**THERAPIST TRAINING EXPERIENCES AND THE USE OF ADAPTATIONS IN PSYCHOTHERAPY FOR AUTISTIC CHILDREN AND YOUTH**

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**Objectives:**It is well established that mental health challenges are more prevalent among autistic children and youth compared to those without neurodevelopmental disorders. Although many evidence-based interventions are effective in addressing these co-occurring mental health difficulties when they are adapted, autistic children and youth are less likely to receive evidence-based treatments. A number of clinician-level factors can impact therapists’ use of adaptations in clinical practice. For instance, it has been demonstrated that many clinicians lack training about autism and have limited clinical experience with this population, impacting their ability to provide tailored care. However, few have examined the influence of specific types of training experiences on clinicians’ adaptation use in community mental health settings, particularly among neurodiverse populations. The current study aims to address these gaps and examine how therapist training experiences may influence adaptation use during psychotherapy with autistic children and youth. In particular, the current study investigates how therapists’ theoretical orientation (i.e., cognitive behavioural, eclectic and dynamic/analytic), hours of autism training and levels of education relate to the number of adaptations used and their use of adaptations recommended in the literature (i.e., making use of special interests, incorporating parents, using simplified language, and making abstract concepts more concrete).

**Method:** Six hundred and fifty-two Ontario clinicians (82% women; *Mage* = 40.5, *SD* = 11.1) providing psychotherapy to children and youth with mental health problems were cross-sectionally surveyed online to examine their knowledge, skills, practices and training needs when supporting autistic clients. Clinician training experiences were measured by asking participants to report their primary theoretical orientations, hours of training about working with autistic clients, and highest level of education. Adaptation use was assessed by asking participants to identify all treatment modifications they have made in the past when delivering psychotherapy to autistic clients and totaling the number of adaptations endorsed.

**Results:** Analyses for this study are in progress and focus on the relationships among these training factors and the total number of adaptations implemented when supporting autistic clients using univariate Analysis of Variance (ANOVA) analyses and a follow-up multiple hierarchical regression. Further, chi-square analyses will be used to examine the associations among these training factors and the use of recommended adaptations.

**Discussion/Conclusions:** To date, few studies have examined real-world patterns of adaptation use in pediatric mental health settings and clinician-level influences on the number and types of adaptations used. Understanding the relationships between these training factors and adaptation use will help inform capacity building efforts and identify clinicians who may be less likely to use adaptations when working with neurodiverse youth.