

Title: Reflective Essay: Critically reflect on your own values and beliefs and consider how these align with a professional code of practice (such as the BACP Ethical Framework, 2018)

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Introduction

Values, Beliefs and Ethics

Ethics, beliefs and values are a significant aspect of counselling (Sanders, 2016, p.291) as helping professions frequently face ethical dilemmas (Beckett, Maynard and Jordan, 2017, p.3) and an effective counsellor will recognise how these elements impact on their practice (McLeod, 2013, p.508).

Values can be defined as what a person deems to be important (Knowles, 2012, p.9) and can be used as a tool to facilitate the decision-making process in how to best support a client (Egan, 2014, p.45). However, conscious and unconscious values can be revealed through interactions with clients, and counsellors have the potential to judge and make assumptions if they don't take the time to reflect on them (Walker, 2020, p.12). To ensure that counsellors work ethically, and compassionately, they must commit to several fundamental values of counselling, found within The BACP Ethical Framework (BACPEF), which has the thematic summary of respecting and protecting the client and their human rights (BACP, 2018, p.8).

Values are connected to beliefs (Bassot, 2023, p.83). Beliefs are defined as an individual's worldview (Jones-Smith, 2016, p.11) that shape a person's thinking, judgements and perceptions about others (Beckett, Maynard and Jordan, 2017, p.5). Therefore, beliefs can have a profound effect on how to conduct counselling sessions (Jones-Smith, 2016, p.706) as they can be a positive or negative influence in following an ethical framework, testing the ability to show unconditional positive regard when there is a value conflict with a client.

Ethics refer to the rules on how to act and behave and make decisions in what is morally right or wrong (Knowles, 2012, p.9), and is strongly linked to values (McLeod, 2013, p.510).

Although ethics are not law (Reeves, 2022, p.312), counsellors have a legal obligation of duty of care towards clients, meaning that they are liable for any deliberate or non-deliberate harm caused to the client (Jenkins, 2017, p.157). An ethical framework acts as a guide for counsellors to navigate challenging situations (BACP, 2018, p.4) with the purpose of guarding the client from abuse and power misuse (Beckett, Maynard and Jordan, 2017, p.7). Practicing within an ethical framework, ensures that counsellors are working ethically (Akhtar, 2013, p.19) and these standard working practices provide quality control, accountability and consistency across the counselling profession in protecting the legal rights and safety of clients (Reeves and Bond, 2021, p.6).

Neurodiversity in Counselling and Psychotherapy

The BACPEF stipulates that counsellors should strive towards valuing diversity, ensuring inclusion and demonstrating equality more than their minimum legal standard obligations. However, many counsellors are uncertain on how to approach the client's Autistic experience respectfully (Pliskin and Crehan, 2024, p.338). Although the BACP has produced a guide for working with disabilities, an explicit framework has not been created for counselling Autistic clients. This is problematic as approximately 70% of Autistics have at least one mental health condition (NICE, 2021, p.6) and it is likely that a counsellor will encounter several Autistic clients in their career (Gilmore et al, 2022, p.565). Despite this, specialist Autistic counselling services are uncommon (Hodge and Rutten, 2017, p.515) as 64% of therapists have no knowledge and training in this area (Cooper, Loads and Russell, 2018, p.46). The absence of an official framework and a lack in training in counselling Autistic clients has a negative impact on successful therapeutic outcomes (Darazsdi and Bialka, 2023, p.2125).

In recent years, there has been a growing movement towards Neurodiversity-Affirming practice (Pantazakos and Vanaken, 2023, p.1). Neurodiversity can be defined as diversity in human minds whereby neurodiverse individuals differ from the dominant socio-cultural and cognitive ‘norms’ (Walker and Raymaker, 2021). Neurodivergence has become an identity (Chapman and Botha, 2022, p.310) and connecting the Neurodiversity Paradigm to psychotherapeutic practice should be highly prioritised when working ethically with Autistic clients (Pantazakos and Vanaken, 2023, p.1). Although there is limited information on an official Neurodiversity Paradigm, there appears to be an approximate theme of principles, with slight variations across the Autistic community. The Diverse Model (DM) (Peters, 2023), (Figure 1), was created by a neurodiverse therapist with the intention of educating professionals to adopt neuro-affirming practice.

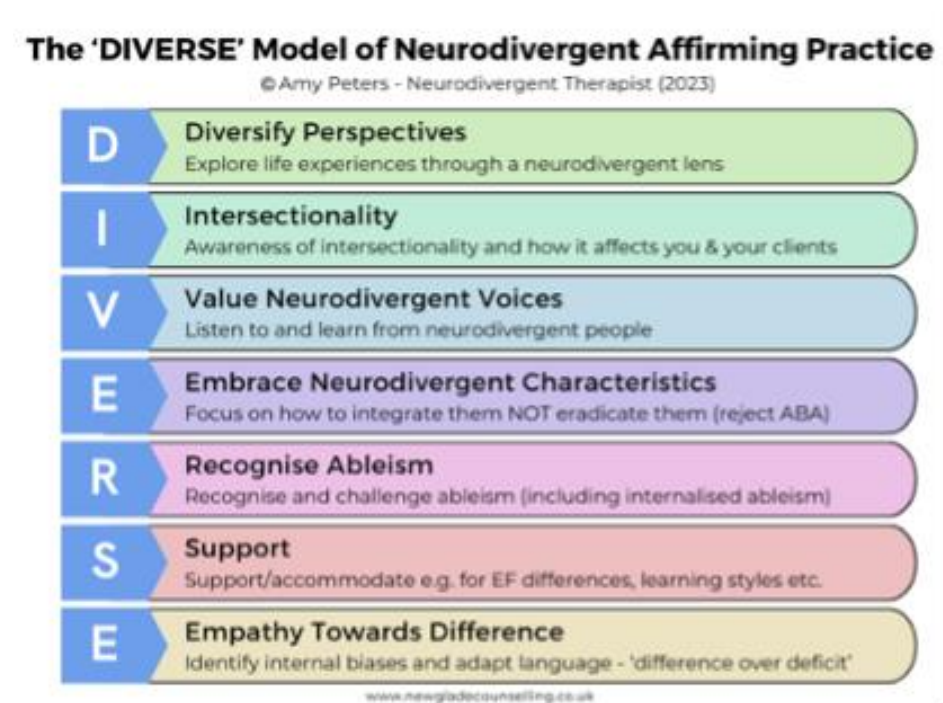


Figure 1: The Diverse Model of Neurodivergent Affirming Practice (Source: Peters, 2023)

Aims and Objectives

The aim of this essay is to critically reflect on how my values and beliefs align with the BACPEF and the DM by using the ‘Me, My, More, Must’ (Wareing, 2017) reflection model and consider how it impacts my ability to become a future neuro-affirming counsellor.

Reflection

The “Me, My, More, Must” (MMMM) model is a newly designed reflection model for the purpose of reflecting on values (Wareing, 2017, p.268). The reflection process is compartmentalised into 4 stages (Table 1):

Table 1: Me, My, More, Must Definitions

Stage	Definition
Me	Self-reflection as an individual
My	The difference between the self and profession
More	Incoherences that have emerged from the learning experience
Must	Action plan to solidify learning

(adapted from source: Wareing (2017, p.272-275)

The question prompts, (Figure 2) are an effective tool for promoting deep thinking (Bassot, 2023, p.89).

Stage:	Writing prompts:
Me	Who am I? What values are important to me as a person? What values are important to me as a healthcare worker? What do I need in order to feel confident at work? What decreases my confidence at work? What enables me to be able to practise effectively in a clinical or therapeutic area? What prevents me from practising effectively in a clinical or therapeutic area?
My	What are my thoughts and feelings regarding this learning experience, situation or incident? What concerns do I have regarding myself? What concerns do I have about other people involved in this experience? Who can help me make sense of this experience or situation? What impact have my values had on the people involved in this experience? What impact has my level of confidence had on how I have practised during this experience?
More	In general, what have I learnt from this experience, situation or incident? What questions have been generated from this experience, situation or incident? What ideas have been generated from this experience, situation or incident? What has surprised or puzzled me about this experience, situation or incident? What do I need to find out more, as a result of this experience, situation or incident?
Must	What must I do now to identify my learning needs? What must I do to identify my learning goals? Who must I speak to, to assist me in creating a learning or development plan? What must I include in the plan? What values must I explore in order to become the healthcare worker I wish to become?

Figure 2: Me, My, More, Must Writing Prompts (Source: Wareing, 2017, p.271)

Me

I am a neurodivergent counselling skills student, working as a Personal Assistant, and hold a PG Diploma in Autism and Related Conditions. During this course I discovered that I was Autistic and found a sense of belonging and community with my Neuro-kin. I aspire to be a counsellor, and I endeavour to ensure that my practice is Neuro-affirmative, to avoid causing unintentional harm to clients.

I believe that Autism is a natural phenomenon, and neurodiversity has value within society. Neurodiversity is a form of identity, and it should be respected. This corresponds with the BACPEF of valuing the variations of human culture and experience (BACP, 2018). This belief, my education in Autism, as well as lived experience coincides with the DM principle of Diversify Perspectives, whereby counsellors should ensure they have adequate understanding of Autistic experiences, through a neurodivergent lens (Peters, 2023). This relates with Person Centred counselling where the counsellor's empathetic understanding

comes from the client's frame of reference (Mearns, Thorne and McLeod, 2013, p.13).

Although counsellors can follow humanistic approaches, the BACPEF and the DM, it can be argued that there is a Double Empathy Problem: a disconnection in understanding between Autistics and non-autistics (Milton, 2012). Autistics report better rapport in social interactions when matched with the same neurotype (Crompton et al, 2020, p.8). Therefore, it would be beneficial for Autistics to be matched with an Autistic or neurodiverse counsellor, for increased experiences of genuine empathy. Empathy is a crucial value in counselling (Egan, 2014, p.48) and is regularly highlighted within the BACPEF. A lack of empathy can be damaging to the client (Mearns, Thorne and McLeod, 2013, p.63) and is the most reliable indicator of client progress (Jones-Smith, 2016, p.276).

Respect and kindness are my core personal values. These values are intertwined as people should be treated with compassion, empathy and equity. In professional practice, kindness can translate to the personal moral quality of "care" within the BACPEF. Kindness can be demonstrated through unconditional positive regard, connection, warmth, respect and empathy. There is a consistent correlation between these socio-emotional characteristics and positive therapeutic outcomes in comparison to counselling skills and techniques (Heinonen and Nissen-Lie, 2020, p.427). Acceptance of the client is a fundamental principle in counselling (McLeod, 2013, p.508) and links to the DM principle of embracing neurodivergent characteristics. However, it can be argued that unconditional positive regard is an unrealistic expectation for counsellors as all relationships are conditional (Jones-Smith, 2016, p.277).

Respect for the client is a fundamental aspect of counselling (Egan, 2014, p.46). The BACPEF's guidelines on respect can be related to neurodiverse clients with particular

attention to the points made on valuing diversity, ensuring inclusion, demonstrating equality, accessibility adjustments and working within the law (BACP, 2018). Respect is also a key feature within the DM whereby practitioners need to value Autistic voices, recognise ableism and discriminative practice, and provide a safe and sensory friendly space for Autistic clients.

To feel confident as a counsellor, I need to engage in compensatory social strategies to mask my differences in social skills. Counselling skills encompass high levels of social skills, whilst not impossible to do, it does put me at a disadvantage to learn as Autistic people have different communication styles, and counselling training and frameworks seem to favour normative social skills and behaviours (Simpson, 2020, p.2). It is reasonable to assume that the social skills required for counselling practice does not come naturally to Autistic counsellors (Taylor and Sims, 2024, p.2). Social barriers that I have encountered within counselling skills training are outlined in Table 2:

Table 2: Barriers to Counselling Skills

Skill	Barrier
Eye contact	I find eye contact uncomfortable and I especially find it difficult to maintain when speaking
Paraphrasing	This is a new skill that I find unnatural as I have not used it in everyday conversations. It requires a good level executive functioning skills such as working memory. This means I find it difficult to hold a piece of auditory information without losing track and translate this information into my own words, on the spot. I require significant time to think this through as I am monotropic in thinking and get stuck on the original wording.
Active listening	• My brain does not switch off, so it requires extra concentration to quiet the inner monologue or thoughts. • I have Auditory sensory processing issues, meaning that I am sensitive to all the sounds in the room whilst someone is talking. It also means that I may not process every single

	word, and I must compensate by getting a general gist of the story. • I get distracted internally very easily. I am a visual thinker, so I picture what the client says. It can sometimes spark daydreams, memories, or media. Certain words may trigger songs or media quotes in my head. • I also suffer from tinnitus, and it can be a barrier to hearing properly • I get performance anxiety when I believe that I am being perceived, which affects my ability to concentrate fully on listening as I am stressed.
Translating	I feel that I sometimes must translate conversations with Neurotypical people. As a literal thinker, I must pay close attention to the use of subtle metaphors and tell myself that it is a figure of speech. Similarly, with sarcasm, I struggle to detect it if it is not matched with an exaugurated tone of voice.
Communication Style	Social skills are not natural to me, and I must heavily research skills to practice. My preferred communication style is written, as it allows me time to think about and edit responses. I struggle when “put on the spot,” especially if I do not have a script prepared.
Empathy	I show empathy by stating “me too” scenarios, to show I understand, however in counselling context this is deemed a wrong/unhelpful communication style.
Assuming	I naturally finish people’s sentences because my brain works via pattern recognition, and I have a need to identify or finish the pattern.
Body language	My natural body language is having my arms crossed, slouching, sitting crossed legged or legs under my bottom. I am comfortable but this is deemed as wrong as it connotes boredom or tension.
Interruption	In social contexts, I tend to interrupt. If my thought is not verbally expressed, it will be lost. This stems from being unheard in childhood (most peers never heard me speak) and my inability to track group conversations correctly in that conversations tend to move on before I have expressed my thoughts. I am still learning.

(Source: West, 2025, *unpublished, own table*)

Autistics compensate for social difficulties using different neural routes and psychological tactics to give the perception of normalcy by demonstrating neurotypical behaviours and social skills (Livingston et al, 2020, p.1). This is done through camouflaging/masking, which represents a discrepancy between the true Autistic self and non-Autistic social environment (Cook et al, 2021, p.2). It is viewed as a necessary tool to succeed in social interactions, relationships, employment and education (Hull et al, 2017, p.2528). Therefore, my success in practicing counselling skills heavily relies on my ability to maintain masking. This allows me to meet the skill criteria outlined in the Counselling Skills Competence Framework (CSCF) (BACP, 2020) and address the barriers in Table 2, therefore working within the BACPEF. The ways in which I mask are outlined in Figure 3.



Figure 3: Masking (West, 2025, unpublished, own work)

My

Although camouflaging is beneficial, it creates an internal conflict (Seers and Hogg, 2022, p.25) as it damages the sense of authenticity within the self (Hull et al, 2017, p.2528). My concern is that it is unethical to camouflage as I will not be meeting one of the primary core conditions in person centred counselling: Congruence. Congruence refers to the authenticity of the counsellor, being their true self and genuine towards the client (Burks and Robbins, 2012, p.76). This coincides with the BACPEF personal moral quality of sincerity.

Counsellors are expected to be congruent to set an example to the client (Mearns and Thorne, 2013, p.13) and should not hide behind a façade (Kolden et al, 2018, p.425). A lack of congruence has a significant negative impact on client rapport and therapeutic outcomes (Nienhuis et al, 2018, p.597). Therefore, camouflaging is indirectly causing harm to the client, which infringes the BACPEF principle of non-maleficence. However, if I am my Autistic self, I would not demonstrate many professional competencies, which is more harmful and therefore more unethical. Conversely, due to the DM, there is a heavier responsibility to be the authentic self so that it creates a safe space for the client to un-mask. Therefore, to not be congruent connotes creating an ableist environment, which goes against the DM. Yet, to be completely congruent is unachievable as professional tact is necessary to respect the client (Burks and Robbins, 2012, p.87). It requires personal and professional balance (Barracough, 2024, p.1062). Out of respect to the client, and their need to feel heard and accepted, I am compelled to compensate for my difficulties and appear neurotypical. My ability to mask supports the creation of a counsellor persona, where I constantly monitor my social and counselling skills. It is common to develop a counsellor identity during counselling training (Barracough, 2024, p.1055). The persona does not completely diminish my personality but acts as a social navigation tool within a counselling context, supporting me to focus. It is helpful to remember that congruence is a life-long process that develops

over time through personal growth and education (Kaimaxi and Lakioti, 2021, p.245).

However, there is a lack of research on the inclusion of Autism in the psychotherapy profession to learn from (Taylor and Sims, 2024, p.3).

Although I would embrace neurodiverse characteristics in the client, I would not do it for myself as a counsellor. The lack of safety to unmask is due to the need to meet a neurotypical quota in training. This feeling is a common experience in Autistic individuals as the field of psychotherapy lacks proper awareness and understanding, leading to negative outcomes and feelings of alienation (Pantazakos and Vanaken 2023, p.4). Research shows that 75% of Autistic individuals reported a lack of trust and respect from therapists (Jubenville-Wood et al, 2023, p.6). This bias is further reported in counselling training and workplaces whereby Autistic counsellors were constantly inclined to defend their role and encountered experiences of stigma (Taylor and Sims, 2024, p.7) as they do not fit the counsellor stereotype (Simpson, 2024, p.3). Although my course has been accommodating and respectful, my fears are deeply rooted.

Masking contributes to a decline in mental health (Cook et al, 2021, p.3) as it is mentally and physically draining, difficult to maintain long-term and leads to exhaustion (Hull et al, 2017, p.2526), meaning that I have higher risk of burnout compared to neurotypical counsellors. The pressure to mask is related to low self-esteem and confidence where Autistics blame themselves for social differences and the difficulties faced (Seers and Hogg, 2022, p.30). I resonate with this as I feel useless for having difficulties and exhausted from hiding them. This correlates with professional self-doubt, which can negatively affect client therapeutic outcomes (Clements-Hickman and Reese, 2023, p.174), creating an ethical dilemma. The

BACPEF states that counsellors have a responsibility to monitor and maintain mental health and wellbeing, which is critical for good working practice (BACP, 2018).

More

The main question arisen from the ethical dilemma of masking is: can Autistics be effective counsellors?

Despite the lack of representation, there has been a recent recognition of Autistic mental health professionals and the strengths they bring to the field (Doherty et al, 2024, p.1).

Autistic counsellors are competent in their profession, counselling both Autistic and non-Autistic clients (Taylor and Sims, 2024, p.9). Autistics learn social conventions through cognitive processes instead of intuition (Gould, 2017, p.704). They excel at systemising, i.e., identifying patterns and rules (Baron Cohen et al, 2009, p.1377) and show stronger capabilities in social psychological skills (the ability to predict thoughts, feelings and behaviours) in comparison to non-Autistics (Gollwitzer et al, 2019, p.19245). Therefore, it is reasonable to assume that Autistic counsellors will learn and use counselling skills through systemising and will construct rules to follow to enable them to engage with the client effectively. How my Autistic strengths meet the CSCF criteria (BACP 2020) are outlined in Table 3:

Table 3: Autistic Strengths Comparison to the CSCF Criteria

BACP (2020) Quality/Competency	Autistic Experience	Personal Experience
Empathy	Autistics experience amplified levels of empathy	When a client disclosed traumatic past experiences of physical domestic abuse, I found myself holding back tears. I normally

	(Fletcher-Watson and Bird, 2019, p.6)	feel the emotion as if it was my own experience. Sometimes, I do rely on a “social equation” in my mind. W (key words in conversation) + S (scenario) = E (emotion) to work out what a client might be feeling in their experience, which leads to statements like “sounds like you might be feeling...” I do this well as identifying emotions are one of my identified strengths in peer and tutor feedback in class.
Unconditional Positive Regard	Autistics have a non-judgemental nature (Kirchner et al, 2016, p.3333)	A client disclosed that they smoke cannabis on a regular basis (which I already identified from the smell of their home). I am aware that it is an illegal substance, but I am also mindful that people find it helpful. I assured her that I understood the benefits of it even though I do not partake. She deserves to feel comfortable in her own home and it is not my place to judge, only to support. She felt at ease, her body language relaxed and she talked about it more candidly.
Use of counselling skills: -Paraphrasing -Summarising -Silence -Active Listening -Body language -Questioning -Reflecting -Focusing -Immediacy -Restating -Self-Disclosure	Autistics are excellent systemisers. (Gollwitzer et al, 2019, p.19245) Intense interests are a key motivator for Autistic people to research more about their profession (Cope and Remington, 2022, p.28)	Although I have barriers in using some counselling skills, I am mindful that I am a student and these are new skills that take time to master. I rely on systemising to navigate the use of counselling skills. Although training says to not think about it and let the session flow naturally, my brain works differently, and I cannot force myself to operate neurotypically. A difference in operation is okay, I am still able to demonstrate the skills in class as peer feedback shows that I am meeting the criteria. My classmates are unaware that I do this through masking and systemising. I have always had an interest in sociology and why groups of people/culture/society behave in the way they do. This stems from my need to fit into the social norms.

		Therefore, I am always looking to improve my social skills and incorporating counselling skills into my personal and professional life has served me well so far.
Genuineness	Autistic counsellors are more likely to be their genuine selves around Autistic clients (Taylor and Sims, 2024, p.6)	I can appear genuine through masking, even though I am not 100% authentic. My classmates have not identified that I am not my genuine self during the sessions. This could be because my values don't change, just my persona. I am still a kind-hearted, respectful individual, no matter the persona. I have started the process of unmasking with my Autistic client. I don't give much eye contact when listening and it does not affect our rapport, as he also doesn't give eye contact. However, I suppress my difficulties because I aim to appear professional as I have a highly responsible role in supporting my client. As a counselling client, I felt more at ease with my counsellor when they disclosed that they are also neurodivergent. I felt that they would have a better understanding of my experiences through their own lived experience, rather than a textbook. I can appreciate this as something to aim for in my own practice in the future.
Working within professional, legal and ethical boundaries	Autistics highly value fairness and use empathy and systemising to inform moral judgments (Greenberg et al, 2024, p.7)	I have been described as a "stickler for rules" by family and friends. It would be important to me to follow the rules of the profession, but I may struggle with subjectiveness of some ethical dilemmas. I experienced such a dilemma during the Christmas period. A client's family gave me a small gift of a £10 voucher. Under the Mico-Enterprise code of practice, it says I should not accept gifts. I was not expecting a gift. Accepting the gift would be wrong but declining would have caused feeling of rejection and therefore a disconnect with the client and family. I considered that culturally, we, westerners enjoy giving gifts to others during Christmas as it is a time of giving. I

		deduced that it was a small token of appreciation that does not affect the service. The family consider the role of PA as an extension of the family rather than a distanced professional role. They made it clear in contracting that they wanted someone to be personally involved in the client's life. I accepted the gift, to keep a good rapport with the family but felt conflicted that I was breaking the rules. I am mindful that if it had been a substantial gift, that I would have to decline.
Able to work with a range of clients	A strength of Autistic people is the unique perspective that allows them to be empathetic to those with differences (Cope and Remington, 2022, p.28)	I recently learnt how to adapt the use of silence with an Autistic client with a learning disability. The usual pauses of silence that I used in class were ineffective as it was not long enough for my client. I found that use of encouragers and questions after an ineffective period of silence interrupted the client's thought process. I now use longer periods of silence, followed by minimal use of language: "mhm", "aww", "oh".

(Source: West, 2025, *unpublished, own table*)

Must

To be a truly neuro-affirmative counsellor, I must learn to be more congruent by unmasking.

Use of Autistic counsellor experiences could identify strategies to consider. To unmask requires a level of trust, safety and confidence, which I will need to navigate with support from peers, tutors and the student wellbeing team. It is difficult to engage in alternative strategies when masking has been engrained into my thought processing since childhood, so I must be willing to commit to the change.

It is contradictory to say that I believe neurodiversity should be respected when I do not allow myself to fully embrace being Autistic. A diagnosis would be beneficial as I have past experiences of not being believed and this acts as a barrier as I fear a self-diagnosis is not valid.

Although I focus on being kind and respectful to others, I do not engage in these values for myself. I have low self-esteem and confidence that stems from the unkind statements I have told myself over the years. I must learn to be more kind to myself. I am currently learning positive affirmation techniques with support from my counsellor. I will need to continue this when our sessions expire. If I do not learn how to do this, it will affect my counselling practice in the future as I have a responsibility to take care of my mental health to be competent to work with clients.

Evaluation

Reflective Model

Due to the MMMM model's novelty, it has not been widely used, especially in counselling research. The model was designed for health care professionals, however, there was flexibility to apply it to other fields. Another limitation was the failure to include other perspectives as it is a missed opportunity to identify any oversight in counselling practice (Bassot, 2020, p.6).

Prompt questions were a strength of the reflective model as it provided a good starting point to specify the valuable areas to focus on (Bolton, 2014, p.50) and allowed freedom of choice

in which ones to answer and the length of answer. However, from a neurodiverse lens, literal thinking suggests that all the questions should be answered as the choice was not clear. To have answered all questions would have been overwhelming as the sight of too much information can cause an Autistic individual the inability to think (Rowland, 2020, p.4). Another strength of the prompts is that it promotes moral awareness by reflecting on personal and professional values (Wareing, 2017, p.276). Moral reflection is important for character development that influences moral judgements and ethical decisions (Pollo, 2017, p.121). However, the question “What are my personal values?” can be difficult to answer if it is being considered for the first time. Not knowing how to identify a value can be a frustrating process with a lack of guidance. This question required an answer before the other sections, however, there may be cases where values are identified after reflecting on a situation.

Ethical Framework

The BACPEF is a useful guide and acts as an initial reference for counsellors (Reeves and Bond, 2021, p.46) and I found it versatile enough to apply to my PA role. However, it has been criticised for being a lengthy document that counsellors rarely read unless confronted with an ethical dilemma (Gabriel and Reeves, 2024, p.49). Although lengthy, I found the information to be basic as it does not provide instructions on how to deal with ethical dilemmas. It also cannot fully predict every possible ethical issue that may arise in counselling (Jenkins, 2017b, p.275) and can be interpreted subjectively (Gabriel and Reeves, 2024, p.49) suggesting that there can be a conflict of opinions on moral judgement.

The BACPEF was written without the consideration of Neurodiverse counsellors and clients, as the document is influenced by the cultural bias of neurotypicals (Sanders, 2016, p.292).

Literal thinking suggests that I would be an unethical person if I cannot meet the entire ethical principles, 100% of the time. Under closer inspection, there are similarities between the BACPEF and the DM if interpreted through a neurodiverse lens. It shares similar themes of respecting diversity and differences of the client, person-centred support, avoiding discrimination, and demonstrating empathy. However, due to a lack of training and awareness on Autism/neurodiversity, the BACP should add a section for neuro-affirming practice for greater clarity.

Diverse Model

The DM's greatest strength is that it is written by a neurodiverse counsellor, who would have extensive lived and client experience to inform neuro-affirming practice. However, it is an unofficial model, not used in research. It serves as a representation of the current paradigm that differs between professionals and researchers. It would be beneficial for the BACP to create an official neuro-affirming practice framework to provide consistency for counsellors and researchers.

Conclusion

Values, beliefs and ethics influence counselling practice and the ability to follow ethical frameworks. There is limited training and awareness in neuro-affirming practice, which is unethical towards Autistic people. There is a bias towards neurotypicals within the field of psychotherapy which creates ableist environments for Autistic counsellors. The use of the MMMM Model has allowed me to highlight my use of masking as a strategy to navigate neurotypical spaces and it acts as an oxymoron where it is beneficial for social success but

damaging for congruence, resulting in an ethical dilemma. Despite this, I have strengths of a potential neuro-affirming counsellor. It would be beneficial for the BACPEF to include neuro-affirming practice to address the bias that has resulted in negative outcomes for Autistic counsellors and clients.

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