

The Development of Counselor Competence in Autism Practice: A Phenomenological Exploration

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Abstract

The development of competencies specific to specialized populations is an emerging area of interest in the counseling profession. Rising rates of autism spectrum disorder (ASD) among children in the United States have drawn the attention of service providers advocating for the advancement of practices that promote comprehensive, high-quality care for this underserved population. Extending these efforts, this phenomenological study examined counselors' competencies in working with children with autism. Analysis of in-depth interviews with 14 counselors identified five key themes: (a) early awareness, (b) expanding clinical understanding, (c) adaptive technique use, (d) professional counselor identity, and (e) embodied personal

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characteristics. Implications for enhancing services for this population in both clinical and K-12 settings are discussed.

Keywords: Autism spectrum disorder, counselor development, competence, phenomenological

Autism Spectrum Disorder (ASD) is a complex developmental disorder that affects the lives of children and their families in growing numbers. Recent estimates indicate that 1 in 31 children are diagnosed with ASD, a 22% increase from the 2020 findings (Centers for Disease Control and Prevention [CDC], 2025). Additionally, a comprehensive CDC report (2013) identified the leading childhood diagnoses in order of prevalence: attention-deficit/hyperactivity disorder, behavioral conduct problems, anxiety, depression, and ASD. These trends highlight the importance of accurate diagnosis and the use of effective clinical interventions for ASD (Hus & Segal, 2021; Paynter et al., 2022). For counselors to engage in successful treatment outcomes, they must be deemed competent to treat the diagnosis (ACA, 2014, Standard C.2.a.). Specifically, the ACA (2014) *Code of Ethics* emphasizes that when practicing in specialty areas, “counselors take steps to ensure the competence of their work and to protect others from harm” (Standard C.2.b.).

Defining counselor competence is challenging because it is a complex and multidimensional construct (Chen et al., 2025). Competence is typically understood as a combination of clinical abilities, professional dispositions, and behaviors (Miller et al., 2020), as well as the capacity for multicultural judgment (Mollen & Ridley, 2021), all of which contribute to positive client outcomes (Miller et al., 2020). To cultivate counselor competence, CACREP (2024) established essential knowledge-based standards and requires programs to integrate these into the curriculum (Huan-Tang & Pillay, 2020). These competency standards support accreditation processes, aid in identifying and addressing the contextual identities of the practicing counselor (Akos & Duquette, 2022), and strengthen student-learning outcomes and assessment practices (Gonzalez et al., 2024).

Typically, the dimensions of competence require counselors to engage in a lifelong process of developing self-awareness, knowledge, skills, professional dispositions, and behaviors. Participation in effective supervision can further enhance self-efficacy (Cooper et al., 2018). According to Puig et al. (2023), professional counselor dispositions include being open, flexible, adaptable, socially just and advocacy-oriented, patient, creative, and intuitive. When working with the autism community, it is essential for counselors to understand the different theoretical frameworks which shape how a client is viewed (Feather et al., 2024b; Ratts et al., 2016). Ennis-Cole et al. (2013) found that improved treatment outcomes were linked to counselors who integrated a comprehensive, culturally informed approach with attunement to how culture and family understanding of ASD shape client experiences. ASD has often been viewed through the lens of the medical model, emphasizing deficit, pathology, and treatment (Pellicano & Houting, 2022; Zaks, 2023). In contrast, the social model of disability and capabilities framework reframes disability as the result of systemic inequities and

societal barriers, rather than individual impairment (Burchardt, 2004). When viewing ASD through this framework, disability is not an individual deficiency, but the result of a neurodivergent individual in an unaccommodating environment (Leadbitter et al., 2021). Furthermore, a growing number of autism advocates embrace the neurodiversity movement, a strengths-based movement rooted in social justice and civil rights, based on the lived experiences of neurodiverse individuals who reject the medical model and adopt a stance of acceptance towards natural variations in the human brain (Abbott 2019; Kapp, 2019; Pellicano & Houting, 2022). Familiarity with past frameworks and emerging movements help counselors engage in culturally responsive practice and critical reflection of their own biases when working with autistic individuals and families (Ennis-Cole et al. 2013, Feather et al., 2024b; Lee et al., 2025).

Counselor professional identity, as a component of professional dispositions, is defined as a core set of counseling-specific values that allows counselors to distinguish their roles from those of other professionals in the mental health field (Burns & Cruikshanks, 2018). Additionally, several researchers continue to examine the specific competencies needed to effectively support children diagnosed with ASD and their families. Feather et al. (2024b) found counselors emphasized the need to *think outside the box*, noting that traditional approaches often require significant adaptation to meet the sensory, developmental, and relational needs of autistic children. Their competency development emerged primarily through experiential learning, including direct client work, supervision, consultation, and ongoing trial and error. Participants highlighted the central role of collaborating with families, recognizing that effective counseling depends on understanding family dynamics, caregiver perspectives, and system-level supports (Feather et al., 2024b).

Therefore, this study aims to provide a model for developing competencies in the area of ASD through exploring the experiences of mental health professionals who have been identified as experts in the field of autism and provide counseling services. Thus, the research questions that will drive the current study are: 1) How do counselors describe their experiences counseling children diagnosed with ASD and their families? and 2) How do counselors describe their development of clinical competence working with children diagnosed with ASD and their families?

Method

This study utilized a phenomenological tradition grounded in a social constructivist paradigm to capture the essence of participants' experiences with children diagnosed with ASD and their families (Hays & Singh, 2023; Moustakas, 1994). This methodological approach is used to

understand how individuals make meaning of their experiences and identifies both shared and divergent elements across participant cases (Hays & Singh, 2023). We received institutional board approval prior to beginning the data collection and analysis process.

Participants and Procedures

Purposeful sampling methods were employed to recruit 14 participants based on the nature of the study, research questions, and methodological approach (Hays & Singh, 2023; Patton, 2002). Participants were recruited through professional organizations and clinical networks. Each participant received a \$20 gift card as an incentive and were asked to select pseudonyms to protect identifying information. To be eligible to participate in this study, the following criteria must be met: (a) holding a license as a professional counselor, marriage and family therapist, or a clinical supervisor credential in a K-12 school setting, and (b) having experience counseling children and families diagnosed with ASD. These criteria ensured the inclusion of counselors with relevant clinical experience.

As seen in Table 1, a total of 14 participants met the inclusion criteria and participated in the interviews. Of these individuals, 10 identified as female and four identified as male. At the time of the interviews, all participants were employed as licensed mental health professionals. The average number of years of clinical counseling experience was 7.78, with a range of one to 32 years. Each participant held a minimum of Master's degree from a CACREP-accredited program, and two participants held a Doctor of Philosophy degree in counselor education and supervision. Based on forced-choice demographic responses, the majority of participants identified as white (86%), with one participant identifying as Hispanic/Latina (7%), and one identifying as African American/Black (7%).

For data collection, we utilized a semi-structured in-depth interview protocol (i.e., range of 26-64 minutes in length). An interview protocol was developed based on a comprehensive literature review and a pilot interview. The pilot interview was conducted with a doctoral student with extensive clinical experience working with children across the autism spectrum. Their direct and indirect feedback informed the refinement of the interview questions.

Data Analysis

Moustakas' (1994) transcendental phenomenology was used to understand the essence of participant experiences. The first author followed this data collection and analysis process in two

stages: *Level I*, which captured the participants' direct, unfiltered description of their experiences through dialogue with the researcher and *Level II*, which involved the researcher's reflective interpretation to understand how these experiences were structured and given meaning overtime. Prior to coding, the first author engaged in epoché, intentionally setting aside personal preconceptions and biases related to the topic. Following transcription of the initial interview, the process of horizontalization began, in which each statement was initially treated as equally important and examined for what it revealed about the experience. Statements found to be irrelevant, redundant, or unrelated to the phenomenon were then removed, resulting in a set of meaning units, or horizons, that reflected participants' shared experiences. These meaning units were subsequently grouped into clusters of related ideas, which formed preliminary textural descriptions capturing *what* participants experienced. Through ongoing comparison across transcripts, these clusters were refined and integrated, allowing broader themes to be identified that represented common elements of counselor development. In Level II, the first author examined how these experiences unfolded by integrating textural descriptions with structural interpretations, attending to context, timing, and conditions that shaped participants' development. This iterative process supported the construction of a cohesive thematic scaffold structure that reflected both the progression and complexity of counselors' competence development, resulting in a unified, holistic understanding of the phenomenon.

Researcher Subjectivity and Reflexivity

In qualitative research, and especially within phenomenological research, it is imperative that we engage in researcher reflexivity to reduce researcher bias (Hays & Singh, 2023). The first author completed all data collection and analysis of the interviews and is a counselor educator and licensed professional counselor for 15 years and supervisor for 11 years. Before licensure, she worked in a residential setting for children with low-functioning ASD and was an associate teacher at a K-12 school for ASD teaching children with high-functioning ASD. She identifies as a white, neurodivergent female, and is a mother. The final four authors participated in manuscript preparation. The second author is a white, cisgender counselor educator with over 10 years of experience in counselor education and extensive training and experience in conducting and publishing qualitative research. She has experience working in clinical mental health outpatient settings and has worked in collaborative classroom settings for children diagnosed with ASD. The third author is an Asian, first-generation immigrant counselor educator with over 10 years of experience in counseling and

counselor education. She previously worked in Taiwan as a licensed elementary school teacher and school counselor and has supervised American and Asian counselor trainees for more than 15 years. Although she is formally trained in advanced quantitative methods, she engages in ongoing reflexivity to remain attentive to how her quantitative background, cultural identity, and educational privilege may shape her interpretation of qualitative data. The fourth author is a white, cisgender male and a doctoral student in school psychology, with experience supporting K-12 students in both school and community settings. The fifth author is a white, cisgender female and a doctoral student in counselor education and supervision with 7 years of experience working with autistic individuals and families across in-home services, clinical settings, and university disability resource centers. She conducts research alongside the autism community, integrating autistic voices into the construction, interpretation, and implementation of her work while centering neurodiversity-affirming perspectives. Beyond clinical and research contexts, she has 3 years of experience serving as a volunteer camp counselor for both autistic children and adults, furthering her understanding of holistic, community-based support for the autistic community.

Trustworthiness

Experts in qualitative research establish confidence in findings through the concept of *trustworthiness* and its elements of credibility, transferability, dependability, authenticity, and confirmability (Hays & Singh, 2023; Lincoln & Guba, 1985). To enhance rigor, the first author employed several strategies of trustworthiness. First, she utilized an audit trail of data collection and analysis artifacts (e.g., analytic memos, coding documents, thematic notes, reflexive journal entries) as well as triangulation of data sources (i.e., 14 participants) and research team members (i.e., Five interdisciplinary research team members with varied educational experiences). Additionally, she also incorporated member checking by inviting participants to review and provide feedback on the accuracy of interpretations made by the first author (Hays & Singh, 2023). Only one participant responded, indicating she “read the first five pages and decided [the first author was] spot on” with the findings.

Due to the first author’s prolonged engagement with the phenomenon (e.g., conducted and analyzed the in-depth interviews and overall length of time with ASD-focused research), she recognized the potential influence of researcher assumptions on data interpretation (Patton, 2002). To address this, an external auditor was enlisted who had expertise in rehabilitation counseling, who reviewed the audit trail and made recommendations (e.g., suggesting that the theme initially labeled

“establishing competencies” more accurately reflected “exposure to autism”).

Findings

After reflective analysis, five structural themes were identified through our phenomenological exploration of counselors’ lived experiences as they developed expertise to support children with ASD and their families. Participants described the developmental trajectory of their practice through early awareness, expanding clinical understanding, and adaptive technique. They also emphasized the importance of professional counselor identity and embodied personal characteristics in shaping their development as practitioners.

Early Awareness

Participants shared their process for developing self-awareness to better work with ASD children and their families. Participants discussed how their own life experiences outside of work provided them an “insider status” of the phenomenon. For example, John shared, “And that’s [how having a child with a disability has] been kind of neat too because I have a little bit of an insider’s status with working with the special needs community.” However, Douglas expressed how having an insider’s status did not make them an expert with their client: “So my younger brother is diagnosed with autism, so I know what it’s like and that’s not accurate... I can just understand where they’ve [client and family] come from, but I need them to share with me what that looks like for them.” Additionally, participants mentioned their personal upbringing teaching them to value acceptance by, “treating people with dignity and respect” (Bobbi), and to “not put people into categories” (Hillary). In addition, through their post-graduate experiences, participants recognized the importance of realigning their expectations as a counselor when working alongside clients with ASD. As Simon explains:

[Y]ou know, [counselors] want to treat and cure. They want to help an individual resolve their depression, they want to help an individual reduce their anxiety, move through their period of grief, and I think it’s a different thing working with individuals who have a neurodevelopmental disorder that is not going to resolve itself... [E]ven when you create an environment that is a well-oiled machine and everything functions in a consistent and predictable manner... [T]here’s going to be no other setting that can emulate that... and then you’re not really setting that individual up for success long-term anyways. I’d say

parents have taught me about this, parents who have been accepting of their child's deficits, parents who don't expect perfection from their child, who don't expect their child to change fundamentally. and acknowledging their scope of practice.

Additionally, some participants described their assumptions and biases entering the field and how they challenged their beliefs. Though, several participants claimed their life experiences prevented biases and assumptions to materialize. Within their development of self-awareness, participants acknowledged the importance of recognizing scope of practice, connecting families to wraparound resources in the community, and also acknowledging how minimal community resources are as Mel puts it a "frequent source of frustration." Lastly, participants explicitly described the assumptions and biases they held regarding children with ASD and their families. For example, Elizabeth disclosed her assumptions when working with children with ASD and their families:

I remember when I first saw it [ASD] and was like 'whoa' and recognized that not being able to speak is not the same as not having anything to say. And so now I try to think about nonverbal children that way. They still have a lot they wanna tell you, they just can't. And so I remember thinking that if they didn't speak there wasn't a whole lot going on. And now I hate that I ever felt that way.

Expanding Clinical Understanding

Participants' reflected that coming from a "collaborative," team approach is "critical practice" and provides a "different frame to [understanding] treatment" (Jean) of children with ASD and their families. Participants engaged in mentoring relationships and identified this process as a "significant resource" that "help[ed] guide" (Kaitlin) their work with children with ASD. Mentors assisted many of the participants, and for Jane it helped her to "see different aspects of the whole person to conceptualize the client." Almost all of the mentors in the mentorship relationship were interdisciplinary (i.e., speech language pathologists, special education teachers, behaviorists, intervention specialists).

Understanding clients included being flexible with approaches, while finding space for client growth. Kaitlin shared how it is important to understand the client's needs and development, but also "keeping that safe space, but expanding the bubble." Additionally, several participants shared how talk therapy may not always be the appropriate tool when working with children with ASD. Florence reflected on her experience of creating curriculums for clients with ASD, and how it was very

different from “traditional” counseling:

[W]e [counselors] needed to make it visual, we needed to make it on their level so they [can] understand. It wasn't typical to sit around and process information for three hours. And it needed to be hands on, it needed to be concrete and it needed to be something they could understand... I think again it was a lot of my experience of understanding how best to communicate with clients similar to ones on the spectrum and learning how to just work with those individuals.

Participants recognized the importance of approaching their work from a family systems perspective so they were able to “see the bigger picture” (Jannell) and “transform the system” (Mel). As Hillary describes, it was not only important to address ASD from a family system perspective, but to also set reasonable goals that would work for the family dynamic:

[B]eing very realistic about their goals because, if you're sitting there working with the family that has, more often than not, one child with autism, another one that's acting out to gain attention. So, if you have that much going in a system to say, 'Oh, well every night you need to go home and do this.' That's not going to work for the family. So having realistic goals for the family and listening to the family... You're creating goals with the family.

Several participants emphasized the importance of understanding that families will be experiencing a range of emotions regarding the child with ASD. Mel shared her experiences working with the families:

I think initially parents come in and they want a diagnosis... [T]here's a sense of relief when they get a diagnosis, it's kinda like, 'okay, this is it, I'm not crazy. There's a name for this. There are other people who have experienced this.' They want to learn about it and I think that brings a sense of relief in a lot of ways. And once they get past that stage, I try really hard to say, 'Let's not just look at this person as a list of symptoms'... I try to look at this kid as a person.

Adaptive Technique Use

Participants described how they developed their techniques to work with children and families with ASD. More specifically, participants described building their expertise through trial and error

and acknowledged their skills were developed by “firsthand experience” (Simon) and “learning as you go” (Bobbi). All of the participants noted a development of necessary skill sets for both individual and family counseling that focused on assessment and tools. Participants identified the imperative to assess for co-morbid conditions when working with children diagnosed with ASD. To do this, Jean recommended:

[B]eing able to say, ‘okay, this is what I know about autism and when some of these other symptoms present themselves, a) have you tried everything [most basic strategies and supports] that you know [that work] for autism, and b) when do you decide when it becomes a secondary diagnosis.

Further, Jean mentioned the importance of getting the “full picture” before making a diagnosis, [B]eing able to say, ‘okay, this is what I know about autism and when some of these other symptoms present themselves, a) have you tried everything [most basic strategies and supports] that you know [that work] for autism, and b) when do you, decide when it becomes a secondary diagnosis.” Participants acknowledged the importance of building rapport with both the client and family, and Jean discussed developing a relationship to meet the needs of their clients, “I think it was this myth that these kids don’t build relationships. It’s so the opposite I think. Whether they’re verbal or not, these kids build relationships, they build trust, they depend on people, they know who the people are that are gonna keep coming back and showing up to meet their needs.”

Participants outlined meaningful interventions they utilized in session. For example, participants discussed “setting up a consistent routine” (Emily), social stories, visual supports, and behavioral strategies as effective interventions to work with children with ASD. They also discussed the importance of “partnering with the family” and “allowing them to have an input in the process” (Jean). In addition, participants focused on psychoeducation as a technique to not only use with the parents, but with the siblings of their clients as well. Toni reflected on her work with families and infusing psychoeducation and grief work into the session:

I worked with a lot of newly diagnosed families and there was a lot of psychoeducation going on and un-teaching the things that they had learned on Google... A lot of helping them process the emotional impact of getting a lifelong diagnosis... [E]xplaining the difficulties that they’ve had from a different perspective and just acknowledging the frustrations and emotional reactions that come along with the diagnosis.

Participants outlined specific tools they used in session with families, such as facilitating communication between family members and the child with ASD, adjusting expectations, teaching interventions, and connecting families to resources in the community. Additionally, participants recognized the importance of parent management training that could be used in the home environment, as well as how to respond appropriately to the child with ASD, facilitating a “common language” (Emily) across settings. Additionally, eight participants acknowledged the significance of assisting parents in adjusting their expectations of “transforming the system” (Jannell). Lastly, participants recognized gaining access to community resources can be difficult for families, but that it is critical for counselors to link families to a “team or community of people” (Hillary).

Professional Counselor Identity

Participants described how their counseling identity provided a foundation for working with children with ASD and their families. All participants emphasized the value of specialization and highlighted the importance of advocating for the counseling profession, noting the need to understand what counselors can “bring to the table” and the importance of “showcasing our strengths as counselors” (Florence). Anna articulated her experiences of holding the client’s perspective during interdisciplinary meetings as a skill developed from her professional identity, “[O]ne of the things that happens especially with the behavioral interventions is that everything is very black and white and I think as a counselor you’re sort of taught to think in shades of gray.”

Participants described their professional orientation when addressing the needs of the population and acknowledged that through their experiences, person-centered practices were essential to be an effective counselor. Simon mentioned the importance of “not falling victim” to labeling oneself the expert. Moreover, Douglas articulated his experience around a counselor as the expert, “[A]s a grad student in counseling, I remember an instructor saying, ‘You may be an expert at a technique, but you’re not the expert of your client’s life, your client is the expert.’ So I’ve taken that as my approach to everyone that I work with, ‘Teach me how to best work with you.’ Mel also shared what has stuck with her when working with parents, “[S]pecifically the thing that has stuck with me, and the thing that I really help parents or their caregivers is to have an attitude of ‘Teach me about you.’ I’m not gonna make assumptions. I can teach them [parents] certain things that may help them be more empathic and understanding.” Participants expressed connecting with clients and families by “meeting them where they are” (Anna) versus where they believed they should be.

Embodied Personal Characteristics

A majority of the participants recognized that their personal attributes stemmed from both their life and work experiences. Participants' illustrated personal qualities that helped them better serve their clients, including perseverance, being flexible, creative, and patient. Anthony described taking on the challenge of working clients with ASD, "You're going to fail and you're not going to feel like you're not making progress but um, you have to keep pushing through... [D]on't give up, I mean, just don't give up, keep going, keep doing what you're doing to help the client." When it comes to creativity, participants shared their experiences of thinking "outside of the box to come up with new ways to help kids with developmental disabilities to be able to learn the skills to help them be more successful" (Anna). Participants described how crucial it was to be flexible within the counseling session when working with children with ASD and their families. Emily recognized the significance of flexibility and "thinking on the fly too because I can't tell you how many sessions I've sat down with a client and my great, wonderful plan that I had underway in my brain, ready to go, was a complete bust and you just have to switch it up at that moment because you are also managing behaviors with this diagnosis." Participants acknowledged patience as an "extremely" (Alex) important aspect to maintain as a counselor, and Jannell shared their perspective of sustaining patience throughout the counseling process:

[T]his isn't something that education teaches you but patience is really important. You have to be patient with these kids. You have to be patient with these families. The diagnosis is inherently hard. It's hard on everybody that is involved. It's hard for the kiddos experiencing it and can't express themselves or the parents who don't understand and don't know what to do or don't have the right resources to get what they need.

Participants identified that through their experiences, taking on the initiative, as well as recognizing their experience as fulfilling was essential to be an effective counselor. Participants recounted being resourceful by: (a) researching the diagnosis on the internet; (b) joining listservs; (c) purchasing books such as autobiographies; (d) engaging in active "problem solving"; and (e) connecting with their mentors to increase their effectiveness with the diagnosis. Jean reflected on taking the initiative to increase their effectiveness working with ASD:

I can't stop thinking about ways to improve it [work with clients]. So I'm always in the box of what haven't we done, what can we do, what else do we need to try versus giving up.

And I don't know, I love spending time with the kids. I like problem solving, I like thinking about things we haven't tried. When somebody comes up with a new idea, I really wanna be involved in implementing and following through.

Participants described counseling children across the spectrum and their families as a rewarding experience, but also recognizing it can be “a lot of work.” Toni shared her experiences working with the diagnosis:

[W]orking with people with autism can be so professionally and personally fulfilling that when people are able to get exposure or if they're able to specialize in this, it can be a life changing career track. And I hope that the opportunity is awarded to more and more people you know; this gap is bridged a little bit more between people with disabilities or people with autism and connecting them to counseling professionals.

Discussion

The purpose of this phenomenological study was to explore counselors' lived experiences as they developed expertise in supporting children with ASD and their families. To address the developmental complexity reflected in these findings, it is important to distinguish between counselors' intrapersonal reflection on assumptions and biases, their evolving professional identity and value orientations, and their growing understanding of systemic-level conditions that shape counselors' experiences. While these processes were deeply interconnected in participants' narratives, each theme primarily reflected a different locus of counselor development. The five structural themes, Developing Self-Awareness, Expanding Clinical Understanding, Adaptive Technique Use, Professional Counselor Identity, and Embodied Personal Characteristics, reflect the holistic, developmental process through which the counselors of this study used to grow into their professional roles. Growth in one (e.g., Expanding Clinical Understanding) domain catalyzes development in others (e.g., Adaptive Technique Use). Taken together, the findings illustrate that becoming effective in this area is not the result of a single training component, but of an evolving interplay between personal reflection, professional learning, and relational engagement with families.

A central finding of this study identified self-awareness as a foundational element of counselor growth. Participant experiences within this theme primarily reflected intrapersonal processes of self-

reflection, including examination of personal assumptions, biases, emotional responses, and the influence of lived experience on clinical decision-making. Consistent with the literature emphasizing reflective practice in developmental and multicultural counseling models, participants acknowledged that personal histories, assumptions, and lived experiences deeply shape their work with children with ASD (Ratts et al., 2016). For several participants, having an *insider status* due to personal or family experience created a sense of familiarity; however, counselors also emphasized the importance of resisting overgeneralization and maintaining curiosity regarding each family's unique experience. Although these reflections occasionally intersected with counselors' professional identities, participants primarily described self-awareness as an internal, reflexive process that required ongoing monitoring to prevent overgeneralization and assumption-based practice. This aligns with person-centered and constructivist perspectives, which emphasize approaching clients' lived realities with openness rather than certainty (Feather et al., 2025). Quinn (2012) noted that empathy is especially valuable, as it enables counselors to embrace cultural diversity and "accept the relationship as is—ambiguous and complex" (p. 214). Participants' reflections on their own biases, particularly assumptions about communication or abilities, illustrated how experiential learning and self-reflection facilitate more accurate, affirming, and individualized care (Feather et al., 2024a).

Participants also underscored clinical understanding as a dynamic and collaborative process, echoing the interdisciplinary work widely recommended in ASD services (Feather et al., 2024a). Mentorship was identified as a critical mechanism for learning, supporting prior research that identifies supervised experiential learning as a powerful catalyst for counselor competence (Feather et al., 2024a). Participants' descriptions emphasized learning to conceptualize client concerns within interconnected systems, including families, schools, healthcare providers, and service infrastructures, rather than viewing challenges solely at the individual level. Their experiences highlight the necessity of flexible conceptualization, realistic goal-setting, and sensitivity to the emotional journey of caregivers navigating diagnosis and service systems (Feather et al., 2024b; Hus & Segal, 2021; Miller et al., 2020). These findings reinforce systemic and ecological models of ASD intervention, emphasizing the counselor's role in supporting both the child and the broader family context (Feather et al., 2024a; 2024b).

The theme of therapeutic techniques further illustrates how counselors translated knowledge into practice. Participants described a pragmatic, experiential process of trial and error, adapting interventions to the unique learning styles and communication needs of children with ASD. Their emphasis on visual supports, structured routines, rapport-building, and psychoeducation was

consistent with evidence-based practices that prioritize concrete, predictable, and developmentally attuned supports (Feather et al., 2023). Notably, counselors highlighted the importance of addressing co-occurring emotional or behavioral concerns, emphasizing holistic assessment and responsiveness to individual differences (Feather et al., 2024b). The findings suggest that counselors must hold a dual awareness: understanding ASD-specific needs while attending to the broader mental health and relational functioning of the child and family (Feather et al., 2024b).

The theme of professional counselor identity primarily reflected participants' value orientations, role conceptualizations, and beliefs about what distinguishes counseling practice within interdisciplinary ASD contexts. Participants described drawing on person-centered values, particularly humility, respect for client expertise, and relational attunement (Feather et al., 2025). These principles appear to provide an anchor amid the procedural and behavioral emphases found with other helping disciplines that work with ASD (Feather et al., 2024a). The counselors' commitment to "meeting families where they are" reflects relational foundations that center on empathy, collaboration, and empowerment (Feather et al., 2025). Additionally, participants described advocating for the counseling profession itself by articulating what counselors uniquely contribute, particularly the ability to hold "the gray space", attend to emotional processes, and conceptualize beyond behavioral presentations (Feather et al., 2024a). These reflections differed from self-awareness processes in that they focused less on personal assumptions and more on counselors' collective professional commitments, ethical stances, and theoretical grounding.

Finally, the theme of personal characteristics highlighted that qualities such as patience, flexibility, creativity, and perseverance are not outlying attributes, but core components of effective ASD counseling (Feather et al., 2024a; Feather et al., 2023; Puig et al., 2023). Participants described the emotional and cognitive labor inherent in adapting interventions, managing unpredictable behaviors, and supporting families navigating complex systems (Feather et al., 2025). Participants' recognition that progress may be slow, nonlinear, or difficult mirrors findings in ASD intervention literature, which emphasizes the need for sustained commitment and emotional resilience (Feather et al., 2024b). Furthermore, participant descriptions of fulfillment and passion suggest that despite its challenges, work with ASD populations can be profoundly meaningful and professionally sustaining (Feather et al., 2023; Feather et al., 2024a; Feather et al., 2024b; Feather et al., 2025).

Participants also reflected and described their theoretical grounding when working with children diagnosed with ASD. Most identified with person-centered practices and emphasized honoring the abilities of each client and family by meeting them where they are. The importance of

fostering a person-centered approach was supported by the findings and is well-documented as effective across diagnoses and diverse clientele (Feather et al., 2025). Consistent with prior literature, participants reflected that an empathic stance helped them avoid positioning themselves as experts (Feather et al., 2025). One participant described empathy as “kind patience” when working with children with ASD and their families. Participants further emphasized the importance of identifying the strengths and capabilities of the child and family rather than focusing on deficits (Feather et al., 2025; Feather et al., 2024b). They also highlighted the value of joining with clients by meeting them where they are and engaging in collaborative conversations (Feather et al., 2025). Finally, participants noted the importance of maintaining a person-first perspective and recognizing individuals’ abilities, interests, and needs (Feather et al., 2025).

ASD Counselor Competency Development Framework

Drawing from the themes identified in the analysis, the next step involved translating these findings into a conceptual scaffold structure that reflects how counselors develop competence in working with ASD. Based on these themes, we developed a visual framework of ASD counselor competency development (See Figure 1) grounded directly in the results of the study. In creating this comprehensive visual, we drew inspiration from Ratts et al.’s (2016) Multicultural and Social Justice Counseling Competencies (MSJCC) framework and Bronfenbrenner’s (1979) Ecological Systems Theory. For example, we incorporated Ratts et al.’s aspirational competencies, awareness, knowledge, skills, and action, and the relationships among these domains within the model. Bronfenbrenner’s theory further informed our conceptualization, as his work emphasizes that individuals develop within nested environmental systems that influence behavior across the lifespan. These systems, including the microsystem and mesosystem, interact in bidirectional ways, with the microsystem (i.e., personal characteristics and lived experiences) exerting the most immediate influence on the individual. At the same time, interactions with outer-system levels (i.e., aspirational competencies, counselor identity, and theoretical grounding) continue to shape and inform the inner layers. Together, these theoretical foundations guided the construction of a visual that captures the dynamic, multilayered nature of counselor competency development in ASD practice.

We positioned personal characteristics at the center of the visual because participants consistently identified these qualities as essential for working effectively with children with ASD and their families. In this way, personal characteristics serve as the foundation upon which successful treatment is built. The findings also illustrated a cyclical and developmental process across

participants' aspirational competencies. Participants described these competencies as interdependent, each informing and strengthening the others, such that no single competency could develop in isolation. Exposure to ASD across personal, graduate training, and post-graduate professional experiences was described as catalyzing growth within each component of the framework. Participants further emphasized that their counselor identity and theoretical grounding enriched their ability to serve this population and deepened their ability to meet the needs of children with ASD and their families.

The five domains of competence identified in this framework are not intended to represent discrete or static components of counselor development. Rather, they reflect dynamic and mutually reinforcing processes that evolve across training and professional practice. Counselors may enter the framework through different domains depending on prior experiences, training contexts, and personal characteristics, and development within one domain often catalyzes growth in others. For example, increased clinical exposure may deepen counselors' self-awareness and reflexivity, which in turn enhances relational attunement with families and interdisciplinary systems. As such, competence development is best understood as iterative and recursive rather than linear, with counselors continuously revisiting and refining these domains over time. This conceptualization aligns with developmental and ecological perspectives, emphasizing that counselor competence emerges through ongoing interaction among personal, relational, and contextual factors rather than through the acquisition of isolated skills.

It should be noted that the developmental processes identified in this study represent one contextualized pathway of competence development, grounded in Western counseling frameworks, dominant professional norms, and the sociocultural positions of the participants. These processes may manifest differently across cultural contexts, training systems, and sociopolitical environments, particularly for counselors from historically marginalized backgrounds or those trained outside Western counseling paradigms.

Implications

The findings from this study offer several clear and actionable implications for counselor competency development when working with children with ASD and their families: (a) structured self-awareness and identity development, (b) experiential and family-centered skill acquisition, and (c) ecological advocacy across systems. First, counselor education programs should intentionally integrate structured self-awareness training as a core component of competency development.

Participants' growth was grounded in sustained reflection on assumptions, biases, scope of practice, and personal comfort when working with neurodivergent populations. Self-awareness was shown to be a developmental process, strengthened through experiential learning, supervision, mentorship, and direct exposure to children with ASD and their families. Participants frequently described compensating for gaps in formal ASD-specific preparation through self-directed learning and interdisciplinary collaboration, underscoring the need for graduate programs to provide foundational coursework and applied training addressing ASD diagnostic criteria, developmental trajectories, conditions, and the adaptation of traditional counseling approaches to meet neurodivergent clients' needs.

Second, the findings emphasize that competency develops most robustly through hands-on, supervised experience. Participants consistently described acquiring essential counseling skills through direct practice, trial and error, and reflective problem-solving. Accordingly, practicum and internship placements should intentionally include opportunities to work with children with ASD under supervision from clinicians with relevant expertise. Training should prioritize family-centered care, equipping counselors to address the emotional, relational, and systemic challenges families face, provide psychoeducation to parents and siblings, and collaborate with families to establish realistic, value-consistent goals. Importantly, counselors must be prepared to extend their role beyond individual sessions by assisting families in navigating schools, healthcare systems, and community resources, highlighting advocacy as a core competency rather than an ancillary skill.

Third, findings highlight the necessity of ecological and systems-oriented practice, particularly in K-12 settings. School counselors must be prepared to collaborate with families, educators, and interdisciplinary teams to support students with ASD (Layne, 2007). Core competencies include recognizing co-occurring conditions, understanding individualized education plans (IEPs), and implementing classroom-appropriate strategies such as visual supports, structured routines, and social stories. In Taiwan's school contexts, these implications carry additional cultural and systemic relevance. Research suggests that perceived improvements in social functioning among adolescents with mild ASD often result from adaptive responses by teachers, peers, and family members rather than changes within the adolescent alone (Mo & Chang, 2021). This finding underscores the importance of relational and contextual interventions, such as guiding educators to adjust communication expectations, facilitating peer understanding, and supporting parents in responsive, non-confrontational engagement. Shifting the focus from individual skill remediation to environmental responsiveness may enhance inclusion and well-being for students with ASD within

Taiwanese school systems.

Across educational settings, the findings indicate that counselor awareness, person-centered skills, and action competencies are essential for navigating complex interactions between students, families, educators, and institutions. School counselors play a critical role in delivering psychoeducation and emotional support to teachers and peers, fostering inclusive learning environments while addressing students' unique social-emotional needs.

Finally, maintaining a strong professional counselor identity is central to ethical and effective practice. Participants emphasized resisting deficit-oriented, medicalized frameworks in favor of the social model of disability and neurodiversity-affirming perspectives, which locate disability within societal barriers rather than individual pathology (Feather et al., 2025). Person-centered principles, including empathy, unconditional positive regard, and meeting clients where they are, remain foundational and can be integrated with structured, ASD-specific interventions (Feather et al., 2025). Personal qualities such as patience, creativity, flexibility, perseverance, and resourcefulness were identified as essential, suggesting counselor preparation programs should intentionally foster these attributes alongside technical skills. Overall, counselor competency in the study was dynamic and cyclical, with awareness, knowledge, skills, action, identity, and personal characteristics interacting reciprocally over time. Ongoing supervision and professional development are therefore essential for sustaining and refining competence in ASD practice.

Limitations and Future Directions

Despite the insights generated, this study has several limitations that should be considered. First, the sample size was relatively small and limited to participants who self-selected into the study, which may have introduced selection bias and varying years of experience. The homogeneity of the sample represents a limitation of this study as the majority of participants identified as White, were based in the United States, and practiced primarily within clinical professional counseling contexts shaped by Western counseling values, training standards, and service delivery models. Data was also collected through self-report individual interviews, which are subject to recall bias and social desirability effects (Althubaiti, 2016). Furthermore, the study focused primarily on counselors working with children diagnosed with ASD in specific settings, potentially overlooking competencies relevant to other populations or contexts, such as adults with ASD, rural settings, or counselors in private practice.

Future research should seek to include larger and more diverse samples, including counselors

with varying levels of experience, cultural backgrounds, and work settings, to enhance the transferability of findings. Longitudinal studies could explore how counselor competencies develop over time and across different stages of professional training and practice. Additionally, incorporating multiple data sources, such as supervisor observations, direct session analysis, or feedback from families, could provide a more comprehensive understanding of competency development. Finally, research examining the effectiveness of targeted training programs and interventions designed to enhance awareness, knowledge, skills, and action competencies in ASD counseling could inform best practices for graduate education and professional development.

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Table 1
Demographic Table (N=14)

Participant	Credential	Experience (years)	Setting	Gender	Highest Degree	Race/Ethnicity
Kaitlin	LPC-I, CSC	1	School Setting	Female	Ed.S.	Hispanic, Latina
Douglas	LPC	3	Community Mental Health	Male	M.S.	African American, Black
Mel	LMFT-S	5	School Setting	Female	M.A.	Caucasian, White
John	LPC	3	Primary Care	Male	M.A.	Caucasian, White
Hillary	LPC-S, CSC	10	Academia	Female	Ph.D	Caucasian, White
Simon	LPCC-S	9	Community Mental Health	Male	M.A.	Caucasian, White
Anna	LPCC-S	6	Community Mental Health	Female	M.A.	Caucasian, White
Bobbi	LPCC	6	Residential Setting/Community Agency	Female	M.Ed.	Caucasian, White
Jean	LPCC	9	Residential Setting/Community Agency	Female	M.A.	Caucasian, White
Emily	LPCC-S	6	Residential Setting/Community Agency	Female	M.A.	Caucasian, White
Florence	LPCC, CRC	32	Private Practice	Female	M.Ed.	Caucasian, White
Alex	LPCC	4	Residential Setting/Community Agency	Male	M.A.	Caucasian, White
Jannell	LMFT	5	Behavioral Program Agency	Female	M.A.	Caucasian, White
Toni	LMHC	10	Community Mental Health	Female	Ph.D.	Caucasian, White

Note. Licensed Professional Counselor-Intern (LPC-I), Licensed Professional Clinical Counselor-Supervisor (LPCC-S), Licensed Mental Health Counselor (LMHC), Certified Rehabilitation Counselor (CRC)

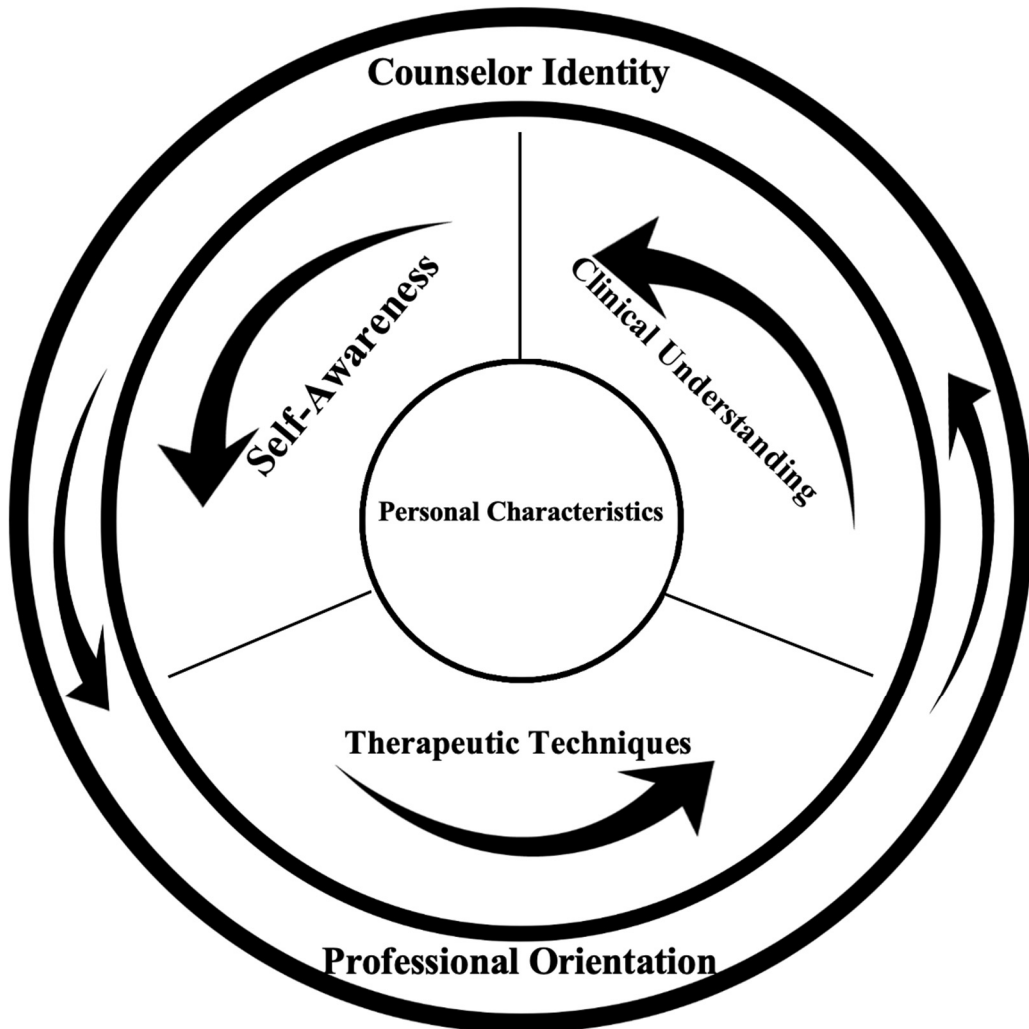


Figure 1 *Conceptual Scaffold: ASD Counseling Competencies Development*