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**Evaluating the Role of Strengths in Positive Outcomes for Justice-Involved Youth with FASD: A Scoping Review

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Objectives: Individuals with Fetal Alcohol Spectrum Disorder (FASD) have a wide range of strengths and difficulties, however, public perception of FASD and research within FASD has been predominantly deficit focussed. Despite a recent increase in investigations of strengths and protective factors for individuals with FASD, there remains a significant gap. Youth with FASD contacting the criminal justice system (CJS) are a particularly neglected group. This lack of attention to strengths and protective factors in this group has likely increased stigma and stress for individuals with FASD and their families. Therefore, the current study aimed to determine what strengths and protective factors have been investigated for youth with FASD involved in the CJS, and how these strengths and protective factors have been identified, defined, and measured.

Method: A scoping review methodology was used (Joanna Briggs Institute; Peters et al., 2019) to search four databases (PsycINFO, PubMed, Criminal Justice Abstracts, and Web of Science) using structured search terms. Inclusion criteria included youth/young adults (ages 12-25) with FASD with justice-system experience, as well as either/both strengths and protective factors. Following abstract and title (96 results) and full text screening (26 results), 15 peer-reviewed published articles were included in the review and coded using a structured abstraction form (see OSF protocol registration: DOI 10.17605/OSF.IO/6WAZE).

Results: Studies were published between 2004 and 2020. Most studies were conducted in Canada (n = 9; 60%), with three conducted in Australia (20%), one in New Zealand (7%), one in United States (7%), and one systematic review capturing multiple jurisdictions. The articles included 1022 individuals with FASD ages 12 to 25. While many studies included consideration of strengths and protective factors, they were often discussed indirectly and nested within deficit-based conversations. Eight studies (53%) specifically examined strengths, including those at individual (e.g., resilience, hope, kindness), familial/relational (e.g., structure, relationships, stability), and community levels (e.g., education, support). Across studies, there was a general lack of conceptual clarity and varied definitions in respect to strengths and protective factors.

Varied measurement approaches were also applied, with only one study (7%) using a specific validated measure of strengths (the Child and Youth Resiliency measure), and only one study using a validated measure for protective factors (SAVRY; 7%).

Discussion/Conclusions: This review found a small number of studies that included strengths or protective factors for justice-involved youth with FASD. Many of the studies included in this review did not emphasize or directly study strengths or protective factors, but rather mentioned them tangentially along with other findings. Further, the literature lacks overall conceptual definitions of strengths within this population. Future research should focus on improving clarity when describing strengths and protective factors in this population. Overall, there is a need to utilize evidence-based tools to identify and assess individual strengths and protective factors that are rooted in conceptual frameworks to provide consistency and enhanced understanding to promote overall wellbeing and positive outcomes for this population.

Facilitators and Barriers to Inclusion of Children with Intellectual and Developmental Disabilities at Informal Learning Centres in Canada

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Objectives: Inclusion and participation in a fully inclusive educational experience is a human right and barriers to accessibility remove an individual's right to these experiences. This study is an exploratory study on the facilitators and barriers to the inclusion of children with intellectual and developmental disabilities (IDD) in informal education settings such as museums, aquariums, zoos, and science centres (MAZSC) in Canada. The study aimed to determine staff understanding of the strengths, needs, and methods of learning of children with intellectual and developmental disabilities in informal education settings and the existing facilitators and barriers to full inclusion and participation for children with intellectual and developmental disabilities.

Methods: Semi-structured interviews with staff members from ten MAZSC in Canada were completed. Data were analyzed using descriptive and *in vivo* coding.

Results: Thematic analysis revealed three overarching themes: methods of learning and engagement, facilitators to accessibility, inclusion, and participation, and barriers to accessibility, inclusion, and participation.

Discussion and Conclusions: The findings from this study support the numerous and diverse facilitators currently being utilized to address this human right. However, barriers were also illuminated which indicates the need for continued work and support at informal educational settings in order to provide a fully inclusive educational space for children with IDD from which they can learn and participate.

Supporting Healthy Pregnancies: Understanding Pregnant Women and New Mothers' Perspectives Regarding Fetal Alcohol Spectrum Disorder Prevention Campaigns to Inform Effective and Non-Stigmatizing Approaches in Northeastern Ontario

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Objective: Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term used to describe the lifelong impacts on fetal development as a result of alcohol use during pregnancy. Alcohol use during pregnancy is a significant public health concern as 10 to 15% of Canadian women report consuming alcohol during pregnancy, and FASD impacts approximately 4% of the Canadian population. Pregnancy is a period when women are more likely to adopt healthier behaviours to manifest positive outcomes for themselves and their children. Thus, improving current educational and FASD prevention initiatives can help reduce the risk of alcohol use during pregnancy and FASD as a potential consequence. Therefore, the objectives of this study are three-fold: (1) to explore pregnant and postpartum women's attitudes about alcohol use during pregnancy; (2) to understand pregnant and postpartum women's perspectives regarding existing FASD prevention campaigns; and (3) to generate recommendations from these women to inform non-stigmatizing FASD prevention approaches in Northeastern Ontario.

Methods: Using a basic qualitative approach, this study will employ semi-structured focus group interviews. Overall, 30 pregnant women and new mothers across the Sudbury and Manitoulin regions of Northeastern Ontario, between the ages of 17 and 45, will be recruited to participate. Participants will be randomly assigned to focus groups, lasting approximately 60 to 90 minutes and consist of 5-8 participants. Participants will be shown ten images of existing FASD prevention campaigns to facilitate discussion on existing Level 1 FASD prevention efforts and alcohol use during pregnancy. Participants will be asked semi-structured questions to understand their attitudes, perspectives, and opinions regarding the messaging and imagery of the displayed FASD prevention campaigns. Data from this study will be analyzed using Braun and Clarke's (2019) reflexive thematic analysis approach to generate salient themes from the participants' responses.

Results: At the time of the abstract submission, the data collection has not commenced.

Discussion: FASD prevention efforts have been heavily criticized for their harmful and stigmatizing nature as emotional aspects of fear, guilt, and shock have been profoundly relied on to discourage women from consuming alcohol during pregnancy. Consequently, women may be reluctant to disclose information about their alcohol use. In the Sudbury and Manitoulin regions of Northeastern Ontario, reported rates of alcohol consumption during pregnancy are substantially lower compared to the Canadian national average (i.e., 2.2% compared to 10 to 15%). The considerable discrepancy may result from the stigmatizing nature surrounding FASD, thereby causing women to under-report their alcohol use. Despite alcohol use during pregnancy being a concern within the province of Ontario, prevalence rates of gestational alcohol use and FASD among rural, remote, and northern communities are suggested as being a progressively growing concern. Hence, suggesting that women of childbearing age in the Sudbury and Manitoulin regions may be more susceptible to alcohol-exposed pregnancies. Nevertheless, this study will contribute to the growing discourse on the need to develop FASD prevention campaigns at the community level, help improve educational initiatives and foster a supportive environment for pregnant women and new mothers disclosing information about alcohol use during pregnancy.

“Because if You were a Parent and Your Child had FASD… and You Walk by This, What is Your Response?”: Laurentian University Student Perspectives on FASD Prevention Campaigns

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Objectives: Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term describing the continuum of effects associated with alcohol use during pregnancy. Specific regions of Northern Ontario have identified FASD as a growing concern, but reported rates of alcohol use during pregnancy in areas such as the City of Greater Sudbury remain significantly lower than national estimates, implying that some women may not feel comfortable disclosing their alcohol use, and are therefore unlikely to seek out services they or their children need. University and college-aged students are a high-risk group for alcohol exposed pregnancies, and in combination with Northern Ontario’s need for an effective community-level campaign (i.e., Level 1 prevention) regarding alcohol use during pregnancy, post-secondary students at Laurentian University were chosen as a first step in exploring the perspectives of individuals in Sudbury, Ontario on existing FASD prevention campaigns. Future steps within this project will involve other groups, such as pregnant individuals, new mothers, and their partners. The goal of this larger study will ultimately be to create a new salient, non-stigmatizing FASD campaign tailored to those in the City of Greater Sudbury.

Methods: The current study aimed to answer the question: What are the thoughts, opinions, and perspectives of undergraduate students on existing Level 1 FASD Prevention campaigns? Students aged 17 to 45 were initially recruited for in-person focus groups; however, all methods were changed to online midway through data collection due to the COVID-19 pandemic. Students of all genders and programs were accepted, and a total of 29 participants were included over 7 focus groups (3 in person, 4 online). Focus group interviews aimed at gathering attitudes, ideas, and reactions were semi-structured, involving queries about participants’ understanding of the prenatal effects of alcohol use during pregnancy as well as discussion of 10 images from existing national and international campaigns.

Results: Data collection has been completed, and transcripts in the final steps of interpretive thematic analysis. Preliminary results include themes surrounding: (1) the roles of support versus shame in FASD prevention; (2) defining effectiveness in the context of these campaigns, and; (3) differences in what is “liked” and what is deemed “effective”. The role of shock value was discussed both in the context of stigma, and effectiveness. As one participant stated: “even though I didn't really like it at all, this would help me remember because I don't like it so much […] I literally have this image in my head.” However, participants also emphasized the role of support, with another student elaborating, “I don’t think the purpose of any educational advertisement is to judge, I think it should be to educate.”

Discussion/Conclusions: Understanding that the RSIG conference will be held in April, our poster will present data analysis in its final stages and preliminary results. Alcohol use in Sudbury is currently underreported, and existing FASD prevention efforts worldwide have been criticized for their negative, stigmatizing nature. By contributing to the creation of a tailored, salient, and non-stigmatizing campaign, this project hopes to contribute to a self-perpetuating cycle of better education, resulting in better care, which ultimately will promote the creation of a safe, supportive environment for pregnant women using alcohol and their children.

Updating the SSKAAT-R: Focus on Clinical Utilization

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Objectives: With knowledge that individuals with intellectual/developmental disabilities often have gaps in sexual knowledge and are vulnerable to exploitation, assessment tools are essential to inform sexual education intervention. The Socio-Sexual Knowledge and Attitudes Assessment Tool-Revised (SSKAAT-R) is one of the most commonly utilized tools to evaluate socio-sexual knowledge among people with intellectual/developmental disabilities. However, with the growth in society's socio-sexual knowledge and increased use of technology for dating and social interaction, the tool has received criticism for being outdated. The current study is part of a larger project aimed to update the SSKAAT-R.

Method: Aligned with the steps employed to update the original SSKAT, feedback is being gathered from clinicians who have used the SSKAAT-R (e.g., psychologists, behaviour therapists, social workers) in the form of questionnaires. Data from the questionnaires will be used to understand the strengths and weaknesses of the SSKAAT-R and suggestions for improvement. Additionally, semi-structured interviews are being completed to gain a more in-depth understanding of how the tool is utilized by clinicians, the strengths and weaknesses of the SSKAAT-R content, and suggestions that would improve clinical utility. There is intent to conduct 10 interviews and 20 questionnaires.

Results: Data collection is ongoing, but preliminary interview results suggest that clinicians utilize the SSKAAT-R as part of a comprehensive socio-sexual assessment or to address specific referral questions. Many clinicians use the tool in an individualized manner, in that they may choose to administer the full scale or select specific subtests related to client needs. Participants have discussed many of the SSKAAT-R's strengths, including its comprehensiveness, flexibility and ease of administration, use of photographs and sketches for explicit sexual behaviour, and evaluation of socio-sexual attitudes. Weaknesses cited have included outdated terminology and understanding of intimate relationships (e.g., does not include online dating), along with lengthy sentences and complex words, Recommendations for an improved tool included inclusion of gender, sexuality, and diversity, tablet-based testing and scoring system, and additional subtests (i.e., healthy boundaries, sexual abuse prevention). Furthermore, the use of vignettes or videos has been recommended, especially where facial expressions and body language may not be easily captured in photographs or sketches. Once data completion is finished, questionnaire data will be analyzed using descriptive statistics, such as percentages, means, frequencies, and ranges to evaluate trends in the participants' responses. Furthermore, qualitative data will be evaluated through content analysis.

Discussion/Conclusions: Gathering feedback from clinicians will aid in developing a tool that is responsive to the needs of clinicians. Moreover, the updated tool will help clinicians better assess the socio-sexual knowledge of their clients with disabilities, address referral questions, and develop individualized treatment plans that improve their safety and quality of life.

**“Everything has Changed Since COVID”: Ongoing Challenges Faces by Canadian Adults with Intellectual and Developmental Disabilities

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Objectives: People with intellectual and developmental disabilities (IDD) have unique, unmet needs that have been exacerbated by the COVID-19 pandemic due to restrictions. People are now unable to engage in activities they used to do and for many, it is hard to adjust to virtual programming. A new reliance on technology, inability to socialize like they were used to, and confusion regarding COVID-19 restrictions are all challenges this population face. To support the physical and mental wellbeing of individuals with IDD, a virtual course was designed to teach practical skills and share tools to help people with IDD to build their capacity to manage mental health concerns. The course was co-led by self-advocate leaders, and topics included Healthcare Communication and Taking Care of Yourself. The purpose of this secondary analysis was to evaluate feedback from the course to gain insight into what challenges participants experienced after course completion and how COVID-19 restrictions influenced their wellbeing in waves 2 and 3 of the pandemic.

Methods: Two 6-week virtual courses were held for adults with IDD across Canada in the Fall of 2020 and Winter of 2021. 25 participants were interviewed 6-8 weeks following course completion and asked: a) Please tell us about any issues or things that are difficult for you right now, and b) Please tell us how COVID-19 restrictions where you live have affected you since you began the course. Their open-ended responses were transcribed and qualitatively analyzed using thematic analysis.

Results: We identified 3 themes related to challenges self-advocates continue to face beyond the course: 1) Finances, 2) Restrictions, and 3) Vaccines. Responses varied slightly according which course cycle participants were in. Finances: Self-advocates struggled with finding and maintaining employment and getting by with the amount of government disability funding, expressing how the pandemic has exacerbated their financial insecurity. Restrictions: COVID-19 restrictions affected multiple dimensions of self-advocates' lives. They experienced confusion with changing public health directives, difficulty adjusting to disruptions to their daily social activities, and faced challenges in attending healthcare appointments. Vaccines: Self-advocates looked forward to receiving their vaccine but were confused about when and where to get it. In cycle 1, they were frustrated about not being a priority population for vaccines. By cycle 2, some participants had received their vaccine but were still anxious about what would happen next.

Discussion/Conclusions: While course resources and tools helped them navigate the COVID-19 pandemic, they continued experiencing challenges. The issues identified by participants echo previous studies highlighting similar struggles self-advocates experienced worldwide during the pandemic, especially in waves 2 and 3. These findings will help us better understand the unique ways the pandemic has affected the well-being of people with IDD and improve how we support this population. The findings also demonstrate the importance of considering broader social determinants of health on the well-being of self-advocates when delivering services and how these continue to affect them beyond the scope and duration of such interventions. Our sample is small and may not represent the experiences of people with more profound disabilities.

Strategies to Support Persons with Developmental Disabilities During Police Interactions: A Content Analysis of Police Services' Websites in Ontario, Canada

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Objectives: Research has demonstrated that persons with developmental disabilities (DD) are more likely to encounter the police as suspects, victims, and persons in need of assistance. During these interactions, these individuals are often considered vulnerable due to inherent characteristics such as cognitive impairments and/or limitations in communication. The current study provides the first systematic examination of the different programs to address the needs of vulnerable persons in their communities promoted by police services in Ontario, Canada on their official websites.

Methods: The data collected for this project came from a content analysis of publicly available information on fifty-six (56) official police websites in Ontario, Canada. Data included the content of the webpages and any relevant, accessible PDF documents (e.g., FAQs, forms) associated with the programs intended for vulnerable persons. The data was collected and coded for each website based on the types of programs offered, the description and examples of vulnerability provided, the accessibility and quality of information on the police website, and the rationale for the program. The analysis of the collected data examined a) the characteristics of the programs provided for vulnerable persons by police services and b) the description of the vulnerability and vulnerable persons that qualified them for the programs.

Results: Nearly all police services in Ontario have at least one program for vulnerable persons. They included Vulnerable Person Registries, MedicAlert™ programs, and Project Lifesaver™. The quality of the information provided on the web pages about the programs varied greatly across police services and varied in accessibility (e.g., providing an alternative to online reporting). While several of the programs suggested that they were relevant to a wide range of vulnerable persons, analysis of the web pages and materials suggested that there was a focus on addressing the needs of children and seniors, persons who wander away from or abscond from supervision, and have limited ability to verbally communicate with police. Descriptions of vulnerability were linked to inherent characteristics of the individual rather than social or structural characteristics that have also been suggested in the literature as contributing to vulnerability.

Discussion/Conclusions: Police services have implemented an array of programs to address the needs of vulnerable persons in their communities, including persons with DD. While these services are suggested to meet the needs of a variety of individuals and address a range of incidents that may bring a vulnerable person to the attention of the police, the current programs offered by police services appear to focus on a small group of individuals with specific needs. Further investigation is needed to understand how these programs are incorporated into police practice and the impact on vulnerable persons themselves.

Knowledge Mobilization of Successful Housing Elements and Developmental Disabilities

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Objective: Successful Housing Elements and Developmental Disabilities (SHEDD) began as a research project to identify key elements of housing design and construction (e.g., materials, spatial arrangements) that can help to support people labeled with intellectual and developmental disabilities (IDD) and exceptional behaviours that challenge (BTC). The SHEDD tool was developed as a prototype to guide built environment modifications and help improve the wellbeing and community participation of adults with developmental disabilities who exhibit BTC. The second part of this research is the SHEDD Tool Knowledge Mobilization Project funded by a Social Sciences and Humanities Research Council (SSHRC) Connection Grant. The objectives of this project are to share information about the SHEDD research and tool; make connections and share ideas about housing design with self-advocates, families, housing design and planning professionals, developmental service professionals and researchers; and identify future research collaborations and ways to improve the SHEDD tool.

Method: The current tool includes design recommendations based on a literature review and case studies of four supported houses in Ontario. Three 90-minute webinars were hosted to make connections with key stakeholders and share ideas about housing and design. Presenters included tool developers, developmental service agencies, self-advocates, and caregivers. Online surveys were distributed to participants for feedback on the webinars and SHEDD tool.

Results: The project has not concluded yet, however the following are the results thus far. Environmental modifications were reported to decrease frequency of behaviours that challenge, which resulted in a decline in the use of restraints or sedatives and increased opportunities for skill-building and relationships. Webinar participants reported having an improved understanding of person-centered planning, the qualities of a durable and safe home, and the importance of built environments on wellbeing of individuals with IDD and BTC. Additionally, feedback from presenters, self-advocates, and family members led to modifications and additions for the SHEDD Tool 2.0 to include suggested materials, where items can be purchased, and a list of resources related to funding and support for residential planning.

Discussion/Conclusions: The built environment is a fundamental, but underrecognized, part of successful supportive housing for people with IDD. There is a knowledge gap of key design elements of supportive housing and the impact on behaviour. The SHEDD Tool helps to fill this gap as families and adults with IDD look for independent or supported residential options, modifications to existing environments, or considerations for purpose-built housing that promote wellbeing and community participation.

**Association of Aggression with Anxiety, Social Problems, Age and Cognitive level of Youth in Autism

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Objectives: Youth with autism often experience co-occurring mental health or behavioural difficulties and may (or may not) also have intellectual disability (ID). In particular, many children and youth with autism engage in aggressive behaviour (Esteves et al., 2021), probably for a variety of reasons. Our primary goal was to understand what factors are associated with aggression in youth with autism from both parents' and teachers' perspectives. Based on the literature and clinical experience, we predicted that aggression would be associated with: lower cognitive level, younger age, higher anxiety, and more autism-related social difficulties. Potential differences between parents and teacher observations were also investigated.

Methods: The sample was obtained from the Simons Foundation Autism Research Initiative Simons Simplex Collection database. We examined data from 1,179 youth, all with the diagnosis of autism spectrum disorder, who ranged in age from 4 to 18 years (*M* = 12.00, *SD* = 3.48). In terms of cognitive level, about half the sample did not meet an IQ-based definition of ID, 18% were in the borderline range, 20% were in the mild/moderate range, and 13% were in the severe/profound range. The Social Responsiveness Scale (SRS) was used to assess autism-related social problems. The Achenbach Child Behavior Checklist (CBCL) for parents or corresponding Teacher Report Form (TRF) were used to measure anxiety and aggression. We observed the degree of anxious, aggressive, and social symptoms experienced by the sample and compared the levels of symptoms observed by parents and teachers with *t*-tests. One-way analyses of variance were conducted to compare aggression levels in subgroups based on sex, age, cognitive level, anxiety level, and social problems

Results: Comparisons of parent- and teacher-reports showed that there were no differences between levels of reported aggression or anxiety. Parents reported higher levels of social impairment than teachers. One-way analyses of variance indicated that IQ and age were not associated with parent-reported aggression while parent-reported anxiety and parent-rated social problems were. However, when analyses were conducted using teacher-reported aggression it was found that participants in adolescence and late-childhood had higher levels of aggression than those in middle-childhood. Teacher-rated aggressive problems also differed across cognitive level, as children in the severe/profound group had significantly more aggressive behaviour problems than all other groups, while those in the mild/moderate group were reported to display significantly more aggression than those in the borderline and no ID groups. Teacher-rated aggression also differed as a function of teacher-rated social problems and teacher-rated anxiety such that higher aggression increased with levels of anxiety and social problems.

Discussion: These findings indicate that some factors related to autism and ID are associated with aggression and that the relationships between aggression and other variables are observed to be different as perceived by parents and teachers. This information can be used to further our understanding of which groups of youth with autism are at higher risk for aggressive behaviour problems and inform treatments that aim to address them.

**Experiences of Immigrant and Canadian-Born Families of Children with Autism Spectrum Disorder

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Objectives: Parents of children with autism spectrum disorder (ASD) experience major impacts on the family. The Perry Model of Stress conceptualizes the experience of parents, positing that stressors (child characteristics and other life stressors), resources (individual personal resources and family system resources), and supports (informal social support and formal supports or services) should be holistically considered to understand both negative and positive family impacts of raising a child with ASD (Perry, 2004). Several of these domains may differ for immigrant families, who are often not included in research and, therefore, differences between Canadian-born and immigrant parents are unknown. The current study examined and compared the experiences of immigrant and Canadian-born parents of children with ASD.

Methods: 65 immigrant and 95 Canadian-born parents of children with ASD were surveyed at Surrey Place Centre, for another unrelated study (O. Weiss, 2020). Immigrant parents were born in 37 countries with most from East Asia, Europe, and South Asia. Of the entire sample, 85% of parents were married, the mean age was 43.65 (SD = 6.64), and the mean Barratt score of socioeconomic status was 48.02 (SD = 10.76). The measures used in the survey for stressors, resources, and supports were: GO4KIDDS Brief Adaptive Scale (Perry et al., 2015), stressful events for the family and child measure (Perry & J. Weiss, 2008), Brief COPE (Carver, 1997), Inventory of Family Protective Factors (Gardner et al., 2008), informal social support measure (Dunst et al., 1984), and a formal supports and services checklist (O. Weiss, 2020). To measure the negative and positive impacts of raising a child with ASD, the Family Impact of Childhood Disability (Trute & Hiebert-Murphy, 2002) was used. Differences in the Perry Model of Stress domains between parent groups were explored using independent sample t-tests, and hierarchical linear regression analyses were conducted to explore predictors of positive and negative impacts differentially between the parent groups.

Results: There were no differences between the two groups in either positive or negative impacts. However, immigrant parents had significantly higher scores for positive coping, satisfaction with formal services, and satisfaction with informal social supports. Predictors of outcomes differed somewhat for the two groups, but higher positive coping significantly predicted greater positive outcomes in both groups.

Discussion/Conclusion: These findings suggest that the overall experiences of immigrant and Canadian-born parents may be more similar than different, which aligns with another study that examined South Asian and Canadian-born parents of children with ASD (Luthra, 2019). Perhaps, the greater use of positive coping buffered against negative impacts for immigrant parents and allowed them to see the good in what they have despite having fewer sources of informal and formal social supports. Future studies should aim to recruit an even more diverse sample with more recent immigrants, more fathers, and include additional related variables into regression analyses, such as child IQ or parent mental health. Clinicians can further strengthen the use of positive coping for immigrant parents and teach these skills to Canadian-born parents in order to improve outcomes for both parent groups.

An Updated Review of Literature on the Social, Emotional and Behavioural Adjustment of Siblings of Autistic Individuals

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Objectives: Siblings of autistic individuals report high levels of stress, worry for the future, and increased responsibilities. Research also shows that there are many benefits that these siblings also experience including enhanced understanding of others, sharing a unique bond with their autistic sibling, and increased self-competence. A review conducted by Meadan and colleagues explored the social, emotional, and behavioural adjustments of siblings of autistic individuals. The review found that siblings were both positively and negatively impacted by having an autistic brother/sister and factors such as age, gender, and socioeconomic status influenced the siblings' experience. Meadan et al. concluded that there was an urgent need for more research on the experiences of siblings of autistic individuals to inform ways to best support them. More than 10 years later, it remains unclear if this call for action has been answered. As such, the purpose of the current study is to update the review conducted by Meadan and colleagues. Specifically, this study will review and summarize the literature conducted after 2009 that explores the experiences and impact of having an autistic sibling, as well as the factors that may influence this unique family dynamic.

Methods: An electronic search was conducted using ERIC and PsycINFO databases. Keywords used in the electronic search included, but were not limited to, autism, siblings, and social adjustment. We limited the search to peer-reviewed articles published in English between 2009 and 2021. Additional articles were identified in the reference sections of articles retrieved, in addition to review articles and book chapters on this topic. Books, dissertations, and other publications that had not undergone peer review were not included. Studies that looked solely at parental or family distress, with the absence of specific reference to sibling health and experiences were excluded. Further, studies that addressed siblings of people with an intellectual disability and no diagnosis of autism were also excluded. Studies that included participants who had siblings with both intellectual disability and autism were included. To ensure the reliability of the inclusion and exclusion of studies, potential articles were reviewed by the authors.

Results: Currently, the authors are in the process of selecting articles that meet the inclusion criteria for this review. Full results will be included and presented in the research poster presentation.

Discussion/Conclusions: This study will expand our current understanding of the experiences of siblings of autistic individuals and the impact this has on them. Various individual (e.g., age) and contextual factors (e.g., level of support) that impact the sibling experience and the family dynamic will also be identified. This review will provide suggestions for future research and inform the development of services and resources that will better support siblings of autistic individuals.

Judgment Errors when Processing Emotional and Linguistic Events in ASD

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Objective: The current study examines intermodal perception (IMP) - the integration of sensory information from different modalities (e.g., visual and auditory) - for emotional and linguistic stimuli among children with autism spectrum disorder (ASD). Response patterns on audiovisual synchrony judgement tasks (SJ) were analysed to assess the presence of atypical IMP in ASD and the potential contributing role of emotional and social-linguistic information.

Methods: The sample included 31 typically developing (TD) children (*M* = 11.9 years, *SD* = 3.05) and 20 children with ASD (*M* = 12.7 years, *SD* = 2.96). All participants took part in a task requiring them to determine whether audio and visual components of a stimulus were synchronous (SJ task). Five different types of stimuli were examined: social linguistic (SL: someone reading a story), social-non-linguistic (SNL: a person making popping sounds), non-social-non-linguistic (NSNL: e.g., a hand playing the piano), and emotion (EH: someone laughing or crying). Additionally, synchronous errors (responding that a stimulus is synchronous when it is not) were further coded base on the type of asynchrony of the stimuli (e.g., video leading or audio leading).

Results: On a SJ task, the TD group (*M* = 85.66%) performed significantly better than the ASD group (*M* = 77.36%), *F*(1,49) = 1.638, *p* = .026. A 2-way mixed model ANOVA looking at percentage of errors by group and stimulus type yielded a significant main effect of stimuli type (*F*(3,49) = 111.22, *p* < .001). Both groups made more judgement errors when processing the EH stimuli, and less errors on social stimuli, regardless of whether the stimulus was linguistic or not. In addition, a within-group post-hoc analysis indicated that the TD participants made more errors when processing positive affect (e.g., someone laughing) (*M* = 39.1% of total errors) versus negative affect (e.g., someone crying) (*M* = 24.4% of total errors), *t*(1, 29)=2.467, *p* = .019, whereas the ASD participants misjudged both EH stimuli equally (happy: *M* = 32.8%; sad: *M* = 31.8%).

A 2-way mixed model ANOVA of frequency of errors by group and error types, showed a main effect of error type where both groups were less likely to respond incorrectly to synchronous stimuli (e.g., misidentify synchronous stimuli as asynchronous), *F* (2,98) = 23.50, *p* < .001. However, the ASD group was more likely to inaccurately report asynchronous stimuli as synchronous, in response to visually leading stimuli as opposed to audio leading stimuli, *F*(1,19) = 7.069, *p* < 0.05. This difference was not observed in the TD participants, *F*(1,30) = 3.194, *p* = .84.

Conclusion/Discussion: This study supports previous findings that show differences in IMP in children with ASD. These findings are particularly important, as they help link sensory experiences and social-linguistic abilities in ASD and compare them with that of their TD peers. A deeper understanding of IMP in ASD can help provide insight into their processing difficulties for social and emotional stimuli, which in turn can help benefit interventions for them. Future research is needed to further understand the audiovisual IMP difficulties in ASD.

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; $M_{age} = 40.5$, $SD = 11.1$) 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.

Evaluating the Efficacy of a Mobile Treatment Team: A Collaborative Effort

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Objectives: The residential treatment program (RTP) is designed for short term intensive behavioural and residential care for adults with developmental disabilities who engage in severe challenging behaviour. After completion of the program persons' are discharged to their permanent residence, however a common concern amongst caregivers, persons', and agencies is the lack of generalization of both skill acquisition and behaviour reduction upon formal discharge from the program, as well as lack of support and adequate training in the discharge environment. In order to combat this, the mobile treatment team was trialed with a person who engages in severe challenging behaviour and was experiencing residential breakdown. A collaborative effort between two agencies allowed the intensive behavioural supports from the RTP to be implemented in the person's new residence, as opposed to transferring the person to the RTP and thereafter discharged to the agency. The goals of the project were to (a) create a stable environment for the individual (b) provide intensive behavioural supports to reduce challenging behaviour and increase alternative appropriate behaviour, (c) build capacity within the discharge agency to maintain results achieved, and (d) generalize and maintain skills for the person as well as the discharge agency support staff.

Method: The person's gains have been evaluated by the success of the intensive behavioural support and the reduction of challenging behaviour and an increase in alternative appropriate responding. The support staff's knowledge and capacity was assessed throughout the implementation and 2 months post completion of the program by both procedural integrity and knowledge checks. Managers of both agencies were given a social validity questionnaire regarding their experience and their staff's growth and experience throughout the collaboration. In addition, the person's caregivers were administered a social validity questionnaire to assess their experience of the mobile treatment team and the person's growth throughout the process.

Results: The results of the program are currently being analyzed and thus the results are pending at the time of this submission.

Discussion/Conclusions: The success of this type of mobile treatment program could have profound effects on generalization, maintenance, and overall person-centered care moving forward working with adults with developmental disabilities who engage in severe challenging behaviour. Collaboratively, the project was unique in that the support provided for the person was inexplicably individualized, therefore both agencies were able to provide a creative solution for residential breakdown and goal achievement for the person. The implications of the success of this type of program could reduce waitlist times, potentially reduce the likelihood of accessing hospital or police involvement, promote cost efficiency in the long-term implementation of the program, and build capacity in interagency collaboration and person-centered care.

Compatibility of Roommates on the Autism Spectrum: A Scoping Review

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Objective: Many adults on the autism spectrum live in group-based settings. While the person should be central to the decision regarding placements, there are limited resources to aid in determining potential roommate compatibility. Challenging behaviours and placement breakdowns can often occur when social and environmental factors are not considered. This scoping review explores the current research on the factors that influence the compatibility of roommates on the autism spectrum.

Method: Following the PRISMA-ScR guidelines, 41 resources were reviewed to identify areas that influenced roommate compatibility and living arrangements. A deductive content analysis was used to identify areas within six domains consistent with a behavioural perspective using a bio-psycho-social approach to challenging behaviour, including general house details, health needs, sensory, lifestyle, social interaction, and behavioural profile.

Results: Each domain was supported by the literature as influencing compatibility of roommates, behavioural profile was discussed in 20 articles, general house details in 16 articles, health in 7 articles, lifestyle in 12 articles, sensory in 7 articles, and social interaction in 17 articles. While every domain was supported, they had varying levels of occurrence across their relevant articles, behavioural profile (e.g., adaptive, aggression, disruptive, self-injurious; *n*= 66), general house details (e.g., layout, location; *n*= 28), health (e.g., mental health, physical health, sleep; *n*= 6), lifestyle (e.g., pets, roommate preference; *n*= 18), sensory (e.g., sound, visual; *n*= 46), and social interaction (e.g., conflict resolution, privacy, sociability; *n*= 33). The highest supported domains were behavioural profile, sensory, and social interaction, while the least represented domains were lifestyle and health needs. Additional areas related to roommate compatibility include safety, choice, cultural preferences, disruptive behaviours, and helpfulness.

Discussion: Results from this scoping review will guide the development of the Group Home Living Compatibility Assessment in partnership with Kerry's Place Autism Services. The assessment aims to identify environmental modifications and opportunities for skill development that could improve the compatibility of prospective housemates and the transition process. As a population with limited input regarding their living options, including adults on the spectrum in the details of their living arrangements and potential roommates is essential. In addition to providing more preferences to adults with disabilities, the GCATs development can assist transition planning. Understanding an individual's preferences can allow for strategic planning regarding their living accommodations and transition.