CENTRE FOR AUTISM
MIDDLETOWN

GRADUATE STUDENT SPECIAL

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Contents

INTRODUCTION

This is a special Middletown Research Bulletin comprising research summaries written by students on the 2025/2026 Graduate Diploma in Autism Studies (GDAS) that is provided in partnership with Mary Immaculate College, Limerick (MIC). The students have summarised articles that are of particular interest and relevance to them. The Bulletin begins with three interviews: with students for this year's graduating class, Mark Scully and Eimear McFadden, as well as Course Director and Coordinator, Kim Maguire.

GDAS is a progression to the MA in Autism Studies, and further details on this and the Graduate Certificate in Autism Studies can be found by following the link https://www.mic.ul.ie/faculty-of-education/programme/graduate-certificate-diploma-autism-studies

Please note that the views represented in this document do not necessarily reflect the views of Middletown Centre for Autism.

The language used in this Bulletin is autism-affirming and neurodiversity-informed. Some of the papers summarised use more medical and deficit-focused terminology and approaches. This Bulletin is created for autistic people, family members and professionals to learn more about research being conducted. The language chosen here is intended to be as inclusive as possible to the broad autism community.

Definitions

Neurodiversity is the scientific truth that people vary in the way that their brains process and respond to information.

'Neurotypical' describes the majority of people. While all brains are unique, most people think, sense and communicate in similar ways. Traditional education and employment settings tend to suit neurotypical people well because they are systems built by neurotypical people for neurotypical people.

'Neurodivergent' describes the minority of people. The way that they process and respond to information differs from the majority. They may struggle in traditional education and employment settings that are designed for neurotypical ways of processing and responding.

INTERVIEW WITH MARK SCULLY – STUDENT

What made you want to study on the graduate programme in Autism Studies at Mary Immaculate College?

I was diagnosed autistic in 2021. I read as much as I could about autism in books and online and had immersed myself in the discourse and literature on neurodiversity and neuroinclusion in the workplace and I found it was really benefitting me in work.

So, I wanted to set up my own neurodiversity consultancy and coaching practice to bring the benefits I had experienced to others. But I believed strongly that I needed to learn about autism in a structured manner from experts in order to ensure I was grounding my work on neuroinclusion in the workplace in evidence-based practice and up-to-date research. So, I did the GCAS programme in 2023/24 and the GDAS in 2025/26.

Can you briefly describe what you learned from the course and how that learning impacted your daily practice/life?

The GCAS was great for helping me understand the theoretical underpinnings of autism and various cognitive theories. For instance, I heavily related to monotropism and that allowed me to reframe my own experience in a positive way, which I found quite powerful. I also greatly appreciated the importance placed on learning from the lived experiences of other autistic people and researchers, and this was emphasised throughout the course.

I have much lower support needs than other autistic people and the course provided me with important insights on how to support autistic people with higher support needs.

This is important to me as I'm a trustee of a charity that provides social care services for people with intellectual disabilities and autistic people with higher support needs.

I found the GDAS to be immensely helpful for my consulting role. I had never before received an education around scientific/academic research. Learning how to critically evaluate and synthesise research has been a game changer for me in my work. It not only enables me to include the best quality research in the trainings I deliver but also gives me the tools to counter misinformation which unfortunately is quite prevalent in discourse about neurodiversity.

Most of our students have busy lives outside the course. How did you manage that and fit in studying around life and work?

With the support and patience of my wife, mainly, to whom I'm very grateful.

On GCAS, there's a lot of material to cover but it's very structured week by week, with guidance of suggested reading with live or recorded lectures on Saturdays. So once I dedicated my Saturday mornings and afternoons to that, it worked quite well.

On GDAS, the onus is very much on you to manage your own research schedule. That makes scheduling things to suit your own life much easier, but with the risk you don't leave yourself enough time. I know I leave things until the last minute, that's just the way my brain works, so I booked out quite a large block of time in my calendar close to assignment deadlines to ensure I had enough time.

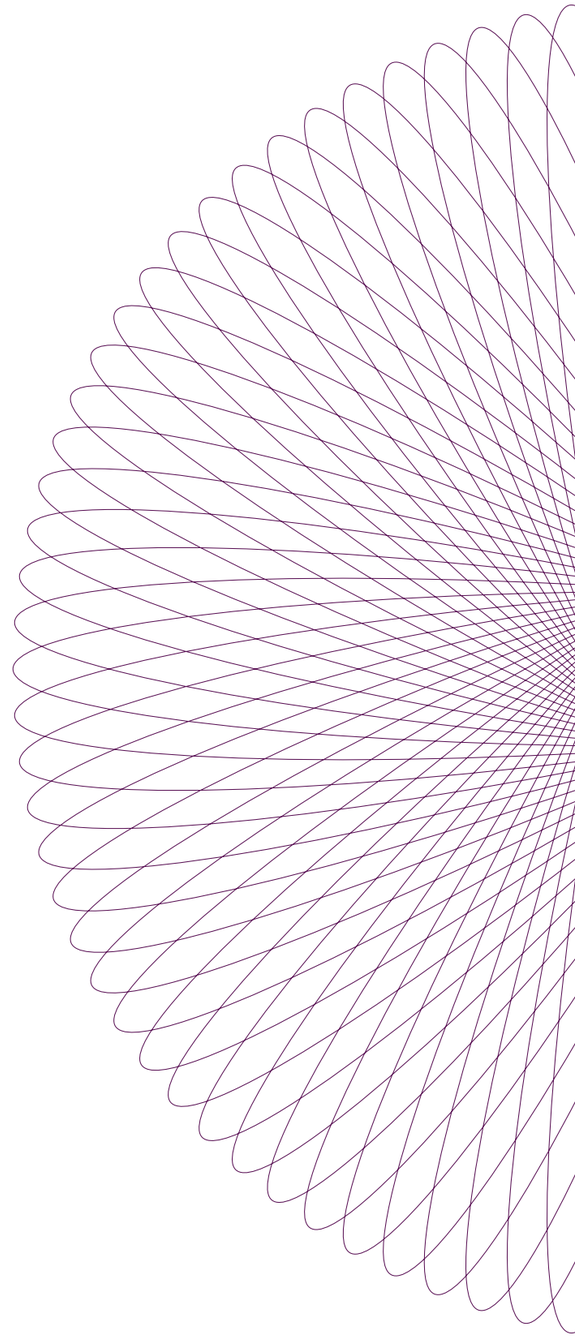
The programme supervisors only ever want you to succeed so they are always happy to help a student who asks for help and indeed, I asked quite a bit. Lastly everybody in the class was so supportive of each other and lifted each other up – the class WhatsApp group was a lifesaver.

What advice would you give to people who are thinking of taking part in one of the postgraduate Autism Studies courses in MIC?

Reach out to the course staff, I found them all to be very helpful and understanding over the two years, they won't steer you wrong.

I also know cost of living is high on people's minds so just to say I thought the programmes were great value for money considering the knowledge and skills I have obtained as a result.

Also don't think you need to be a teacher to do this course; I'm not, and there are people from all walks of life here, whether teachers, SNAs, parents, nurses, social care workers, consultants (like me), and importantly, neurodivergent people – they bring so much passion and different perspectives to the course, you will learn a huge amount from fellow students.



INTERVIEW WITH EIMEAR MCFADDEN – STUDENT

What made you want to study on the graduate programmes in Autism Studies at Mary Immaculate College?

I wanted to complete a master's that would broaden my understanding of autism and also give academic grounding to the experience I'd built up through practice over the years. I've worked with autistic students for over ten years as an SNA, and although I'd completed a lot of CPD and gained valuable experience, I wanted to deepen my knowledge and become a more evidence-based practitioner so I could better support these children in the future.

The structure of the programme was also a huge factor in choosing MIC. The flexibility of completing a master's part-time over three years, graduating each year with stand-alone Graduate Certificate in Autism Studies (GCAS) and Graduate Diploma in Autism Studies (GDAS) in years one and two, made it feel realistic alongside work and having a young family. I knew full-time study just wouldn't have been manageable for me at that stage of life.

I was also thinking ahead in terms of my career. I wanted to have a master's both to strengthen my professional knowledge and to support future applications and possible career progression. To date I have completed the GCAS and began the GDAS this year. Altogether, the course really matched both my personal interests and my practical circumstances.

Can you briefly describe what you learned from the course and how that learning impacted your daily life and practice?

One of the biggest things I learned from the course was the importance of understanding autism through the lived experiences of autistic people themselves.

The programme was very neuro-affirming and strengths-based, and I felt I was learning from autistic people rather than simply learning through a purely clinical medical lens.

Learning about concepts like the double empathy problem really changed how I think about communication and understanding. It shifted my perspective from seeing difficulties as sitting with one person, to recognising that misunderstanding can exist on both sides.

I also found the course really helped me connect pieces of learning and experience I already had from practice and previous training. For example, ideas around stress responses, overwhelm, low arousal approaches, and polyvagal theory all started to link together in a much more meaningful way when combined with firsthand accounts from autistic people.

The GDAS also helped me become much more confident in engaging with research. Coming from a very experience-based background, developing my research and critical evaluation skills was hugely valuable and has made me much more reflective and evidence-based in my day-to-day practice.

Most of our students have busy lives outside the course. How did you manage that and fit in studying around life and work?

I was a bit apprehensive about going back to education after being out for a few years, especially trying to juggle assignments with work and family life. What worked best for me during the GCAS and GDAS was setting aside dedicated time at the weekends for studying and assignments. Having that structure helped me juggle priorities a lot better.

My partner was also a huge support – he took over the kids' weekend activities most Saturdays so I could focus on study.

I also found that a lot of what I was reading at the weekend would come up again in work during the week, so it helped connect the theory to real-life practice, which kept me engaged with the content throughout the year. And honestly, the supports available really helped make it manageable. The staff were approachable, the librarians were very helpful, and the online learning systems were easy to use, so I always felt supported throughout it.

What advice would you give to people who are thinking of taking part in one of the postgraduate Autism Studies courses in MIC?

I know the expected answer is probably 'go for it', but honestly, before starting I really needed to reassure myself that the course would realistically fit around work and family life. I'm very information-focused when making decisions, so I'd encourage anyone considering it to look through the module content, workload, and structure first and see how it could fit into their own life.

What I found was that the course was actually very manageable for me because of the flexibility and support from the team. Lectures were mainly on Saturdays, there was a blend of live and self-paced learning, and the trips to Limerick weren't overly frequent. I also really enjoyed the smaller group discussions and getting the chance to chat with others on the course.

I'd say the GCAS suits people who prefer a bit more structure and directed learning, while the GDAS works well for people who enjoy more independent, self-directed learning while still having support there when needed. I have enjoyed participating in both courses and I'm very proud of what I achieved over the two years while enrolled on these programmes, and I would absolutely recommend them to others.

INTERVIEW WITH KIM MAGUIRE – COURSE DIRECTOR AND COORDINATOR

Can you give a brief biography and a description of your role on GDAS?

I am the director and coordinator of the suite of programmes in Autism Studies. My background is in primary school teaching where I worked as a support teacher with children with additional needs. I completed a M.Ed. in SEN in Mary Immaculate College (MIC).

In 2014, MIC and Middletown Centre for Autism created a partnership to develop the Graduate Certificate in Autism Studies (GCAS). Both bodies recognised the need for a collaborative approach to deliver a postgraduate qualification in autism. A small team from the SEN department in MIC, Dr Patsy Daly and Dr Fionnuala Tynan, joined forces with colleagues from Middletown, Dr Fiona McCaffrey, Majella Nugent and Edel Quinn, to develop a graduate certificate programme. The new programme went through an accreditation process and was first rolled out in 2016–17.

Two years later, following feedback from our students, a Graduate Diploma in Autism Studies was developed by Dr Rachel Ferguson, Dr Cat Hughes, Dr Laura Ambrose and myself, with 22 students enrolled.

As the two programmes progressed, the students came to us to discuss the possibility of running a master's in Autism Studies. The students spurred us on to deliver an MA; 11 students have graduated with an MA since its rollout in 2022.

Initially, I worked with LEAD (Learning Enhancement and Academic Development) in MIC in creating an online platform, Moodle. In supporting students and staff navigate the online platform, I created online fora for students to share ideas and knowledge.

Since then, I have carried out different roles and I'm currently the director of the programmes. There are many facets to carrying out the day-to-day operational management of the programmes, for example, I ensure arrangement for accreditation of programmes by the University of Limerick, admission, enrolment and registration of all entrants.

Students arrive with a range of experiences and perspectives. What steps are taken by the team to support each student to thrive on the course?

An important element of the MIC/MCA partnership is the emphasis we place on supporting the learning needs of our students, and to encourage the personal and professional development of students within a supportive environment.

The students come from different backgrounds and have varying academic achievements, in Education, Psychology, Medical, Community workers, Early Childhood, Legal profession. Of course, many of those are also members of the autistic community. As part of the entry requirement to GDAS, students are required to have a Level 8 degree and have completed GCAS. However, we recognise that some students face challenges re-engaging in education, so we ensure individual support is offered from the moment an application is submitted.

We strive to support the students throughout the academic year by creating numerous opportunities to engage with the team, the class and external presenters. The Graduate Diploma in Autism Studies is delivered both online and in-person to facilitate the students' personal and work commitments.

Students are invited to in-person presentations three times a year in MIC in Limerick and a number of webinars are also organised for students. The team also provides evening tutorials to support student learning; this includes assignment support sessions, library support and individual/group sessions with the Counselling Services in MIC.

GDAS Students have fortnightly supervision sessions where they have an opportunity to discuss their research within their group and with their supervisors from both MIC and MCA. The tutorials are important as they offer students a chance to get to know each other and their supervisors which is encouraging when reaching a set of goals.

The Course Team acknowledges the importance of cultivating relationships with students and of improving an environment where all have freedom and opportunity to achieve their full potential. With the Graduate Diploma in Autism Studies, we strive for excellence in inclusion and accessibility. Individualised support underscores the team's commitment to addressing diverse student needs. We work hard to deliver an excellent programme and to listen to the needs of our students. The autistic community is at the heart of GDAS, and based on best practices, current research, feedback and the voice of the autistic community, the content and delivery are diligently updated each year. We encourage a strengths-based approach, and neuro-affirmative language and philosophy is used throughout. The programme embodies Universal Design Learning (UDL) which enhances the overall experience by making content more accessible.

How does the partnership between MIC and Middletown enhance the delivery of the programmes?

The programme would not be as successful without the strong partnership between MIC and MCA, which underscores the excellent delivery of the programmes. The North/South relationship brings together members of staff from MIC and MCA, each with their own individual strengths.

The excellent collaboration between MIC and Middletown Centre for Autism was recognised at the Education Awards in April 2024. The collaboration won Best Community Academic Collaboration award and was placed in the top six in the overall Excellence Award in Ireland. The collaboration and excellent cross-organisation communication grow each year, as it is important to us to ensure the continued integrity of the courses and the overall student experience. Students report they are 'cared for' and 'gain a deep understanding of autism'.

We are proud of the number of students who have chosen to do our three programmes in Autism Studies. In 2017, 22 students graduated, and since then over 460 students are graduates of the Graduate Certificate, Graduate Diploma and Master's in Autism Studies.

AN EVALUATION OF A WHOLE-SCHOOL TRAUMA-INFORMED PROFESSIONAL DEVELOPMENT FOR STAFF IN AUTISM-SPECIFIC EDUCATIONAL SETTINGS

This article was reviewed by Alva McManus, a teacher with an interest in trauma-informed and neuro-affirming practice in autism-specific educational settings. She selected this study due to the growing recognition of the impact of trauma on autistic children and the potential for school-based approaches to support both pupil and teacher well-being.

BACKGROUND

Autistica's top priority for autism research focuses on interventions to improve mental health and the adaptations needed in current practices. While mental health interventions are typically clinical, schools play an important role in supporting positive mental health for all children and young people (CYP). School is a significant part of a multilayered ecological system surrounding a child, contributing significantly to the cognitive and social–emotional development of children while acting as a protective barrier for their overall well-being (Bronfenbrenner, 1977; Melvin et al., 2019).

The well-being and mental health of our autistic pupils is particularly vulnerable; autistic children are exposed to a significantly higher volume of stressors and ACEs than non-autistic peers while twice as likely to experience maltreatment (Berg et al., 2016; Hoover & Romero, 2022; Brenner et al., 2018). It is also recognised that a broader range of life events beyond what's included in the DSM-V are experienced as traumatic e.g. bullying, bereavement and social difficulties (Rumball et al., 2020).

Heightened vulnerability may occur for a multitude of reasons, including differences in perception, cognitive and social understanding and an already sensitive nervous system.

The absence of supportive social networks and communication differences may create interpersonal manipulation and inhibit reporting of aversive events (Peterson et al., 2019; Agebjörn et al., 2025).

There remains limited understanding of how trauma is experienced and expressed by autistic individuals, as current DSM-V PTSD criteria fail to capture their unique presentations (Peterson et al., 2019; Brenner et al., 2018; Rumbell et al., 2020). Diagnostic challenges persist due to overlap, overshadowing, and co-occurrence between autism and trauma descriptors (Sarr et al., 2024; Michna et al., 2021; Brenner et al., 2018).

Previous research on trauma-informed school interventions, mainly in mainstream settings, has demonstrated benefits for student regulation and teacher well-being (Brunzell et al., 2022; Crosby et al., 2018). In Ireland, schools can independently adopt trauma-informed approaches using e.g. the EMBRACE framework from Trauma Informed Education.

RESEARCH AIM

The purpose of this mixed-methods study was to explore teacher attitudes and perceptions of trauma-informed teaching practice and ascertain if a trauma-informed programme of professional development would improve teacher well-being in autism-specific school settings in Australia.

The study also looked to see if, after nine months, any earlier changes in attitudes and practice had been maintained.

Gibbs et al. (2025) sought feedback from participants on barriers to successful implementation of trauma-informed practice and how the training impacted their school-based practice and/or on their students.

RESEARCH METHOD

The sample comprised 450 staff who completed BSEM (Berry Street Education Model) training in-person or via hybrid delivery across autism-specific schools in Australia. Of these, 351 completed pre- and post-training surveys, and 90 participated in a third survey nine months later. The cohort was predominantly female (85%) and white (71%), with an average of ten years' experience teaching autistic students.

Although the sample size was large, all schools and classes were part of the Australian organisation Aspect, limiting the potential insights a diverse range of school settings could have brought to the research.

A participatory approach to research design and implementation was undertaken, the authors recognising that the teacher's input and voice was paramount to obtaining insightful and meaningful information from the study. Unfortunately, at no stage was the voice of the autistic pupils sought. Autism research must include the voice of the community it is trying to support (Harr et al., 2025).

The authors received ethical approval from the Griffith University Human Ethics Committee. Four researchers worked for the same organisation that runs the Aspect schools. The fifth author is part of the organisation that created the BSEM.

The chosen trauma-informed framework was the Berry Street Education Model. For this study, only two elements of the BSEM were utilised: body and relationship.

A mixed-methods approach to data gathering was employed, qualitative and quantitative data was gathered and analysed separately. During Time 1 (pre-training), 2 (post-training) and 3 (nine months after training), quantitative methods in the form of the Trauma Literacy Scale (TLS), the Attitudes Related to Trauma-Informed Care Scale (ARTIC) and the Professional Quality of Life Scale employed Likert scales.

Time 3 outcomes were analysed using NVivo 12 to conduct a content analysis of qualitative data.

RESEARCH FINDINGS

Open-ended qualitative responses provided insight into how the training influenced teachers' practice and mindset, revealing positive outcomes such as viewing behaviour as communication and recognising students' strengths as learning foundations.

Reported barriers included difficulties applying strategies with nonspeaking or Level 3 autistic students and limited time to create and implement resources.

Overall, positive outcomes were observed in attitudes and trauma literacy and are in line with previous studies on trauma-informed education where participants realise the potential of relationships and establishing trust as paths to healing and connection for pupils (Diggins, 2020; Berger et al., 2021).

IMPLICATIONS FOR PRACTICE

Integrating autism and trauma-informed pedagogy should be considered to create school environments that are embedded in understanding and compassion to support pupil and teacher well-being (Berger et al., 2021).

Applying a neuro-affirmative lens to trauma-informed frameworks and embedding trauma-informed aspects to current autism teacher professional learning could help optimise the protective factor of statistically more vulnerable autistic CYP (Connolly et al., 2023).

The strategies and methodologies of school training programmes could be applied along a continuum, allowing for greater responsiveness and opportunities for collaborative reflection. This approach would foster teacher autonomy and agency while ensuring best practices become deeply embedded in school culture beyond the duration of the training (Tobin et al., 2024; Gilleece et al., 2023).

The voice and experiences of autistic CYP must be at the forefront of autism research (Watson et al., 2019).

Those who have significant support needs require deep consideration as to what adaptations to trauma-informed pedagogy would benefit their success at school. Fitzpatrick and Parker (2025) identify calibration, connectedness, disposition of adults and the quality of a space as support approaches for this cohort of CYP.

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UNDERSTANDING THE IMPACTS OF CHRONIC PAIN ON AUTISTIC ADOLESCENTS AND EFFECTIVE PAIN MANAGEMENT: A REFLEXIVE THEMATIC ANALYSIS ADOLESCENT-MATERNAL DYADIC STUDY

The following review was conducted by Eimear McFadden, a student on the Graduate Diploma in Autism Studies programme, with a focus on critically evaluating research related to autistic lived experience, clinical practice, and neuro affirmative approaches in healthcare.

BACKGROUND

Pain can be deeply debilitating and distressing, especially when misunderstood or dismissed. For autistic individuals, this experience can be exacerbated through inequality in delivery of service and lack of effective support which are increasingly reported in clinical settings (Mason et al., 2021; Nicolardi et al., 2025). The literature suggests that sensory sensitivities, anxiety, monotropism, and interoceptive differences can lead to a communication of pain that is not neuronormative, while misunderstandings in clinical encounters – compounded by the double empathy problem – may lead to inequitable care. Autistic advocates and research bodies such as Autistica have emphasised the urgent need for autism informed, accessible, person centred approaches to pain management. The study responds to these gaps and the broader need for evidence based adaptations in psychological treatments such as CBT and ACT for autistic young people experiencing chronic pain.

RESEARCH AIM

The study aimed to explore how autistic adolescents with chronic pain – and their mothers –experience, interpret, and manage pain, as well as how they perceive the effectiveness and accessibility of psychological therapies (CBT and ACT) provided in a tertiary pain treatment centre. The researcher sought to understand both the lived experience of chronic pain and the suitability of current treatment practices for autistic adolescents.

RESEARCH METHOD

Ten autistic adolescents with chronic pain and their mothers took part in semi-structured interviews. They were asked about their perceptions of living with chronic pain.

RESEARCH FINDINGS

Two main themes emerged. The first theme, *'Overstimulated and striving for control'*, showed how sensory sensitivities, anxiety, and chronic pain strongly interacted. These were described by the authors as part of a 'tri-directional relationship' where the presence of one intensified the presence of another, leading adolescents to rely on routines, predictability, withdrawal, and social avoidance. Previously viewed as problematic, these behaviours were reframed as adaptive strategies that support autonomy and help young people engage with healthcare.

The second theme, *'Not everyone fits the mould'*, reflected participants' sense of being different from both neurotypical peers and other patients. Standard pain treatments often failed to match their sensory, cognitive, and communication needs. Clinicians sometimes misread autistic pain expressions – such as laughing, shutting down, or reduced activity – and abstract CBT/ACT strategies felt inaccessible. This mismatch left adolescents feeling misunderstood and limited treatment effectiveness, highlighting the need for autism informed clinical adaptations.

IMPLICATIONS FOR PRACTICE (by the authors)

The study emphasises that clinicians must adopt individualised, autism informed communication strategies, using concrete language, avoiding abstract or metaphorical tasks, and allowing additional time in sessions. Clinicians should also avoid using metaphorical and abstract exercises in psychological therapies such as CBT and ACT, as autistic adolescents often struggle with non-literal language and abstract thinking (Boerner et al., 2025). Instead, therapy should use concrete language and examples, enhancing accessibility and engagement for autistic youth. Multidisciplinary pain clinics should integrate autism-informed biopsychosocial assessments, addressing sensorimotor and medical complexities (Han et al., 2024). Collaborative adaptation of therapies, involving autistic individuals and families, ensures interventions are relevant and effective.

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‘LIKE IT’S MAKING MY HEART RUN’: A STRENGTHS-BASED UNDERSTANDING OF THE PLAY OF AUTISTIC CHILDREN

This article was reviewed by Aisling McInerney. She is a primary school teacher with a long-standing professional interest in both autism and play, and through her experience teaching many autistic children, she has observed that their play can be both similar to and different from that of their peers, while still providing clear enjoyment and meaningful engagement.

BACKGROUND

Play holds an integral role across all areas of children’s development, socially, emotionally, cognitively, and beyond, and is a right of the child (Zosh et al., 2022). Much of the existing research in relation to autism and play has been shaped by the medical model, which positions autistic differences as deficits. This has resulted in studies that compare autistic play to neurotypical norms and rely on external observation rather than the perspectives of autistic children themselves, a pattern reinforced by diagnostic frameworks such as the DSM V. Rarely has research focused on the play experiences of autistic children, as explained by autistic children.

RESEARCH AIM

The aim of the study was to challenge long-standing deficit-based understandings of autistic play and instead develop a strengths based, neuro affirmative account rooted in autistic children’s own perspectives. The researchers sought to respond to the lack of autistic voices in existing literature and to acknowledge that autistic play cannot be meaningfully understood solely through comparison with neurotypical norms. Their study was therefore guided by the central research question: ‘How do autistic children understand and conceptualise play?’ The authors positioned autistic children’s interpretations and lived experiences at the centre of the research, ensuring that the study’s design, data, and conclusions reflected their perspectives.

RESEARCH METHOD

The study utilised a series of semi-structured interviews with autistic children aged between 5 and 13 years. The researchers had a toolkit of methods to support participation from the children. They included things like teddies and puppets, draw and tell approaches, walking tours, photography, book making and rank and sort activities. The researchers then analysed the children’s responses to find themes.

RESEARCH FINDINGS

The study produced three core themes reflecting how autistic children conceptualise play. The first theme, ‘Enjoyment and pleasure as central to the definition of play’, showed that play was consistently described as fun, calming, and relaxing, offering contentment and emotional regulation. The second theme, ‘Social connections as fundamental to play’, demonstrated that friendships and social interactions were important to the children. They valued playing structured games with both neurodivergent and neurotypical peers, although they also noted frustrations related to negotiation and communication challenges, echoing the double empathy problem. The third and most revealing theme, ‘Play as engagement with meaningful materials and activities’, highlighted the rich sensory, imaginative, and interest driven nature of autistic play.

Children often engaged deeply with their preferred interests, assigning meaning to materials and contexts in ways that enhanced their enjoyment and creativity. Solitary play was frequently chosen as a restorative and fulfilling activity, aligning with existing research showing that autistic children benefit from structured, predictable, and calm environments. These findings challenge traditional deficit-based interpretations and instead illustrate the richness and personal significance of autistic play.

IMPLICATIONS FOR PRACTICE (by the authors)

The study highlights the importance of educators and adults acting as co players who follow the child's lead, understand their interests, and recognise the value autistic children place on play. It recommends creating play environments that support autonomy, sensory comfort, and flexibility rather than imposing neurotypical play norms. The findings also stress the need to build social opportunities that promote mutual understanding, helping to address challenges linked to the double empathy problem.

Schools are identified as key settings for supporting these approaches. Going forward, as acknowledged by Happé and Frith, 2020, it is crucial that we include all relevant voices within the autistic community as we build our understanding of autistic play, ensuring we can provide neuro-affirmative play opportunities and experiences that include and celebrate all players.

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SENSORY RESPONSIVITY AND ITS RELATION TO ALEXITHYMIA, SOCIAL PROCESSING AND RESTRICTED INTERESTS AND REPETITIVE BEHAVIOUR IN AUTISTIC CHILDREN

This article was reviewed by Aoife Claddagh McPolin, a special education teacher working in mainstream education with an interest in sensory responsivity and its impact on participation and well-being for autistic students.

BACKGROUND

Autism is a lifelong developmental difference. It is characterised as a difference in communication and socialising preferences, and differences in how a person experiences the world (AsIAm & Lucena CAMHS, 2024). Sensory responsivity is now recognised as a core diagnostic feature of autism (American Psychiatric Association, 2013), with current research increasingly highlighting the diverse and complex ways in which it presents in autistic individuals. Sensory responsivity can manifest in various levels of severity and multiple sensory patterns can co-exist within the same individual (Schaaf et al., 2024).

I decided to explore this topic based on the needs of the children I have worked with in mainstream education, where sensory responsivity directly affects participation and well-being. For the autism community, sensory differences are central to navigating their daily lives (Ashburner et al., 2013). By acknowledging that autistic students will demonstrate unique differences across multiple domains and will learn differently to their neurotypical peers (Sweeney & Fitzgerald, 2023), schools can reduce stress, enhance participation and embed recognition of sensory differences in school policies and procedures.

RESEARCH AIM

This study examined links between sensory responsivity, alexithymia, social processing and RIRBs in autistic and non-autistic participants.

RESEARCH METHOD

Diepman and Brady (2024) conducted a quantitative, cross-sectional study using parental report questionnaires to collect data, which was analysed using statistical methods. This examined links between sensory responsivity alexithymia, social processing and RIRBs in 38 autistic and 35 non-autistic participants. This research contributes to a growing understanding of challenges faced by autistic children in Ireland, by providing insight into how sensory responsivity and alexithymia (expressing emotions) may influence participation, well-being and behaviour of children with autism in Irish schools.

The participants were recruited via an online advertisement on the Irish Society for Autism website and through websites for special schools for children with autism in Ireland (Diepman & Brady, 2024). In total, 38 autistic and 35 non-autistic children were included. Of these participants, 12 also had a co-existing diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), reflecting its common overlap with autism (Antshel & Russo, 2019).

The groups were found to be demographically comparable in age and gender.

Data for the study was gathered online via four standardised parent-report questionnaires. The Short Sensory Profile 2 (SSP-2) (Dunn, 2014) to measure sensory responsivity; the Social Responsiveness Scale-2 (SRS-2) (Constantino & Gruber, 2012) was used to assess social processing abilities; the Social Communication Questionnaire (SCQ) (Rutter et al., 2003)

evaluated children's social communication difficulties; and the Children's Alexithymia Measure (CAM) assessed the emotional awareness of the participants.

The inclusion of a non-autistic comparison group allowed the researchers to test whether sensory responsivity and its links to the other areas of the study differ from typical development. However, reliance on parental reports may limit the research.

RESEARCH FINDINGS

The findings of the research establish the vital role of sensory experiences in shaping and developing social communication.

The study offers valuable evidence that sensory responsivity is strongly associated with alexithymia, social processing and repetitive behaviours.

The results are made less reliable due to the measures having been completed by parents and guardians, introducing subjectivity and potential bias.

IMPLICATIONS FOR PRACTICE

This research has some clear implications for the autistic community, especially autistic children, their parents and educational practitioners.

The study provides informed data regarding the impact of sensory responsivity on attention, participation and behaviour in the classroom. This suggests supporting children's sensory regulation through regular movement breaks, sensory breaks and adapted environments may help reduce challenges that autistic students experience. Educators can use this data to make informed decisions to support children's sensory needs and thereby foster greater inclusion and participation in classroom life and learning.

One key implication for practice would be the incorporation of movement breaks. Controlled and structured breaks can support children in managing sensory overload, enhancing their focus and participation in learning (Ashburner et al., 2014).

A sensory friendly classroom space can, in part, be created by, 'establishing predictability in the classroom so students experience a sense of felt-safety'. (NCSE, 2025). Small adjustments such as offering noise-cancelling headphones, visual schedules and quiet spaces help reduce barriers for inclusion (AIM, 2024).

Another implication of this research is supporting emotional awareness and regulation and its link to alexithymia. It highlights the need for supports to combine sensory and social/emotional support.

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Article reviewed

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THE EDUCATIONAL EXPERIENCES OF AUTISTIC CHILDREN WITH AND WITHOUT EXTREME DEMAND AVOIDANCE BEHAVIOURS

Editor's note: This write-up summarises a paper published in 2021. Our understanding of PDA has continued to evolve since then. The acronym 'PDA' is now commonly recognised as standing for 'Persistent Drive for Autonomy'. It is no longer seen as oppositionality or a behaviour profile. Rather, it is a nervous system response and a search for safety. In writing up an older paper, the student has sought to balance the paper's content with a more modern understanding of PDA.

This article was reviewed by Christine Carroll, a primary school teacher with experience supporting autistic learners. She selected this paper due to her interest in understanding PDA in educational settings and how these are often misunderstood in practice.

BACKGROUND

'Extreme' or 'Pathological Demand Avoidance' (EDA/PDA) was a term used to describe a profile sometimes observed within autism, where an autistic person experiences a threat to their nervous system, which results in a strong need to resist everyday demands and maintain control over their environment. Although PDA is not a formal diagnostic category, increasing research highlights it as a meaningful profile within the autistic community with significant implications for education and support.

Early work described PDA as an anxiety-driven need for control and avoidance of everyday demands, with more recent research supporting the view that 'demand avoidance' may reflect differences in nervous system regulation rather than oppositional intent. However, its status remains debated, contributing to misunderstanding and inconsistent support for autistic learners displaying PDA traits.

As a result, children may experience increased distress, exclusion and inappropriate responses when their needs are not correctly interpreted. Research has shown that children identified with PDA traits are more likely to experience formal or informal school exclusion compared with other autistic peers.

RESEARCH AIM

This study by Truman, Crane, Howlin and Pellicano (2021) investigates the educational experiences of autistic children with and without extreme PDA traits, using both quantitative and qualitative parent data. The sample (n = 211) was divided into three groups and explored school placement, exclusions and support.

RESEARCH METHOD

The selected study used a cross-sectional, mixed-methods online survey with 211 participants recruited through autism networks. Children were grouped based on parental reports and PDA traits, with quantitative data gathered using validated measures and qualitative data collected through open-ended responses.

Ethical approval was granted, and the authors demonstrated transparency regarding their positionality and links to the autism community. Limitations include reliance on parent-report data, potential sampling bias and the absence of direct autistic pupil voice.

RESEARCH FINDINGS

The study found that autistic children with higher PDA traits were more likely to display distress behaviour at school and to have negative educational experiences.

Parental narratives highlighted misunderstanding of anxiety-driven behaviour and a lack of appropriate adjustments. These behaviours were often interpreted as oppositional rather than expressions of distress.

The findings identified anxiety, intolerance of uncertainty and perception of control as key features influencing school engagement.

While exclusion rates did not differ significantly between groups, children with PDA traits were more likely to have negative school experiences and difficulties accessing appropriate support. These findings align with systematic reviews that have identified anxiety, intolerance of uncertainty and perception of control as key features influencing school engagement among autistic children.

IMPLICATIONS FOR PRACTICE

The findings of Truman et al. (2021) highlight challenges faced by autistic children with PDA traits in educational settings.

Educators need training to reframe PDA behaviours as anxiety-driven or nervous system-based rather than oppositional. Improved understanding leads to more supportive responses.

PDA traits correlate strongly with high anxiety. Strategies such as predictable routines, autonomy-supportive approaches, low-demand communication and co-regulation can reduce distress and support engagement.

The findings reinforce the importance of whole-school inclusion frameworks that recognise Persistent Drive for Autonomy as a form of anxiety or regulatory communication. Individualised planning, collaboration and strengths-based approaches support consistent and responsive practice.

The NCSE RELATE Framework (2025) is a resource designed to support school staff to better understand and reframe student behaviour. It promotes relationship-centred, emotionally literate and trauma-informed practice, encouraging educators to view distressed behaviour as communication and to support regulation, empathy and connection within the school environment.

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Article reviewed

Truman, C., Crane, L., Howlin, P. and Pellicano, E. (2021) The educational experiences of autistic children with and without extreme demand avoidance behaviours, *International Journal of Inclusive Education*, 25(8).

PROMOTING INCLUSIVE PRACTICE FOR AUTISTIC LEARNERS: UNIVERSAL DESIGN FOR LEARNING

This article was reviewed by Deirdre O'Connell, SEN Coordinator and autism class teacher with an interest in inclusive, neuro-affirmative approaches to supporting autistic learners in mainstream education.

BACKGROUND

A pinnacle in education systems and policies in Ireland and internationally, inclusion is being increasingly progressed and influenced by the neurodiversity movement, a paradigm shift in understanding autistic individuals (Zaneva et al., 2024). There is a clear need for research on inclusive practice for autistic learners; Jardinez and Natividad (2024) highlighted the powerful role of inclusive education in shaping classrooms that celebrate diversity. Despite strong commitments by educational governing bodies such as UNESCO, inclusive education continues to remain inconsistent (UNESCO, 2015). Wood (2021) highlights that many autistic students' learning experiences rely on individual teachers rather than whole-school approaches.

Universal Design for Learning is an evolving framework within the Irish education system with its core principles being increasingly acknowledged in national policy documents. Both UDL and NCSE frameworks emphasise proactive, barrier free, inclusive approaches to the teaching and learning of autistic pupils, encouraging teachers to anticipate diverse learner needs rather than relying on reactive support (Carrington et al., 2020). Fiona Mitchell's (2023) argument that inclusive practice should be proactive in everyday teaching and not reactive to a student's individual needs is reflected in the current NCSE-led UDL pilot project (NCSE, 2025).

A recurring challenge in my role as SEN Coordinator and autism class teacher is managing teacher expectations around learning objectives for my students in their mainstream class.

Focusing research on inclusive learning environments is parallel to the James Lind Alliance and Autistica's Priority Setting Partnership (Autistica, 2015). Carrington et al. (2020) highlight the important role teachers play in utilising flexible strategies to meet the needs of autistic students while also supporting whole-class learning. Evidence-based research helps to identify what works, highlights gaps in support and informs policies ultimately making educational settings inclusive for autistic learners (Srinivasan, 2025). Mitchell's research provides a link between research and practice, concluding that providing a whole-school approach to inclusion, such as UDL, ensures that all learners including autistic students are accepted, valued and supported within their learning environments (Mitchell, 2023).

RESEARCH AIM

The study aimed to assess how effectively UDL principles support inclusive education for autistic students.

RESEARCH METHOD

A quantitative online survey based on UDL's three core principles was used to explore the reach, use, and understanding of UDL across New Zealand primary schools; this was an appropriate choice for gathering such broad data. Survey questions were adapted from UDL

guideline statements and used a five-point Likert scale, allowing for clear, systematic responses and straightforward result analysis (Koo & Yang, 2025).

Participants were recruited via social media and had to be primary teachers who had taught autistic students in New Zealand within the past five years. As participation in the survey was voluntary, a bias towards those interested in UDL or inclusive education is likely (Carrington et al., 2020). The survey, distributed through Google Forms, was suitable for the geographical location of participants.

As it was self-assessed, not observed behaviour, participants' responses may have been influenced by bias (Newsome, 2015).

While Mitchell's paper is focused on removing barriers for autistic students, the research is based on the perspectives of teachers of autistic students and not of the students themselves. Chown et al. (2017) speak about autistic research being done on autistic individuals, not with them.

RESEARCH FINDINGS

Findings showed that while many teachers were aware of and used UDL strategies, implementation remained inconsistent across schools.

Mitchell's (2023) article provides valuable, practice-based insight into how UDL principles are applied in New Zealand classrooms. Drawing on teachers' experiences, it bridges the gap between theory and practice.

Mitchell identifies key barriers such as limited resources, large class sizes, and insufficient leadership support.

Mitchell's research underlines that the current lack of professional development poses a significant barrier to effective UDL implementation.

Additionally, Mitchell highlights the need for ongoing support from educational leaders and governing bodies to ensure UDL becomes an integral part of teaching practice.

IMPLICATIONS FOR PRACTICE (by the authors)

Mitchell's conclusion is clear; by adopting the Universal Design for Learning framework, teachers can significantly enhance inclusion for autistic learners. Mitchell acknowledges that implementation can be challenging for schools without support and guidance (Mitchell, 2023).

This is where statutory bodies such as the NCSE in Ireland become highly useful; it offers the NCSE UDL pilot programme providing schools with the opportunity to engage in professional development, seek support from trained advisors and receive in-school guidance on UDL strategies and implementation (NCSE, 2025).

While Mitchell's research concluded that providing multiple means of engagement was well represented in her study, it can often be the key to opening the world of learning for autistic students and so it is a significant practical implication for educators.

Mitchell's call for ongoing professional development (Mitchell, 2023) is echoed in the conclusions and discussions of the majority on the topic of UDL.

There is also a strong argument for the importance of pre-service training in UDL before commencing practice (Han & Lei, 2024).

Mitchell also emphasises the vital role played by governing bodies such as the Department of Education and Youth and statutory bodies such as the NCSE in Ireland, in developing a whole-school approach to inclusion by providing the professional development, resources and support necessary for UDL to succeed.

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Flood, M. and Banks, J. (2021) Universal Design for Learning: Is It Gaining Momentum in Irish Education? *Education Sciences*, 11(7), p. 341.

Article reviewed

Mitchell, F. (2023) Promoting inclusive practice for autistic learners: Universal design for learning, *Kairaranga*, 24(2), pp. 30–51.

MAPPING EXPERIENCES OF PATHOLOGICAL DEMAND AVOIDANCE IN IRELAND

Editor's note: As with the previous reviewed paper focusing on PDA, the student has attempted to bridge the gap between some of the language contained within the paper and an understanding of Persistent Drive for Autonomy as a nervous system-based response to perceived threats.

This article was reviewed by Máirín Lawler, a student with an interest in neuro-affirming, family-centred practice in the field of autism and PDA. She selected this paper due to the need for improved understanding, standardised assessment and systematic support, and the value of a platform that gives voice to an under-represented community.

BACKGROUND

Despite greater public consciousness of Persistent Drive for Autonomy (PDA), it remains an under-researched topic. Anxiety-based demand avoidance and its interplay with autism causes significant struggles for individuals.

The absence of reliable diagnostic criteria has created a fragmented landscape and significant uncertainty for families, practitioners and PDA individuals themselves. Controversy exists as to whether it should be conceptualised as an autistic subtype, a comorbid condition or a consequence of environmental factors.

The study highlights difficult personal accounts of daily challenges and managing parental exhaustion, with little support. There is a need for improved understanding, standardised assessment and systematic support.

RESEARCH AIM

The research sought to identify prevalence and examine the current landscape, with regard for diagnosis, education, health and support.

RESEARCH METHOD

This mixed-method study gathered evidence from a sample of 335 participants through a self-administered online survey and individual and focus group interviews. Descriptive statistics were compiled from the survey and interview transcripts were thematically analysed. The online survey gave access to a diverse range of participants across Ireland and provided flexibility to complete at their own pace. However, the survey prevents opportunity for clarification of responses.

From the same cohort of participants, a self-selected subset was interviewed which allowed for deeper exploration of the topic. The self-recruited sample may reflect those with more extreme experiences. The extent of direct involvement of autistic individuals is unclear, with findings predominantly the perspective of caregivers.

RESEARCH FINDINGS

A mixed landscape emerged, revealing much inconsistency in understanding, recognition and support. Supportive practice was facilitated in some environments, with parents acknowledging positive efforts by some schools and teaching staff. However, schools bound by curriculum rigidity, outdated behaviour expectations and lack of systemic guidance led to a fragmented, inconsistent system of support.

The study revealed that there are some practitioners who demonstrated developing understanding and a willingness to include creative flexibility in their approach. A central finding of the study was the lack of standardised recognition and the absence of appropriate training for practitioners, creating informational gaps and inconsistent support available nationally.

Significant barriers in accessing education, assessment and support were highlighted, alongside a considerable emotional impact. The misalignment of needs and supports led to poorer outcomes such as low school attendance, high levels of anxiety and psychological strain.

IMPLICATIONS FOR PRACTICE

There is a need for a multidisciplinary approach to establish clearer pathways between education and healthcare. Families are left to navigate the divided system alone, and often children remain unsupported due to lengthy wait lists or caregiver fatigue.

Positive outcomes cannot be achieved without individualised, flexible support. A uniform approach is ineffective. A tailored, low-demand approach creates a responsive environment.

A collaborative, family-centred approach is most appropriate to create trust and emotional safety. Decision-making should involve parents, who carry the daily burden of care and are most knowledgeable about their child's individual needs and strengths.

There is a need for targeted professional development and standardised guidance so that coordinated, family-centred, flexible support is applied across services.

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Article reviewed

Doyle, A. and Kenny, N. (2023) Mapping experiences of pathological demand avoidance in Ireland, *Journal of Research in Special Educational Needs*, 23(1), pp. 52–61.

‘I CAN BE A ROLE MODEL FOR AUTISTIC PUPILS’: INVESTIGATING THE VOICE OF THE AUTISTIC TEACHER

This article was reviewed by Sorcha Gleeson, a teacher with an interest in inclusive education. She selected this article due to the limited research on autistic teachers and the potential insights this perspective offers for understanding and supporting inclusive practice.

BACKGROUND

The topic of autistic teachers is a significantly unexplored one and therefore vital to analyse.

While there is a plethora of research investigating autism in the classroom, little research focuses on the experiences of autistic teachers. Across the literature, it is seldom that autistic teachers are considered, therefore losing out on a perspective that could provide critical insights into inclusive education.

Therefore it is evident that within this topic, there exists a gap in understanding, resulting in a failure to foster more effective inclusion across school communities. Perhaps even more crucially, exploring autistic teachers may contribute significantly to the experiences of the wider autism community. Research involving autistic teachers directly overlaps with what environments best support the educational outcomes in autistic people.

RESEARCH AIM

The aim of this study was to analyse and examine the experience of an autistic trainee teacher in the post-primary setting. It explored the ways in which this specific teacher’s autism impacted on their teaching of both autistic and non-autistic pupils and introduced key findings about autistic teachers and their contribution to the classroom.

RESEARCH METHOD

This study utilised a qualitative approach when seeking to understand the experience of autistic teachers. One autistic teacher took part in a one-hour unstructured interview with the researcher.

This phenomenological approach is therefore highly suitable for a study of this nature, in that it seeks to understand personal experiences. However, interviews are susceptible to bias that may directly impact the evidence gained. The participant was selected as a result of being already known to the researcher. There is a possibility of social desirability bias, where an interviewee may give answers that they believe may be viewed favourably by the researcher.

One significant weakness of this study lies in its sampling size. Only one autistic participant is not a diverse enough sample to gather evidence on the experience of autistic teachers. The study notes that any comment by their participant will only represent their own individual views.

RESEARCH FINDINGS

The main findings of this study were categorised into five main themes, each one focusing on a specific aspect of being an autistic teacher that the participant had most highlighted.

Overall, the study presents key findings across many aspects of education, highlighting schools as an environment where autistic teachers are simultaneously challenged and highly valuable.

The participant described how their lived experience of autism allowed them to better understand autistic students and support them in meaningful ways. The participant suggests that disclosing his autism to both school management and the students themselves will enable him to act as a role model for autistic students.

The study highlights time management, changes to routine and instructions from management are not always clear as key issues.

IMPLICATIONS FOR PRACTICE

Greater understanding and support for autistic teachers is needed, as autistic teachers are still rendered relatively invisible.

The study suggests advantages for the school community when autistic teachers are supported. The participant felt that disclosing his autism to school management and students would enable him to act as a role model for autistic students. Autistic teachers can make a unique contribution, facilitate wider inclusion, provide expertise and act as role models for students.

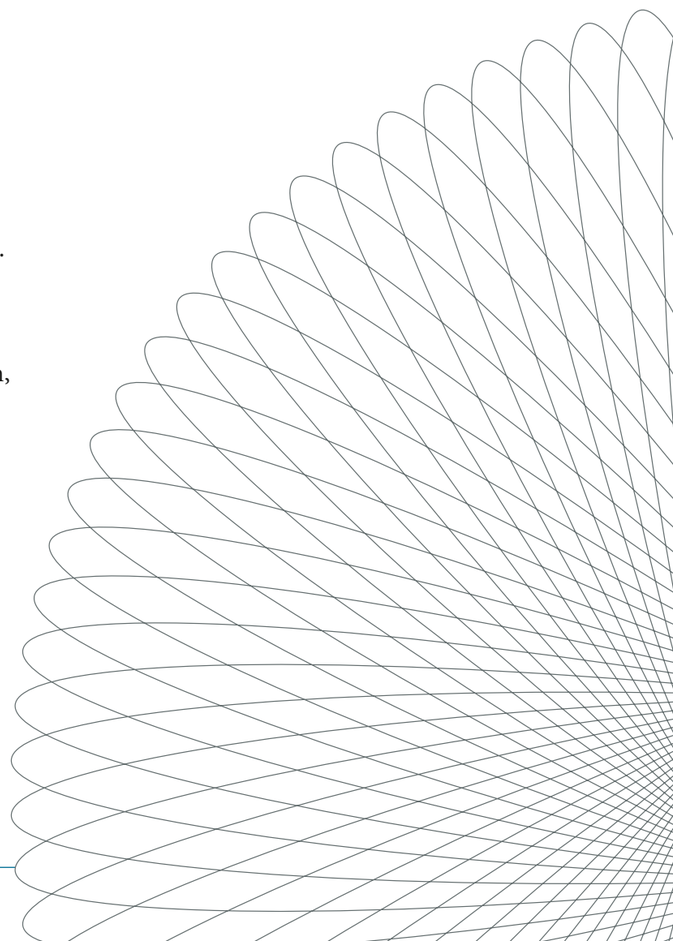
Autistic teachers can face specific obstacles in the workplace, including time management, changes to routine and instructions from management not always being clear.

Reference

Wood, R. and Happé, F. (2023) What are the views and experiences of autistic teachers? *Disability & Society*, 38.

Article reviewed

Lawrence, C. (2019) ‘I can be a role model for autistic pupils’: Investigating the voice of the autistic teacher, *Teacher Education Advancement Network Journal*, 11(2).



"I'M DEALING WITH A HEALTH CARE SYSTEM THAT DOESN'T GET IT": BARRIERS AND FACILITATORS TO INCLUSIVE HEALTHCARE FOR AUTISTIC ADULTS

This article was reviewed by Jane King, a clinical nurse manager in disability services. Jane has an interest in healthcare access for autistic adults. She selected this study as she observes the barriers to healthcare experience by autistic adults on a regular basis and the potential there is to break these barriers.

BACKGROUND

Research recognises that autistic adults experience greater health needs that the general population. Additionally, autistic adults experience higher levels of chronic conditions such as epilepsy, irritable bowel syndrome and constipation (Brondino et al. 2019). This emphasises the requirement of appropriate healthcare access for autistic adults. Despite this knowledge, inequalities continue to exist.

Research has found that found autistic adults experience greater barriers than non-autistic adults when accessing healthcare. UK charity, Autistica highlight research on improving healthcare access as a priority for the autistic community. Further studies have noted access to healthcare as a priority research topic, with research needed to assist in breaking healthcare inequalities and life expectancy disparity for autistic adults.

This is echoed in the chosen article. McLean *et al.* (2024), look at not only at the barriers but also examine what facilitates inclusive healthcare. Examining the barriers and facilitators highlights the required changes and current effective supports for the autistic community.

The article reviewer works as nurse supporting autistic adults living in a residential setting and witnesses the challenges and stigmas experienced when accessing healthcare services. The chosen article features interviews with autistic adults on their experiences within the healthcare system.

The importance of including firsthand experiences of autistic individuals in research is emphasised in neuro-affirming research. Failure to include the autistic voice can have a significant impact on wellbeing.

RESEARCH AIM

The aim of the study was to find out the challenges autistic adults experience in taking care of their health and in going to different doctors. The researchers aimed to gain insight into the barriers and facilitators for healthcare as described by autistic adults.

RESEARCH METHOD

The article is qualitative research which examines how autistic adults experience the healthcare system. The study is based in America and used semi-structured interviews to obtain data. The study included 23 participants aged between 18 and 56. The research team used The Systems Engineering Initiative for Patient Safety model, which is a theoretical model that demonstrates how work systems in healthcare can be altered to improve patient outcomes. This model is used to summarise data and identify key themes from the interviews.

The research findings advocate the need for inclusive interventions which are informed by the autistic voice and target organisational, technological and environmental adaptations.

RESEARCH FINDINGS

Several factors were identified as barriers or facilitators to accessing healthcare for autistic adults.

Barriers

Sensory differences and executive functioning skills hampered autistic individuals when communicating and advocating for themselves in healthcare settings. Another barrier which was detected by participants was the lack of training and understanding of autism by professionals. Feeling misunderstood in healthcare settings can lead to disempowerment and becoming reliant on a supportive person for communication support.

The differences with communication and understanding can be linked to the double empathy problem. On this point, Shaw *et al.* (2023) coined the concept of the triple empathy problem in healthcare which stems from the fact the medicine has its own language. Interestingly, Shaw et al. (2023) found autistic adults with healthcare backgrounds did not experience superior healthcare access.

Another barrier identified was the length of appointment times. Additional sensory challenges such as lighting, smells and noises were also identified as barriers. All the barriers identified in this research have also been recognised in other studies which emphasises the need for change to support healthcare access for autistic people.

Facilitators

McLean *et al.* (2024) also discuss the facilitators to healthcare access. This is an area where further research is required as there are few other studies which examine facilitators. Having a social support system was identified as a facilitator. Interviewees found having a person to support with communication, understanding and appointments enabled the receipt of improved care.

Another facilitator identified was the ability to schedule appointments online. This is easily rectifiable and will reduce anxiety for autistic adults therefore improving healthcare access. The final facilitator identified was a positive report with service providers. The author believes an increased understanding by healthcare professionals of the autistic experience will strengthen the patient- professional relationship.

IMPLICATIONS FOR PRACTICE (by the author)

The author believes this paper highlights the need for an increase in community autism clinical nurse specialists to facilitate healthcare access. The study implies interventions must include personal and provider factors. Increasing the number of clinical nurse specialists who have an understanding of both the autistic experience and healthcare services facilitates the required changes. Atkinson (2013) highlight through engagement with specialist nurses' mainstream healthcare services can become effective when providing care to marginalised groups.

Another implication identified is greater education and training for mainstream professionals on the autistic experience.

This enables medical professionals to make appropriate adaptions to their practice.

Adaptations include increasing appointment times, making the facility sensory friendly and adjusting communication styles. These adaptions are low cost and easily made once the understanding for their need is present. In addition to this, education may help reduce anxiety around appointments for autistic adults as they may feel heard and understood.

The final implication the author wishes to highlight is the need for further research on the experiences of autistic individuals with an intellectual disability. Although not excluded, they appear to be underrepresented in this study.

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Shaw, S. C. K., Carravallah, L., Johnson, M., O'Sullivan, J., Chown, N., Neilson, S. and Doherty, M. (2023) 'Barriers to healthcare and a 'triple empathy problem' may lead to adverse outcomes for autistic adults: a qualitative study', *Autism*, 28(7), 1746- 1757, available: doi: 10.1177/13623613231205629.

Article reviewed:

McLean, K. J., Hass, M., Koening, J., Horvath, M., Vigil, M., Werner, N. E. and Bishop, L. (2024) '"I'm dealing with a health care system that doesn't get it": Barriers and facilitators to inclusive healthcare for autistic adults', Autism, 28(6), 1382-1393, available: doi: 10.1177/13623613241236380.

CONCLUSION

This issue of the Research Bulletin has taken a different form, with no single topic linking the articles presented. The students picked the research publications that they wanted to review based on topics that were relevant and interesting to them. In doing so, they addressed important areas like play, sensory differences, physical health, PDA, teacher supports and UDL.

The Centre wishes to thank the GDAS class of 2026 for their contribution to this special edition and their thoughtful contributions to the course across the year. We wish them all the best for their post-graduation futures. Special thanks to Mark, Eimear and Kim for giving their time to provide interviews for the Bulletin.

YOUR OPINION

The Centre trusts that you have found this Research Bulletin informative. It would be appreciated if you would take a few minutes to provide the Centre with feedback in relation to this Bulletin by clicking on the survey link below.

Research Bulletin Graduate Student Special

NOTES

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The Centre's Research and Information Service welcomes any correspondence including suggestions for future bulletins to: research@middletownautism.com

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