor Rebecca Lawthorn (Head of the School of Education, School of Education). The email address is r.lawthorn@sheffield.ac.uk

Complaints and Concerns

If you are not satisfied with any aspect of the research and wish to make a complaint, please contact the research supervisor, Dr Penny Fogg at p.fogg@sheffield.ac.uk. If you feel your complain has not be handled in a satisfactory way, you can contact the Head of the School or Education, Rebecca Lawthorn at r.lawthorn@sheffield.ac.uk. For further information, including alternative contact details if you have any concerns about the research process, please see https://www.sheffield.ac.uk/rs/ethicsandintegrity

Next steps

If you would like to take part in this study, please see attached consent form and return it via email to awhittle1@sheffield.ac.uk. You consent form will be stored on a Google Drive which only the researchers involved in this study will have access to. It will be deleted no later than 12 months after the study is complete.

Thank you for reading this information and considering whether or not you would like to take part in this study.

Appendix viii

Participant Consent Form

Participant Consent Form

Please tick the appropriate boxes	Yes	No
Taking Part in the Project		
I have read and understood the project information sheet. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.)		
I have been given the opportunity to ask questions about the project.		
I agree to take part in the project. I understand that taking part in the project will include discussing my own lived experiences as an autistic person within the field of educational psychology		
I agree that whilst I am participating in this interview audio recordings will be made. I agree to being audio recorded and for transcripts of these anonymised audio recordings to be used in the research.		
I understand that by choosing to participate as a volunteer in this research, this does not create a legally binding agreement nor is it intended to create an employment relationship with the University of Sheffield.		
I understand that taking part is voluntary and that I can withdraw from the study at any time part. I can also ask for part or all of my answers to be destroyed. and I can do this without any negative consequences and I do not need to provide a reason. I understand that if I would like to withdraw from the research I must email the researcher no later than 2 weeks from my interview, after this point my data cannot be removed from the study, however I can withdraw from any on-going or future data collection.		
How information will be used during and after the project		

I understand my personal details such as name and email address will not be revealed to people outside the project.		
I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs unless the researcher specifically request this.		
I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.		
I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.		
I give permission for the verbal answers that I provide to be deposited in a Google Drive so itcan be used for future research and learning.		
So that the information you provide can be used legally by the researchers		
I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield.		

Name of participant (printed)

Signature

Date

Contact details for further information

Role	Name	Email address
Researcher	Amy Whittle	awhittle1@sheffield.ac.uk
Research Supervisor	Dr Penny Fogg	p.fogg@sheffield.ac.uk
Head of Education (in the event of a complaint)	Professor Rebecca Lawthorn	r.lawthorn@sheffield.ac.uk

Appendix viii

‘Rose’ Interview Transcript

Attendees

Interviewer: Amy

Interviewee: Rose (pseudonym)

Amy: Would you like to tell me about why you wanted to be an educational psychologist?

Rose: So I was already interested in Psychology, so I think from when I recognised that psychology was an option at A level I can do and I kind of just had an interest in people and understanding, how people function and that kind of thing. So yeah my interest for psychology started, after GCSE level and I was looking at A levels and kind of what really I wanted to take, and then I didn't know that educational psychology was like a thing so that wasn't until I think I'd left, done my undergraduate degree in Psychology, and it wasn't until I started working and my first job was in residential care, coming across EPs within that role and thinking yeah. So yeah, that'd be something that I'd be interested in kind of pursuing and I think because of my own educational background and things that I struggled with and not knowing that I was autistic when I did my undergraduate degree and really struggling with certain aspects of doing a degree. Only getting a 2:2 at that point and kind of felt like our getting onto a doctor it might not even happen for me, so yeah, then I did a master's and then started applying to get onto the doctorate, took me [redacted] times and I think a lot of that was to do with having a 2:2 even though I've got a masters and there's some universities that will say we'll just look at the highest level of degree, you've got this plenty that I don't think do and they'll look everything and I get it it's competitive but it's really frustrating when you've got a wealth and years of really good sound experience of working within different educational settings with young people and families. And so working in residential care, I worked as a family support worker based in a junior school for five years. And so really applying for psychology and day-to-day basis and so yeah, I think just, it was quite a struggle to get into the doctorate, and I think that's something that frustrates me when I think about we're meant to be this service and we're meant to be people who are all about inclusion, looking at people's kind of like, seeing people as individuals whereas actually to get onto the doctorate, and there's limited places and It's got to be a cutoff haven't then there's got to be certain academic standards, I completely agree with that but just how the application processes, I think already put some people on a back foot if they've got certain educational needs so yeah, it's been a struggle to get here, I feel like I've had to fight for it yeah.

Amy: Yeah, yeah. So you kind of alluded that to some difficulties in education previously and in your undergraduate degree. Are you happy to talk anymore about those things?

Rose: Yeah, definitely. So I really struggled at school in terms of not necessarily academically but with behaviour. So I was always in trouble and excluded and just a constant kind of cycle of difficulties at secondary school and I think maybe low expectations of what I would then go on to do. I remember, one, I've got involved in, I'd a kind of come through a certain set of difficulties and I was trying to kind of turn things around and thinking ahead to things that I want to do when I left school and they'd set up a mentoring programme within school where you could mentor younger children. I applied for it and part of my application was about you know “I can empathise with children who are struggling because I've been there myself” and felt really good about the fact that my head of house kind of recognised that and so, yeah, “we're gonna give you a chance to kind of being part of this scheme” and then I remember another member of staff making a comment and just basically laughing at me because “what? You’re going to be a mentor to younger children?” so I think things like that kind of stick with you don't they?

And then A Levels were okay, I think because I wasn't trying to balance that kind of social side and academic work, just kind of focused on A levels and I had a small group friends from school I kind of socialised with but I think at University when you undergraduate that suddenly thinking or trying to make the most out of University in the social side of it. And then the academic demands are very different in terms of independent learning skills, being able to organise yourself and being able to get to lectures without anybody kind of checking up on you and making sure that you're there, how to take notes in a big lecture hall when it's full of people and kind of preparing for exams independently.

So all of that and then the energy required to kind of socialise and make friends and actually enjoy the experience, I couldn't do both. I think I didn't realise that at the time but reflecting back on it actually I just couldn't do both of those things and I chose the social side and then really struggled academically. After my second year, I took a six month break, just got a job and then went back to rejoin the course a year later. So with the cohort that was a year younger than me, they were the year below me and that helped somewhat in terms of a kind of I was able to reset myself a little bit but I think marks wise, and the amount that I needed to do to get a decent degree. I'd kind of got to a point where I was, yeah, it was just kind of getting through and getting a 2:2.

But no, because I was late diagnosed, I didn't get diagnosed until I was 30, so not having that recognition of myself in terms of what was going on, but nobody else even knowing, and there was no [pause] when I went to see the course director of psychology and said I'm struggling about it, and I don't really know why I’d quite like to take a few months break and kind of rejoin, and it was just really quite a dismissive approach. There's no support offered or a kind of questioning or is there somebody you want to kind of talk to about why you might be struggling it was like if you want to do that and a comment about if your parents can afford that then fine fair enough and so yeah, and it wasn't until my masters were I felt actually like better equipped to kind of deal with academic side of things but I think that's because it was much more focused subject. So actually it was developmental psychology.

So that was my interest, whereas a lot of the undergraduate psychology degree, I wasn't. There's lots of areas that I wasn't particularly interested in as such that was hard to motivate myself with and then the difference with doing the Masters and it part-time over two years, so I was like I was working four days a week, one day of University, in a really supportive environment as well, like supportive course director yeah so different experience and it wasn't until my masters I enjoyed the academic experience, really, yeah.

Amy: When was your Masters?

Rose: *[redacted for anonymity purposes]*

Amy: Was there a gap between your undergrad and your Masters?

Rose: Yeah, good few years. So, I worked for a couple years. I came back from travelling, worked for about a year and got onto doing a masters.

Amy: And so the difficulties you experienced earlier on in your learning journey, do you think how much of a role to play did autism have in that you think?

Rose: What back at secondary school?

Amy: Both really school and your undergrad.

Rose: I think definitely executive functioning skills. So, [pause] I didn't really have any awareness of that undergraduate level in terms of just being able to sustain my attention and make sure I'm concentrating on what I need to be concentrating on. Focusing on “am I am processing this information that's coming in and if I'm not what can I do about it?” So all of those awareness of how my brain was functioning, didn't have that awareness and without the awareness then not having the skills to kind of support myself and I've had an amazing experience while I did my doctorate so just finished my doctorate and [pause]So for the past three years through disability student allowance I had a mentor that was funded separately to the uni so through DSA, and yeah, I just met with her weekly for literally half an hour where we just get myself organised and then it got towards the end of the doctorate, and it was like I said, I don't need that anymore. I've got those skills now. And I had a comment from a line manager in the job I've just started out saying how efficient I was and I thought yeah, but I've built those skills up over the past three years. I've not always been efficient or time management looking ahead in terms of "So I've got all these pieces of case to book in or needs assessments" and now i'm actually quite [pause] thinking about how much time do I need for that allocate that I'm out of time and I wouldn't have been able to do that years ago and it's having someone who's been able to just help me build those skills and recognize what my difficulties are with executive function and what I can do to help support myself with it. Yeah, so I think yeah those are just skills that you need basically to be able to be effective at learning. And then I think the other aspect of it was in terms of being able to understand what's being asked of you, particularly in school and yeah that I think probably quite a big impact on how I responded to adults and reactive of things and things would then spiral.

Amy: What I'm kind of hearing there is that it's more about getting a greater understanding around your own learning profile with that. Is that right?

Rose: Yeah, definitely and things I think within the first year of the doctorate, I was really struggling with. I'd have an assignment set and then not be able to kind of focus and do the actual writing and thinking I need to get this done and then starting to kind of understand how my brain works and my energy levels at certain points. So in terms of then having the ability to sustain attention and focus and then thinking about so "I'm really struggling at this time in the week trying to sit down and write and so rather than just trying to carry on and actually not being productive" so I'd go and do something else go for a walk, run, take the dog out whatever it is, and then actually I might be more productive on a Saturday morning, and just that having that understanding of what works for me. Just had a massive positive impact over the past three years.

Amy: Would you say then that being able to be flexible in your work in hours, times, days, maybe is quite important to you?

Rose: yeah, and I think, I don't know how understanding other people might be of that so, sometimes for me sitting and working in an evening and I can be really quite productive and…and then in the afternoon I am really struggling particularly for example if I've been out in the morning and I've done a consultation, and that takes up a lot of energy not only because consultations take up a lot of kind of brain power don't they, you know the whole process in terms of facilitating that group but then you factor into everything else in terms of just that interaction with other people and how tiring that can be and actually coming out of that consultation I could do with just having a bit of downtime and just being able to go and do something else and I think when I was on the doctorate I did that and I could do that and I felt “this is okay for me to do now”. In paid employment and I would be very cautious about doing that because I'd be worried about what management might think of that and say you can't go and take an hour off and go and do a run, you should be working and writing your consultation up and I had erm, and that's not something that I have I've asked about in terms of flexible working. I had a conversation with my line manager about it because as a new starter, we have less schools allocated to us, and then when you've been with the service a year you get more schools allocated to you. So that's very nice system but my manager was talking about thinking head a little bit in terms of making sure that I'm going to be able to manage that extra workload this time next year and their way of working might be to book time in one school and do two or three kind of pieces of [work] within that same school and I was like “no”. I just think they're not gonna get the best of me from that and I'll be absolutely exhausted at the end of it and just that that's not how I'm gonna function best and I think some people [pause] I don't know whether there's that understanding there yet of this is where my brain works and my body as well in terms of energy levels and if you can have that flexibility to go actually “I'm going to do this consultation then I would take a little break and then I'm still gonna get the work done”, but it might look slightly different to somebody else's working day, but yeah, that's something that I won't feel comfortable kind of like broaching and talking about because I'm not sure how that would be received.

Amy: So yeah, what I'm hearing there is that you are a little bit reticent about the perception of others?

Rose: Yeah, yeah, definitely and I think my experience on the doctorate has been absolutely amazing. And I know that won't be the same for everybody. I think maybe it depends on the University you've been to and who your kind of University tutors are. My placement supervisor for the past two years and my University tutor I think, I was really cautious about disclosing, once I got offered a place I was really cautious about disclosing because I didn't know how that would be perceived. Yeah, it's just been really positive. So, the support I've been able to access and that understanding of particularly just being able to kind of be my authentic self and not worry that all this is going to be perceived as somebody like, erm [pause] so for an example, I felt quite comfortable talking to my university tutor if I'd had a meltdown and saying this happened and I didn't come away worried and thinking no, they're gonna think that I'm now not coping because yeah,…she just understood. That's just part of being autistic and it doesn't mean that Rose's suddenly struggling and it's all falling apart. That was just a moment in time. And that was just my reaction to something but overall, I'm okay and starting work now for a service, yeah. I don't know. It's early days when it just started but definitely not at that point. Yeah in terms of, I don't know how different things are understood and perceived by others. Yeah.

Amy: Mhm, and I think it's quite interesting really isn't it? When you consider the cohort of people, children, young people and families that we work with and the difficulties that we quite frequently discuss. Do you feel there's a difference in the way that we look at maybe children and young people and then how colleagues are perceived?

Rose: Maybe and I don't know if part of it's to do with my own kind of vulnerabilities about it. I understand that because the majority of time when I've shared with someone, it's been a positive experience. It's not been something that I felt like, I've had the odd experience where I felt like, yeah, maybe I should just kind of kept that to myself but the majority of times I felt [pause] I've not felt judged. But I think that being able to be vulnerable isn't it and share something with somebody else and have trust in that person. I think that takes time to build up doesn't that so yeah,…and I don't want to make judgments about and other people I think it's about having time isn't it to build up relationships with people feel actually “yeah it's okay for me to share this” but it shouldn't be a worry it should be something that we should feel like, we're a career of people who actually, with educational psychologists, like you say, work with children and families, many who were autistic and actually we should employ the same kind of nonjudgmental approach and compassion for those that we work with and I think there are definitely assumptions made about professionals not being part of that group, so I'm cautious about saying something because I think in terms of it…..

Amy: You worry about being identifiable?

Rose: Yeah, yeah.

Amy: I won't include anything identifiable.

Rose: Okay.

Amy: Don't worry about that. But also you don't feel obliged to have to talk about something that you don't feel comfortable talking about either.

Rose: No, it's not that I feel quite comfortable talking about it. It's more [pause] yeah, I wouldn't want people within my service to read it. And yeah, so, I was part of this group earlier this week and it was about [redacted], there’s different ones within the service you can get involved in. So I'm really looking forward to going and the senior who kind of set up the groups she knows I'm autistic and the way she set it up, she said something about that, but considering we're all bringing different experiences and just that kind of thing. To make sure that you look after yourself. You want to take a little break. That's absolutely fine. And I felt yeah, that kind of made me feel quite contained but within the group, and I'm not being critical of people, so I'm sure I've probably done this as well about other things that I'm not personally connected to because there's lots of disabilities that I've no experience with or any personal connection with, so the way I maybe talk about them might be quite disconnected or this other group so I do get that but when you are that person sitting in a room full of people of professionals and autism's being talked about as this 'other thing' and I think I might not be the only person in that group who's neurodivergent. There might be somebody else in there whose autistic or ADHD or whatever… something else… some other disability and who everybody else doesn't know about and what was yeah, we're talking about it like Is this other thing… and there's a couple of things that were said that when I think … there's this element of me being quite sensitive to things because it's that personal connection but made me feel like yes, there's assumptions being made there that I'm neurotypical like you and yeah that's difficult. That's tiring. Yeah.

Amy: Yeah, so it sounds like you are describing some 'othering'?

Rose: Yeah, and I don't think it's intentional, it's not. Yeah, I'm not being kind of critical of people because yeah I'm sure we've all done it to do with things, but yeah, it's yeah, I really struggled to kind of [pause].Yeah, I just really struggled in that situation, kind of feeling there's just an assumption that we're just a bunch of professionals and yeah the other people in that group might have themselves or family members or friends and yeah.

Amy: No, I understand what you mean, so. The topic of autism is discussed a lot. I've found it is something that you rarely get through a week without it coming up.

Rose: Yeah.

Amy: And so how do you deal with that?

Rose: Yeah, I find it really tiring and I made a conscious choice to not do my thesis on anything related towards autism although there's lots of different ideas out there that would be good and I wasn't expecting it. I didn't kind of prepare for it. So I think I came from my last job where we’re working with a bunch of autistic people and children on a day to day basis. I didn't find that tiring and I think what I find tiring is a professional talking about it and when you've got that day in day out particularly, as part of the EHC process [pause] language used [pause] and there's some great experiences of how people are really using really affirming language and they think about the language that they are using and have to describe an autistic person and then, other people, it's not intentional it's not because they don't care, and what I think, it's not thought about and so when you're sat in a room with other professionals in the way that I've heard an autistic child might be spoken about, yeah, I find that really exhausting. and upsetting.

Amy: Yeah, do you think that being autistic gives you a different perspective to those reports and the way they're written and some of the language that's used.

Rose: Yeah, and I've tried really hard over the last three years to really work on how I'm writing reports because it's really different. I think more so for needs assessments I think for when you do a general report around a piece of casework, I think. That's probably for me. I find that easier to be more affirming because it's around just your involvement for example. So you’ve done a consultation and whereas for a needs assessment you are having to identify things that the child is finding really difficult. And so it's trying to get that balance right of writing it to recognise there are real needs here. This child does need this extra support but how you write that to be affirming or strength-based I find that quite tricky and I think not so much with provisions and in terms of the provisions I think really carefully about what I recommend in terms of particularly around social skills, but the outcomes. For example, how your Local Authority expects you to write an outcome, and that's something that I find really quite hard, and I don't think I've got it right yet. There was an example, I heard of a parent who she'd asked an EP to have one of the outcomes changed. It was around developing social interaction, and yeah, that's how they need to be written and it was around whatever the provision was put in place needs to be and I can't remember the wording of it, but around it being neuro affirming and not ableist and yeah, I thought yeah, that's a great example, but yeah, I'm definitely not there yet in terms of power with my outcomes.

Amy: And I wonder if that's part of the difficulty that the profession has, in that very often at the point we're involved, it's very often when there is a high need. And I wonder if that assumption is made and the connection is made and therefore it is quite difficult to be affirming and empowering when it's at a point of such a high need?

Rose: Yeah, and I think particularly when you think about play in younger children early years and wanting to kind of develop children's play to incorporate that all those kind of important learning skills, but also that balance of but yeah, they just kind of want to play in their own little way and that needs to be okay as well. Then I think the other thing around those communication and interaction needs and yeah.

Amy: You mentioned disclosure. How do you deal with disclosing?

Rose: And I've got a lot better at it. I think you could really struggle with it. And it's just taking time. I think the more times I've done it the easier it then gets and knowing when I feel comfortable enough. So I think that's the most important thing for me where I've got to the point where now I think if I feel safe to do so and I trust this person and there's a purpose behind it or there's a need, like this would benefit me in some way, or benefit them and yeah, I think I've got quite good at gauging when I feel comfortable. If I don't feel comfortable and I don't and yeah it's definitely got easier over time.

Amy: How do you make that judgement call?

Rose: It's based on feeling comfortable with somebody and yeah, and I've got it wrong on occasions, but the majority of times, I think I get it right in terms of I feel comfortable with this person. I don't feel like they're gonna judge me or lead to me feeling kind of vulnerable.

Amy: Do you ever feel like an obligation to disclose?

Rose: No. At the start of the HCPC process. I was a bit “is this something that I have to disclose” and I spoke to course director at Uni about that and they said “no absolutely not and you don't need to disclose” at part of that process at all and yes, I found that reassuring. But now I just tell people when I feel comfortable enough to, so I want them to know and be part of that or I feel like this would be really beneficial if I was able to share this with them. Yeah.

Amy: Yeah, okay, and you talked about the doctorate and the training being a really supportive environment. What kind of support strategies did you have in place there that helped you to feel like that?

Rose: So yeah definitely been able to get DSA and access a mentor and then have just having a really understanding university tutor and placement supervisor. But my first placement supervisor, they were great but I turned up to meet them and we're having a little chat and then they said thanks for sharing your diagnosis now. [I said] “yeah, no problem” and [they said] “I would have never known” and I didn't really know how to react to that.

Amy: Mmm Yeah

Rose: I feel that's not the compliment that you think it is, and that's years and years of masking and hard work at being able to behave in a certain way to make eye contact when they need to and present myself in a very neurotypical way. But that was year two and three placement supervisor. I think what really helped was my university tutor kind of helping me communicate my diagnosis whereas I feel that I can do that myself now and I don't need somebody else to do it for me. Whereas definitely at the start, it was like I needed that support and needed somebody else kind of say “yeah, we can do this together”. She organised a meeting for me and my placement supervisor before the beginning of year two, where she was able to start the conversation off and then I felt comfortable to talk and then she kind of left us to it.

Amy: Yeah.

Rose: So yeah I think just having someone recognise that. That's a really big deal and that we might need that support to be able to do that and it doesn't mean that we're not competent and capable of doing the job because I think that's definitely been a concern of mine. If I say that I struggle with this, will they then think this isn't somebody who's going to be a competent EP? That definitely goes back to things that I find really helpful, to be able to offload and the things that I might want to offload about somebody else might seem really trivial or “why are you kind of holding on to that or why are you ruminating about that?” You know, “let it go” type of thing. Whereas I need to offload. I have my own strategies, but actually if those strategies don't work, I'm still ruminating about something. I need to actually communicate that with somebody. I share it and I'm not thinking. [Others might think] “that's concerning that Rose's kind of like going over that and getting stressed about that” and I think having people have that understand and not think all this is concerning now and I've had a meltdown about something.

Amy: It sounds like supervision is quite important to you.?

Rose: Yeah, definitely, I think being able to share in that environment and feel like you can be open and honest and be yourself and not have fear of how someone might judge what you are saying.

Amy: Do you feel that there is an association between autism and competence?

Rose: I have that for myself. I don't know if I have that fear of other people making that judgement. I don't know if other EPS would have that judgement. Because once I got into the course, I was really concerned about disclosing it, always thinking something like [pause] when I was filling out the Occupational Health form, and I was thinking “what if I disclose this, that means that you're not suitable”.

Amy: Yeah.

Rose: Yeah, because I didn't know any EPs to ask. So, I've not worked as an assistant. I wasn't in that environment and didn't know any. Yeah, I didn't have any connections with anybody. I could really kind of like [pause] I did reach out to someone. I reached out to someone on Twitter, and they sent me a message saying don't worry about disclosing, kind of go for it. Yeah, but I think that's the bit I've kind of learned as well within our profession that doesn't appear to be those kinds of networks out there. Of people being able to kind of link you up with somebody else whose got that similar experience. And I've done my own little networking in terms of there's another autistic EP that we chat and I get on with them, there's that mutual kind of understanding but I've done that on my own. We made that connection off our own backs really. Whereas, I see a lot on Twitter from Speech and language therapists who are autistic and kind of really open about it, link up with each other. I read the letter in The Psychologist, which was [pause] and it seems like within Clinical Psychology and also medicine, so in terms of medical doctors there seems to be those kinds of networks beginning and I feel like there's not in the EP world.

Amy: Why do you think that is?

Rose: I don't know and that's what makes you cautious about sharing because other people aren't open about it. And why are they not open about it? It makes you feel really lonely and honestly when I met up with this other EP, this is the first autistic person I've met up with where it's not been within a professional relationship. So every other autistic person I've worked with is either a child, young person or an adult in terms of the family. So me being the professional, this is the first person I've ever connected with outside of as a colleague and I'd class them as a friend now and yeah, I came away just feeling like I'm not the only one.

Amy: I know, I totally totally understand because it's been a bit like that with this process with me to be honest because prior to actually carrying out these interviews and the research., I tried to kind of reach out and find other people to talk to because it does feel a bit lonely and things, like when to disclose or how do you deal with certain situations or what do you do when this topic keeps coming up over and over again? And it just feels as if that would be something quite nice to have in terms of peer supervision. I've shared it with people with shared experiences, but there just doesn't seem to be that visibility at all.

Rose: No and I have to say, so I saw your tweet saying autistic EP [pause] I can't remember what the wording was

Amy: yeah.

Rose: And then I started following you and then I was like, I don't feel safe enough to respond to this tweet openly and be like “hi, I'm here!”. Yeah, I mean and that's a mixture of I'm not massively open in my personal life. There's people in my life that I know and those are the people that I want to know. So, I don't know if I would share openly on social media anyway. There's a bit of a mixture of that but also not wanting to just be kind of up front within the profession as a whole. Yeah and I wrote when I was in year two on the doctorate, I wrote a blog on reflections of an autistic TEP and I had that. We used to have weekly kind of emails sent out by a course directors and they'd signpost people to different, interesting articles or whatever and I was like, “could this be sent out?”. But I did that anonymously and I was like, “I might be attaching my name to this”.

Amy: Yeah I can totally understand and it does come with an added sense of vulnerability. So how important do you think that visibility is?

Rose: For children and young people?

Amy: I suppose it's kind of multifaceted really isn't it? I mean the visibility of fellow autistic EPs, for non-autistic EPs, for the children and for young people. I mean, I suppose it would have an impact for quite a wide selection of people.

Rose: Yeah, I definitely think feel like parents and carers being able to see the EPs come from a variety backgrounds and differences and disabilities and we're not just seen as just another professional and actually really trying to work hard to improve things for children and their families and I can see how that be really powerful. I think for any difference or any disability, that's empowering isn't it, people to see. Myself and a specialist teacher in my last placement, there were some fun sessions with a group of girls who'd been newly diagnosed in Year 6 and they're about to transition to secondary school. We put together a kind of the thing for them beginning to kind of understand maybe what the diagnosis meant to them and starting to develop that kind of sense about positive identity around it. And I really enjoyed that process and then one of the girls asked in the first kind of session if we were autistic and I guess this is a funny thing going back to that sense of safety and that moment with a group of year six children and one colleague I felt completely safe to go “yeah”, then that it wasn't them focused on me so they don't want to know anymore, but it's that representation isn't it? And, in a group of professionals the other day when I was sat in that neurodiversity strengths group I did not feel safe enough to go “can I share that I'm coming here as an EP but also as an autistic person?” No way.

Amy: Yeah. That's really interesting. I wonder why that is? What was it about those children that made you feel safe that the professionals didn’t?

Rose: No judgement at all. They're just curious about it. Because there were definitely judgments made in that group that I didn't agree with. Yeah, and I think I'm really good at compartmentalising my personal experience and being a professional and I'm very aware of not imposing my own thoughts and values on to a child, young person or their family and there's definitely been situations where things that I would have a different view on, but for that child and that family [pause] so I was working with one child and their way of talking about autism was about it being superpower and that's not something I identify with. I think maybe because of the difficulties I have, but I thought actually for that child, that's really working. I'm not going to impose, or try and disagree with that in any way because that's the way that they want to do it. That's the way that they want her to kind of identify herself with and it's about developing that positive kind of sense of self into it. So that's just one example, there's other things I think maybe in terms I don't use ASD, but actually I've got no problem if I'm working with a young person, they're like, yeah, I don't really care. So I think I'm really careful about how I separate. I'm quite good at how I feel within those professional settings when I'm working directly with a child or family. And I don't come away feeling [pause] things don't upset me because I'm very aware that that's their personal experience… this is mine. Yeah, I'm gonna be able to empathise on a certain level and have that shared understanding but still set different experience and to separate that but I think when I'm in a meeting of when it's just EPs, I find it really harder to separate that personal response and not get worked up and emotional about some of the things that people are saying. it's not on purpose, I think the majority of EPs are like, if not all of them, probably really want to do the best don't they? It's not coming from a place of harm, or disrespect at all but [pause] I think that's the thing, before I got on the doctorate and I started working, I was like "why were we recommending these social skills programs that are potentially harmful and just going to lead to masking", not affirming and not giving the young person chance to actually develop an understanding of themselves and how they communicate. Naively, I just thought as a profession we would already be there. But yeah.

Amy: Yeah, so it sounds like your lived experience … your autistic profile…. it gives you a little bit of an added insight, would you say that's right?

Rose: Yeah, definitely. I think what I do quite like is a build a rapport with autistic young people. I feel like… and I don't want to sound arrogant, but I think I'm pretty good at that because you just feel comfortable and I think yeah that yeah, I get them. It doesn't matter that we're suddenly talking about something really random and there's no preamble to get into that point. Yeah.

Amy: Yeah, I totally empathise with that. Things can seem a little bit more obvious.

Do you think that there are any particular areas, you've mentioned some executive functioning difficulties and maybe some difficulties around organisation, but you've been able to kind of build some strategies around there. Are there any particular parts of your autistic profile that can make practise a little bit more difficult.?

Rose: I think it's energy levels. So it's like that amount of interaction with other people. I think it's just really tiring and some days I will just feel utterly exhausted if I had a pretty full on day of different meetings and I think that's the benefit of being able to work from home and sitting writing reports at home and be able to kind of not have that interaction with people. We have these whole service days and we had one recently where we were asked for the beginning of the day for 45 minutes to just interact with other people, so I think its just my worst nightmare. I'm quite sociable, I'm not an unsociable person, but don't put me in a situation where for 45 minutes I've got to try and talk to different EPs. I've come to a new service. I don't really know people and that just exhausted me for the rest of the day then absolutely by the time I got home, I was just like I can't do anything else. It's just that killed me off.

Amy: Do you think that you're not quite at that point, because it's a new service, where you can ask to kind of not take part in something like that.?

Rose: Yeah, definitely wouldn't have. Yeah, we were asked to get up and move around and I thought it's just like, like the amount of social anxiety, gone from feeling okay at beginning of the day, pretty calm, and then all of a sudden that anxiety just went through the roof. I think on my placement service I would have had people around me that would have known and maybe checked in on me and probably given me the opportunity to say I'm gonna kind of take myself off and go and get some fresh air for 10 minutes. But being new to a job, I'm sure it would have been fine. I'm sure it would be fine if I'd said can I just [pause] but yeah, I'm not at that stage where I feel comfortable enough. Do I really need to take part and is this a requirement of the job?

Amy: And what worried you? What stopped you from asking for that accommodation?

Rose: Again, it's judgement isn't it? It's about not wanting people to think that I'm not willing to be part of the service and the group and make an effort and appear difficult. That's always been a thing. I don't want to come across as being awkward and difficult and whenever you ask for a reasonable adjustment, there's always that feeling of like am I asking for too much? Am I expecting too much here? And it shouldn't be like that. We should feel like this is completely acceptable to ask for. That's one of the things I feel strongest about for young people is developing their ability to self advocate and be confident enough to go “no, this isn't for me”. And this is what I need right in this moment. And that is absolutely okay, and I'm not being unreasonable and difficult and awkward.

Amy: Do you feel that you might understand that position that young people are in more than say someone who doesn't have to ask for accommodations?

Rose: Yeah, definitely. Definitely. Yeah.

Amy: Yeah.

Rose: I think we go about our lives in terms of if something doesn't personally impact you or you don't have an understanding of it, you're oblivious to it. The other day I read something about someone put on social media, a black person said black people are always conscious of when they're in a shop and keeping the receipt right before they walk out. Every time I put the shop receipt in the bin before I walk out that door. Now every time I do that, I think that this is a privilege. I've definitely got my blind spots about other areas of difference or disabilities that I've no personal connection with or knowledge of them. I think once you've got that connection with something then, yeah, it's gonna make you more understanding isn't it or aware?

Amy: Yeah, absolutely. So I'm aware that we're going towards the end of the hour. I just wanted to say that I can tell that what you've kind of shared with me has been quite powerful and it's been powerful to hear. It's also really hugely validated and I feel quite selfish really sitting here speaking to all these people because it's been a hugely validating experience for me. Thank you for stepping up and being part of this voice and it's been really valuable for me and hopefully valuable going forward as well because there is such a wealth of experience and we have a privilege in ourselves. It’s fantastic to hear that somebody who found early learning a bit more tricky is able to sit in the room with young people who may be experiencing the same thing and can really understand that and share that experience with them. So I really really appreciate you sharing your time today.

Rose: Yeah.

Amy: Is there anything that we haven't talked about that you wanted to bring to the discussion?

Rose: No, I think yeah, it's been quite cathartic: So yeah, thanks for listening. Yeah.

Appendix ix

'Grace' Interview Transcript

Attendees

Interviewer: Amy

Interviewee: Grace (pseudonym)

Amy: Would you like to tell me about why you wanted to be an Educational psychologist?

Grace: I think it started off when I was a teacher, first of all and the kind of areas that I was working in were very deprived areas and I felt like I wasn't meeting the needs of all the children. So I wanted to be an Educational psychologist so that I could kind of get underneath that with the psychology and understand developmentally what was going on for children and have a bit more of a picture holistically of their needs. Obviously, I was already kind of interested in psychology from adolescence. I just never went that route, I went down the teaching route.

Amy: That's interesting, so you said, you're interested in psychology?

Grace: So from A Levels, I should say that I wanted to take A Level psychology but my sixth form college that I went to didn't do psychology. So I took the nearest things which were sociology and philosophy A Levels, then people were saying, "be a music teacher, that's one of your strengths, the music" and then I kind of went down that route and then as a teacher, I came back to the psychology, having not been able to do that earlier on.

Amy: Mm- Yeah, that's interesting. Thank you. Could you tell me a little bit about your training?

Grace: So, I went to [redacted] University. What can I say about the training really? I think it was a very child-centred approach. Would you like to know more about how I found the training or kind of the approach? What are you looking for there?

Amy: I'm just kind of looking for your experiences really so I'm happy to hear about anything?

Grace: Okay.

Amy: If it helps…. If you could tell me a little bit about the kind of structure and how you felt about that or how you felt about the content or how you felt it suited you or it didn't that'd be interesting.

Grace: I love learning, I'm always researching things and I think during the doctorate it was a good opportunity for me to do that. What I found quite difficult with the doctorate is the amount of work needed. I kind of got to burn out just before the end of the doctorate. That seems to be a pattern for me actually, the burnout, throughout my career since and actually in my teaching career. So I felt like there was a lot of demand. I suppose you are working at the same time, but you were also a student at the same time.

So you've got the social demands of going out into school environments, holding meetings etc. And then you've got the university, the work demands. So for me it's always about juggling the social and the work demands, social even in the professional environment as well, having to mask through that I suppose. And then that resulted in me sort of going through a bit of a burn out towards the end of the course just before the thesis was due and I managed to finish on time and everything but I do feel like that there's a lot of workload involved in the doctorate and I suppose being autistic, even though I didn't necessarily have my diagnosis then, that's when I started to wonder whether I was autistic, that that kind of came up for me then. The burn out from the demands that I was facing. One other thing I'd like to say about the doctorate courses, we did do roleplay along the way and I am never one for doing role play because I can't put myself into the shoes of anything that I haven't been through myself. So this again was an avoidance at school with drama and things came out within the doctorate. If there are any role-play tasks, it would be difficult for me and I'd have to take a character on that I could associate with or I'd have to just be like an observer.

Amy: Was there anything else in particular about the doctorate that you felt was a little bit of a hurdle?

Grace: Not really, I don't think there were really hurdles, I like being a learner and being a student suits me, I think sometimes more than perhaps being an EP with responsibility.

Amy: Can you tell me a bit more about what you mean?

Grace: I suppose, I like a degree of balance when I'm in my workplace. I like autonomy. And one of the things that I enjoy is putting research into something creative in my work. So, for instance, I've done a lot of research on [redacted] and so I would want to research outside of my work time as well as using my CPD opportunities and then produce something creative from all of the research I've been doing. Yeah, and have that in my work.

Amy: Would you say that that's a particular strength of yours?

Grace: Yeah. Yeah I think creativity and kind of using and synthesising facts and research is probably a strength that I'm using my job all of the time.

Amy: And would you say that that's part of your autistic profile?

Grace: Yeah I would, definitely. So yeah, research, you know, wanting to know things about specific topics, would be part of that but also I've got [redacted]. What's relevant with that? I think it is when they come to me without me having to think about it a lot. And so that's where the creative side of me comes out again. So I can take things from multiple sources and then they'll morph into something slightly different or, a way of presenting some information perhaps.

Amy: That sounds really interesting and sounds quite unique as well. It sounds as if it's a bit of a unique aspect to your work?

Grace: And I think it's only enabled when I've got a degree of autonomy which comes back probably to the first point I made about that in that, I think within the EP world, you've got your casework and you've got now the pressures of doing EHC work and the pressures within a local authority. I think autistic strengths don't always lend itself to that because of the demands of what's coming in and the pressures of local authority working. I'm lucky enough to have a specialist role where I've got a degree of autonomy now where I can do some training packages and be involved in that but also do the case work alongside it. I think where I've struggled in all jobs is where I feel that I don't have enough autonomy to be myself and to, have my autistic strengths enabled to suppose.

Amy: So you've mentioned autonomy a couple of times. What does autonomy look like to you?

Grace: Yeah, I like control of what my work looks like. I'm not saying that I can't follow instructions or a working pattern but I have to have the right balance where I've got enough control over what I'm doing but also enough autonomy to be creative. So if I don't have that side, It's almost as though I can't function in that job.

Amy: So I'm really interested to hear about when you talk about your creativity, if you got a piece of work that you're particularly proud of or that you'd like to talk about which kind of references that kind of creativity?

Grace: Yeah, so for instance, I worked on a piece [pause] It was like a package for children. It was called [redacted]. It's basically psychoeducation on self-awareness and management of emotions and it was a child-centred project so I was lucky enough to be able to work with some children in a PRU. I had an idea for a video and then the children worked with us on the narration and what images they wanted, how much science stuff they wanted in it, and the level of things and I had a couple of assistants and a trainee and we worked on that project and we were able to produce a really creative package that the children were involved in. And now that's rolled out for people to use a psychoeducation to support children with SEMH needs.

Amy: Yeah, that sounds really good. Okay, if we just rewind slightly, could you tell me a little bit about the transition from being a trainee to a qualified EP?

Grace: Yeah. Open questions aren't my forte.

Amy: I know It's such a difficult thing to put on people because I know I would absolutely hate it myself. So I really thank you so much for throwing yourself into it.

Grace: Yeah you can probably tell that so yeah. No. When I did my own research you do semi-structured stuff and you have quite open questions.

Amy: Yeah.

Grace: So the transition from being a trainee. I had to move areas because there wasn't enough funding to keep me in [redacted] where I was. So at the same time, I had a kind of life transition and I moved to a different local authority as well. I went into a mainstream EP role. I found the role quite challenging to start with because I found it difficult to understand the different expectations of moving from a consultation based service into a more report driven assessment sort of service. And so that was quite an adjustment from the fluidity of working within consultation and not wedded to a cognitive assessment, to the assessment cupboard being the most important thing in the service.

Amy: Did you have a more consultation based model whilst you were a trainee? And then it was the more rigid kind of approach as a qualified EP?

Grace: Yeah, that's right. And so yeah, I mean consultation was always used first, but it was very much an assessment report driven kind of service. So it was a bit of an adjustment to do that. Not sure there are any other adjustments at that point in terms of transitioning because it was a thorough course and I felt like I was really well prepared to do EP work.

Amy: That's really good. And So could you tell me a little bit about how you managed that change in expectations? How did it go for you?

Grace: I suppose I needed a kind of template for how things worked there. And once my supervisor had gone through exactly what the expectations were, I'm quite good at then shifting into that. If I've got a model, I can then replicate that model. That's something that I do well I think in life, that's how people, in the work environment, may not know I was autistic because I will take a little template of something and I will replicate it. So that's probably how I manage that transition. Yeah.

Amy: So it sounds to me like once things are clear and explicit then it's not a problem? So you mentioned a new supervisor. So could you tell me a little bit about the role that supervision plays in terms of kind of supporting you as an EP?

Grace: I always have benefited from supervision. Because it gives you an opportunity to check out your thinking, obviously. and to make sense of different situations. What I would say about supervision is that I've always found I'm very prepared for supervision and I've always got a very clear idea of what I'm expecting from that supervision. So I think I am very organised for it and it's very beneficial in terms of clarifying your thinking or seeking a second opinion about something.

Amy: So you sound like a very organised person. You've mentioned organisation a couple times. Is that something that's particularly important to you?

Grace: Yeah, through the diagnostic process and I'm diagnosis support and where I've always thought that I'm a very organised person because that's a strength of mine. What I've realised through kind of being examining, what I do in different situations and hearing how other people cope with organisation, I realised that I have, because perhaps, underneath there, I can't cope without that organisation is maybe not so much as a strength, but it's something I need to cope with the world in order to make sure I'm prepared for things and I know what's happening and that, I'm able to kind of navigate a situation with the best coping skills possible, I suppose.

Amy: Yeah, yeah. I mean that's great because part of good practice is really recognising your own strengths, isn't it? And you’ve mentioned a couple of strategies, one being quite organised. Another one, kind of having templates. Are you able to talk about any other strategies that you use to kind of further you practise and any that might kind of tie in with your autistic profile?

Grace: I suppose I have to organise myself with a paper diary. I can't really get on with online calendars for some reason so I plan to the nth degree. One of the things that I always use in my life is that I will always pay close attention to people and what people do and say for instance, what people are interested in or how even the patterns of their speech in order to be able to kind of interject, which doesn't always happen at the right time. And I suppose I'm a studier of people, which is great for a psychologist I suppose. And that's how I've used psychology all of my life. I think I've got a much better understanding now of how people work, because I've done the psychology. I think I may not have been as aware if I hadn't done the psychology. So I suppose studying people is one of the techniques that I use, but probably I'm very good at drilling down to detail. I've got a good attention to detail and so when I look at a problem I will drill down to the nth degree which probably means I'm quite thorough in identifying specific needs and strengths of a job because I will go down to that detailed level. Sometimes I read other reports and things and think ‘that's’ there but you haven't mentioned ‘that’. So I think that's one of the things that I use and allows me to kind of do well in my job, I suppose. And also I think going back to people, I think that I do have a connection to children because children don't put the same demands on you as adults. I don't know whether you think this? That you can connect to children in a different way sometimes by being autistic? I think because you kind of go with where they are whereas I don't think the demands are there on you and I think by doing that you can understand where they're coming from in a different way, maybe.

Amy: Yeah, really interesting. I thoroughly enjoy working with children. There seems to be fewer layers with children. So I really like to kind of explore that with you if that's okay?

Grace: Yeah.

Amy: You mentioned that being autistic, you think can enable you to have a better connection with children - could you tell me a little bit more about what you mean?

Grace: I suppose whenever I have been in a situation with another person and say, particularly in my work, I will always be kind of observing to see how that person ticks and what's going on for them. And I think that enables me to have a different view because maybe I don't have the same lens other people. Maybe I'm looking at those details more closely. I'm not saying it's better than neurotypical EPs…but it's a different way of connecting to someone else isn't it?

Amy: I suppose we hear quite a lot about barriers and hurdles and difficulties, but I do believe there's quite a lot of strengths and positives and almost privileges. And so it's really interesting to hear there, your perspective about how some of your autistic strengths might aid your working alongside children. That's really interesting to hear.

Grace: The other thing I'd add to that [pause] I'm just taking a little bit more time to process [pause] I think there's been this myth that autistic people don't have empathy. Whereas, I think I feel a lot of empathy for people and in particular children. And so I do feel that that makes me a really good advocate for the child because I can feel what the child is going through from that sense. Although then there's another part of me in terms of my empathy where I can, almost, read a lot of information or hear about a child who's going through some very difficult circumstances but almost I am a bit detached from that at the same time. So whereas I'm very empathetic and have the perspective of the child, I am quite detached as well at the same time in terms of being sensitive to information. I don't know whether that comes with experience of just being an EP but I can then think more without an emotional reaction to some very difficult information, which I know some people don't detach, like I do, from that. So whether that's a strength or not, I'm not sure.

Amy: Just so I understand you correctly - so you don’t find that things instinctively upset you?.

Grace: No, it's just like I can just read that [pause] obviously, I have a reaction and I'm very supportive of the child, but it doesn't [pause]I don't [pause] it's like in meetings, sometimes, I don't react to people's emotions. Because I can put myself into that mode where I can detach almost, it's just my natural way of being, I think. Whereas I do feel things a lot, I'm always crying at the TV for example, but there's part of me that, I don't know, disconnects at the same time and I do think that is part of me being autistic, that I don't respond in the same ways to things as maybe some people. It sounds a bit like I'm contradicting myself there but it's two different ways that I'm using empathy I think

Amy: I think what I'm hearing is that the way your reactions display might be different to others? So it's not a case of you not feeling them, it's how they're displayed to others? Is that right?

Grace: Yeah, possibly. But I suppose the way I respond to it is more of a kind of drive to do something about it, rather than being affected by it if that makes sense? So I channel that into what I do, rather than respond in a way where I'm upset about it if that makes sense?

Amy: Yeah, so it's more of a pragmatic approach.

Grace: Yes, that's right.

Amy: That's great. Thank you. And so if you're happy to do so, would you be happy to talk to me about things that you found particularly difficult?

Grace: I've got some things listed about this probably to be more on track.

Amy: Wonderful.

Grace: Yeah, so I find office working very difficult now. I can't cope with the lighting in offices. I can't cope with the noise in offices. And often people will say to me that I'm a bit hyper if I'm in the office. So, I try not to do any written work in the office. I can only do tasks that don't require much cognitive load, because I'm very, very distracted. I was the same at school by lighting, by noise. And by the fact, I can't just hyper focus on something. So, I'm lucky because mainly, I have been able to work from home to do reports and anything like training, that requires me to work hard on it. So that's one thing. Increasingly I'm finding the working day quite difficult now because I think I've got a couple of health conditions and this is now where I'm finding things more challenging. That the intersection between my particular health conditions and my autism means that it's more difficult than say a neurotypical EP. So, for instance, if I am [redacted] now for the last couple of years and basically I get very anxious when it comes up to the time where I need to [redacted]. I need to [redacted] and I'm finding with my health conditions, working the working day like I used to is more challenging for me. I mean, I'm lucky that we do have some flexible hours but I'm not sure that it always benefits me to kind of work the hours that other people are working now particularly with my health conditions.

Amy: Do you mean the length of the day? Or do you mean when the working day is, would you prefer to work in the evening?

Grace: Yeah, when the working day is I like to work early and finish. For me, home is home and work is work. I don't have a blurred boundary like some people do where they are in education, it's quite often valued that you're looking at your emails outside of working hours and people are on doing their emails for a longer period of time or people organise meetings for later in the day. I like to get up early, to do my work and then finish. Obviously, if I'm out and about in schools and if there are meetings, I do those things and I adjust my working day, but more and more I am becoming more rigid as I might be ageing, I think about how I want to sort my working day.

Amy: Why, do you think that is a preservation thing or…?

Grace: It's since the pandemic because I did have a difficult time adapting to the pandemic. I am hybrid working more and I'm doing more screen time. I suppose I've become used to certain ways of working, possibly plus more recently with my health I do think that I'm more tired than I used to be. And, it's adjusting to that and it's just not like how it was before, but I know that sometimes it can be my autism, which won't be flexible sometimes or if I am flexible, then it would be detrimental to me. I will then cut social time or cut leisure, I'd just burn out, if I adjust too much to everybody else's expectations,

The other thing I would say is challenging [pause] when I used to be a mainstream EP and not a specialist EP or a senior EP, I think there was less to manage. I have found it more difficult, the more roles that I have, that I'm responsible for, then I find it's very difficult to do them well in the amount of time. I do have a perfectionist streak and if I don't feel like I can give my all and that I've succeeded in something or I'm not good at doing the best I can, then I think that having multiple roles, within an EP role can be difficult.

Amy: So, being a mainstream EP role, for example, where you're doing a bit of everything?

Grace: So for instance, when I was a mainstream EP I had a patch of schools and I did my EHCPs and that seemed to be fine. Then I went on to a more senior role where I had a responsibility for the local authority hub strategy. I also had leadership responsibility. I also had my specialist cases, and I did EHCPs, and had a patch of schools. So it's four or five different bits that I was juggling and some of it was strategic work and you just can't give your all if you are split that many ways and, that is probably difficult for everybody, but I would say being a perfectionist is probably part of my autism and that's probably why it doesn't sit sometimes with me.

Amy: Okay, so can I ask then, in terms of your working practice, what kind of accommodations have you been allowed to put in place?

Grace: I can have breaks during the day, for instance, at lunch time away from people, having a quiet space. Also I'm allowed to work from home for periods of time to do things that are cognitively demanding. I don't have that many reasonable adjustments, but what I would say is you can have your reasonable adjustments but again, if you're on somebody else's timetable, if you're going into schools, you can organise yourself more or less with the school day, but if you're in meetings for other things, you're working around other people. So people might have back to back meetings and then I wouldn't be able to take my proper breaks depending on the times that are scheduled for breaks. And so I find that a lot of people just work through lunch. We're sitting there and I'm eating which doesn't do me any good eating with people either for digestive purposes. People in education just seem to want to push on through whereas we all know evidence says that we need to take breaks for our arousal system anyway, so it should be something that should be a system wide approach where we're have breaks for our well-being, but it's almost like reasonable adjustments are only what we should all really have in some sense is all be entitled to. So I think that's a wider issue rather than it's like a spitting again into a neurotypical world and whether it's neurotypical or just an educational culture, it doesn't help us when we're autistic and we need accommodation.

Amy: Yeah, so I'm really interested to hear how you feel about either needing the adjustments or requests in the adjustments? How do you feel about that?

Grace: Like I've said, I feel like I do need these adjustments, but I feel like I shouldn't have to need them because we should be entitled to certain things.

I do always feel and this probably comes on to a bigger issue now of kind of me not coming out as autistic until very recently. One of those reasons is because as a person, I'd like to blend into the backgrounds and I don't like people to kind of see me although they do see me, so I don't like people to think I'm struggling as well, that being autistic is a deficit in the way that I do something differently but they may perceive that as me not being able to do my job, so, asking for these things is quite difficult andI've only had the reasonable adjustments since having a diagnosis and there's probably a lot of EPs out there without a diagnosis.

Amy: Yeah, probably.

Grace: Yeah, and it's about asking for these things, and not feeling like you're less of an EP.

Amy: Do you think that there is a bit of a maybe subconscious kind of connection between competency and asking for adjustments.?

Grace: Possibly for me. That's how I feel. It's not just because of me, but I was struggling a bit at work and I sort of blame to myself that I wasn't coping because it was something within me, but I realised now coming out of that high pressure environment, it was actually the pressures that were placed upon me in a very stressed system in the place that I was working. And then when I did disclose that, I could possibly be autistic. And that, I was going to go forward for a diagnosis. I was told by my supervisor, but we won't write that down, it's something to be ashamed of. So then it was ages before I raised it again because even though I was working in SEND, there was this, I don't know, barrier if you like, to being open about being autistic. I don't know why when we work in inclusion,

Amy: How important is it to you that people know that you're autistic?

Grace: It's very important to me now and it has been very important outside of work. I'm always proud of my identity and always have been outside of work, but it is very important that people know I'm autistic now because I don't think I'm being authentic. But I think there's kind of levels of things. So, I feel like I have started to disclose being autistic to my team and in some training that I'm doing where I've seen people over time, but then I worry about disclosing it, when I'm working with families and children and again how will they perceive me, will I not be a good enough EP? It depends on people's views of what autism is. Not everybody views it as a difference. So I suppose it is important to me and I'm trying now to navigate when I share and disclose being autistic and what's the right level of disclosure? And who to?

Amy: Yeah, yeah, totally totally empathise with that, especially when working with families and young people because it's that fine line, whether it’s something that's relevant to the conversation. Particularly, if that is the topic of conversation…

Grace: Yeah. Yeah.

Amy: Which happens quite a lot, but also you don't really want to derail it. You don't want it to make it about you, it's such a real difficult balancing act that I think is probably going to take me many years to kind of refine. And It's really beneficial for me to hear that from you because there is such a lack of visibility. Is it something that you feel able to talk to other people about?

Grace: I do talk to people about it. I've got a colleague who I worked with, who has just had a diagnosis of ADHD, actually, and we're very open in talking about our differences with each other and how we find different aspects of working as an EP as strength based [pause] and some maybe more difficult than others. But I do think it's difficult to kind of have that conversation because people aren't all in the same place with how to be authentic in the workplace and what it means. I don't think [pause]. It's a difficult one. People take their own kind of experience of autism. I have a really supportive colleague who is really supportive of me. She'll know when things are too bright and things like but then sometimes it can then overtake that, it's about [autism] and not everything else. So there's a balance with how people perceive autism and kind of what that means for you professionally. I think.

Amy: Could you explain that a little bit to me? about what it means to you professionally?

Grace: Whether it's your autism or whether it's just something situational that's happening. For instance, I'll try and explain that the other day. I haven't been very well recently with headaches and stuff. And then “it's because you've got multiple sources of information coming in, it's the screen”, that is the issue. I'm like, “No, not at the moment. I've got a headaches. I do this every day. I know my limits with multiple sources of information. This is like headaches”. So does that make sense? So,

Amy: Yes, it's not always autism.

Grace: Not that autism doesn't always affect me professionally. Everybody has screen time and no I don't like simultaneous auditory and visual but I turn my volume down or I take breaks or whatever if I need it if I can. So it's not always about that but it can become about that sometimes I think and that's what you don't want, is it? Because then that's the balance.

Amy: Yeah, do you think that's one of the risks of disclosure maybe?

Grace: Yeah, yeah, I think so. Then does it become about your autism when autism is part of your identity but there's lots of intersections there, different things that might be well, affecting the way I see the world or my experiences.

Amy: I suppose in terms of the wider picture and the research and obviously the reason why we're having this conversation today is around visibility. and it's really interesting to hear that you talk that you have a colleague who you feel that you can kind of empathise with. Could I ask what your thoughts on what visibility would bring to autistic EPs?

Grace: I suppose visibility would normalise autistic EPs in the workplace. Like that it is a possibility that you could be working with somebody or just it's a possibility that there could be an autistic person in the room and I'll probably go on a bit of a tangent now. But sometimes when you do training, when people don't realise, there could be people who have whatever you're talking about as their experience. and I think sometimes when you talk to a group of professionals, I do a lot of training with teachers, for instance, or school staff, sometimes you can be talking about the experiences that people have had and sometimes I feel like when people talk about autistic people, they mean children and they don't recognize someone could be sitting in the room that is autistic and it's about normalising that it is a normal part of the population. You know, it's a normal distribution to me that a certain amount of people have neurodevelopmental differences.

Amy: Yeah, absolutely and that's what I thought as well which was why I could see research into autistic doctors I could see research into autistic teachers I can see no research into autistic EPs and so that's where that kind of raised the question is it that there aren't very many or is it a lack of visibility? And if that's the case, why? And it's really interesting that it sounds like what you're describing there is othering?

Grace: Yeah. Yeah.

Amy: And that's what can happen sometimes do you think as a profession, we can sometimes fall into that trap.

Grace: Probably. Yeah, implicit othering

Amy: Mm-hmm

Grace: I think so because I suppose it's just not normalised as professionals and it's like, why have I been hiding for all of this time? Why did I not feel that I could disclose? Because for some reason, there is this like you say, I don't know, a divide there that we work with children with differences, but it's not adults and I think there must be something in that around how generally autism was being seen as a childhood, I want to say condition, because I don't like the word disorder and I don't like the word condition either, but it's a childhood experience, I'd probably use and I don't think there's much research into the impact of being autistic in a neurotypical world as an adult.

Amy: I think possibly that might connect back into competency. If we think about autism as associated with children, and I don't know what you're experiences like, but I know I've been certain situations in health situations. For example, where if I disclose them autistic, I do then get spoken as though I’m a lot younger than what I am so I wonder if there is that correlation there between kind of being seen as a young childhood condition?

Grace: Yeah, and that's why I suppose you would be hiding in plain sight. I've had the similar experiences in health, health is a big source of distress for me at times with invasive procedures and things, and I'll have to say that I'm a different person in the professional world than I am in say a health environment. You need a professional mask because we all have one whether we're autistic or not autistic, but it's just I think the connotations of removing the mask, I don't know what they are necessarily. If you don't feel safe, it's all about feeling safe, isn't it?

Amy: So vulnerability?

Grace: Yeah.

Amy: And so we're coming up to what's the end of the time that we've put aside for this so I was just wondering whether there was anything in particular that you wanted to discuss and that we haven't had a chance to discuss yet?

Grace: One thing I would say is, I suppose, the way I look at things now is through, intersectionality I suppose, and without it being maybe a binary distinction between autism and neurotypical. We've got lots of parts of our identity. It feels as though I'm continually coming out throughout my life in different ways, and I think for me, the main thing I'd like to stress is that the intersections of different parts of me, along with the autism that maybe influences the way I am.

Amy: So with some people, being autistic permeates every aspect of them and what I'm hearing from you is that you perceive it as there are multiple components that make up you that have equal weight?

Grace: Yeah, I don't know what weighting I would give them. I am autistic and I think it permeates everything but for instance, I'm also [redacted] and does that permeate everything? There's lots of parts to my identity and the way I present in certain situations is probably not just the autism but how the autism presents with another thing in my life. I can't really explain that other than before my health conditions I feel like I did cope better with the working day than I am now. So it's like autism is there, but then there's something else as well, that is influencing is not purely the autism. It's the autism and how it interacts with another part of me, or with that environment.

Amy: And do you feel that autistic part of your makeup is maybe perceived in a different way to say [pause] so you've said that you [redacted] and you've mentioned that you're [redacted]. So if you're in a meeting and they were talking about a child who was experiencing difficulties and the difficulties originated from being [redacted], would you have the same concerns around saying " I'm [redacted]" as you would around saying " I'm autistic"?

Grace: No. That's a really pertinent question. Probably, no, I wouldn't. And why is that? Because I suppose, you say it's about competence. It's what it comes down to, doesn't it? I don't know whether I think there were any competency issues with being a [redacted] EP but are there because of how society views autism, will there be people who see it through a deficit lens? The autism? So, yeah, that's an interesting question.

Amy: If we go back to that you've mentioned that [redacted], if that was a topic of discussion in a meeting, would you feel the same way as you would disclosing being autistic?

Grace: I think that's more similar to the autism actually because generally if I'm doing training, I will always just say [redacted], which was the basis of my thesis actually that I did my doctorate, then I would be more careful I suppose to what I disclose. But I think, let's put it this way. I probably wear my [redacted] to people. And they have their perceptions of me because of [redacted], whereas, the autism, maybe I consider that that can be masked more than [redacted] can, because I've always been really strong in my identity as a [redacted] and [redacted] I suppose. But when it comes to autism, it's hidden. It isn't though because some people aren't surprised when I say I'm autistic, but I perceive that it's more hidden than that part of me.

Amy: Yeah, I understand. I wonder whether it's because it can be masked that sometimes, it feels safer to do that?…

Grace: Yeah, I think so. But I am trying to push forward with embracing it and kind of being as out as I am in terms of [redacted]. But I'd say they're still barriers. The ones I've talked about. Yeah.

Appendix x

‘Joanne’ Interview Transcript

Attendees

Interviewer: Amy

Interviewee: Joanne (pseudonym)

Amy: Can you tell me about why you wanted to be an educational psychologist?

Joanne: I've always loved psychology. That was obviously my undergraduate degree and I was interested in how children learn and child development. I thought that educational psychology would be a natural progression. And I trained [redacted]. So I went through with that training route. And I taught for 10 years before I finally plucked up the courage to apply for the EP training. I was put off by the fact that it was an interactive [pause] well obviously teaching is a very interactive job, but as an educational psychologist, it seemed to be that you're kind of in the spotlight, in that expert role, and I was a bit concerned about that and that one of the things that really put me off is that I knew that you had to have the group interview to get on the course and I hate those sort of things. I know everyone does but I'm particularly terrified of them and the thought that just put me off but I did it in the end and I suppose, a lot of people have said to me, and as an EP, your passion for psychology is so strong, that really comes across and I suppose it's the autistic mind, isn't it that when Lawson wrote that book The Passionate Mind which is so apt I think and the monotropic mind, we just get fully stuck into things, and I suppose that that was my reasoning for going into educational psychology. I had doubts from a social interaction perspective. At the time I didn't realise that I was having sensory pressures and that aspect of the job is very challenging, but yeah, my main reasons were going into it was for a passion for psychology and a real keen interest in how children learn and develop and being able to help children in education who are disadvantaged or struggling in some way because I love learning so much and wanted to share that passion with children, really.

Amy: Yeah, that's fantastic. Thank you. you mentioned a little bit about your training. Are you able to tell me a little bit more about how it went? I know you mentioned the group interview as part of getting on [the course]. So is there anything else significant about the training that you'd like to discuss?

Joanne: I found it incredibly difficult in the sense that I mean, I knew from being an assistant EP before I trained and I knew that the profession is all about presenting yourself in a certain particular communication style, which is not natural for me, and because I already learned how to camouflage and mask that amplified it felt like times a million throughout the whole course and you start hearing these awful narratives and at the time I wasn't diagnosed but I self-identified as autistic and felt that I couldn't really be open about that, and had to hide it so camouflaging and masking shot through the roof, and so it's really quite a difficult time. And I know a lot of people who found the Masters to do the training in one year difficult anyway, but I found it quite difficult. So for example, the very first meeting we had the course Directors said you've been chosen for this course because of your superior social skills, and I'm thinking that's not true for me. I know that's not true. I've faked it to get on this course, and I know that I've had problems with that throughout my previous career, throughout my childhood, and everything. So I felt like an imposter right from the word go and that if I was going to succeed I would have to really work at it. Which I did.

Amy: So you mentioned about camouflage and masking, what does that look like for you?

Joanne: I suppose, using the kind of communication style that non-autistic people use, phrases, the nonverbal communication and once you get into that pattern, it's very hard to unlearn it. Suppressing sensory stuff. So if you're experiencing sensory overload, you have to just completely act out like you're not getting it. So if you're in a busy classroom, if you're in a room full of people and you can't discriminate what the person you're talking to is saying, you have to just absolutely focus and really get in there to understand what they're saying and that takes a lot of effort. Sometimes you can't block out what's going around you and then you feel that you look incompetent or that people think that you're not quite with it in some way [pause] yeah a lot of masking. I just say that you never really drop the mask until you come back home and you're in your home and then that's it, you can be yourself, but from the minute you're at the door in the car, and as you go around for the day in the office and all the rest of it, you can't be yourself and that sometimes I think we deserve an Oscar.

Amy: Absolutely, it's so insightful for me to be speaking to other people during this research. I am actually finding it really beneficial for me because I just haven't come across other people with similar lived experiences to me and it can be quite validating really to just hear what other people are saying so yeah, everything that you're saying is it's just so interesting to listen to and obviously we're all different. So, could you tell me a little bit about the transition from being a trainee to being an EP?

Joanne: I guess I was just relieved to get through the course and to pass it. and I guess when you're [qualified] you haven't got as much supervision, although, you still have supervision, it's, you're not on your own, but it feels quite scary, I guess. And also the fact you've got to establish so many new working relationships in all the different schools you go to and I found that particularly taxing. There's obviously a lot to take on in your first year and so all of that novelty was quite hard getting into new routines, even though it wasn't an area that I was familiar with and the responsibility of it really the fact that your professional decisions can really affect a child's future outcomes in life.

Amy: Yeah, so a lot of responsibility there really? And you mentioned supervision. Can you kind of describe how supervision works for you? What it means for you?

Joanne: I've probably always found this a bit tricky because usually my supervisor is non-autistic, so there's a mismatch of salience and it feels like there's a lot of compromising which is I think sort of fitting into the role. There is a lot of compromising you’re doing a lot of camouflaging and acting out and sometimes in supervision, before I disclosed you still get these sort of ableist narratives, and that's particularly hard. So it's just that sinking feeling when you hear something. It should be a two-way thing. Sometimes it felt towards the end when I had disclosed that the supervision sessions were more about the supervisor learning more about autism, It felt I was giving a lot, but then you have to be quite careful about how much of your personal experience you share and that's quite hard to know because you're often having to sort of speak in the moment and you don't really get time to process it. So yeah, I've had very very varied experiences of supervision, some good and some not so good.

Amy: So can I just explore that little bit with you there you mentioned about being careful about what you talk about and it alludes to a sense of vulnerability maybe? Could you just explain that a little bit more for me?

Joanne: I think there's a feeling that it could be used against you. It could be used to limit your opportunities for career development and for going on courses. So for example, if you share that you find the sensory experience of travelling difficult, somebody might decide that you can't go on a course, because it'll take too much out of you, but really there should be a reasonable adjustment in place for that

Amy: Is that something that you've experienced?

Joanne: I don't really want to say too much. I've had some quite varied experiences, some very positive, and some [pause] quite challenging. Yeah.

Amy: That's absolutely fine, it's entirely up to you. I'm not sure how little you want to talk about it?

Joanne: I’ll just say [there are] some absolutely lovely colleagues in the EP profession and other professions who I have shared my identity with and they've been absolutely lovely and want to learn more and ask how they can help. But that's quite a minority. They're not afraid to ask and say “I'm just going to move this chair here. Is that all right?”, or “I'm just behind you”

Amy: Do you think that asking is quite key?

Joanne: Yeah, because otherwise if people are kind of meeting you halfway and they're open to “how can I help you?” That kind of attitude. You're not always the one having to do the legwork and to go cap in hand and beg for something. Because in a neurominority group, your needs are not met. So to have them met you're always having to ask for something that isn't in place because the majority as a rule have their needs met. What happened in Covid is they didn't have the needs met and we saw what happened? For us that's our lives on a daily basis, on a day-to-day basis, so we have to ask for them and that feels quite belittling and disempowering powering really. I just really like it to be safe for all autistic people across the age range, children in schools, adults in the workplace wherever and where everything is available and there is no need to ask for these extras. The reality is that's not going to happen in the near future. But I'd like to see that, that is the goal or the aim.

Amy: Mm- So you touched on it a little bit there but asking for accommodations, how does that make you feel?

Joanne: Nervous because you don't know what the reaction is, a sort of feeling that the reaction will be about entitlement or getting something that is more than what other people have or perhaps not understanding that for you to have that that's like breathing oxygen, it's a thing that you absolutely need. It's not an extra, being extravagant or greedy. It's just having something that you basically need, in terms of Maslow's Hierarchy of Needs. It's sort of the bottom of the pyramid. The majority will have their needs met for most of the time so yeah, the feeling of having to ask them, afraid, feeling that what's going to happen if it's declined? How’s that going to make me feel about continuing? Also the understanding that if you've been masking people assume that you can do it and that there's no cost to you, but the cost is actually, well we know what the costs are for camouflaging.

Amy: What's the cost to you?

Joanne: Emotional wellbeing and it's about identity, so psychologically I connect with people where I am validated for my identity and focus on that. So I have to focus where I get that positive validation and that is with my family, with my friends and with the local autistic community. So you get validation in that way.

Amy: It's interesting isn't it? Because of the cohort of people that we work with, the cohort of families and children we work with, autism is obviously something that's discussed quite frequently. But then previously you mentioned something about hearing some ableist comments within the profession. So would you be all right to explore that a little bit? What did you mean by that?

Joanne: So there's a general narrative and you can tell because of the language and the terminology that most EP's will use about autistic children. And is that it is another group, really quite ableist narratives, derogatory terms referring to theory that is outdated, I mean theory of mind, you know, what about the double empathy problem? It's been around for a long time and it isn't really put into practice enough. I don't think it's in people's thoughts. So generally I think it goes back to this thing about training, you've been chosen for this profession because of your good social skills, your superior social skills. So people have this feeling that being non-autistic is the preferred way to be so even people that say something like communication differences or they say, autistic people have positives as well. They still think the preferred way of communicating is not autistic and being autistic is inferior, and that sort of thing. But also you hear ableist comments, “don't be so autistic” and it's always used in a derogatory way. I think when you disclose people are careful about what they say, but you can see it in unconscious bias. You can see it in nonverbal leakage. And you can see in the reports written about children that it's quite obvious. That autism is not accepted. So you do take a risk, sharing disclosing that you're autistic in the profession and there is quite a high risk of I would say out of all of the and groups communities, whatever that I mix in I would say that the EP profession is probably the most intolerant of autistic ways of being in a difference and diversity and that's over quite a few years.

Amy: Okay, could you give me some examples? You've talked about the ableist language and stuff like that, so how is that in comparison to family and friends?

Joanne: The autism groups that I go to that are led by autistic people there is complete acceptance. You can just be as you are and you are accepted. And family and friends. I haven't told all of my family, not my extended family, just my immediate family because I don't particularly want to make a big deal out of it. I sort of interact quite a bit with my neighbours, but I haven't told them for example, [pause] levels of acceptance as well are far higher but there is this feeling of judgement. I would say in the profession you're judged in terms of whether you're worthy of the diagnosis or whether you're worthy of that identity and whether you're worthy of any support, it comes with judgement and it's actually quite unpleasant.

Amy: Do you think that might be kind of entwined in the role itself?

Joanne: Yeah, I think because the role Inevitably is about making assessments and recommendations about what provision is needed to meet need. I think it's hard for some EP’s to get out of that mindset. And there's also a feeling of anti-diagnosis. I think it's up to the individual, and I think if somebody does see the diagnosis, I don't think it should be judged. It's like if someone says you don't look autistic and let's face it most autistic people probably had that comment said to them. It's just not on. You don't do that. You don't make [pause] It's a protected characteristic. So if somebody was to say for example, "I'm gay”, saying “you don't look gay”, you just don't do it. You just accept it. So really if the mindset was not so much about judgement, but okay, so you're autistic, so you'll need, as a minority, what can I do to help? That should be the automatic thought. What can I be doing to help this person? But the automatic thought seems to be one of judgement.

Amy: In terms of autism, do you think it's viewed differently as opposed to other protected characteristics for example?

Joanne: I think there's far more stigma about autism than there is about Dyslexia ADHD for example and other neuro divergences and disabilities. I think there is a lot of stigma and it comes down to communication. There is something about social interaction that there's less tolerance of difference. I just wish there was more because somebody could have some quite divergent communication style for example, but they might be a really really kind person. What if we could look at other qualities about people and look for those things and not just this superficial thing about [pause] you know there was the research that Sasson did about how non-autistic people make very quick judgments about autistic people in a flash and that one of those judgments was “resistant to change”. I've had that so much in my personal life and my career and those kind of negative judgments that people make and I think it's hard because it means you're up against a lot of othering criticism, sometimes bullying, sometimes blatantly, and that becomes expected in a way like you expect the comment, you expect something to be said. I just think if there was more tolerance, that would help us and how we ultimately help the children because if those attitudes are there with the professionals working with the children, that's going to come out through practice, to the teachers who will pick up those values and to parents

Amy: I just wanted to say I can tell what you're saying to me is incredibly powerful and I just want to say how much I appreciate what you are sharing so it's not going unnoticed at all. The emotional load that it must be taking to share this stuff because it is a difficult thing to talk about. You did mention bullying. Is there anything in particular that you'd be happy to discuss around that?

Joanne: I don't know if I can say too much without being identified but just to say that, it's happened a lot and it's happened across a lot of different [pause] and I've had backing [pause] but I know it's not in my mind. I know that other professional people have looked at it and said, yeah that is bullying and I think one of the things is, I've learned to suppress a direct communication style. And I use the passive voice and the beating around the bush and pussy footing around that seems to be used in this profession but sometimes I can come up with direct things if it's something I feel is an ethical issue. Or something that is very important or something that is wrong, and I don't think that is liked because sometimes you're rocking the boat. If you stick up for what is right, but there aren't the resources to do that, then sometimes I think you can be targeted if you put your head above the parapet.

Amy: And do you think that's something that's part of your autistic profile?

Joanne: Yeah. Yeah, I'm honest and tell the truth and want to do what is right. So if I flag up a BPS rule or an HCPC Competency or something like that, somebody won't like it, because it means more work for everyone.

Amy: So you've mentioned there that's definitely a strength which directly links into what you recognise as part of your autistic profile. So can you tell me a bit more about your strengths which you tie into being autistic?

Joanne: I did write some notes. I would say it goes back to that thing, like getting stuck into things being one thing. So it has meant that I've kind of explored different areas and sometimes I take the initiative. They say autistics don't like change. I would say routines are important, but sometimes we can take the initiative and take on something new. For example, I was suggesting video conferences years before Covid. They were like “We've got to have face to face” and then Covid happens and everyone is doing it and now people see the advantages and that's our sort of hybrid way of working now. So sometimes I can sort of think of new ways to do things and take initiative.

Staying up to date because I read a lot around psychology and then that information is passed on to my colleagues and some people have said your passion for your subject is really infectious, it's really great to see and it keeps things alive in the team. Another thing I would say is a strength is that I absolutely do what I think is right for the child and I'm not persuaded by any other agenda or anything else. It’s what is right for the child.

And so another strength…. Do you mean things about my character, things I've done or?

Amy: I would be really interested to hear about things you've done. So I was going to say then you were talking about kind of championing the voice of the child and the child's experience. So if you got a particular example of a piece of work that you're proud of or anything that you'd want to share?

Joanne: I had a mum who came back to me. Yeah, the feedback I get about my reports is that they're very thorough and detailed and schools like them and parents like them. But the SEN departments hate them because they just want bullet points and just figures and numbers and things, they hate them. So I've had that feedback about my reports and one mum got back to me and she said she cried when she read the report. And I thought “Oh God” she didn't like it. But she said she cried because it was the first time she had a report from a professional that wrote about her child in a positive way. And that she felt that it addressed all of his needs and the support that he needed, but at the same time wasn't ableist.

Amy: Why do you think you were the first professional that had written a report that made her feel like that?

Joanne: I think because I'm sort of coming from where they were coming from, which is the social model of disability. So the neurodiversity model. And I think that there was misunderstanding about what that is. And I think a lot of professionals will say “Yeah, we practise from the neurodiversity model”, but it's the same mindset of we need to try and discourage the autistic ways of being and trying to get the child to be none autistic, or if we do put anything in place, to support that's not the preferred way of being. And so I guess it was because it was the first time that a professional had said “your son is autistic. And that's okay, that's fine, but it's not okay that he doesn't have the support he needs so this is what needs to be done” sort of thing. Whereas, I think previously she thought reports were like “your son's autistic, and that's not okay, but he needs support or something”. But I suppose that's the difference. And then the other thing is from personal experience I know when I read my [diagnostic] report, some of the things, I wouldn't have phrased it like that, but I accepted because I knew what I was getting into although I didn't like it. I've just read it once and that's it. I'm not reading it again.

Amy: Do you think your lived experience influences your practice?

Joanne: Yeah, it does and it did before I was diagnosed but it's definitely the experience of being in that neuro minority group. And not having any needs met and having to do something about it either ask for resources or change what you're doing. Yeah, it's obviously not the same as an adult [pause] with children and I think that parents experience sort of vicarious ableism and discrimination, even if they're not autistic themselves. They get the same, they have comments about their children and they have to listen to and really quite pathologising discourses about their kids and so yeah, I think that personal experience has probably had an impact. There's more empathy and I think a lot of EPs are so remote geographically, physically, emotionally from the autistic experience because they may not have any autistic family, autistic friends, because autistic people have either gone unrecognised or have been kind of institutionalised and put away that they don't see that as a[pause] they don't have experience of it. So for example, my partner really understands autistic people because he lives with me and he understands and it's through that daily living experience that you get that and I think a lot of the EPs are quite emotionally remote. So they come up with really insensitive comments and things without really thinking about how offensive it is and actually they wouldn't say that about other minority groups. Perhaps the awareness isn't there but as I said earlier, there are individuals, there are a few people who really want to try and make things better. They know that things are not right at the moment. Perhaps they need a bit of guidance and confidence to know what [pause] I think some people don't know what to say, that they're a little bit nervous about saying the wrong thing but your research about raising visibility, I think it's a good thing because I think that EPs should be able to just have a conversation and say, and hopefully that will help the ones who don't [pause] that are always EPs who haven't accepted the broader understanding and definition of autism and still think of autism as being nonverbal boys and stimming all day. That's what they said. They haven't accepted the broader understanding, looking at the behaviour not the cognition, I think it's the profession. It's very much the understanding of autism, from the behaviour perspective. But that's understandable. If they're not autistic. You've got a double empathy problem. So they don't understand. They're saying that autistic children are a puzzle? Yeah that that is perfectly reasonable to be puzzled by it if you're not like that yourself. I think we are at an advantage.

Another thing to say about strength is that sometimes when I've been interacting with an autistic child, as an observation and I don't feel pressured to talk. So this is nonverbal interaction and it's all sensory stuff and it's really nice. And then I'm conscious that I'm being observed, observing, working with this child. And then I feel I've got to start camouflaging and feel this pressure to start talking incessantly, which is often what happened. So there's that sort of understanding there and [pause] yeah a lot of parents have said “you really understand my child. You really get my child”. And I haven't necessarily disclosed to them. And I'm thinking yeah, that's because I'm exactly like your child and I know what they're thinking and I know what they're feeling sometimes. It's quite uncanny, the similarities.

Amy: You mentioned there about disclosure and stuff like that, how important is it to you that people know you are autistic?

Joanne: It's not particularly. I mean in the early days I disclosed too much because I was so relieved and I wish I hadn't really but it's done. I'm kind of over that. if I need to let somebody know if I think that I'm going to need an adjustment or an accommodation or something like that, that's important. Since I've been [redacted] though some parents who have said “do you mind if I let my child know that your autistic” because they've heard, through the autistic community that I am and “do you mind if I let my child know because I think it'll help them” and I'm like,” if you think that is appropriate”. So I've said to parents they can decide whether they think that's appropriate for the child to know or not, but nine times out of ten they're not really bothered to be honest, which I think is good.

Amy: Do you mean that you think that the children are indifferent to it or do you think it does make a difference to the young people, if they know that you're autistic?

Joanne: I think it could be that they're just so overwhelmed and they're actually quite unhappy in the school experience, that it's “oh it's just another person coming to work with me. And here we go again”. So it could be that they're not really registering it or it could be that they don't have any kind of prejudices and they accept people for what they are. Because it might be that they work with a non-autistic EP who they really get on with. When I first was diagnosed I was relieved and I felt the need to tell people andI think I've learned that [pause] I would just be careful about who I disclosed to and I think that's always an ongoing dilemma. On the other hand, I think. If you are open about it, it should reduce stigma because we're everywhere, in every profession, in all walks of life. And to me it's not that extraordinary, for me being autistic is perfectly ordinary but not having your needs met? No, that's not ordinary, that's extraordinary, but I think it could help just the ordinariness of it, the normalness. I'm not saying that being autistic is ordinary because it's not because we have real challenges in everyday life and it really is a struggle sometimes, but it's just so people can understand that. Because quite often when EP’s talk they talk about autistic children and people as though they're not in the room. Because if they were they wouldn't be saying those things orthey shouldn't be saying those things. They would have a real problem if they were. The lack of empathy but. The article that was in the BPS, Psychologists should be recognising “Yes, I will have worked with autistic colleagues in the past. I may be working with autistic colleagues now, and I probably will do in the future. And that is normal.”

Amy: I found it really interesting that with regards to that article that there was very very little reference to Educational psychology and there was quite a lot of reference to Clinical Psychology. Is that something that you picked up on?

Joanne: It was yes, and I kind of thought what is that about? Is it a fault of the EP profession? Possibly. But it is also a fault of the BPS because I think the BPS doesn't think that Educational psychologists are proper psychologists. The poor relation, education as opposed to health or counselling and I don't think we have as much presence in the BPS. I know we're smaller in number, but I don't think we have the same kind of status even though it is the same training route now.

Amy: So do you think it's because there are fewer EPs or do you think that you're less likely to be an autistic EP as opposed to an autistic Clinical Psychologist?

Joanne: [pause]I don't know. I mean I would have thought that they would be the same if not even more autistic EPs in education rather than clinical. I mean, one of the reasons I’m an EP is that I love psychology and I’m not too great at getting on with adults so maybe if I work with children, that'll be okay. Of course, you're working with children and adults in both teaching and Educational psychology. So I mean I would have thought that there would be similar numbers. But if you look at the sort of conversations that happen on EPNet and other EP forums, it's no wonder that EPs, if they identify, they don't want to talk about it, or they don't want to pursue an assessment even if they wanted to.

Amy: So, you mentioned just before about how when you first received your diagnosis you disclosed it quite freely, which you have some regrets about. Why is that?

Joanne: Because I didn't think I would be judged. I thought that people [pause] okay, so I have needs that are different to other people and now it's official. And to be honest, I went down the formal assessment route because I thought that nobody would believe me.

I would say that I've been quite surprised because I thought that people would just accept and do the right things and just let's all sit down and talk about this, or people would be supportive but it has come with quite a lot of judgement. I think I'm quite guarded and I shouldn't be because of the people that I'm working with. But I know that other psychologists have experienced judgement in a way that is [pause] or fear that it may come if you are out or you disclose. I mean, I don't regret being assessed. I don't think I would have done anything differently, and it has shaped the way things have panned out. But there's lots of things I sort of look back on and things didn't pan out the way I expected them to.

Amy: Is that because of the reactions of others?

Joanne: Yeah, I think it's more the judgments really. In lots of different ways and I think when you learn and you self reflect and I'm still learning about myself now and reflecting back on things that have happened in childhood and understanding things that it is a lifelong journey, really? Sounds a bit crass to say but you don't really know what's going to happen and until you disclose and then once you do there's no going back.

Amy: Yeah, yeah. Okay, thanks for that. I really appreciate sharing that it's really really powerful what you're saying and I can empathise with a lot of what you are saying as well. Is there anything in particular that you wanted to discuss that we haven't had the opportunity to do so?

Joanne: I think that's most of the things and I think if I was to put it down to the main strength and the main difficulty, I'd say the main strength is sort of being passionate about learning and getting stuck in and I would say the main difficulty is being exposed to this pathologising narrative around you and when you try to challenge and do something about that, you are sometimes met with disbelief. I sometimes wish the profession had moved on more by now. Obviously it will do, and there are some who really want to help and to understand a bit more. I hope this doesn't sound too negative for your research.

Amy: No, not all. Like I said at the beginning, I just want to hear from autistic EPs and that can be about anything that's particularly important to them at that time. And what you've shared has been incredibly powerful. You're not alone in those feelings and those experiences, but that's why it is so powerful what's being said.. And so you've mentioned there, that you might be aware of people that feel that they're autistic, but don't feel able to say that they are. I'd like to think that in the future that wouldn't be the case.

Joanne: Yeah. I mean we know from the gay community what it was like for them having to hide their sexual identity so it just feels like your identity is being squashed and if you get an official identification of being autistic, then that's a red flag to a bull for some, they really don't like it. I think things need to change.

Amy: Can I ask, I put on the flyer when asking for participants, that I was autistic and I'm interested to hear from you really whether that did influence your decision to take part in the research or not?

Joanne: Yes. Yeah. I knew I would be in safe hands, because you understand and my first reaction was “yes! another autistic EP”

[information redacted for confidentiality]

Amy: I know I've said it before but I really do appreciate your contribution, it's so valuable, and it was wonderful to speak to you. Thank you.

Joanne: And you. Good luck and your third year. Good luck. I'll look out for your research when it's done.

Appendix xi

'Amelia' Interview Transcript

Attendees

Interviewer: Amy

Interviewee: Amelia (pseudonym)

Amy: So, if you're happy to do so, would you like to tell me about why you decided to be an Educational psychologist (EP)?

Amelia: That's a good question. I haven't answered that question for years. That was like an interview question. Why did I want to be an EP? So years ago I volunteered at what was called [redacted for confidentiality]. It was run by[redacted for confidentiality] for children with disabilities, and I really enjoyed that work and then when I finished school, I was a teaching assistant supporting children with all sorts of needs, and I had always been interested in psychology as well. So I have been fascinated by other people pretty much since I was a very very young child. So it was a combination of an interest in psychology and then an interest in child psychology and kind of atypical Child Development. I don't like all those phrases, but yeah that was probably it. So after I had my year out where I was a teaching assistant, I decided "I'm going to go and study psychology" and then during the course of those three years found myself kind of falling more and more into the sort of modules that were around Child Development. And then I kind of decided from there on out I wanted to be an EP mainly because I wanted to work with children and I was really aware that if I was going to train as a clinical psychologist I was gonna need to work with people with all different age groups, and I just didn't want to do that. I mainly wanted to work with children, and I wouldn't say I was particularly passionate about education, and I tend to differentiate between education and schools. I actually think that education can happen in places other

than school … an unpopular opinion in my profession … but I am really passionate about education. I do really believe that an education can change people's life chances and can open up doors for them that might not have been available…. so there was a passion about education in that sense, but I think that came a little bit later than my passion for psychology. So, it was kind of a process, in terms of how I answer that question in interviews.
I've always been really interested in justice and the sense of fairness. That's always something that's been part of my psyche, and so I really advocate kind of for social justice and so things around equity and yeah, that sort of thing I've always been really passionate about, so that kind of underpins the philosophy of why I became an EP but yeah, it was a bit of a mixed bag of things really, if that makes sense.

Amy: You mentioned that you wanted to work with children. So why do you think that was?

Amelia:I enjoy children's company. I love the way children see the world. I love how they phrase things. I love their brutal honesty sometimes and I find their energy very inspiring and I also feel that and for me in terms of professionally there was something about I felt like I could make the most impact working with children because I guess I felt that once people were adults, I'm not sure if I agree with this now, but when I was younger, I sort of felt like what once people were adults, they were a 'lost cause', whereas I felt like if I could help children that would potentially change the course of somebody's life. Yeah, again a bit of everything but I really genuinely enjoy working with children and love the kind of bits of the work that I do where I do work directly with kids. One of the things I do as an EP is I really prioritise that kind of child's voice stuff. So I do a lot of PCP work, a lot more than the traditional kind of assessment and stuff. I do a lot of listening to the child's voice and that sort of thing because I just think it's so powerful that it makes such a difference. I really do love hearing what children have got to say and they're unique outlook on the world is fascinating.

Amy: Could you tell me a little bit about how your training went?

Amelia: Yeah, it was tough. I'm sure you know how tough the training is! One of the reasons it was tough was I live in [redacted for confidentiality] and I kind of had an interesting experience with getting onto the course, because I didn't even get shortlisted at [redacted for confidentiality] and then in [redacted for confidentiality], there was only [small number, actual number redacted for confidentiality] places back then, and somehow I got into the top five which I find really fascinating how you cannot even be shortlisted in one and be in the top five in another. So, I got this place at [redacted for confidentiality] and if I wanted to be an EP and I thought I needed to do it and I couldn't bear the thought of moving so I commuted to [university] from [home] which was so tiring and, just like the sight of the motorway even now I'm still like, my God I have traumatic memories linked to that motorway and it was tough.

So, that was the first year of going backwards and forwards to [University] loads and then, my second, third years were better in that there was less travelling. I was on placement in [a local authority] which is a bit closer to [home] still a long way, but closer, but I found my placement days difficult particularly so in my second year I had quite a challenging supervisor and I felt quite, sort of, quite bullied by her at times and I wouldn't say it was particularly positive experience. I loved working in [redacted for confidentiality], some of the most beautiful places in the world, but in terms of those interactions that was quite tricky.

I just found that trying to manage being, essentially an EP, I don't know how you found the training but I felt I was thrown in at the deep end quite early on and was basically independently doing casework pretty much from my second year onwards, maybe sort of after Christmas my second year I was doing case work so I was doing that for three days and then also trying to write a thesis and manage all of that and it felt really overwhelming. I was just exhausted constantly and my thesis, I worked so hard on it and I was getting four hours sleep a night. It was tough, but I guess anybody that's done a PhD or doctoral Level training will tell you it's tough, but I just felt like the added pressure of being a trainee EP and being on placement, was a lot . So I would say it was particularly positive also [redacted] are massively disorganised, the staff were lovely and really nice and supportive, but you'd get told about things like two weeks in advance “this is happening now” and “you've got to write an essay on this now” and the premises felt little constantly changing and I just got really really stressed out by that and so the level of organisation of the course was another big stressful factor, but it was an experience [pause] I'll never forget it. I made some really good friends. [redacted] So we felt like a really lovely group and I'm still very very close to all of those guys so yeah that was nice, but it was tough.

Amy: There is really no place to hide at all, is there, with [redacted] people?

Amelia: No, no and luckily we got on really. There was no kind of falling out or anything like that. We were all, and I think it helped, because we all felt the same level of frustration at the University and the lack of organisation, we sort of banded together really well over that but yeah. Yeah.

Amy: It does feel like the bottleneck is getting on the course.

Amelia: Every service is so badly understaffed. So yeah, it's great.

Amy: And then obviously if you manage to get to the end of the course, there are opportunities out there for you because like you say, there aren't very many local authorities that are at capacity.

Amelia: Yeah, yeah amazing.

Amy: But that's really interesting because I can imagine that that would have been a completely different kind of experience really to our group where it is a full room of people.

Amelia: Yeah, and the other thing I guess I don't know whether this would be the case with you being such a big group, but when we went out on placement, we didn't go with anybody from our course, so that we were all in different local authorities. yeah, I wonder if I felt different if they would have been, another trainee

Amy: You mentioned you're travelling. What time wise is that travelling distance?

Amelia: So [university redacted] door to door is [redacted]. Yeah. And then probably [placement redacted] the longest distance would have been about an hour and a half. But if I was doing a visit that was more [redacted] nearer [redacted] it would only have been about 45 minutes. So that was a big difference from the first year where it was [redacted] I'm not good with travelling anyway, and I chose to drive. I could have got on the train thinking about it. It probably would have been better, but I did drive and it was tough especially during the winter. Yeah.

Amy: I don't know if it was the same for you, but you get to a point where you have to decide, if I want to do this I'm going to have to do it. So if this is what I want to do, then I'm going to have to do it.

Amelia: It's kind of suck it up, but I thought like that, but I don't think I realised until the first week that I did it, I'd never really travelled to work before. And I have a really really strong memory of the first few days. I remember coming home pulling up outside my house and just bursting into tears and [redacted] and saying “what's going on” and I just sat in the car and sobbed and sobbed and sobbed and said I can't do this. And he was like, “you're in it. You've quit your job, you've got to do this now”, but I do remember thinking I just can't do this and that feeling never really went away. So I wouldn't say it was a particularly positive experience, but there were some positives from it. Like I say meeting with people I did but I wouldn't do it again.

Amy: So with knowing what it's like, you wouldn't put yourself through that again?

Amelia: No, definitely not. I mean I did well. [redacted] I don't know perhaps

Amy: So you mentioned whilst you were training that you wouldn't get much sleep.

Amelia: mmm No,…

Amy: Is that because you were working through that time, or could you not switch off or?

Amelia: I was working, working, working and that is a pattern of mine. I'm such a perfectionist and I hate it when people say they're such perfectionists because I'm like, “you say that, but are you really?” I can't let little things go even when I was writing my thesis, font sizes and things, most people would probably just be like, that font size is different that I am perfectionist that little things like that really bother me and so I would spend hours, trying to make a box look like the other boxes on a page, completely not needed but it's such a compulsive thing. I can't stop myself from doing it. So I probably did more work than I needed to do but a lot of that was because I was doing unnecessary things which again is a pattern of mine.

Amy: Would you say that that's something that's consistent in your practice now as well?

Amelia: No, no, so I've had quite a journey with being an EP, [redacted] so that through my entire life up in the air [pause] so I guess partly because that happened, and I had to move out of my home. [redacted], so that almost took precedence. So it was almost like I was being an EP but it wasn't my main focus. I was kind of just living and the job was actually amazing because it kind of kept me going because it was a little bit of normality in what had happened in the rest of my life, which wasn't the best. So then, that was all kind of okay and then things kind of settled down. I got my flat and everything was fine. And then I was working full-time and I then got really really stressed and basically in [date],I'm still a bit convinced that I was patient zero for covid, but anyway, it was [redacted]. So you obviously have some other infection” so they put me into isolation, because I had a really high temperature and really bad headache and stuff and really weird symptoms, so they put me in isolation, ran loads and loads of tests and the only thing they ever found was a cold virus in my system. This is why I think that I had Covid, because I did have the really high temperature and all the rest of it but they found this cold virus anyway, so, I was whacked on antivirals and got discharged from hospital. [redacted] if I carry on like this, so I just decided there and then that work was going to become a small part of my life. I was going to basically do the minimum amount of hours that I could do to pay my bills and that's what I've done ever since so I actually went down to [redacted] I do work probably longer hours than most people do. but I work [redacted] and then that's it. I don't think about work, and that was hard at first. It was really really tempting so I turned on the laptop but, there isn't nothing quite like waking up on a hospital bed with everything hooked up to just go “what do I do?” and I think also my family were like, we almost lost you and seeing your parents crying and stuff is not very nice. So yeah, that was a big life-changing moment. So I know I'm not like that anymore, but I certainly did carry that into the job but things have changed on that front.

Amy: It sounds like you've grown in your understanding of your own strengths and you've been able to apply this strategy in terms of boundaries, reduced time and work to be for your benefit. It just sounds like a really traumatic way to get to that point. It sounds like lots of things contributed to that. What role do you think that the training had in that?

Amelia: I don't think it was the training. So I mean, I think one of the things the training never did was it we never really talked about stress or we never talked about boundaries and how to not take your work home with you but I think that it was more a cumulative effect of just day in day out doing the job. I also had a really difficult relationship with my line manager. And this is a theme, you'll notice there's a bit of a theme coming up here. I often do have difficult relationships with management and that was really unpleasant and so I was feeling really frightened on a day to day basis at work [pause] but yeah, I think it was a case of not really understanding myself as such, when I look back at that with this hypothesis that I've got that I may be autistic, which I think is probably, I'm 98% sure that I am. I now look back at that episode and think was that a kind of burnout moment [pause] was that an autistic burnout moment? Yeah, and what I know now is that I do my job three days a week. But on those other four days, I don't really socialise. I do lots of activities that are nice and wholesome but they're very solitary. So, I write, I bake, they're kind of very very solitary activities because that just helps regulate me. So I guess that's nothing that was ever really explored in the training, the pressure of the job and particularly for somebody like me who is quite sensitive. That was never, and we never, really talked about, the compensatory strategies for managing stress or anything like that. Yeah.

Amy: Okay, so you mentioned your supervisory relationship in year two and then you just mentioned them about a line manager relationship. So those kinds of supervisory management relationships. How do you find them?

Amelia: Very difficult, This is a common thing. This is a “me problem”. This is definitely not a problem with other people. I've come to realise I'm the common denominator. so I'm okay with authority as long as in my head I consider people a legitimate authority. This is again all learning that I've done over the years. So the minute somebody does something that I consider ‘wrong' or they've given me bad advice, I then no longer consider them a legitimate authority. I have a very black and white fixed kind of thinking about it and then I find myself sometimes slipping into a rebellious teenager role. So I'll be quite argumentative and, I’m not so much like this now, this is again old stuff. I've really grown in my knowledge of myself around this but I do definitely respond better to my line management. It's amazing. We've got a really good relationship. And I think that one of the things that she does is really respect my need to have things explained to me. So if she's made a decision about something and she's had to be quite authoritarian and almost if she's had to dictate something to me, she knows that I really need her to explain the reasons why. I can't just cope with her saying “because I said so” that's not enough for me: I need to know so I can make a decision and I can be “Yeah, I understand your reasoning and therefore I consider you a legitimate authority”, so it doesn't trigger that kind of inner child.

We've had conversations about that and she really gets that and really respects that and also really listens to me and she doesn't dismiss my anxiety because I can get very anxious about any changes or anything new that's implemented. I can get very anxious about that. And instead of just being really dismissive about it she actually listens and understands, yeah, so I think again I've grown in my understanding of what I need from people, but for years there have been repeated times where I've got into difficulties with management over quite silly little things actually including one [pause] so [redacted]

[redacted], but anyway, so yeah got myself in a bit of hot water there, and that's not new for me. Literally my first ever job when I worked in a shop. I got suspended.

Amy: When you're talking about that, it sounds like it's quite important for you to be understood?

Amelia: Massively. Yeah, and I haven't been understood. I've been hugely misunderstood. I've been seen over the years [pause] I've been seen as a bit a bit of a troublemaker and I think that sometimes this is why it really helps in my work because I really get these kids, I really really get them because they've been labelled that way and [pause] I'm like or maybe they just have a need that's not being met. So yeah, I think I have been completely misunderstood and it is really important and I guess one of the things that's been helpful in this new relationship is and I think she's been my manager [redacted], but I have shared with her about the journey. I've been on about possibly being autistic and I think now it's given her a different frame of reference. I think she's been like “when Amelia can seemingly be becoming a bit confrontational. She might actually just be anxious” and she can sort of always coach me through. Yeah, but yeah, I have been very very misunderstood in the past and it's led to a lot of huge amounts of shame [pause] Yeah. …

Amy: So you’re holding on to that shame?

Amelia: Yeah, I mean, because I said [pause] after so many years, “It can't be everybody else. There must be something wrong with me because every line manager I seem to at some point get into a conflict with them.” So there was a point where I was like, “there is just something wrong with me”, Yeah, that's been tough, but I think I've worked through that now, the autism hypothesis has given me a more positive way of thinking about it and understanding myself.

Amy: Yeah, so would you say that the amount of shame is reduced with greater understanding of yourself?

Amelia: Definitely. I don't work for [pause] so this was in [redacted] and when I think back I feel like I had a lot of trauma over stuff that actually happened in that workplace, though there was lots of wonderful support as well. But there was a lot of trauma stuff and it triggered old wounds, like school, because it was the same narrative at school, I was a troublemaker. It was “Amelia stop with your questions”, so constantly being told I was a problem and so, going into the workplace and that being the same narrative. It just triggered really really old stuff for me, but I definitely think that now I've been okay. You all just didn't really understand what was different about me. You didn't understand why I needed to know the answer to everything all the time. I wasn't just being a problem. I was actually anxious.

Amy:I suppose this kind of a bit ironic really when we consider the role and the role of the EP and to kind of delve into the reasons behind behaviours and underlying reasons for things?

Amelia: I feel like there has been this complete blindness and it was only recently. I don't know how you found your way on to the neurodivergent Facebook group, but I found my way onto it through an article that was in The Psychologist that [pause] so that article I feel like finally has almost opened it lifted the lid to go “do you know what? This neurodivergence doesn't just exist in our client group it exists in the whole of humanity and that includes our workplaces”. And I mean, I forwarded that article straight to all my colleagues, some know the journey I'm on some of whom don't but kind of just wanted to say look, we really need to think about this and I feel like the scales are kind of falling from people's eyes a little bit now and they're like, “yeah, we need to apply the same skills we apply with our client group to maybe difficulties that are happening between us, it might be that somebody's got a neurodivergence and that's why they need this or that I might find that bizarre, but actually that's what they need”, but yeah, it is a strange irony that there was such a blindness including to myself I think I was blind to my own differences [pause] bizarre.

Amy: I mean, I don't know if you noticed but in that article, there was very little reference to educational psychology?

Amelia: Yeah. Yeah. Absolutely. Yeah.

Amy: And it was quite heavily weighted in clinical. Why do you think it lacks visibility in education psychology?

Amelia: I have no idea. I don't know whether we're a less self-aware profession because the therapy side of things Isn't sort of mandatory as part of the training. I think it should be like having now gone through years of therapy myself to work through some of the issues that I've experienced. I think I should have had therapy even before I even started, because there was stuff that I took with me into the workplace that I did not know I was carrying so yeah, so maybe we are a less self-aware profession. I don't know whether it's also the age of the clients that we work with. I know we work with adults, but also the young people that we were working with there's almost this sort of othering, because they're younger than us. I don't know…[pause] because that's something that I've been talking about in our service quite a bit, is the idea of autistic teachers and autistic parents, we think of autistic children and young people but I don't when I hear about and I do sometimes in the office overhear my colleagues talking about a parent or whatever, I sit there thinking “I expect that parent’s probably just autistic” and yes, it's difficult for you because they're picking your report apart or whatever but they're probably just sort of sick and really anxious, but I don't think that we're applying it the adults that we're working with, we're sort of yeah “we just work with autistic children young people “so I don't know.

Amy: Do you think this may be a lack of consideration for autistic people who can work?

Amelia: Yeah, and I think there's an understanding of, and again, I hate these sort of labels, but I'm gonna just use it for simplicity like “severe forms of autism” we think about that and we know many of us work with children that completely nonverbal and so on, whether there's a lack of understanding that actually autistic people can hold down a job that they can be very intelligent that they can have a doctoral level of training. I'm not sure about that. I do think there's also this weird myth that is still pervasive about the lack of empathy thing, and I think that's something that I have been told numerous times “you can't possibly be autistic though”, including by other psychologists “you can’t possibly be autistic because you're so empathetic”, it's like [pause] yeah, so I think that myth pervades and so the idea that you could be a psychologist and be autistic, it will be I think people think it's a sort of that the two can't go hand in hand.

Amy: Do you think that there's an association with autism and competency?

Amelia: yeah, definitely and I think that this whole idea of learning difficulties and autism, and learning difficulties being part of that profile but also as a psychologist that you couldn't be competent in terms of socially and emotionally, you don't have the skills to be able to relate to other people.

Amy: And it's not something that you've felt about yourself?

Amelia: I think that I can do it really well, but what I've come to learn is that I'm faking it. It's not natural and it takes a massive amount of energy, as we're talking you'll notice that my cheeks have gone red, that's a really really common thing that happens to me and I've come to realise that's because my body's going like this [demonstrates rapid movement], because I'm talking to someone I don't know and that happens all the time in my meetings and I can feel my face burning and I go out of meetings I get in the car. And now one of the things I do is I kind of just take five [pause] I like [pause] breathe because I know my body's gone into panic mode. I think I can do it and I can do it really well, but it doesn't come naturally to me. I'd much rather be at home reading books.

Amy: And do you think that is part of you being autistic?

Amelia: Yeah, I think so. I'm still a bit “I really want to wait for that official diagnosis,” but I come to realise that panic that I feel when I'm talking to somebody and it is panic like it is and I don't think I even used to realise it's happening. I've always been somebody who's very talkative and I used to talk really fast. And actually what I think's going on is that I'm in panic mode. I think that probably is an autistic thing. But going back to that thing of can I do it, what I can do really is empathise. I feel other people's emotions like they're happening to me, to the point of sometimes being completely overwhelmed by people's emotions. I can sense the slightest shift in emotion in a room. It's innate to the point where years ago people used to say that I was psychic, as a child they said “she's psychic. She can read minds” because I could just sense when somebody was upset and that is innate that is without doubt, and I don't know whether that is an autistic thing. Maybe that's just a me thing, but that really helps, I can read a room, and when I say something in a meeting and I'm like, I can tell how it's landed. I can tell straight away if somebody's like “ I didn't like what she just said” and name it and I can say "I'm sensing that raised some fear in you or that raised some resistance in you” so I can do that really really well and that is really natural.

Amy: Yeah, and that sounds like a real strength in the role.

Amelia: I think so and I can sense when I work with children. I can sense the unsaid and I can sometimes say to them “I'm wondering whether you're feeling this” and they'll say “Yeah definitely” but in the room when I'm doing meetings and things and consultations people are like, I'm so glad that you said that because I felt a bit too scared to say so. I do think that is a real strength that I bring to this role.

Amy: So that's great to hear because we do sometimes kind of get caught in a little bit of a deficit negative narrative. So tell me some more about some of the strengths that you've got.

Amelia: I am hyper organised and again that can sometimes make me fall down a little bit and I can get quite stuck but I will always be the person that if a job needs doing and there's a deadline it will be done. My report's always done on time. I can and also I have the ability to create a system out of anything. So, I think the job in terms of the competing things that come at you all the time that you need to see this you need to do this easy. I would just create a system, and I'll be like right this, on my work computer, I've got order of tasks and then there are all sorts of systems that are all up here that I use to re-jig things. And yeah, so I don't ever get overwhelmed by the workload and when I was stressed it was more about the interpersonal stuff. It wasn't to do the workload. I don't find the work rate challenging at all. So that's really good. I like that.

Amy: Would you say that that's a strategy of yours, getting those structures in place?

Amelia: I mean I live my life by a whole set of systems and rules and rigidity which is how I came about possibly questioning whether I'm autistic. I've had many issues over the years with [redacted] and during lockdown that absolutely spiralled as it did for many women who experienced those issues and ended up under the care and treatment of the [redacted]. I don't have [redacted] then it was them that basically said “you don't have [redacted], but we think you're autistic” but of course you have to get sent to another service to get so frustrating isn't it's like and…[pause]

Amy: Yeah, but there is such an overlap isn't there, particularly women and girls

Amelia: massively, but how that came about was what they realised when they did all the assessments and all the rest of it was they were looking at my rigidity [redacted], so I will have a rule for anything and everything and that is how I live my life and that is how I've lived my life since I can remember I was constantly organising things and just be creating little systems. even like how my teddy bears were arranged on my bed, everything was a system and [pause]

Amy: But it sounds like it works for you though.

Amelia: I love it.

Amy: Because if you say you aren't overwhelmed by the workload, I mean that's just what most people aim for isn't it?

Amelia: In a way, it makes it tough for other people because other people have to work around my systems. Not so much in work I think because it's quite a solitary job, but yeah, my romantic partners and things have to come to learn my systems and they have to come to learn how things have to be done and that the rules can't be bent so for my family and people will get so frustrated because part of it is about time. I have a really big obsession with the [redacted]. So everything's [redacted] and somebody would say can we meet at this time? And I'd be like “no. No, because that's when I do this or that” and I won't even consider how that might land on people. if I say, “no because that's when I clean my kitchen” I think maybe somebody might be offended [laughs]

Amy: It sounds like though it's coming back to that understanding. If other people understand then it's not a problem?

Amelia: And over the years I think when I was younger, my family, it used to drive them absolutely mad, but as the years have gone on I think they've understood this is just the way Amelia is and we can either get really cross about it or just accept it and I think since I've shared with them about the possibility of me being autistic, it has really opened their eyes and they've been like “oh right. Okay we get it” so that understanding is huge.

Amy: Are there any particular barriers to your practice you think ? We've talked about your strengths and structure and organisation and it does sound like you've really benefited from putting those boundaries in with a greater understanding around your own profile and the things that you do. Are there any areas of difficulty for you?

Amelia: Yeah, so that I guess the day-to-day job involves meeting people and as I talked about I find that tiring and find that exhausting and so that is a real barrier and I think it's part of the reason that I could only work three days, truth be told, when part of my pre-assessment stuff with the autism service has been around how does this affect your life and

I was like, “I can actually only do my job three days”, I had this stress episode which I now think probably was a burnout episode. I can't work more and I can't do my job for more than three days, and that's just because of the level of energy it takes to do the job. That's a real barrier. In terms of other barriers [pause] I think the other thing that I find really tricky is that just the changes, I'm sure you'll be aware but everything changes all the time and some changes I'm okay with, it's when they make sense to me and they seem rational. I'm not so great with changes which in my head I go “that's stupid. that's just stupid” and it really frustrates me when I feel like people are making unintelligent changes or changes like change sake like that. So I find that quite challenging the sort of change for no good reason, which I think happens in particular local authority practice quite a lot.

Amy: Do you mean approaches and new initiatives and things like that?

Amelia: Yeah, and now we've got this new strategy or now we're good we've just changed [redacted]. I'm fine with that because to me it's a better template, it works fine, but I was really nervous about it before it was implemented because I was like what when they go through it, I'm gonna look at it and think “this is nonsense. This is so much worse than our last template” and then I find myself getting really annoyed by that because I'm like, why are people making stupid changes so it's stuff like that and then that can then trigger that kind of rebelliousness again. I've got awareness of that now so I'm much better at pushing that teenager down and saying “no”, but I think that some of it is anxiety, about change and these things so yeah, that's hard. I do also find in terms of barriers I like the fact that I work mostly alone. I found the team days quite hard, I have good friends at work, and I'm fine as long as I'm sitting next to one of them, and we just have one-on-one conversations, but we just did one couple weeks ago before I went on holiday, which was the EPs and the Behaviour Support Service and somebody else and everybody in a room and it just felt and there was an awful activity like getting to know you activity like “hate this” actually I went and hid in the toilet because I hated it that much.

Amy: How would you feel about saying “can I get out of this?” or “can I join in a different way?” or asking for some kind of accommodation?

Amelia: Yeah, I think I'm getting better at doing that, and one of the things we had to do last year was some quality assurance, the check of other psychologists reports and I found the questions on the quality assurance checklist so vague and so I essentially did have some reasonable adjustments around that. I did it with someone else and so I'm getting better. It's all sometimes saying this isn't working for me, but I think at that moment there was no warning that it was gonna happen. I think if I'd been told in advance that was gonna happen. I think I would have emailed my line manager and said, is there any way that we can think about a different way of me doing that but it was one of those activities where it's “find somebody in the room who has” and it was a list of things. You had to go around the room with a bit of paper and approach these people. Years ago, I would have done it and my heart would have been racing. Whereas actually what I did was I talked to the people on my table and then I went “I'm just going into the toilet” and left it. Now I know that's not the greatest thing but it's progress for me because I actually recognised “I don't want to do this and I don't have to”, whereas years ago I'd have been like “I must do this because my managers are watching” and yeah [pause]

Amy: If you think about some of the advice sometimes that we give to young people about removing themselves from challenging situations to be able to look after themselves. Those skills we need to continue into adulthood and I do sometimes draw a parallel with kids “I'll go and sit in my car for a bit”. They might need to go and stand in the corridor, I'll go and sit in my car. It's almost easier for us to make those recommendations than it is to implement them ourselves.

Amelia: Yeah, definitely, and I do think if I'd been challenged about that if my line manager had said, I mean nobody even noticed, but if she said, ”I noticed you were out the room”. I would have said, “I find that sort of activity very very difficult”, so I wouldn't have been frightened to say that now. Yeah, there's definitely been progress.

Amy: In terms of other people having that understanding and things like that and in terms of relationships, how important is it to you that other people know that you're autistic?

Amelia: Say when I get the diagnosis, hopefully it will be really important then and at the moment I've been really tentative because I'm so black and white and also I really trust experts. I have a lot of faith in people that have knowledge, so I really appreciate that some people choose to self-identify and that's their choice. I don't judge them for that. For me self-identification [pause] I don't feel that I have the right to do that. I have been challenged about that, but that's the decision I've come to at the moment. I have told a few people that I've been referred and that I'm in the process of going through the assessment but I'm not saying I'm autistic until I've got that written down on a piece of paper and they all agree, which I think they probably will, and at that point it will be massively important. So I'm determined to be kind of loud and proud about it and all my family will know and certainly I will tell all my colleagues that I'm actually considering putting it on my signature on my email. I'll definitely share it with all my SENDCOs. I've got lovely SENDCOs I work with and frankly, I think they will be like, “yeah we knew”.

Amy: So, why do you think it's so important?

Amelia: To stop me being misunderstood. I think that there have been times when, one example, a SENDCO said to me recently, and I've got really nice relationships with my SENDCOs, but she pulled me up on something where I was a little bit blunt in a meeting, with a parent and she said, “it wasn't bluntness towards the parent, but I was bit cutting about the school” and she said to me, “it kind of made the relationship between us and the parent quite difficult, and I'm just wondering whether in future you could kind of just say that to us privately! and I really took on that feedback and partly I was like, yeah, but I really like everything being out in the open and again, I think that's one of my strengths is I'm sometimes prepared to say things that maybe other people feel a bit scared to say but I took that feedback on board and it would have been really nice in that moment because she said “it wasn't even so much what you said it was more how you phrased it”. She said I was just “a bit clumsy” and it would have been really nice at that moment to have gone, “Yeah, I'm autistic and sometimes I'm a bit blunt” and I'm phrasing it as if it would have been stuff like that, and I, at that moment, really wanted to say, because her daughter's autistic and she's talked to me about the fact she thinks she might be autistic so at the moment I was like, I really wish I could just say, “actually I'm going through the assessment process. So yeah, that might be why sometimes I phrase things a little bit clumsily”, so I think it's just that being understood.

Amy: So in that instance there that you described being able to say “that's because I'm autistic” What do you think that would have brought to the interaction?

Amelia: I think she would have gone “okay” and I think she would be “Yeah”. I don't think it would have made a difference in terms of I still need to think about trying to phrase things in the non clumsy way, autistic or not. I still need to have that as a goal, but it would have just brought a little bit of maybe empathy between her and I think she might have been a bit more “Yeah, that makes sense” and maybe been a bit more forgiving of me and she was lovely. I mean my SENDCOs are amazing. They're all very forgiving of me generally, but yeah, perhaps it would have made her understand a little bit more

Amy: I wonder if it kind of goes back to what you're talking about earlier whether we as adults consider that that might be a possibility that the people in the room might also be autistic and it's not just the children?

Amelia: Although I do wonder whether some of my SENDCOs will be like, yeah because I am quite odd in my interaction. I mean, for example, my special interest is [redacted] and all my SENDCOs all know about [redacted] and they come into conversations and they must sometimes think why does she talk about [redacted] so much, and I think they kind of like me for it.

Amy: That's not a bad thing. And yeah, it's just a thing.

Amelia: Yeah, exactly.

Amy: What about in terms of profession-wise? How important do you think it is for there to be visible autistic EPs?

Amelia: Really important and that's part of the reason that I've sort of, would like to talk [pause] come out straight away essentially, because I think that, having people out there who are visible and are showing "this is how this is one way that autism can look" and "you might have an idea of what autism looks like but it can also look like this". I think is just such a helpful thing because I think people have very stereotype views about autistic what autistic people are like and I think that a lot of that has ignored the kind of female phenotype, and I think yeah and for the profession for us to be positive about autistic EPs, Autistic psychologists, autistic professionals. I think that would be massive, Yeah, so stop this sense of shame.

Amy: Do you think there is a sense of shame?

Amelia: My sense is that my generation maybe didn't have that understanding of themselves. I think there probably has been a lot of shame. I'm just thinking about [redacted] [redacted] in the service that we've got at the moment both of whom have shared about their neurodivergence. There seems to be a really positive movement. I think the neurodiversity paradigm has really helped there be a really positive movement about neurodivergence and sometimes a little bit too far. I think there's a bit of toxic positivity around I think at the moment, but I think there's a lot more "actually I am different and my brain works differently, but that isn't necessarily A Bad Thing". Whereas I think that people like me, who are I guess [redacted] I would come under I guess that bracket of late diagnosed, I think we carry a huge huge amount of shame because I've spent my entire life looking around me going “Why am I not like everybody else?” and berating myself every time I come away from a social interaction going “Why did I say that? Why am I so weird and why can't I just seem to do it right, why can't I do life like everybody else does without having all these problems that seem to happen when I try to be normal”

Amy: So we are coming towards the end of the hour and is there anything that we haven't talked about that you want to raise?

Amelia: No, it's been good. I can't believe I've talked that long [pause] didn't realise….

Amy: It's been really wonderful to speak to other autistic and soon to be diagnosed autistic EPs. There really doesn't seem to be that level of visibility. So I do really appreciate that and I appreciate also that you shared some things which may have been difficult to share and been really open and it was a really valuable interaction and it's hopefully going forward it might raise a bit of visibility. It might do something.

Amelia: I think so. I was so excited to see it. I was like this is amazing and I can't believe that we haven't done this research before. I was “what a great topic, I was like,…

Amy: It just doesn't exist.

Amelia: yeah wonderful wonderful that you're doing this and I wonder if, I don't know, whether something, and I don't want to put pressure on you or anything, but maybe there needs to be an autistic EP Network or something where we could connect because I think the neurodiverse Facebook group is great, and I've really got a lot out of it but it does seem quite clinical, mental health work kind of focus and our job is quite different, and so I think that if we could connect in maybe a more exclusive group, I think that would be great because the jobs tough enough, but being autistic and doing the job, although our wonderful strengths, does also add another layer of challenge.

Amy: Yeah, I think there are some little things that are quite unique to the cohorts of just disclosure and those kinds of discussions that could be hard with other people who have had similar lived experiences, I do think there is some value in that.

Thank you very much. Just before you go, I put on the [request for participants] flyer that I was autistic and I just wondered out of curiosity, did that make any difference to whether you want to take part in the research or not?

Amelia: Do you know, I didn't clock that on the actual flyer, which is really interesting, but when you shared that you were autistic I immediately felt that I could share more openly because I don't know why but I felt like you would get some of the things that I was saying and you'd not judge me more.

Amy: I wonder if that's how young people feel?

Amelia: That's so interesting isn't it? Yeah, and that's the other thing, talking about self disclosure, whether I will disclose to the children or young people that I'm not sure about that yet, but I think I probably will but yeah, there's something about, yeah, you get what this is like. But no I didn't actually clock it. I probably just saw the title and was so excited. I was like, “yes!”.

Appendix xii

'Sara' Interview Transcript

Attendees

Interviewer : Amy

Interviewee: Sara (pseudonym)

Amy: So if you want to start with just telling me a little bit about why you wanted to be an educational psychologist?

Sara: So my mum was a teacher and then a head teacher and I think that made me more aware of education as a whole, probably, growing up, and then at 6th form college, I studied psychology and it immediately captured my interest. So, in my undergraduate degree, by which point I'd decided I'd like to be an educational psychologist, I did a dual honours degree in psychology and educational studies, and I think that it was when I was in sixth form, when I was studying psychology, I went along sometimes when I had free time to my mum's school to just kind of help, listen to children, read…. I think I found that I was always drawn to the children who are probably the ones that we know, I now work with, and back then, you had to do a master's, not a doctorate. And you had to have some experience working with children and young people, which is the same. So I worked as a teaching assistant for a year and then I was like, I don't think I'm ready yet to apply to do the course. So I may as well do my PGCE and be a teacher and get my experience that way. So I did that and in teaching again found that I was always drawn to the children who kind of needed a bit more support or the behaviour was flagged up or something like that, and I think it just cemented the fact that I wanted to go into educational psychology. And now, looking back, I've kind of reflected on this, is it because I'm more tuned into those children where you need to be a bit more tuned into? Is it because I'm kind of hyper tuned into things because I've had to be? So, yeah, I think that's why it was an idea in theory first and then I think I found that every time I went into the classroom those are the children I was drawn to and I was fascinated by psychology once I took it at A level and I think those things kind of came together to push me in this direction.

Amy: That's really interesting. I associate with a lot of what you're saying. Do you think that your profile meant that you are more likely to be drawn to that kind of cohort of young people than maybe somebody else who might end up going down the educational psychology pathway?

Sara: I don't know. It’s hard to say. I think I was probably drawn in a different way. I don't know whether that's more or less, but I don't know. Maybe it's because children who appear to be kind of typically developing kind of follow the rules, the expectations and then it's the outliers that you notice. So, maybe why is that? Something kind of didn't fit with a pattern of development and so, it stood out to me where perhaps, other people [pause] it's hard, isn't it? Because you only know what your own brain does [pause] but I imagine that because I think I do see things differently from somebody who would class themselves as neurotypical. I think it's likely that I was kind of differently towards those children.

Amy: Can you tell me a little bit more about what you mean by differently?

Sara: When I was in teaching, I always felt that other teachers and other staff had a fairly balanced profile across their strengths, needs, interests. They kind of had a breadth of skills and knowledge, and I always felt like, my profile was slightly more spiky, so I would be more interested than other people in children who I’d class as sort of outliers, for example, whereas I think perhaps the other stuff just got on with their job and I don't know, I don't know whether that's true or not but I kind of wonder about it and in terms of other EPs is that different? I don't know that it is very different. It may be, maybe, that I'm drawn to it, I don't know. When I've spoken to other EPs, who as far as I'm aware, are not autistic, at least some of them have kind of given the same reasons as that they were always kind of interested in children who needed additional support or kind of look a bit different in whatever way from other children and young people. So yeah, I can't say I think when I was not an EP, I think that things were different for me than from the other teaching staff, I think at a spikier profile and I think I was more interested in a specific kind of group of children. I think in the EP world, I probably couldn't say whether I was different from other EPs in terms of how or why I got into it.

Amy: Yeah. Yeah that's great. Thank you. And so are you able to tell me a little bit about your training then?

Sara: Just the doctorate or do you want the kind of a bigger picture of the journey?

Amy: The journey will be really interesting. Yeah.

Sara: I did a Bachelor of Science degree in Psychology and educational studies then worked as teaching assistant for a year then did my PGCE and then taught for six years. And then when I was in the sixth year of that, I asked whether I could meet with their school educational psychologist for sort of 10 minutes after she'd been in one day and she very generously gave me her time. And we had a chat and I then applied to the doctorate and got two interviews, which I thought was really kind of lucky because it's so hard to get one and yeah I interviewed at [University redacted] and [University redacted] and got offers from both actually and decided to go to [University redacted] and I was there from [date] to [date], so finished in the middle of Covid. Probably one of the most important things that might be different about this interview I guess than with others, is that when I was in the middle of the doctorate, I was diagnosed with [redacted], and that really affected my training experience, but I think the relevance of it to this is that so, I'm still waiting for diagnosis, but there's absolutely no doubt in anyone's mind that I'll be diagnosed and when I spoke to the GP, over a year ago, about a referral for an autism assessment, we chatted about the [redacted] and basically agreed that undiagnosed autism for 30 something years and was one of the biggest contributors to me developing [redacted] [pause] it was triggered by a virus, but

I think it was a strain that had been on my body and mind for so long, so that's a really important part of the journey. The link with the Covid thing was that I was kind of already attending virtually by that point. So it almost became more inclusive when everybody had attended by video because they were more aware of what it's like being on the receiving end of it. So that happened right in the middle of my training. I was becoming unwell towards the end of my first year with [redacted] and then that's what triggered my [redacted] between my first and second years. And so, it was really challenging [pause] Since I have spoken to the GP, been referred, had the screening and everything, and I'm kind of in the assessment system, work has been really good and we can come to that more, but work has been brilliant at putting accommodations and adjustments in place, and my level of functioning has increased a lot and kind of in line with those accommodations being put in place. So if I didn't already know I was autistic, that was kind of confirmation. So that's my journey. I got placed with [local authority redacted] in my second year of the doctorate and was with them for my second and third years and then got a job with them. And I started on two days a week because that's all I could manage physically. I've worked up to [redacted] and kind of settled at that and so yeah that was my journey, and so it's a bit of a bumpy one I think.

Amy: Yeah. that's really interesting. So you mentioned receiving some support whilst you were working. In addition to the remote access, did you receive any other support whilst you were training?

Sara: Only really with the [redacted] because I think I was just so unwell at that time. That was kind of the priority, so they carried out, and it's all linked, and I applied through disabled students allowance. I think it's all unique and they came out and did an ergonomic assessment. So I've got an ergonomic chair, desk and things, and so that was useful, but yeah, the main thing with uni, I think, was not travelling to [University redacted] and back each time because I just couldn't do it and we had the conversation about whether I'd have to defer for a year as well, and take a year out, but I didn't feel that was the right thing for me. So I guess that was kind of a comment and accommodation is having those conversations, but yeah, what I've reflected on is did I hold it together for so long in teaching? Because it's so structured. You've got a timetable, it's the same. Every day you can colour code things, everything is in routine and I think it was when I left the kind of safety in some ways of teaching, and the predictability and familiarity that came with that and I went into EP work which is just not like that that's when my health crumbled. So I think the two things are really closely linked and it was once those accommodations started to be put in place that I was able to function.

Amy: Yeah, and I'd be really interested in how you found that transition from training to EP.

Sara: not as big a jump as "Not a trainee" to a "trainee". I think going from teaching to an assistant EP was a really big jump because it's a different way of thinking about things. Then going from an assistant to being a trainee. I think it is a big jump particularly then going from year one to year two. I think it's hard because you're suddenly working as a trainee where before you were more based at uni, at least that's how my course was. By the time I got to going from Trainee to qualified EP, I didn't feel that it was that big of a jump. Particularly because I got a job with the same authority. It wasn't really that different to be honest.

Amy: And you think that helped? Being the same authority?

Sara: A hundred percent and I kind of think now, unless I ever had to move because we all got made redundant or something like that, and I assume that this is because of autism, but I would rather stay in the same role. My authority [redacted]. I just feel like for me, the familiarity of it all the accommodations being embedded and knowing the systems, for me it would take something really, really huge to make me move authority.

Amy: Are you able to tell me a little bit more about the support strategies that are in place for you at the moment?

Sara: Yeah, so my team has been absolutely brilliant and practice what they preach. So very needs led rather than diagnosis led. Although they've made it clear, there is no doubt that there will be a diagnosis at some point and so yeah, it's hard to separate what is [redacted] and what's autism I think. And things like, if I'm delivering training at a school, for example, then the person I'm delivering with, if there are two of us, when we meet, we set five minutes to one side to look at street view, and talk through the journey, look at what the school looks like, and where you need to park, how you kind of get in, all of those bits to make it as kind of predictable and familiar as we can, that's been a tiny thing for the people, I think, but it's had a phenomenal impact for me and just because then when I'm driving I don't need to try and discriminate between all the visual input. It's just, I know what I'm looking for. So that's been really helpful. Things like having a copy of some of the smaller test kits and at home so that I don't have to navigate going into the office and dealing with all of those things, each time I've just got it here at home. So, I just look at it and take it with me. And not driving more than a certain amount. Now, that's kind [redacted], but I think it's because of autism, I think, and processing so much, and so many details when I'm driving and that there kind of is a limit to what I can do safely. So they've put a cap on. So I won't do any kind of out of authority visits and things like that. I would only do those if they're virtual. In team meetings, I can turn my camera off for a little bit if I need a movement break or something, that's kind of both [redacted] and autism I think, kind of sensory wise. If we have work socials, people will kind of message me separately to check out first whether I'm okay with it and I know what to expect, they'll give me any extra information about it that not everyone might need. Yeah, it's really helpful. When I'm doing anything like where I'm having to process information. So if I'm attending training for example online I make notes and I structure them in a particular way and they have to be really kind of clear and coherent, and similarly if there's a process that I don't know, how to get a report translated for example. With that, the first time I needed to do that I was just like, there's no system in place. How do people work without knowing about this? [pause] And so, I wrote a piece of guidance for the team, just a kind of flow chart thing, of this is what you do first, here's an example of the email, you could sort of script for you to send.

And with both of those things [pause] so when I'm taking notes and training and when I'm creating guidance for the team, people used to try to discourage me from doing that because they felt like it was an extra thing that I was doing because I was being really conscientious And I've explained to people that actually, I need to do that for me, and I may as well, share it, because I've done it anyway. And I think people just being aware of the way that I work and just letting me get on with it, I think that's been really helpful as well.

Amy: So that sounds like a really good example of your skills and experience being an advantage to you and the team?

Sara: Yeah, I know, I think that's what it is. I think it's about discovering my kind of profile of strengths and needs almost, as an EP and matching that up to the needs of our team and making it fit together better.

I've just remembered another big accommodation is that we have a support line for parents and carers and professionals each week and I found that incredibly challenging and thinking on my feet not having any visual cues for the interaction because it's a phone line and trying to synthesise the information [pause], I just really struggled with it, and so I've been taken off that and then given a piece of casework or something instead and similarly a strength is delivering training because it's scripted, you can prep for it, and so I probably do more of that. So yeah, I think that's what it is. It's about realising it's not that you're rubbish at things, it's that you're autistic, and so you have this profile, and my supervisors are brilliant for saying this, “lets use your strengths because they're real strengths and let's put accommodations in for the things that you find more difficult”

Amy: Yeah, that's really good. You mentioned supervision then. What role does supervision play in your practice?

Sara: I wouldn't be able to do the job without it really, it's invaluable. I think it varies depending on who your supervisor is, and that relationship, and my supervisor, he just gets it, he really gets it and he just has a really sensible approach, where he'll put these accommodations in place, and he'll try to think about how he can save my energy so it can be used for the right things, I suppose, and yet the same time he’s not all patronising or, a phrase he used at the end of last year when I said I feel like the only reason I've managed this year is because you've made all these accommodations, and he said to me, “Sara, we haven't sat you on the kids table, like you've been doing the equivalent work of everybody else. It just looks different, it's not less”. And that phrase of “you've not been put on the kids table” has really stuck with me because I think I'd convinced myself that that was what was happening. And it wasn't.

Amy: Yeah. Absolutely, that's really really interesting. You mentioned there, some of the feelings around having accommodations being put in place. Are you able to tell me a little bit more about that? What kind of feelings does it evoke in you? Going back you talked about particular things that you are strong in, but then, on the flip side of that, there are things that you've recognised that you find particularly difficult and having those recognised by other people, what kind of feelings does that bring out in you?

Sara: Yeah, so I think previously, when I didn't have that clear in my head that's what it was [pause] clarifying this profile of strengths and needs and then seeing how we can slot them in, before that I think it really affected my confidence and my sense of competence as well. It really did, because I think the things that I was finding difficult like the support line, which is what a lot of autistics would really struggle with, I think I was generalising the anxiety and difficulty, is that I felt around my competences as an EP and I think that I was kind of feeling like the strengths were [pause] I was down playing the strengths, probably, I think it was contributing to imposter syndrome on steroids. These really difficult things and I think once my supervisor helped me to pick up on that, through supervision sessions. I think it became clearer to me that actually, I'm a really good EP, but if I'm trying to operate as a non-autistic

EP, I'm going to find it really difficult. So actually it's not about being kind of lesser and I think since I've started playing to my strengths more and sharing those with the team, it's really boosted my confidence because I've seen how competent I am in those areas and how actually I find some things a lot easier than other EPs who are really good at other things.

And yeah, I think it's been a bit of a journey. I think it really affected my confidence and a sense of competence. And I think that by untangling it and the accommodations being put in place and the team being aware of how I work and how I don't, and my feelings about it [pause] this is quite exciting and hopeful because I am really good at some stuff and the stuff I'm not so good at, I don't need to keep struggling through like with the support line, I'll happily take all the work off of the people and some people love the support line so they can do that. So yeah.

Amy: So do you think it's important to you that people know that you're autistic?

Sara: Yes, a hundred percent [pause]. My difficulty at the moment is, I don't really feel until I have my diagnosis that I can share it with young people and parents and school staff, and I don't really know why that is, but I think it would be so much easier if I could [pause]. School staff and parents, I think just in terms of meetings and interactions, but for me it's more about the young people. There are so many people I work with who are just a younger version of me and have a diagnosis of autism. If I could just say to them“ I'm autistic” it would make it easier. So I'm kind of really looking forward to that. So, yeah, I think it's really important for people to know.

Amy: Have you ever been able to have that kind of conversation with any young people while you’ve been working with them or not yet?

Sara: In a roundabout way, particularly teenage girls year 9 to 11. It seems to be when I'm working with them, I can say things as part of that conversation where, sometimes “I find this, can you tell me about what your experiences” or I can kind of weave things into the conversation where you can see within about 10 minutes they look at you and it's like, you get it and that's without saying I'm autistic, but I can tell and I think it's young people where, in the referral information, it might be the struggling to attend [pause] you can have a conversation with them and they just tell you what you want to hear, to get the conversation over with and then I meet with them and they've really opened up and it's created a really kind of helpful insight for people who are supporting them.

Amy: Do you think it makes a difference to young people to know that the person they're talking to is autistic?

Sara: Yes, yes, and there's a young person who was in Year 10, who had a diagnosis of autism, dyslexia, and was exploring their gender, and ADHD, so she had these diagnoses and they're all fairly recent and she was fine with them all apart from autism and it was in a school where there was a kind of hub and where autistic young people would attend mainstream lessons, but unstructured times they spend in the hub and my hypothesis was that she didn't associate herself with what she saw. Those young people who she knew were autistic, so she felt really strongly that she didn't want that diagnosis to be shared with any of her teachers or her friends. She did not feel comfortable with it and didn't want to talk about it. and I often think back to that piece of work and I think if only I could have said to her, “I'm autistic”. I really think it would have changed things because I think it was about her perception of autistic people, and when she was with me, she really opened up but not about autism, because she just didn't see it in herself. So, yeah, I think it can be a really powerful thing.

Amy: I totally agree to be honest. I think it is important. Sometimes we have these kinds of shared lived experiences, but I think it's a real balancing act, I find, it's about not talking about myself.

Sara: Yeah, yeah. I'm not saying that because I'm autistic I understand everything you've gone through I worked with a young person who has chronic pain syndrome, recently, and I was very very aware of not going into that of saying, “there are some of your experiences where I can look at it and go “Yeah, I can kind of imagine how hard that must be for you, but I'm absolutely not saying that I've experienced what you've experienced. It's not the same thing, but I just want you to know I'll believe what you say” and it's absolutely that. It's making sure it's about them and hearing their voice and not kind of drowning out their experiences but offering enough so that they know that they're seen and heard.

Amy: Yeah. Have you ever met any other autistic EPs?

Sara: Not that I’m aware of [pause] and not that they are aware of yet. I think there's a high chance that there are some undiagnosed EPs out there, but no, I have not knowingly met or worked with any. So this research is great …. really important.

Amy: And do you think it would make any difference if you did?

Sara: Yeah. Yeah, because even talking to you now [pause] being able to share the thing about going from teaching, memory structured and predictable to EP life just not being [pause] about the support line compared to training. For example, I know again, that doesn't mean for all autistic people that experience all things the same way, but I think it gets exhausting and I think that understanding us, for example, my supervisor is brilliant, so understanding, but he can only understand in theory, and I think when you speak to an autistic EP or trainee EP, then they kind of live in the same thing, it doesn't look exactly the same, but there are going to be some of the similarities between our struggles and your strengths.

Amy: Do you think that impacts on your practice as an EP?

Sara: What? The fact that I am not in contact with others?

Amy: When you're working with young people and you saying that you kind of understand and when you're talking with other autistic people you get that kind of shared understanding and do you think that helps your practice as an EP when working with young people who may have similar presentations or similar difficulties?

Sara: Yeah, I think so because I think you can appreciate how, I mean lonely is a strong word, but maybe isolated is a better word. How isolated that experience can be, and so if you're a young person, and in a school and you're trying to figure out particularly in adolescence, you're trying to figure out your own identity and do what you need to do, and there aren't other people who are experiencing the same thing as you, I think that can be really hard. I think I'm really mindful of when I go in, and meet with them, maybe if it’s an autistic young person, I might be the first person they're speaking to, albeit unknown at that point, but the first person, they're speaking to who's actually experienced some of the same stuff, rather than having a sort of detached empathy, which is really important. It's the best people can do. Yeah, I do think it makes a difference.

I think you can really empathise with them and then you can probably unpick or dig a little bit easier in a way, because you can see some of the behaviours and go “Yeah, I get that” and therefore, see underneath it.

Amy: Definitely. Yeah. And so you've been able to discuss some of the areas in which you think that being autistic is definitely a strength?

Sara: I think being able to process a lot at once is helpful. I should clarify that. It depends on what it is, and what I mean by that is, for example, if you get a referral, and you are kind of reading through it. I don't know whether this is just me or not, but when I'm reading through a referral my brain's kind of going at a million miles an hour and I suppose spotting patterns between things spotting anomalies created, comparing it to frameworks. It's doing all of those visual things, very quickly. One thing my supervisor said, which is why it makes me think it might be an autistic thing, is he said that, my brain seems to work really really fast and so quite often in team meetings or working groups or things like that, he's noticed that I'll come to conclusion a lot quicker than other people might [pause] then that buys me time to kind of consider whether it is the right solution or whether I need to think about other approaches. I think that's a real strength, because I think we're constantly processing a lot of information in this job. So I think that's a strength. I think relying on when I said “I have to make notes” and I have to do it in a certain way and has to be really clear. I thrive on frameworks, model scripts [pause], I think that's a strength in some ways because over time, I've built up systems and processes and resource banks and people will come to me if they need to know something, they're like “that training we have on this, when was it?” and “What was this?”, “What was that?” and it's like that systematic approach to things, I think is a real strength. Yeah.

Amy: Are there anything, any particular things you can think of that are maybe barriers or hurdles to practise?

Sara: Yes, many. So I think [pause] where to begin? I think generally the nature of the job. The fact that it is unpredictable, it can be chaotic. It is like information overload and things like you're having to, it might sound like it contradicts what I've just said, but having to process a lot of information at once and do an interaction kind of live in a consultation or something, I find that really hard because you are, I don't know, I have to mask to a certain level in meetings, I just have to do my job. I think and at the same time I'm hypothesising and I'm kind of, all the things that you do [pause] I think that's really hard. I think, when I'm at home, I can hypothesise and synthesise, and formulate, and do all those things in my own space with no interaction and no pressure. My brain is really good at doing that when I have to do that at the same time as the social interaction and masking. That's really draining. It's really draining.

I think something that I've realised over the past couple of years is, I'm so detail focused for example, when I'm writing a report, that sometimes I miss the big picture. So I submitted one recently where all the kind of strengths and needs are there in the views are reported really well in the provision sort of thing [pause] but I hadn't actually said, in terms of the characteristics of the setting that young person needs, that kind of big picture, because it was in my head and it was really obvious to me, so I just missed putting it in the report so I think sometimes being really detail focused [pause] I have to have these diagrams behind my computer, diagrams to shape my thinking about what it needs to be. So up here [points], I've got the characteristics of the setting, the kind of big picture of what I'm recommending because I was doing all of these detailed strategies and interventions and things like that. I've just had to do this. I've just done another one and for outcomes and aspirations to make it closer. I think that's a barrier. And that I sometimes miss the big picture because it's obvious to me and it's in my head, I don't always communicate it effectively.

I think constantly having to go to new places and meet new people… it’s a lot… that's a lot.

Amy: So how do you cope with that? What kind of strategies have you put in place? Because that's something that we can't get away from, we're gonna have to do it. So what kind of strategies do you use?

Sara: Scripts. Rely on scripts, obviously not rigid scripts but just to have in my mind if I'm meeting parents for the first time, I'll have one. If I'm having a consultation with staff I have got loads of different scripts, some of which are kind of saved to my desktop so I can quickly look at them, and some of them are just kind of in my head, so scripts, I think I rely on a lot. Which probably a lot of EPs do, but I do think it's different. And looking on street view before I go somewhere, I did that this morning and, yeah, always doing that.

Actually, I'll tell you something that I've found really helpful and children, and young people have responded to it really well, is making, and again, I know a lot of EPs do something like this, but actually making myself and the young person a shared and scripted kind of colour coded activity sheet and with a couple of young people, I've actually written out a bit of a script and there, where they might find interactions more difficult. And I know I'll actually write the script on a piece of paper, as broken up as I can, but kind of say "this is my name and my role, this is what we might do together today”, “If you need to nip out” and all of those things.

Amy: A bit of a social story?

Sara: Yeah. Yeah, and actually shared that with the young person, say on a home visit or something, shared that with them, and had it between us, and I was noticing the young person kept looking back at it and so did I, and since I did that, and then for younger ones , and I'm just wondering whether I've probably got one to hunt as well. And I've got a one-page profile which, again, I know a lot of EPs have that as a bit of an ice breaker. I made a little visual, almost visual timetable just for the session for the child.

So yeah, I think scripting things and looking stuff up on street view, anything that makes it more predictable or my eyes have already seen it. If it's looking at the entrance of a school or something like that, I'll look at staff photos on the website if they've got them before I go in so I know who it is that I'm gonna be meeting and it's really looking at the strategies and provision that we recommend for autistic children and people and going [pause] actually I might be thirty six, and six years into working in [local authority redacted] , but I still need that, and it's giving yourself permission, I think ,to put those things in place.

Amy: That's interesting. Yeah, so it sounds like the kind of strategies that you found have been beneficial to you have been preparation. Sodo you think that that has an impact on that level of preparation that you have to kind of partake in?

Sara: Massive. I think it has to be combined with flexibility. So I think “this is my kind of structure but I'm not going to fill it with a really dictated way the session or meeting has to go”. This is my kind of skeleton script and preparation and then I can trust my EP skills to be flexible within that. Last week or the week before, I turned up to do a consultation and it turned out the child had been suspended the previous afternoon and it was this sort of crisis reintegration meeting and I was leading and there are situations where obviously, you have to think on your feet and you can't prepare for everything, but I think it's having the two side by side. It's kind of having the preparation the structure and the skills to fill in the gaps where it doesn't quite look like, you expect it to

Amy: So if I could ask you, so your journey to understanding yourself and your profile and your attributes, strengths and things like that has been something that has evolved over your EP practice. Is there anything that you wish you'd known earlier on and were able to do differently?

Sara: Give myself permission that I don't need to work in the same way as other people. So, one example is dynamic assessment. I used to get really stressed about dynamic assessment and I've kind of realised that it just doesn't work for me. I think it's brilliant, I think it's brilliant, but my way of working is just not that and I think it's giving myself permission to go “what actually is the purpose of this piece of work?”, “what do you need to get out of it?”, and “What are the tools that you're comfortable with using and good at using to get you there?”. It doesn't have to be the same as what somebody else might do. Where they might do dynamic assessment, you might do a consultation with, and I've made a kind of crib sheet [pause]. It is probably what's in somebody's head when they're doing dynamic assessment, but I've made it into a consultation tool to use with adults and it works really well. So I think what I wish I'd known earlier is that you can trust your EP skills and you need to match them up with your autistic profile. So that it works for you instead of constantly feeling like you failed, if you've not done it a certain way or you're not doing it right? It's about just again keeping that bigger picture in mind of what I'm actually trying to get out of it.

Amy: Yeah, that's really interesting. So we've got about 10 minutes left and what I'd like to kind of hear from you before we finish, is I'd like to hear from you if you've got an example of something that you particularly proud of that you've done during your practice and if you can't think about that, right now, if there's anything else that you've brought you had in mind that you wanted to bring to this interaction, that I'd be lovely to hear as well. And then to finish it all off, I kind would like to hear your opinions around the visibility of other autistic EP’s and how you feel about that really.

Sara: Okay…. so, one thing I'm proud of I think is, there's a piece of work I did a couple of years ago now with a young person. I think she was maybe 16 when I started working with her, and she is autistic. [redacted] And what I saw was an autistic young person who was in distress. There had been kind of disclosures and allegations made by her and it was a complicated picture but the narrative in that case was very much within your person. [redacted] It was about her behaviour. She was constantly [redacted]. And yeah, this piece of work went from this very young person narrative and a lot of blame language used and I developed a sort of narrative assessment tool to use with her. That was based around the Power Meaning Framework, and I know that's not for everyone, and I have to be honest, I've not actually used that framework since, but it was perfect for that piece of work and it was thinking about her experiences and making sense of them in a way where she kind of held the power, and it was a really, really powerful piece of work and I think shifting the narrative from Borderline Personality Disorder, I'm not disputing that that may have come as a diagnosis later, but it was almost like the autism bit of it was just ignored, it just wasn't part of the conversation and I think shift in the from what it was to hopefully what it moved towards and I think is something I'm really proud of because I think that If you can shift the perspective and open the eyes of the people around your person, it can potentially change your person's life, especially if they're starting out in that situation where they're demonstrating such high levels of distress. So yeah, I was really proud of that.

Amy: Yeah, that sounds great. Do you think that your profile enabled you to be able to carry out that piece of work?

Sara: Yeah, I think so, in terms of noticing that, I mean, this isn't to say that a non-autistic EP wouldn't have seen it and on the same thing, but I do think that it allowed me to immediately think, “she's got a diagnosis of autism. Let's just look at how that might have played out, and then let's look at how other things have interacted with it”. Whereas I think of the people who were going, let's look at these interactions, and at the side there, there's a diagnosis of autism. So yeah, I think it probably put it at the forefront of my mind and helped me empathise and understand better what was happening for her.

Amy: That’s great. Thank you. And so is there anything else that you wanted to bring to the discussion which you think is really important to kind of be heard?

Sara: I think if we have more autistic EPs or are aware of, if we can network and get together and stuff, I think we do stuff to use a very sophisticated language. I think we can do stuff for raising the understanding of autism, and particularly internalised presentation, and links with well-being, and I think that that would be my hope, if we can connect autistic EPs, we can facilitate positive change both for EPs and support for us, but also for children and young people and generally narratives around and understanding of autism.

Amy: So how do you think that could change as opposed to how things are at the moment? Just being more aware of each other?

Sara: I think there's some really good conversations about autism, I think having experienced trying to work as an EP and being autistic, I think it's like a lone voice. I'm advocating for myself to my colleagues, for example. I feel like if we could get together and do something that's shared more widely, it's exhausting, all of that's on me and presumably on you to sort of advocate for yourself all the time and be weighing up “Should I share this?” And I think if we could develop something more generally it was like when we do systemic work, isn't it? Compared to loads of fire fighting individual work. It's raising that understanding generally so that stuff can be put in place so that we're not having to constantly advocate for ourselves. I think that would be my hope for autistic EPs and I think there are some really good conversations happening in terms of children and young people and autism and what it looks like, but that's either all non-autistic voices, or I hope it's a mixture of autistic and non-autistic voices, which is important, but I think we could do with more autistic people feeding into those conversations.

Amy: And so in terms of you and your understanding of you and your presentation, how you go about, how much of a part does autism play in that?

Sara: I don't think I can separate being autistic from anything to do with the way that I function, but particularly work because I think with work, you're already gonna have to mask to some extent I think to be able to do the job effectively. So, I think it's then impossible to untangle. I don't think there's anything that I could look at without the autism lens because it's everything I do.

Amy: And that is specifically relevant in work?

Sara: Particularly relevant in work. I think because there aren't many times in work where you can completely be yourself. So in your home life you can plan it to have downtime or to have to have it in a way that works for you. I think in work there's a certain level of rigidity in terms of what we have to do. And so we're more limited in how we can make accommodations for autism. Whereas in any personal life, you've got more flexibility than in work. You're trying to work around other people's priorities. The home life, you can be slightly different with children but kind of prioritise your family at least and so yeah, I think in work. Yeah, I just don't think that I could [pause] like if someone was talking to me about the way that I work and accommodations and my strengths and my needs, I don't think that's a separate conversation from being autistic.