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Exploring the Possible Processes of Change During School Based Humanistic Counselling for an Autistic Adolescent

A Theory Building Case Study

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Exploring the Possible Processes of Change During School Based Humanistic Counselling for an Autistic Adolescent: A Theory Building Case Study

by

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Abstract

Background: Autistic adolescents are more likely to experience interpersonal and psychological difficulties than their neurotypical counterparts considering distinct emotion processing difficulties. Emerging evidence demonstrates associated benefits of utilizing humanistic counselling approaches with this population. Underrepresentation in this area of literature warrants further investigation.

Aims: This study aimed to explore helpful processes of change for an autistic adolescent during a school based humanistic counselling (SBHC[1]) intervention, including examination of the client's emotion processing. This study sought to build upon existing relevant theoretical contributions (McArthur et al., 2016; Robinson & Elliott, 2016), to inform the development of a humanistic model for working with this population.

Method: This study utilized data from a randomized control trial which evaluated the effectiveness of SBHC (Cooper et al., 2021). The client was a 14-year-old autistic male ('Harry'), seen in SBHC for 8 sessions. This research employed an initial thematic analysis and overarching, mixed-methods theory-building case study design to examine a rich case record.

Results: It was found that the counsellor's focus on the client's embodied experiencing, their transparency, use of process-guidance and the shared use of metaphorical imagery, were central in facilitating developments in the client's emotion regulation, self-insight, self-reflective processing, and self-agency across sessions. Prominent hindering factors included the client's uncertainty surrounding client-counsellor power dynamics. The

[1] Please refer to Appendix Q for the glossary of terms and abbreviations employed.

counsellor's use of process-guidance appeared insufficient in supporting the client to develop other-insights and translate helpful skills externally.

Implications: These findings can contribute to psychotherapy practice by showing how specific counsellor interventions facilitate various helpful processes of change for an autistic adolescent during SBHC, whilst posing areas of theoretical consideration. This study is of a single case and has low testimonial validity. Thus, further research is required to understand helpful processes of change in SBHC in greater detail and breadth to account for the heterogeneity across this population.

Acknowledgements

Firstly, I would like to thank my two research supervisors for their insight, encouragement, and consistency over the past three years. I would also like to thank my incredible family and friends for their ongoing support, love and patience. Last but by no means least, I would like to express enormous gratitude to my amazing partner for their unconditional support throughout the highs and lows of this journey.

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Chapter 1: Introduction

1.1. Chapter Overview

This study examines the occurrence of helpful processes of change during a short-term school based humanistic counselling (SBHC) intervention for an autistic[2] adolescent client. This chapter provides a personal and theoretical background, firstly outlining the development of this study from the researcher perspective in a reflexive narrative. Relevant key terms are defined, and a brief theoretical and empirical context is provided.

Reference to Appendix Q for the glossary of terms and abbreviations employed.

1.2. Reflexive Statement

I have come to understand the concept of *reflexivity* as our self-awareness and our agency herein (Rennie, 2007). I have engaged in continual reflected surrounding how my own assumptions, experiences, expectations, and values have without doubt influenced my approach to the research process. I have found this process to be crucial in bracketing my own assumptions as much as possible, with the aim of minimising bias and maximising the reliability and validity of the analysis.

Firstly, I have reflected upon my personal positioning as a researcher exploring the concept of helpful change processes in therapy. My own experiences as a client where the therapist appeared to rigidly adhere to a particular model left me feeling misunderstood and ultimately resulted in my disengagement with the therapy process. I considered how this

[2] The current study, where possible, employs the terminology 'autistic individual' as opposed to 'individual with autism'. This aims to demonstrate an awareness of and respect for the largely endorsed preference for identity first language amongst the autistic community (Bury et al., 2020).

experience may have led to my initial case interpretations being weighted towards seemingly unhelpful counsellor interventions, with the potential of overlooking client variables and relational dynamics. I am aware of how my own less helpful experiences of therapy also highlighted the value of exploring and understanding nuances within therapeutic change processes on a case-by-case basis to inform suitable adaptations, as opposed to attempting to fit individuals into fixed models and therefore, how this influenced the development of my initial research proposal. My motivations for the current research topic also include my experiences of supporting neurodiverse individuals personally close to me, recognising their experiences of feeling marginalized by services and my subsequent aspirations to be part of promoting helpful change in this area.

In terms of acknowledging my professional motivations as a researcher, I have worked with autistic individuals for several years and have remained attuned to the importance of reflexivity surrounding the potential of my practice based experiences and assumptions in shaping the research process. My curiosity within this area of practice, desire to be part of advancing helpful knowledge and inform clinical practice influenced my choice of research topic. I have become increasingly fascinated with the differing emotion processing styles autistic individuals may experience, the implications for individuals' mental wellbeing, sense of self and trajectories of change within therapy. Through my professional experiences, I have observed first hand particularly in mainstream services that professionals often lack confidence to work with the autistic population. I also recognise that limited guidelines and models exist for working with this population and have commonly encountered clients reporting feeling misunderstood in therapy, leading to disengagement and ultimately perpetuation of their difficulties. These experiences have left me with intense feelings of discomfort and frustration. From a professional standpoint, I believe that mental health professionals have an imperative responsibility to promote accessibility and a culture

where autistic individuals feel accepted and listened to. Therefore, I feel that it is crucial that as scientist-practitioners, we hold existing guidelines critically whilst constantly striving to aim to refine these. I have worked predominantly with autistic individuals with severe and enduring mental health difficulties, including in Tier 4 CAMHS services. Consequently, I have become increasingly aware of the fundamental importance of early intervention for this population. In this way, my experience led awareness orientated me towards the ETHOS trial data, given the notable value of the development of guidelines for working with this population in the early intervention, SBHC.

I have employed supervision, peer spaces and reflexive journaling to reflect upon the influence of my personal and professional experiences, assumptions, and expectations upon the research process. During each stage of the research process, I journalled my existing expectations, assumptions, and experiences in order to compare these with my interpretations of the case record data. I found this process to be profoundly helpful in providing a channel for individual and peer reflection. For example, I considered why I may have immediately afforded greater attention to specific, seemingly helpful case interventions given both my professional alignment with the humanistic approach in addition to my pre-existing assumptions around the needs of autistic adolescents, grounded in my experiences as a practitioner and familiarity with the literature base. For instance, I anticipated that the use of visual interventions may have served to promote the client's engagement and supported them to generalize skills practiced in SBHC externally. However, it emerged contrary to my expectations, that whilst the use of visuals served to promote the client's engagement and the generalisation of skills to some extent, that they often struggled to remember and implement these externally and therefore may have benefitted from additional scaffolding to support this process. Furthermore, the aforementioned reflexivity process allowed me to reflect upon how the counsellor's humanistic interventions appeared insufficient to support the client's other

insight, contradicting to some degree my pre-existing assumptions. As such, my own professional experiences have demonstrated that in some cases, my expressed unconditionality, congruence and acceptance has been seemingly supportive of autistic clients' openness to others' perspectives. However, it emerged in the analysis that there were minimal shifts in the client's openness to others' perspectives, despite the counsellor's use of such interventions; this led me to reflect upon possible factors underlying this discrepancy, including how the context of the client struggling with uncertainty relating to a familial stressor may have affected their capacity to reflect upon others' emotions.

Positioning my reflexivity from a critical realist, social constructionist lens has enabled critical reflection surrounding (inter-)subjectivities and power structures underpinning knowledge and meaning making in this area of research. I have observed that psychological interventions offered to autistic clients largely focus on eradicating 'challenging behaviours', arguably demonstrating non-acceptance towards individuals who do not fit 'neurotypical norms'. Through engaging with relevant literature, I noticed the paucity of qualitative, humanistic research with clients' voices at the centre (Whitehead & Purvis, 2021), leading me to reflect upon the need for a critical epistemology and bottom-up methodology. Moreover, I have noticed the lack of clinical tools validated for this population, leaving me with feelings of discomfort around the applicability of existing findings. Subsequently, I decided to analyse the data, in part, through the lens of the Client Emotion Processing Scale (CEPS-AS; Robinson & Elliott, 2016), a clinical observer tool developed to monitor change in emotion processing during humanistic psychological interventions for autistic individuals. Nonetheless, I recognise and have reflected upon the various constraints the CEPS-AS may have entailed as applied to the case record data, with regards to how I attributed meaning to case observations; as such, analysing the case in part through the CEPS-AS lens arguably served to limit the scope of the analysis. In this way, different scales

and frameworks can be said to carry their own sets of assumptions and limitations. For example, the CEPS-AS is arguably constrained by its' predominant focus upon client change processes and lacks attention to therapist factors. This feels particularly pertinent to note considering the theory of double empathy, which highlights how empathy is a two-way process and that non-autistic individuals struggle to understand the emotional cues, perspectives, and emotions of autistic individuals (Mitchell et al., 2021). I recognise that viewing the case from another theoretical perspective such as double empathy or attachment may have shed light upon different variables in the case. I also show awareness for my position as a neurotypical researcher and how this in itself may have limited my case interpretations. I was unable to interview the client to gain their perspective on the therapy and analysis which left me with feelings of discomfort, in particular given the lack of client voice within existing research endeavours in the field (Grant & Kara, 2021).

My experiences of witnessing oppressive effects of positivist, deficit-based understandings of Autism Spectrum Conditions (ASC), combined with observations of helpful change when adopting humanistic approaches in my clinical work with this population, could have led to me favouring such interventions. Nonetheless, my experiences have also increased my awareness of the heterogeneity amongst autistic individuals and what may be therapeutically helpful, unhelpful, or important for different individuals at different times in their lives. Therefore, I have remained open and curios to therapeutic processes and aspects which deviate from my previous observations. For instance, when carrying out the analysis I was struck by the client's ability to work with metaphors, contrary to my professional experiences. I feel that my professional experience led awareness has sensitised me to different theoretical concepts relating to ASC, thus, increasing my capacity and openness as a researcher to reflect around the meaning of different observations. For

example, in recognition of how executive function abilities can vary vastly in autistic individuals, I was able to reflect around associated case observations.

Finally, peer and supervisory auditing and reflection have provided additional layers of ideas and enhanced my reflexivity process. This has felt to be of paramount importance due to the level of my immersion with the data. Additionally, given my professional experiences of working with this population, I have considered that I may to some degree normalise differently abled ways of being and communicating in autistic individuals; therefore, having additional perspectives has been particularly helpful. For instance, I brought my initial observations of a potential hindering factor whereby the counsellor seemed to offer limited direction in supporting the client to reflect upon relational encounters to the peer case study consultation group. I found this extremely valuable as this provided an opportunity to reflect upon how I had perhaps initially overlooked client factors within this dynamic, such as the client's apparent tendency of intellectualizing their emotions and their difficulty with exploring the two-dimensional, unpredictable nature of others' behaviours.

1.3. Overview of Key Terms and Concepts

1.3.1. Autism Spectrum Conditions

Individuals with diagnoses of ASC represent approximately 1-2% of the population (National Health Service Digital, 2020). The term ASC represents a group of neurodevelopmental disorders commonly associated with 'impairments' in social communication, social interaction, and restricted behaviour patterns (American Psychiatric Association [APA], 2013). Differences in perceptual and emotion processing in this population are believed to appear along several continuums of severity, affecting multiple areas of individuals' experiencing (Sivathasan et al., 2020). Individuals diagnosed with 'high

functioning autism' (HFA; Full-Scale IQ [FSIQ] ≥ 70) share characteristics of 'low functioning autism' (LFA; FSIQ ≤70) with regards to interpersonal, cognitive and emotion processing challenges, yet commonly experience typical language development. Therefore, individuals with HFA may be more able to access talking therapies (Burrows et al., 2016). Contemporary understandings of ASC[3] stress the marked heterogeneity of clinical entities and trajectories, as influenced by factors including environment, comorbidity, and gender (Masi et al., 2017).

Autistic adolescents are at higher risk of experiencing mental health difficulties than neurotypical peers (Mason et al., 2019). For example, comorbidities of anxiety in this population are estimated at 40-50%, significantly higher than in neurotypical adolescents, 2.2-2.7% (Vasa et al., 2019). Moreover, it has been documented that autistic people may experience emotions more intensely than non-autistic people (Livingston et al., 2022). High emotion sensitivity alongside difficulties identifying, processing, and responding to emotions is seen to confer vulnerability for poor mental health in this population (Berggren et al., 2018). Therefore, further research which considers distinct processing styles is required to understand potentially helpful psychotherapeutic approaches for autistic clients. Existing research examining psychological interventions for autistic adolescents is dominated by cognitive behavioural therapy (CBT), outcome-based endeavours (Luxford et al., 2017; Appendix A), with little attention afforded to alternative psychological therapies, including humanistic approaches (Whitehead & Purvis, 2021).

[3] Considering the presentation of the current case, the term 'ASC' or 'autistic' refers to individuals with HFA (FSIQ ≥ 70).

1.3.2. Adolescence as a Developmental Phase

The period of adolescence is associated with heightened vulnerability for the onset of numerous mental health difficulties (Clarke et al., 2020). Adolescence is a time of significant social transition, characterized by increased social demands and formation of more sophisticated peer relationships, contributing to identity development and self-esteem (Scholte & Van Aken, 2020). Various research endeavours have also indicated that adolescents demonstrate greater sensitivity to peer acceptance and rejection than younger children and adults (Zimmer-Gembeck, 2010).

Mentalizing can be defined as the ability to represent or infer the mental states of others (Guazzelli Williamson & Mills, 2023). The significance of mentalizing to adolescent psychosocial functioning has been well documented. For instance, mentalization has been shown to contribute toward the development of emotion regulation skills, alongside the formation and maintenance of peer attachments (Rossouw & Fonagy, 2012). While mentalization and emotion regulation capacities are believed to initially develop within the infant-caregiver attachment relationship, research has demonstrated that these cognitive processes continue to mature throughout adolescence, supported to some degree by neurocognitive changes within the adolescent brain. Additionally, adolescents undergo novel social-emotional challenges contributing to developments in mentalization abilities (Clarke et al., 2020). Developmental trajectories of mentalizing, emotion recognition and regulation abilities are thought to reflect near-adult levels at approximately age eleven, followed by additional advancement of these capacities during adolescence and adulthood (Guazzelli Williamson & Mills, 2023). Research has indicated that certain environmental variables can influence the developmental trajectories of emotion regulation and mentalization in adolescents. For instance, childhood attachment difficulties and experiences of early trauma have been associated with inhibited development of adolescent mentalizing capacities, with

profoundly adverse implications for individuals' mental wellbeing (Luyten & Fonagy, 2018; Marszal & Janczak, 2018).

While the autistic population is hugely heterogeneous, there is a compelling consensus among literature relating to the role of inherent mentalizing differences upon distinct social-emotional difficulties experienced by this population, extending beyond what may be expected for neurotypical adolescents; these include differences with regards to emotion recognition, expression, and theory of mind capacities (Barendse et al., 2018). Furthermore, numerous research endeavours have indicated that autistic individuals may be at higher risk of experiencing trauma related experiences and attachment difficulties (McKenzie & Dallos, 2017). Aforementioned emotion processing differences are believed to interrelate with attachment difficulties and experiences of childhood trauma in this population, leading to further compounding of mentalization difficulties (Giannotti & de Falco, 2021). While social communication and interaction difficulties associated with ASC can be understood as independent of developmental stage, their impact may be disproportionally heightened during the period of adolescence. As such, throughout this developmental phase, peer evaluations become increasingly salient for autistic adolescents who may become increasingly conscious of their social identity and how they differ from their peers (Clarke et al., 2020). Consequently, autistic adolescents are believed to experience distinct challenges with mentalization and emotion regulation, with adverse implications for self-esteem, identity formation, mental health and interpersonal functioning (Barendse et al., 2018).

1.3.3. Humanistic Psychological Therapies

The term humanistic, as employed here, is understood to incorporate psychological approaches defined as experiential, existential, relational, and phenomenological, sharing

several core variables. These include an emphasis on working with emotions and honouring clients' unique emotional meanings, supporting intrapersonal and interpersonal reflection that leads to new perspectives and more adaptive ways of being (Cain, 2002).

Humanistic psychological therapies adopt a client-centred, relational focus, emphasizing the centrality of the therapeutic relationship in affording a secure, facilitative space towards promoting client growth (Bohart, 2013). Humanistic therapists hold an optimistic view of clients as resourceful, intentional, and inclined towards self-actualization. There is a focus upon self-concept, with an appreciation that this has a significant influence on clients' behaviour. Through promoting self-exploration and self-knowledge, the humanistic therapist aims to enhance clients' self-efficacy and self-agency (Roth et al., 2009).

1.3.4. School Based Humanistic Counselling

Recognition of the scale and implications of mental health difficulties in adolescents, including increased chronicity of psychological and relational difficulties (Richards & Ellem, 2019) has led to increasing emphasis upon early interventions such as SBHC (Read et al., 2018). SBHC is a standardised form of humanistic counselling (HC) and a widely delivered intervention for psychological distress in adolescents across UK secondary schools (Cooper, 2010). SBHC is a non-directive therapeutic approach based around the work of Rogers (1957, 1959, 1961), rooted in evidence-based competences for HC (Roth et al., 2009) and subsequently revised for young people (Hill et al., 2014).

1.4. The Value of Extending our Understanding of How Helpful Change Processes May Occur in (SB)HC for Autistic Adolescents

Autistic adolescents report encountering distress arising from interpersonal misunderstandings and non-acceptance (Symes & Humphrey, 2010). The literature base highlights the need for therapeutic approaches for this client group that are more relational in nature, to enhance self-acceptance, self and other awareness and consequently promote psychological wellbeing. Humanistic therapies such as SBHC may therefore hold promise in addressing distinct areas of difficulty for autistic individuals in emotion processing, empathy and interpersonal relating, by promoting self-experiencing and self-empathy (Robinson, 2020).

Humanistic approaches emphasise individual perceptions of reality, leaving diagnoses and symptomology aside (Cain, 2016). Moreover, autism does not yet represent a scientifically sound object (Chapman, 2020) and can be viewed as being somewhat constituted in culture, language, and discourse (O'Dell et al., 2016). However, this study argues that given the qualitatively differently abled ways of being (McKenzie et al., 2018) and arguably material vulnerability for poor mental health associated with ASC (Bougeard et al., 2021), more needs to be done to examine whether humanistic therapies have a helpful impact for this population and if so what factors and processes underlie this, to support clinical understanding and inform suitable adaptations to practice. The following chapter, therefore, investigates helpful processes of change for this population during (SB)HC within the currently published literature.

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Chapter 2: An Evaluation of the Occurrence of Helpful Processes of Change for Autistic Adolescents during Humanistic Counselling: A Systematic Literature Review

2.1. Chapter Overview

This chapter aims to examine existing literature pertaining to helpful processes of change during HC interventions for autistic adolescent clients, providing a foundation and rationale to inform the line of enquiry. This leads to the outlining of the relevant research questions.

2.2. Background

2.2.1. Helpful Processes of Change Experienced by Adolescents during (School Based) Humanistic Counselling

Existing research has evidenced that adolescents experience numerous factors as helpful in SBHC. Talking openly about emotions with someone external has frequently been identified as a helpful factor in SBHC, in addition to the counsellor's understanding and acceptance (Lynass et al., 2012). This corresponds with research which found that adult clients value relationship-orientated events as most significant within the therapeutic process, including feeling understood (Timulak, 2010). The counsellor offering new perspectives, advice and specific techniques have also been identified as helpful aspects by adolescents accessing SBHC (Bondi et al., 2006; Cooper, 2004; Griffiths, 2013).

Research has shown that HC approaches can lead to a range of positive outcomes for adolescents. Stice et al. (2006) found that HC led to significant reductions in adolescents' depressive symptoms. Helpful outcomes reported by adolescents in SBHC have included

improvements in emotional symptoms, conduct problems, friendships, home-life, and facilitation of the achievement of their individual goals (Cooper et al., 2010; McArthur, 2013; Pybis et al., 2014; Cooper et al., 2021; Cooper, 2009). In contrast, a recent study found that SBHC was not associated with helpful outcomes for a client presenting with obsessive-compulsive difficulties, which appeared to be connected to the counsellor's non-directive approach (Ralph & Cooper, 2022).

McArthur et al. (2016) illuminated the occurrence of helpful processes of change in SBHC in a qualitative interview study. Whilst supporting previous findings (Griffiths, 2013; Lynass et al., 2012; Cooper, 2004; Bondi et al., 2006; Ogden, 2006; Rupani et al., 2012), this study illustrated some novel change processes. Firstly, participants reported experiencing relief through talking about their emotions, leading to reductions in anger and anxiety. The process of increasing self-worth, conceptualised as a combination of self-esteem, self-efficacy, confidence, and agency, was most evidently associated with the counsellor's valuing attitude. Enhancing insight related to clients talking about their feelings and specific activities suggested by the counsellor, which facilitated reflection and resulted in increased awareness of self and others, leading to more positive ways of being. Enhancing coping strategies to regulate emotions was also identified as a helpful process for several clients, associated with specific input from the counsellor. Lastly, some clients seemingly employed the therapeutic relationship to practice and develop skills involved in open relating, enabling them to exercise these with enhanced confidence in their significant relationships. These findings appear consistent with a pluralistic standpoint (Cooper & McLeod, 2007, 2011), whereby counselling may be helpful through multiple, overlapping change processes.

Whilst such evidence offers promising insights into the helpful processes of change adolescents experience during (SB)HC, further research is required to identify the populations or contexts in which SBHC may be most helpful, while informing refinements

and adaptations to interventions offered. In this way, little attention has been afforded to the autistic population, despite their experiencing of high levels of psychological distress (Bougeard et al., 2021).

2.2.2. Differently Abled Ways of Being Associated With ASC

Experiential processing represents an integral component of the humanistic approach (Greenberg et al., 2012), an ability which may be different in the autistic population (Robinson et al., 2021). Autistic individuals have been shown to possess reduced capacity to integrate interoceptive information (Proff et al., 2021), leading to marked difficulties with processing emotions of self and others (Mazefsky et al., 2013). This includes cognitive empathy, defined as the ability to understand others' emotions, perspectives, and intentions (Bos & Stokes, 2019) and affective empathy, characterized by 'an emotional response in an individual that stems from and parallels the emotional state of another individual' (Smith, 2009, p. 490). Difficulties with mentalization of self and others in this population can have an adverse impact upon reciprocal social relationships and individuals' sense of self (Cooper et al., 2017). Furthermore, autistic individuals have been shown to present with distinct cognitive styles, affecting abilities in communication, memory and generalizing information (Dijkhuis et al., 2020). Such distinct ways of being may influence how autistic adolescents experience HC, how helpful processes of change occur, what may be therapeutically helpful and hindering. This systematic literature review, therefore, aims to evaluate existing literature pertaining to autistic adolescents accessing HC, to illuminate possible helpful processes of change and related factors (Appendix P). This review serves to identify gaps in the literature requiring further investigation.

2.3. Method

Identification and Selection of Studies and Search Strategy

A systematic literature search was conducted in July 2022, utilizing the following databases: *PsychInfo, PSychArticles, Pubmed, Wiley Online, SpringerLink and Cochrane.* Steps of the PRISMA guidelines were followed (Moher et al., 2009). The search strategy included terms indicating: autism, adolescent, psychological intervention and humanistic approach[4]. The search remit for humanistic approach was devised to encompass approaches embodying core humanistic principles included under the contemporary humanistic umbrella (Cain, 2002).

Search Criteria

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses framework (PRISMA; Moher et al., 2009) was employed to navigate the processes of screening and selection of records included in the review (Figures 1 & 2).

[4] Please see Appendix C for details of search terms employed.

Figure 1

Inclusion and exclusion criteria

Inclusion Criteria

1. Studies or articles pertaining to adolescents, 13-16 years of age[5].
2. Studies or articles concerning adolescents meeting the diagnostic criteria for ASC (APA, 2013) or described as autistic.
3. Studies or articles pertaining to the use of HC approaches for this client group.
4. Theoretical and empirical papers published between 2010-2022[6].

Exclusion Criteria

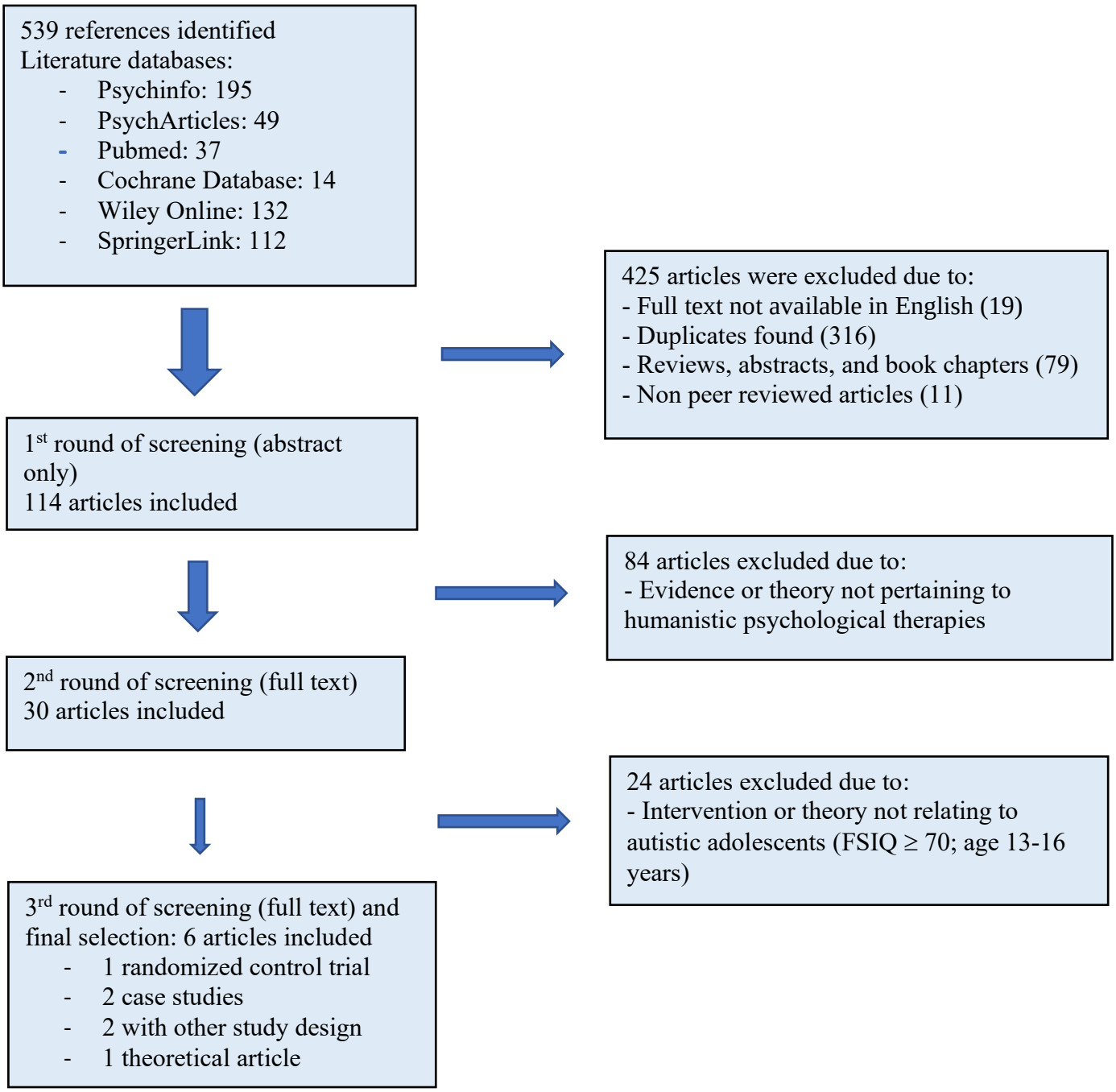
1. Interventions other than psychological.
2. Papers exclusively relating to a non-humanistic approach.
3. Studies with participants described as having LFA or an intellectual disability (FSIQ ≤ 70).
4. Reviews and abstracts.
5. Records not available in English.
6. Non peer reviewed articles.
7. Book chapters.

[5] The search criteria age range was devised to yield articles aligning with participant ages across existing SBHC research endeavours (Cooper et al., 2021) and subsequently the age of the current client participant.

[6] The paper publication date range aimed to yield articles examining contemporary HC approaches for autistic adolescents

Figure 2

Flowchart of article screening procedure (PRISMA; Moher et al., 2009).



2.4. Results

2.4.1. Summary of Records Retrieved

Tables 4-9 present the characteristics of the 6 included articles (Appendix C). Four studies were conducted in the UK and one in America. The average age of participants was 14.35 and 62% of participants were male. In terms of HC intervention employed, one study examined SBHC, two group emotion focused therapy for autistic individuals (EGFT-AS) and two person-centred HC. One pilot RCT compared HC and CBT study arms, examining change in participants' anxiety and social functioning across treatment; this study involved individual and group interventions (Murphy et al., 2017). Two HC group only intervention studies were retrieved (Robinson & Elliott, 2016 & Robinson, 2020). One primarily aimed to ascertain the reliability of a clinical observer tool, the CEPS-AS, developed to measure changes in emotion processing for autistic individuals during humanistic psychological interventions (Robinson & Elliott, 2016). The other was a case conceptualization of relational rupture and repair, exploring transformations in emotion processing during EGFT-AS through the lens of the CEPS-AS (Robinson, 2020). Two individual intervention case studies were found investigating the use of digital symbolic imagery in HC with autistic adolescents, aiming to illuminate how the videogame software was employed to support participants' self-awareness and processing of grief (van Rijn et al., 2019; Johnson, 2016). The remaining, non-empirical article outlined the phases of EGFT-AS, detailing how this HC approach serves to enhance emotion processing in autistic clients (Robinson & Elliott, 2017).

2.4.2. Helpful Outcomes Relating to Anxiety and Social Functioning

The results indicated that HC was associated with reductions in anxiety and improved social functioning for autistic adolescents, mirroring findings for non-autistic adolescents

(Cooper et al., 2010; McArthur, 2013; Pybis et al., 2014; Cooper et al., 2021; McArthur et al., 2016, Cooper, 2009). Murphy et al. (2017) reported a pilot randomized control trial, comparing outcomes relating to social functioning and anxiety for person-centred HC and CBT, as offered by the NHS in the UK for 36 autistic adolescents (*mean age=15.25; 61% male).* Participants had been referred to CAMHS services presenting with anxiety symptomology and were divided equally into two study arms; 12 individual and 5 subsequent group sessions were offered in each study arm. The non-directive HC intervention aimed to build rapport and encourage emotional expression, using reflective listening, clarification, and appropriate empathy. The CBT intervention employed strategies targeting anxiety social difficulties (White et al., 2010). HC and CBT were each associated with helpful outcomes reported by adolescents and parents across social functioning (Social Responsiveness Scale; Bruni, 2014) and anxiety ([ADIS Anxiety Measure; Ung et al., 2015], [Childhood Anxiety Sensitivity Index; Sukhodolsky et al., 2008]) between pre and post intervention timepoints, with no significant differences between the study arms. This was except for separation anxiety, for which there was a medium effect size in the reduction of participants meeting diagnosis criterion in the HC arm as compared to CBT at post-test (*p=0.01;* ADIS-IV-C/P; Hamblin et al., 2016). However, the follow-up effect size reduced by over 50% overall, indicating that change was not sustained. The average number of individual CBT sessions attended by participants was 9.06 *(SD 2.51).* For HC it was 11.71 (*SD 1.06),* an observable significant difference *(Mann-Whitney U=32.5, p=0.02),* indicating that participants were relatively more engaged with the HC intervention. However, scores for therapeutic alliance (Therapy Process Observational Coding System – Alliance; McLeod & Weisz, 2005) were similar across the two therapies, therefore it seems unlikely that this was where the difference lied. These findings suggest that HC may be of similar helpfulness to CBT with this client group, with regards to helpful outcomes in anxiety symptomology and social functioning.

However, the study did not explicitly address aspects of HC participants experienced as helpful or hindering, aside from outcomes.

2.4.3. Transformations in Emotion Processing

The results illustrated the helpfulness of humanistic therapists visually concretizing relational exchanges during the HC intervention, EGFT-AS, to deepen experiential self and other emotion processing in autistic adolescent clients (Robinson & Elliott, 2016, 2017; Robinson, 2020). Robinson and Elliott (2016) presented a study on the reliability of the CEPS-AS, an observer measure developed to assess change in emotion processing for autistic clients during humanistic psychological interventions. Participants accessed a 9-week, EGFT-AS intervention. EGFT-AS is an adapted version of emotion focused therapy which employs emotion markers reflecting common experiences reported by autistic individuals (Robinson, 2014), to scaffold self and interpersonal therapy tasks in the here-and-now and via interpersonal process recall (IPR) using session video clips. Adolescent participants (*n=3*) included two females and one male (*mean age = 14*). Raters coded 42, 4-minute EGFT-AS video footage segments against behavioural indicators for each CEPS-AS dimension level of emotion processing for each participant: emotion regulation, empathy, self-reflective processing, and mental representations (Appendix J). Over treatment, participant scores indicated statistically significant changes from low to high level emotion processing levels ($F = 32.32$; $df = 2,9$; $p < 0.01$). The findings evidenced good inter-rater reliability and sensitivity to change. Inter-dimension correlations were high, indicating that the occurrence of helpful change processes across CEPS-AS dimensions were interwoven. Findings suggested that this HC approach can promote self and other emotion processing in this population and demonstrated that the CEPS-AS may represent a suitable tool to track associated changes.

Notwithstanding, potential researcher bias from the involvement of the first author in the development and coding of the CEPS-AS must be acknowledged.

Robinson and Elliott (2017) subsequently outlined the theoretical rationale for treatment phases of EGFT-AS, employing case illustrations. The use of structure, repetition and transparency with task expectations was identified as an important factor in establishing safety. The authors highlighted the helpfulness of the therapist attending to clients' unique 'autistic process' to support the therapeutic alliance and facilitate identification of individual emotion markers to deepen clients' experiential processing. The article maintained that humanistic counsellors' use of direct language and visually concretizing relational exchanges can scaffold HC approaches to deepen experiential emotion processing, supporting self and other insights and self-agency in autistic clients.

Robinson (2020) presented a case conceptualization of an 11-week EGFT-AS intervention targeting interpersonal rupture and repair in autistic adolescents (*n=3*; *mean age = 14*), focusing on the 14-year-old female participant, Natalie. The humanistic therapist employed IPR of session video footage focusing upon shared trauma-related experiences and mis-empathy encounters as a process-guiding method. This case conceptualization showed Natalie's responses to other participants' emotions shifting from reflecting low-level emotion processing towards reflecting more examples of moderate to high-level processing between pre and post-intervention timepoints through the lens of the CEPS-AS. The author illustrated the importance of the initial phase of holding interpersonal ruptures to support attachment, alongside the potential of group reflection, validation, and compassion in promoting cognitive-affective empathy, facilitating emerging adaptive emotions, re-appraisal of self-schemas and relational repair. Findings suggested that EGFT-AS may helpfully work to support metallization of own and others' interpersonal traumas whilst strengthening sense of self in autistic adolescents. Given the specific, scaffolded nature of EGFT-AS, caution should

be taken in generalizing findings to other HC approaches. Furthermore, although dimensions of the CEPS-AS reflect empirical and theoretical accounts of emotion processing differences in ASC (The et al., 2018), these may not account for all presentations; thus, associated findings should be interpreted with caution. However, this empirical model serves as a hypothesis for future testing.

2.4.4. The Use of Videogame Software in Humanistic Counselling

The incorporation of videogame software emerged as a potentially helpful adaptation in HC in promoting intrapersonal and interpersonal communication in autistic adolescents. Clients employed digital imagery to symbolise and make sense of experiences of anxiety, being different (van Rijn et al., 2019) and processing grief (Johnson, 2016).

A qualitative, theory building case study (TBCS; van Rijn et al., 2019) aimed to understand how digital imagery was employed in SBHC sessions and how processes of change occurred through the lens of the assimilation model (APSES; Stiles et al., 1990). According to the APSES, psychotherapeutic progress involves developing symbolic meaning bridges between disconnected parts of self, towards developing insight and resourcefulness. The client participant, Richard, was a 14-year-old autistic male with anxiety. Richard generated avatars employing the therapeutic virtual reality 'ProReal' videogame software (www.proreal.co.uk) to represent parts of himself and others. Richard used the digital imagery to conceptualize and convey his experiences of feeling different, suggesting that the digital software provided a helpful tool to develop meaning bridges intra-personally and with the counsellor, facilitating emotional depth and metallization. The counsellor reported observing improvements in Richard's self-confidence and reductions in distress. However, Richard did not identify positive changes in self, thus putting into question how helpful change can be interpreted in this study. Moreover, there was no counsellor adherence check,

rendering it difficult to isolate the helpfulness of the humanistic modality alongside the software.

A qualitative, collective case study (Johnson 2016) examined the use of a Harry Potter videogame in facilitating a ten-session, individual humanistic grief therapy intervention for autistic adolescent males *(n=4; mean age=14.5).* Through the lens of Lamb's grief process theory (1988), the use of such videogames appeared to facilitate participants' experiential processing of grief, via employing different characters to embody emotions and perspectives. Researcher observations and client interview data indicated that participants increasingly verbalized their experiences of bereavement with counsellors and peers during treatment. Thus, it may be interpreted that the use of such videogames in HC may be helpful in assisting autistic adolescents to process emotions associated with bereavement. Emerging considerations for hindering aspects included the observed adverse impact of the impending ending upon clients' engagement and emotion processing during final sessions.

2.5. **Discussion**

The results of this review illuminated the potential value of HC approaches employing digital imagery, enabling autistic adolescent clients to generate symbolic meaning bridges (Johnson, 2016; van Rijn et al., 2019), concretize and deepen affective states (Robinson & Elliott, 2016, 2017; Robinson, 2020), facilitating intra and interpersonal reflection and processing of painful experiences. Such adaptations in HC could serve to tackle accessibility barriers for this client group, who are believed to possess relative strengths in visual communication and processing of information (Turnacioglu et al., 2019). This concept corresponds with evidence-based recommendations for counsellors working with autistic clients in CBT, such as the use of visuals aids (Rutherford et al., 2019). It has been found that autistic individuals learn through concrete experience, whether visual or practical (Li et

al., 2021). Such learning styles may render interventions incorporating virtual reality (Lin et al, 2018) and structured relational tasks including role playing (Laugeson & Park, 2014) advantageous to traditional HC approaches for autistic adolescents in supporting experiential processing.

Moreover, this review spoke to the value of incorporating an initial HC intervention phase to establish trust and expectations (Robinson & Elliott, 2017), fostering the conditions in which helpful change may then occur for autistic adolescents. The pertinence of this concept aligns with findings pertaining to the helpfulness of incorporating pre-therapy contact work when working with autistic children (<13 years) and adults with a co-occurring intellectual disability, to cultivate safety and meaningful channels to communication (Carrick & McKenzie, 2011; Robinson et al., 2021).

Considering distinct emotion processing styles (Cooper et al., 2017) and frequent experiences of social misunderstandings associated with emotional avoidance in this population (Spain et al., 2018), increased process-guidance may be necessary to enable psychological contact and enhance self-reflection, towards clients developing more adaptive ways of being in HC. The reported value of employing increased process-guidance in EGFT-AS corresponds with existing literature pertaining to working with autistic individuals from CBT approaches, including the helpfulness of establishing a consistent session structure and explaining tasks to reduce anxiety associated with a low tolerance for uncertainty in this population (Kose et al., 2018).

Finally, this review pointed to the potentially hindering factor pertaining to autistic clients' reduced engagement during final HC sessions; this may reflect difficulties managing transitions in this population (VanBergeijk et al., 2008), without sufficient attention afforded to scaffolding the ending.

2.6. Strengths and Limitations of Records Obtained

Findings demonstrated that HC approaches may be associated with numerous helpful processes of change for autistic adolescents. However, it was unclear which elements of interventions conferred helpful change and whether this was due to specific humanistic interventions employed or additional factors, including the incorporation of digital technology. Studies retrieved employed different methodologies, treatment contents and measures which made it challenging to interpret, compare and synthesize results.

Records found contained a high risk of researcher bias, wherein most researchers purported the humanistic standpoint or had extensive experience working with autistic clients, meaning that research designs and data collection processes may have been strongly coloured by researcher assumptions and expectations. Furthermore, this review did not provide cohesive recommendations for translating findings to practice, partially since evaluated studies involved both clinical and non-clinical samples. Three studies provided details of gender, race, and ethnicity; none provided details of socio-economic status. Included studies revealed an overrepresentation of British, Caucasian participants (95%). These narrow demographics further limited the generalizability of findings.

Nevertheless, this review offered a first step in uncovering potential helpful processes of change in HC for this client group. One strength of the review concerned the variety of study designs, including the use of observer tools, client and parent reported outcomes in addition to qualitative accounts obtained from clinical experience, enabling clinicians and researchers to generate meaningful considerations and hypotheses (Rheinhardt et al., 2018).

2.7. Implications for Practice and Research Priorities

The small number of records retrieved rendered it inappropriate to generate informed assertions concerning the occurrence of helpful processes of change in HC for autistic

adolescents. However, there were several common elements which may be relevant for researchers and practitioners to consider. Implications for practice indicated in this review included the potential helpfulness of employing digital imagery in the form of video session footage and videogame software as a bridge to communication, facilitating meaning making, psychological contact and experiential emotion processing when working with autistic adolescents in HC. This review also illuminated the significance of the humanistic counsellor recognising the increased process-guidance and clarity around therapeutic tasks which may be required when working with this client group (Robinson & Elliott, 2017; Robinson, 2020).

Apparent gaps identified in this area of research warrants further exploration of helpful processes of change in HC for this population, to inform suitable adaptations to clinical practice. Foremostly, this review highlighted the lack of in-depth research in this area of literature. Future research should therefore endeavour to adopt bottom-up approaches which honour the heterogeneity amongst autistic adolescents (Hallett & Kerr, 2020), examine helpful processes of change across different forms of HC and serve to generate hypotheses to be tested and elaborated. Subsequently, further outcome-based, controlled research with larger, diverse samples would be required to increase generalizability of results. Given the apparent promise of EGFT-AS in enhancing experiential emotion processing in this population and the CEPS-AS in assessing change (Robinson & Elliot, 2016), future research should aim to build upon existing accounts to inform suitable adaptations to different forms of HC, such as SBHC.

2.8. Relevance to Counselling Psychology and Rationale for Research Questions

Considering the proliferation of SBHC services across the UK (Cooper et al., 2021) and the promise of HC approaches for autistic adolescents illustrated in this review, it is imperative that Counselling Psychologists strive to understand what may be therapeutically

helpful for this population who may be underrepresented in the literature, in honouring a humanistic, inclusive stance (BPS[7], 2017).

The field of research examining psychological therapeutic approaches for autistic individuals, argues for more qualitative, ideographic case study research to tease out complexities (Howard et al., 2019). Therefore, case study research has the potential to build relevant empirical and theoretical foundations, from which this gap may be further addressed. Thus, this research adopts an overarching theory building case study (TBCS) methodology to examine a case of SBHC for an autistic adolescent, to gain a rich, unique understanding of associated helpful processes of change. This study is interested with *how* and *why* helpful change processes may occur for an autistic client in SBHC. Accordingly, this research examines how particular counsellor interventions, relational processes and conditions may facilitate specific, helpful client processes (Elliott, 2011). Herein, it is necessary to consider helpful aspects, referring to counsellor approach, client behaviours as well as outcomes of the therapy. To contextualise such aspects and processes, it is also important to delve into hindering aspects, which includes contextual factors, counsellor approach as well as client and counsellor behaviours (Cooper et al., 2015; Appendix P).

This research has the potential to contribute to a shift in consciousness in the Counselling Psychology profession, develop an understanding of how differently abled ways of being and processing emotions in autistic adolescents (Rutten, 2014) may present in the context of SBHC, serving to inform further enquiry, build upon relevant theoretical foundations and enhance clinical practice. This review has illuminated existing literature broadly detailing helpful processes of change in SBHC (McArthur et al., 2016), alongside evidencing the potential of HC approaches in enhancing emotion processing of self and other

[7] British Psychological Society

in autistic adolescents (Robinson & Elliott, 2016, 2017; Robinson 2020). This leads to nine theoretical statements (Appendix F) which are compared with detailed observations from the current case (Stiles, 2007), in line with the following research questions and respective domains for analysis[8].

2.9. Research Questions and Respective Domains

1. How do helpful processes of change occur, if at all, during SBHC for an autistic client, in relation to theoretical contributions pertaining to: a) helpful change processes in SBHC (McArthur et al., 2016) and b) emotion processing (self and other) in autistic clients across humanistic psychological interventions (Robinson & Elliott, 2016)?

2. In relation to aforementioned theory, what aspects appear helpful in SBHC for an autistic client?

3. In relation to aforementioned theory, what hindering aspects may arise during SBHC for an autistic client?

Domain 1: Helpful processes of change

Domain 2: Emotion processing (self and other)[9]

[8] Research question domain represents a category within which the case has been analysed (Chapter 3.8).

[9] Domain 2 (emotion processing, self and other) may also relate to helpful/hindering aspects and overarching processes of change.

Domain 3: Potentially helpful aspects

Domain 4: Potentially hindering aspects

Chapter 3: Methods

3.1. Chapter Overview

This chapter begins with a consideration of philosophical principles within psychology research, as applied to the topic and aims of the study. This follows with the outlining of the rationale, aims, design, ethical considerations, and analytic procedure.

3.2. Ontological and Epistemological Perspective of the Study

To determine how the research questions may be investigated, related epistemological and ontological assumptions are considered pertaining to knowledge and existence respectively (Burr, 2015).

3.2.1. Research Methods and Paradigms in Existing Literature

Literature within psychology is situated among a multiplicity of research paradigms. The positivist, largely quantitative paradigm located within a realist ontology and epistemology remains the dominant, prevailing force in empirical research (Blair, 2010). Assuming the existence of a single, observable reality, may hinder our understanding of socio-cultural processes, human experiences, and the construction of meaning across psychology research endeavours (Miller, 1998). Individual experience arguably represents an (inter-)subjective phenomenon, whereby individuals interpret their experiences based upon personal biases, as influenced by socio-cultural context, and lived experiences (Fruggeri, 1992).

During the last three decades, there has been a shift toward an increasing appreciation of the value of qualitative psychology research methods (Ponterotto, 2005). Corresponding

with Counselling Psychology's humanistic principles, appreciation of (inter-)subjectivity and the impact of socio-cultural context upon individual experiencing (House & Feltham, 2016), the profession represents an advocate for qualitative methodologies (Morrow, 2007). A primarily qualitative research methodology was chosen for this research, to gain a rich, contextual understanding of the occurrence of helpful processes of change for an autistic client in SBHC, whilst building a stronger foundation for critical realist and constraint perspectives (Gemignani, 2017).

3.2.2. The Contribution of Social Constructionist Approaches to the Study

Social constructionism opposes realist assertions concerning the existence of one objective set of 'truths', highlighting limitations of the notion of pure theoretical knowledge. Social constructionist informed research explores how language, socio-cultural contexts and power structures dynamically determine our understanding of reality and influence the generation of 'knowledge' (Gergen, 1985). Constructionist perspectives emphasise the relativistic, subjective essence of the social world, wherein knowledge is considered perspectival and contingent (Lyotard, 1984). This view recognises the power of discourse in shaping our experiences (Foucault, 2019). Philosophical assumptions of the social constructionist movement include that for inductive interpretations to be feasible, a set of pre-conceived and determined categories are necessary. Hereby, the world is conceptualized via socially constructed frameworks and common understandings of processes, events or concepts are socially imperative, so to be integrated in social interactions and practices (Gergen, 1985).

A social constructionist informed ontological and epistemological analytic approach as applied to this study, appreciates that meanings participants and researchers attribute to

helpful therapeutic change processes are shaped and thus potentially limited by individual experiences, socio-cultural context, shared discourses, and the power structures underlying these (Johnstone & Boyle, 2018).

3.2.3. The Main Epistemological and Ontological Positioning of the Study: Critical Realism

A critique of social constructionist approaches is that one cannot assert that anything exists or can be known, marking all scientific research findings unapplicable to practice (Cromby & Nightingale, 1999). Grounded to some degree upon these criticisms, numerous social constructionists are moving towards adopting a critical realist ontology (Harper, 2011). Critical realist social constructionists propose that one must look beyond the data and examine the influence of broader contextual factors. For example, how the environment in which counselling is delivered may influence perceived power dynamics for autistic clients. Critical realist social constructionist researchers adopt a critical realist ontology, entailing that discursive narratives are situated within social practices and associated underlying logics, structures and 'realities' may be uncovered (Parker, 1999). From this perspective, language constitutes a central tenet in our ability to understand individuals' (inter-)subjective realities, in conjunction with factors including embodiment and interpersonal relations (Nightingale & Cromby, 1999). Thus, a central critical realist perspective has been adopted, in consideration of how social structures influence participants' use of language and multi-layered experiencing, meanwhile attending to the notion of human agency within such structures (Botha, 2021).

Critical realism emphasizes the transformative potential of knowledge, alongside recognizing its socially mediated, (inter-)subjective nature (Fleetwood, 2014). Viewing the social world from a critical realist lens, aligns with interpretative methodologies, such as

TBCS research. Corresponding with the premise of TBCS analysis, the critical realist perspective appreciates the importance of understanding concepts which cannot be explained by existing theory, exploring potential biases and distortions which may permeate such knowledge and the implications of these (Price & Martin, 2018).

3.2.4. Summary

This research is situated within primarily critical realist epistemological and ontological frameworks, informed to some extent by social constructionist principles. The critical realist ontology posits that some form of grounding may be established for the results. This study is interested with aspects of the results which may serve to build upon identified theoretical concepts (McArthur et al., 2016; Robinson & Elliot, 2016); aligned with the premise of thematic analysis (TA) and TBCS analysis, this study takes an inductive, interpretative and discovery orientated approach (Willig, 2012). The researcher acknowledges how they themselves, engaging with qualitative, subjective material, ultimately become a vehicle by which additional layers of interpretation and understanding are revealed. Thus, the researcher's case interpretations relate back to social constructionism, undergoing the process of dynamic, contextual, and subjective meaning-making (Mackay, 2003). Leaning towards a social constructionist stance, enables greater consideration of socio-cultural, contextual factors which underpin theoretical frameworks and influence how participants experience and construct helpful change.

The current epistemological and ontological approach suits this research topic, given the centrality of personal meaning and (inter-)subjective experiencing relating to helpful change processes in counselling (O'Reilly & Lester, 2017). More so, exploring (inter-)subjectivities pertaining to notions of reality and the generation of knowledge appears critical when

examining experiences of autistic individuals accessing counselling, given evidence pointing to distinct cognitive and emotion processing styles (Yeung & Chan, 2020), whilst recognising the heterogeneity across this population (Benevides et al., 2020). Simultaneously, a central critical realist grounding appreciates the existence of shared 'realities', frameworks, and understandings of helpful processes of change in (SB)HC, which may serve to benefit autistic adolescents within a particular context, facilitative of helpful action (Hammersly, 1992).

3.3. Aims and Objectives

This TBCS aimed to examine the occurrence of helpful processes of change during a short-term SBHC intervention for an autistic adolescent. Firstly, this research aimed to examine the case in terms of theoretical contributions pertaining to the occurrence of helpful processes of change in SBHC (McArthur et al., 2016) and the emotion processing of autistic individuals across HC interventions (Robinson & Elliott, 2016; Appendix F). Subsequently, the researcher sought to yield theory divergent case observations, towards informing the ongoing development of theoretical concepts. This study ultimately aimed to illuminate how particular aspects of and adaptations to the SBHC framework may enhance emotion processing, promote helpful change processes and result in psychological benefit for this population. Therefore, the objectives of this research were to build upon theoretical foundations, contribute towards an emerging body of research and theory informing effective HC practice for working with autistic adolescents.

3.4. Study Design

3.4.1. Summary

This study employed an initial TA and subsequent, overarching mixed-methods TBCS design to examine a single SBHC case record (McLeod, 2010). This study design facilitated the generation of multi-layered case insights pertaining to the occurrence of helpful processes of change in SBHC for an autistic adolescent client, including helpful and hindering aspects. This research made use of data from the effectiveness and cost-effectiveness trial of humanistic counselling in schools (ETHOS; Cooper et al., 2021).

3.4.2. Participants

Client. Harry[10] was a white British, autistic male and was 14 years old at the time of the ETHOS trial (Cooper et al., 2021). Harry was attending a mainstream, faith based high school in London. No gender, comorbidity or ethnic background specifications were incorporated into the inclusion criteria.

Counsellor. The respective qualified, male counsellor working from a humanistic approach (Cooper & Kirkbridge, 2016) was also a participant. The counsellor was of white British ethnicity and aged between 30 and 40 years at the time of the ETHOS trial. The counsellor qualified as an integrative counsellor in 1998 and reported that his work was influenced by integrative, humanistic, gestalt and transactional analysis approaches.

[10] Pseudonyms have been employed and certain participant features have been disguised throughout to maintain participants' confidentiality and anonymity.

3.5. Materials

The ETHOS project team (Cooper et al., 2021) collected data from clients receiving treatment, their respective counsellors, and supervisors. Following selection of the case to be included in this research (Figure 3), the researcher was given access to the following materials.

- Waveform audio recording files of eight, 45-60 minute SBHC session recordings, corresponding session-by-session counsellor notes and three clinical supervision notes (Appendix E; III & IV).
- Harry's self-reported scores for outcome measures (taken by the ETHOS assessor at baseline and ETHOS testers at 6, 12, and 24 weeks):
    - i) The Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001) is a validated clinical measure comprised of four subscales assessing difficulties (conduct problems, emotional problems, peer problems and hyperactivity) and one subscale assessing strengths (pro-social skills). Subscales are composed of five items rated on a scale between 0 (not true) and 2 (certainly true). The total difficulties score (0-40) is calculated by a sum of the four difficulty subscales, with higher scores reflecting higher levels of difficulty[11] (Tables 1 & 14; Graph 1).
    - ii) The Young Person's Clinical Outcomes Routine Evaluation (YP-CORE; Twigg et al., 2009) is a clinical tool employed to monitor change and outcomes in counselling. Scores range between 0-40, with higher scores representing a higher level of difficulty across areas of 'anxiety, depression, trauma, physical problems, functioning and risk to self'. The YP-CORE has

[11] The researcher did not have access to SDQ impact scores (Goodman, 2001).

good psychometric properties, is reliable and sensitive to change. Different indices are used to ascertain reliable change and clinically significant cut-off points by gender and age band (Table 1).

- iii) The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS; Clarke et al., 2011) is a 14-item self-report measure assessing mental wellbeing. Scores range between 14-70, where higher scores are associated with greater positive mental well-being. Scores <40 indicate 'probable depression', scores between 41-44 indicate 'possible depression', scores of 45-59 represent 'average mental wellbeing' and scores of >60 suggest 'high mental wellbeing' (Table 1).
- iv) The Revised Children's Anxiety and Depression Scale Short-Version (RCADS-SV; Ebesutani et al., 2012) is a clinical measure validated to assess symptoms of anxiety and depression in children and young people. Anxiety subscale scores range between 0-45, depression subscale scores range between 0-30 and overall scores range between 0-75; higher scores are indicative of more severe internalizing symptoms. Subscale t-scores of >65 suggest a borderline clinical presentation (Tables 1 & 12).
- v) The Rosenburg Self Esteem Scale (RSES; Rosenberg, 1965) is a self-report measure of self-esteem. Scores range from 0-30, with higher scores reflecting higher self-esteem and scores <15 reflecting low self-esteem.
- vi) The Goal Based Outcome Rating Scale (GBORS; Law & Jacob, 2013) represents a measure of clients' progress against their individual goals during therapy along a scale of 0-10, with a score of 10 signifying achievement of the respective client goal (Table 14; Graphs 2 & 3).

- vii) The Outcomes Rating Scale (ORS; Miller et al., 2003) is a self-report sessional measure to ascertain clients' progress across different areas of functioning over the course of a therapeutic intervention. The ORS provides a measure of how clients have been feeling over the past week in the following areas of their life: individually, interpersonally, socially and overall. Higher scores indicate the client perceives this area of functioning as being more positive. Scores can range between 0-40, with a maximum of 10 for each area (Table 11).

- Harry's self-reported process measure scores for working and therapeutic alliance taken by ETHOS testers at 6 weeks only:
  - i) The Working Alliance Inventory-Short Revised (WAI-SR; Munder et al., 2010) measures clients' perceptions of working alliance in therapy; total scores range from 12-84 and subscale scores range from 4-28, where higher scores indicate a more positive working alliance (Table 3).
  - ii) The Barrett-Lennard Relationship Inventory (BLRI; Barrett-Lennard, 2003) constitutes a measure of therapeutic alliance. The BLRI measures empathy, regard, and congruence in the therapeutic relationship. Subscale scores range between 0-60 with a maximum total score of 240, where higher scores suggest clients experiencing higher levels of regard, empathy, unconditionality and congruence from the counsellor (Table 2).
- Harry's demographic data - age, gender, and ethnicity.
- Counsellor participant demographic information (age, gender, and ethnicity), therapeutic training orientation and years qualified.

- Harry's ETHOS intake form data - for each area of difficulty, Harry was rated: 'severe', 'moderate', 'mild', 'none', 'yes' or 'no' by an ETHOS assessor at first contact, the counsellor for any changed understanding and at end point (Table 16).
- Harry's Experience of Service Questionnaire responses (CHI-ESQ; Brown et al., 2014) taken at 12 weeks. The CHI-ESQ is a measure of clients' overall satisfaction with treatment and the environment of a service, containing 12 statements and 2 free text sections. Statements relating to clients' satisfaction are answered: 'certainly true', 'partly true', 'not true' or 'don't know' (Table 15).

This material enabled construction of a rich case record catalogue (Appendix E), containing data sources which have been triangulated during analysis, to provide a more credible, reliable reflection of the frequency and quality of factors derived from the theory (McLeod, 2010).

The Client Emotion Processing Scale (CEPS-AS; Robinson & Elliott, 2016).

The CEPS-AS is a clinical observer measure developed to track changes in autistic clients' emotion processing across HC, consisting of four emotional processing dimensions: (i) Emotion Regulation, (ii) Self-Reflective Processing, (iii) Empathy and (iv) Mental Representations, each containing five ordered levels. These four dimensions reflect the qualitatively distinct elements of cognitive-affective processing styles in ASC (Robinson, 2014). The CEPS-AS has previously been employed in research by coding the presence ("1") or absence ("0") of behavioural indicators (Appendix K) for each of the five ordered levels within the four CEPS-AS dimensions against EGFT-AS session video footage (Robinson 2018, 2020). In this study, key data items from the TA were coded against CEPS-AS behavioural indicators, with reference to the full case record data set to track any changes in emotion processing (Chapter 3.8.6).

3.6. Procedure

Harry was deemed to meet the initial ETHOS eligibility criteria (Cooper et al., 2021) by his school pastoral care team, including experiencing moderate to severe levels of emotional distress, as determined by the SDQ emotional-symptoms-subscale (≥5). Harry expressed an interest in partaking in the ETHOS trial during the initial assessment meeting, provided written assent and was randomly allocated to the SBHC arm of the intervention, as opposed to pastoral care only. Harry was offered 10 weekly, 45-60 minute individual SBHC sessions in his school with a qualified, experienced counsellor who had received training using the ETHOS clinical practice manual (Cooper & Kirkbridge, 2016). The counsellor's adherence to the humanistic model was measured on the person centred and experiential psychotherapy scale – young person version (Ryan et al., 2021). In addition to the assessment, Harry attended 8 SBHC sessions of the 10 offered.

Note: Please refer to Appendix D for additional information concerning the ETHOS procedure for the current client participant.

3.7. Ethical Issues

3.7.1. Ethical Approval

A research ethics application (PSY/00548) was approved by the University of Roehampton (Department of Psychology) on the 21st of July 2021. The researcher is a member of the ETHOS project team and is therefore covered by the original ETHOS ethics protocols (PSYC16/227). The researcher received permission from the Principal Investigator, Professor Mick Cooper, to access data collected under the protocol for the ETHOS trial for the purpose of this study. The core ethical considerations in this study were data protection and upholding confidentiality.

3.7.2. Management of Confidentiality

Any non-pseudonymised, personal data deemed necessary for the researcher to access, such as audio-recordings of sessions, have been stored upon the researcher's password protected, university OneDrive files and will be returned to the ETHOS trial Principal Investigator upon project completion. Personal, pseudonymised data, specifically transcribed sessions, counsellor session and supervision notes and SPSS files of demographic, outcome and process measures have been stored in password protected files on the researcher's University's OneDrive files. The researcher ensured to remove all personal, non-pseudonymised data with a high possibility of identification from this study.

3.7.3. Informed Consent

Although the current client participant had already agreed to their data being used for future studies (Cooper et al., 2021), there exists a risk of them finding it exposing to have their case analysed in depth if they read a possible publication. This research has not sought independent consent from the client participant to study their data in the form of a case study. The client participant finished SBHC several years ago; contacting them for consent may have caused distress through thinking about their past therapy. McLeod (2010) asserts that contacting clients post treatment for gaining consent to participate in case study research is potentially harmful: 'by re-stimulating memories of the therapy' (p. 65). It was deemed that the risk of distress through contacting the client participant to gain consent for participation in this specific study, outweighed the ethical advantages of consent.

3.7.4. Protection from Harm or Exploitation: Risks and Mitigation

In line with principles of the BPS[12] (2014) Code of Human Research Ethics: respect for the autonomy and dignity of persons, scientific value, social responsibility, and maximizing benefit and minimizing harm, the researcher has considered ethical dimensions of the project throughout, employing moral reasoning, ethical codes, and frameworks to resolve any dilemmas arising.

Emotional Distress: Participants (Client and Counsellor) - Anonymity Compromised in Published Research. As case studies typically encompass extensive personal details, there was a possibility of compromising participant anonymity (Widdowson, 2011). Therefore, names, demographics and potentially identifiable features of participants and client participants' significant others have been altered. Wording of session extracts and client participants' goals have also been modified to protect anonymity, whilst maintaining the relevant form and content (Bromley, 1986). This study aimed to reduce the risk of participants recognising the case were they to read any published material from this study; however, this cannot be guaranteed. A weekly peer case study consultation group was established, in part, to review the use of data in this study, to ensure to meet ethical requirements (Steffen, 2016).

Emotional Distress: Researcher, Research Team and Peer Ethical Consultation Group. The researcher offered peer auditors and peer ethical consultation group members debriefing session(s) following their engagement with case record data.

[12] British Psychological Society.

3.8. Data Analysis Procedure

3.8.1. Summary of Data Analysis Procedure

The researcher initially selected all client participants upon the ETHOS treatment arm databases (*n=167*) recorded as having a pervasive developmental disorder (FSIQ ≥ 70) at the time the ETHOS trial took place *(n=2)* and their respective counsellor *(n=1).* The counsellor was then contacted to confirm the prospective client participants had diagnoses of ASC. It was noted that the second potential client participant had an additional neurodevelopmental diagnosis; they were therefore excluded from this study in line with the inclusion criteria (Figure 3).

The current mixed-methods case study design encompassed two phases of data analysis: (a) a thematic analysis (TA; Braun & Clarke, 2006) and (b) a theory building case study analysis (TBCS), employed as the overarching framework for analysis (McLeod, 2010; Stiles, 2007; Breiner et al., 2022; Appendix S). The analysis was primarily qualitative, supplemented by quantitative demographic, process, and outcome data, to (i) make it feasible to categorize cases in relation to wider findings pertaining to HC for autistic adolescents and (ii) as a source of method triangulation (Flick, 2018).

3.8.2. Stages of the Analytic Procedure

Figure 3: Stages of the Analytic Procedure

1. Selection of Cases

Inclusion Criteria

- Diagnosis of ASC indicated on the ETHOS database and confirmed by the respective counsellor.
- Completed pre and post intervention outcome measures.

- At least 8 recordings (minimum 80% attrition) to ensure sufficient material for analysis.

Exclusion Criteria

- Diagnosis of an additional neurodevelopmental disorder and/or an intellectual disability (FSIQ<70) recorded on the ETHOS database and confirmed by the respective counsellor.

1. Identifying a Theoretical Starting Point

As previously discussed (Chapter 2.8), the current theoretical starting point was grounded in literature illuminating the potential of HC approaches in enhancing emotion processing in autistic adolescents (Robinson & Elliott, 2016, 2017; Robinson, 2020), alongside research evidencing the occurrence of multiple helpful processes of change for adolescents accessing SBHC (McArthur et al., 2016). Consistent theoretical statements were formulated (Appendix F) and triangulated within the supervisory research team. Theoretical statements 1a-2d summarise what the occurrence of helpful change would be expected to look like through the lens of current theories.

2. Construction of a Rich Case Record

This step firstly involved gathering rich data on the case identified (3.5). This followed with the researcher transcribing audio recordings of SBHC sessions. The researcher compiled session-by-session descriptive summary statements based on session audio recordings, counsellor, and supervisor notes, including the main topics discussed and the main interventions in each session. The researcher conducted a meeting with their supervisory research team to review and triangulate session summary statements which were then assembled into the case record catalogue (Appendix E).

YP-CORE scores were assessed to ascertain whether reliable change was seen between pre and post-intervention timepoints and whether scores crossed clinical change cut off points (Twigg et al., 2016). RCADS and SDQ pre and post-intervention timepoint scores were also examined to determine whether clinical cut-off points were crossed (Goodman, 2001; Ebesutani et al., 2012). WAI-SR (Munder et al., 2010) and BLRI (Barrett-Lennard, 2003) scores were compared against benchmark norms from the ETHOS trial, to identify the relative quality of the working and therapeutic alliance (Cooper, personal communication, 2022).

3. Immersion in the Case

The researcher engaged in a period of immersion with the case record data, enabling sufficient degrees of intensity to occur and preconceived views to dissolve (Stiles, 2007). The researcher listened to session audio recordings, read session transcripts, supervision and counsellor notes numerous times, viewing the material from researcher, counsellor, and client perspectives. The researcher recorded intuitive insights in a reflective log.

4. Thematic Analysis of Case Record Data (Braun & Clarke, 2006)

Establishing a system of handling, selecting, and focusing the case record data was crucial (McLeod, 2010; Breiner et al., 2022; Appendix S). The thematic analysis (TA) approach employed within this study was characterized as "medium q" (Clarke & Braun, 2018), combining the "Big Q TA" focus on in-depth engagement with the data leading to organic evolution of themes, as opposed to themes emerging through the theory being directly imposed onto the data in the first instance; this was combined with the structured coding procedures of "small q TA", facilitating reliability and accuracy. Inductively, the researcher bracketed their existing assumptions as much as possible, allowing the data itself

to drive the development of themes. Deductively, the researcher established domains corresponding with research questions, within which themes were categorized:

Domain 1: Helpful processes of change

Domain 2: Emotion processing (self and other)

Domain 3: Potentially helpful aspects

Domain 4: Potentially hindering aspects

The purpose of integrating the TA stage into the overarching TBCS analysis framework was to: (i) firstly establish a categorical, grounded, thematic understanding of the case record data; (ii) identify key data items of relevance to the research question domains; (iii) enable the researcher to ensure greater internal reliability when later carrying out theory orientated micro-analysis on relevant, manageable data segments.

The researcher conducted a TA of the case record data as follows. Stages 5a-5e were followed firstly for data corresponding to each individual SBHC session, in line with domains 2 – 4. TA stages 5b-5e were followed again for the full case record data set, for each research question domain respectively and recorded separately. The purpose of this was to: (i) assimilate and re–review themes observed across the full case record data-set and (ii) capture any occurrences of helpful change processes, as per research question and domain 1.

5a) Initial Coding of Data. The coding process aimed to capture a semantic and conceptual reading of the data. The researcher generated 'initial codes' for important features of the data of relevance to each research question domain, guiding the analysis. Certain data items were labelled with more than one initial code (Appendix H) . The researcher ended this phase by collating all codes and relevant data items.

5b) Searching for Themes. Reviewing initial codes and the case record data-set being analysed, the next stage involved the researcher actively searching for and constructing themes. A theme was understood as a coherent, meaningful pattern in the initial codes and

corresponding data, relevant to the research question domains. The researcher ended this phase by collating all coded data corresponding with each theme.

5c) Reviewing Themes. This stage involved the researcher checking that themes aligned with both the coded extracts and the data-set being analysed: (i) session by session and (ii) the full case record data-set. The researcher reflected on whether themes told a convincing story about the data, begun to define the nature of each theme and relationships between themes. It was sometimes necessary to collapse several themes together, split themes, or discard potential themes and restart the theme development process[13].

5d) Defining and Naming Themes. This stage required the researcher to identify the 'essence' of each theme, constructing a concise, informative name for each theme as it related to each respective research question domain. 25 superordinate themes and 26 subthemes were identified (Figure 10).

5e) Thematic Summaries. Drawing upon the collated initial codes, themes, refined themes and relevant coded data items, the researcher compiled thematic summary statements for each session data-set and for the full case record data-set, in line with research question domains. Summaries were entered into the case record catalogue (Appendix E, VII & VIII).

6. Analysing the Case in Terms of the Theory

This stage of the TBCS analysis aimed to make sense of the case in terms of current theoretical concepts (Robinson & Elliott, 2016; McArthur et al., 2016). The researcher used deduction to ensure internal consistency and interconnectivity of theory and observations via

[13] The researcher differentiated a superordinate theme from a subtheme whereby a superordinate theme needed to have ten or more corresponding data codes and a subtheme needed to have between five and ten corresponding data codes within the data-set being analysed.

engaging in a period of immersion with theoretical concepts. The researcher identified key data items from the TA results, case record catalogue, whilst referencing the full case record data set, noting observations from the case which appeared to fit with each theoretical statement and domain respectively. Firstly, the researcher described the occurrence of helpful processes of change represented across the case, attending to theoretical statements (Appendix F) relating to the SBHC helpful processes of change model (McArthur et al., 2016; Appendix K) as applied to the TA results for domains 1-4. The researcher then carried out the same process for theoretical statements pertaining to the CEPS-AS (Robinson & Elliot, 2016). In addition, the researcher coded key extracts from the TA results for domains 1 (helpful process of change) and 2 (emotion processing, self and other) against the CEPS-AS dimension behavioural indicators, noting presence or absence of each dimension level (Appendix L; Figures 4-8) to ascertain any observable changes in the participant's emotion processing across sessions. During this phase, the researcher jotted down any initial observations from the case which appeared theory divergent.

7. Identifying Theory Divergent Aspects of the Case

This step involved exploring aspects of the case which may not be explained by or fit with theoretical statements (Appendix K). The researcher applied key data items from the TA results for domains 1-4, case record catalogue, whilst similarly referencing the full case record data-set to theoretical statements in order to assess their plausibility. This entailed a qualitative, interpretative process, arising from careful examination of key data items.

8. Redefining the Theory

Via the process of abduction (Rennie, 2012), this stage involved describing unique and observable theory-divergent aspects of the case, which may permeate current theoretical concepts (Robinson & Elliott, 2016; McArthur et al., 2016), to accommodate and illustrate new observations alongside previous ones (McLeod, 2010; Stiles, 2007). Based on the findings of the analysis, associated theoretical considerations and elaborations have been posed, in consideration of insights gleaned from the case.

Note: please refer to Appendix M for an outline of the procedures employed to audit the analysis.

Chapter 4: Results

4.1. Overview of Results

This chapter aims to address the current research questions (Chapter 2.9), by illustrating how helpful processes of change occurred during a SBHC intervention for an autistic adolescent and describing associated helpful and hindering aspects. An overview of the analysis of the case in terms of current theoretical statements (Appendix F) is detailed, alongside case observations which appeared theory divergent.

Reference to Appendix Q for the glossary of terms and abbreviations employed throughout.

4.2. Introduction to Relevant Context of Results

In the first instance, it is important to speak to the situatedness of the case record data within the ETHOS randomised control trial (Cooper et al., 2021). The client participant, Harry, and counsellor participant were both aware that SBHC sessions would be audio recorded as part of the trial, with the potential for recordings to be employed for future research endeavours. There is an acknowledgement of possible constraints which may have arisen from this specific context, whereby the recording of sessions may have influenced material discussed within sessions with possible implications for the unfolding of subsequent change processes. There is also an appreciation that Harry's awareness of the ETHOS trial and any expectations around the trial's research objectives may have impacted Harry's in session dialogue, measure, and feedback responses.

The SBHC intervention took place in a mainstream, faith based school in London. Harry was a 14-year-old male with a diagnosis of ASC. No information was available with regards to Harry's experience of his diagnosis of ASC, including when he received his diagnosis or his understanding of how autism has impacted him. Harry was not recorded on the ETHOS database as having an intellectual disability (FSIQ $\leq$ 70) and therefore is believed to have 'high functioning autism' (American Psychiatric Association [APA], 2013). The client intake form (Table 16) indicated that Harry was experiencing mild school attendance issues, moderate peer relationship and attachment difficulties alongside mild depression and anxiety symptoms. At the time of the SBHC intervention, Harry was navigating a familial stressor involving his grandfather undergoing treatment for a significant medical condition. To note, Harry's grandfather was living in Harry's family home at this time, alongside Harry's parents and sister. The case record data indicates that Harry was experiencing frustration arising from his understanding of others' behaviours and responses towards him, including those of

peers, his sister and grandfather. Harry also reported misunderstandings with friends and peers on numerous occasions throughout the SBHC intervention. Thus, the following results should be viewed with acknowledgement of such contextual factors; for instance, how Harry experiencing this particular familial stressor may have influenced relational dynamics with the counsellor.

The SBHC sessions took place on a weekly basis during one school lesson period over the course of ten weeks. Harry attended eight of the ten sessions offered; there was no information available surrounding reasons for Harry's non-attendance to two SBHC sessions. The case record data indicates that the counsellor invited Harry to choose during which lesson period the counselling took place where possible, despite this not being specified in the ETHOS trial procedure. Please see Chapter 3.6, Appendix D and Cooper et al (2021) for additional information of relevance to the context of the ETHOS trial procedure and the current case.

4.3. Thematic Analysis (TA)

A thematic analysis was firstly conducted to gain a grounded, thematic understanding of the case record data in line with the research questions and respective domains. 25 Superordinate themes were identified in addition to 26 Subthemes (Figure 10; Appendix E, VII&VIII).

4.4. Theory Building Case Study Analysis (TBCS)

The TBCS analysis aimed to assess the plausibility of theoretical statements (Appendix F) from the perspective of the case, drawing upon results of the TA. The TBCS analysis results pertaining to each theoretical statement have been broken down into smaller subsections to

address research questions in detail. Findings have been weaved into a narrative detailing case observations which both corresponded with and diverged from each theoretical statement [14].

4.4.1. Helpful Processes of Change in SBHC (McArthur et al., 2016): Analysing the Case in Terms of the Theory and Identifying Possible Gaps in the Theory from the Perspective of the Case

Theoretical Statement 1a: Relief

Clients report experiencing relief resulting from talking about their emotions during SBHC, leading to a reduction in problematic emotions.

Was there evidence of the client experiencing relief resulting from talking about their emotions with the counsellor? Harry's verbalisations indicated that talking about his emotions with the counsellor was a helpful process for him, reflected in his associated expressed relief. For example, when Harry identified that he felt "paranoid" about his grandfather's illness, the counsellor asked: "what came out in that breath?". Harry responded: "I suppose a bit of a relief - getting it off my chest" (S1;TL280-284). Therefore, it appeared that Harry talking about his feelings with the counsellor, at times, provided him with a sense of relief (Figure 10, 1e & 3n).

Was there evidence of the client's relief resulting from talking about their emotions leading to a reduction in problematic emotions? Harry's here-and-now relief

[14] Please refer to Appendix R for meanings of abbreviations and symbols used within transcript extracts.

resulting from talking about his emotions in sessions was most evident. However, Harry's verbalisations demonstrated that he became more accepting of his difficult emotions across sessions (Figure 10, 1f; Theoretical Statement 2a). Harry described improvements in managing "worry", "not freaking out too much, like breaking down or crying" (S9;TL215; Figure 10, 3m).

Harry's self-reported WEMWBS scores indicated improvements in mental wellbeing across the course of SBHC. Harry's baseline scores indicated 'probable depression' (<41), while his post-intervention and follow-up timepoint scores suggested 'possible depression' (Clark et al., 2011; Table 1). Harry's RCADS scores across depression, anxiety and overall internalizing scales decreased below the 'borderline clinical' threshold (t-score <65) between pre and post-intervention timepoints, indicating clinical reductions in psychological distress (Ebesutani et al., 2012; Table 12). Despite slight fluctuations, Harry's total self-reported YP-CORE scores remained within the clinical range for Harry's age and gender and did not reduce below the clinical threshold ([<14.1]; Table 1; Twigg et al., 2009), indicating that Harry experienced a clinically significant level of psychological distress throughout the intervention across subscales represented in the YP-CORE (Chapter 3.6). Harry's YP-CORE scores did not reflect a statistically reliable change between pre, post-intervention and follow-up timepoints (Evans et al., 1998); therefore, changes observed may reflect random variations.

Table 1

Harry's raw scores for the WEMWBS, RCADS-SV and YP-CORE[15]

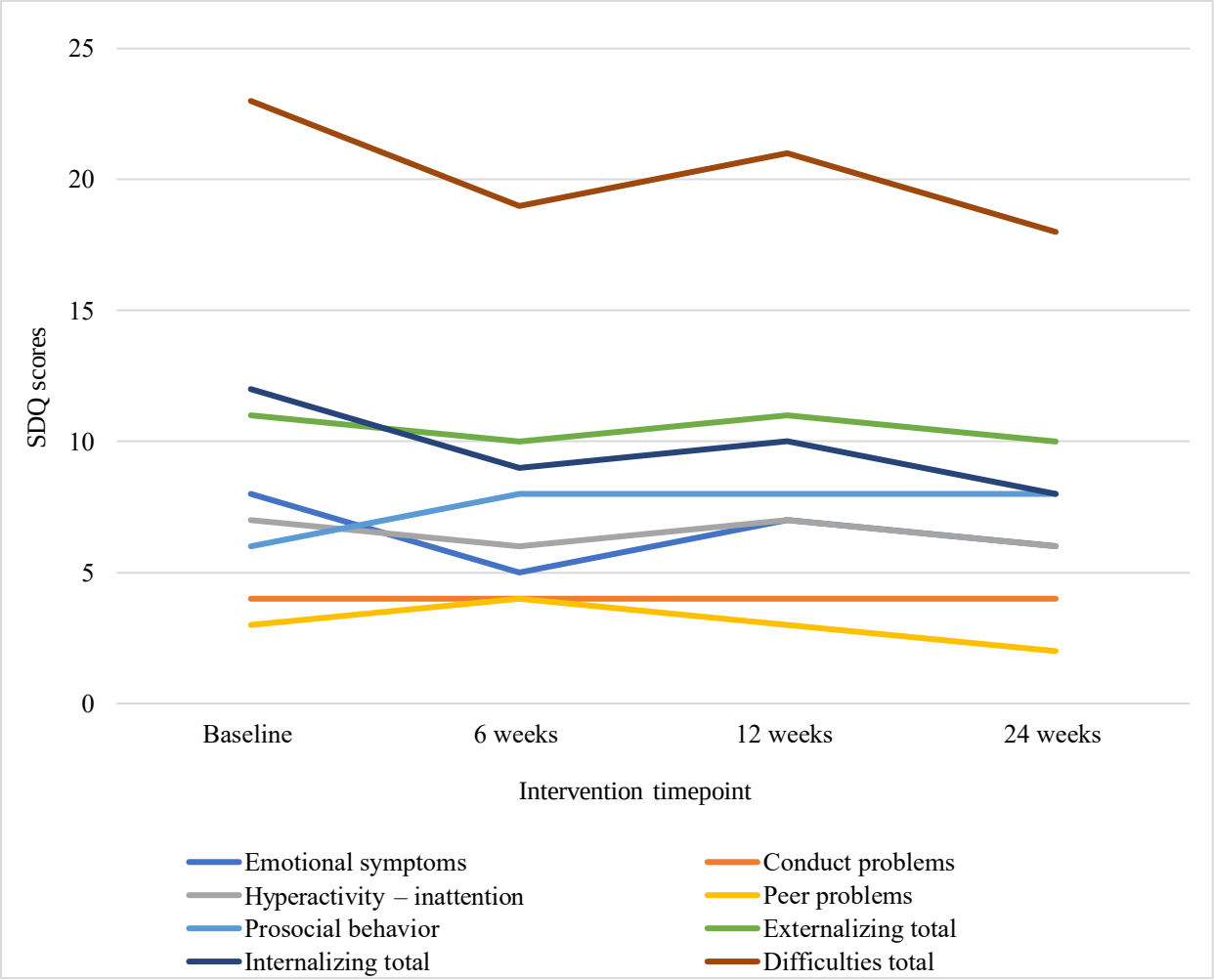
Outcome measure	Baseline	6 weeks (mid intervention)	12 weeks (post intervention)	24 weeks (follow up)
WEMWBS	34	39	41	42
RCADS-SV (total internalizing score)	38	29	25	27
RCADS-SV (anxiety subscale)	21	17	13	14
RCADS-SV (depression subscale)	17	12	12	13
YP-CORE	23	21	24	22

Harry's self-reported SDQ total difficulties and externalizing subscale scores remained 'very high' at pre and post intervention timepoints (Goodman, 2001); however, at mid-intervention and follow-up timepoints his scores fell within the 'high' range. Harry's emotional symptoms subscale total mirrored this pattern of fluctuation and was not seen to reduce below the clinical threshold over the course of treatment ([<5]; Bryant et al., 2020). Harry's internalizing subscale total decreased from 'very high' at pre-intervention to 'high' subsequently, indicating a maintained reduction in internalizing difficulties between pre and post intervention timepoints (Table 13; Graph 1).

[15] Please see chapter 3.5 for details of the current outcome and process measures.

Graph 1

Harry's SDQ scores



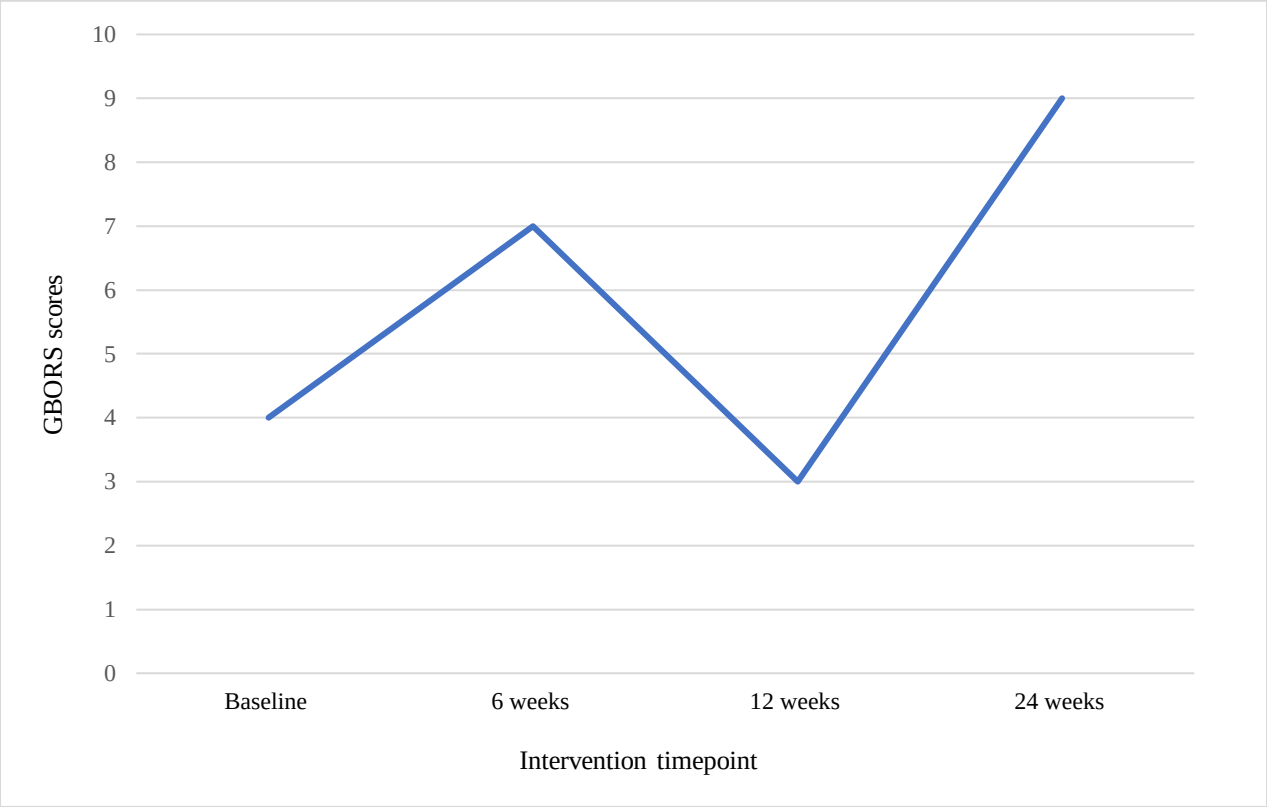
Harry's self-reported GBORS scores (Law & Jacob, 2013) for his second goal reflected a deterioration of one point between baseline (4) and post-intervention (3) timepoints, with an improvement of three points (7) at mid-intervention. Harry's follow-up score (9) reflected an improvement of five points compared to his baseline score (Graph 2; Table 14). Harry's GBORS scores therefore suggested fluctuating progress towards his goal of managing "unfounded worry more effectively".

Harry expressed anxiety connected to his grandfather's operation towards the end of SBHC. For instance, in Session 9 Harry attributed his reduced ORS score to "anxiety about

grandad" (TL107). Therefore, Harry's post-intervention GBORS score for his second goal may have been somewhat attributed to familial circumstances.

Graph 2

Harry's GBORS scores for his second goal: "to manage unfounded worry more effectively"



Finally, client intake form data reflected improvements in Harry's social anxiety and agoraphobia symptoms from 'moderate' at baseline to 'mild' at changed understanding and post-intervention timepoints (Table 16).

Therefore, some evidence demonstrated reductions in Harry's problematic emotions throughout the course of SBHC (Figure 10, 3m), as potentially connected to the relief Harry experienced through talking about his emotions (Figure 10, 3n). However, Harry's self-report outcome measure scores painted a mixed picture and did not reflect a consistent, clinically

significant, and reliable reduction in psychological distress. Furthermore, Harry did not explicitly connect relief expressed from talking about his emotions with the counsellor to longer-term reductions in problematic emotions.

What appeared helpful for the client in talking about their emotions with the counsellor? The counsellor's authenticity and transparency seemed to create a space in which Harry could talk about his feelings (Figure 10, 3h). For example, when exploring shared interests with the counsellor, Harry expressed, "I like to know about my counsellor as well as it helps me trust them" (S2;TL286-287). The counsellor subsequently demonstrated transparency when clarifying boundaries and managing expectations.

> C: You're always welcome to ask - it's your right to ask. As long as you accept that there'll be times when I might say that I don't feel that's appropriate or I'm not sure how it would help (H: Yeah).
>
> S2(TL290-292)

Harry then begun to describe his experiences of and rules around expressing sadness: "but when you're crying about something - where you're not able to change it and solve the problem - I don't see the point. It's inefficient" (S2;TL333-334). Thus, the counsellor's authenticity and transparency appeared to foster trust and cultivate the relational conditions in which Harry was then able to talk about his sadness.

Harry sought clarity around aspects of the therapeutic process including how to act around the counsellor if they were to see each other after treatment (S7) and the purpose of the counsellor's reflections: "is it for the recording?" (S1;TL610). It appeared important that the counsellor clarified boundaries, expectations, and elements of the therapeutic encounter (Figure 10, 3e) to provide sufficient containment for Harry to subsequently talk about his feelings.

What seemed helpful within the process of the client talking about his emotions, leading to relief? The counsellor validating Harry's feelings (Figure 10, 1e & 3a) appeared to lead to Harry experiencing relief, for instance, when talking about his anger surrounding his grandfather's illness.

> C: I'm interested in you and this is your space - and it's okay for you to acknowledge that you're going to lose something - potentially. How's it feel to hear me say that?
>
> H: (sighs) there's a little bit of relief - that I'm not being selfish.
>
> S6(TL324-326)

The counsellor validating Harry's crying as "warranted" seemed to encourage further exploration around Harry's emotional experiences (S2;TL370-372).

Furthermore, the counsellor actively clarifying Harry's meaning appeared supportive of Harry experiencing relief through accurately identifying his feelings (Figure 10, 1e & 3f). For instance, the counsellor asked Harry whether the word "frantic" fitted for him surrounding his grandfather's illness. Harry subsequently expressed relief through recognizing that he was feeling "paranoid" (S1;TL261-263).

The session dialogue suggested that Harry experienced relief through engaging in physical movement as encouraged by the counsellor, including drumming, when talking about his emotions (Figure 10, 1e, 2v & 3g). Harry's verbalisations indicated that drumming helped him to regulate his emotions and simultaneously talk about his feelings: **"**I like to do this to vent. It sort of helps me vent as well" (S2;TL303; Theoretical Statement 2a). Similarly, the counsellor invited Harry to throw a cushion on the floor to reduce "unspent anger" towards a peer. Harry reflected, "that actually feels a bit better". The incorporation of physical movement seemed helpful in dispersing Harry's anger and providing relief when

Harry was talking about his feelings relating to not being able to take "revenge" (S8;TL101-188).

Potentially hindering aspects relating to the client talking about their emotions with the counsellor. Harry's verbalisations indicated that he experienced the therapeutic space as "formal". For instance, he reflected "I don't really feel comfortable like swearing badly against, well someone that I seem a bit formal with" (S6;TL473). Harry's uncertainty navigating power dynamics within the therapeutic relationship (Figure 10, 4b), may have hindered the extent to which he was able to talk freely about his feelings during sessions.

Moreover, the potential for misunderstanding appeared a problematic factor in Harry talking about his emotions during sessions. Harry often asked the counsellor to explain what he meant and seemed to interpret the counsellor's abstract language more literally than perhaps intended (Figure 10, 4a). For instance, the counsellor asked if anything had "come up" or "strikes" Harry about the image he picked for a postcard-to-self activity; Harry responded, "what do you mean by anything come up?" (S9;TL387-394). Thus, some abstract, indirect language appeared to create potentials for misunderstanding, which may have hindered Harry from talking about his emotions.

Harry's verbalisations reflected a tendency of suppressing difficult emotions (Figure 10, 2k), in particular sadness, which he reported finding "hardest to express". Harry reflected that when he expresses difficult emotions, these are "built up", "extreme" and can be "crushing" (S2;TL417;TL423-428). Harry appeared reluctant, fearful, and uncertain when contemplating expressing his emotions outside of sessions (Figure 10, 2m & 2r). Harry asked, "how else do you show sadness other than a frown or tears?" (S2;TL434). Harry's verbalisations suggested that he experienced difficulty expressing his emotions and indicated

a propensity for minimizing these. These factors may have hindered Harry in talking about his emotions with the counsellor.

Summary

Research Questions 1 & 2. There was some evidence to suggest that Harry experienced an immediate sense of relief through talking about his emotions in SBHC. Associated potentially helpful aspects promoting relief included the counsellor's validation, transparency, efforts to ascertain Harry's exact meaning and the counsellor encouraging Harry to engage in physical movement in sessions. Despite Harry's self-reported WEMWBS and RCADS scores reflecting reductions below clinical thresholds during treatment, consistent clinically significant and reliable reductions in problematic emotions were not evidenced across measures. There was no direct evidence to suggest that self-reported improvements in Harry's psychological wellbeing could be attributed to relief experienced through talking about his emotions with the counsellor.

Research Question 3. Associated hindering aspects included potentials for misunderstanding and Harry's uncertainty surrounding power dynamics within the therapeutic relationship as a barrier to talking about his emotions in SBHC. Harry's apparent difficulty with expressing his emotions and tendency to suppress these may have represented an additional related hindering factor.

Theoretical Statement 1b: Increasing Self Worth

Clients attribute an increase in self-worth during SBHC (conceptualized as a combination of self-esteem, self-efficacy, confidence, and agency), as being linked to the counsellor's valuing attitude towards them.

Was there evidence to suggest that the client experienced the counsellor demonstrating a valuing attitude towards them? The session dialogue evidenced the counsellor listening, showing acceptance, unconditionality and providing positive feedback to Harry as well as showing that he held Harry in mind (Figure 10, 3a, 3i & 3j). For example, the counsellor reassured Harry that he was "not annoyed" by Harry's yawning (S1;TL462). The counsellor also demonstrated his valuing attitude through challenging Harry's negative self-talk and reflecting that Harry was being "tough" on himself (S2;TL72-75). Furthermore, the counsellor showed that he valued Harry's autonomy (Figure 10, 3b). For instance, the counsellor reflected to Harry, "I think you're the master of your solutions in here" (S1;TL805-806).

At the mid-intervention timepoint, Harry reported higher BLRI scores (Table 2; Barratt Lennard, 2003) across all subscales than benchmark norms for ETHOS client participants (Cooper, personal communication, 2022). This may have suggested that Harry experienced the counsellor as being more congruent, empathetic and to be demonstrating a higher level of unconditionality towards him, relative to benchmark norms.

Table 2

Harry's BLRI scores as compared to ETHOS benchmark norms

	Regard	Empathy	Unconditionality	Congruence	Total Score
Harry's scores	48.33	48.32	43.45	39.47	179.47
ETHOS benchmark norm scores (*n=154*)	52	56	54	53	215

Harry's mid-intervention self-reported WAI-SR scores (Munder et al., 2010) indicated that he experienced a high working alliance with the counsellor relative to other ETHOS client participants (Cooper, personal communication, 2022), involving an agreement on tasks and goals with the counsellor as well as a strong development of an affective therapeutic bond (Table 3).

Table 3

Harry's WAI-SR scores as compared to ETHOS benchmark norms

	Task	Bond	Goal	Total
Harry's scores	22	23	24	69
ETHOS benchmark norm scores (*n=149*)	20.01	21.17	20.97	62.15

For all CHI-ESQ questions completed, Harry answered "partly true" to statements relating to satisfaction with care and environment (Brown et al., 2014; Table 15), suggesting that he may not have been satisfied with the therapeutic relationship and environment. Harry answered, "certainly true" to the statement "would suggest to a friend" and noted under "good about your care", that the SBHC intervention "provided someone to listen and take action for my problems".

Harry's BLRI and WAI-SR scores suggested a strong working and therapeutic alliance, indicating that he experienced the counsellor as having a valuing attitude towards him relative to benchmark norms. While Harry's CHI-ESQ responses indicated that he valued aspects of SBHC, these also suggested that there were elements of the therapeutic encounter that Harry experienced as less satisfactory, possibly including aspects of the counsellor's attitude towards him.

Was there evidence to suggest that the client's self-worth increased throughout SBHC as connected to the counsellor's valuing attitude? Harry's verbalisations indicated low self-worth which did not appear to notably improve during sessions (Figure 10, 2d; Theoretical Statement 2c). Harry's RSES scores (Rosenburg, 1965) demonstrated a decline in self-esteem of one point between pre-intervention (12) and mid-intervention timepoints (11), which maintained at post-intervention. Harry's follow up score reflected an increase in self-esteem of 3/40 points (14). Nonetheless, Harry's RSES scores remain in the 'low self-esteem' range (<15).

Harry's verbalisations periodically demonstrated increased confidence, self-agency, and self-efficacy, which may have been connected to the counsellor's valuing attitude (Figure 10, 1d, 2j). In earlier sessions, Harry's verbalisations reflected limited confidence, self-agency, and self-efficacy, for instance, when navigating his experience of his grandfather's illness: **"**I don't know how to de-mist it – oh well" (S1;TL347-349). On occasions, Harry began to demonstrate greater agency around what he needed in subsequent sessions. For example, in Session 4 Harry asserted "I'll just stretch" when the counsellor asked: "anything you need to do just to diffuse before you leave?" (TL930-932). Harry asserting his needs may have suggested developments in self-worth, seemingly facilitated by the counsellor demonstrating a valuing attitude in honouring what Harry needed.

Harry's verbalisations throughout sessions reflected poor self-esteem, for instance describing himself as "stupid" and "an idiot" (S7;TL139). However, Harry's self-narrative, at times, seemed less self-critical in later sessions (Figure 10, 1g). The counsellor's valuing attitude towards Harry appeared to lead to Harry occasionally speaking about himself in a more positive way, indicating enhanced self-worth. For instance, the counsellor said, "that feels very strong" when Harry spoke about his responsibilities relating to his grandfather; Harry responded, "it is" (S9;TL796-797). As follows, during a postcard-to-self activity,

Harry chose an image of a tree depicting his strength and resilience. Harry described himself as like the tree, standing "tall and firmly" and not giving up (S9;TL384). Therefore, it appeared that the counsellor's valuing attitude, may have been connected to Harry's self-narrative beginning to intermittently reflect increased self-worth in later sessions.

What aspects appeared helpful in supporting the development of the client's self-worth? The counsellor demonstrating respect for Harry's autonomy appeared important in encouraging Harry to practice self-agency and self-efficacy in sessions, towards enhancing self-worth (Figure 10, 1d & 3b). For example, the counsellor regularly invited Harry to make choices, including which goal he would like to work with.

Improvements in Harry's self-agency and self-efficacy as exercised within significant relationships appeared to be linked to specific exercises suggested by the counsellor, combined with the counsellor's use of direct language (Figure 10, 3f). For instance, an activity in which the counsellor asked Harry to place himself metaphorically and literally at the centre of a "spider-web-of-support" drawing (Figure 9) seemed to support Harry to explore and articulate what he needed from significant others mapped onto the spider-web (Figure 10, 1c). Harry asserted that he wanted to ask his grandfather what he wanted Harry to do whilst his grandfather was in hospital (S5;TL679-693). Harry subsequently reported asking his grandfather "what exactly do you need me to do while you're in hospital" and confirmed to the counsellor that he got his "needs met" in his grandfather's response (S6;TL170-173;181).

Potentially hindering aspects relating to the development of the client's self-worth. Throughout sessions, Harry's verbalisations suggested a preoccupation around burdening the counsellor and uncertainty surrounding power dynamics, frequently

apologising, and seeking reassurance (Figure 10, 4b). For example, Harry expressed concern about selecting one of the counsellor's postcards for a postcard-to-self activity: "are you sure? I didn't want it to ruin your collection" (S1;TL177). Similarly, Harry offered to put down a drum with which he was "fidgeting" with, seeming to display concern for this "distracting" the counsellor (S2;TL267-277). Therefore, Harry navigating relational dynamics may have represented a hindering factor, whereby Harry's perceptions of authority may have overridden the benefit of the counsellor's valuing attitude in enhancing Harry's self-worth.

Summary

Research Questions 1 & 2. There was some evidence to suggest that the counsellor's valuing attitude served to enhance Harry's self-worth, reflected in Harry's self-narrative and examples suggesting Harry practiced self-agency and efficacy within and outside of sessions. Associated potentially helpful aspects, included the counsellor's directive attempts to promote Harry's autonomy and agency, such as offering him choices. The counsellor's process-guidance and initiation of specific activities with a metaphorical element centred around Harry identifying and asserting his needs seemed to promote Harry's self-agency and self-efficacy. Nonetheless, Harry's verbalisations and self-report measures reflected low self-worth throughout treatment.

Research Question 3. Harry's apparent uncertainty surrounding client-counsellor power dynamics may have made the development of his self-worth less likely.

Theoretical Statement 1c: Insight

Through talking about emotions and specific activities suggested by the counsellor in SBHC, clients report developing a greater understanding and awareness of their feelings, thoughts, experiences, and problems, as well as the behaviours and perspectives of others, appearing to help them in finding more positive ways of being and behaving.

Was there evidence of the development of the client's insight during SBHC sessions? Although Harry's verbalisations did not reflect improvements in his awareness of the behaviours and perspectives of others, a development in self-insight was observed (Theoretical Statement 2c; Figure 10, 1b,1c, 1d & 1f). In earlier sessions, Harry's verbalisations demonstrated limited self-insight and disconnect between his feelings and experiences (Figure 10, 2a, 2c & 2o). For example, Harry reported that he "broke down"; when asked if there was anything that led to this, Harry responded, "it just randomly happened" (S2; TL35-37;48-50). Here, Harry displayed limited ability to connect his experience of breaking down to his concerns about his grandfather, which he then began to outline separately.

As sessions ensued, Harry's verbalisations reflected greater synthesis between his emotions and experiences (Figure 10, 1a-1c & 1f). For instance, Harry described his feelings in relation to his grandfather's illness.

> H: Because of what the fear's revolved around - so I mean I wouldn't feel happy about my grandad going into hospital but I wouldn't feel sad either - there's already a feeling of sadness but um maybe a bit of anger.
>
> S8(TL677-679)

Thus, it appeared that, to some extent, talking about emotions with the counsellor enabled Harry to reflect upon his emotions towards enhanced self-awareness.

Was there evidence suggesting that the client talking about their emotions and specific activities suggested by the counsellor led to enhanced insight and more positive ways of being? Harry talking about his feelings with the counsellor, at times, facilitated by specific activities suggested by the counsellor, appeared to create opportunities for self-reflection, towards promoting Harry's self-insight and more adaptive ways of being.

An activity in which the counsellor invited Harry to tell the counsellor about himself from the perspective of a ball appeared to support Harry to identify and explore his unmet needs. Harry said, "if I were thrown, the way I fall can be random". Harry and the counsellor then reflected on the "what if nobody catches me part" of Harry's description (S5;TL421-423;454-456). Harry subsequently asserted, "I'd like you to set up a meeting with me and my parents to try and make a plan on how you can support me" (S5;TL722-723). This specific, metaphorical activity appeared to support Harry's self-insight and facilitate Harry asserting his needs, indicating a development in self-agency and self-efficacy. Nevertheless, the counsellor did not explore whether Harry was able to generalize this skill outside of sessions.

What aspects appeared helpful in promoting the client's insight? The counsellor's use of direct questions, tangible examples and guiding statements appeared helpful in deepening Harry's experiencing and encouraging self-reflection, towards promoting self-insight (Figure 10, 1a & 3f). For example, when discussing Harry's disappointment around the physical limitations of his grandfather's illness, the counsellor provided an example of his own experiences of disappointment, when "arriving to the cinema and realizing you're late for the film" reflecting, "it feels to me more than disappointment. How's it feel for you?" – Harry responded, "it is pretty sad to be honest" (S6;TL271-288). Here, the counsellor's direct language appeared to extend Harry's insight regarding his underlying sadness.

Harry emphasized the helpfulness of engaging in practical activities in SBHC (Figure 10, 3f). For example, Harry described his experience of formulating a goal with the counsellor: "it helped to you know do something practical. It does help - understand the problem more" (S1;TL795). Therefore, it appeared that Harry found the practical, tangible nature of setting goals helpful in developing insight around his problems.

Working with client-centred metaphors appeared to act as a bridge to communication in the therapeutic dyad, towards enhancing Harry's insight (Figure 10, 1c & 3c). For example, the counsellor offered links with Harry's video-gaming experiences and social self: "well it sounds like some of the codes and ethics of being a friend - you can recreate in that space. So in the same way - you can be kind to somebody" – Harry reflected, "yeah - so I help them" (S4;TL849-850;859). Client-centred metaphorical language also appeared to enhance communication and reflection, towards promoting Harry's processing of difficult emotions (Theoretical Statements 2a & c). For example, during a body scanning exercise Harry explored his embodied experiencing of "fear" located in the "heavy space" in his stomach: "it turns green when I breathe in. Almost like it's getting filled with something" (S8;TL311-332). Harry subsequently expressed, "it feels helpful quite a bit. I sort of feel better now" (S8;TL347). Similarly, working with Harry's metaphorical imagery of the "mist" throughout sessions, seemed to aid Harry's reflection surrounding felt uncertainty connected to his grandfather's illness.

Potentially hindering aspects relating to the development of the client's insight during SBHC. Harry frequently provided intellectualized, extreme accounts of his feelings throughout sessions (Figure 10, 2e; Theoretical Statements 2a & 2c), redirecting the session dialogue away from exploring emotional experiences. For instance, when the counsellor asked Harry "is there another way?" to consider how he described his emotions surrounding

his grandfather's illness aside from "optimism" and "pessimism", Harry responded: "not one I can think of" (S5;TL346-349). This dynamic was frequently evident throughout sessions and appeared problematic in posing a barrier to the development of Harry's insight.

Harry's verbalisations indicated limited other awareness (Figure 10, 2g; Theoretical Statements 2a-2d). For instance, Harry expressed frustration surrounding his grandfather taking his illness "too lightly" (S1;TL528) and did not initiate reflection surrounding his grandfather's possible perspectives. Harry's verbalisations around his grandfather's emotions and perspectives continued to reflect limited other-insight in later sessions: "well when I say he'll keep the smiling face he's not hiding his emotions he actually is happy" (S7;TL890-891). The counsellor did not actively explore Harry's understanding of others' perspectives, which may have hindered the scope for the development of Harry's other-insight.

Summary

Research Questions 1 & 2. Harry's verbalisations reflected some evidence of a development in self-insight through talking about his emotions during SBHC and specific activities initiated by the counsellor. Associated potentially helpful aspects included the use of client-centred metaphorical language and activities in deepening Harry's experiencing. The counsellor's use of direct language and practical interventions also appeared important and helpful. However, Harry's insight into others' behaviours and perspectives did not appear to progress throughout SBHC. Furthermore, there was limited exploration around nor explicit evidence of Harry developing more positive ways of being outside of sessions, as connected to enhanced insight.

Research Question 3. Potentially hindering aspects included Harry redirecting the session dialogue toward intellectualized discussion and the counsellor's limited process-guidance in supporting Harry's other-insight.

Theoretical Statement 1d: Enhanced Coping Strategies

Clients report experiencing 'guidance', 'advice', 'opinions', 'options' and 'alternatives' offered by the counsellor during SBHC as helpful, in providing them with coping strategies that they can apply to their life to positive benefit.

Was there evidence to suggest that the client experienced 'guidance', 'advice', 'opinions', 'options' and 'alternatives' offered by the counsellor as helpful? Harry reflected that the SBHC intervention "provided someone to listen and take action for my problems" (Table 15). Harry speaking about his emotions in sessions, at times, led to the counsellor offering guidance. For instance, the counsellor provided guidance around relaxation techniques, such as breathing exercises, which Harry reported experiencing as helpful (S8;TL347).

Was there evidence to suggest the client experienced helpful longer-term outcomes with regards to enhanced coping skills resulting from guidance provided by the counsellor? Harry's verbalisations reflected some evidence that he experienced information and guidance offered by the counsellor as helpful and that he may have been able to apply this longer-term to positive benefit. For example, in Session 9 the counsellor asked: "what do you feel or know now that you could offer to your past self?" – Harry responded, "I know I can have problems sleeping quite a bit so the breathing exercises I'd offer" (TL447-449). Despite limited direct evidence of Harry applying these techniques externally, in later sessions Harry initiated coping strategies previously practiced with the counsellor. For example, Harry suggested employing deep breaths to manage his anger towards a peer in

Session 8. The counsellor asked: “what do you need from this space to help you to manage with that experience?” – Harry replied, “maybe a couple of deep breaths” (TL283-284).

The counsellor liaising with school staff and offering Harry guidance, appeared to establish foundations for increased support for Harry at school. Harry expressed distress arising from not knowing how to “go about coping with” his grandfather’s illness when at school, sharing that he finds “the unknown difficult” (S1;TL241&387). The counsellor subsequently supported Harry to organize a meeting with school and family so to be able to assert his support needs and minimise felt uncertainty. This process included exploring what Harry needed from others on his spider-web-of-support (Figure 9). Harry later described how the meeting was helpful in agreeing additional support for him at school to manage a difficult family situation: “if anything's getting a bit too heavy for me during lessons, I can have a timeout pass for three weeks. And my teachers have been notified” (S8;TL394).

What aspects appeared helpful in enhancing the client’s coping skills during SBHC? The session dialogue demonstrated a deepening of Harry’s awareness around the helpfulness of embodied interventions in regulating his intense, here-and-now emotional states. This appeared to be facilitated by the counsellor naming Harry’s embodied expressions and offering connections with what he may have needed from Session 1, towards supporting Harry in becoming more in tune with his experiencing and associated needs (Figure 10, 1j & 3d). For example, Harry began to assert that he needed to physically stretch before transitioning back into school from Session 4. Thus, it appeared that Harry sought and welcomed tangible, embodied coping strategies from the counsellor.

Potentially hindering aspects relating to the enhancing of the client’s coping skills in SBHC sessions. Harry’s verbalisations evidenced him seeking “solutions” from the

counsellor “to clear the way”, “cure” his beliefs and provide “a new way of thinking” (S1; TL399-411; Figure 10, 4d). Harry seeking the counsellor’s opinion was generally met with the counsellor redirecting back to Harry’s experiences and the impact on him, as opposed to offering his opinion. Such dynamics may have posed a barrier to Harry receiving helpful advice from the counsellor and enhancing Harry’s coping skills. For instance, Harry sought the counsellor’s opinion relating to a familial event.

> H: It's not necessarily useful it’s just I value it and I'm wondering what your opinion is on the story or you know - what the situation is.
>
> C: I guess that's inviting me Harry just to - answer your questions as I can - is inviting me to almost be some sort of judge or arbitrator. Now - that's not really a position I can hold. But guess what I can do in here is to hear you.
>
> S7(TL708-712)

The counsellor’s response may have reflected an attempt to encourage Harry’s self-agency and autonomy above offering his opinion or advice.

Potentially hindering aspects relating to the client applying coping skills practiced in sessions to his life to positive benefit. Aside from aforementioned examples, there was no explicit evidence of Harry generalizing and employing the counsellor’s guidance externally. Thus, a barrier may have existed relating to Harry remembering and implementing coping strategies outside sessions to positive benefit (Figure 10, 4e). For example, Harry’s verbalisations suggested that he experienced difficulty remembering guidance relating to asking others on the spider-web-of-support for help including, “who was the person and the question I was supposed to ask” (S6;TL592).

Harry expressed concern around losing the spider-web-of-support, emphasizing the helpfulness of this “practical”, visual exercise and desire to remember it. Harry noted that he

would “get it written” and have it on his “wall or something as a reminder” (S6;TL180-184). Therefore, although Harry seemingly valued the counsellor’s guidance here and that this was intermittently helpful in supporting Harry to ask for what he needed from others (Theoretical Statement 1b), he seemed to require additional support to translate this externally, towards longer-term benefit.

Summary

Research Questions 1 & 2. Harry’s verbalisations suggested that through talking about his emotions in SBHC, some guidance provided by the counsellor served to promote helpful change and was intermittently applied to positive benefit. This included asking for support from significant others and Harry beginning to initiate strategies taught by the counsellor in session. Associated potentially helpful aspects included the counsellor’s attunement to Harry’s embodied expressions, which led to Harry initiating helpful physical coping strategies in sessions. The co-creation of tangible, visual reminders also appeared to help Harry, at times, apply coping skills practiced in session externally.

Research Question 3. Potentially hindering aspects included Harry’s ability to remember and translate guidance outside of sessions.

Theoretical Statement 1e: Improved Relational Skills

Clients report experiencing the counselling relationship in SBHC as a helpful opportunity to practice and improve on the skills involved in open relating, both expressing and receiving, enabling them to exercise these skills with greater confidence in their significant relationships.

Was there evidence to suggest that the counselling relationship provided a helpful opportunity for the client to practice and improve upon relational skills as applied to significant relationships? As previously mentioned, the counsellor demonstrated curiosity, unconditionality, and acceptance in his approach (Figure 10, 3a). This appeared to encourage Harry to use the space to practice his relational skills.

Previously mentioned examples evidenced Harry asserting his emotional needs with greater confidence in later sessions, including in significant relationships (Figure 10, 1d). In contrast, in Session 1 Harry expressed uncertainty, ambivalence, limited self-agency, and self-efficacy around expressing his needs and feelings to his grandfather. For example, Harry said he was "not quite sure" how it would be to express his feelings to his grandfather and that he did not "want to talk to him about feelings" (TL451-454;471-476). This may have suggested an improvement in Harry's relational skills, potentially connected to practicing open relating in SBHC, including asking for what he needed from others.

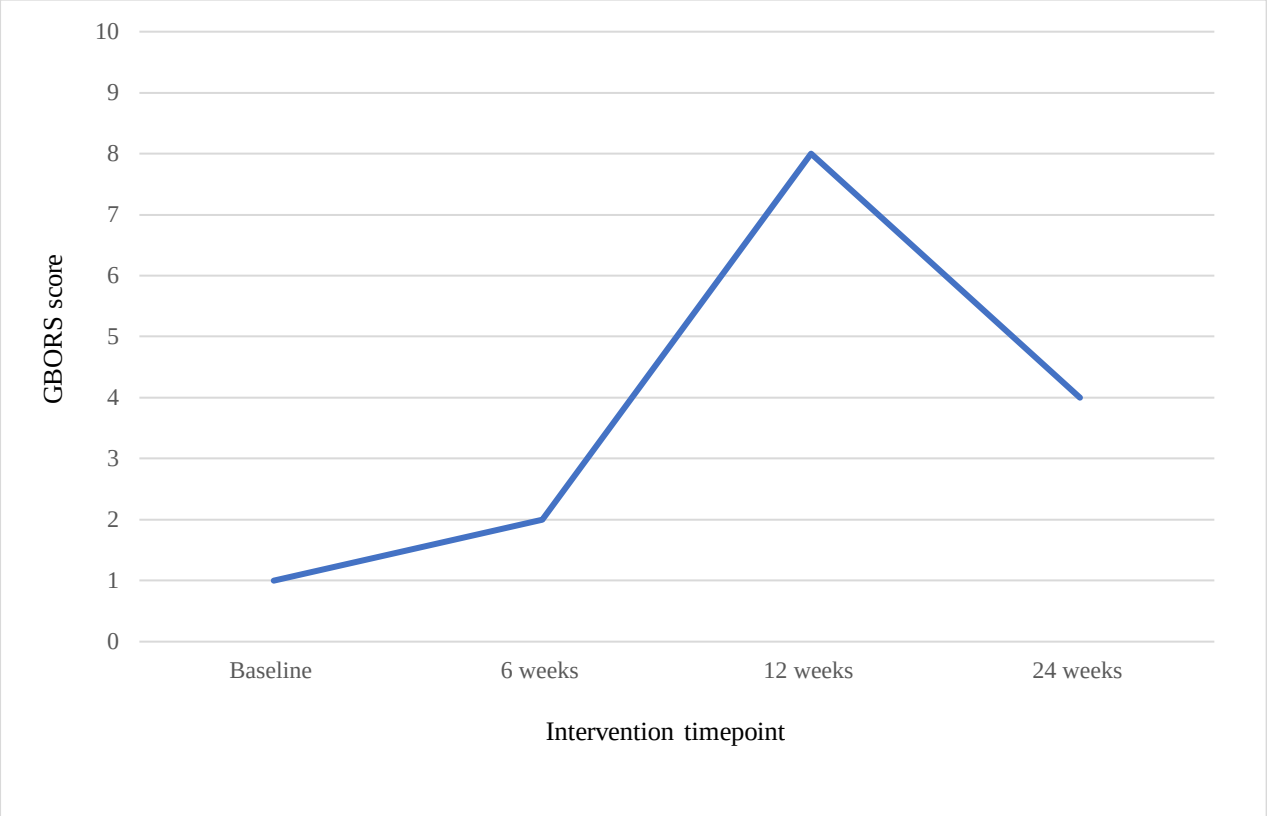
In addition, Harry reported experiencing social improvements which may have been linked to the unique opportunity afforded by SBHC sessions for developing a trusting, facilitative relationship, practicing and improving upon relational skills (Figure 10, 1i & 3l). Harry reported an improvement of 7 points between baseline (1) and post-intervention (8) timepoints for his first GBORS goal (Graph 3; Table 14), partially attributing this to meeting new people via online gaming. In addition, Harry expressed that "opening up more" led to friends "sharing support and it helps" and that he became more "trusting" (S9;TL185;187;191;202). Therefore, some evidence reflected that Harry experienced interpersonal improvements during SBHC; however, Harry did not explicitly connect these to the counselling relationship.

Harry's SDQ pro-social behaviour scores reflected improvements crossing clinical cut-offs from 'slightly lowered' at baseline to 'close to average' subsequently (Graph 2;

Table 13). The client intake form indicated improvements in Harry's relationship difficulties, from 'moderate' at baseline to 'mild' subsequently (Table 16). However, Harry's total ORS score remained below the clinical threshold (28), indicating clinically insignificant changes across interpersonal and social domains, despite a small improvement seen between pre-post intervention interpersonal domain scores (Table 11).

Graph 3

Harry's GBORS scores for his first goal: "to make an effort to meet new people"



What aspects appeared helpful in promoting the client's relational skills during SBHC? As previously mentioned, the counsellor initiating experiential interventions with metaphorical, visual elements facilitating Harry's articulation of his emotional needs appeared helpful in enhancing Harry's insight and practicing of relational skills (Figure 10,

1c); these included empty chair-work and the spider-web-of-support exercise (Figure 9). For example, an empty chair-work exercise where Harry practiced speaking to his sister, seemingly promoted Harry's insight into what his sister was "missing in" him and aided exploration around how Harry would like his sister to relate to him: "try to understand that someone's emotions are a bit more complicated than it's hard on them" (S6;TL;851-853). Such interventions provided opportunities for Harry to identify, practice expressing and, at times, subsequently assert himself both within and outside of sessions.

Potentially hindering aspects relating to the client improving upon relational skills during SBHC. There were limited explicit examples of Harry developing skills in open relating outside of SBHC. Harry's verbalisations did not indicate that he developed skills in taking in or reflecting upon others' experiences or perspectives, as expanded upon in later sections (Theoretical Statements 2a-2d), which may have hindered the occurrence of longer-term relational improvements.

Furthermore, Harry's apparent ambivalence and frustration connected to interpersonal interactions (Figure 10, 2l, 2m & 2p) may have limited the scope of the therapeutic relationship as an opportunity to explore, practice and improve on relational skills to be applied externally. For example, Harry demonstrated ambivalence about resolving "some issues with friends".

> H: Had an argument with one of them, who generally annoyed me - but I er resolved it (sighing).
>
> C: Okay. So you said you resolved it - but I just saw you - you looked down there earlier on. You didn't look very happy about resolving it.
>
> H: No.
>
> S1(TL66-77)

It appeared that Harry may have required increased direct support to be brought back to and reflect upon relational encounters as well as to generalize skills practiced with the counsellor with confidence in external relationships. The counsellor offered limited process-guidance relating to Harry navigating emotional expression interpersonally, which could have limited improvements seen with regards to Harry's relational skills (Figure 10, 4c). Harry's verbalisations reflected uncertainty surrounding expressing his emotions outside of SBHC (Figure 10, 2d, 2m & 2r), beyond providing embodied cues to others. For instance, Harry spoke about times he had been able to express his sadness in a way which felt "comfortable" at school: "the way I normally do it - if I want someone to notice - to talk to me - I normally put my head on the table and not do anything" (S2;TL436-437).

Throughout SBHC sessions, Harry's verbalisations demonstrated that he experienced frustration arising from others misunderstanding his feelings (Figure 10, 2l). For instance, Harry described his experience of his sister "missing" the "full extent of situations" and "all the exact feelings" (S6;TL745;754-756). Harry's expressed interpersonal frustrations and uncertainty, alongside limited direct input from the counsellor may have hindered the development of Harry's relational skills.

Summary

Research Questions 1 & 2. There was some evidence in the session dialogue and Harry's outcome measures indicating that he experienced relational improvements during SBHC, as potentially connected to opportunities afforded by the counselling relationship. Associated potentially helpful aspects included experiential interventions with metaphorical, visual, and practical elements which appeared facilitative of Harry exploring and practicing his relational skills and, at times, enabling him to exercise these skills with greater confidence

in his significant relationships. Nevertheless, there was limited exploration around or evidence pointing to longer-term improvements.

Research Question 3. Potentially hindering aspects included Harry's apparent frustration and uncertainty when considering interpersonal interactions, in conjunction with the counsellor providing limited direction in supporting Harry to navigate interpersonal situations.

4.4.2. The Client Emotion Processing Scale (CEPS-AS; Robinson & Elliott, 2016). Analysing the Case in Terms of the Theory and Identifying Possible Gaps in the Theory from the Perspective of the Case

Figure 4

Key for presence or absence of behavioural indicators of CEPS-AS dimension levels

	Presence of behavioural indicators for dimension levels reflecting low level emotion processing (levels 1 & 2)
	Presence of behavioural indicators for dimension levels reflecting moderate level emotion processing (level 3)
	Presence of behavioural indicators for dimension levels reflecting high level emotion processing (levels 4 & 5)
	Absence of behavioural indicators for respective dimension level

Figures 5-8 illustrate the presence or absence of behavioural indicators for emotion processing dimension levels of the CEPS-AS for each SBHC session, as applied to key data

items from the TA results for domains 1 and 2: client's emotion processing (self and others) and helpful processes of change.

Theoretical Statement 2a: Emotion Regulation Dimension (ER)

During SBHC, the emotion regulation of an autistic client can be seen to transform from them demonstrating an absence of emotional experience towards an interpersonal awareness of emotion, corresponding with the following CEPS-AS ER dimension levels:

1. ER1: Absence of emotional experience
2. ER2: Externalized emotional experiences
3. ER3: Dysregulation of emotional experiences
4. ER4: Internally located and encoded experiences
5. ER5: Interpersonal awareness of emotion

Description of the occurrence of helpful processes of change in relation to the client's emotion regulation across SBHC sessions. Through the lens of the ER dimension, Harry's verbalisations demonstrated a non-linear transformation, towards reflecting more instances of being able to encode and symbolize the emotions of self over the course of treatment. Nevertheless, this was seen to fluctuate (Figure 5). In line with the ER behavioural indicator descriptions (Appendix J), Harry's verbalisations reflected exclusively low to moderate level processing at the beginning of SBHC and evidenced examples of moderate to high level processing in later sessions, suggesting an overall development.

Figure 5

Coding of the client's emotion processing as applied to the emotion regulation dimension of the CEPS-AS

AS-emotion regulation (encoding and symbolizing) dimension levels	S1	S2	S4	S5	S6	S7	S8	S9
ER1: Absence of emotional experience								
ER2: Externalised emotional experiences								
ER3: Dysregulation of emotional experiences								
ER4: Internally located and encoded experiences								
ER5: Interpersonal awareness of emotion								

Absence of emotional experience (ER1). Key session dialogue extracts corresponding with ER1 were observed most frequently at the start and end of the SBHC intervention (Figure 5), which may have inferred Harry's reduced ability to process his emotions at these times. In Session 2 Harry compared not knowing how to describe his feelings to "a blank sheet of paper" (TL518-523). Harry's verbalisations demonstrated an absence of emotion when providing accounts of his experiences, which lacked reference to feelings of self or others throughout most sessions (Figure 10, 2a, 2c & 2g).

Externalized emotional experiences (ER2). During Sessions 1 and 2 in particular, Harry's verbalised emotions appeared frequently externalized (Figure 10, 2a), with a lack of synthesis between his embodied experiencing and verbally expressed emotions. Harry exhibited nonverbal displays of emotions, however, showed limited awareness of these. For example, when Harry tapped his hands on his knees whilst talking about breaking down with the counsellor, the counsellor asked: "what would those hands be saying if they could talk

right now?" – Harry responded, "I don't know it's just cos my hands are rested on my knees so" (S2;TL75-77;308). Harry's verbalisations also reflected ER2 in Session 6, albeit less frequently; this could have been connected to Harry considering the risks of his grandfather's operation. Thus, ER2 seemed to be less frequently observed during later sessions except for when Harry spoke about a particular anxiety provoking, uncertain event.

Dysregulation of emotional experiences (ER3). Harry's verbalized emotional affect became more evident from Session 2 and appeared initially, particularly limited to descriptions of extreme, inflexible states (Figure 10, 2f), for example describing the only way he could feel is "negatively". From this point, Harry's anger relating to how his emotions were perceived and responded to interpersonally began to emerge within the session dialogue.

C: Do you feel angry when people tell you to calm down?

H: Yeah. When I'm - when I'm angry - people tell me to calm down I'm just like - oh but when you are angry you just tell yourself to calm down and then you're smiling from ear to ear aren't you?

S2(TL665; 564-567)

Harry's emotional dysregulation was observed in the majority of sessions from Session 2; this appeared most prominent when he spoke about relational misunderstandings and his grandfather's illness (Figure 10, 2l).

Internally located and encoded experiences (ER4). Harry's verbalisations evidenced some examples of being able to locate internal bodily sensations as connected with his voiced emotions in later sessions (Figure 5), which appeared to be facilitated by the counsellor's acceptance, embodied contact reflections and exploration around this connection

(Figure 10, 1a & 1b). For example, Harry identified “fear” as being behind his sigh, expressing, “I’m frightened. I'm just going to start my leg movements again” (S5;TL146-147;150-155); Harry subsequently located his “fear” for his grandfather as stopping “round the diaphragm” (S5;TL238-242).

Harry seemed to take more ownership for his emotional states from Session 4 (Figure 10, 1f). For instance, Harry expressed that he wanted his fear to stay otherwise he “would feel like there’s something missing” (S8;TL667). This was also evidenced when Harry described his feelings towards a peer as located within himself: “anger or angry I am” (S8;TL93). Therefore, Harry’s verbalisations evidenced greater correspondence with ER4 in later sessions, despite some evidence of lower levels remaining.

Interpersonal awareness of emotion (ER5). Harry’s verbalisations demonstrated limited direct evidence of the development of emotional reciprocity throughout SBHC (Figure 10, 2g). Harry’s verbalisations inexplicitly evidenced that he had symbolized the pain of others and that he had been affected by this in later sessions. For example, Harry described feeling “pity” for his grandfather’s physical limitations (S6;TL385). However, Harry’s verbalisations did not show increased attempts to label the emotions of external others, except for suggesting that his grandfather was “happy” when “smiling” and “not hiding his emotions” (S7;TL890).

Theoretical Statement 2b: Empathy Dimension (E)

During SBHC, the empathy of an autistic client can be seen to transform from them demonstrating a lack of empathic attunement towards being mobilized into action towards emotion of others, corresponding with the following empathy dimension levels of the CEPS-AS.

1. E1: Lacks empathic attunement
2. E2: Oriented towards others
3. E3: Sharing of affect
4. E4: Accurate sensing of the other
5. E5: Mobilised into action towards emotion of other

Description of the occurrence of helpful processes of change in relation to the client's empathy across SBHC sessions. Corresponding with behavioural indicator descriptions for the empathy dimension levels (Appendix J), Harry's verbalisations reflected exclusively low-level processing at the beginning of SBHC and demonstrated some evidence of moderate level processing in later sessions (Figure 6). There appeared to be a slight shift in Harry's empathic attunement during SBHC, despite sessional fluctuations.

Figure 6

Coding of the client's emotion processing as applied to the empathy dimension of the CEPS-AS

AS-empathy dimension levels	S1	S2	S4	S5	S6	S7	S8	S9
E1: Lacks empathic attunement								
E2: Oriented towards others								
E3: Sharing of affect								
E4: Accurate sensing of the other								
E5: Mobilised into action towards emotion of other								

Lacks empathetic attunement (E1). Harry's verbalisations reflected a lack of empathetic attunement (Figure 10, 2g) and demonstrated an internal focus throughout sessions. This was seen in Harry's descriptions of interpersonal experiences, as well as in his dialogue with the counsellor. Harry asked the counsellor questions, but these were generally limited to his own interests such as videogaming. Harry's verbalisations demonstrated limited empathetic attunement in response to others' potential pain or discomfort, when relaying accounts of interpersonal interactions. For example, when he spoke about his cousin, Harry said, "I've even made jokes about her being robbed with my friends" (S7;TL734).

Orientated towards others (E2). From Session 2, Harry's verbalisations reflected curiosity around the counsellor's emotions, whereby Harry offered conjectures in response to the counsellor. Harry asked the counsellor, "so feeling sympathy or pity I'm guessing?" – the counsellor responded saying that he felt "empathy" for Harry (S2;TL364-365). Thus, there

was evidence to suggest that Harry became more orientated towards the counsellor from Session 2 (Figure 10, 1h), despite this not being present in every session.

Sharing of affect (E3). Interpersonal engagement entailing Harry seeking reassurance from the counsellor to ascertain whether his emotions were "warranted" appeared to lead to shared affect and psychological connection with the counsellor. Herein, the counsellor's congruent sharing of own affect led to Harry drawing the counsellor's attention to physical cues to his own sadness.

> C: That's warranted. I really feel that too - it's warranted - I want to echo that. It's okay to cry. I feel quite sad actually - just hearing you say that.
>
> (…)
>
> H: If you are a few times in this session - just in case you haven't noticed I've got a bit teary eyed.
>
> C: That's ok and you might notice me as well sometimes.
>
> S2(TL347-359)

The session dialogue evidenced further examples of Harry's shared interplay of emotional affect with the counsellor. For instance, the counsellor expressed that he felt "sad to hear" about the sacrifices Harry was making for his grandfather, leading Harry to acknowledge his own sadness (S4;TL695-697). Again, the counsellor articulating his emotional response seemed to lend itself to a shared interplay of affect (Figure 10, 1f & 3h).

Accurate sensing of the other and being mobilized into action towards emotion of other (E4 & E5). Harry showed that he was motivated into action towards the needs of the counsellor. Nevertheless, it was unclear whether Harry's offers reflect attempts to establish dynamics of their relationship as opposed to identifying and acting upon perceived emotions

of the counsellor (Figure 10, 4b). For example, Harry offered to pull down the blinds: "I just thought I'd save you the slightest bit of energy from moving there to there (…) and any frustrations allocated with it" (S6;TL558-569). Overall, there appeared minimal movement towards Harry accurately sensing others' emotions and accurate empathetic attunement with another, nor being mobilized into action towards emotions of the other, particularly in Harry's verbalisations surrounding external relationships (Figure 10, 2g & 2p).

Theoretical Statement 2c: Self-reflective Processing Dimension (SR)

During SBHC, the self-reflective processing of an autistic client can be seen to transform from them demonstrating an absence of self with scripted quality, towards a fluid, complex self, corresponding with the following SR dimension levels of the CEPS-AS:

1. SR1: Absence of self with scripted quality
2. SR2: Self is through AS deficit
3. SR3: Self-awareness has present quality
4. SR4: Self-and-other insights
5. SR5: A fluid, complex self

Description of the occurrence of helpful processes of change related to the client's SR across SBHC Sessions. Through the lens of behavioural indicator descriptions of SR dimension levels (Appendix J), Harry's verbalisations demonstrated a shift between reflecting low level processing only at the beginning of SBHC towards demonstrating instances of moderate to high level processing over the course of treatment, despite sessional fluctuations (Figure 7).

Figure 7

Coding of the client's emotion processing as applied to the self-reflective processing dimension of the CEPS-AS

AS-self-reflective processing dimension levels	S1	S2	S4	S5	S6	S7	S8	S9
SR1: Absence of self with scripted quality								
SR2: Self is through AS deficit								
SR3: Self-awareness has present quality								
SR4: Self-and-other insights								
SR5: A fluid, complex self								

Absence of self with scripted quality (SR1). Harry's verbalisations reflected SR1 throughout sessions, demonstrating a scripted nature and limited self-insight (Figure 10, 2c & 2e). Harry noted, "I'll go by fact (…) I'll go by instinct at times - but I won't unless I've got some hard evidence for something" (S2;TL889). As previously mentioned, within final sessions Harry's descriptions of his grandfather's illness appeared scripted and disconnected from self. Similarly, Harry's verbalisations had an intellectualized quality when recounting interpersonal ruptures. For instance, Harry expressed, "if someone disrespects me in some way - like verbally - I would hold a grudge" (S8;TL254-256).

Self is through AS deficit (SR2). Harry's verbalisations reflected a view of self through a lens of deficit throughout SBHC sessions (Figure 10, 2b; Theoretical Statement 1b), frequently apologizing and seeking reassurance. For example, Harry asked the counsellor: "I have bad handwriting - is it bad of me?" (S1;TL185). However, there was no

exploration of Harry's autistic identity as potentially connected to his apparent negative view of self.

Self-awareness has present quality (SR3). Harry's verbalisations began to reflect a new here-and-now awareness self from Session 4 (Figure 10, 1b), instanced in accounts of perceptual and embodied processing as related to verbally expressed emotion. For instance, Harry connected his "feet moving more" in session to feeling "sad for the past few days" (S5;TL75-85). Evidence of SR3 from Session 4 and beyond, indicated a development in Harry's self-reflective processing.

Self-and-other insights (SR4). Harry's verbalisations began to reflect some new self-insights with reference to himself as an active agent. As previously noted (Theoretical Statement 1c; Figure 10, 1g), Harry's verbalisations indicated some developments in his self-narrative, describing himself as strong and responsible. Although Harry's other insights appeared to remain limited, he showed increased curiosity to develop these (Figure 10, 1h), such as expressing a desire to explore and evolve his view of his grandfather, to learn how to "see him for his personality and not just someone with an illness" (S7;TL155).

A fluid, complex self (SR5). Harry's verbalisations reflected increased awareness of the complexity of self in later sessions (Figure 10, 1f). As such, Harry appeared more flexible with emotional expression, acknowledgement of and differentiation between painful feelings.

> H: Because of what the fear's revolved around - so I mean I wouldn't feel happy about my grandad going into hospital but I wouldn't feel sad either (…) there's already a feeling of sadness but um maybe a bit of anger.
>
> C: So maybe a bit of anger.

H: That he has a problem like this.

S8(TL675-679)

Furthermore, there was evidence in later sessions of Harry recognising how he responded emotionally in different situations, suggesting a shift in his attunement to emotional fluidity. For example, describing himself in the first person from an image of a tree, Harry said: “when it's icy I wither - when it's warm I bloom - I'm tall and proud and I show no gloom” (S9;TL350-351). Thus, Harry’s verbalisations demonstrated developments in SR and showed evidence of SR3-5 in later sessions.

Theoretical Statement 2d: Mental Representations Dimension (MR)

During SBHC, the mental representations of an autistic client can be seen to transform from the client projecting their own thoughts onto others, towards considering metacognitive thinking, corresponding with the following MR dimension levels of the CEPS-AS:

1. MR1: Projects own thoughts onto others
2. MR2: Awareness separate mental representations
3. MR3: Can manipulate and change own mental representations
4. MR4: Emergence of metacognitive
5. MR5: Considers metacognitive thinking

Description of the occurrence of helpful processes of change relating to the client’s MR across SBHC sessions. Harry’s verbalisations demonstrated a shift from low level processing exclusively for the MR dimension at the beginning of SBHC towards demonstrating some instances of moderate level processing in subsequent sessions, despite sessional fluctuations (Figure 8).

Figure 8

Coding of the client's emotion processing as applied to the mental representations dimension of the CEPS-AS

AS-mental representations dimension levels	S1	S2	S4	S5	S6	S7	S8	S9
MR1: Projects own thoughts onto others								
MR2: Awareness separate mental representations								
MR3: Can manipulate and change own mental representations								
MR4: Emergence of metacognitive								
MR5: Considers metacognitive thinking								

Projects own thoughts onto others (MR1). Throughout SBHC sessions, Harry's verbalisations instanced him projecting his thoughts onto others (Figure 10, 2g). Harry's descriptions of external interpersonal encounters appeared dominated by descriptions of his own perspective, with little apparent need for reciprocal exchanges. For example, Harry described peers' clothing choices as "stupid", reflecting "what's the point? You know they're making themselves look like fools" (S4;TL291-292). Harry's verbalisations continued to indicate that he may have missed the perspectives or intentions of others.

Awareness separate mental representations (MR2). From Session 2, Harry's verbalisations suggested acknowledgement of his own mental representations being separate from those of the counsellor (Figure 10, 1h). Harry instigated conjectures, seemingly recognising his inability to imagine the thoughts of the counsellor. For example, Harry sought the counsellor's perspective surrounding the productivity of the session: "is it me or has this session been fairly productive?" (S2;TL862).

Can manipulate and change own mental representations (MR3). Harry's verbalisations reflected a small shift towards increased openness to manipulating and developing his own MR from Session 2. This included Harry's aforementioned expressed desire to think about his grandfather in a more complex way. Harry also requested the counsellor's opinion when recounting encounters with relatives, in considering whether others' actions towards him were purposeful: "what do you think from the story? Do you think that she tried to hurt me? I'm open to your opinion". The counsellor responded by saying "I'm not sure how much my opinion would be useful", diverting the conversation back to Harry's autonomy and experiences (S7;TL708-709;711-723). Thus, Harry's verbalisations intermittently demonstrated him offering his own perspectives as open to exploration. However, there was no evidence that Harry changed his mental representations.

Emergence of metacognitive and considers metacognitive thinking (MR4 & MR5). Harry's verbalisations did not overtly demonstrate a shift towards the emergence of metacognitive thinking, an awareness that his own or others' mental representations could have been misinterpreted (MR4), nor overtly reflect that he considered the mental processing of others (MR5). Harry's verbalisations indicated limited ability to engage in imagining others' thoughts, in particular others outside of the therapeutic encounter (Figure 10, 2g).

Summary

Research Questions 1 & 2. Despite sessional fluctuations, through the lens of the CEPS-AS Harry's verbalisations reflected nuanced transformations in emotion processing throughout SBHC sessions (Figures 5-8). This was observed most prominently for ER and SR dimensions, wherein Harry's verbalisations corresponded more frequently with moderate to high dimension levels in later sessions. Despite Harry's verbalisations reflecting ER1 to some degree throughout, Harry appeared to identify, encode, and differentiate painful feelings in later sessions (Figure 10, 1a & 1f). Furthermore, Harry's verbalisations demonstrated greater evidence of here-and-now self-awareness, the development of new self-insights and recognition of fluidity of self as sessions went on. Harry's verbalisations also indicated greater synthesis between his embodied experiencing and verbal expressions of emotional affect (Figure 10, 1b; Theoretical Statement 1c).

Within these processes, the counsellor's acceptance and process-guidance appeared integral (Figure 10, 1a & 1f), alongside the use of client-centred, visual metaphors (Figure 10, 4c) in providing a helpful bridge to communication. These changes were also observed to be supported by experiential embodied interventions instigated by the counsellor including the use of embodied contact reflections; this seemed to promote the synthesis between Harry's bodily experiencing and emotion dialogue, serving to enhance deepening of emotion processing and self-insight (Figure 10, 1b). Additionally, the counsellor's congruent sharing of affect seemed important in orientating Harry to the counsellor's feelings, whilst supporting the process of Harry accepting his own emotions (Figure 10, 1f & 3h). However, Harry's verbalisations remained somewhat scripted throughout and there was no explicit evidence of the development of other-insights or an interpersonal awareness of emotions (Figure 10, 2e & 2g). Although Harry's verbalisations suggested differentiation of the counsellor's mental representations and greater openness to manipulating own mental representations in later

sessions (Figure 10, 1h), his verbalisations did not explicitly evidence that he achieved this, towards developing metacognitive thinking. Similarly, Harry's verbalisations did not evidence an accurate sensing of the other.

Research Question 3. Harry's verbalisations reflected frustration and distress arising from his perceptions of others' emotions, perspectives and others misunderstanding him throughout sessions (Figure 10, 2l). Moreover, Harry's verbalisations reflected rigid representations of and a need for predictability in others; this could have posed a barrier to Harry's processing of the emotions and perspectives of others (Figure 10, 2f, 2n). For instance, when describing an encounter with his grandfather, Harry reflected: "that's so him" (S2;TL241-242). Harry also described distress and frustration around his sister's "unpredictable" responses (S6;TL858-863). The counsellor did not directly ask how Harry felt during interpersonal encounters and instead focused on here-and-now experiencing. The lack of process-guidance supporting interpersonal affective understanding, may have limited Harry's processing of others' perspectives and emotions (Figure 10, 4c).

Despite Harry not attributing his apparent negative view of self to ASC, he appeared to stagnate at SR2 whereby Harry's use of language towards himself remained self-critical. For example, when demonstrating an owl noise to the counsellor, Harry said: "I just realized I sound like an idiot like on the recording" (S7;TL139-140). Harry's verbalisations were often related to his apparent preoccupation with burdening the counsellor and negative view of self (Figure 10, 2d & 4b). These factors may have limited the development of Harry's self-reflective processing and attunement to the counsellor's experience.

Furthermore, it appeared that Harry experienced particular distress in processing uncertain, unfamiliar emotional experiences (Figure 10, 2b). For example, when talking about his grandfather's operation, Harry appeared reluctant to explore his fear with the counsellor. Harry asked: "well is there a way to deal with it? (…) so it's not there anymore?" (S5;TL276-

78). Harry's verbalisations appeared to revert to a place of increased emotional disconnect during final sessions, which may have been related to his grandfather's operation and in anticipation of the ending of sessions. This was seen in Harry's use of proverbs to describe his experience of his grandfather's illness: "time heals all wounds" (S8;TL231). Such sources of uncertainty may have to some degree underpinned Harry's emotional disconnect in later sessions, rendering the development of emotion processing skills less likely at this time.

Chapter 5: Discussion

5.1. Chapter Overview

This chapter provides an overview and critical discussion of findings in relation to the broader field of literature, illuminating nuances specific to this case, alongside considering what findings may infer with regards to the occurrence of helpful change processes more broadly for autistic adolescents accessing (SB)HC. This is followed by consideration of strengths and limitations, subsequent implications for clinical practice, theory, and suggestions for future research.

5.2. Overview of Findings

Research Questions 1 & 2

Taken together, the analysis of Harry's case shows interwoven developments in emotion processing over the course of SBHC represented across dimension levels of the CEPS-AS (Robinson & Elliott, 2016). Furthermore, multiple, overlapping helpful change processes previously identified in SBHC (McArthur et al., 2016), are to some extent mirrored in Harry's case. However, certain aspects of the case appear to undergo differing trajectories, go beyond and at times, contradict theoretical statements (Appendix F). Most evident helpful processes of change corresponding with theoretical statements relate to developments observed in Harry's emotion regulation, self-insight, self-reflective processing, and his ability to practice self-agency and self-efficacy across sessions. Integral helpful aspects appearing to deepen Harry's experiencing and facilitate such processes pertain to: (i) the counsellor's focus upon Harry's embodied experiencing including embodied contact reflections, (ii) the shared use of client-centred, visual, metaphorical language and interventions, (iii) the

counsellor's use of process-guidance and (iv) the counsellor showing acceptance and empathy for Harry. The counsellor's transparency and reassurance around aspects of the therapeutic process also appears significant in cultivating the conditions in which Harry can talk about his emotions.

Research Question 3

Central potentially hindering factors include: (i) Harry experiencing uncertainty navigating power dynamics in the therapeutic dyad and (ii) the counsellor's use of process-guidance appearing insufficient in supporting Harry to enhance his other-insight and to translate helpful skills externally.

5.3. Critical Appraisal of the Study

Attending to each theoretical statement respectively, this section provides a critical appraisal of findings relating to the broader field of literature, towards posing tentative areas of theoretical consideration and refinement.

Theoretical Statement 1a: Relief

Beyond theoretical statement 1a, alongside validating Harry's emotions (McArthur et al., 2016; Lynass et al., 2012) the counsellor employs direct language (Robinson & Elliott, 2017) to ascertain Harry's exact meaning which appears poignant within the process of Harry experiencing relief. Lived experiences of frequent reciprocal social misunderstandings in autistic individuals (Cresswell et al., 2019) are echoed in these findings. One possible explanation for the relief Harry expresses when the counsellor supports him to identify his fear and paranoia relating to his grandfather's operation, is that this leads to differentiation of painful feelings, associated reductions in global distress and hopelessness (Robinson, 2020). Given differences in communication styles (Bogdashina, 2004) and difficulties identifying emotions in autistic individuals (Santomauro et al., 2017), the humanistic counsellor may

need to afford particular attention to supporting autistic clients to find the accurate word(s) for their experiences to facilitate this process and avoid misunderstanding.

Moreover, the apparent helpfulness of here-and-now, embodied interventions employed such as body scanning in supporting Harry to make contact with his emotions, may be understood whereby this serves to enhance integration of interoceptive information and subsequently reduce anxiety (Seth, 2013), leading to relief. Such interventions may be particularly helpful for autistic clients, given distinct perceptual processing abilities (Hatfield et al., 2019).

Despite Harry not attributing self-reported reductions in problematic emotions to relief experienced from talking about his feelings, his RCADS and WEMWBS scores indicate reductions in psychological distress below respective clinical cut-offs across treatment (Tables 1 & 12); this corresponds with previous findings showing reductions in anxiety for autistic adolescents across a HC intervention (Murphy et al., 2017).

Theoretical Statement 1b: Increasing Self-Worth

Although developments in Harry's self-agency and self-efficacy are observed, the findings provide limited evidence reflecting improvements in Harry's self-esteem across SBHC, deviating from McArthur et al (2016). Chapter 2 does not highlight self-esteem as an area in which helpful change processes have been examined nor observed for autistic clients accessing HC, with the exception of counsellor reported improvements in a client's self-confidence (van Rijn et al., 2019).

Autistic individuals often experience poor self-esteem which may manifest as a fragile sense of self, leading to difficulties navigating relational dynamics in counselling (Rutten, 2014). Corresponding case observations and related literature speaks to the importance of the humanistic counsellor considering the existence of potentially heightened,

complex power dynamics when working with autistic clients as part of a relational formulation, aiming to promote self-worth (McKenzie & Dallos, 2017). The counsellor appears attuned to such dynamics to some degree and, extending from theoretical statement 1b, attempts to promote Harry's autonomy in a direct manner, providing positive feedback and frequently offering choices; this appears helpful and important in nurturing Harry's self-agency and self-worth.

Theoretical Statement 1c: Insight

Echoing case examples illustrated by McArthur et al (2016), activities with a metaphoric nature are used to promote Harry's self-insight in SBHC, at times, leading to Harry practicing self-agency and self-efficacy. Previous research endeavours show how digital imagery is employed to generate symbolic meaning bridges when working with autistic adolescents in HC (Johnson, 2016; van Rijn et al., 2019). The analysis of Harry's case demonstrates that an autistic adolescent is able to work with client-centred metaphors in (SB)HC serving to deepen their insight, on occasions, with the support of visual aids such as objects and his spiderweb-of-support (Figure 9). Corresponding with existing literature pertaining to 'externalizing metaphors therapy', client-centred metaphors appear to provide Harry, as an autistic adolescent, a facilitative channel through which to conceptualize and explore emotional narratives (McGuinty et al., 2012, 2018), in the absence of digital imagery. Albeit, given varied imagination abilities in autistic individuals (Attwood & Scarpa, 2013), such use of metaphors should be carefully considered and formulated.

A more directive approach may have served to scaffold sessions and support Harry to explore his emotions, towards enhancing self and other insight (Robinson & Elliott, 2017). For example, when Harry begins to approach his fear of being "dropped" by significant others (S5;TL440), the counsellor does not directly employ this opportunity to deepen

Harry's awareness of his associated experiences and vulnerabilities. This may have limited the scope for Harry to process painful emotions and thus hindered helpful change processes relating to the development of insight. Conversely and aligning with CBT research endeavours conducted with autistic clients (Spain & Happé, 2020), the counsellor using concrete ways of conveying information such as asking direct questions and offering tangible examples, appears to foster the conditions in which Harry can reflect upon his emotions and generate new self-insights.

Theoretical Statement 1d: Enhanced Coping Strategies

Contrary to McArthur et al. (2016), these findings provide limited evidence that SBHC enables an autistic adolescent to develop coping strategies which are applied to their external life to positive benefit. Distinct executive functioning difficulties affecting planning, memory, prioritizing information and problem-solving abilities associated with ASC (Dijkhuis et al., 2020), may to some degree explain Harry's difficulty with remembering and generalizing the counsellor's guidance.

The counsellor does not actively explore the generalizability of coping skills taught in sessions, including stretching exercises to manage transitions, which may have limited Harry's ability to apply these externally. These findings echo accounts of autistic individuals accessing counselling, detailing that insufficient attention is afforded to support the generalization of skills (Stack & Lucyshyn, 2019). The humanistic counsellor may thus need to provide increased scaffolding (Robinson & Elliott, 2016, 2017; Robinson, 2020), including initiating visual and practical tasks (Mesibov & Shea, 2011) when working with this population, to support generalisation of coping skills. Nonetheless, executive function abilities in autistic adolescents can vary significantly, thus differing levels of process-guidance may be helpful (Geurts et al., 2014).

Theoretical Statement 1e: Improved Relational Skills

Harry reports experiencing improvements across social domains (Graph 3, Tables 13 & 16), supporting previous findings showing improvements in adolescents' social confidence across SBHC sessions (McArthur et al., 2016) and enhanced social functioning during HC for autistic adolescents (Murphy et al., 2017). Harry reporting becoming increasingly trusting and open may be attributed to the accepting relational encounter in SBHC; nonetheless, Harry's reports may have been somewhat coloured by perceived expectations of the counsellor, given his evident uncertainty navigating client-counsellor power dynamics.

Harry's expresses distress relating to interpersonal encounters throughout SBHC. The counsellor does not actively bring Harry back to the interpersonal ruptures he reports experiencing, despite the interpersonal focus of his first goal. This mirrors a non-directive, humanistic approach (Cain et al., 2016), yet fails to account for the wider evidence base which indicates that employing process-guiding techniques can be beneficial for this population in supporting relational skills and promoting meaningful psychological connection (Slaughter et al., 2020). Given difficulties navigating the social world with profoundly adverse implications for psychological health in autistic individuals (Humphrey & Hebron, 2015), a more active focus upon relational skills may be of value in SBHC for this population.

Theoretical Statement 2a: Emotion Regulation

The analysis of Harry's case shows him increasingly differentiating, locating, and encoding painful emotions during SBHC. Harry's progress across ER and SR dimensions appears intertwined, emulating previous findings (Robinson & Elliott, 2016, Robinson, 2020). The counsellor's direct language, acceptance and empathy appears to support deepening of Harry's experiential emotion processing (Robinson & Elliott, 2017).

Additionally, the findings suggest that an embodied focus including the counsellor reflecting Harry's nonverbal communications, supports synthesis between Harry's embodied states and verbally expressed affect. This corresponds with research calling for counsellors to attend to embodiment, to promote psychological contact which facilitates cognitive and emotional sense making in autistic clients (De Jaegher, 2013; Robinson et al., 2021).

Moreover, these findings evidence the helpfulness of integrating physical activity in SBHC to support an autistic client process and regulate their here-and-now emotions. The counsellor seems flexible and open to different forms of expression, as means for Harry to regulate, and communicate his emotions. This aligns with existing research in CBT (Scarpa & Reyes, 2011) and DBT trials (Hartmann et al., 2012), demonstrating the importance of attending to differing sensory needs in counselling with this population. Furthermore, it has been shown that transitions can be anxiety provoking for autistic individuals (VanBergeijk et al., 2008); this concept may underlie the apparent benefit of the counsellor initiating stretching at the end of sessions, whereby this provides Harry with an opportunity to process the emotional states brought in sessions (Sorensen & Zarrett, 2014).

As potentially demonstrated in Harry's case, difficulties identifying emotions in autistic individuals are thought to contribute to emotional dysregulation associated with unspecified, undifferentiated feelings of anxiety (Burnette et al., 2005). Such cognitive factors have been associated with a low tolerance for uncertainty (Goodwin et al., 2021). Harry's external "mist" metaphor may reflect his undifferentiated distress surrounding the uncertainty of his grandfather's illness. When perceived uncertainty is higher, autistic individuals are thought to experience reduced capacity to process emotions (Cai et al., 2018). In this way, when discussing his grandfather's upcoming operation (S9), Harry appears more emotionally disconnected and dysregulated. The impending ending of sessions may have also heightened Harry's undifferentiated distress and had a negative impact on engagement,

mirroring previous findings (Johnson, 2016). Considering such factors, the counsellor should strive to reduce uncertainty where possible when working with this population, to support emotion regulation; this may include planning the ending of SBHC sessions.

Theoretical Statement 2b: Empathy

Harry's verbalisations suggest that he is affected by the perceived pain of his grandfather and that he makes increasing conjectures towards the counsellor in SBHC (Robinson & Elliott, 2016). A body of literature details distinctly different ways of being with regards to empathy in autistic individuals (Mazza et al., 2014). Contrary to historical descriptions of ASC wherein individuals were thought to be unaffected by others' suffering, these findings support the concept of autistic individuals being highly sensitive to their perceptions of others' distress (Livingston et al., 2022). However, it appears that Harry's ability to understand, align with or respond to the mental states of the other is limited and does not overtly develop, contrasting with theoretical statement 2b.

Despite the counsellor intermittently expressing own emotional affect and providing compassionate responses, which appear to evoke Harry's emotional responses to self and the counsellor (Robinson, 2020), this may not have been to the same extent as may occur with peers in EGFT-AS (Robinson & Elliott, 2016). For instance, there was no opportunity for Harry to reflect on mis-empathy encounters in a concrete way such as via IPR (Robinson, 2020). Furthermore, it has been documented that for many autistic individuals, it is easier to read emotional cues of other autistic people (Sinclair, 2010; Crompton et al., 2021), suggesting the development of empathetic attunement may be less likely in the SBHC context.

Theoretical Statement 2c: Self-Reflective Processing

The analysis of Harry's case evidences developments in Harry's self-reflective processing across SBHC (Robinson & Elliott, 2016). However, the one-to-one dynamics and school setting of the therapeutic encounter in this case are distinct from EGFT-AS (Robinson & Elliott, 2017), which in turn may have influenced helpful change processes with regards to the scope for development of Harry's self-reflective processing.

It appears that Harry perceives a power imbalance within the therapeutic relationship, experiencing it as "formal" (S6;TL473). This relational dynamic may have led Harry to censor distress, thus posing a hindrance to the development of self-reflection. Harry's apparent uncertainty navigating power dynamics in SBHC (Figure 10, 4a), may speak to the client-counselling relationship, age differences, diagnosis, and differing communication styles. Furthermore, autistic individuals are thought to present with inflexible thinking styles (Leung & Zakzanis, 2014), mirrored in Harry's case (Figure 10, 2f). This may underlie Harry's apparent difficulty with adapting his interactions with the counsellor as an adult in school, relative to school staff. Moreover, Harry seeking reassurance from the counsellor around aspects of the therapeutic encounter, may have been driven by anxiety relating to unclarified expectations of the therapeutic encounter, paralleling accounts of autistic individuals accessing counselling (Hallett & Kerr, 2020). Therefore, attention to clarifying boundaries and expectations may be required when working with this population in SBHC.

Theoretical Statement 2d: Mental Representations

The findings provide limited evidence to suggest developments in Harry's mentalization abilities across SBHC, contrasting with EGFT-AS research endeavours (Robinson & Elliott, 2016; Robinson, 2020). Harry's expressed frustration around the behaviours of others may

relate to limited perspective taking abilities in autistic individuals alongside associated, frequent experiences of distressing interpersonal misunderstandings (Huang et al., 2017). As echoed in these findings, the gap between being affected by others' distress and difficulty perceiving and responding to others' may be seen to produce additional suffering in autistic individuals (Smith, 2009). For instance, Harry expresses distress arising from his grandfather taking his illness "too lightly" (S1;TL528). This highlights the potential value of employing HC interventions aiming to enhance awareness of others' perspectives when working with this population, serving to reduce this gap by providing concrete opportunities to work through mis-empathy encounters, promote intra and interpersonal understanding (Robinson, 2020) and reduce associated emotional distress (Robinson, 2019). Conversely, if this focus is not actively incorporated as in Harry's case, this may represent a barrier to the development of mentalization skills in autistic adolescents.

5.4. Strengths and Limitations

This analysis examines a single case; therefore, insights should be drawn cautiously. Case studies, although rich in insight, are open to researcher bias (McLeod, 2013). Potential biases for this study include the researcher having an ongoing interest in working psychotherapeutically with autistic adolescents, as well as the theoretical orientation of the research supervisors, who predominantly align with HC approaches. Therefore, during data analysis, certain aspects of the case may have been initially privileged, for example, case observations which appear helpful and correspond with a traditional humanistic approach such as the counsellor's expressed acceptance. Whilst such influences cannot be discredited, through regular reflection, supervision, auditing and peer consultation, some awareness of the impact of such contexts on the research process has been cultivated.

Within existing literature, the current theories appear the most relevant to examine and develop when considering the occurrence of helpful change processes in SBHC (McArthur et al., 2016) given distinct emotion processing styles in autistic individuals (Robinson & Elliott, 2016). However, it could be argued that these theories are not the 'best fit' for this case. As such, theories underpinning the CEPS-AS do not represent all evidence-based findings pertaining to the heterogenous population of autistic adolescents (Georgiades et al., 2013), including research demonstrating that theory of mind 'deficits' are not observed in all individuals (Lecheler et al., 2021).

Due to this research not employing session video recordings as employed in EGFT-AS research endeavours, the analysis does not employ the same coding system developed by the founders of the CEPS-AS (Robinson & Elliott, 2016). This may have limited non-verbal forms of communication identified. However, these findings detail Harry and the counsellor engaging in a dialogue around Harry's nonverbal expressions.

When applying current theoretical concepts (McArthur et al., 2016; Robinson & Elliott, 2016) to the case and vice versa, the potential existed for the researcher to prioritise associated processes of change, whilst overlooking additional processes specific to the case. Moreover, the primary research supervisor was involved in the development of the SBHC helpful change processes theory (McArthur et al, 2016), which may have coloured case interpretations. However, stages 4 and 5 of the analysis (Figure 3) aimed to minimize this potential. Overall, a strength of this study is that theoretical statements are, in part, disconfirmed by findings. For instance, Harry's other insight does not appear to develop over the course of treatment.

The case record data set did not include client interview data. Therefore, findings do not include Harry's perspectives on helpful, meaningful change, helpful, important, or hindering aspects as may have been expressed outside of SBHC. Aspects of the intervention

have been considered as helpful or problematic, simply by virtue of being perceived as being of positive or negative valence, largely without Harry specifically indicating this. There was no opportunity to ascertain Harry's or the counsellor's reactions to these findings, rendering testimonial validity low.

Examining helpful aspects of SBHC has several conceptual and empirical limitations. The meaning of 'aspects' is often not well-specified and may refer to overlapping, tangible, in-session activities, implicit and explicit experiences of interventions, as well as immediate and longer-term outcomes (Elliott, 2008). For instance, Harry identifying the helpfulness of practical interventions appears vague and does not provide a clear indication of the specific underlying mechanisms by which these might bring about change (Cooper & McLeod, 2015), arguably making it difficult to apply such insights into practice.

Without doubt, this research does not comprehensively reflect change processes that may be observed in SBHC across diverse presentations of autistic adolescents. The client and counsellor participants are from specific demographic populations as part of the ETHOS trial (Cooper et al., 2021). Additional limitations of this research include Harry not benefitting from the ten SBHC sessions offered. This should be considered when drawing comparisons between other adolescents' experiences of SBHC and respective processes of change. Moreover, the SBHC intervention coincided with a significant familial stressor for Harry, which means that the current results should be viewed considering these specific conditions. Simultaneously, a strength of this research concerns its unique value in illuminating helpful processes of change in the context of significant, uncertain familial stressors.

This is a TBCS which provides an in-depth examination of the occurrence of helpful change processes across a SBHC intervention for an autistic adolescent client. Notwithstanding, a predominant issue with TBCS remains the questionable validity of this research method. Existing TBCS research varies broadly with regards to analytical steps

(Stiles, 2015; Breiner et al., 2022; Appendix S) and does often not explicitly follow the guidelines outlined by Stiles (2007) and McLeod (2010). To counteract this, this research fulfils the following criteria to increase its rigor and credibility:

1. A clear theoretical starting point - this research clearly defines theoretical statements to be tested, so to increase the credibility and internal validity of subsequent connections made with the case.
2. Commitment and rigor - through regular reflexivity and supervision in addition to triangulation of data sources and auditing of the analysis.
3. Transparency and coherence - through clearly highlighting how findings were established including employing direct session transcript extracts.
4. Sensitivity to context – by acknowledging the relationship between contexts, discourses, and power upon the occurrence of helpful change processes in SBHC as well as the research process.

5.5. Suggestions For Future Research

This research leads to numerous suggestions and hypotheses to be tested in future research, towards further refining current theories (McArthur et al., 2016; Robinson & Elliott, 2016) and enhancing clinical practice. For example, an in-depth examination of emotion processing in autistic clients experiencing a variety of psychological difficulties across the course of an adapted SBHC intervention, with active integration of process-guiding tools and an embodied relational dialogue, would serve to test the generalizability of current findings.

Harry connects progress made throughout treatment for his first goal, in part, to the number of friends he makes online. Conversely, Harry reports deteriorations for his second goal, “to manage unfounded worry more effectively” (Graph 2). Harry’s second goal is arguably less tangible and measurable. This stance raises questions surrounding the goals,

motivations and meaning autistic adolescents may attribute to the concept of helpful change in SBHC, which may not conform to the norms or goal trajectories of non-autistic individuals. Herein, various research endeavours have shown that autistic individuals may resonate most with more tangible, semiotic links (Dergicz, 2019). Therefore, future research could focus upon tangible meaning and measurability of therapeutic goals to generate associated guidance for clinicians working with autistic clients.

Given these findings evidencing Harry experiencing uncertainty navigating client-counsellor relational dynamics in SBHC, it may be of value to compare the occurrence of helpful change processes amongst individual and group humanistic interventions across different settings for this population. A multiple baseline design with change interviews at the end of SBHC could be employed to offer further qualitative insights into client perceptions of relational dynamics and associated change processes.

5.6. Implications For Theory and Clinical Practice

The following implications for theory and practice are offered tentatively as these findings are based on a single case. This research does not aim to provide findings that apply to the entire autistic population, in recognition of the importance of individualizing therapeutic approaches (Vivanti, 2017). This study does not include information relating to the client's experience of autism or a detailed history; therefore, while this study serves to illuminate areas of theoretical and clinical consideration, findings should be assessed by readers for their applicability in specific contexts.

Cognitive rigidity and challenges with perspective-taking may render opening up to others who are not trusted particularly difficult for autistic individuals (Mazefsky et al., 2013). The analysis of Harry's case mirrors previous research which found that autistic adults can experience challenges navigating power dynamics in counselling and therefore value the

counsellor providing clarity around aspects of the therapeutic process; conversely, if expectations are not specified, this can lead to clients feeling highly anxious, uncontained, and thus pose a hinderance to the occurrence of helpful change (Hallett & Kerr, 2020). From this standpoint, Harry's apparent reluctance toward exploring interpersonal ruptures (Figure 10, 2p) may signify him feeling insufficiently contained to explore relational wounds. Thus, when developing psychological formulations for autistic individuals, counsellors may need to afford particular attention when supporting clients to negotiate relational dynamics and establish a sense of safety (Cook & Monk, 2020). Active integration of an initial intervention phase to cultivate safety and clarify expectations may serve to support autistic clients navigate client-counsellor dynamics, laying a more robust foundation from which clients' sense of self may be strengthened (Robinson & Elliott, 2017) and helpful change may be more likely to occur in SBHC. This could also integrate pre-therapy techniques (Carrick & McKenzie, 2011), to establish meaningful channels to communication, serving to reduce potentials for misunderstanding instanced in Harry's case and reflected in accounts of autistic adults accessing counselling (Hallett & Kerr, 2020).

As illustrated in this study, it appears crucial that humanistic counsellors remain open, curious, and flexible as to what is needed in the here-and-now experiencing of autistic clients (Park, 2019). For instance, the counsellor considers what Harry needs to regulate intense emotional states, including encouraging physical movement, as well as building in processing time at the end of sessions. Furthermore, the counsellor shows attunement to and reflects Harry's embodied states, mirroring elements of gestalt (Clemmens, 2012) and focusing orientated approaches (Hendricks, 2002); this appears to promote psychological contact and enhance Harry's here-and-now mind-body synthesis. An embodied focus may represent a promising modification in SBHC when working with this population, given difficulties with integrating perceptual information and associated anxiety (Burnette, 2005).

Increased process-guidance, although opposing traditional humanistic approaches (Elliott, 2002) may be helpful for autistic clients in deepening experiential processing and promoting helpful change. This may include the humanistic counsellor employing direct language and incorporating interventions which attend to strengths in visual and physical learning in this population (Cashin, 2008). Such approaches may also support humanistic counsellors to avoid intellectualizing with clients (Kerns et al., 2015), a potentially hindering factor instanced in Harry's case.

As conveyed in the current case, autistic adolescents may require increased direction to generalize and apply skills outside of the counselling room, towards more sustainable change. Integrating an ending phase in SBHC to consolidate helpful skills may serve to reinforce and enhance applicability of skills learnt (Robinson & Elliott, 2017), including developing visual aids, as appeared helpful for Harry to translate some interpersonal skills externally. It has been evidenced that autistic individuals find transitions difficult to manage (VanBergeijk et al., 2008). For instance, Harry appeared to revert back to a place of increased emotional disconnect in final sessions. Therefore, increased scaffolding supporting autistic clients to process the ending of SBHC may be necessary. Furthermore, a more systemic approach may be of value in working to support the translation and maintenance of skills across different environments for autistic clients (Fujii et al., 2013). This may include boundary expansions such as providing support outside of the therapy and liaising with clients' significant others, as instanced in Harry's case.

5.7. Implications for Counselling Psychology

This research has numerous implications for Counselling Psychologists (CP). These findings shed light upon the salience of the humanistic counsellor navigating unique, meaningful channels to communication with an autistic client, serving to promote multiple

helpful processes of change. CPs are uniquely placed to honour idiosyncrasies in the experiencing of all clients and client populations, including what may be therapeutically helpful. As allies to the neurodiversity movement (Kapp, 2020), we can work to reflect upon and challenge neurotypical discourses of helpful therapeutic interventions as objective truths. Moreover, through embracing differently abled ways of being and relative areas of strength in this population, we may empower individuals and steer away from imposing our own normative views or assumptions, working to incrementally empower this population (Anderson-Chavvaria, 2021). This can be achieved by demonstrating commitment to critically examining and reflecting upon the applicability of theoretical concepts to clinical practice, accounting for the heterogeneity observed across the autistic community (Georgiades et al., 2013).

Furthermore, these results illuminate a central theme of Harry's uncertainty in navigating client-counsellor power dynamics. Social justice is central to the Counselling Psychology ethos (House & Feltham, 2015), with an aim of working against stigmatization and promoting equal accessibility to psychological support. Autistic individuals represent a minority group and arguably exist in an invalidating, neurotypical dominated environment, leading to associated power imbalances and injustices (Georgiou, 2014). Thus, CPs should actively collaborate with autistic clients to establish what adaptations they may need so to enhance their experience of accessing HC and reduce felt power imbalances. Taken together, CP's therefore have the unique task to create and promote cultures which offer values and practices encompassing a sense of curiosity and flexibility to empower autistic clients.

5.8. Conclusion

This study provides a nuanced, contextualised understanding of the occurrence of helpful change processes observed across a short-term SBHC intervention for an autistic adolescent

client. The findings support aspects of theoretical statements (Appendix F). Simultaneously, areas for the development of current theory (McArthur et al., 2016; Robinson & Elliott, 2016) based on unique case observations are tentatively proposed, standing as hypotheses for future testing. Taken together, this research provides the following novel findings:

- The counsellor's focus upon the embodied states of an autistic client in SBHC appears facilitative of the client processing and verbalizing their emotional experiences; this is observed to lead to greater synthesis between the client's embodied states and verbally expressed emotions, reflecting enhanced self-insight.
- The shared use of client-centred metaphorical language and activities in SBHC seem to provide meaningful channels to communication and reflection for an autistic client, serving to enhance emotion processing and self-insight.
- An autistic client demonstrates transformations in emotion processing across the course of SBHC most evidently in emotion regulation and self-reflective processing dimensions of the CEPS-AS (Robinson & Elliott, 2016).
- An autistic client showing limited development in other-insight in SBHC warrants further consideration regarding adaptations to practice which may make the development of these skills more likely.
- Potentially hindering aspects in SBHC for an autistic client include their uncertainty navigating client-counsellor power dynamics and potentials for misunderstanding within the therapeutic dyad, in limiting the scope for the occurrence of numerous helpful change processes. In addition, the counsellor's use of process-guidance appears insufficient in supporting the client to develop other-insights and to apply skills externally.
- The counsellor's transparency and authenticity, including clarifying aspects of the therapeutic process and sharing own emotional affect appears to cultivate the conditions in which an autistic client can then explore their own difficult emotions in SBHC.

The current research serves to initiate a theoretical foundation for understanding the occurrence of helpful processes of change for autistic individuals in SBHC, considering distinct emotion processing styles across this population (Robinson & Elliot, 2017).

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Appendices

Appendix A: Psychological Therapies for Autistic Adolescents

Background

Historical psychological interventions for this client group emphasized medicalization and interventions, targeting 'problem behaviours', based on behavioural learning theory (Guttman, 1953). Crucially, such interventions did not directly address psychological difficulties. Talking therapies were not offered to autistic individuals until the 1980's as these were deemed inappropriate. Although progress has been made with regards to choice and accessibility of psychological therapies for this client group, there remains a scarcity of related research (Attwood & Scarpa, 2013). Autistic adolescents describe counselling often being inaccessible, unsatisfactory, impersonal and stress limited choice in therapy approaches offered; in addition, individuals may be excluded from mainstream mental health services due to their diagnosis (Benevides et al., 2020).

Cognitive Behavioural Therapies (CBT) for Autistic Adolescents

CBT targets symptom reduction through a combination of psychoeducation, cognitive restructuring and behavioural experiments (Wood et al., 2017). Presently in the UK National Health Service, CBT is recommended as the primary treatment for anxiety, OCD, and depression in adolescents with ASC (National Institute for Health and Care Excellence [NICE], 2013). This entails an active interventionist emphasis on emotional and social psychoeducation (Gates et al., 2017), which has been evidenced as helpful in enhancing emotional literacy in this client group (Conner et al., 2019). However, there exists limited research, aside from quantitative studies demonstrating helpfulness of CBT for anxiety

(Luxford et al., 2017). More so, heterogeneity across manifestations of ASC renders such research difficult to translate to practice.

Although treatment methods appear to vary in format and context, at present there is a scarcity of research into psychological therapies, apart from CBT for autistic adolescents, particularly non group-based studies (Coxon, 2016). Nevertheless, CBT studies including autistic participants may help to raise this client group's profile with therapists. CBT research endeavours have also highlighted potentially helpful modifications and mediators for treatment efficacy, including employing visual aids and a consistent session structure (Rutten, 2014).

Psychodynamic Therapies for Autistic Adolescents

Psychodynamic therapy is an interpersonal approach focusing on helping clients achieve greater awareness of their inner worlds, the interrelation with behaviour and relationships (Summers & Barber, 2010). Psychodynamic therapy is regarded as being dependent upon clients having a developed sense of self and other, a phenomenon which may be different in autistic individuals (Hobson, 2010). Despite the scarcity of empirical evidence, it has been suggested that psychodynamic therapies may serve to enhance intrapersonal and interpersonal understanding in this population (Hoffman & Rice, 2012). However, felt difficulties navigating perceived power dynamics reported by autistic individuals accessing therapy (Pukki et al., 2022) may be further exacerbated in this context, given distinct power imbalances associated with clients' experiences of psychodynamic therapies (Haskayne et al., 2014).

Humanistic Therapies for Autistic Adolescents

Humanistic therapies are distinct due to their strengths-based approach, underpinned by the concept that individuals possess the inner resources for growth, towards self-actualization (Cain, 2002). Opposing behavioural approaches, the humanistic lens views behaviour as not capturing the whole human experience (Cooper et al., 2018), a perspective perhaps particularly appropriate working with autistic adolescents, whose 'atypical' behaviours may be best understood via their differently abled processing and experiencing of the world (Molinari et al., 2017). Tier 3 Child and Adolescent Mental Health Services in the UK (CAMHS) and school based counselling services include a humanistic, person-centered model of practice, focusing on children and young people's emotional difficulties (Smyth, 2013). A recent trial provided preliminary evidence for the clinical effectiveness of School Based Humanistic Counselling (SBHC) in reducing adolescents' psychological distress as compared to adolescents within the pastoral care only control group (Stafford et al., 2018). Emerging evidence and practitioner accounts suggest appropriately adapted HC can be beneficial for autistic adults, including HC approaches employing increased process direction (Robinson et al., 2020). However, the current evidence base for HC for autistic adolescents remains sparse.

Additional Psychological Interventions for Autistic Adolescents

A small body of research examines the use of third-wave behavioural therapies such as acceptance and commitment therapy and mindfulness-based therapies for autistic adolescents (Tanksale et al., 2021). Such interventions are underpinned by mindfulness strategies and have been shown to lead to reductions in psychological distressed, reduced hyperactivity and improvements in prosocial behaviour through supporting self-regulation abilities in this population (Ridderinkhof et al., 2018; Pahnke et al., 2014; Tanksale et al.,

2021). However, such therapies do not represent existing treatment options routinely delivered across school based counselling or CAMHS services (Cameron et al., 2021).

Appendix B: Details of Search Terms for the Current Systematic Literature Review

The researcher combined terms indicating ASC in the abstract (ASD OR autism spectrum* OR ASC OR high functioning autism OR autist* OR asperger*); terms indicating a psychological intervention in the abstract (therap* OR treatment OR intervention* OR psychotherap* OR counselling OR counseling OR psychological therap*); the age group of focus in all text (child* OR adolescent* OR teen* OR youth OR young pe* OR school*) and finally, the humanistic nature of enquiry in all text (humanis* OR person-cent* OR person centred OR person centered OR client cent* OR client-cent* OR phenomenological OR existential therap* OR experiential OR relational OR emotion-focused OR gestalt). Reference lists within eligible studies were also examined.

Appendix C: Details of Records Retrieved in the Current Systematic Literature Review (Tables 4-9)

Table 4

Digital images as meaning bridges: Case study of assimilation using avatar software in counselling with a 14-year-old boy.

Bibliographic details	van Rijn, B., Chryssafidou, E., Falconer, C. J., & Stiles, W. B. (2019). Digital images as meaning bridges: Case study of assimilation using avatar software in counselling with a 14-year-old boy. *Counselling and Psychotherapy Research*, *19*(3), 252-263.
Design and aims	Qualitative Theory Building Case Study Exploring the role of digital imagery (Pro Real Avatar Software) in building meaning bridges in school based humanistic therapy, relating to psychotherapeutic progress according to the assimilation model (APSES; Stiles, 2001)
Study characteristics	Participants: Client participant: Richard, 14 years old, male, White British, diagnosis of ASC. No intellectual disability indicated.

Counsellor participant: the counsellor (male) had an advanced accredited diploma in humanistic counselling and a certificate in psychodynamic counselling, with over 6 years of post-qualification experience. The counsellor appeared to use a humanistic approach; however, there was no formal adherence check.

Full diagnostic assessment/ history of the client/ context of referral was not available.

Materials:

Session video recordings and respective transcripts

The 'ProReal', avatar-based software was employed – a therapeutic tool for counselling and coaching.

The Assimilation analysis model was used: Assimilation of Problematic Experiences Sequence (APSES; Stiles, 2001).

Procedure:

60 humanistic counselling sessions conducted in a mainstream school in the UK - 9 of which were examined for the purpose of the study from an early part of his treatment.

Assimilation analysis was applied to screen video recordings of sessions.

Key findings	The client created avatars representing aspects of himself and significant others, and scenes representing his problems and coping. The imagery and meanings evolved across this segment of treatment, providing a channel of interpersonal and intra-personal communication. Observations showed how digital imagery can serve as meaning bridges between client and counsellor, and between internal parts of the client. Counsellor observations included noting that Richard appeared more confident and less distressed during the course of treatment; however, Richard did not identify such helpful changes in self.
Overall risk of bias (low-high)	High

Table 5

I Don't like the Talking Part: The Use of Videogames to Facilitate Grief Therapy for Adolescents with Autism Spectrum Disorder

Bibliographic details	Johnson (2016). I Don't like the Talking Part: the Use of Videogames to Facilitate Grief Therapy for Adolescents with Autism Spectrum Disorder *Dissertations.* Paper 327.
Design and aims	A qualitative collective case study methodology This qualitative study aimed to explore the experiences of four autistic adolescents who participated in person-centred grief therapy facilitated through the use of videogames.
Study characteristics	Participants: n=4 American, Caucasian males Ages: 12-16 years; mean age: 14.5 Diagnosed with ASC No intellectual disability indicated Materials: Session video and audio recordings and respective transcripts; audio recordings of interviews and respective transcripts; clinical case notes Lamb's grief process theory (1998)

	Procedure: Intervention: Harry Potter videogame used within 10 weekly, individual person-centred grief therapy sessions facilitated by person centred counselling assistants Semi structured interviews: Caregivers were interviewed prior to counselling, clients only at mid-intervention; after completion of therapy both clients and caregivers were interviewed. Observations (audio and video recordings); clinical case notes analysed. Data from transcripts and recordings was analysed and coded in line with Lamb's (1988) grief process theory. Triangulation and peer review were employed to increase trustworthiness of results.
Key findings	Participants' experiences of processing grief in HC appeared to mirror the experiences of neurotypical peers, though on a longer timeline (Lamb, 1988). The use of the Harry Potter videogames seemed to facilitate participants' exploration of grief and death in HC.

In consideration of their stories, their participation and progress in videogame therapy, observations, and interviews, the following themes emerged: (a) progression, (b) isolation, (c) avoidance, (d) regret, (e) depression, and (f) playing as death.

The experiences of participants provide preliminary support for the use of videogames as a beneficial tool to help autistic adolescents in the grieving process during HC.

Participants expressed enjoyment of the sessions themselves, explaining that they believed it was helpful.

Counsellor's observations included participants talking more in sessions about their experiences of bereavement. Participants also noted talking more with peers about these experiences.

Two of four participants appeared to experience difficulty with the impending ending of sessions. As such, they appeared to engage less with the counsellor in speaking about their grief in final sessions.

Overall risk of bias (low-high)	High

Table 6

Cognitive Behaviour Therapy Versus a Counselling Intervention for Anxiety in Young People with High-Functioning Autism Spectrum Disorders: A Pilot Randomised Controlled Trial

Bibliographic details	Murphy, Chowdhury, White, Reynolds, Donald, Gahan, Iqbal, Kulkarni, Scrivener, Shaker-Naeeni & Press (2017). Cognitive Behaviour Therapy Versus a Counselling Intervention for Anxiety in Young People with High-Functioning Autism Spectrum Disorders: A Pilot Randomised Controlled Trial. *Journal of Autism and Developmental Disorders 47, pages3446–3457*
Design and aims	Randomized control trial Quantitative methodology To compare the use of person-centred counselling and CBT interventions for anxiety in autistic adolescents
Study characteristics	Participants: n=36 12-18 years Mean age: 15.25 61% male CAMHS outpatients referred presenting with anxiety symptomology

Full Scale IQ ≥ 70

Meeting clinical criteria for ASC

Materials:

Measures taken at pre, post and follow-up, included parent and child reports for:

- The ADIS anxiety measure (Ung et al., 2015)
- The CASI-anx, developed to measure anxiety in young autistic people (Sukhodolsky et al., 2008)
- The Social Responsiveness Scale to measure social functioning in autistic individuals (SRS; Bruni, 2014)
- The Primary Care Therapy Process Rating Scale (PCTPRS; Godfrey et al., 2007) to measure counsellor adherence
- The Therapy Process Observational Coding System – Alliance (TPOCS-A; McLeod & Weisz, 2005) to measure therapeutic alliance.

Procedure:

- Two study arms:
- MASSI – includes CBT for anxiety reduction and supplementary strategies targeting social skill deficits the Multimodal Anxiety and Social Skill Intervention for adolescents with ASD (MASSI, White et al. 2010)
- Counselling as offered by the NHS in the UK.

	- 12 individual sessions and five group sessions were offered to each participant across the two study arms - CAMHS NHS clinicians provided the counselling/CBT interventions.
Key findings	Improvements were seen in anxiety and social functioning across both study arms, with no significant maintained differences in outcomes between the CBT and counselling arm. There was a significant difference between the CBT and HC arm for separation anxiety, for which there was a medium effect size in the reduction of participants meeting diagnosis in the counselling arm at post-test only as compared to CBT (*p=0.01;* ADIS-IV-C/P; Hamblin et al, 2016). There was a significant difference for attendance individual sessions reported in favour of counselling. The average number of individual CBT sessions attended by participants was 9.06 *(SD 2.51);* for counselling it was 11.71 (*SD 1.06),* an observable significant difference *(Mann Whitney U=32.5, p=0.02).*

Overall risk of bias (low-high)	Medium

Table 7

Enhancing empathy in emotion-focused group therapy for adolescents with autism spectrum disorder: a case conceptualization model for interpersonal rupture and repair.

Bibliographic details	Robinson, A. (2020). Enhancing empathy in emotion-focused group therapy for adolescents with autism spectrum disorder: a case conceptualization model for interpersonal rupture and repair. *Journal of Contemporary Psychotherapy*, *50*(2), 133-142.
Design and aims	Case conceptualization task analysis The aim of the study was to present a clinical strategy to guide clinicians working therapeutically with autistic clients to promote emotion processing, focusing upon interpersonal rupture and repair.
Study characteristics, if applicable	Participants: n=3 Average age = 14.0 Two females: 14 and 15 years One male 13 years Diagnosed with ASC No intellectual disability indicated

	Case conceptualization focuses on 14 year old female, Natalie Materials: The Client Emotion Processing Scale for individuals with 'autistic process' (CEPS-AS) Session video recordings (11 sessions of EGFT-AS) Procedure: Intervention: 11 sessions of group EFT-AS (EGFT-AS) carried out in Scotland. Interpersonal Process Recall (IPR) employed with session video footage to scaffold sessions. Session video recording segments were coded against the CEPS-AS dimension levels. A randomization protocol was administered to reduce the risk of bias (Mansoumia et al, 2017).
Key findings	Over the course of the study participants scores using the CEPS-AS indicated a change from low to high level processing in relation to empathetic concern for emotion processing, self reflection, empathy, and mental representations (Robinson & Elliott, 2016)

	This paper presents a clinical strategy to guide therapists how to focus on both cognitive and affective empathy to enhance intra-and interpersonal understanding in HC. The results show that when therapists use IPR of shared trauma-related experiences and mis-empathy encounters as a process-guiding method, it can lead to deepening of emotional processing in both cognitive and affective empathy.
Overall risk of bias (low-high)	High

Table 8

Brief report: An observational measure of empathy for autism spectrum: A preliminary study of the development and reliability of the client emotional processing scale.

Bibliographic details	Empirical study on the development, construction and validation of a measure for therapeutic change. Robinson, A., & Elliott, R. (2016). Brief report: An observational measure of empathy for autism spectrum: A preliminary study of the development and reliability of the client emotional processing scale. *Journal of autism and developmental disorders, 46(6), 2240-2250.*
Design and aims	A pilot study focusing on the construction, piloting and assessment of the reliability of the CEPS-AS. This study explored the extent to which a measure of client emotion and empathy process could be developed to assess cognitive-affective components of emotional processing, including both self- and other-empathy for autistic individuals across a humanistic psychological intervention, EGFT-AS. (a) whether raters could attain adequate inter-reliability on the CEPS-AS and its component dimensions; (b) whether the 4 component dimensions of the CEPS-AS are internally consistent with one another; (c) whether CEPS-AS is sensitive to change over the course of a new HEP intervention for autistic individuals.

Study characteristics	Participants: Three adults mean age 39.7 – one female (43) and two males: 37 and 39 years old. Three adolescents – mean age 14 years old – two females (14 and 15) and one male (13). Recruited from a Scottish Autism Organisation. No intellectual disability indicated Materials: The Client Emotion Processing Scale for individuals with 'autistic process' (CEPS-AS) Video recordings of 11 EGFT-AS sessions Procedure: Intervention characteristics: a 9-week group EFT-AS (EGFT-AS) intervention (a group EFT protocol modified for individuals with 'autistic process') conducted in Scotland. Video recording segments were coded against the CEPS-AS dimension levels for: emotion regulation; empathy, self-reflective processing and mental representations (Appendix G). Two raters coded 42 4 minute video footage segments against behavioural indicators at beginning, middle and end of intervention time points.
Key findings	Results showed good inter-rater reliability (alpha: .69 to .91).

	Inter-dimension associations were high (r = .66 -.82). The CEPS-AS was able to detect significant differences on the four dimensions across a short-term intervention. Over the course of the study participants scores using the CEPS-AS indicated a change from low to high level emotion processing. The repeated measures ANOVA showed that, for the six clients, change in overall emotional processing over sessions was statistically significant (F = 32.32; *df* = 2,9; $p < .01$) and indicated large differences overall among sessions 1 (T1: baseline), sessions 2 (T2: first video playback/recall session) and sessions 8 (T8: last video playback/recall session).
Overall risk of bias (low-high)	High

Table 9

Emotion-focused therapy for clients with autistic process.

Bibliographic details	Robinson, A., & Elliott, R. (2017). Emotion-focused therapy for clients with autistic process. *Person-Centered & Experiential Psychotherapies*, *16*(3), 215-235.
Aims of article	The article presents the main arguments for a group therapy adaptation of EFT for autistic adolescents and adults (EGFT-AS) through case conceptualization illustrations.
Key points	The authors argue that that verbally and visually concretizing conversational and relational exchanges in humanistic therapies can provide scaffolding making it more accessible for autistic clients. The authors highlight the importance of the therapist's attunement to markers which point to underlying emotional processing difficulties associated with ASC whilst employing these moments as IPR clips for tasks in following sessions to promote emotion processing (of self and others). The authors employ case illustrations to instance how through employing such interventions, clients may activate, deepen and

	transform emotions through accessing core pain and associated unmet needs, leading to the development of more adaptive emotions. The authors demonstrate through case conceptualizations how EGFT as can lead to enhancing clients' abilities to symbolize the experiences of self and others over the course of treatment, leading to greater self agency and understanding of interpersonal experiencing. The authors emphasise the importance of establishing safety, clarifying expectations and therapeutic tasks in the beginning phase to reduce clients' anxiety associated with uncertainty. The authors highlight an important component of the ending phase whereby clients are supported to scaffold interpersonal opportunities post treatment (supported by school, family and support services as appropriate) in order to for helpful changes to be sustained. The authors argue that EGFT-AS appears a promising approach for working with this population. The authors highlight that further replication and research is required.
Overall risk of bias (low-high)	High

Appendix D: ETHOS Procedure for the Current Client Participant

Harry was recruited for the ETHOS trial via his schools' pastoral care team. Members of the school pastoral care team had been briefed on the ETHOS trial and within the pre -screening stage were asked to identify young people who may be eligible to partake in the trial. Harry was deemed to meet the initial ETHOS eligibility criteria (Cooper et al., 2021), including: being between 13 and 16 years of age; experiencing moderate to severe levels of emotional distress, as determined by the SDQ-ES with a score of ≥5 (Goodman, 2001); not identified to be a risk to self or others and not accessing additional counselling services at the time of the ETHOS trial. Harry's parents were then contacted by a member of the school pastoral care team to provide written consent. Harry attended an assessment meeting with a member of the ETHOS research team who had experience of working in adolescent mental health services. All assessors were provided with comprehensive training in the ETHOS study, the purposes, and principles of the assessments. In the initial assessment meeting, Harry expressed an interest in partaking in the ETHOS trial. The assessor formally assessed Harry's eligibility to partake in the ETHOS trial and asked Harry to provide written consent.

Along with other eligible participants, randomization was conducted, and Harry was allocated to the SBHC (and pastoral care) condition as opposed to the pastoral care only condition. Participants, providers, and assessors were not masked to treatment allocation; however, testers who measured participants' outcomes after assessment were masked to treatment allocation.

Harry was offered 10 weekly, individual 45-60 minute (depending on school period length) SBHC sessions in his school with a qualified, experienced counsellor who had also received training using the ETHOS clinical practice manual (Cooper & Kirkbridge, 2016).

The SBHC counsellor completed four days of training in the SBHC practice model and was subsequently assessed for their adherence to the humanistic model in supervision and by a sub team of clinical auditors. The average adherence score for all SBHC counsellors across the ETHOS trial was 4.6/6 on the PCEPS-YP adherence measure (Ryan et al., 2021); the cut-off for adherent practice on the PCEPS-YP is 3.5. The counsellor participant in the current study was rated at 4.9. In addition to the assessment, Harry attended 8 SBHC sessions of the 10 offered. The case record data did not provide information pertaining to the 2 SBHC sessions Harry missed. Client participants in the ETHOS trial were able to terminate counselling at any time during the intervention. All counsellors received individual, fortnightly hour-long clinical supervision throughout the trial. Respective supervisors were instructed to adhere to the SBHC supervision manual, which was developed for the ETHOS trial (Cooper, 2016).

Appendix E: Case Record Catalogue

I. Description of Client

II. Descriptive Session Summaries

III. Counsellor Session Notes

IV. Supervisor Notes

V. Participant Demographic Data; Client Intake Form Data; Outcome Measure Data; Process Measure Data; Client Feedback

VI. Client's Spiderweb of Support Diagram

VII. Thematic Session by Session Summaries

VIII. Thematic summary of full case record in line with research questions and respective domains

Note: Tables and summaries of process/outcome measure data displayed in the main body of this research have been removed from the case record catalogue to avoid repetition.

I. Description of Client

Harry[16] was 14-years-old and in school year 9 at the time the ETHOS trial took place. Harry is an autistic, White British male. Harry was attending a mainstream, Faith Based High School in London. Harry engaged in 8 of 10 SBHC sessions offered as part of the ETHOS trial (Stafford et al., 2018; Cooper et al., 2021) A member of the research team with experience in mental health work with young people categorized Harry within the following domains upon the initial assessment, based on clinical judgement: moderate separation anxiety; moderate social anxiety/phobia; moderate generalized anxiety; moderate agoraphobia; moderate family relationship difficulties, moderate attachment difficulties and difficulties at home; mild self-care difficulties; moderate peer relationship difficulties and parental health issues (Table 16).

II. Descriptive Session by Session Summaries

Descriptive Summary of Session 1. The client completed the ORS and linked his increased social score (since the time of initial assessment) to resolving an issue with a friend but was not able to and did not appear to want to explore this with the counsellor. The client asks about the purpose of the recording of sessions.

The counsellor suggested a postcard-to-self exercise and invited the client to choose a postcard he liked. The counsellor employed some self-disclosure (around his hobby of

[16] *Pseudonyms have been employed and certain participant features have been disguised throughout to maintain participants' confidentiality and anonymity. Certain language employed within direct session transcript quotes and client participant goals have been adapted to protect their anonymity, whilst aiming to keep content relevant.*

collecting postcards) which the client expressed an interest in. The counsellor asked the client to speak as the postcard and ask himself a question as the postcard. The client spoke about the postcard in factual terms. The counsellor invited the client to write on the postcard to his future self (in 10 weeks time). The client expressed concern about ruining the counsellor's postcard collection and his handwriting; the counsellor offered reassurance in the responses he provided.

The client outlined his goals as being: a) to learn how to cope with unfounded worry more effectively and b) to make an effort to meet new people. The client expressed his choice to focus on goal one during the session.

The client expressed uncertainty around getting to the goal of coping with his grandfather's illness. The counsellor attempted to explore how this felt for the client but the client redirected back to not knowing the solution (of how to cope). The counsellor enquired as to how the client would know when he had reached this goal and the client suggested he would know when he's less frantic, worried and calmer speaking and thinking about it. The counsellor used direct questions to ascertain the client's meaning of 'frantic'. The client and counsellor explored the client's meaning of 'paranoid' and whether his level of paranoia was proportionate to the risks involved with his grandfather's operation.

The counsellor named the client's embodied/nonverbal expressions (e.g. sighing and clasped hands); the client subsequently goes on to share experiencing foot strain and a sore throat. The counsellor linked the client's stance to what he may want from the therapy space, i.e. accomplishment. Together they discuss the uncomfortableness of being in the mist, not being able to have the assurance and solutions the client wants. The client expresses his hopes that the counsellor could present some solutions or a new perspective.

The counsellor identified client finding it difficult to sit with uncertainty and challenged the concept that the client would accept his perspective above the client's own experience.

They explore the client's understanding of how others are (appearing to) cope with / 'view' the situation surrounding the client's grandfather's illness (i.e. 'too lightly'), the client's frustrations around this and the client's experiences of speaking to his grandfather about how he feels. The client speaks of how he does not explore his feelings with his grandfather and expressed that he experiences his sister as overreacting and at these times he finds her embarrassing. The client refutes the counsellor's interpretation of this feeling lonely and goes into descriptive accounts relating to his sleeping difficulties. When the client highlights the risk of his grandfather dying, he discloses memories and flashbacks of his friend's death; the counsellor offers an interpretation around how the client's current paranoia may bring back such memories but this does not appear to resonate with the client and this dialogue comes to a halt. Together the client and counsellor reflect on what the client has accomplished in the session. The counsellor encourages the client to recognize that he has begun to go into the mist during the session, relating to his first goal. The client appears to reluctantly agree that he has taken the first few steps into the mist.

The client seeks clarity asks the counsellor questions in relation to the purpose of the recording of sessions and the counsellor's supervision. The client seeks feedback from the counsellor about how he had done that session and the counsellor reaffirms his brave steps into the mist and summarises the themes of the session. The client expresses that he would like some practical support. The counsellor provides the client with feedback and praises him for taking some steps into the unknown.

Descriptive Summary of Session 2. The client and counsellor complete the ORS together. The counsellor highlights the client's decreased score, which the client attributed to 'breaking down'. The client begins to outline concerns around his grandfather's illness separately. The client and counsellor explore how the client doesn't like to cry and so tends to

bottle up his emotions. The client shares how he felt worse when he broke down, both physically and mentally weak.

The client begins tapping his hands on his knees when talking about breaking down. The counsellor names this and this leads to the counsellor encouraging the client to engage in this form of movement as seems helpful for him during the session.

The client and counsellor shared musical interests in relation to client's drumming (client using drum in session). The counsellor redirected the client to his experience of crying. The client expressed remorse around breaking down and needing to be the responsible, strong one while his grandfather is in hospital due to his sister being irresponsible (with money in particular).

The client expresses that he believes crying needs to be justified and this otherwise feels inefficient and a waste of time if you can't solve the problem. The client agrees with the counsellor highlighting that there isn't a solution to his grandfather's problem and that is one of the things that brings the client to therapy. The client reflects that crying about this is therefore warranted. The counsellor expresses his sadness about the client expressing that he feels crying is warranted in this situation and the client draws the counsellor's attention to his own teary eyed-ness in the session. The client continues to use the session to explore when it was ok for him to cry. The client points to his tendency of bottling up emotions vs expressing emotions in an extreme way. The client shares how he may communicate to peers/teachers/family that he is sad through providing physical cues; they explore together client's tendency to minimize emotional experience. The client also notes his anger at being told by his sister and teachers to look on the bright side and all would be ok. The client engages in a scaling activity around his pessimism vs optimism in relation to his grandfather's health; together they explore the option of a middle ground between 'fake happiness' and extreme pessimism, including the client's felt hope.

The client makes some disclosures about his grandfather (age and background) to the counsellor. The client asked for feedback on the session from the counsellor and the counsellor reflects that the client has made some steps in talking about how he usually expresses his emotions to others. The counsellor encourages the client to stretch at the end of the session.

Descriptive Summary of Session 4. The client and counsellor complete the ORS. The client's score was .1 below his previous score. The counsellor clarifies whether that felt right for the client and the client agreed.

The client notes that he had some of his own health concerns but he did not want to talk about these as they were embarrassing. The client shares his felt irritation towards peers' behaviours and his experience of how peers see him being inaccurate and therefore frustrating.

The client and counsellor discuss the client's background and heritage. The client speaks of spending a lot of time indoors over half term. The client shares his experience of videogaming with friends and the counsellor offers connections surrounding how the client's virtual, video-gaming role may relate to client's real life role within his social circle. The counsellor provides a direct reflection around the client taking responsibility for friends and family members. The client agrees with the counsellor that this is very strong of him. The counsellor asks whether the client could find a middle ground in the level of responsibility he is taking for his grandfather and asks about the client's grandfather's support network. The client shared that his grandfather does not have friends/family who could help but entertains that he could play outside with his friends when his sister is at home. The client shares some further background information about grandfather with the counsellor. The client requests to

stretch together with the counsellor at the end of the session (as previously initiated by the counsellor).

Descriptive Summary of Session 5. The counsellor asks the client about his preferences for when during the school day to hold the forthcoming sessions and the client subsequently expresses his preferences. The client and counsellor complete the ORS together and the counsellor notes the client's score has increased. The client expresses that although in other places he was feeling a bit better that family had gotten worse. The client shares that he wishes to explore his feelings of sadness and fear around his grandfather's forthcoming surgery. The counsellor supports the client to reframe his description of his emotional experience into a less externalized account (e.g. I am feeling sad vs it has been pretty sad). The client shares the pressure he feels around practical responsibilities when his grandfather is in hospital. The client and counsellor explore how the client does not feel held or supported and he is afraid of how he will cope whilst his grandfather is in hospital. The client and counsellor explore the client's embodied expression together in relation to the client's verbalisations, e.g. feet tapping and client sharing this helps him to calm down whilst he is talking about something anxiety provoking. The counsellor encourages the client to attend to where he is feeling emotions in his body

The counsellor encourages the client to talk about his emotions as a way of bringing these into proportion in response to client's wish to make the feelings weaker. The counsellor personifies the emotion (fear) and asks what it is saying to the client and what he would like to say back to it. The client and counsellor explore the client's apparent extreme way of thinking and the client's tendency to take a pessimistic or optimistic view. The counsellor encourages client to get away from his head and to go with his feelings, naming the apparent tendency to intellectualize.

The client and counsellor explore the client's current feeling of stuckness. The client agrees to experiment with a physical exercise. The counsellor invites the client to select an object to represent himself, speak from the object and ask questions to the object. The client selects a ball. In response to the counsellor asking if anything came up for him during the activity, the client highlights the 'what if nobody catches me part'. Together the client and counsellor explore the client's need for support and the pressure of the responsibility the client feels to support his family. However, the counsellor provides little direction to support the client to identify his underlying emotions.

The counsellor initiates a practical exercise of drawing a spiderweb to represent the support available to the client and what he would like to ask of each individual on his spiderweb of support (Figure 9). The counsellor notes that he is not on the client's web; the client highlights the upcoming ending of the SBHC sessions. The counsellor offers himself on the client's web which the client accepts. The client asks the counsellor about a meeting to be arranged between himself, school staff and his family to support him in the context of his grandfather's operation.

Descriptive Summary of Session 6. The client and counsellor complete the ORS together. The counsellor highlights that the score had gone down and the client explained that learning about the risks of his grandfather's operation has brought the scores down.

The client speaks of having a discussion with his grandfather about the risks associated with his surgery and shares these with the counsellor. The counsellor discloses some similar experiences his own grandfather has had and the client then asks the counsellor some practical questions around this. The client shares that he had asked his grandfather a question from his spiderweb of support, namely what his grandfather would like the client to do while the client's grandfather is in hospital.

The client reflects upon the impact of his grandfather's surgery on how their relationship may change, including affecting his ability to play fight together. The client expresses disappointment around this; the counsellor explored this with the client giving possible examples of disappointing situations and suggesting that this feels like more than disappointment. The client arrives at the situation being 'pretty sad'. The client expresses concern for sounding selfish when questioning why this privilege has been taken from him (as opposed to someone else), comparing himself to people who have less than him, e.g. in poorer countries. The client expresses relief that the counsellor shares that he does not see the client as selfish. Together the client and counsellor explore the probability of risks connected to the client's grandfather's operation occurring.

The client shares that he is struggling to articulate or find the words to describe his emotional experience; the counsellor labels and explores the client's nonverbal communication (sighs); the client elaborates from feeling 'fed up', 'annoying as an extreme' to 'anger' towards the situation. The counsellor invites the client to speak from the anger. The counsellor extends this by suggesting the client selects an object from the room to represent his situation and encourages the client to speak to the situation. The counsellor offers a comparison of the client holding his 'situation' feeling precarious and inbalanced to the previous metaphorical exercise and the fear of being dropped. The counsellor links the concept of support available to the spiderweb and what the client would like from the meeting with school and family. The client said that he had forgotten to add his sister onto his spiderweb. The client explored what he needs from his sister at this time. He also expressed frustration around her loyalty to his cousin (given his cousin's apparent dislike of the client) and frustration around his sister taking client's emotions at face value. The counsellor suggested using an object or visualizing the client's sister as a way to practice asking what he needs from her in a chair work exercise. The client asserts that he would like his sister to

analyse his feelings in more depth. The client highlights that his sister responds in an unpredictable way. The client and counsellor end the session with a breathing exercise and a body scanning exercise.

Descriptive Summary of Session 7. The client asks the counsellor whether he knows his friend and the counsellor attempts to reiterate the therapeutic boundaries and confidentiality. The client reports a small increase on the interpersonal ORS scale and attributes this to things improving within his family. The client expresses that he wishes to look at ways of pushing his grandfather's illness to the back of his mind and just see his grandfather for his personality and their relationship and not just someone with an illness. The client tells the counsellor other things about his grandfather and together the client and counsellor built up a more three dimensional picture of him beyond his illness by bringing other parts of him into the room such as his heritage, background and the client's experience of his grandfather's temperament. The client shares his frustrations around others' behaviours e.g. clothing choices, risky behaviours, attitudes towards religion, racism and sexuality.

The client speaks of his anger towards his cousin and the possibility that she may have tried to harm him when he was a baby in addition to how she has behaved towards him and his parents. The client speaks about jokes he has made with his friends about wanting to harm his cousin. The client and counsellor explore the client's strong feelings about his cousin. The client seeks the counsellor's opinion on whether or not his cousin may have tried to harm him. The client started to speak about what their contact might be like after our sessions.

Descriptive Summary of Session 8. The client expresses concern around his slightly lowered ORS score being 'biased' due to his experience over the lunchbreak. The client speaks of his anger around being hit by a ball thrown by one of his peers at lunch. The client

expresses uncertainty and distress arising from not knowing whether this was purposeful. The counsellor invites the client to take out some of his anger on a cushion and the client says that this has made him feel a bit better. The client and counsellor explore the concept of justice and revenge in this context.

The client speaks of his fear in relation to his grandfather's illness which he locates as a feeling in his stomach. With support from the counsellor the client creates a visual, metaphorical image of the fear. The client and counsellor explore how it would be for the client to accept the fear; the client expresses a wish not to accept or feel the fear even though he feels he should. After further exploration the client notes that he wants the fear to stay there (in his stomach) as it wouldn't feel right if it was filled with happiness or empty. The client is able to locate that he also feels anger but expresses concern that it would be too much for him to handle to have all of those feelings. The client and counsellor practice some mindfulness and breathing techniques; the client notes that he feels a bit better after this.

The client speaks about his meeting with the school around his grandfather's operation, the support the school have offered and how this was scary for the client in realizing how soon the operation is. However, the client notes that the school have offered certain supports to him including additional breaks from class. The client expresses that he would like a bit of positivity from the last counselling session (scheduled to be a day before the client's grandfather's operation) and to do something practical. The client and counsellor agree to return to the postcard activity to review the client's goals as well as playing a game of chess to honour the final session. The client and counsellor discuss and agreed how the client would like to be with one another if they come across each other at school or in the community after their final session. The client shares that he is tired due to not being able to fall asleep the previous night. The counsellor describes a bedtime breathing and mindfulness exercise to the client.

Descriptive Summary of Session 9. The client expresses dismay about the ending of the therapy and says that he was enjoying himself. The client speaks of the delay to his grandfather's operation which was originally scheduled to take place the day previous to the session. The client shifts the conversation to online gaming with his online gaming community. The client and counsellor begin a game of chess (initiated by the client).

The client completes the ORS with the counsellor and attributes the slight drop from week 5 to some anxiety about his grandfather. The client and counsellor look at how the client feels he has progressed against his counselling goals. The client reports that he feels he is now more sociable and is more able to trust his friends and has opened up more. The client says that he still feels anxious around his grandfather's operation; however, he notes that there has been a little bit of movement in that he is not 'freaking out', 'breaking down' or 'crying' too much; the counsellor suggests that these expressions are ok and valid, which the client agrees with. The client begins to tap on the radiator, which the counsellor encourages, and they discuss the client doubting himself and his ability (to keep a rhythm).

The counsellor invites the client to choose a postcard and describe himself from the postcard. In response to the counsellor, the client states if he were to go back to ten weeks ago he would offer his past self the dates and times of his grandfather's operation; following a prompt from the counsellor, the client also suggests he would offer himself the usernames of his new online gaming friends. The client expresses that they would like to do a physical exercise and the counsellor initiates them together standing up and completing a body scan, whilst together reflecting on the bodily sensations the client is experiences. The client and counsellor also stretch together. The client expresses that he feels better after doing this and asks the counsellor whether he would like to finish the game of chess. The client and counsellor continue to play the game of chess they had started earlier in the session.

The counsellor checks in with the client to see if he needs anything else from the ending and the client expresses that he is ok to end. The counsellor wishes the client and his family well. The counsellor gives the client a copy of the spiderweb and postcards as a memento of their work together.

III. Counsellor Session Notes

Session 1

- Client spoke about his grandfather's medical complications and his sense of helplessness and inability to do anything to support him.
- Client brought his difficulty of relating to his sister. The client feels that she is unable to communicate with him on an intellectual level.
- Client also brought how he hides his feelings from his friends.
- Client spoke of a death of a friend (4 years ago).
- Client appeared very hard on himself and views himself as very unhealthy.
- To discuss in supervision – the difficulty of the client getting his needs met within his family. Client's fears around his grandfather's health.

Session 2

- Client explores his goal of wishing to feel calmer around his grandfather's illness
- Client spoke of how he does not explore his feelings with his grandfather. He experiences his sister as overreacting. At these times he finds her embarrassing.
- Client looked at how the path to his goal is misty and unclear
- Client would like some practical support. Sitting in the unknown is difficult for him. He was pleased that he had taken some steps into the unknown by exploring are expressed within his family.
- Client spoke about breaking down and crying about his grandfather. He explored how he felt physically and mentally weak around this.
- Client used session to explore when it was ok for him to cry.

- Client did a scaling activity around his pessimism vs optimism in relation to his grandfather's health.
- Client also noted his anger at being told by his sister and teachers to look on the bright side and all would be ok.
- To discuss in supervision: clients desire to 'not be any trouble' or make a fuss; client is very literal and finds it challenging to work with some abstract language.

Session 4

- Client spoke of spending a lot of time indoors over half term. He explained that this was because he wanted to be there for his grandfather.
- Client referred to himself as caring for his grandfather. He noted that this was not difficult. However, he felt responsible for not leaving his grandfather on his own.
- To discuss in supervision – client's sense of responsibility.

Session 5

- Client wished to explore his feelings of sadness and fear around his grandfather's forthcoming surgery.
- Client explored how he does not feel held or supported and he is afraid of how he will cope whilst his grandfather is in hospital.
- Client explored the resources and people available to him.
- Client expressed a wish to ask if a meeting could be arranged between the school and his parents to discuss how he could be supported whilst his grandfather is in hospital.
- To discuss in supervision – my role in supporting the client to organize a meeting between the school, himself and his parents.

Session 6

- Client spoke of having a discussion with his grandfather about the risks associated with his grandfather's surgery.
- Client explored the impact of his grandfather's surgery and his own potential losses, i.e. his ability to play games with his grandfather. He expressed sadness around this.
- Client explored what he needs from his sister at this time. He also expressed frustration around her loyalty to his cousin.
- Student would like me to speak to the school about setting up a meeting between his parents and teacher so that the school is fully aware and can make provision for him while his grandfather is in hospital.
- To discuss in supervision – client's relationship with his sister and cousin.

Session 7

- Client wished to look at ways of pushing his grandfather's illness to the back of his mind. He told me other things about his grandfather and we built up a more three dimensional picture of him beyond his illness.
- Client spoke of his anger towards his cousin and the possibility that she may have tried to harm him when he was a baby.
- Client started to speak about what our contact might be like after our sessions.
- To discuss in supervision – clients understanding of mental illness and whether he actually means mental illness when he says learning disability.
- To discuss in supervision - Client's voice vs repeating his grandfather's understanding of the world.

Session 8

- Client spoke of his anger around being hit by a ball at lunch.
- He spoke of his fear which he located as a feeling in his stomach.
- We practiced some mindfulness and breathing techniques.
- Client spoke about his meeting with the school around his grandfather's operation
- To discuss in supervision – my ending with the client and the impact that his grandfather's operation could have on our ability to hold an ending.

Session 9

- Client spoke of the delay to his grandfather's operation.
- Client looked at/explored how he feels he has progressed against his counselling goals. He feels he is now more sociable. He still feels anxious around his grandfather's operation.
- To discuss in supervision – my sense of not knowing about how his grandfather's operation will go. My thoughts and feelings around the ending.

IV. Supervisor Session Notes

Session 1. Client presents as very literal potentially given autism diagnosis. However is able to work with metaphor. Goals for therapy? To be able to cope with grandfather's illness. Counsellor felt he needed help meeting this client developmentally and also questioned the use of playing games (such as draughts/chess) in session. Use of images (postcard to future self). Misty towards idea of managing emotions. Responsible for adult practicalities, be strong driver, might be able to work with strengths and resilience later on?

Session 2. Client was able to connect with some emotions, Talked about 'breaking down' and feeling of 'weakness'. Counsellor was able to explore with client when it would be ok to break down and client sought reassurance for this; client was looking for permission to be sad. Some collusion with grandfather over sister's behaviour (possibly childlike; not trusted with money, etc).

Counsellor invited client to look at scale of optimism with the client creating the options open to him between the two extremes. This seemed really important regarding grandfathers illness – not all black and white and not 'all ok' as others might say to make him feel better. Self-disclosure in sharing musical interests; supporting the idea for client that other interests are available, such as music at school. Friends appear to be mainly online (for many, the only source of contact).

Re: PCEPS – counsellor noted that an area of growth for him was being careful with vocabulary and breaking down language, which is a challenge when working with back to back clients with a wide range of language styles.

Session 5. Client fear was around coping with grandfather in hospital. Sister a major concern. Counsellor worked with objects in the room – used golf ball (no-one to catch him). Drew a web and put himself in the middle and others (who might support him) in proximity, then one thing he could ask of each. Counsellor offered himself on the web and this felt organic.

Question: counsellor checking if it's appropriate to suggest a team meeting before the op for client to feel there is a metaphorical net to catch him.

Session 6 – Not discussed in supervision.

V. Participant Demographic Data; Client Intake Form Data; Outcome Measure Data; Process Measure Data; Client Feedback

Participants

Counsellor

The respective qualified, male counsellor working from a humanistic approach was also a participant (Hill et al., 2014; Cooper & Kirkbridge). The counsellor participant is aged between 30 and 40 years and of White British ethnicity. The counsellor qualified as an integrative counsellor in 1998 and reports being greatly influenced in his work by Integrative, Humanistic, Gestalt and Transactional Analysis therapeutic approaches.

Table 10

Client participant demographics

Participant	Age	Gender	Ethnicity	Diagnoses	No. of sessions attended
Harry*	14 (school year 9)	M	White British	ASC	8

Descriptive Participant Statistics: Process Measures

Harry's self-reported Outcomes Rating Scale (ORS) scores reflected fluctuations over the course of treatment in areas of functioning: individually; interpersonally; socially and overall,

between the first and final SBHC sessions. Harry's total ORS scores did not reflect a reliable improvement or deterioration (of 6> points) during SBHC.

Table 11

Harry's Outcomes Rating Scale (ORS) Scores (Miller et al., 2003)

	Individually	Interpersonally	Socially	Overall	Total
Session 1	3	5	5	2.6	15.6
Session 2	3.25	5	5	3.25	16.5
Session 4	4.1	6.4	4.1	3.2	17.9
Session 5	7	4.5	6.7	6.3	24.5
Session 6	5	4.7	5.2	3	17.9
Session 7	4	6	6	4	20
Session 8	3.1	4.7	5.8	4.4	18
Session 9	5	5.5	4.1	4.5	19.1

Descriptive Participant Statistics: Outcome Measures

Table 12

Harry's RCADS-SV raw scores and t-scores for pre and post intervention time points

	Pre intervention raw and t-scores	Pre intervention raw and t-scores
RCADS depression subscale score	17 (t-score: 73)	12 (t-score: 61)
RCADS anxiety subscale score	21 (t-score: 71)	13 (t-score: 56)
RCADS overall internalizing score	38 (t-score: 74)	25 (t-score: 59)

Harry's self-reported total difficulties and externalizing subscale SDQ scores remained 'very high' at pre and post intervention timepoints (Goodman, 2001); however, at mid-intervention and follow-up timepoints his scores fell within the 'high' range. Harry's emotional symptoms subscale total mirrored this pattern of fluctuation and was not seen to reduce below the clinical threshold over the course of treatment ([<5]; Bryant et al., 2020). Harry's internalizing subscale total decreased from 'very high' at pre-intervention to 'high' subsequently, indicating a maintained reduction in internalizing difficulties between pre and post intervention timepoints (Table 13; Graph 1).

Table 13

Harry's SDQ scores

	Baseline	6 weeks	12 weeks	24 weeks
Emotional symptoms	8 (very high)	5 (slightly raised)	7 (very high)	6 (high)
Conduct problems	4 (close to average)	4 (close to average)	4 (close to average)	4 (close to average)
Hyperactivity – inattention	7 (high)	6 (slightly raised)	7 (high)	6 (slightly raised)
Peer problems	3 (close to average)	4 (close to average)	3 (close to average)	2 (close to average)
Prosocial behaviour	6 (slightly lowered)	8 (close to average)	8 (close to average)	8 (close to average)
External total	11 (high)	10 (slightly raised)	11 (high)	10 (slightly raised)
Internal total	12 (very high)	9 (high)	10 (high)	8 (high)
Difficulties total	23 (very high)	19 (high)	21 (very high)	18 (high)

Table 14

Harry's Goal Based Outcomes Ratings Scale (GBORSs) scores

Goal	Baseline	6 weeks	12 weeks	24 weeks	Overall change (baseline to 12 weeks)	Overall change (baseline to 24 weeks)
To make an effort to meet new people	1	2	8	4	7	3
To manage unfounded worry more effectively	4	7	3	9	-1	5

Client Feedback: Experience of Service Questionnaire

Table 15

Client Participant Feedback Responses (CHI-ESQ)

Feedback point	Response
People listened	2
Easy to talk	2
Treated well	2
Views taken seriously	2
People help	2
Given explanation	2
People work together	2
Facilities comfortable	2
Appointments convenient	2
Easy to get to	2
Suggest to a friend	1
Overall good help	2
Good about your care	It provided someone to listen and take action for my problems
Anything do not like	No
Anything else	No

Here, scores of 1 reflect a response of certainly true, scores of 2, partly true and scores of 3, not true.

Client Intake Form

Harry's Client Intake Form scores reflect the following changes: a reduction in social anxiety from moderate at first contact to mild subsequently; a reduction in agoraphobia from moderate at first contact to mild subsequently; a reduction in ADHD/hyperactivity from mild to none at end point. Harry's scores also indicate improvements in family and peer relationships from moderate at first contact to mild subsequently.

Table 16

Harry's Client Intake Form Ratings

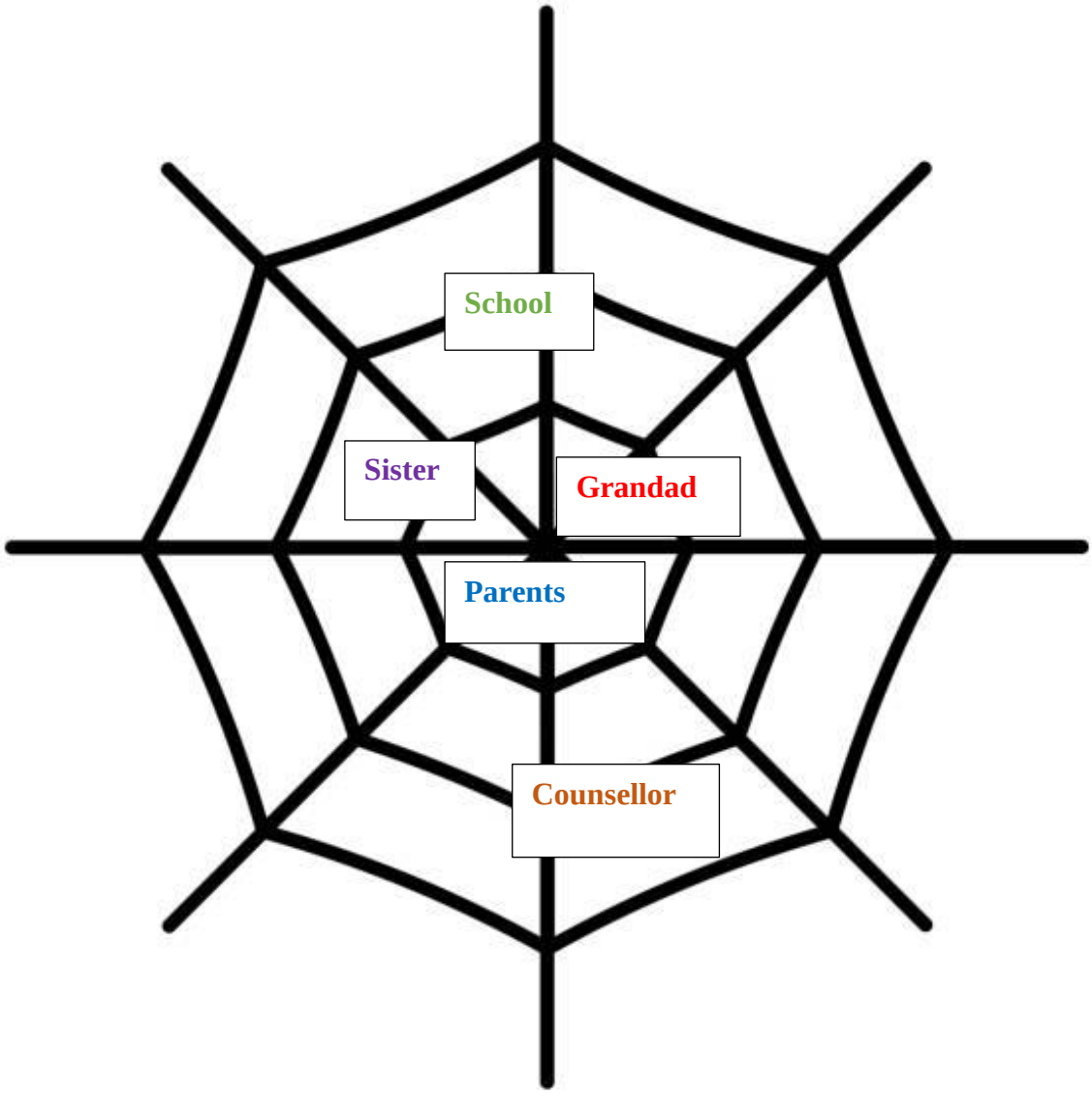
Category	First contact	Changed understanding	End point
Separation anxiety	Moderate	Moderate	Moderate
Social anxiety/phobia	Moderate	Mild	Mild
Generalized anxiety	Missing	Mild	Mild
Panic disorder	Missing	Missing	Mild
Agoraphobia	Moderate	Mild	Mild
Depression	Missing	Mild	Mild
ADHD/hyperactivity	Mild	Mild	None
Carer management	Missing	Moderate	Moderate
PTSD	Missing	Missing	Mild
Family relationships	Moderate	Mild	Mild
Attachment problems	Moderate	Moderate	Moderate
Peer relationships	Moderate	Mild	Mild

Self-care issues	Mild	Mild	Mild
Pervasive Developmental Disorder	Yes	Yes	Yes
Familial Health Issues	Yes	Yes	Yes
Home	Moderate	Moderate	Moderate
Attendance difficulties	Missing	Mild	Mild

VI. Harry's Spiderweb of Support Diagram

Figure 9

Spiderweb of Support[17]



[17] Harry's spiderweb of support was developed with the counsellor in session 5 of SBHC.

Grandad – tell me what to do whilst you're in hospital [18]

School – I'd like you to set up a meeting with me and my parents to try and make note on how to support me

Parents – can I talk to you about my grandad

Sister – can you try to give me more space

Counsellor – please help me extract the mist

VII. Thematic Session by Session and Full Case Record Summaries (in line with Research Questions and Respective Domains).

Following the thematic analysis, the following thematic summaries were incorporated into the case record catalogue, outlining the central themes arising during each session as well as over the course of the full intervention.

Thematic Summary of Session 1:

Client's emotion processing (self and other)

- The client expresses distress and frustration arising from sitting with uncertainty and not knowing how to 'de-mist' the way. The client appears to find exploring the unknown difficult and seems to externalize his feelings from himself, exemplified with the mist metaphor.
- Another apparent theme pertains to the client's acute lack of self-agency, poor self-esteem when interacting with the counsellor. For instance, the client seeks feedback and reassurance from the counsellor throughout the session around his own performance in the session and appears to value the counsellor's opinion above his own.
- The client appears very scripted in his language and disconnected from their inner world.
- The client's verbalisations reflect limited self-awareness and insight into his own emotions.

- The client's narrative reflects his uncertainty/reluctance in expressing his emotional experiences to and asking for support from significant others, for instance his grandfather.
- The client appears distressed by interpersonal conflicts/misunderstandings yet appears reluctant to explore these with the counsellor.
- The client's narrative suggests a lack of empathetic awareness of and attunement to others' perspectives and emotions.

Potentially helpful aspects

- The importance of the client finding the accurate word to describe his feelings.
- The counsellor demonstrates UPR towards the client and provides encouragement and praise throughout the session.
- A further theme relates to the client appearing to be distracted by his bodily sensations when exploring uncomfortable emotions with the counsellor. The counsellor appears to be in tune with this and attempts to bring the client's awareness towards here and now explorations of meanings of embodied (emotional) expressions.
- There appears to be a large experiential underpinning to the work and promoting of in therapy client embodied experiencing which appears helpful for the client in talking about his emotions.
- The client appears to benefit from clarity and transparency from the counsellor in establishing boundaries and explaining elements of the therapeutic encounter such as the use of recordings; this appears important to and reassuring for the client.

- The counsellor employing process guidance (direct questions and structured activities) appears containing for the client and appears to support the client to elaborate upon their emotions and concerns.
- The client expressing a preference for practical exercises.

Potentially hindering aspects

- The client's literal interpretations of the counsellor, for instance during the postcard to self exercise, which appears to hinder the scope and helpfulness of this exercise in facilitating self-exploration.
- The client seeking practical solutions and reassurance from the counsellor.

Thematic Summary of Session 2:

Client's emotion processing (self and other)

- The client's verbalisations indicate a tendency towards experiencing extreme emotional states and difficulty navigating grey areas.
- The client's apparent fear around expressing negative emotional affect and a belief that this will resulting in emotional overwhelm and will be too much to handle.
- The client seeks reassurance from counsellor around expressing negative emotional affect and this needing to be justified.
- The client expresses frustration and anger around feeling misunderstood/invalidated by others' responses to them.

Potentially helpful aspects

- The counsellor validating the client and expressing own emotional affect appears to lead to psychological connection within the therapeutic dyad and this leading to the client showing acceptance for their own emotional states.
- The counsellor's unconditionality towards the client.
- Physical movement (drumming and stretching) appears to support the client to regulate themselves emotionally whilst appearing to aid the client in verbally expressing their emotions with the counsellor.
- Discussions around shared interests and the counsellor making some self disclosures appears to enhance the client's trust in the counsellor.
- The counsellor sharing own affect (empathy for the client).
- The counsellor's attunement and efforts to ensure an accurate understanding of the client's experiences, for instance breaking down language with the client.

Potentially hindering aspects

- The client seeks reassurance from the counsellor in asking for feedback on the session (possibly reflecting uncertainty in navigating power dynamics in the therapeutic dyad).
- Potentials for the client misunderstanding some of the counsellor's indirect/abstract language.
- The client redirecting the session narrative away from a therapeutic focus; the potential of the counsellor intellectualising with the client.

Thematic Summary of Session 4:

Client's emotion processing (self and other)

- The client's seemingly negative view of themselves and poor self-esteem, reflected in a self-critical narrative and limited self agency.
- Client's sense of responsibility around helping others and needing to be strong for others. Client making sense of own/others' responsibilities.
- Client expressing frustration relating to their perceptions of peers' behaviours not making sense; client's dialogue suggests limited ability to consider the perspectives of peers.

Potentially helpful aspects

- The counsellor showing a genuine curiosity in the client.
- The counsellor drawing upon the client's virtual gaming experiences and making connections with their real life interactions with significant others appears to resonate with the client and support exploration around their sense of self and social role.
- Physical movement/stretching serving an (emotionally) regulating function. The client appears more in tune with this in Session 4 and more assertive in highlighting this need/ generally more aware of how his embodied experiencing relates to his feelings.

Potentially hindering aspects

- The client needing reassurance around aspects of the therapeutic process, e.g. the purpose of the counsellor's reflections and questions.
- The counsellor not employing direct language in exploring the client's experiences of interpersonal encounters.

Thematic Summary of Session 5:

Client's emotion processing (self and other)

- The client's narrative demonstrates a shift toward identifying emotional experience with fewer prompts from the counsellor; however, it appears the client requires support to connect emotions to self as opposed to externalizing, e.g. 'it's been fairly sad'.
- Client's disconnect between his experiences, actions and sense of social self.
- The client showing curiosity around the perspective of the counsellor.
- The client's apparent rigid/inflexible thinking style.

Potentially helpful aspects

- The counsellor's verbalisations demonstrate that they are committed to supporting the client holistically e.g. negotiating best time for sessions relative to client's lessons; arranging meeting with school staff/parents to support client with grandfather's operation.
- The counsellor promoting the client's autonomy highlighting strengths and offering choices.
- The counsellor's responses appear to attempt to highlight and promote the client's autonomy as opposed to offering direct advice.
- The apparent helpfulness of the continued exploration of the client's embodied emotions and expressions in promoting self-insight.
- The client's narrative reflecting the potential value of physical movement/ therapeutic exercises as regulating within the therapeutic space.
- The potential therapeutic benefit of therapeutic exercises employing symbolic, metaphorical representations towards deepening the client's self-awareness.

- Client's verbalisations suggesting visual tasks and references and practical exercises may be beneficial in them reflecting upon what needs from others e.g. the tangible, visual spiderweb of support exercise.

Potentially hindering aspects

- The counsellor not bringing the client back to exploring interpersonal encounters/misunderstandings and the associated distress the client expresses.

Thematic Summary of Session 6:

Client's emotion processing (self and other)

- The dialogue between the client and counsellor points to the client's tendency to minimize his emotional experience.
- The client's concern and uncertainty around how others may perceive his expressed emotions e.g. these being perceived as selfish.
- Theme of client appearing to anticipate negative judgement or invalidation from others when expressing his emotions.
- The client's narrative demonstrates a shift towards a greater connection with and articulation around his emotional experience e.g. frustration/disappointment to sadness.
- The client's verbalisations instance him taking ownership for his sadness as well as his anger and frustration towards his sister.
- The session narrative demonstrates a theme of the client becoming more able to explore grey area and all emotions connected to experience with the counsellor, e.g. hopefulness

- Another theme arising in this session is client's affective empathy. The client expresses distress around his grandfather's suffering.
- The client's narrative demonstrates an uncomfortableness with others' unpredictable behaviours alongside comfort with a more predictable (2D) way of being, e.g. experience of grandfather versus sister.
- The client processing emotions relating to his own/others' responsibilities.
- The client asserting what he needs from others.

Potentially helpful aspects

- The counsellor validating and showing acceptance for the client's emotional experience appearing important, providing the client with relief and encouraging the client to explore and connect to his emotional experience.
- Another theme pertains to the counsellor inviting the client to explore his emotions via metaphorical channels e.g. what would the anger say.
- The client being able to articulate what he needs from significant others, seemingly facilitated by experiential exercises (i.e. empty chair work) and the counsellor's use of directive questions.
- The client's verbalisations suggesting that visual reminders may be helpful for him to remember what has been covered in sessions.

Potentially hindering aspects

- The client continues to require reassurance and clarity around the therapeutic space, relationship and associated boundaries, e.g. not wanting to appear rude.
- The client's ability to remember and generalize skills practiced during sessions.

Thematic Summary of Session 7:

Client's emotion processing (self and other)

- The client's apparent lack of self-agency in the here-and-now (i.e. seeking the counsellor's opinion of familial events).
- The client's negative self-image and low self-worth – frequently criticizing self, and showing concern around how they may sound on the recording.
- Client's limited perspective taking abilities and potential social vulnerability (e.g. sharing jokes about harming others) and not appearing to show concern around how the counsellor/others may perceive this.
- Another theme arising during the session involves the client expressing a desire to see their grandfather as three dimensional as opposed to focusing on his illness.

Potentially helpful aspects

- The counsellor demonstrating his openness to exploring and holding the client's accounts of his extreme feelings towards some individuals without expressing judgement.
- The counsellor expressing own affect in response to the client.

Potentially hindering aspects

- The client's intellectual and descriptive verbalisations and the counsellor's attempts to bring them back to their emotional experience.

Thematic Summary Session 8:

Client's emotion processing (self and other)

- The client's narrative exemplifies a shift toward an expanding awareness of his emotional experience – e.g. acceptance that he can be feeling anger and fear at the same time.
- The client's concern about becoming overwhelmed if he connects with his whole emotional experience.
- The client's verbalisations suggest he is more able to locate and accept his emotions in himself.
- When speaking about distressing situations, the client's language appears to revert back to a disconnect with his emotions e.g. use of proverbs, intellectualized descriptions
- Concept of injustice expressed by the client in interpersonal interactions with peers and their frustration arising from not being able to take revenge or understand peers' behaviours.
- The client's preoccupation around mortality.
- Client's increased attunement to their embodied experience of emotions.

Potentially helpful aspects

- Theme of physical movement helpful for client to regulate his emotions in session.
- Theme of exercises involving visual/symbolic/metaphorical and often embodied imagery being seemingly facilitative of the client elaborating upon his emotional experiences e.g. describing the fear
- Honouring of and remembering the therapeutic relationship/encounter being important to the client.

Potentially hindering aspects

- The client's narrative demonstrating the importance of understanding aspects of therapy process e.g. purpose of ROMS.

Thematic Summary of Session 9:

Client's emotion processing (self and other)

- The client's narrative demonstrating a shift back to a more apparent uncertainty of self and emotional experience.
- The client's language suggesting a slight shift in viewing himself in a more positive light – increased self-efficacy and self-agency.
- The client appearing more distanced from emotional experience, reflected in his use of proverbs as well as expressing a preference to play a chess game during the last session as opposed to exploring their feelings around their grandfather's upcoming operation.

Potentially helpful aspects

- Another theme concerns the client's use of visual metaphorical imagery in the expression and processing of emotional experiences and self-concept – e.g. postcard activity, speaking of withering, standing strong.
- The client's verbalisations suggesting that they have experienced social improvements including being able to trust others more.
- The client sharing that they have experienced improvements in social domains.
- The counsellor showing that they have held the client in mind e.g. remembering what was discussed in earlier sessions.
- The counsellor providing clarity around boundaries of the therapeutic encounter.

- The counsellor's unconditionality and acceptance towards the client.

Potentially hindering aspects

- The client's sadness around the ending, expressing a concern about forgetting the sessions.
- The client's uncertainty around how to act around the counsellor (if they were to meet again after SBHC).
- The client's continued literal understanding of some of the counsellor's language.

VIII. Summary of Thematic Analysis (Full Case Record)

Domain 1: Helpful Processes of Change.

Superordinate Themes. The first superordinate theme relates to Harry's verbalisations reflecting a development in his emotional awareness and ability to identify and articulate his emotional experiences across sessions. Harry appears to require fewer prompts from the counsellor in order to articulate his emotions over the course of treatment. The counsellor employing direct questions, interpretations and ensuring that they have understood Harry accurately appears to encourage Harry to talk about and process his emotions. In addition, the counsellor's expressed acceptance towards Harry appears central within this process.

The next superordinate theme concerns the counsellor encouraging Harry to attend to his embodied expressions and experiencing. This includes the counsellor naming Harry's embodied expressions and engaging Harry in experiential embodied interventions such as body scanning. These interventions appear to act as a bridge to Harry expressing his emotions verbally, greater attunement to his own mind-body connection and to Harry asserting what he needs from the therapeutic space from an embodied perspective. For example, the counsellor names physical cues to Harry's inner experiencing such as Harry tapping with his hands on his knees when talking about his grandfather's operation. This supports Harry to link this particular action to feeling sad and anxious about his grandfather's illness. In addition, with the support of the counsellor, Harry identifies drumming as being helpful for him in regulating his emotions while he talks about his emotions in sessions.

The third superordinate theme concerns the counsellor's use of abstract, metaphorical language and interventions which are seen to promote Harry's here-and-now experiencing, towards enhancing his self-awareness. For example, the counsellor initiates empty chair work

interventions to encourage Harry to process his emotions relating to interactions with significant others. The counsellor also uses metaphorical language when speaking about Harry's embodied experiencing of emotions. As later detailed, it seems that the use of metaphorical, client-centred language and interventions with a visual and often embodied component are helpful in promoting Harry's self-insight.

Harry's verbalisations demonstrate a development in his ability to assert his needs both within the therapeutic space and in interpersonal interactions across sessions, indicating a development in Harry's self-agency and self-efficacy; this appears to be linked to the counsellor's use of directive language, as well as the counsellor highlighting Harry's choice and autonomy. The counsellor initiating specific interventions supporting Harry to identify his emotional needs also appears facilitative within this process. For example, visual mapping out of Harry's significant others and what he would like to ask them allows Harry to practice these interactions, leading to Harry effectively asserting his needs to his grandfather and feeling that his needs have been met. Thus, the counsellor's use of process guidance appears integral to the development of Harry's self-agency and self efficacy.

Subthemes. Subthemes relating to domain 1 include the following. Firstly, Harry's verbalisations suggest that he, at times, experiences relief through sharing and making sense of his emotions with the counsellor. The counsellor validating that Harry's emotions are warranted appears to provide Harry with a sense of relief. The counsellor encouraging Harry to engage in physical movement while talking about his feelings also appears to promote Harry's experiencing of relief within this process.

Harry shows an increasing acceptance of his emotional experiences and locates these in self in later sessions, as opposed to speaking about his emotions as existing externally to self. This appears to be linked to the counsellor's direct language supporting this connection and the counsellor showing acceptance and empathy towards the emotions that Harry

expresses. For example, when Harry speaks about an emotion as external to himself, the counsellor encourages Harry to rephrase this to reflect Harry's acceptance of the emotion as part of his own experience. In addition, throughout sessions the counsellor shows acceptance for the emotions Harry expresses which appears to encourage Harry to accept these himself; the counsellor expressing empathy in response to Harry's sadness also appears to support this process.

Harry's verbalisations reflect a less critical view of self in later sessions and demonstrate greater acknowledgement of his resilience and strength; this appears to be connected to the counsellor's valuing attitude and highlighting of Harry's strengths. Although Harry's view of himself appears negative throughout sessions, there are examples of Harry speaking about himself in a positive light in later sessions.

Harry's verbalisations reflect greater curiosity and openness around others' experiencing across sessions, in particular the perspectives of the counsellor. Harry's expressed curiosity for the counsellor appears to be linked to the counsellor's transparency with Harry and the counsellor's valuing attitude towards him. For instance, the counsellor is transparent and congruent when sharing their own emotional affect with Harry. This, in conjunction with the counsellor responding to Harry's questions about the counsellor's experiencing in a valuing, reassuring way, appears to encourage Harry to continue to demonstrate curiosity around the counsellor's perspectives and feelings.

The session dialogue suggests that Harry experiences a shift in becoming more social and being able to trust others more over the course of treatment. It appears that the therapeutic relationship may provide a positive, trusting relational encounter in which Harry feels accepted by the counsellor, encouraging his openness in external encounters. For example, Harry notes that he has opened up more to peers who have then shared their support. Harry's GBORS and SDQ ratings are also indicative of interpersonal improvements.

Lastly, Harry appears increasingly aware of the value of physical movement, as a means to regulate his emotions and manage transitions as sessions go on. The counsellor appears attuned to Harry's need for engaging in physical activity during sessions, in addition to asking Harry what he needs and initiating stretching at the end of sessions. This appears to lead to Harry independently asserting his need to stretch at the end of sessions.

Domain 2: Client's Emotion Processing (Self and Other).

Superordinate themes. Superordinate themes for domain 2 are here outlined. Harry's verbalisations reflect a disconnect from and externalization of his emotional experiences throughout sessions. Harry often describes emotions as external to himself; for example, Harry uses the 'mist' metaphor to describe his uncertainty and speaks about his sadness as separate to self, "it has been fairly sad" (S5). Next, Harry's verbalisations indicate limited emotional insight and self awareness; in this way, Harry appears to find it difficult to identify and articulate the emotions which fit his experiencing. Harry's verbalisations indicate that he experiences particular distress with processing unfamiliar and uncertain experiences. Herein, it appears that Harry finds it difficult to sit with uncertainty and not knowing a solution. Harry's verbalisations also suggest inflexibility surrounding his processing of emotions. In this way, Harry's accounts of his experiences appear extreme, and rule based; for example, Harry describes finding it challenging to conceptualize feeling anything between positively or negatively. Moreover, Harry's accounts of his emotional experiences appear scripted and intellectualized to some extent throughout SBHC; Harry describes factual elements of his experiences but appears to struggle to connect these to his emotions.

Harry exhibits poor self esteem and limited self agency to some degree throughout treatment. Harry often uses critical language to describe himself and seeks frequent reassurance from the counsellor. Harry also appears to value the counsellors opinion over his

own. Harry's descriptions of interpersonal encounters also reflect limited self agency and difficulty with asserting his needs.

Another superordinate theme pertains to Harry's accounts of his experiences of others indicating limited empathetic attunement and perspective taking abilities. For instance, when recounting interpersonal interactions, Harry's descriptions mostly appear one sided with little acknowledgement of or curiosity around others' experiences or perspectives.

The next superordinate theme pertains to Harry verbalising his emotions. Harry initially appears disconnected from his emotions and shows a tendency of expressing his emotions as external to himself. However, with the support of the counsellor's direct language and prompting, Harry is seen to increasingly verbalize his emotions across sessions. There is also evidence within the session dialogue of Harry connecting his own embodied states and experiences to the emotions he expresses verbally. Harry, at times, demonstrates insight into his here-and-now emotional experiences during sessions and is able to explore these to some extent with the counsellor. This often includes an embodied focus, for instance when Harry explores his experience of fear in relation to his grandfather's illness with the counsellor (S5). Finally, the session dialogue begins to instance Harry practicing self-agency and self efficacy in later sessions, both with the counsellor and occasionally externally to SBHC within Harry's significant relationships.

Subthemes. The first subtheme relating to domain 2 concerns Harry's apparent tendency to suppress and minimise his feelings. Harry describes often bottling his emotions up. When talking to the counsellor and when describing external interpersonal encounters, it also seems as though Harry often minimizes his feelings; for instance, Harry initially expresses feeling disappointed about his grandfather's illness. Following multiple prompts from the counsellor, Harry eventually expresses his underlying sadness. This theme may be

seen to be related to Harry's apparent disconnect from and limited insight into his emotional experiences, alongside difficulty with articulating his feelings.

Another subtheme links to Harry's observed frustration in relation to others often misunderstanding and not meeting his emotional needs. Harry describes encounters with family and peers wherein he has become frustrated due to others not understanding his feelings or responding in a helpful way. For instance, Harry describes frustration relating to his sister not understanding of the extent of his distress relating to his grandfather's illness. This may be seen to link to Harry's apparent difficulty with making sense of others' perspectives.

Next, Harry expresses rule based, situational justifications for his own emotional expressions. In this way, Harry describes different situations in which different emotions may be valid or warranted. It appears that Harry finds it difficult to allow himself to feel certain emotions when these do not fit his rules. For example, Harry notes when it may be justified to cry in certain situations such as physically injuring yourself or when a relative dies. Another subtheme emerging from the session dialogue pertains to Harry's apparent uncertainty in navigating the social world and his understanding of social cues. For instance, Harry asks the counsellor for his opinion relating to others' intentions. In addition, Harry expresses uncertainty around the appropriate non-verbal cues to express sadness.

Moreover, Harry's verbalisations reflect a tendency of providing inflexible, two-dimensional accounts of others' experiences and behaviours and indicate difficulty in seeing the bigger picture. Herein, Harry appears to focus on certain aspects of others' experiencing and finds it difficult to see others in a complex, less predictable way. A further subtheme concerns a disconnect between Harry's accounts of his experiences, sense of self and his emotional experience. For example, Harry speaks about his actions within his peer group but

appears to require support from the counsellor to connect these to his own attributes, intentions and sense of (social) self.

Additional subthemes include Harry's apparent distress and reluctance relating to emotional processing of interpersonal ruptures and conflict. Harry describes interpersonal conflicts and misunderstandings and his immediate distress around these, but it seems that Harry is reluctant to explore these with the counsellor. The next subtheme concerns Harry making sense of his emotions relating to existential meaning, including preoccupation with death, mortality and responsibility alongside frustration surrounding perceived absurdity of others' behaviours. Harry expresses confusion and distress in relation to these topics, seeking reassurance and answers from the counsellor. For example, Harry speaks about his perceptions of peers' and family members as being idiotic. Harry also seems to experience difficulty navigating his own sense of needing to be responsible versus his perceptions of others acting irresponsibly. This may be seen to be connected to Harry's apparent difficulty seeing the bigger picture and conceptualizing others' perspectives and intentions.

Furthermore, Harry's verbalisations suggest that he is he is fearful and uncertain when contemplating expressing negative emotional affect. Harry appears reluctant to talk about his feelings to others (external to SBHC) and seems unclear with how he would go about expressing these in a way which would reflect his experiences accurately. Furthermore, the session dialogue indicates that Harry fears expressing negative emotional affect whereby this may become extreme and out of control.

There was some evidence across the session dialogue of Harry identifying and showing acceptance for his emotions as existing in self, as opposed to externally to self in later sessions. A further subtheme concerns Harry, on occasions, demonstrating curiosity around others' perspectives and experiences, in particular those of the counsellor. Moreover, Harry is seen to employ physical movement to regulate his here-and-now, intense emotional

states. For instance, Harry engages in drumming which he describes as helping him to 'vent'. Harry also engages in stretching initiated by the counsellor and describes feeling better as a result.

Domain 3: Helpful Therapeutic Aspects

Superordinate themes. One superordinate theme concerns the apparent helpfulness of the counsellor expressing unconditionality, validation and acceptance towards Harry. The counsellor's valuing attitude appears to link to several helpful change processes previously mentioned. The counsellor's authenticity and use of boundaried self-disclosures, including sharing own affect in the form of empathy towards Harry, also appears helpful. These factors appear to encourage Harry's trust in the counsellor, establish a sense of safety, and seem to support Harry to talk about, increasingly accept and process his emotions. Furthermore, the counsellor's attempts to promote Harry's agency and self esteem appears a significant superordinate theme within domain 3; the counsellor draws attention to Harry's autonomy, strengths and promotes choice throughout. For instance, the counsellor highlights that Harry is the master of his own solutions when Harry seeking solutions from the counsellor.

A second key superordinate theme pertains to the helpfulness of the counsellor and Harry working with client-centred metaphors with a visual and often embodied component, which appear to resonate with Harry and promote his here-and-now experiencing. These interventions appear powerful in supporting Harry's expression and exploration around his feelings. A further superordinate theme concerns the counsellor supporting Harry to notice embodied physical states, as previously discussed. The counsellor names and asks Harry questions around Harry's embodied expressions and experiencing throughout sessions.

Another superordinate theme pertains to the apparent helpfulness and importance of the counsellor providing reassurance and clarity around the therapeutic process to support

Harry's engagement and felt security in sessions. For instance, Harry asks questions around the purpose of recordings and how to act around the counsellor if he were to see him outside of SBHC; the counsellor's transparency and clarity in his responses appears important in containing Harry.

The counsellor's use of process guidance represents a further superordinate theme; herein, the counsellor's attempts to establish a consistent session structure (including providing feedback and stretching at the end of sessions) and engaging Harry in practical interventions appears to be welcomed by and important for Harry. The counsellor employing direct language in his questions and interpretations appears helpful in ensuring he has understood Harry's meaning and seems to encourage Harry to talk about and reflect upon his emotions. A final superordinate theme relates to the counsellor encouraging Harry to engage in physical movement during sessions as a means to regulate his emotions, enhance engagement and to support transitions.

Subthemes. The counsellor showing curiosity around Harry's interests and experiences and that he values learning from Harry appears helpful as part of promoting Harry's self esteem and strengthening his sense of self. The counsellor frequently praises Harry when he is able to verbally express his emotions, which appears to encourage Harry to elaborate upon these. The counsellor also shows that they have held Harry in mind and remembered previous exchanges. This appears to support Harry to reconnect with painful emotions brought in previous sessions.

Harry identifies improvements across social domains over the course of treatment. For instance, Harry describes opening up and trusting others more. Harry notes that this has been a helpful outcome for him as peers have shared their support. Harry's SDQ and GBORS scores for his first goal ' to make an effort to meet new people' also reflect interpersonal improvements. Harry also reports reductions in psychological distress across outcome

measures including the SDQ, WEMWBS and RCADS, indicating helpful outcomes pertaining to internalizing symptoms and psychological wellbeing. Harry's verbalisations suggest that he becomes better able to manage worry and experiences 'breaking down' less over the course of treatment. Finally, Harry expresses experiencing relief on occasions when speaking about his emotions with the counsellor; this is often in conjunction with Harry engaging in physical movement.

Domain 4: Potentially Hindering Aspects

Superordinate themes. One superordinate theme concerns the potential for misunderstanding within the therapeutic dyad. For example, it appears at times, that Harry misunderstands the counsellor's reflections and questions. Herein, the counsellor's use of abstract language does not always appear to resonate with Harry, in particular when the use of abstract language is not initiated by Harry. Harry regularly asks the counsellor to repeat or rephrase his questions or reflections. This may have posed a hinderance to the therapeutic process and thus, the occurrence of helpful processes of change.

The next superordinate theme concerns Harry's uncertainty surrounding navigating power dynamics within the therapeutic relationship, as a potential barrier to Harry talking about his feelings with the counsellor. As such, Harry expresses uncertainty around how he is able to relate with the counsellor and what language he may need to censor. As such, it appears that Harry experiences the therapeutic encounter as formal. Harry also seems to be preoccupied with the counsellor's possible needs and irritations. These dynamics may have limited the degree to which Harry was able to express his authentic emotions with the counsellor.

Another related superordinate theme concerns the counsellor employing limited process guidance in supporting Harry to make sense of interpersonal experiences and others'

perspectives. The counsellor does not appear to employ the same degree of direct language or interpretations when Harry speaks about the behaviours of or encounters with significant others (as compared to the process guidance the counsellor offers around Harry processing the emotions of self). The counsellor's limited direction in this area, may have been in light of Harry's apparent fragility surrounding his grandfather's illness and Harry's distress relating to interpersonal misunderstandings and conflicts. Nonetheless, this may have limited the scope for Harry making sense of others emotions and perspectives.

Subthemes. One subtheme corresponding with domain 4 relates to Harry redirecting the session dialogue away from exploring his feelings with the counsellor towards more intellectualized conversations. The counsellor attempts to redirect the session narrative back to a therapeutic focus; however, at times, the counsellor appears to intellectualize with the client. Harry appears to seek arguably unrealistic, solution focused advice from the counsellor. Both of these factors may be seen to limit opportunities for Harry processing his emotions during sessions.

A further subtheme corresponding with domain 4 pertains to Harry's ability to remember and generalize potentially helpful aspects of the counselling. Harry, at times, notes that he has forgotten contents of previous sessions and therefore may not have been able to apply or generalize what was discussed in sessions longer term. Aside from Harry asking his grandfather a question following a related exercise, there was limited evidence to suggest that Harry was able to translate skills practiced during sessions such as stretching and body scanning externally to SBHC.

Appendix F: Theoretical Statements

Helpful Processes of Change in School Based Humanistic Counselling (SBHC; McArthur et al., 2016)

Theoretical Statement 1a: Relief. Clients report experiencing relief resulting from talking about their emotions during SBHC, leading to a reduction in problematic emotions.

Theoretical Statement 1b: Increasing Self Worth. Clients attribute an increase in self-worth during SBHC, (conceptualized as a combination of self-esteem, self-efficacy, confidence and agency), as being linked to the counsellor's valuing attitude towards them.

Theoretical Statement 1c: Insight. Through talking about emotions and specific activities suggested by the counsellor in SBHC, clients report developing a greater understanding and awareness of their feelings, thoughts, experiences and problems, as well as the behaviours and perspectives of others, appearing to help them in finding more positive ways of being and behaving.

Theoretical Statement 1d: Enhanced Coping Strategies. Clients report experiencing 'guidance', 'advice', 'opinions', 'options' and 'alternatives' offered by the counsellor during SBHC as helpful, in providing them with coping strategies that they can apply to their life to positive benefit.

Theoretical Statement 1e: Improved Relational Skills. Clients report experiencing the counselling relationship in SBHC as a helpful opportunity to practice and improve on the

skills involved in open relating, both expressing and receiving, enabling them to exercise these skills with greater confidence in their significant relationships.

The Client Emotion Processing Scale (CEPS-AS; Robinson & Elliott, 2016)

Theoretical Statement 2a: Emotion Regulation (ER). During SBHC, the emotion regulation of an autistic client can be seen to transform from them demonstrating an absence of emotional experience towards an interpersonal awareness of emotion, in line with the following emotion regulation dimension levels:

6. ER1: Absence of emotional experience
7. ER2: Externalized emotional experiences
8. ER3: Dysregulation of emotional experiences
9. ER4: Internally located and encoded experiences
10. ER5: Interpersonal awareness of emotion

Theoretical Statement 2b: Empathy (E). During SBHC, the empathy of an autistic client can be seen to transform from them demonstrating a lack of empathic attunement towards being mobilized into action towards emotion of others, in line with the following empathy dimension levels:

6. E1: Lacks empathic attunement
7. E2: Oriented towards others
8. E3: Sharing of affect
9. E4: Accurate sensing of the other
10. E5: Mobilised into action towards emotion of other

Theoretical statement 2c: Self-reflective Processing (SR). During SBHC, the self-reflective processing of an autistic client can be seen to transform from them demonstrating an absence of self with scripted quality, towards a fluid, complex self, in line with the following self-reflective processing dimension levels:

1. SR1: Absence of self with scripted quality
2. SR2: Self is through AS deficit
3. SR3: Self awareness has present quality
4. SR4: Self-and-other insights
5. SR5: A fluid, complex self

Theoretical statement 2d: Mental Representations (MR). During SBHC, the mental representations of an autistic can be seen to transform from the client projecting their own thoughts onto others, towards considering metacognitive thinking, in line with the following mental representation dimension levels:

1. MR1: Projects own thoughts onto others
2. MR2: Awareness separate mental representations
3. MR3: Can manipulate and change own mental representations
4. MR4: Emergence of metacognitive
5. MR5: Considers metacognitive thinking

Appendix G: Thematic Analysis: Hierarchy of Superordinate Themes and Subthemes

Figure 10

Hierarchy of Superordinate Themes and Subthemes for Full Case Record Data-Set

Domain 1: Helpful Processes of Change

Superordinate Themes:

1a) The client's verbalisations reflect a shift in their ability to articulate their emotional experiences across sessions. The counsellor's expressed acceptance and use of process-guidance appears to support the client identify and talk about their emotions.

1b) The counsellor encouraging the client to attend to their embodied expressions and experiencing leads to the client's verbalisations demonstrating greater awareness of and synthesis between their embodied experiencing and verbalized emotions.

1c) Some metaphorical language and interventions employed during sessions are seen to promote the client's here-and-now experiencing and self-insight.

1d) The client's verbalisations demonstrate a development in their ability to assert their needs both in the therapeutic space and in interpersonal interactions across sessions; this appears to be linked to the counsellor's use of process guidance, alongside the counsellor highlighting the client's choice and autonomy.

Subthemes:

1e) The client's verbalisations suggest that they, at times, experience relief through sharing and making sense of their

emotions with the counsellor. This appears to be connected to the counsellor validating the client's emotions, supporting the client to identify the accurate word(s) to describe their emotions and encouraging the client to engage in physical movement when talking.

1f) The client shows an increasing acceptance of their different emotional experiences and locates these in self in later sessions. This appears to be linked to the counsellor's use of direct language, showing acceptance and empathy for the client.

1g) The client's verbalisations reflect a less critical view of self in later sessions; this appears to be connected to the counsellor's valuing attitude and highlighting of the client's strengths.

1h) The client's verbalisations reflect greater curiosity around others' experiences and perspectives in later sessions (in particular those of the counsellor), which appears to be linked to the counsellor's transparency and valuing attitude.

1i) The client's verbalisations demonstrate that they experience a shift in becoming more social and being able to trust others more over the course of treatment. It appears that the therapeutic relationship provides a positive, trusting relational encounter in which the client feels accepted, encouraging their confidence and openness in external encounters.

1j) The client appears increasingly aware of the value of engaging in physical movement (as encouraged by the

counsellor during sessions), in supporting them to regulate their emotions and manage transitions.

Domain 2: Client's Emotion Processing (Self and Other)

Superordinate Themes

2a) The client's apparent disconnect from and externalization of their emotional experiences.

2b) The client's apparent distress in and difficulty with processing uncertain, unfamiliar emotional experiences and not being able to identify a solution.

2c) The client's limited emotional insight and self-awareness.

2d) The client's apparent poor self-esteem and limited self-agency.

2e) Scripted, intellectualized quality of the client's accounts of their feelings and experiences.

2f) The client's apparent inflexible thinking style.

2g) The client's narratives around their experiences of others demonstrating limited empathetic attunement, perspective taking abilities or awareness of others' emotions.

2h) The client verbalizing their emotions.

2i) The client showing a here-and-now awareness of own emotions (including awareness of the connection between their embodied states and verbally expressed emotional affect).

2j) The client practicing self-agency and self-efficacy.

Subthemes:

2k) The client appearing to suppress and minimize their needs and feelings.

2l) The client expressing frustration arising from others misunderstanding and not meeting their emotional needs.

2m) The client experiencing uncertainty navigating the social world and making sense of social cues.

2n) The client's difficulty in seeing others as a whole person or the bigger picture.

2o) The client's verbalisations demonstrate an emotional disconnect between their actions, experiences, and sense of their social self.

2p) The client's distress and ambivalence relating to emotional processing of interpersonal ruptures and conflict.

2q) The client making sense of their emotions relating to existential meaning, including preoccupation with death, mortality and responsibility alongside frustration surrounding perceived absurdity of others' behaviours.

2r) The client's reluctance, fear and uncertainty surrounding expressing negative emotional affect.

2s) The client expressing that emotional affect needs to be situationally justified.

2t) The client identifying and showing acceptance for their emotional experiences (as opposed to talking about their emotions as external to self).

2u) The client showing curiosity around others' perspectives (in particular those of the counsellor).

2v) The client engaging in physical movement appearing to help them regulate their here-and-now emotions.

Domain 3: Potentially Helpful Aspects

Superordinate Themes:

3a) The counsellor showing unconditionality, acceptance for and validating the client's experience.

3b) The counsellor promoting agency and self-esteem in the client through highlighting their autonomy and providing choices.

3c) The use of client centred metaphorical language and interventions (with a visual and often embodied component) appears to resonate with the client.

3d) The counsellor showing curiosity around and naming the client's embodied states.

3e) The counsellor providing reassurance and clarity surrounding the therapeutic process.

3f) The counsellor's use of process guidance (including direct language, interpretations, practical exercises, and a consistent session structure) appears to be welcomed by and helpful for the client.

3g) The counsellor encouraging the client to engage in physical movement.

3h) The counsellor's authenticity and transparency including employing boundried self-disclosures and sharing own affect (empathy towards the client).

Subthemes:

3i) The counsellor praising the client for expressing their emotions.

3j) The counsellor showing that they have held the client in mind and remembered previous exchanges.

3k) The counsellor showing an authentic interest in the client and appreciation in learning from the client.

3l) The client identifying improvements in social domains over the course of SBHC, including opening up and trusting others more.

3m) The client reporting reductions in psychological distress.

3n) The clients verbalisations indicating that they experience relief through talking about their emotions with the counsellor.

Domain 4: Potentially Hindering Aspects

Superordinate Themes:

4a) Potentials for misunderstanding between the client and counsellor.

4b) The client experiencing uncertainty navigating power dynamics in the therapeutic relationship.

4c) The counsellor's limited use of process guidance relating to the client's interpersonal encounters representing a barrier to the client exploring these.

Subthemes:

4d) The client redirecting the session narrative away from emotional experiences, towards more intellectualized conversation and seeking solutions from the counsellor.

4e) The client finding it difficult to remember and generalize helpful aspects of the counselling.

Appendix H: Thematic Analysis Example of Initial Coding

Note: An example initial code label was: S5D2-1, meaning Session 5 domain 2 initial code 1.

Table 17

Key for initial codes included in session transcript extract from session 5 (transcript lines 116-203)

Abbreviation	Initial code
S5D3-2	Counsellor demonstrating UPR
S5D3-5	Counsellor reflecting back client's emotion
S5D3-6	Counsellor showing acceptance/validation for client's emotions
S5D3-8	Counsellor praising client for expressing their emotions
S5D2-4	Client experiencing difficulty / uncertainty surrounding expressing emotions to significant others
S5D2-1	Client unsure of own emotions/emotional needs
S5D3-9	Counsellor asking direct questions
S5D3-11	Counsellor making direct interpretations
S5D4-6	Client intellectualizing emotions

S5D3-14	Counsellor naming client's embodied states/movements encourages client to express their emotions
S5D3- 15	Counsellor asking client about embodied emotional states
S5D2-2	Client noticing own embodied emotional states
S5D3-6	Use of interventions/language with an abstract/metaphorical component
S5D4-2	Client appearing distracted
S5D4- 5	Client doubting self
S5D3-10	Counsellor encouraging client to engage in physical movement
S5D2-3	Client articulating emotions
S5D4- 1	Client misunderstanding counsellor
S5D3-13	Counsellor showing they have remembered things client has previously told them
S5D2-7	Client engaging in physical movement appears to calm them/ help regulate their emotions
S5D3-3	Counsellor offering client choices

Table 18

Initial codes included in transcript extract from Session 5 (Transcript lines 116-203) [19]

Transcript	Comments
C: Well done. Well done for framing that. **(S5D3-8)** So you've felt sad. **(S5D3-5)** And it's okay to feel sad Harry. I appreciate it's difficult for you because of who you are and the way you like to be in the world. **(S5D3-11; S5D3-13)** And it's okay to be sad. **(S5D3-2)** H: And I don't like to show around the parents though. **(S5D2-4)** C: I know. I've heard that from you. **(S5D3-2**; **S5D3-6; S5D3-13)** C: Mm. You choose not to show it don't you? **(S5D3-9)** (H: Pardon?) you choose not to show it. **(S5D3-11)** H: I don't know how **(S5D2-4)** But the thing is with my sister she isn't really trustworthy with a money or anything like that. (C: Mmm) So, when my grandad's in the hospital, I'll have like power over his card and pin number. So I'm going to have to be the one to take a certain amount of the bank give it to my sister for food and stuff like that.	The counsellor provides direct interpretations which also demonstrate that he has held the client in mind and that he accepts the client; the counsellor praises and encourages the client to express his feelings which appears to support the client to continue to explore his emotions. The client finding it challenging/ their uncertainty around expressing emotions to others – potentially relating to fear of expressing emotions in an extreme way

[19] *Pseudonyms have been employed and certain participant features have been disguised throughout to maintain participants' confidentiality and anonymity. Certain language employed within direct session transcript quotes has been adapted to protect participants' anonymity, whilst aiming to keep content relevant.*

C: How's that feel for you? **(S5D3-9)** H: A lot of pressure. **(S5D4-6)** C: So you feel a lot of pressure. **(S5D3-5)** C: Your feet have stopped. **(S5D3-14)** H: Probably some something else. C: Say that again sorry? **(S5D3-9)**	Direct questions and reflections appear helpful in promoting Harry's experiencing
H: I'm focused on something else. **(S5D4-2)** C: What are you focused on? **(S5D3-9)**	Client appears distracted from what the counsellor is saying
H: Thinking about how I'm actually going to do this er thing when my grandad's in hospital - I don't know if I'm capable of doing that. **(S5D4- 5)** C: So there's a real practical thing here around are you capable of managing when your grandad's in hospital because you and your dad feel that your sister is going to struggle to - to run finances. So that's something you're gonna have to help out with (H: Mhmm) and are you capable of doing that. **(S5D3-11)**	Counsellor's reflection around client's embodied states seems to resonate with the client and promote his here-and-now experiencing
C: You look deep in thought. **(S5D3-14)** H: I am. **(S5D2-2)** I don't know what I'll do. I don't know if I can actually do it. **(S5D3- 5)** C: Will it help to explore what 'it', it is? **(S5D3-3)** So you say you don't know if you can do it. What do you mean by 'it' there? **(S5D3-9)** H: Um be able to run finances **(S5D4-6).**	Client orientates to intellectualized accounts of

C: To run the finances ok. So would it be helpful to explore what running the finances would actually mean for you and what kind of tasks you'd have to do. H: So like, going to X town centre to try and draw some money (C: Mhmm) and give a certain amount of it to my sister for our week's shopping. I'm guessing that's what it entails (sighs) C: Mm big sigh again. **(S5D3-14)** What's behind the sigh? **(S5D3-9; S5D3- 15)** H: Fear. **(S5D2-2; S5D2-3)**	his experiences as opposed to emotions. Again, the counsellor's reflection around the client's embodied communications/sensations appears to resonate with the client and support him to verbalise his feelings.
C: And again from what I know of you, and I don't know you well but I'm getting to know you better. It's hard for you to express fear and sadness. **(S5D3-2;S5D3-11; S5D3-13)** So well done. Well done for bringing that fear here because I know that takes courage for you. **(S5D3-8;S5D3-11)** So you're frightened of how this is going to play out. **(S5D3-5)** H: Yes. I'm frightened. **(S5D2-3)** I'm just going to start my leg movements again. **(S5D2-2)** C: That's ok. **(S5D3-2; S5D3-2)** Would it help you to exaggerate them? **(S5D3-9; S5D3-15; S5D3-10)** H: Mhmm.	Client appears in tune with own emotional states as connected to his physical state/needs; the counsellor encourages the client to continue his leg movements and asks direct questions to explore how these may be helpful for the client.
C: They help you to exaggerate them. **(S5D3-14; S5D3-10)** H: What does that mean? **(S5D4-1)**	The client misunderstanding the counsellor.

C: Take them further - so at the moment you got a good little pace going there, you're a drummer aren't you so you could double up? **(S5D3-9; S5D3-10)** (drumming) C: And you can take it further if you want. Can you do that? **(S5D3-9; S5D3- 15; S5D3-10)** H: Yeah I'll try. It's a bit too much energy all at once. C: It's ok. **(S5D3-2;S5D3-2)** Are you ok with that? **(S5D3-9; S5D3- 15; S5D3-10).** H: Yeah I'll just stick to this. C: Stick to that. That's a good level of energy for you. **(S5D3-11; S5D3-10)** How's it feel to do that while you're talking? **(S5D3-9; S5D3- 15)** H: For some reason it calms me down a little. **(S5D2-2; S5D2-3; S5D2-7)** C: Mmm. Good. **(S5D3-2;S5D3-2)** So you've got a technique there - your body's giving you some information. You've got some nervous energy - and your body needs to release it. **(S5D3-11; S5D3-10)** Just let it happen - its ok. **(S5D3-2)** Is there anything else your body needs? **(S5D3-9; S5D3- 15)** H: Don't know. **(S5D2-1)** C: Check in with it (H: Hmm? **(S5D4-1)**) check in with it. Sounds like a strange thing. I know you're a big thinker.	The client seeming aware of the synthesis between this physical movement and the impact on his feelings – this appears to have been supported by the counsellors openness to exploring the client's embodied states with him and using direct language / acceptance of the client and his needs. Physical movement encouraged by the counsellor appears to support the client regulate their here-and-now emotions. The client misunderstanding some (abstract) language used by the counsellor.

(S5D3-11) But let's just check in with your body. Your body is important too. Just check in with yourself. Just notice if you've got any feelings any movements. **(S5D3-15)**Yeah - brilliant. So your wrists had bit of energy there to discharge. And clicking your wrists, ok. **(S5D3-14)** Anything else coming up for you? **(S5D3-9; S5D3-15)** Just check in with yourself. So your elbows as well. Elbows and wrists, ok (yeah) that's helping you. **(S5D3-14; S5D3-10)** H: Stretching a little hurts I guess. C: Yeah ok. **(S5D3-2)** Is there anything you need to stretch? **(S5D3-9; S5D3- 15)** We've got space if you want to stand up and do some work standing up (**S5D3-10)** H: I'm fine thanks. C: Your fingers there I see you stretching. You're very clicky aren't you. **(S5D3-14)** H: Yeah (laughs). C: Are you hypermobile or the opposite, are you flexible or inflexible? H: Not very flexible. C: Not very flexible ok. It's good to stretch them out then and get that sort of energy out of them. (**S5D3-10)** H: Mm. You're right. H: Okay, let's do this.	Counsellor continues to show curiosity around and focus upon the client's embodied experiencing, asking direct questions in relation to this and verbalizing reflections around the client's embodied expressions/experiences. The counsellor's interpretation leads to Harry acknowledging the benefit of stretching in releasing some energy.

C: Alright. So you've got the fear. And you've got sadness. There are two feelings you brought in today. So which one would you like to work with? **(S5D3-9; S5D3-3)** H: Fear. C: Fear. **(S5D3-5)**	The counsellor offering a direct choice leads to the client practicing self efficacy.
H: Most prominent. C: Ok. **(S5D3-2)** So where are you experiencing the fear in your body? Where are you feeling it? **(S5D3-9; S5D3- 15)** H: Chest I guess. **(S5D2-2)** C: In your chest. So sort of here? **(S5D3-9; S5D3- 15)**	The counsellor's focus around the client's embodied experiencing allows for the client to speak about his fear
C: Show me on you where you've been feeling it? **(S5D3-9; S5D3- 15; S5D2-2)** So sort of carrying it down the windpipe there (H: Yeah) ok. And where's it stopping? **(S5D3-9; S5D3- 15)** stopping there. **(S5D3-14; S5D3-6; S5D2-2)** H: Round the diaphragm. **(S5D2-2)** C: Ok, it's stopping there round the diaphragm. **(S5D3-5; S5D3-6)**	Whilst continuing to explore the client's embodied states, the counsellor begins to employ symbolic/metaphorical language relating to where the client is feeling their fear – the counsellor goes onto explore how the fear looks with the client and used client-centred descriptions of the fear to support this dialogue.

Appendix I: Example Template for Thematic Analysis

Note: the below template includes example extracts only. Some quotes used in data analysis have been redacted to protect participants' anonymity.

Table 19

Example template for thematic analysis for domain 3: helpful aspects

Phase 1 (Initial codes)	Use of interventions/language with a metaphorical component Use of interventions/language with a visual component
Phase 2 (Themes)	Abstract visual exercises which appear helpful and to resonate with the client
Phase 3 (refined / defining themes)	3c) The use of client centred metaphorical language and interventions (with a visual and often embodied component) appears to resonate with the client.
Extract examples	***S1 (TL347-349)*** *H: I don't know how to de-mist the way.* *C: You don't know how to de-mist the way - so as you said, you know where you're going, but it's misty* *---* ***S2 (TL590-593)*** *C: And I'm not saying by any means, that the other extreme would be more healthy, but I'm wondering if there's a path to be walked on - on that scale?* *H: Okay. Well - if I were in the middle of that scale and I'd be out sometimes what, when my grandad needed something while I'm out - what do I do then?* *---*

S2 (TL717-719)

C: So what would it look like, if you just imagine yourself, like, if you were here or here, what would that look like?

H: Here would probably be like - I've got hope

S4 (TL885-886)

H: That it looks like we need to work on how to go through the mist still (C: Mhmm) it seems the mist has uh - cleared a little bit. but for the fact that I kind of know where my destination is.

(S5)

Spider web of support exercise (Appendix C; VI; Figure 9):

Supervisor note: *Counsellor worked with objects in the room – used golf ball (no-one to catch him). Drew a web and put himself in the middle and others (who might support him) in proximity, then one thing he could ask of each. Counsellor offered himself on the web and this felt organic.*

S6(TL762-764)

During an experiential empty chair exercise in which Harry speaks to his sister:

C: So she acknowledges that it's hard on you. But that doesn't seem to capture your feelings around the experience and situation. (H: Yeah) What would you like her to say to you?

H: How do you feel about it? What's your exact emotions?

S5 (TL420-423;454-456).

C: Yeah? Okay. That speak to you? (H: Mhmm) alright. So what I'd like you to do with the object - I would like you to speak from the object as if you were the object, and I'd like you to describe yourself. So tell me about yourself, your appearance - what you're like - anything at all.

H: Ok so If I were thrown - the way I fall can be random.

(...)

C: To keep the object out, ok. Has anything come up for you in that activity?

H: I suppose the err what if nobody catches me part.

S8 (TL140-150).

In an exercise where Harry speaks to a pillow representing a peer:

H: Shall I just throw it on the floor?

C: Yeah, straight up - straight down.

H: There you go. That actually feels a bit better

C: Is there anything you want to say to him while you're doing that?

H: You're a xxxx

C: Go on then

H: You're a xxxx

C: Do you want to do that again?

H: No that's fine.

C: How did that feel to do that?

H: A bit better actually.

S8(TL720-733)

H: Grey.

C: Grey. Just let the breath go. Just noticing it. The heavy space - to see how the breath affects it - and feel the relationship between the breath and the heavy space.

H: It fills it - It fills it - but as soon as I breathe out it unfills it, no.

C: So as you're breathing out the heavy space feels empty again. And when you breathe in - it's full

H: Mhmm. It turns green when I breathe in - Almost like it's getting filled with something green

C: So it feels like it's getting filled with something green as you breathe in but as you breathe out it's grey and empty

H: Mhmm. Think I know what it is.

C: Ok, how are you in your body now? Just come back to where you are now.

H: I feel a bit lighter

C: Take your time Harry - when you're ready, bring your eyes open - how was that breathing exercise?

H: It feels helpful quite a bit. I sort of feel better now.

S9 (TL336-341).

H: (…) my trunk is dark but my leaves are bright. Um, think of me during times of strife

Appendix J: CEPS-AS Dimension Levels (Robinson & Elliott, 2016).

Note: the following behavioural indicator descriptions below were devised by the researchers who developed the CEPS-AS (Robinson & Elliott, 2016).

Table 20

Behavioural indicator descriptions for each CEPS-AS dimension level (Robinson & Elliott, 2016).

Dimension levels	**Behavioural indicator descriptions for each dimension level**
AS-emotion regulation (encoding and symbolizing) dimension	
ER1: Absence of emotional experience	The client's dialogue is expressed as descriptive accounts of experiences, which are relayed, but are devoid of reference to feelings experienced by self or for the feelings of others. The client's dialogue indicates an inability to locate internal bodily sensations.
ER2: Externalized emotional experiences	The client displays nonverbal emotion, although these displays of affect are not anchored in awareness. The client's narrative demonstrates a lack of synthesis between the bodily sensation and verbally expressed emotion. The client's emotion dialogue is externalised.

ER3: Dysregulation of emotion experiences	The client's dialogue involves discontinuity between emotional intentions and how their behaviour or emotions are perceived interpersonally. The client's emotion dialogue is evident, but is limited to descriptions of extreme emotion states or experiences of emotional outbursts or meltdowns.
ER4: Internally located and encoded experiences	The client's dialogue reflects a more internal focus of emotion experiencing. The client's dialogue demonstrates a connection between sensing internal bodily sensations with an expanded repertoire of verbal expressions through sensing own emotions, labelling own emotion and the emotions of others.
ER5: Interpersonal awareness of emotion	The client's dialogue reflects experiences from an internal felt referent or as expressions of internal sensations. The client's dialogue demonstrates emotional reciprocity through recognition that they have symbolized the emotions of others and that they have encoded and been affected by the emotions of others.
<u>AS-empathy dimension</u>	

E1: Lacks empathic attunement	The client's dialogue reflects an internal focus on own narrative and presents as being self-absorbed. The client's dialogue is void of accurate empathic attunement when relaying descriptive accounts of interpersonal exchanges and lacks empathic attunement when relaying interpersonal experiences. The client's engagement to others' pain or discomfort is not met with an empathic response.
E2: Oriented towards others	The client's dialogue demonstrates a shift towards interpersonal relating, with attempts at empathic responding to others through offering empathic conjectures in response to others, but these are not synchronised or attuned to the other's felt sense or expressed feelings. The client's empathic conjectures take the form of cognitive formulations and others' empathic conjectures are rejected.
E3: Sharing of affect	The client's dialogue demonstrates interpersonal engagement leading to psychological connection. The client engages in shared interplay of affect and a sharing of empathic attunement. The empathic conjectures from others are met with attempts to see if they resonate or lead to a sense of 'fit'.
E4: Accurate sensing of the other	The client's dialogue reflects a shift towards an accurate sensing of others with a shared entering of experience, which leads to accurate empathic conjectures resulting in accurate empathic attunement. They demonstrate an awareness of their ability to move others emotionally and understanding that others may require soothing (emotional comfort).

E5: Mobilised into action towards emotion of other	The client's dialogue reflects a qualitative shift in the strength of empathic resonance, which mobilises them into action to respond to others' pain. The client demonstrates a strong emotional response to others' discomfort, feelings, along with a need to take action to alleviate others' pain.
AS-self-reflective processing dimension	
SR1: Absence of self with scripted quality	The client's dialogue reflects their narrowly focused interest with little reference to self, whilst recounting trauma and painful experience has a scripted quality. The client's self schemas are anchored in an AS identity, which is relayed through global AS descriptions.
SR2: Self is through AS deficit	The client's dialogue reflects an understanding of the impact of AS through comparative accounts of AS and NT differences. The client's dialogue demonstrates descriptive accounts of self from an internal locus, but from a deficit capacity referent. There is an appreciation of own therapeutic focus.

SR3: Self-awareness has present quality	The client's dialogue reflects a here-and now awareness of reflecting on self. The client's dialogue demonstrates new awareness that is reflected within perceptual and sensory processing accounts.
SR4: Self-and-other insights	The client's dialogue reflects new self insights, which demonstrate an interpersonal referent with self as an active agent. The client's dialogue demonstrates an action tendency and a desire for self-change.
SR5: A fluid, complex self	The client's dialogue reflects introspection with an awareness of the complexity of self and of the multiplicity of self. The client's dialogue demonstrates an understanding of self-schemes and how these operate within self and with affirmations that change has occurred.
AS-mental representation dimension	
MR1: Projects own thoughts onto others	The client's dialogue reflects a lack of joint shared referencing and is dominated by one-sided descriptions of own experience with little apparent need for reciprocal exchanges. The client demonstrates an interpretation from an

	egocentric frame of reference that misses the intentions or implied meanings of others.
MR2: Awareness separate mental representations	The client's dialogue reflects a differentiation of own mental representations being separate from the mental representations of others, with an appreciation of other's mental representations being different to their own, but there is recognition of an inability to imagine the thoughts of the other. The client demonstrates a lack of awareness of impact of own implicit meanings on others, but makes mental representation conjectures towards others.
MR3: Can manipulate and change own mental representations	The client's dialogue reflects a shift towards flexibility in manipulating own mental representations. The client offers their own thoughts as speculative and open to exploration and changing their own mental representations.
MR4: Emergence of metacognitive	The client's dialogue reflects the emergence of metacognitive processing through awareness that their own and others' mental representations have been misinterpreted. The client acknowledges misunderstanding of own mental representations by others and the misinterpretation of others' mental representations is recognised.
MR5: Considers	The client's dialogue reflects a qualitative shift that displays engagement in metacognitive thinking, demonstrating consideration of mental processing of

metacognitive thinking	others with an appreciation that others have intentions that have an interpersonal impact. The client demonstrates that they can engage in imagining others' thoughts and an appreciation that others have mental representations of them.

Appendix K: Example Template for Theory Building Case Study Analysis I

Note: the below template includes example extracts only. Some quotes used in data analysis have been redacted to protect participants' anonymity.

Table 21

Example template for theory building case study analysis – SBHC helpful processes of change (McArthur et al., 2016).

Increasing self-worth
Theoretical statement: *Clients attribute an increase in self-worth during SBHC, (conceptualized as a combination of self-esteem, self-efficacy, confidence and agency), as being linked to the counsellor's valuing attitude towards them.*
Analysing the case in terms of the theory:
Extract examples: ***S1 (TL303-307)*** *C: You're annoyed by your yawning?* *H: Yeah. Its constant.* *C: just to reflect back to you I'm not annoyed - it's okay with me. And it's partly the room. But I think also it could be partly a reaction to some of what we're talking about today the word fit for you - frantic?* *---*

S1 (TL220-221)

H: I have bad handwriting - is it bad of me?

C: Your handwriting's absolutely fine.

S1 (TL805-807)

C: (….) I think you're the master of your solutions in here. I guess where I come in is I can work with it and really sit with you in that moment and work through what the problems are. Does that sound ok for you?

S1 (TL850-852)

C: So - in this session I've seen you come far because I guess I've seen a reluctance to sit in the mist, but you have explored some of what it means for you particularly around feelings. How is it to kind of congratulate yourself on that or to give yourself that recognition?

S4 (TL125-128)

H: I feel like I'm disrespecting you whenever I yawn in here.

C: So can I give you some feedback on that?

H: Go ahead.

C: I don't feel disrespected. I'd like you to be able to authentically express if you're tired. It's important.

S5 (TL403-406)

H: So - uh tell me what to do whilst you're in hospital.

C: Yeah so really practical with your grandad. You know - tell me what to do while you're in hospital - let me know what to do. (H: Mhmm) okay. So for the next set of people and remember these are ways of helping you (H: Mmm)

S5 (TL301-303)

H: I don't mind.

C: I'm going to go back to you - it's important you choose

H: To keep the object out.

S5 (TL601-602)

H: Umm just (yawns) sorry - more just like - verbal support.

C: Hmm so you just need a bit of verbal support from him

S6 (TL302-304)

C: and your sister's okay to accept accept your kind of the first version of events (H: yep) and what you'd like her to do is to

H: analyse it a bit (C: analyse it) a bit more in depth.

S6 (TL762-764)

C: So she acknowledges that it's hard on you. But that doesn't seem to capture your feelings around the experience and situation. (H: Yeah) What would you like her to say to you?

H: How do you feel about it? What's your exact emotions?

C: So what's your exact emotions

S7 (TL153-156).

C: Mm so - you've added it - you've put it a little bit higher - so how do you want to use your time today? What would you like to look at in today's session?

H: Well - how to - I want to learn how to try and I want to say forget about it - but put it round the back of my mind where - about my grandad's situation and just see him for his personality.

S9 (TL796-798).

H: And I don't mind it. At all. I'm perfectly fine with that responsibility.

C: That feels very strong.

H: It is.

- Harry's scores were higher than benchmark norms across the ETHOS trial (Cooper, personal communication, 2022). This suggests that Harry experienced his SBHC counsellor as being relatively highly congruent, empathetic and to be demonstrating a high level of unconditional positive regard, (Barrett-Lennard, 2015).

- Harry's WAI-SR scores were higher than benchmark norms across the ETHOS trial (Cooper, personal communication, 2022), suggesting that Harry experienced a relatively high working alliance with the counsellor, in that he experienced an agreement on tasks and goals within the therapy as well as a strong development of an affective therapeutic bond (Munder et al., 2010).

Reflective notes:

- The counsellor's valuing attitude towards the client (including listening to, accepting, showing that he values what the client needs from others and providing positive feedback to the client) appears to be linked to the client expressing greater agency with the counsellor within sessions.
- The client's verbalisations reflect a less critical view of self in later sessions; this appears to be connected to the counsellor's valuing attitude and highlighting of the client's strengths.
- The counsellor encouraging the client to make choices, whilst highlighting their strengths and providing reassurance appears to be linked to the client becoming more assertive about what they need from sessions as well as external support as sessions go on (e.g. asserting self to grandfather, peers and the counsellor).
- The sessions appear to offer the client a unique relational opportunity in which they are able to practice skills/interactions towards promoting their self-agency and efficacy (practicing asserting self in sessions and some examples of asserting self outside of SBHC).
- WAIS and BLRI scores demonstrate that the client experienced a strong therapeutic alliance and rapport with the counsellor relative to ETHOS benchmark norms.
- The counsellor praising the client for expressing their emotions.
- The counsellor showing an authentic interest in the client and an appreciation in learning from the client.

- The counsellor showing that they have held the client in mind and remembered previous exchanges and therefore value the client.
- The counsellor's valuing attitude towards the client (including listening to, accepting and providing positive feedback to the client) appears to be linked to the client speaking about himself in a more positive way throughout sessions.
- The client speaks about himself as being strong towards the end of the sessions, following the counsellor highlighting their strength and their role of helping/caring for others.

Identifying potential gaps in the theory from the perspective of the case:

Extract examples:

S1 (TL399-401)

H: I was kind of hoping that you present probably some solutions to clear the way.

C: Mmm - so you'd hoped I'd bring some solutions.

S1 (TL205)

H: Are you sure? I didn't want it to ruin your collection

S1 (TL423)

H: Yeah. I've had a memory of it then there's nothing - no important. Don't worry carry on.

S6 (TL167-170)

C: Alright. So you've got the fear. And you've got sadness. There are two feelings you brought in today. So which one would you like to work with?

H: Fear.

C: Fear.

S7 (TL405-408)

H: (makes bird noise) I just realized I sound like an idiot (C: you sound?) like on the recording.

C: On the recording?

H: Yeah it's just because I made this bird noise in the sessions

H: I'm just saying me randomly starting it's weird

S8 (TL307)

H: I'm trying to keep the rhythm - but I'm not too good with it.

- RSES scores range from 0-30, with 30 indicating the highest score possible for self-esteem (Rosenberg, 1965). For Harry, these scores demonstrate a decline in self-reported self-esteem at pre and post intervention and a reported increase in self-esteem at follow up.
- The experience of service questionnaire was completed by Harry at the end of treatment. For all questions completed, Harry answered '*partly true'* to statements relating to satisfaction with care and satisfaction with environment (Brown et al., 2014).

Reflective notes:

- Despite the client's WAIS and BLRI scores suggesting a positive therapeutic rapport and valuing attitude of the counsellor, the client's RSES scores demonstrate a decline in self-reported self-esteem between pre-post intervention timepoints (nevertheless there is a small increase reported at follow up).
- The client's experience of service questionnaire answers were partly true for all statements relating to satisfaction with care and environment suggesting he may not have been completely happy with aspects of the therapeutic relationship/environment/the counsellor's attitude towards him.
- The client's dialogue demonstrates a distinct lack of self-worth which does not appear to notably improve over the course of SBHC (with the exception of examples of increased agency and self efficacy/ to some degree speaking about self in a more positive light, accepting his 'strength'), despite the counsellor's expressed valuing attitude towards him
- The client's apparent (pre-existing) limited self worth and self agency in interpersonal interactions.
- The client redirecting the session narrative away from emotional experiences, towards more intellectualized conversation and seeking solutions from the counsellor as a potential barrier towards developing self worth (avoidance of exploring core vulnerabilities)

- The client's narrative suggesting a negative view of self throughout sessions (despite sometimes speaking about self in a more positive light towards the end of SBHC).
- Client's uncertainty around navigating power dynamics in the therapeutic dyad as a barrier to developing self-worth – preoccupation around disrespecting the counsellor/being rude.
- The establishing of safety and an equal power dyad in the therapeutic relationship appears important, via the counsellor providing clear, boundaried and consistent reassurance, towards the client being able to practice asserting self with the counsellor, towards increased self agency and self efficacy.
- Need for continued establishing of safety (e.g. clarifying boundaries/expectations/building rapport/longer term work/more opportunities for the client to receive and internalize therapeutic relationship and positive feedback from the counsellor) to promote their self esteem.
- The counsellor promoting the client's autonomy through regularly offering him choices appears particularly poignant (as part of their valuing attitude towards the client).
- The counsellor implementing experiential interventions to support client's interpersonal agency appears helpful in providing opportunities for the client to express his emotional needs/ assert himself in session towards being able to do this externally (in particular those with a visual metaphorical element such as chair work and creating the spider-web of support).

- The counsellor's limited use of process guidance relating to the client's interpersonal encounters representing a barrier to the client exploring these (towards promoting self agency and self efficacy).
- The client needing more direction/structure/support in applying practiced skills to outside therapy room towards more translatable/sustainable changes in self confidence and self agency.
- The counsellor and client exploring the client's sense of self and role in his significant relationships appears supportive of the client's sense of self efficacy For instance, the counsellor naming the client's responsibilities and strength - the client taking ownership for this in describing himself as strong towards the end of therapy.
- The client demonstrates, at times, greater self-agency and efficacy in sessions but there are few examples of this being applied externally.
- When offering choices, asking questions or making reflections – the counsellor using direct and simple language appears the most helpful in supporting the client to practice self-agency and self-efficacy.

Appendix L: Example Template for Theory Building Case Study Analysis II

Note: the below template includes example extracts only. Some quotes used in data analysis have been redacted to protect participants' anonymity.

Table 22

Example of analysing the case in terms of the theory: CEPS-AS behavioural dimension level codes (Robinson & Elliott, 2016) applied to key data items from the thematic analysis for subtheme 1f

Phase 1 (Initial codes)	Client's acceptance of / connection with own feelings; client articulating emotions; client externalizing emotions; client unsure of own emotions/emotional needs Counsellor's acceptance/validation of client's feelings; counsellor expressing empathy for the client; counsellor employing direct questions; counsellor employing direct interpretations; counsellor reflecting back client's emotions
Phase 2 (Themes)	Client increasingly accepting own emotional experiences in self supported by the counsellor's expressed acceptance, empathy and direct language
Phase 3 (refined / defining themes)	1f) The client shows an increasing acceptance of their different emotional experiences and locates these in self in later sessions.

	This appears to be linked to the counsellor's use of direct language, showing acceptance and empathy for the client.
Extract examples	***S2 (TL347-361)*** *C: Having cried initially said you felt it was a waste of time. And then as we explored it a bit more. You said that it was warranted.* *H: Do you agree?* ***(MR2; E2)*** *C: And you want, you want to know if I agree?* *H: If it's warranted or not?* ***(MR2; E2)*** *(…)* *C: That's warranted. I really feel that too, it's warranted, I want to echo that. It's okay to cry. I feel quite sad actually. Just hearing you say that* *---* ***S2 (TL889-890).*** *H: I'll go by fact - I won't go by – uh - I'll go by instinct at times, but I won't - unless I've got some hard evidence for something (C: Hmmm) - I won't go by it.* ***(ER1;SR1)*** *---* ***S5 (TL212-220).*** *H: I don't know. I really don't know - the past few days have been a bit (sighs) eugh.* ***(ER1;SR1)*** *C: So a big sigh and you said the past few days have been a bit eugh.*

H: I don't know how to explain it

H: It's been fairly sad for the past few days. ***(ER2)***

C: It's been fairly sad or you've been fairly sad?

H: I've been fairly sad. ***(ER4;SR3)***

(...)

H: Yes - I'm frightened. I'm just going to start my leg movements again. ***(ER4;SR3)***

S6 (TL286-288).

C: It feels to me more than disappointment. How's it feel for you?

H: It is pretty sad to be honest. ***(ER4;SR3)***

C: It's sad

S8 (TL 340-343)

C: You're not too happy

H: Anger or angry I am. ***(ER4;SR3)***

C: Angry, so you're able to locate that as being not too happy but actually being angry

C: How does it feel to have that unspent anger in the room?

H: It's not nice. Very irritating. Because I feel like I've kind of calmed down now. But then it's still there ***(ER3)***

S8(TL500-672)

H: Mmm. My main worry - I've accepted it - I know it's okay for me to be scared, but I don't like the feeling.(C: mmm) And I know I should feel it. ***(ER4;SR3;SR4)***

(...)

H: Well, I want to feel it. It's hard to - I mean - I don't exactly like to actually feel the fear.(C: mmm) But like I feel as if I need to feel it. Because if I didn't - I mean I wouldn't feel right if I didn't feel scared. ***(ER4;SR3;SR4)***

C: So if you didn't feel scared you'd in some way not feel right. What do you think the feeling would be if there wasn't this feeling of scared? What would the feeling be that you're not okay with?

H: Something missing.

C: Something missing. So you'd feel - if there wasn't fear there, you'd feel there was something missing.

H: Because of the situation - but yeah

C: Mmm. So something missing in you or something missing in your feelings

H: Something missing in me. Like that sensation in my stomach would be gone, and that wouldn't feel - there wouldn't feel like there's an empty space there that needs to be filled ***(ER4;SR3; SR4)***

Reflective notes:

- Client appears distanced from their emotional experiences throughout. There is also an element of uncertainty around expressing his emotions. However, the client appears to show increasing acceptance towards and connection with their difficult emotions in later sessions.
- The client demonstrates a tendency of describing feelings as external to self when he is seemingly more emotionally dysregulated, potentially as a way of avoiding connecting with painful/uncertain feelings/ avoiding being misunderstood.
- Client's use of metaphors to represent emotions and experiences appears helpful for them in expanding upon these with the counsellor.
- The client shows an increasing acceptance of their different emotional experiences and locates these in self in later sessions. This appears to be linked to the counsellor's use of direct language, showing acceptance and empathy for the client.
- Client does at times in later sessions show some recognition of how they may respond emotionally in different situations, sometimes expressed through the use of metaphors
- There does appear to be evidence of the client making connections with his embodied experiences and the emotions he describes verbally in later sessions. It appears that the client requires less prompting and guidance from the counsellor with this in later sessions – for example the client verbalises that he will start his leg movements again when he identifies his fear (in seemingly supporting him to regulate this emotional state).
- The counsellor naming and showing curiosity around the client's embodied states as connected to the client's emotional experiences seems important in facilitating this increased synthesis.

- It appears helpful that the counsellor uses some process guiding statements and questions to help the client elaborate on their feelings.
- The client's verbalisations indicate that they require reassurance and validation from the counsellor surrounding whether their feelings are appropriate and valid.
- The counsellor's expressed acceptance and empathy for the client appears important within the process of the client becoming more accepting of their own emotions.
- The session dialogue at times demonstrated Harry's desire for self-change, for instance asserting that he needs and wants to experience the fear associated with his grandfather's illness, despite not liking this feeling.

Appendix M: Auditing of the Data Analysis

The researcher aimed to reduce bias and maximise the rigor, reliability, and validity of the analysis (McLeod, 2013) by instigating peer researcher (Appendices N & O) and supervisory auditing of the data analysis.

Two peer researchers conducted thematic analysis (TA) initial codings for two different, randomly selected SBHC session transcript extracts from the case record data in line with domains 2-4 (Appendix N). Similarly, two peer researchers conducted initial TA codings of case record data session extracts taken from across the SBHC intervention at start, middle and treatment end points (Appendix O). Completed peer researcher TA initial codings were reviewed with the supervisory research team and subsequently assimilated within the TA results; the researcher incorporated session extracts identified by peer researchers and reflected upon themes identified, integrating these with existing themes and considering new themes where appropriate.

The researcher met regularly with their supervisory research team, providing additional opportunities for auditing the analysis. For instance, research supervisors reviewed codings of key TA data items against CEPS-AS behavioural indicators; the researcher subsequently re-reviewed codings where any discrepancies arose.

Throughout the data analysis process, the researcher attended a weekly, peer case study research group. Whilst acting as a space for peer consultation concerning ethical issues, the group was also utilized to audit interpretations of the case record data.

Appendix N: Peer Researcher Thematic Analysis Initial Coding I

Note: the below template includes example extracts only. Some quotes used in data analysis have been redacted to protect participants' anonymity.

Steps for Peer Researcher Initial Coding for Thematic Analysis

1. Please read the session transcript extract, considering both therapeutic process and descriptive content.
2. Please then re – read the session transcript extract, considering important features of data relevant to each respective domain and note initial thematic codes/labels below accordingly.
3. Finally, please note a session extract quote example for each thematic code/label.

Table 23

Peer researcher auditing example – thematic analysis initial coding of transcript extracts from session 1 for domains 2-4

Domain	Initial thematic codes/labels and corresponding session extract quote example(s)
Client's Processing of Emotions (self and other)	• Feelings are unclear, like mist *H: I don't know how to de-mist the way.*

C: You don't know how to de-mist the way - so as you said - you know where you're going, but it's misty

- Sitting with the unknown difficult

C: Okay. Was that for you or is that because it's okay for me to sit in the, sit in the unknowing and to explore that with you. But if it's not okay for you and you want to look at goal two. That's absolutely fine.
H: It's okay for me. But I find it exploring the unknown difficult.
C: You find exploring the unknown difficult

- Relief, getting feelings off chest

H: I suppose a bit of a relief getting it off my chest
C: Mmm a relief to - to recognize that your feeling right now is a feeling of paranoid. Can you tell me

more about paranoid, is it that sense of thinking, feeling the worst? What else?

- Sense of accomplishment/ wanting session to be practical

H: How would I get a sense of accomplishment?

C: A sense of accomplishment. And when you feel that you want to accomplish something you put your shoulders back, you clasp your hands together. (H: Yep). So that's you, ready to accomplish. And I suppose - in what you said earlier with this idea of having a target or a goal to get to where you're feeling calm around your grandad, but actually not knowing how to get to that space. That's hard to get that accomplishment?

- Frustration with grandfather's attitude towards illness.

H: I don't know how everyone feels so calm when someone's life might be lost.

- Ambivalence/uncertainty re expressing emotions to grandfather

C: Mmm how would, how would it be for you to talk to your father along those lines - to express a feeling you just expressed here

H: I'm not quite sure.

Potentially Hindering Aspects

- Being required to imagine hypothetical scenarios

C: Okay. And if you were, imagine, um, if you could ask yourself a question - so any question - what would you ask yourself? Imagine

you're that card, what would you ask yourself?

H: What do you mean?

- Not explaining therapeutic techniques e.g., purpose of reflecting back

H: Can I say something I've noticed ? (C: Yeah sure) when I have done things - like - say this, you have stated them. Is it for the recording?

C: No. No. It's really to bring them to your awareness....

H: I just thought it might because you might - I'm going to guess you're gonna refer to the recording when, you know, you need to.(C: Mmm) So as a note….

C: : Oh, a note to self...

Potentially helpful aspects

- Linking physical and emotional responses together

H: (Yawns) Sorry again. It's annoying.

C: You're annoyed by your yawning?

H: Yeah. Its constant.

C: just to reflect back to you I'm not annoyed - it's okay with me. And it's partly the room. But I think also it could be partly a reaction to some of what we're talking about today. Because if sometimes I think the body has a way of responding to - to emotion - to feeling - and maybe that's your body giving you a signal and giving me a signal.

H: Maybe

…

C: So placing your palm of your hand and just a big sigh

H: It's embarrassment.

- Use of metaphor

H: (inaudible) a few ways I could... Mm I don't know.

C: You don't know. So you have a goal - but the sort of path of getting to that goal - is unsure

H: it's misty.

C: Its misty. Okay. Tell me more misty

H: Unclear.

C: Okay.

H: How to, uh, unclear what, how, how to go about it to get to my destination per se.

C: Ok - if you've got a clear destination but the journey of getting there is the, the bit that is misty.

- Counsellor exploring personal meaning for the YP and not assuming a shared understanding.

C: So right now where you're at, - you're paranoid. Can you tell me more about paranoid? What that means for you?

H: Well, I keep thinking stuff would go wrong

Appendix O: Peer Researcher Thematic Analysis Initial Coding II

Note: the below template includes example extracts only. Some quotes used in data analysis have been redacted to protect participants' anonymity.

Steps for Peer Researcher Thematic Analysis Initial Coding- Helpful Processes of Change

4. Please read the session transcript extracts considering both therapeutic process and descriptive content.
5. Please then re – read the session transcript extracts considering important features of data relevant to the occurrence of helpful processes of change.
6. Please note themes below accordingly.
7. Finally, please note session extract quote examples for each theme.

Table 24

Peer researcher auditing example – thematic analysis initial coding of transcript extracts (taken from start, middle and treatment end points) of relevance to helpful processes of change

Initial themes of relevance to helpful processes of change	Session extract quote example(s)
	Session 1
Client seems more aware of/sure of own feelings and able to name/explore these, with reference to his bodily sensations	*H: Not difficult in the sense like can't handle it difficult. As in when*

	you asked me the questions of what I've been feeling I don't know
Client appears to connect feelings to himself more spontaneously in later session and seems more accepting of these (despite feelings being uncomfortable)	**Session 5** *H: It's been fairly sad for the past few days.* *C: It's been fairly sad or you've been fairly sad?* *H: I've been fairly sad.* **Session 8** *C: So if you didn't feel scared you'd in some way not feel right. What do you think the feeling would be if there wasn't this feeling of scared? What would the feeling be that you're not okay with?* *H: Something missing* *C: Something missing. So you'd feel - if there wasn't fear there - you'd feel there was something missing.* *H: Because of the situation - but yeah*

	C: Mmm. So something missing in you or something missing in your feelings *H: Something missing in me. Like that sensation in my stomach would be gone - and that wouldn't feel - there wouldn't feel like there's an empty space there that needs to be filled*

Appendix P: Conceptualizing Helpfulness and Helpful Processes of Change in SBHC

In itself, 'helpfulness' is an abstract concept. In order to get closer to the lived experiences of the current client participant and develop differentiated understandings of potentially helpful processes of change in SBHC, this research views such concepts in terms of a number of key perspectives and dimensions.

This research makes use of client feedback, outcome, process measures and session dialogue extracts to illuminate the client's reports of helpful aspects and processes. The current study also explores the occurrence of possible helpful processes of change across the SBHC intervention as a whole, analysing observed sequences of client-counsellor in session behaviours and relational processes (Elliott, 2010).

Helpful aspects relates to specific approaches, activities or interactions initiated by the counsellor, client behaviours, as well as outcomes and aspects which the client identifies or are observed as being important, preferable, or helpful (Cooper et al., 2015). Additionally, the researcher draws upon observations of sequences of client/counsellor behaviours and dynamics, counsellor approaches and contextual factors (both internal and external to SBHC) which may be problematic or hindering, to contextualize such potentially helpful aspects and processes.

The current in-depth theory building case study (TBCS) methodology allows for the multi-layered examination of possible change processes and related factors corresponding with current theories (Appendix F), in addition to those which appear to deviate from such concepts.

Appendix Q: Glossary

Table 25

Glossary of terms employed

Abbreviation	Meaning
APA	American Psychiatric Association
ASC	Autism Spectrum Condition
BLRI	Barrett Leonard Relationship Inventory (Barrett Leonard, 2015).
BPS	British Psychological Society
Case Record Catalogue	Description of client participant; summaries of process and outcome data; participant demographic data; client feedback; descriptive session summaries; client and supervisor notes; thematic session-by-session and full case record data-set summaries based on thematic analysis
CBT	Cognitive Behavioural Therapy
CEPS-AS	The Client Emotion Processing Scale for clients with 'autistic process' (Robinson & Elliott, 2016).

Domain	Domain/category guiding the analysis (in line with the current research questions).
E	Empathy Dimension of the CEPS-AS
ER	Emotion Regulation Dimension of the CEPS-AS
CHI-ESQ	Experience of Service Questionnaire (Brown et al., 2015)
ETHOS	The effectiveness and cost effectiveness trial of humanistic counselling in schools (Cooper et al., 2021).
FSIQ	Full Scale Intelligence Quotient
Full Case Record Data Set	All data available to the researcher for the current study (Chapter 3.5)
GDPR	General Data Protection Regulation
NT	Neurotypical
YP-CORE	The Young Person's Clinical Outcomes Routine Evaluation (Twigg et al., 2009)
GBORS	Goal Based Outcomes Recording Scale (Law & Jacob, 2013).

HC	Humanistic Counselling
HFA	High Functioning Autism
ID	Intellectual Disability
Key data items	Key data items of relevance to research questions and respective domains
LFA	Low Functioning Autism
MR	Mental Representations Dimension of the CEPS-AS
NHS	National Health Service
ORS	Outcomes Rating Scale (Miller et al., 2003)
PCAU	Pastoral Care as Usual
RCADS-SV	Revised Children's Anxiety and Depression Scale (Short Version; Ebesutani et al., 2012).
RCT	Randomized Control Trial
RSES	Rosenberg Self Esteem Scale (Rosenberg, 1965)
SBHC	School Based Humanistic Counselling
(SB)HC	School Based Humanistic Counselling and/or alternative Humanistic Counselling approaches
SDQ	Strengths and Difficulties Questionnaire (Goodman, 2001)

SR	Self-Reflective Processing Dimension of the CEPS-AS
TA	Thematic Analysis
TBCS	Theory Building Case Study
Thematic Analysis: Subtheme	5-10 key corresponding data codes identified in the data set being analysed (session-by-session and full case record data-set)
Thematic Analysis: Superordinate Theme	More than 10 corresponding data codes identified in the data set being analysed (session-by-session and full case record data-set).
WAI-SR	Working Alliance Inventory – Short Form (Munder et al., 2010)
WEMWBS	The Warwick-Edinburgh Mental Wellbeing Scale (Clarke et al., 2011)

Appendix R: Key for Session Transcript Extract Symbols

Table 26

Key for session transcript extract symbols

Symbol	Meaning
(…)	Break in the session dialogue
-	Pause in speech
S	Session
C	Counsellor
H	Harry (client participant)
TL	Transcript line(s)

Appendix S: Related Co-Authored Article (Under Review)

Note: this part of the thesis can be redacted for publication if the manuscript is accepted for publication.

Theory-building case studies in counselling and psychotherapy: A critical exploration of analytic strategies and proposed guidelines

Breiner, P; Gash, J., Heien, S.M, Pattison, E., Rudigier, F.K. (2022). Theory-building case studies in counselling and psychotherapy: A critical exploration of analytic strategies and proposed guidelines. [Unpublished manuscript].

Background/aims/objectives*:* There is limited guidance on how to conduct and analyse theory-building case studies in counselling and psychotherapy. This paper aims to contribute to good practice in theory-building case study research and provide further suggested guidance to researchers.

Methodology/methods*:* A systematic literature review was conducted to locate all studies that were referred to as a 'theory-building case study' within counselling/psychotherapy. The results were reviewed through a consensual group process; specific analytic strategies and outcomes were identified.

Results/findings*:* Results indicate no clear adherence to existing guidelines, significant variations in procedures and analysis, as well as a lack of clarity on 'theory-building'.

Discussion/conclusions*:* We suggest that while variation is an important element of this methodology, students and researchers might benefit from more specificity when considering analytic methods and discussing the results in the context of the theory-

building/testing/confirmation/expansion. Additional suggested guidelines for researchers are proposed.

***Keywords**:* Theory-building case study; research methodology; counselling & psychotherapy research; transcript-based research methods

The research path is rarely straightforward and often the unexpected calls for attention. The following work arose from such a call - a struggle and need for a better understanding of a methodology that we, as trainee counselling psychologists, were drawn to using in our doctoral research.

All of us (PB, JG, SH, EP, FR) are at varying stages of completing our doctoral research and we are utilizing a theory-building case study (TBCS) as our research methodology. As we began to delve into our data analysis, we struggled to find examples of 'good process' for TBCS analysis, resulting in a significant amount of work thinking about and developing appropriate analytic strategies. An overarching framework for conducting TBCSs exists (Stiles, 2007; McLeod, 2010), but we were specifically interested in how to analyse our rich transcript-based data rigorously and reliably and how to approach the important theory-building element of the process. In 2020 we formed a case study group and decided to systematically investigate how researchers were conducting TBCSs in counselling and psychotherapy with the initial intention to inform our own work. This paper is the result of our findings, and, in addition to those which already exist, contains some further guidelines around the elements that we found most challenging. We hope that it will be of use to those who are considering utilizing this deeply rich, creative, and relevant methodology for their research.

What is a theory-building case study?

The following is a very brief overview of theory-building case studies. Case studies in counselling and psychotherapy are rife for epistemological, ethical, and philosophical considerations and although crucial, they are beyond the very narrow scope of this paper. For those interested, we orient the reader to McLeod (2010), Stiles (2002; 2007; 2009; 2015) and McLeod, Stiles, and Levitt (2021).

A TBCS is a scientific research methodology - a system of techniques that are employed to systematically describe and examine a case(s) to build on a theory that has accumulated within the field. TBCSs differ from the more traditional clinical case studies in that the focus is on the theoretical insights gleaned from case data observations (Stiles, 2005). They have been used in other fields of study such as management, information systems and human resources (see Eisenhardt, 1989) which also engage with theoretical and methodological questions (see for example Halaweh et al., 2008).

The TBCS is not a new concept; in its previous form, it existed as implicit knowledge without clear articulation of the process involved. One might say that the origin of psychotherapy lies in case studies (ex: Freud), which were used to build theory by understanding the process and outcome of therapy (McLeod, 2010). Stiles (2007), and later McLeod (2010), have been explicit about the steps involved with TBCS (see figure A). In a way as clinicians, we are constantly engaged in theory-building; as Stiles (2007) highlights, we are always modifying or extending our theories or practice to incorporate clinical observation. TBCSs can also bridge the gap between theory and practice and be a helpful way for practitioners to accumulate and publish their experience of practice and contribute to research (Stiles, 2007).

The field of case studies continues to evolve but lacks critical appraisal; some researchers have recognized this and are working to further develop, refine, and build support for case studies (see, for example, Kaluzeviciute, 2021).

Figure 1: Steps for conducting theory-building case studies (McLeod, 2010)

	McLeod's guidelines (2010)
Step 1	Develop a theoretical starting point
Step 2	Selection of a case
Step 3	Construction of a rich case record
Step 4	Immersion in the case
Step 5	Applying the theory to the case
Step 6	Identifying gaps in the theory: applying the case to theory
Step 7	Refining theory
Step 8	Testing the revised version of the theory against further cases

What theory is and how do we build it?

Stiles (2009) and McLeod (2017) view theory as a set of semiotic ideas, descriptions, or observations that fit together to describe a universal phenomenon or process. Theories are seen as dynamic, changing, and grounded in a particular perspective and worldview, incomplete and fallible (Maxwell, 2021).

Stiles (2009) explains three logical operations in TBCS – deduction, induction, and abduction. Theory-building begins with deduction - a set of logically consistent and connected theoretical statements. This is particularly important because it defines what the theory means and provides quality control (Stiles, 2009). Induction involves applying the observations to the theoretical statements and abduction involves modifying theoretical statements to match the observations – it explains new observations or constructs new hypotheses within the context of a theory. Modifications might include correcting previous errors in the theory, extensions to a domain, or elaborating an unappreciated aspect of theory. A TBCS must balance both theory and observation (Stiles, 2002) and, as with much qualitative research, it is an iterative process that moves back and forth between observations

and theory statements until the theory is described. Although beyond the scope of this paper, epistemological and philosophical debates about what theory-building really is and considerations of issues such as, for example, the differences between theory-building or theory-enriching (Stiles, 2015) are indeed crucial. Theory-building in the context of TBCS was one of the elements we wanted to better understand through our review.

Systematic Literature Review

As discussed, a research group was established to better understand how to apply the TBCS framework. We kept notes of our meetings, referencing steps of our decision-making. Throughout the process, the research team observed a collaborative approach and met fortnightly to discuss developments and reach a consensus for any steps taken.

Aims and objectives

This systematic literature review aims to investigate how TBCSs have been conducted in counselling and psychotherapy research to date. Driven by our objective to understand TBCS study design (with a particular focus on the analysis and 'theory-building' elements) and our goal of developing guidelines for students and researchers, we aimed to identify 'what makes a theory-building case study'. Based on collaboratively identified inclusion criteria below, we aimed to examine all empirical case study research explicitly labelled as 'theory-building'.

Eligibility criteria

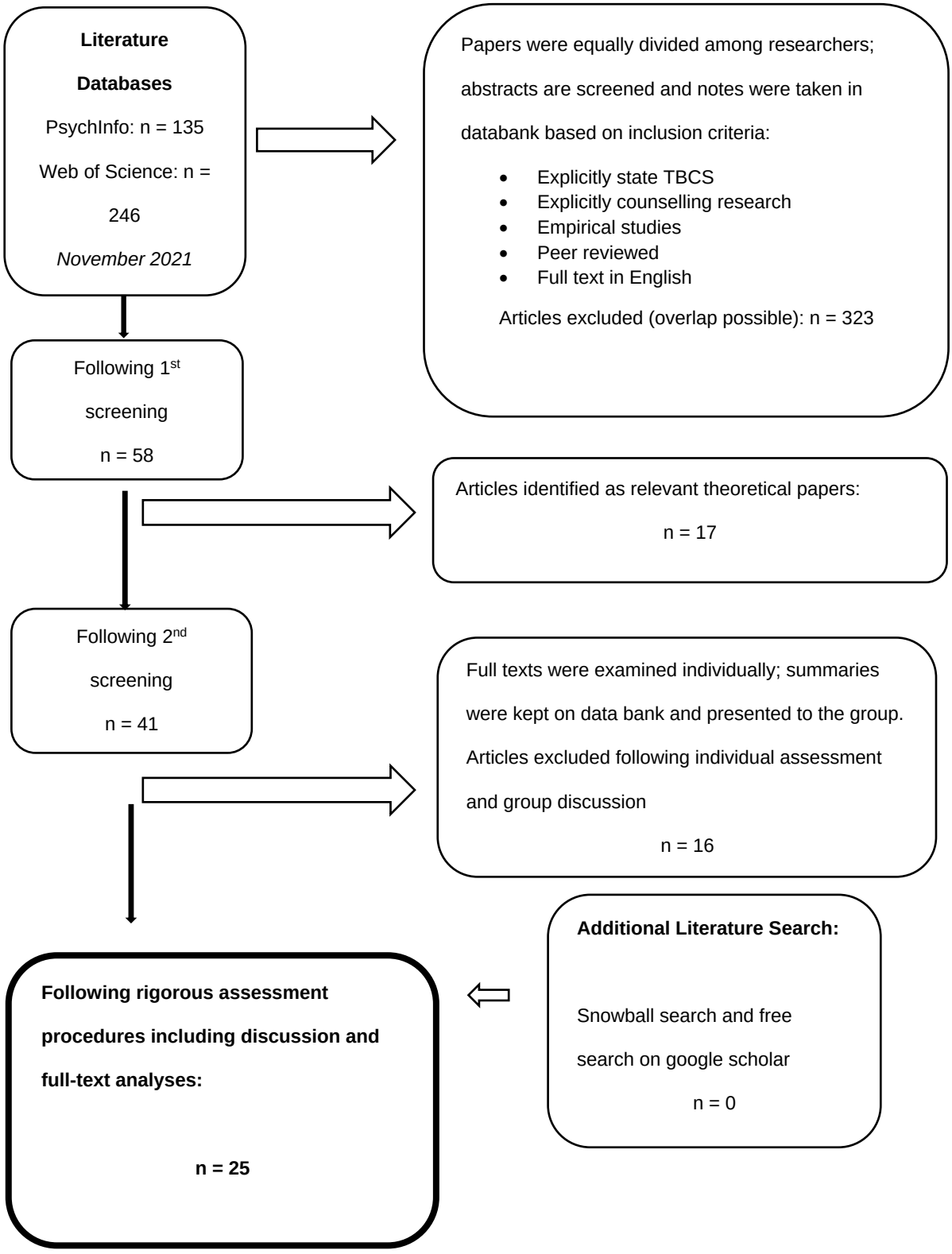
1. Explicitly described as a theory-building case study
2. Counselling or psychotherapy research
3. Empirical research
4. Peer-reviewed
5. Full-text available in English

Search strategy and protocol

A systematic approach (see figure 3) was applied following PRISMA guidelines (Moher et al., 2009). After each group member piloted different search strings on EBSCOhost using various Boolean operators, the group agreed on: Theory building OR theory-building case stud*AND counselling OR counseling OR therap* OR psychotherap*. One researcher searched the *PsychINFO* database and provided access to the results, which were divided and randomly allocated to the five researchers. A large 'initial search' data bank was compiled. In the first step, each abstract was screened for inclusion criteria and documented in the data bank.

The same procedure was followed when searching the *Web of Science database.* Researcher allocation was reversed so duplicate articles were likely to be assessed by a second researcher. All initially included articles were moved to a new databank, on which duplicates were highlighted. Notes of observations on themes were discussed. Potentially relevant theoretical papers were added to a separate collection. All researchers read the first 5 articles to be included in the search. Further, any studies that were marked 'unsure' were re-assessed by all researchers and notes were discussed. A free-text search using Google Scholar was conducted to identify any papers that were missed by the database search but met the inclusion criteria. Finally, a 'snowball search' was performed to find any additional papers by searching reference lists of eligible literature.

Figure 2. Summary of the search and selection procedure



Analysis

The included papers were divided equally among researchers and individually summarised. The full-text analyses aimed to answer the following questions:
What type of data was used? What theory was tested? Were there specific hypotheses? What analytic strategy was used? Were existing guidelines followed, and if so, how?

Observations and reflexive notes were presented to the group. Following discussions, papers were examined based on analytic strategy, whether the analysis was driven by theory or case data (deductive vs. inductive), and theory-building outcome.

The researchers individually categorised all yielded studies, created any necessary subcategories, and wrote their observations on the database. As a group, we reviewed each paper, defending any alternative positions until consensus was reached, confirmed the categories, and discussed the results.

Risk of bias/Procedural limitations

Throughout the review, we applied explicit and systematic methods (Moher et al., 2009). The inclusion criteria were applied rigorously during screening, placing emphasis on reducing researcher bias for the final inclusion. We used a consensual approach – all individual and group decisions were documented and questions about any decision-making were justified to the group. This was particularly important for the development of categories in the analysis stage. We acknowledge that we as a group of counselling psychology trainees hold bias and we specifically wanted to acknowledge that we have a personal interest in demonstrating that this is a valid and useful methodology to justify its use for our own research. Although the way we chose to categorize the results of the data may be deemed somewhat subjective and in

service of our own needs, we believe that our group discussions mediated at least some of that bias.

Results (Table 1)

What analytic strategy was used?

The current literature review findings shed light upon the broad range of additional analytic strategies TBCS researchers integrated within their theory-building analyses. We found that descriptions of researchers' rationales for employing these specific analytic strategies were largely inexplicit.

Out of the twenty-five papers reviewed, ten applied the assimilation to problematic experiences scale (APES) as an analytic strategy. Three used structural analysis of social behaviour (SASB) and three stated that theory-building case study was their method of analysis only. Consensual qualitative analysis plus either ACORN or CCRT was used in three papers, one used IPA and one used IPA and process analysis. One used intensive observational analysis, one used sequential model of processing, one utilized dialogical sequence analysis and one coded interactional frequency only.

What theory was tested? Were there specific hypotheses?

Some of the TBCSs were driven by a named and established theoretical framework, such as the assimilation model, whereby the researchers clearly stated an aim of testing the theory in relation to a case, with the aim of confirming, re-testing, elaborating or refining the theory. However, we also found that several TBCSs reflected a broader 'discovery-driven' approach, in that researchers appeared to conceptualize a 'theory' as a relevant body of literature to which they aimed to contribute. Moreover, many of the TBCSs did not have a clear theoretical starting point and differed in justifications provided around the selection of theory. We also attended to whether researchers set out specific hypotheses; for our purpose,

we considered the theoretical statements as equivalent to hypotheses to be tested. The results were split almost equally between unclear hypotheses, stated hypotheses and no hypotheses. There were some differences in whether these were testable hypotheses or theoretical tenets. Where it was unclear or no stated hypotheses, the authors described aims/goals/purpose.

Out of the 25 studies reviewed, 20 used a theory-driven analysis, by which we mean that the authors utilized an explicit theory to organize and analyse their data. We found three studies that analysed their data based on a summary of literature (i.e., not an explicit theory, but rather 'this is what the literature says about the phenomenon we wish to investigate), only one that was driven by the data itself and one that we were unable to categorize.

What were the results/outcomes?

We were curious to see whether researchers were explicit about theory confirmation, theory extension, or further theory testing on other cases. Much group discussion centred on whether theories that were extended were also implicitly confirmed. We decided that if one extends a theory, then one must implicitly agree on the initial tenets of the theory; therefore, we agreed that if something was categorized as extended, it was also an implicit confirmation of the theory. The majority, 19 out of the 25 studies had confirmed and extended a theory, even though this was not always explicitly stated as such. Two studies were testing a theory on a further case and three had an unclear outcome.

Stiles & McLeod suggest that one should be "Turning the observation back on the theory in order to improve it" (Stiles, 2007, p. 125) and offer the following questions: "Does the theory do justice to the complexity of the case? What are the segments or aspects of the case around which the theory has nothing to say? At what points did I feel frustrated or confused when I was using the theory to code or analyse the case?" (McLeod, 2010, p165). We found that these were often not explicitly engaged with; thus, the 'theory-building' element of the TBCS was often difficult to parse out of the results/discussion. One notable

exception to this was Tickle and Murphy (2014), who provided a very clear table of theoretical gaps and how their results added to the theory. Westerman and DeRoten (2017) also provided clear theoretical tenets and specific discussions of how their findings extended the theory.

Furthermore, it appears that several TBCSs were written with an emphasis on the complex and clinically interesting aspects of the case as opposed to the theoretical phenomena to be tested and therefore, the theory-building component. These highlighted questions concerning the degree to which TBCSs may be viewed as distinct from other case study research methodologies, such as pragmatic case studies.

We chose to organize the results of the literature review through the three strands (analytic strategy, theory-driven vs. data-driven, and outcome) as these were the elements that we were most interested in exploring. However, we were struck by the variation amongst all the studies we reviewed, and other than all (except for one that utilized therapist notes) based on transcripts of therapy sessions as their data source, the methodology and structure differed vastly.

Were existing guidelines followed and if so, how?

None of the studies examined followed the guidelines (see figure A) explicitly (see Table 1) and varied with regards to which steps were defined and described. Some studies were much more explicit than others; in some, it was difficult to parse out the procedure. Such TBCSs were not systematic and hence would not be clearly replicable. However, we also want to highlight this methodology's uniquely creative essence, one that is highly emblematic of the pluralism and creativity of the counselling psychology landscape. We want to encourage other researchers to engage with the research process with a degree of freedom and creativity while maintaining scientific rigour and transparency. We hope that the

recommendations below provide further structure but also maintain some of the methodology's freedom and flexibility.

Discussion & Recommendations

In our literature review, we discovered that researchers varied in their assumptions of what it means to conduct a TBCS, and we would argue that without clear and explicit guidelines the methodology lacks validity. Based on our own experiences of TBCS research as counselling psychology trainees as well as the results of our literature review, we have provided some supplementary additions (See Figure 3) to the existing guidelines (see McLeod, 2010; Stiles, 2009, 2017, See figure A).

Figure 3: Additional guidelines ***(in bold, italicized)*** interwoven with McLeod's (2010) guidelines

Step 1	Developing a clear theoretical starting point
Step 2	***Extracting the theoretical tenets/ propositions to be tested***
Step 3	Selecting a case
Step 4	Constructing a rich case record
Step 5	Immersing into the case
Step 6	***Choosing the analytic strategy***
Step 7	***Applying the theory to the case/ Triangulate***
Step 8	Identifying gaps in the theory: applying the case to theory
Step 9	***Clearly stating the outcome of the study***
Step 10	Refining theory
Step 11	(Testing the revised version of the theory against further cases)

Developing a clear theoretical starting point (see Stiles, 2009; McLeod, 2010)

We recommend that TBCS researchers start with a clear and explicitly stated theory (as discussed) through a process of familiarisation with research and identifying the main tenets of the theory. It will likely be helpful if it is clear to the reader why that specific theory is being tested with the case data and consideration of how well case(s) may be seen to fit the theory.

We would also suggest that researchers have some initial ideas about what they want to achieve - to extend a theory, confirm the findings of a previous study with an additional case, or extend the evidence base of a theory by confirming the theory (Stiles, 2009). Some researchers choose to use findings, concepts, or ideas from existing literature as a starting point or let their data guide their analysis, rather than starting with a named theory (McLeod, 2010). In this case, we suggest clearly stating what the researcher wishes to test within the study and remembering that TBCSs aim to build on theory.

Extracting the theoretical tenets/ propositions/statements to be tested

TBCSs aim to test theoretical propositions, which might serve as an alternative to a hypothesis or research question. Because TBCSs are based on rich case records, they create the opportunity to test several tenets of the theory. We recommend drawing out specific theoretical propositions from the theory to be tested (Cornelis et al., 2021; Westerman & de Roten, 2017). Extracting relevant theoretical statements, based on the objectives and available data, allows researchers to systematically identify ways in which a case corresponds with theory, thereby highlighting any potential gaps.

Immersing into the case (see Stiles, 2009; McLeod, 2010)

At this stage of analysis, researchers should bracket off knowledge of the theory and approach the data with an open mind. This step can include transcribing data, reading, and reading data from different perspectives (e.g., therapist and client), writing summaries and keeping reflective notes.

Choosing the analytic strategy

Some researchers choose to employ a specific analytic strategy within their TBCS methodology. We suggest thoughtful consideration of whether that is relevant for one's specific study and to keep in mind that the choice of method will be highly dependent on what theory one is aiming to build. For example, if researching the experience of a participant (such as how

a specific therapeutic framework - the theory - is experienced by the client) it might make sense to employ an interpretive phenomenological analytic strategy within a TBCS methodology. However, if the main aim is to test a theory on a case, there are steps outlined for TBCS analysis that might suffice for the analysis. Timulak & Keough (2016) recommend structuring the analysis based on the phenomena being studied or the theory being tested, warn against being limited by imposing analytic techniques, and call for the data to influence choice of analysis. In our own research, for example, SH's project used goal-setting theory to organize and analyse her data. FR has taken a similar approach by first identifying key moments based on attachment and mentalizing theories, followed by using existing assessment procedures to analyse the discourse. However, PB's research on meaning in life in psychotherapy process and outcome, as well as JG's research on change process in autistic adolescents included thematic analysis as a first step to organising the data. This meant that PH and JG could remain open to all that the case might highlight before looking at their data from a more theoretical lens. EP utilized a phenomenological analysis from the start, which she then mapped onto a set of theoretical statements taken from the dissatisfied dropout literature. We decided on our analytic processes through engagement with our data, the scope of our individual projects, existing guidelines, and discussions with supervisors.

As the data used is usually very extensive and rich, some approach to organizing it is crucial. We recommend either coding data using the theoretical tenets that are to be tested in the study, and/or being explicit in how the data is initially organized. For example, all of us found it crucial to use either a narrative or thematic analysis to organize and understand the data as the initial step.

It is important to note that many of the qualitative methodologies such as IPA, grounded theory, or thematic analysis, were developed for use on interview data and are used as stand-alone methods. What we found was that TBCS researchers are integrating these into their

TBCSs, and we have also done the same. We do not feel that this is an issue per se, as the data must be organized and analysed in some way, but we need to be aware of the differences between interview and transcript-based analysis. As most TBCSs are using transcript-based data, we may need to consider some of the conceptual differences inherent in the transposition of these methods onto psychotherapy transcript data.

Some theories that have been developed using mainly TBCS research, such as assimilation theory, have developed their own approach to analysis. Assimilation analysis involves specific steps (where different internal voices are identified in the transcripts) that can be employed as an analytic strategy within a TBCS. We suggest that if working with a specific theory, it is important to look for other TBCSs investigating this theory and whether an analytic strategy has been developed that might be helpful to utilize.

Whatever the choice of analysis, we suggest that it is organised in a way that makes sense in relation to the theoretical tenets and to be explicit in describing decision-making steps (Timulak & Keogh, 2016). The authors emphasize that sometimes, our need to be rigorously objective can lead us to not fully share our decision-making process. This can be particularly true in TBCSs as they can be criticized for lacking 'power'. We encourage researchers to justify and be explicit in detailing their analytic choices – the analysis section of the research should be detailed enough for replication.

Triangulate

Triangulation in qualitative research often involves using two or more sources of data or two or more researchers to investigate a phenomenon. Traditionally, triangulation has been used to get closer to the 'truth' of what is happening in the data, however, some researchers argue for the use of triangulation as a way of getting a fuller picture, rather than a more accurate one (Braun & Clarke, 2013). The latter use of triangulation serves case study research well, and we recommend using different sources of data to construct a rich case record (McLeod,

2010). In addition, we recommend having different researchers to audit. This could involve having another researcher code extracts of data and use this to aid discussions and develop codes, or audit initially identified themes or codes. We found doing this in our research group very useful.

Identifying gaps in the theory (see Stiles, 2009; McLeod, 2010)

When analysing, consider whether the case can be explained by the theory and identify the areas (if any) of the case that are not explained by the theory. This is where the theory-building element comes in. Consider what the findings can add to the existing theory and be explicit about this (see below).

Clearly stating the outcome

One element of the process that we found particularly lacking in many of the studies we reviewed was a thorough discussion of the outcome. Researchers gave rich details of the case and the results, but often only a brief discussion on its contribution to theory. We emphasize the theory-building component as the most significant part of TBCS research. We would therefore recommend being specific about how the results of this piece of work specifically confirm/extend/negate the theory (see, for example, Tickle & Murphy, 2014; Westerman & deRoten, 2017). This will allow for re-integration of the results with the theory and for theory extension.

Limitations

Our group found the variations and lack of guidance in TBCSs problematic, but we are aware that some of this discomfort lies with the 'unknowing' of not having enough guidance for our own research. Too much methodological freedom can breed anxiety and although we wanted to provide some more guidance for conducting TBCSs, we recognize our desire to facilitate our own projects. Further limitations include the choice of focal

points/discussion of the literature review; we looked at what we found to be most challenging about our own projects. We came across several papers that appeared to be theory-building case studies but did not state that explicitly (Kasper et al., 2008; Hill et al., 2008; Mayotte-Blum et al., 2012). It is likely that more studies may have been missed in the initial stage. We see this as evidence of a lack of shared understanding or clear distinctions between different types of case studies. Although McLeod has outlined different types of case studies (McLeod, 2010), it appears that there remains uncertainty or confusion among case study researchers and highlights the need for further consideration/explication about theory-building.

Conclusion

This literature review aimed to investigate how TBCSs have been conducted to date. The inquiry was guided by methodological papers on TBCSs, existing guidelines (McLeod, 2010; Stiles, 2009), and our individual research journeys. We found that whilst there are many commonalities and shared values, most TBCSs varied in analytic strategy. We found most research to be theory-driven, though some studies did not explicitly outline theoretical starting points or stated hypotheses to test. This made it challenging to fully grasp the theoretical outcome. Finally, the findings show that the current literature does not necessarily follow the existing guidelines. Whilst we highlight the importance of the creative aspects of TBCS, we feel this requires experience, confidence, and in some cases larger research teams. Although there remains work to be done in understanding the role of TBCSs in counselling & psychotherapy as well as further research on the analysis of psychotherapy session data, we have found this review process to be instrumental in our own research journeys. It is our hope that the suggestions offered here will be useful for other students and researchers choosing to utilize this methodology.

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Source	Data	Theory	Specific Hypotheses?	Stiles or McLeod guidelines cited	Analytic Strategy	Theory/data-driven	Outcome
Schielkeet al. (2011)	Video recordings and transcripts of sessions	Theory of isomorphism as applied to couple therapy.	Yes - Does isomorphism in the structure of inter- and intra-personal change processes follow the same model that has been shown to be true for intrapersonal changes in individual therapy?	Not explicitly	APES	Theory-driven	Extended theory (extended model's applicability to the interpersonal realm)
Tickle & Murphy (2014)	Session notes, audio recordings and transcription and research interviews.	The theory of mutuality (person-centred theory)	Aim to develop theory	Not explicitly, referenced Stiles and some aspects of McLeod's steps could be found	No named TBCS	Data-driven	Extended theory (implicitly confirmed)
Halvorsen et al. (2016)	Post therapy interviews (client & therapist), session evaluations, audio recordings & transcripts; quant measures.	No explicit theory: what were the helpful aspects of therapy in this difficult case	Unclear	Not explicitly – theory-building analysis integrated into IPA stages	IPA	Discovery-driven	Unclear (clinical recommendations)
Gabriel et al. (2021)	Session transcripts	Assimilation	Aim to assess and elaborate the assimilation model as it applies to bereavement /extends the model	follows APES steps	Qualitative Assimilation Analysis	Theory-driven	Tested already extended theory on further case
Kramer & Meystre (2010)	Extensive therapist NOTES (not transcripts)	Assimilation	Aim to demonstrate assimilation model enables identification of third-party effects and confirmation of meaning bridges/Extend the model	follows APES steps	APES	Theory-driven	Extended theory (implicitly confirmed)
Kramer et al. (2016).	Audio and video recordings of sessions. Outcome measures (four time points): OQ-45, IIP, BSL, and WAI.	Assimilation	Aim to use the assimilation model to understand internal multiplicity in BPD.	Not explicitly, cites Stiles	APES	Theory-driven	Extended theory (implicitly confirmed)

Widdowson (2014)	3 case vignettes and case formulations in the form of vicious cycles.	Transactional analysis	Aim to test and extend the theory of TA in terms of vicious cycles in depression/anxiety.	Not followed or cited	No named TBCS	Theory-driven	Extended theory (implicitly confirmed)
Westerman (2011)	Video recordings of sessions, psychometric measures, and DSM diagnosis	Interpersonal Defense Theory	Aim to test and illustrate theory/offer evidence supporting several tenets of IDT	follows Stiles, discussion of the logic of theory-extension,	SASB	Theory-driven	Extended theory (implicitly confirmed), support for TBCS

Source	Data	Theory	Specific Hypotheses?	Stiles or McLeod guidelines cited	Analytic Strategy	Theory/data driven	Outcome
van Rijn et al. (2019)	Video recordings of onscreen images and audio recordings of counselling sessions; transcripts of interviews (client & therapist)	Assimilation	Aim to investigate how digital imagery was used in counselling through assimilation analysis.	follows APES steps	APES	Theory-driven	Confirmed & Extended Theory
Kramer et al. (2014)	Audio recordings and transcripts of three sessions.	The Rupture-Resolution Model	Aim to extend the emotional processing theory to extend the rupture-resolution model.	Applied Stiles model - deduction, induction, and abduction	The sequential model of processing	Theory-driven	Extended theory (implicitly confirmed)
Gray & Stiles (2011)	Session recordings & transcripts; outcome measures; process measure (APES)	Assimilation	Aim to identify the configuration of voices associated with anxiety.	Follows APES steps	APES	Theory-driven	Extended theory (implicitly confirmed)
Welch et al. (2019)	Therapist case notes; Video recordings of counselling sessions; outcome measures	Emotionally Focused Couples Therapy	Aim to understand the therapy processes that result in the creation of safety	Applied Stiles model - deduction, induction, and abduction	Intensive observational analysis	Theory-driven	Confirmed & Extended Theory
Friedlander et al. (2021)	Four cases of couples therapy from video recordings	No explicit theory - behavioural manifestations of split alliances in	Research question re: the role of self-reported split alliances	No, but explicit in analysis methodology - analysis	coding interactional frequencies	Theory and Discovery-driven	Extended theory (implicitly confirmed)

		couples therapy		was led by the theories.			
Cornelis et al. (2021)	Session recordings	The two-polarity model of personality development	Yes, clearly identified hypotheses and predictions	Not mentioned. 6 team members worked on different elements of the analysis (quant/qual).	CQA & Acorn	Theory-driven	Confirmed & Extended Theory
Meystre et al. (2014)	Session transcripts	Assimilation	Yes, clearly identified hypothesis and aim to confirm/disconfirm.	Follows APES steps	APES	Theory-driven	Extended theory (implicitly confirmed)
Cornelis et al. (2017)	Session audio recordings, outcome measures; perspectives of client, therapist, and researchers	Assimilation	Yes, clearly identified hypotheses and predictions; aim to test, confirm and extend the theory	Cites both Stiles and McLeod, however, guidance is not explicitly mentioned in the method	CQA & CCRT	Theory-driven	Confirmed & Extended Theory
Cornelis et al. (2017)	Session recordings; outcome measures	Symptom Specificity Hypothesis	Aim to confirm the previous extension of theory	Not explicitly followed in method; cites McLeod	CQA, Acorn & CCRT	Theory-driven	Confirmed & Extended Theory

Source	Data	Theory	Specific Hypotheses?	Stiles or McLeod guidelines cited	Analytic Strategy	Theory/data-driven	Outcome
Westerman & Muran (2017)	Video recording of counselling sessions; outcome data	Interpersonal Defense Theory	Yes, clearly identified hypotheses and predictions; to test and extend theory.	Not explicitly, cites Stiles and McLeod	SASB	Theory-driven	Confirmed & Extended Theory
Westerman & de Roten (2017)	Session recordings & quant measures; existing data from umbrella study	Interpersonal Defense Theory	Yes, certain kinds of interventions contribute to alliance ruptures while others promote resolution.	Not explicitly, cites Stiles	SASB	Theory-driven	Confirmed & Extended Theory

HaCohen et al. (2018)	Audio recordings, outcome measures, DSM diagnosis	relational psychodynamic theory/self-states development	Yes, in successful treatment, the therapist's TPA levels would become temporarily congruent with the patient's TPA levels on a session-by-session basis.	Modified / followed APES steps	Mixed-Method (APES, TPA, Regression)	Theory-driven	Confirmed & Extended Theory
van Rijn et al. (2021)	Video and audio recordings; interview transcripts	Assimilation	No clearly identified hypothesis; aim to compare an array of case observations with a theoretical account to assess fit and elaborate theory	Implicitly follows the guidance, not clear on abduction aspect	APES	Theory-driven	confirming & testing against another case
Quinn et al. (2012)	Recordings and transcriptions of participant interviews (2 participants & therapists)	No explicit theory: understanding successful approaches for psychogenic non-epileptic seizures	No clearly identified hypothesis; aims to develop an understanding of the area	Not explicitly – theory-building analysis integrated into IPA stages	IPA & process analysis	Discovery-driven by literature without naming theory	Unclear outcome (clinical outcome)
Gunst & Vanhoorenn (2018)	Session recordings and transcripts	Theory of patterns of destructive functioning	Unclear; vague aims to extend the theory	Not followed, cites Stiles	TBCS	Unclear	Unclear outcome
Caro Gabalda & Stiles (2021)	Audio recordings and session transcripts; process and outcome measures	Setbacks in Assimilation	Aim to test and extend the theory	Implicitly follows the guidance, not clear on abduction aspect	APES	Theory-driven	Extended theory (implicitly confirmed)
Zonzi et al. (2014)	Audio recordings and session transcripts, comparative clinical trial data	Assimilation	Aims to test and extend theory; hypotheses are presented throughout.	Not explicitly, cites Stiles	Dialogical Sequence Analysis	Theory-driven	Unclear outcome (clinical outcome)