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PSYNOPSIS

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The role of
Psychologists
in autism-related
policy and practice
in Canada

Le rôle des
psychologues
dans les politiques
et les pratiques
liées à l'autisme
au Canada

Isabel M. Smith, PhD
Guest Editor/Rédactrice en chef invité

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Introduction to the Autism Spectrum Disorder Issue Introduction à la question du trouble du spectre de l'autisme

Isabel M. Smith, PhD, Guest Editor/Rédactrice en chef invité

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Message from CPA President

Ian R. Nicholson, PhD, CPsych

There are downsides to getting older—thinning hair, needing glasses—but there are also many benefits. One of those benefits is seeing the ongoing developments in our field in a way that allows me to better understand and appreciate them. This issue of *Psynopsis* is a wonderful example of those types of developments.

As I am fond of saying, “A fish doesn’t know it’s wet”. That is, when you are surrounded by something, you really don’t see it. That is the case with our knowledge of autism spectrum disorder. To truly understand where we are at now, you must reflect on where we have been. We no longer discuss “refrigerator mothers”. Children are no longer diagnosed and routinely sent away to provincial facilities. When I was an undergraduate student, I was reading articles in a mainline journal, the *Journal of Autism and Childhood Schizophrenia*, that explicitly linked the two disorders. I also remember being told on my residency that I would not be seeing children with autism because there was “nothing we could do for them”.

The articles in this issue of *Psynopsis* clearly demonstrate how far we have come and describe the breadth of the impressive work being done by Canadian psychologists. There is the recognition that autism spectrum disorder is a life-long disorder; one that must be thought of in different ways throughout the lifespan to see how we can best help. It is clear that the disorder has significant heterogeneity that can be seen not only in the degree of impairment,

but also in the range of potential presenting symptoms and impairments. It is also clear, however, that while our understanding is increasing, our training is not keeping pace. While we now see how much we can do, our training is not ensuring that our profession is routinely able to provide the services needed.

One of the most striking changes that has occurred during my career has been the degree that this disorder has become a political issue. Autism spectrum disorder was once considered to be such a major problem that the stigma attached to it meant one would never talk about it. Now, parents routinely advocate for their children. Adults with the diagnosis will speak out about their own unique needs. Government policy decisions on services for autism have become front-page news and the subject of heated parliamentary debates.

This is where our profession also has a voice. As described in this issue, psychologists have a meaningful voice in these decisions. At all levels, we provide agencies and governments with evidence-based approaches to understanding the disorder, learning the needs of our clients, and outlining the opportunities available for those in authority to make the best possible decisions for those with autism spectrum disorder.

The articles in this issue of *Psynopsis* clearly reflect the current range of valuable roles our profession has for those with autism spectrum disorder. When I think about what I learned when I was in school, the growth of our profession in this area is astounding.

Message du président de la SCP

Ian R. Nicholson, Ph. D., C. Psych.,

Le vieillissement apporte son lot d'inconvénients – ma chevelure devient clairsemée et j'ai besoin de lunettes – mais il présente aussi de nombreux avantages. L'un de ces avantages, c'est de voir les progrès qui s'accomplissent dans notre domaine avec un regard qui me permet de mieux les comprendre et en mesurer l'importance. Le présent numéro de *Psynopsis* est un magnifique exemple de ces progrès.

Comme j'aime à le répéter, « Le poisson ne sait pas qu'il est mouillé ». Autrement dit, lorsque vous êtes entouré par quelque chose, vous ne voyez pas vraiment cette chose. C'est le cas de notre connaissance du trouble du spectre de l'autisme. Pour vraiment comprendre où nous en sommes, il faut se demander d'où nous venons. Plus personne n'évoque les « mères réfrigérateurs ». Les enfants ne sont plus diagnostiqués et envoyés systématiquement dans des établissements provinciaux. Pendant mes études de premier cycle, j'ai lu dans une revue connue, le *Journal of Autism and Childhood Schizophrenia*, des articles qui reliaient explicitement les deux troubles. Je me souviens aussi d'avoir entendu, pendant ma résidence, que je ne verrais pas d'enfants autistes parce qu'on ne pouvait « rien faire pour eux ».

Les articles publiés dans ce numéro de *Psynopsis* montrent clairement tout le chemin que nous avons parcouru et décrivent l'étendue de l'impressionnant travail réalisé par les psychologues canadiens. Il est établi que le trouble du spectre de l'autisme est un trouble qui dure toute la vie; il doit être appréhendé de différentes manières, tout au long de la vie, pour déterminer les façons d'aider le mieux possible la personne qui en est atteinte. Il est évident que l'autisme présente une hétérogénéité importante, qui

peut être vue non seulement sous l'angle du degré de déficience, mais aussi en considérant l'éventail de symptômes et de déficiences potentiels. Il est également évident, toutefois, que si nous comprenons de plus en plus le trouble du spectre de l'autisme, notre formation ne se développe pas au même rythme. Bien que nous voyions aujourd'hui tout ce que nous pouvons faire, notre profession n'est pas capable systématiquement de fournir les services nécessaires, et ce, parce que notre formation n'est pas suffisante.

Au cours de ma carrière, j'ai vu le trouble du spectre de l'autisme prendre un caractère politique évident. Autrefois considéré comme un problème majeur, la stigmatisation qui lui était associée faisait en sorte que personne n'en parlait. Aujourd'hui, les parents se portent régulièrement à la défense des droits de leurs enfants. Les adultes autistes expriment leurs besoins. Les décisions politiques du gouvernement en matière de services pour les personnes autistes font souvent la manchette et sont l'objet de vifs débats parlementaires.

C'est là que notre profession peut se faire entendre. Comme vous le lirez dans le présent numéro, les psychologues ont leur mot à dire dans ces décisions. À tous les échelons, nous fournissons aux organismes et aux gouvernements des approches fondées sur des données probantes pour comprendre le trouble du spectre de l'autisme, apprendre les besoins de nos clients et donner un aperçu aux dirigeants des possibilités qui s'offrent à eux pour prendre les meilleures décisions possible pour les personnes autistes.

Les articles du présent numéro de *Psynopsis* montrent clairement le rôle précieux que peut jouer notre profession pour aider les personnes atteintes du trouble du spectre de l'autisme. Lorsque je pense à ce que j'ai appris à l'école, je ne peux que constater combien notre profession s'est développée dans ce domaine.



Introduction to the Autism Spectrum Disorder Issue



Isabel M. Smith, PhD, Professor, Joan & Jack Craig Chair in Autism Research, Departments of Pediatrics and Psychology & Neuroscience, Dalhousie University, IWK Health Centre

This special issue of *Psynopsis* highlights past, current, and desired or anticipated contributions of Canadian psychologists to the development of policy, programs, and services relevant to individuals with autism spectrum disorder (ASD) and their families. The contributing authors represent a range of academic and practice sectors and roles, as well as geography, and were either invited or responded to the open call for submissions. Of course, this snapshot falls far short of encompassing the myriad contributions of our colleagues and our profession, much less the state of ASD programs and services across Canada. However, we hope that these examples will complement the frequent mentions of ASD in the media by bringing into focus some contributions of psychologists to this national conversation.

Media coverage of recent releases of ASD-related guidelines¹ and government reports² have kept ASD in the public eye. News stories have also celebrated the accomplishments of autistic people and work by communities to create “autism friendly” environments and services. However, some also shine light on the continued marginalization of autistic people and the all-too-frequent instances in which they and their families encounter gaps in needed services. Many provinces and territories are in the process of reviewing and revamping programs for individuals with ASD. Some of these efforts are engaging our colleagues in evaluating evidence, making recommendations, and designing policy and programs. With this special issue, we aim to raise awareness among fellow psychologists and especially psychology trainees, who may not yet have first-hand experience of the widespread need for continued progress in these areas.

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Introduction à la question du trouble du spectre de l'autisme

Isabel M. Smith, Ph. D., professeure, chaire de recherche Joan et Jack Craig en autisme, départements de pédiatrie et de psychologie et neuroscience de l'Université Dalhousie, Centre de soins de santé IWK

Le présent numéro spécial de *Psynopsis* met en lumière les contributions passées, présentes et souhaitées des psychologues canadiens à l'élaboration de politiques, de programmes et de services pertinents pour les personnes atteintes du trouble du spectre de l'autisme (TSA) et leurs familles. Les auteurs représentent un éventail de secteurs et de rôles universitaires, et une gamme de domaines de pratique; ils viennent de partout et ont été invités à soumettre un article ou ont répondu à l'appel d'articles. Bien entendu, l'aperçu que nous vous proposons ici est loin d'englober les multiples contributions de nos collègues et de notre profession, et encore moins l'état des programmes et des services pour les personnes atteintes de TSA offerts au Canada. Cependant, nous espérons que ces exemples compléteront les mentions fréquentes du TSA dans les médias en mettant l'accent sur certaines contributions des psychologues au dialogue national amorcé sur le sujet.

La couverture médiatique des plus récentes lignes directrices en matière de TSA¹ et des rapports gouvernementaux² ne cesse d'attirer l'attention du public. On parle également beaucoup, dans les nouvelles, des réalisations des personnes autistes et

du travail fait par les collectivités pour créer un environnement et des services « adaptés aux autistes ». Toutefois, certaines personnes mettent au jour la marginalisation continue des personnes autistes et rapportent des exemples, trop nombreux, où des autistes et leurs familles sont à la recherche de services, qui ne leur sont pas accessibles. Plusieurs provinces et territoires ont entrepris d'examiner et de remanier leurs programmes destinés aux personnes atteintes de TSA. Nos collègues participent à certains de ces efforts, en évaluant les preuves, en faisant des recommandations et en élaborant des politiques et des programmes. Avec le présent numéro spécial, nous voulons sensibiliser les psychologues, en particulier les stagiaires en psychologie, qui n'ont peut-être pas encore une expérience directe des immenses besoins dans ce domaine et de la nécessité de poursuivre nos efforts.

Au Canada, le milieu de la recherche sur le TSA fait beaucoup sur le plan de la collaboration et de la productivité (p. ex., Goldstein, Tager-Flusberg et Lee³). Par l'intermédiaire de la recherche et de différentes initiatives en matière de politique et de pratique, les psychologues canadiens ont participé à l'élaboration de nouveaux programmes et services, à l'évaluation des résultats des services et à l'établissement de politiques relatives à la promotion de pratiques fondées sur des

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Introduction à la question du trouble du spectre de l'autisme

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données probantes pour les personnes autistes et leurs familles. Partout, on voit des psychologues à l'œuvre, s'affairant, notamment, à défendre les droits des personnes autistes. Cependant, nous travaillons souvent dans un isolement relatif par rapport à nos pairs, que ce soit au sein de nos propres organisations, collectivités, secteurs ou provinces. La lecture des perspectives d'autres psychologues, qui s'expriment ici sur la question de l'autisme, vous encouragera peut-être à tisser des liens avec des personnes qui ont des domaines d'intérêt mutuel et une expérience commune. Idéalement, avec la présente publication et les congrès annuels, la SCP pourrait faire office d'intermédiaire entre ces personnes.

Plusieurs auteurs du présent numéro mettent en évidence la nécessité d'« enrichir les connaissances sur l'autisme » et d'offrir aux psychologues généralistes des possibilités de formation pour perfectionner leurs compétences sur le sujet. Par exemple, nous avons besoin de l'expertise de spécialistes compétents pour repérer les signes et les symptômes du TSA, diagnostiquer le TSA, offrir du soutien social, comportemental et scolaire aux jeunes autistes, élaborer ou adapter des interventions en santé et en santé mentale pour les personnes autistes et offrir du soutien communautaire tout au long de la vie. Certains services peuvent être de nature transdiagnostique, c'est-à-dire, être axés sur les domaines de symptômes ou les déficiences fonctionnelles au lieu de cibler des diagnostics précis (p. ex., Rigney et coll.⁴; Weiss et coll.⁵).

Le fait de développer nos compétences professionnelles pour fournir des soins dans des services psychologiques non spécialisés ne nous dispense pas de continuer d'accroître les services spécialisés dont ont besoin les personnes qui, parmi les autistes, sont les plus vulnérables. Nous avons instamment besoin, partout au pays, de modèles à plusieurs niveaux, qui soient à la fois durables et réalisables, y compris des solutions pour les collectivités qui ont, traditionnellement, peu accès aux services pour les personnes atteintes du TSA, comme les Autochtones canadiens, les familles de nouveaux arrivants, les groupes appartenant à une minorité linguistique et les personnes qui vivent en milieu rural.

Isabel Smith est psychologue clinicienne; elle est titulaire de la chaire de recherche Joan et Jack Craig en autisme et est professeure aux départements de pédiatrie et de psychologie et neurosciences de l'Université Dalhousie. Ses domaines de recherche sont l'identification précoce du trouble du spectre de l'autisme (TSA), les études à long terme qui suivent le développement des enfants atteints de TSA et leurs familles, et l'élaboration et l'évaluation des interventions. La D^{re} Smith encourage activement les pratiques fondées sur des données probantes pour l'identification, le diagnostic et le traitement du TSA par l'intermédiaire de la recherche et de l'intervention.



Introduction to the Autism Spectrum Disorder Issue

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The Canadian ASD research community has a history of “punching above its weight” with respect to collaboration and productivity (e.g., Goldstein, Tager-Flusberg & Lee³). Through both research and policy/practice initiatives, many Canadian psychologists have participated in the development of new programs and services, in the evaluation of the impacts of services, and in establishing policies related to promotion of evidence-based practices for individuals with ASD and their families. Examples of psychologists' professional activities, including advocacy initiatives, are all around us. However, we often work in relative isolation from our peers—whether within our own organizations, communities, sectors, or provinces. Perhaps reading these perspectives from other psychologists will encourage increased connections concerning areas of mutual interest and experience. Ideally, CPA could be a conduit for such connections through this publication, as well as at annual conferences.

Several contributors to this issue highlight the need for greater “autism literacy” and for training opportunities to develop competencies among generalist psychologists. For example, more widespread expertise is needed in identifying signs of ASD; diagnosing ASD; supporting social, behavioural, and academic needs of youth with ASD; developing or adapting health and mental health interventions for autistic individuals; and providing community supports throughout the lifespan. Some services may be transdiagnostic; that is, focused on addressing symptom domains and/or functional impairments rather than targeting specific diagnoses (e.g., Rigney et al.⁴, Weiss et al.⁵).

Building our professional capacity to provide care within non-specialist psychological services will not preclude the requirement for continued growth of specialist services to address the needs of the most vulnerable among autistic people. We urgently need feasible, sustainable tiered models of care throughout the country, including solutions for communities with historically limited access to ASD services, such as Indigenous Canadians, newcomer families, language minority groups, and rural residents.

Isabel Smith, a Clinical-Developmental Psychologist, is the Joan & Jack Craig Chair in Autism Research and a Professor in the departments of Pediatrics and Psychology & Neuroscience at Dalhousie University. Her research areas include early identification of autism spectrum disorder (ASD), long-term studies that follow the development of children with ASD and their families, and development and evaluation of interventions. Dr. Smith actively promotes evidence-based practices for identification, diagnosis, and treatment of ASD through research and advocacy.

BUILDING BRIDGES:

From science to service to systems



Jessica Brian, PhD, CPsych, Clinician-Investigator and Assistant Professor, University of Toronto

My father used to say, “Everything is politics,” and I’m beginning to think he was right.

My training in psychology was firmly rooted in the scientist-practitioner model. In true scientist-practitioner fashion, my career has focused on applied research and bringing that research into practice. Through my work as a clinician and researcher, I strive to narrow the ever-nagging divide between ‘bench’ and ‘bedside’. Having made some positive strides to that end, I am becoming increasingly aware that an even more formidable chasm exists between practice and policy. As my career unfolds I progressively feel the pressure to affect public policy, but this was not what my formal training prepared me for (or so I presumed). About five years ago, something changed: I was invited into the world of public policy. My first foray into policy work came when I was invited to participate in a working group through the Public Health Agency of Canada, to advise on an initiative to develop the first-ever

Canadian surveillance system for autism spectrum disorder (ASD). Initially, I was afraid of this responsibility but—with the help of my training in collaboration, teamwork, and solution-focused problem-solving—this work resulted in the development of a National Autism Surveillance System and the release, in 2018, of the first national prevalence rates for ASD. This work has built the foundation for ongoing national monitoring that can inform research, funding, programming, and ongoing policy priorities.

Within the context of this surveillance work, we identified as a priority the development of national guidelines regarding best practices in early detection, assessment, diagnosis, and management for children with ASD. I co-chaired a task force that culminated in the development of three practice statements, one of which I led, issued by the Canadian Paediatric Society (CPS) in October 2019. Development of these guidelines involved consultation and collaboration with multiple stakeholders to ensure relevance to clinicians and families across the country. We carefully navigated the considerable

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Good foundations

A psychologist's perspective on necessary factors for ongoing support of evidence-based treatment for children with autism spectrum disorder and their families



Dorothy Chitty, PhD, Registered Psychologist, Provincial Leader, Nova Scotia Early Intensive Behavioural Intervention program, IWK Health Centre

The Nova Scotia Early Intensive Behavioural Intervention (NS EIBI)

program has provided treatment for preschool children with autism spectrum disorder (ASD) since 2005; its success is demonstrated by continued expansion and development. The factors that have contributed to its success are based on its psychological foundations in partnering with research, communicating with government, partnering with other disciplines and managing bodies, supporting psychological principles including evidence based practice and decision making, and having a structure to build and maintain capacity.

Psychological research

The NS EIBI program was developed by Dr. Susan Bryson with a cutting-edge, naturalistic, behavioural intervention—Pivotal Response Treatment (PRT)—that was applied to Nova Scotia's community settings. The government of Nova Scotia

funded an independent evaluation of this program, which demonstrated the effectiveness of, and provided support for, the continuation of this provincial program. Currently, EIBI works alongside Dalhousie University and the IWK Health Centre Autism Research Centre to look for innovations that will inform the program and our understanding of children with ASD (and their families). Generating peer-reviewed research evidence specific to this program informs the Nova Scotia government and taxpayers they are investing in producing meaningful outcomes for children with ASD and their families.

Ongoing communication and collaboration with Nova Scotia government

Psychology support in data collection and monitoring provides information to the government about the service delivery on a regular basis. Government questions are anticipated based on past requests as well as information the program uses to improve its services; reporting the data that answer these questions ensures that our government is well-informed and confident in our program.

Psychology partnering with other disciplines and managing bodies

The primary focus of this early intervention model is on core deficits of ASD, primarily in communication and social skills. The evidence-based treatment chosen for this program has strong foundations in psychological principles and in communication disorders. Having Speech-Language Pathologists integral to the program provides a strength to the psychological foundations of the chosen treatment.

An evidence-based program needs the operational support of the systems it works within. In Nova Scotia, three organizations work together to provide this program provincially: the IWK Health Centre, the Nova Scotia Health Authority, and Hearing and Speech Nova Scotia. Psychologists work with managers, directors, and other staffing supports to ensure that clinical aspects of the program are supported operationally. An example is helping to define clinical competencies to ensure that the right people are hired for the right jobs.

Psychological principles

The NS EIBI program provides evidence-based practices based on applied behaviour analysis and learning theory, which are rooted in psychology. Promotion of evidence-based decision making is a core feature of the NS EIBI program. Inherent in providing an applied program based on evidence is providing the supports for ongoing clinical decision-making. A process for consultation and providing the tools to help inform people's decisions is built into this program.

Building capacity

The area of ASD and intervention is a highly specialized field. In any community, and Nova Scotia is no exception, it is difficult to find people with these specialty skills. It was understood and continues to be clear that a mechanism is needed to build and maintain capacity to provide evidence-based treatment. A provincial process has evolved over the years such that trainers who are supervised by a psychologist provide an infrastructure that supports each clinical team to build and maintain their capacity to provide high-quality, evidence-based service.

As the above factors illustrate, the NS EIBI program provides an opportunity for psychologists to make a tremendous contribution to children's and families' lives. The role of psychologists as clinical leaders of the program offers opportunities to influence organizational systems and government decisions. Moreover, psychologists also provide clinical direction and supervision that builds and maintains capacity for this specialized intervention within communities. Attracting doctoral-level psychologists to such a leadership role in this specialized treatment area is a current priority to ensure longevity and systemic focus for this program.

Building bridges: From science to service to systems

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variability across different provinces and territories, working to balance the need for quality care with mitigation of the unacceptable wait times too often faced by individuals with ASD and their families. Some of the recommendations did not fully align with current practices, and I anticipated some strong reactions...I held my breath when they were released. But overall, the guidelines have been well-received by the community and dissemination efforts are under way. A range of knowledge translation activities have been implemented, including development of continuing medical education activities, podcasts, and a clinical tool. I am proud of this work and have confidence that these statements will have a positive impact on families and providers; the promise of policy-level implications feels real.

In the past five years I have also served on a clinical expert committee for the (then Liberal) Ontario government, and most recently on an advisory panel for the (now Conservative) Ontario government. Both were assembled to advise on issues related to autism intervention services in the province. The most recent panel included stakeholders from a vast array of perspectives including clinicians, researchers, academics, self-advocates, and parents. Perspective-taking and bridge-building were essential to our work. We were tasked with developing recommendations for a major system overhaul of the provincially funded autism service. When it rains, it pours: less than a week after the release of our CPS statements, our panel recommendations were made public; and again I held my breath and waited for the public reaction. To date, the response has been favourable – I am hearing from stakeholders that our recommendations reflect the collaboration and contributions of multiple voices with varying perspectives and priorities. This panel work was hard, but also fulfilling. Once again, the promise of policy-level implications feels real.

Sometimes I wonder if I have a sign on my back now, saying "Invite me to your policy table." I don't, but I'm no longer afraid to be invited. I have received good training and excellent mentorship as a psychologist, and I am coming to recognize that the next logical step from evidence to care involves bridging the gap from research-based practice to meaningful policy. I've also come to appreciate that psychologists are ideally equipped to make meaningful contributions to public policy at the provincial and national level and, indeed, globally. This is how we make change that positively impacts people's lives.

The role of psychology in autism policy and practice in Canada



Nathalie Garcin, PhD, Psychologist, Principal, Clinique Spectrum

If you're a clinician working with individuals on the autism spectrum, you've probably been asked why you've chosen to work with this population. For some, a family connection has inspired them to build a better and more inclusive community. For others, their introduction into the field may have been coincidental; for instance, a touching experience with a person with a neurodevelopmental disability. I remember my first meeting with a nine-year-old autistic child. He fascinated me. He ran, hair flowing in the wind, waving the film he pulled from a VHS tape, and peering at it as it caught the glint of the sun. He was also fascinated by the sparkling trail the film left behind him. This human curiosity, piqued by a need to better understand individuals, is a perfect fit for psychologists, who use their skills to attempt to understand what is often aptly (albeit controversially) depicted by a puzzle piece to represent autism.

Psychologists are keen observers of the world around them. They are attuned to studying how we think, feel, and behave from a scientific viewpoint. They apply this knowledge to help people understand, explain, and change their behaviour, and are therefore well-positioned to think critically about policy and practice to enhance the lives of vulnerable populations, including autistic Canadians. Through their clinical training,

psychologists also understand the metaphor that aims to describe evidence-based practice—the *three-legged stool*. Each leg represents information that needs to be considered and integrated to determine optimal care. The legs represent the synthesis of (a) the best available research evidence; (b) clinical expertise; and (c) client values, preferences, personal characteristics, and environment. Evidence-based practice in autism is the process of integrating information gathered from the three legs via a process of clinical decision-making.¹

Canadian psychologists have been active in using this model in autism, which has revealed an unbalanced stool, such that the client values, personal characteristics, and environment have been largely ignored by public policy within the Canadian landscape. Psychologists work in the client's natural environment in early education centres, schools, and in the community and, as such, are perfectly placed to observe which supports their clients need to meet the demands of their environments—not only during the assessment phase, but also for education and supports during lifespan transitions. The Senate committee certainly also understood the situation 15 years ago, as evidenced by a report, "Pay Now or Pay Later: Autism Families in Crisis".² We've made great clinical and research advances, but we are still advocating for policy change.

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The critical role of psychologists in supporting students with autism spectrum disorder in schools



Kristin Fossum, PhD, CPsych, and Petra McDowell, PhD, CPsych, Registered Psychologists, Kingston, Ontario

A discussion of the role of psychology in current autism policy and practice would not be complete without examining the critical role of psychology in the education system. Several factors contribute to the increasing pressure on Canadian schools to support the needs of students with autism spectrum disorder (ASD), including an increased prevalence of ASD, the importance of inclusive education, complex class profiles with strained resources, and ongoing changes to provincial autism programs. Further complicating this issue is the fact that many educators report the need for additional training in order to adequately support the needs of students with ASD in their classrooms¹, owing in part to the fact that the pervasive needs of students with ASD often extend beyond academics and require the comprehensive supports of an interdisciplinary team.

Psychologists working in the school system are uniquely trained professionals who are well equipped to support students with ASD on these interdisciplinary teams. Although the depth of their training in ASD may vary, psychologists are expected

to have acquired relevant professional competencies. These include extensive knowledge of development and mental health disorders; being trained in understanding the biological, psychological, and social determinants of behaviour; and being able to apply this knowledge to assessment, diagnosis, and intervention for students with ASD. Psychologists' training in evidence-based approaches to intervention (e.g., Applied Behaviour Analysis, Positive Behavioural Support) is critical to successfully supporting students with ASD because they have the skills to develop, employ, and oversee the implementation of these interventions directly in the classroom. Additionally, psychologists' emphasis on utilizing evidence-based interventions is key to policy and practice decisions in a publicly funded system. Finally, psychologists who work in the school system are in the unique position of being able to combine information gathered from the student's home environment and from external clinical sources with first-hand knowledge of issues at school, thereby ensuring a more complete approach to supporting the student. Taken together, these skill sets lend themselves to the provision of effective and efficient services

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Autism Spectrum Disorder in schools

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through the tiered approach to service delivery utilized by many school boards across Canada.

At the first tier, psychologists are able to provide broad, board-level training for educators on a variety of ASD-related topics, including evidence-based classroom supports and strategies. At the second tier, psychologists are equipped to provide more specific consultation for teaching staff. Specialized autism teams related to supporting students with ASD can also provide supports for monitoring their progress and overall mental health. Finally, at the third tier, psychologists are trained to provide direct services to students with ASD through evidence-based intervention and consultation around specific academic, social-emotional, and behavioural issues, and through psychological assessment. These services allow for individualized teaching strategies customized to the student's unique learning profile and direct implementation support for teaching staff. With the support of a school-based psychologist, students with ASD who are at risk for comorbid mental health conditions (e.g., anxiety, depression, attention-deficit/hyperactivity disorder, intellectual disability, suicidality) can be more effectively identified, provided with critical supports in the school environment, and connected to appropriate community resources.

Currently, barriers exist that affect the ability of school systems to fully utilize the expertise of psychologists in supporting students with ASD. First, in many Canadian jurisdictions, the ratio of school psychologists to students exceeds recommendations,² limiting the ability of psychologists to provide comprehensive services. Second, many school boards continue to rely on narrow views of the role of psychologists in schools (i.e., focusing mainly on assessment for the purposes of placement), thus necessitating the use of intensive psychological services for a few students while leaving the needs of many students unaddressed.³ Finally, individual school boards may experience additional barriers unique to their districts (e.g., differences in the training and experience of staff members hired to conduct psychological services may limit the scope of services available, difficulty recruiting psychologists in more rural/ remote areas).

When school boards are successful in overcoming these barriers, psychologists working in schools are well positioned to utilize their expertise to support the needs of students with ASD and alleviate some of the pressures experienced by schools when addressing the complex needs of these students. The psychologists' competencies, training in the bio-psycho-social model, knowledge of evidence-based supports and interventions, and ability to seek out and integrate information from multiple sources makes them indispensable members of any interdisciplinary team. Moving forward, it will be important for psychologists and school boards to work together when developing policies and practices related to supporting students with ASD in order to address current barriers and to effectively leverage the expertise of the psychology profession.

For a complete list of references, please go to www.cpa.ca/psynopsis

The role of psychology

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Building from a strong clinical perspective and understanding of human development spanning from early childhood to adulthood, psychologists have been thought and clinical leaders in all aspects of clinical care and planning for autistic Canadians. These activities are broad in scope and include everything from the development of clinical diagnostic guides for autism and mental health^{3,4} to building a surveillance system for autism in Canada.⁵ These efforts have culminated in members of our psychological community actively coming together to underscore the need for, and to promote the development of, a National Autism Strategy through the work of the Canadian Autism Spectrum Disorder Alliance (CASDA).⁶

Indeed, a coordinated strategy is sorely needed. Autism is complex. In most cases, autistic individuals present with various neurodevelopmental, physical, and mental-health issues. Researchers in Québec⁷ looked at health services uptake in autistic individuals between 0 and 17 years of age in comparison to the general population of the same age. Examination of concurrent physical and mental illness overwhelmingly indicated a much higher prevalence among people with autism compared to the general population. Higher consultation rates due to anxiety, depression, ADHD, psychotic disorders, higher rates of suicide and substance abuse were reported, and the total mortality rate among people with autism was seven times higher than in the general population. Clearly, critical mental health disparities continue to go unanswered, just as the prevalence rates of autism increase.

A National Autism Strategy is needed for what is the most common and fastest-growing neurodevelopmental disorder in Canada, affecting 1 in 66 Canadians. Unlike other developed countries, there is no nationwide white paper or strategy promoting coordinated services for the autistic population. For too many autistic individuals, support is out of reach: unaffordable, unavailable in their communities, or tied to eligibility requirements that don't fit their support needs. Without appropriate supports that fit their needs, people with autism and their families see drastically worse mental health, education, employment and quality of life outcomes.

Through experience, we have become thought leaders in the Canadian autism community. We welcome psychologists to use their unique perspective in helping to advocate for the mental health and well-being of autistic Canadians.

For a complete list of references, please go to www.cpa.ca/psynopsis

Expanding the scope of practice: School psychologists and autism spectrum disorder



*Adam McCrimmon, PhD, RPsych, Associate Professor,
University of Calgary*

School psychology in Canada is a vibrant discipline of practice that includes a diverse range of clinical activities. As described in the documents of the Educational and School Psychology section of the Canadian Psychological Association, school psychologists may be involved with assessment/diagnosis, consultation, prevention/intervention, supervision/training, and research, all of which support students in our educational systems and those who work with them. Given this broad scope of practice, training programs across the country are focused on establishing and developing these skills in their graduates. Such training necessarily involves rigorous clinical practices for numerous challenges that children and youth may experience, such as specific learning disorders, attention-deficit/hyperactivity disorder, and autism spectrum disorder (autism).

Regarding autism specifically, recent best practice assessment standards indicate the use of a multidisciplinary team or pediatric health care provider (such as a school psychologist), depending on the availability of expertise and resources. School psychologists have knowledge of social, cognitive, and language development, as well as atypical behaviour, all of which contribute to effective assessment of and intervention for autism. In some provinces / jurisdictions, school psychologists take on the role of diagnostician and are involved in direct administration of clinical measures used to support diagnostic decision-making. School psychologists also provide support to children with autism and their families through intervention activities, and can have a leadership role within schools where they can provide or oversee behavioural, social, communicative, academic, and/or mental health supports for students with autism.

Naturally, there are barriers to such work. For one, many school psychologists lack training in clinical work with infants, toddlers, and sometimes preschoolers, and most training programs do not provide instruction or supervised experience

with diagnostic or intervention practices for autism, making many school psychologists not appropriately qualified to work in this field. This challenge is understandable and reasonable in many circumstances. However, school psychologists can expand their scope of practice by undertaking formal training and supervised experience. This potential limitation has been addressed by several Canadian school divisions in Alberta, British Columbia, and Ontario through additional training and experience in diagnostic practices for autism. The impetus for these efforts has been to reduce burden on children and families who would otherwise be placed on (sometimes lengthy) healthcare wait lists that may also require substantial costs in terms of travel or other accommodations. These school divisions have created specialized multidisciplinary teams as described above and undertaken formal training on diagnostic measures and decision-making for autism, with the school psychologist serving as the diagnostician. These teams have also availed themselves of additional training on evidence-based intervention practices for children and youth with autism so as to enhance the quality of support provided to these students within their organizations. A barrier arises in that some provinces limit the scope of practice of school psychologists so they are not able to provide diagnosis of ASD as part of their work in schools. However, school psychologists may collaborate with other healthcare professionals in the diagnostic process.

Overall, school psychologists are well-positioned to take on clinical work with students with autism. Their training aligns well with the skill set required to be effective in this scope of practice and they can serve a central role. Although not every school psychologist may have capacity to address this need, additional training and support from the broader system in which they work can afford expansion into this role. It is hoped that these efforts continue and expand so that students with autism and their families can get access to effective and efficient identification and support that will serve to enhance their outcomes and quality of life.

Developing and evaluating programs and services in PEI



Nadine DeWolfe, PhD, CPsych, Pediatric Psychology. Dr. DeWolfe wrote this article in her personal capacity. The views, thoughts, and opinions expressed in the text belong solely to the author, and not necessarily to the author's employer, organization, committee or other group or individual.

In the smallest province of Prince Edward Island, we are experiencing the same increasing demand for services for children, youth, and adults on the autism spectrum that is being seen across our country. There are limited psychological resources for individuals and families in our province and we cannot even begin to address the needs. Psychology is under-resourced in PEI, with one of the lowest ratios of psychologists to population among Canadian provinces. Our days are extremely busy and finding opportunities to advocate for services from “inside” the system can be challenging. Fortunately, by relying on our core competencies, we can take advantage of opportunities as they present and play an instrumental role in advocating for autism services and developing policy and programs.

Everyone accepts that psychology plays an important role in *delivering* health care to people with autism spectrum disorder. While this is a key area of our practice, we can also significantly

contribute to practice by *developing* and *evaluating* programs and services. The costs associated with ASD are growing exponentially and the need to make decisions about how and what to fund are difficult ones. We can contribute by developing consistent processes in our models of service delivery while identifying clear, measurable program outcomes and collecting data and finding trends over time that can reveal substantive evidence and lead to a business case for change. Our scientist-practitioner training enables us to then evaluate the efficacy of programs and processes established. As a profession, we know that the story is in the data and it is through these numbers that we can be most clearly heard. In our province, Health PEI (the health authority responsible for the delivery of care) is asking for meaningful data and using these to back decisions about resource allocation as well as service delivery. This change is music to our ears! When attending meetings where discussions about the need for more services for people with ASD are held, pulling up simple illustrations of the increased numbers of students with autism, or numbers being referred for autism assessment over time alongside the static picture of autism specialist FTE's in the same timeframe has resulted in a very clear advocacy initiative.

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Closing the gap to meet the needs of individuals living with ASD: Training at the graduate student level



Julie MacDonald, PhD, RPsych, Provincial Advanced Practice Leader, Child and Adolescent Mental Health and Addictions, Nova Scotia Health Authority

Psychologists in Canada play an important role in ensuring that individuals with autism spectrum disorder (ASD) and their families have the highest quality evidence and services available to them. Psychologists' contributions to the understanding of ASD are multi-faceted and diverse. Recruitment and retention of psychologists in these important roles is challenging across Canada, particularly in more rural settings. Wait times are long for services that are available. For the rest, needs go unmet.

As noted by Weiss, Baker, and Butler, there is a tremendous need to provide timely assessments of ASD and to provide evidence-based interventions across the lifespan.¹ Psychologists support people with ASD in many ways, ranging from conducting essential research, the provision of psychological care, and informing systems of practice and policies that can help the entire population. As simply stated by Teresa Bolick, PhD, "We aren't bragging when we say that we have a long waiting list. We are bemoaning the limited availability of services for children on the Autism Spectrum and their families".²

We know this. We live this. Everyone feels this. The pressure for psychologists, individuals, and their families is real. As psychologists, we clearly have an important role to play. So why the pressure? Limited resources is the logical answer, but there is more to the problem: recruitment and retention. In my role as a practicing psychologist and during my time in administration, I have witnessed tremendous challenges with attracting psychologists to both specialized and general practice positions. General-practice psychologists express that working with individuals with ASD is outside their clinical knowledge and experience, and often expect that this is the work of specialists. I have witnessed increased funding for specialist psychologist positions that go unfilled. Why do we have these challenges? What solutions do we have? How can we close the gap to meet the needs of individuals living with ASD?

One area requiring focused attention is training at the graduate student level. In 2010, Weiss, Lunsy, and Morin published a paper highlighting the gaps in Canadian psychology graduate student training as related to individuals with developmental disabilities.³ This important paper surveyed

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Closing the gap to meet the needs of individuals living with ASD: Training at the graduate student level

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clinical and counselling psychology graduate students to discover that most receive little or no exposure to knowledge and/or practice in this area, and those that do feel the training is inadequate. The small number who receive the training required tend to have self-selected, focused opportunities to prepare them for this work. This is unlike the United Kingdom, where each doctoral student in clinical psychology completes a 6-month placement in a developmental disability community team.

Our approach in Canada is not meeting the needs of students and, consequently, we struggle to meet the needs of those living with ASD. Students have told us they do not receive the training they need. This continues to perpetuate gaps in care and service. Weiss and his colleagues highlighted this ten years ago. They predicted that waiting until residency to provide this training would result in only a few receiving the training required; less than needed to fill gaps in services for a high-needs population across the lifespan.³ This is even more critical in smaller and rural communities, where specialists are rare. We need to accept that psychologists do not need to be specialists to work with individuals with ASD. If we focus on extending the core skills of all, generalist psychologists could provide many of the services required. Specialists should be available for consultation, collaboration, and transfer of care when required.

Autism is not rare. I think back to my residency and recollect the children I worked with who possibly had ASD and I did not realize it at the time. These were lost opportunities. My need to learn came when I began working in a smaller community where specialized positions were frequently vacant. The psychologists on the team needed to step up, learn, and consult to develop the skills needed by the children and families who were in our offices; there was no one to whom to refer them. The option was figure it out or provide no service. We figured it out, mostly, but continue to struggle. Recruitment and retention is an ongoing problem. How much better the early years of my career would have been for me and my clients if I had been afforded the opportunity to acquire the relevant knowledge and training during my graduate school education.

I propose that we take the opportunity to review graduate training programs and provide students what they require to meet the needs of individuals with ASD across the lifespan. This will close the gap, since we will have generalist psychologists with extended core skills, thus increasing access to much-needed care, and specialists would provide care to those with the highest needs. And we just might get those positions filled!

For a complete list of references, please go to www.cpa.ca/psynopsis

Developing and evaluating programs and services in PEI

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Psychologists know how to collaborate, and this is a key activity to being able to inform and assist decision makers. We know how to listen, to find common ground, to communicate, and to respect the dignity of others in all kinds of dialogue. In PEI, it should be easier to communicate effectively across and within government and community agencies toward a common goal because we are so small. Perhaps it is easier, but it is not easy. It has helped to find partners; that is, people who share our values and goals and to combine our voices to advocate for shared goals. This means that we need to be ready to offer our help, make time to attend meetings, and participate in consultations. As politicians know, being at the table is the first step—knowing your key messages and inserting them into each conversation creates movement. Collaboration can include offering to meet with a deputy minister in advance of a meeting about new policy or legislation related to autism in order to brief them about the details.

Psychologists in PEI have increasingly been involved in a number of advocacy and policy conversations related to mental health and health care delivery. A group of psychologists involved in the leadership of the Psychological Association of PEI agreed that we would repeat in each and every conversation (yes, exactly like a broken record!) that our public sector system must *rely only on assessment and intervention practices that are based in evidence*. We also encourage all training to adhere to practice as outlined in the body of evidence. This might feel like common sense, but it is definitely not common, and it bears repeating. We are doing this consistently in PEI and its impact is being realized. We are beginning to see movement toward adopting more evidence-based practices, although we still have a long way to go. Psychologists have the skills to discern those practices with the greatest benefit and the least risk. In the field of autism, we appreciate that there are plenty of “claims” of help or of promising practices, few of which offer the level of support required for public funding. Imagine a world where all public services for those with autism were based on sound evidence.

Whether you live in a small or big jurisdiction, each one of us can make a difference in the development of policy and practice for individuals on the spectrum in our province or territory. Psychologists can choose, develop, deliver, and evaluate the evidence to provide the kind of health care that should be publicly funded. Although psychologists are few in PEI, we are involved in leadership and decision making now more than ever: new positions are being created, and we are being invited to consult with deputy ministers and ministers in our government. Now we need to work together to make smart decisions to improve publicly funded programs for people with autism across the age span.

Autism in adulthood: The role of psychology

Yona Lunsky, PhD, CPsych, Azrieli Adult Neurodevelopmental Centre, CAMH & Jonathan Weiss, PhD CPsych, York University Department of Psychology

We have excellent programs in Child Clinical Psychology across our country, several of which train their students to diagnose and support autistic children to learn skills and cope with challenges. Although autism begins in childhood and ideally should be diagnosed in childhood, autistic people will spend the majority of their lifetimes as adults. So why do we restrict so much of our teaching, research, and clinical activities concerning autism to the child psychology domain?

What follows is a list of issues prioritized by autistic adults that we have heard in recent years and are echoed in the broader literature.

Diagnosing autism

Our understanding of what autism is has broadened significantly in recent years, leading to higher prevalence rates and a subsequent increase in services for children. This also means that there is currently a cohort of adults whose autism was missed or misdiagnosed in childhood,¹ and many of these individuals are now seeking a diagnosis for the first time. We need psychologists to be able to conduct adult-based diagnostic assessments with a good understanding of differential diagnostic issues. We have learned that such assessments need to be gender-informed, given the tendency to under-recognize autistic symptoms in women² and high rates of non-binary gender identity. Many autistic adults talk about what it means to finally have this diagnosis, to understand why they have certain difficulties, to learn strategies to help manage the world better, and to connect with others in the autism community.

Services and supports

Psychologists need to know what services are regionally available for autistic adults and their families and can advocate for sufficient services. In our own work, we have seen that when supports are not in place or when new stressors emerge, somebody who manages fairly well independently, whose difficulties are considered “less severe,” can suddenly be in crisis. A person’s difficulties can be minimized with ongoing supports, but when services are transient or time-limited, this can also lead to periods of oscillating difficulty. Available

services have to match the needs of people seeking them³ and need to be sensitive to gender, culture, age, and comorbid conditions.

Trauma informed care

The world can be very stressful if you are autistic, and we are learning that it can be even more stressful depending on how autism was understood in childhood. As psychologists, we need to be prepared to address trauma in autistic adults (e.g., bullying, loss, sensory overload, interventions that restrict calming strategies) and to support them with the difficulties they have. We have to make sure our interventions in themselves are not traumatizing, and this can mean adapting how we do our work.

Caregiver supports

Adult psychologists can work not only with autistic adults, but also with their adult family members who may have difficulties understanding and relating to autism, or who may experience stress and pressures⁴ when it comes to caregiving—particularly when supports and services for adults are in short supply. Families are often involved in many ways well into adulthood, and we need to be available to help the broader family unit. Our team has been working closely with families to design interventions to address caregiver mental health; including, for instance, the use of acceptance and commitment therapy (ACT)⁵ and mindfulness-based approaches.⁶

Autism in the workplace

We’re seeing more and more autistic young adults enter college and university, yet we know that the majority of autistic adults are under-employed or unemployed. We need to offer vocational support to help autistic people thrive in the work environment. Industrial-organizational psychologists should also be working with organizations to address systemic barriers to successful employment and ways to make work settings more accommodating toward autistic employees.

Health psychology

We have found, similar to others, that autistic adults have high rates of psychiatric difficulties, and chronic diseases.⁷

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CPA HIGHLIGHTS



Below is a list of our top activities since the last issue of Psynopsis. Be sure to contact membership@cpa.ca to sign up for our monthly CPA News e-newsletter to stay abreast of all the things we are doing for you!

1 Convention registration

The 2020 convention is fast approaching! Registration is now open, and we are reviewing more than 1,200 submissions. Acceptance notices will go out in mid-February.

2 Student research and grant competition

More than 30 applications were received for the student research and grant competition. Those applications have been adjudicated by the Scientific Affairs Committee, and notification will be sent to the 10 successful applicants this month. The successful applicants will also be listed on the CPA website under students/grants.

3 CPA President

Dr. Kimberly Corace has been chosen by the CPA board as President for 2020-2021. Dr. Corace will serve as President-Elect between now and the Annual General Meeting on May 30th 2020, at which time she will succeed Dr. Nicholson in the presidential role. Dr. Corace is a Clinical Health Psychologist, and Director of Clinical Programming and Research in the Substance Use and Concurrent Disorders Program at the Royal Ottawa Mental Health Centre.

4 Apply for a PFC award

The Psychology Foundation of Canada (PFC) is accepting submissions for four major awards. Applicants must be undergraduate or graduate students in a psychology program at a Canadian University, and affiliate members of the CPA or a provincial psychological association.

The Dr. Harvey Brooker Award supports travel expenses for students at Canadian universities to attend conferences and workshops.

The Jean and Dick Pettifor Scholarship Fund supports graduate student research projects in the area of professional ethics with respect to the practice of psychology, international ethics for psychologists, or general ethics within psychology, with special focus on diversity, such as ethnicity, gender and disability.

The Dr. Bea Wickett Award recognizes a program that will be offered within elementary or secondary school settings to promote well-being, foster resilience, and identify the early indicators of mental health problems and prevent the onset of mental illness.

The Mary J. Wright Award is provided by the History and Philosophy of Psychology Section of the CPA (working with the PFC). It recognizes the best paper presented by a student at an annual convention. Deadline for submissions for these four grants and awards is March 31st.

5 Fundraising event

CPA is proud to have been a lead sponsor of the Psychology Foundation of Canada's fundraising Breakfast for Champions this year. Congratulations on a great event, with guest speakers Valerie Walker and Mike McDerment.

6 HEAL updates

Organizations for Health Action (HEAL), an alliance of 40 health care professions and organizations, met in December to review its advocacy priorities for 2020. HEAL routinely invites parliamentarians to its meetings to address health-related practice and science issues. In December, the interim party leader of the Green Party, the Honourable Jo-Ann Roberts, attended. CPA had an opportunity to let her know about the recent meeting of national psychology organizations, coming together around the psychological science and practice of climate change and that CPA's section on Environmental Psychology is drafting a position paper on this topic. Also discussed at the HEAL meeting were the BC report on changes to the regulation of health professions in that province, medical assistance in dying, and SunLife's Lumino Health initiative.

7 New CPA Director

CPA has hired a new Director of Policy and Public Affairs. Mr. Glenn Brimacombe will have chief responsibility for bringing the science and practice of psychology to bear on public policy and programs in the service of Canadians. Glenn has been President and CEO of the Association of Canadian Academic Healthcare Organizations (ACAHO) now HealthCareCan. Glenn served as CEO of the Canadian Psychiatric Association and, more recently, as the Vice-president, Strategic Partnerships and Priorities at the Canadian Centre on Substance Use and Addiction. Welcome, Glenn, to the team!

8 Changes to Canada's Labour code

Psychologists can now issue a certificate of illness for people who are having psychological health issues. Recent changes to Canada's Labour code expanded the list of practitioners that can issue such a certificate. This is a medical certificate signed by a medical practitioner when someone applies for Employment Insurance (EI) sickness benefits.

9 Ontario Review Board appointment

Dr. Gilles Boulais has been appointed to the Ontario Review Board (ORB) by an Ontario Cabinet Order in Council. The ORB's mission is to handle cases referred by Ontario courts where the accused have been deemed "not fit to stand trial" or "not criminally responsible".

10 2020-2025 Strategic Plan

At its November 2019 meeting, the CPA Board approved its 2020-2025 Strategic Plan. Senior staff and our consultant are working to develop the objectives for each of the plan's strategic goals. These will be launched and shared with members and affiliates in early 2020.

Autism in adulthood: The role of psychology

Continued from page 19

Health psychologists need to think about how to apply their interventions in the general population to autistic adults targeting areas such as diet, sleep, physical activity, medication use, and disease self management.

The psychology of aging

We know very little about what happens to autistic adults as they age, and more work needs to be done when it comes to supporting seniors on the autism spectrum. How do they experience biological changes, such as increased frailty or menopause? What accommodations are needed to age successfully? How can residential settings for seniors be designed to be more "autism-friendly?"

Neurodiversity in research

Including autistic adults is clearly important when it comes to clinical care but it's also important when it comes to our research. The majority of autism research focuses on children, and the majority of adult-based psychology research studies exclude adults on the autism spectrum. We need to study autism in adulthood, including mental health, sexual health, chronic disease management, relationships, and employment. We also need to be thinking about how we modify our research protocols to make sure that autistic people can participate in psychology research generally. Furthermore, there is a need to elevate their role when it comes to designing research. Excellent guidelines now exist on how to include autistic adults as co-researchers and as participants⁸ and this is a focus of our current research program as we work toward developing mental health guides and supports that are truly informed by the autistic community in Canada.

Importantly, it's going to be very difficult for adult psychologists to promote any of these types of research studies or clinical interventions if they don't get any training on how to do so and, if, as a profession, we don't see this population as part of our collective responsibility. Ultimately, the majority of an autistic person's life will be spent in adulthood, and it's important that our psychological research and services respond accordingly.

For a complete list of references, please go to www.cpa.ca/psynopsis

FAITS SAILLANTS

des activités de la SCP



Voici la liste des principales activités menées depuis la publication du dernier numéro de *Psynopsis*.
Écrivez à membership@cpa.ca pour vous abonner à notre bulletin électronique mensuel, *Les Nouvelles de la SCP*.
Vous serez ainsi au courant de tout ce que nous accomplissons pour vous!

1 Inscription au congrès

Le congrès de 2020 approche à grands pas! La période d'inscription est maintenant ouverte, et nous examinons en ce moment plus de 1 200 propositions. Les avis d'acceptation seront envoyés à la mi-février.

2 Concours de subventions de recherche et de diffusion des connaissances pour les étudiants

Plus de 30 demandes ont été reçues dans le cadre du concours de subventions de recherche et de diffusion des connaissances pour les étudiants. Ces demandes ont été examinées par le Comité des affaires scientifiques et les avis seront envoyés aux 10 candidats retenus ce mois-ci. Les candidats retenus seront également répertoriés sur le site Web de la SCP dans la section des étudiants/subventions.

3 Présidente de la SCP

D^{re} Kimberly Corace a été nommée présidente de la SCP pour 2020-2021 par le conseil d'administration de la SCP. La D^{re} Corace assumera la fonction de présidente désignée d'ici à l'assemblée générale annuelle, qui se tiendra le 30 mai 2020, date à laquelle elle succédera au D^r Nicholson à titre de présidente. La D^{re} Corace est une clinicienne spécialisée en psychologie de la santé. Elle est la directrice du Programme de traitement de la toxicomanie et des troubles concomitants du Centre de santé mentale Royal Ottawa.

4 Appel de candidatures aux prix de la FCP

La Fondation de psychologie du Canada (FPC) accepte les candidatures pour quatre prix importants. Les candidats doivent être des étudiants de premier cycle ou des cycles supérieurs inscrits dans un programme de psychologie d'une université canadienne et être membres affiliés de la SCP ou d'une association provinciale de psychologues.

Le D^r Harvey and Grace Brooker Education Fund sert à financer les frais de voyage des étudiants des universités canadiennes, afin de leur permettre d'assister à des conférences et à des ateliers.

Le Fonds de bourse d'études Jean Petiffor et Dick Petiffor soutient des projets de recherche étudiants dans le domaine de l'éthique professionnelle, en ce qui concerne l'exercice de la psychologie, l'éthique internationale pour les psychologues, ou dans le domaine de l'éthique générale en psychologie, en mettant l'accent sur la diversité, comme l'origine ethnique, le genre et le handicap.

Le Prix Bea Wickett reconnaît un programme qui sera offert dans une école primaire ou secondaire dans le but de promouvoir le bien-être et la résilience, de déterminer les indicateurs précoces des problèmes de santé mentale et de prévenir l'apparition de la maladie mentale.

Le Prix Mary J. Wright Award est décerné par la Section de l'histoire et la philosophie de la psychologie de la SCP (en collaboration avec la FPC). Il reconnaît le meilleur article présenté par un étudiant lors d'un congrès annuel. La date limite pour poser sa candidature aux quatre prix et subventions est le 31 mars.

5 Activité de collecte de fonds

La SCP est fière d'avoir été l'un des principaux commanditaires du petit-déjeuner des champions de la Fondation de psychologie du Canada de cette année. Avec, à titre de conférenciers Valerie Walker et Mike McDerment, l'événement a été un franc succès.

6 Nouvelles du GIAS

Le Groupe d'intervention action santé (GIAS), une alliance de 40 professions de la santé et organisations du secteur de la santé, s'est réuni en décembre dans le but d'examiner les priorités en matière de défense des intérêts qu'il poursuivra en 2020. Le GIAS invite régulièrement les parlementaires à ses réunions afin de discuter de différentes questions relatives à la pratique et à la recherche dans le domaine de la santé. La chef intérimaire du Parti vert, l'honorable Jo-Ann Roberts, était présente à la réunion de décembre. La SCP a eu l'occasion de lui parler de la récente rencontre des organisations nationales de psychologues, qui se sont réunies pour discuter du rôle de la pratique de la psychologie et de la recherche en psychologie dans l'optique des changements climatiques, et de l'informer que la Section de psychologie de l'environnement de la SCP est en train de rédiger un énoncé de position sur le sujet. Ont été abordés, au cours de la réunion, le rapport de la Colombie-Britannique sur les changements apportés à la réglementation des professions de la santé dans cette province, l'aide médicale à mourir et l'initiative Lumino Santé, mise sur pied par la Sun Life.

7 Nouveau directeur à la SCP

La SCP a embauché un nouveau directeur, Politiques et affaires publiques. M. Glenn Brimacombe aura comme responsabilité principale de faire valoir la pratique de la psychologie et la recherche en psychologie pour influencer les politiques et les programmes publics pour le bien des Canadiens. Glenn était, auparavant, le président et le chef de la direction de l'Association canadienne des institutions de santé universitaires (ACISU), devenue SoinsSantéCAN. Auparavant directeur général de l'Association canadienne des institutions de santé universitaires, Glenn était, tout récemment, vice-président, Partenariats et priorités stratégiques, au Centre canadien de lutte contre les toxicomanies. Bienvenue dans l'équipe, Glenn!

8 Changements apportés au Code canadien du travail

Les psychologues peuvent désormais délivrer un certificat de maladie pour les personnes qui ont des problèmes de santé psychologique. Les changements récents apportés au Code canadien du travail ont élargi la liste de praticiens qui peuvent délivrer un tel certificat. Il s'agit d'un certificat médical signé par un médecin lorsqu'une personne demande des prestations de maladie de l'assurance-emploi (A.-E.).

9 Nomination à la Commission ontarienne d'examen

Le Dr Gilles Boulais a été nommé à la Commission ontarienne d'examen (COE) par décret du Cabinet de l'Ontario. La mission de la COE est de traiter les affaires adressées aux tribunaux de l'Ontario où l'accusé est considéré comme inapte à subir son procès ou non criminellement responsable.

10 Plan stratégique 2020-2025

À sa réunion de novembre 2019, le conseil d'administration de la SCP a approuvé son plan stratégique 2020-2025. Les dirigeants et notre consultant travaillent à l'élaboration des objectifs de chacun des objectifs stratégiques du plan. Ceux-ci seront lancés et partagés avec les membres et les affiliés au début de 2020.

Avez-vous des idées pour nos prochains numéros?



Veillez nous envoyer vos suggestions de thèmes, de rédacteurs en chef invités et d'articles à [psynopsis@cpa.ca!](mailto:psynopsis@cpa.ca)
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The major mental health care crisis for autistic Canadians: Exclusion from evidence-based care

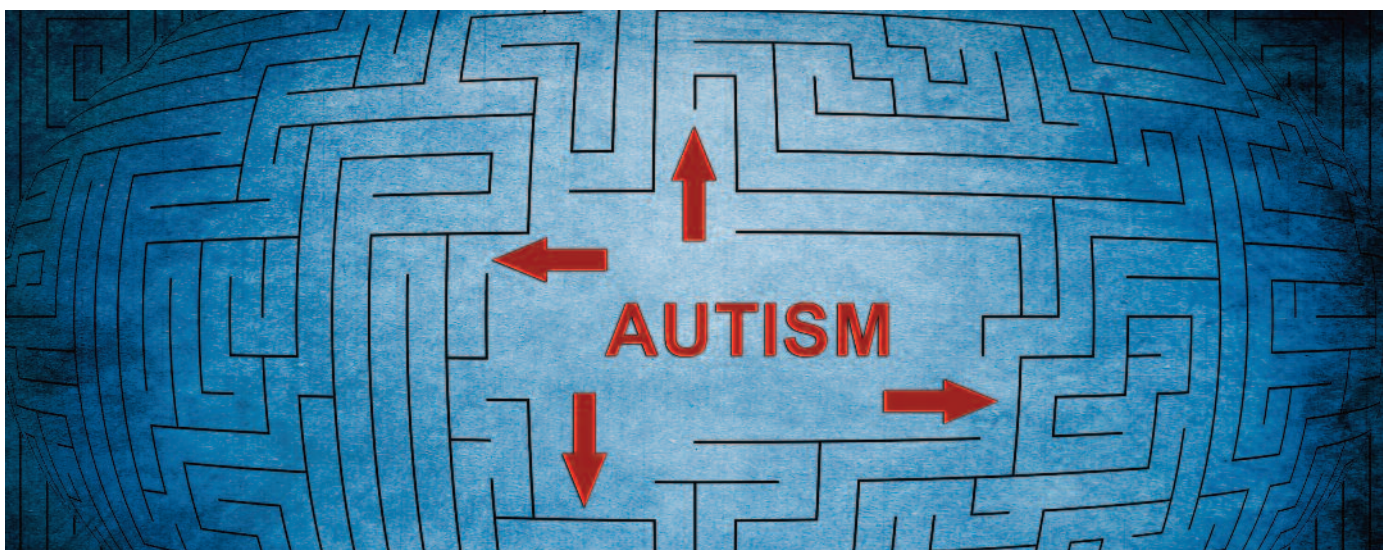
Jonathan A. Weiss, PhD, CPsych, Associate Professor, York University; Katelyn Lowe, PhD, RPsych, Chief Strategy Officer, Sinneave Family Foundation; and Yona Lunsky, PhD, CPsych, Director, Azrieli Adult Neurodevelopmental Centre at the Centre for Addiction and Mental Health

We are delighted to see a spotlight on autism in this issue of *Psynopsis*. There is a major role for psychologists in promoting the well-being and mental health of autistic¹ Canadians.

There is no question that autistic people experience more mental health problems than the general population, or even compared to people with other developmental disabilities. It is clear that autistic people need access to evidence-based psychological treatments. The fact is that with adaptations to take into account a person's unique socio-communicative abilities and preferences, many psychological interventions are helpful for autistic people and their families. There is considerable evidence that cognitive behaviour therapy can be used to address symptoms of anxiety in autistic children and adults, and some evidence that it can be applied to depression, anger and, more broadly, emotion regulation. There is also promising literature suggesting that mindfulness-based interventions can be helpful for some autistic people to improve mental health, and that parent training can be used to help address child behavioural issues.

From our experience, disproportionately fewer autistic individuals are able to access this evidence-based care. We often hear a common story of conflicting messages, with mental health agencies saying that because a person is autistic, they should go to their autism service provider—and autism service providers saying that because the problems are about mental health, the person should go to a mental health care service provider. Some are denied access to mental health care by virtue of their diagnosis, regardless of their unique presentation or need. Others may be refused treatment because they are told that there is no clinical expertise to work with autistic people.

This is the real crisis—one of inequity to mental health care access, based on myths and antiquated policies. Of course, given the heterogeneity in autism and with the kinds of issues that can be experienced, there is truly no one-size-fits-all approach to care when it comes to mental health. There is always an assessment of fit between the intervention and the person, and decisions need to be made with a respect for diversity and in an ongoing, data-driven way. But this is the stance that all scientist practitioners already take—in keeping with definitions of evidence-based practice—and we should be applying this to all Canadians, autistic or not.



¹ In keeping with the Autistic community, we choose to use identity-first language to recognize that autism is often experienced as part of the person, rather than a disorder or problem that a person has. In doing so, we by no means aim to diminish the challenges associated with autism. We respect that many stakeholders will prefer and see value in person-first language, and we continue to underscore the importance of a holistic understanding of every person.

La crise grave des soins de santé mentale pour les Canadiens autistes : l'exclusion des soins fondés sur des données probantes



Jonathan A. Weiss, Ph. D., C. Psych., professeur agrégé, Université York; Katelyn Lowe, Ph. D., psychologue agréée, directrice stratégique principale, Sinneave Family Foundation; Yona Lunsky, Ph. D., C. Psych., directrice, Azrieli Adult Neurodevelopmental Centre, Centre de toxicomanie et de santé mentale

Nous sommes ravis que l'autisme soit en vedette dans le présent numéro de *Psynopsis*. Les psychologues jouent un rôle important dans la promotion du bien-être et de la santé mentale des Canadiens autistes¹.

Il ne fait aucun doute que les autistes ont plus de problèmes de santé mentale que la population générale et que les personnes qui ont d'autres troubles du développement. Il est évident que les autistes doivent avoir accès à des traitements psychologiques fondés sur des données probantes. Le fait est qu'avec des mesures d'adaptation qui tiennent compte des habiletés sociocommunicatives et des préférences propres à la personne, de nombreuses interventions psychologiques sont utiles aux autistes et à leurs familles. Il a été abondamment prouvé que la thérapie cognitivo-comportementale peut être utilisée pour traiter les symptômes d'anxiété chez les enfants et les adultes autistes, et beaucoup d'études ont montré que ce type de thérapie peut s'appliquer à la dépression, à la colère et de façon plus générale, à la régulation des émotions. De plus, des ouvrages récents donnent à penser que les interventions basées sur la pleine conscience seraient utiles à certaines personnes autistes pour améliorer leur santé mentale, et que la formation parentale peut être utilisée pour aider à régler les problèmes de comportement de l'enfant.

D'après notre expérience, le nombre d'autistes qui ont accès à ces soins fondés sur des données probantes est disproportionnellement bas. Les gens nous parlent souvent des messages contradictoires qu'ils reçoivent lorsqu'ils sont à la recherche de soins : d'une part, les organismes voués à la santé mentale disent que, parce que la personne est autiste, elle doit se tourner vers un fournisseur de services pour les personnes autistes, et les fournisseurs de services pour les personnes autistes disent que, parce qu'il s'agit de problèmes de santé mentale, la personne devrait s'adresser à un fournisseur de soins de santé mentale. Certains se voient refuser l'accès aux soins de santé mentale en raison de leur diagnostic, quel que soit leur problème ou leur besoin. D'autres se voient refuser un traitement, car on leur dit qu'il n'existe pas d'expertise clinique pour travailler avec les autistes.

Et c'est véritablement là que la crise frappe, dans un contexte qui fait perdurer l'iniquité en matière d'accès aux soins de santé mentale, basée sur des mythes et des politiques désuètes. Bien sûr, compte tenu de l'hétérogénéité de l'autisme et des types de problèmes que peuvent éprouver les autistes, il n'existe pas d'approche universelle lorsqu'il s'agit de santé mentale. Il faut toujours évaluer l'adéquation et la pertinence de l'intervention pour la personne, et les décisions doivent être prises en respectant la diversité et en s'appuyant en tout temps sur les données. D'ailleurs, c'est la position que prennent déjà tous les scientifiques-praticiens—en accord avec les définitions de la pratique fondée sur des données probantes—et nous devrions appliquer cela à tous les Canadiens, autistes ou non.

¹ En accord avec le milieu de l'autisme, nous choisissons d'utiliser la tournure « l'identité d'abord » afin de reconnaître que l'autisme est souvent vécu comme une partie de la personne, et non comme un trouble ou un problème. Ce faisant, nous ne voulons d'aucune façon minimiser les défis associés à l'autisme. Nous respectons le fait que de nombreux intervenants préfèrent et trouvent utile la tournure « la personne d'abord », et nous continuons d'insister sur l'importance d'une compréhension globale de chaque personne.



In Memoriam

Dr. Donald Stuss (1942-2019)

Dr. Catherine Gow, C. Psych., C-CAT (MB)

On September 3, 2019, distinguished Canadian psychologist, researcher, and professor, Dr. Donald (Don) Stuss, passed away in his home in Toronto at the age of 77 due to complications of cancer. Dr. Stuss' quest to understand human nature and, ultimately, the elusive underpinnings of brain behaviour and clinical neuroscience led him from the teachings of the monastery to earn a degree in philosophy at the University of Ottawa and St. Paul's University; he then went on to teach high-school and ultimately to become a guidance counsellor. In that capacity, he sought additional clinical training and returned to the University of Ottawa to complete a Doctorate in Psychology in 1976. Dr. Stuss went on to do a postdoctoral fellowship in Boston, working with some of the most pre-eminent neuropsychologists of the time, including Dr. Edith Kaplan.

As an undergraduate student at the University of Ottawa, I was fortunate to be accepted as an honour's thesis student in Dr. Stuss' Human Neurosciences Lab, part of the University of Ottawa / Ottawa Hospital, and home to several eminent neuroscientists of the day. In the four years I called HNL home, I witnessed firsthand Dr. Stuss' unique blend of intellectual curiosity, work ethic, clinical acumen, vision, infectious enthusiasm, and passion to bring the burgeoning field of neuropsychology to the forefront of both the academic arena and clinical worlds. Dr. Stuss was the epitome of the clinician-scientist model and was instrumental in creating the esteemed clinical neuropsychology program at the Ottawa Hospital; he was respected by his peers in psychology and medicine, professor in both the departments of psychology and medicine, and selfless in his supervision of numerous neuropsychology students, interns, and residents during his tenure as Professor at the University of Ottawa. To say Dr. Stuss was devoted to excellence in training students is a gross understatement – space does not permit me to do justice to this aspect of this remarkable man. Dr. Stuss is fondly remembered for organizing and leading multidisciplinary patient rounds, journal study, and conference preparations – all time-consuming and challenging, but enjoyable and rewarding under his tutelage. Likewise, he labored toward excellence in broader clinical neuropsychology training programs and was an important contributor to CPA's accreditation of clinical neuropsychology programs. His vision for neuropsychology as being guided equally by clinical insight and neuroscience research also led to the development of the ground-breaking joint Carleton University / University of Ottawa Neurosciences Specialization program.

Dr. Stuss' clinical research on the function of the frontal lobes and in elucidating underlying executive functions was pivotal in the development of treatment and rehabilitation programs. He published over 200 articles and co-authored two books: *The Frontal Lobes* (1986) and *Principles of Frontal Lobe Function* (2002; 2013). As a pioneer in the field of neuropsychology and executive function, and as a prolific researcher, it was no surprise that he was recruited to Toronto in 1989 to establish the Rotman Research Institute. There, his vision for excellence in clinical research and neuroscience came to fruition. During his 20-year tenure at Baycrest, Dr. Stuss attracted a diverse team of cognitive neuroscientists and clinician researchers whose varied interests and research contributed to Baycrest and the Rotman Research Institute becoming the world-renowned research brain centre that it is today. After stepping down as Vice-President of Research at Baycrest and founding director of Baycrest's Rotman Research Institute in 2010, he became Founding President of the Ontario Brain Institute, a not for profit research centre funded by the Ontario government, where he helped shape the future of brain research, translation, and innovation (2011-2016).

Throughout his career, Dr. Stuss has been received numerous awards, including but not limited to the Order of Ontario; the Queen Elizabeth II Diamond Jubilee Medal, the Gold Key Award, the highest honour presented by the American Congress of Rehabilitation Medicine, and the International Neuropsychological Society Lifetime Achievement Award. Dr. Stuss was also honoured by being named an officer of the Order of Canada in 2016, the same year he received the Canadian Society for Brain, Behaviour and Cognitive Science's prestigious Donald O. Hebb Distinguished Contribution Award in 2016.

Over the years, when I would see Don at conferences or call him to ask for yet another letter of reference or advice, he was always interested, always made time to help, and remained the kind, giving, humble, encouraging, and inspiring mentor and friend we are all fortunate to have known. Never did he mention his many awards. To his students (we were all his students), Don was distinguished by his work ethic, breadth of clinical knowledge, enthusiasm, perseverance, patience, and ability to at once attract great scientists and to infect those around him with his passion for excellence in clinical research and practice. We owe a considerable debt of gratitude for to Don for his unwavering effort and inspiration which left all who knew him changed and resulted in significant strides being made in the area of frontal lobe functions, executive abilities, and rehabilitation approaches to improving the brain functioning and lives of multiple clinical populations.

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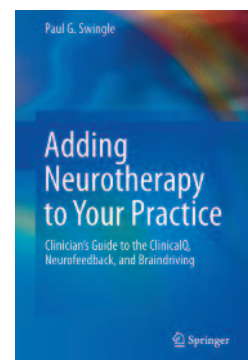


Adding Neurotherapy to Your Practice

Dr. Paul G. Swingle, a clinical leader in the field, has helped introduce many therapists to the world of neurofeedback through his book "Adding Neurotherapy to Your Practice: Clinician's Guide to the ClinicalQ, Neurofeedback and Braindriving" (Springer). The ClinicalQ assessment uses specific, quantified measurements of brain activity, compares them against a clinical database, and outlines how to go about shaping those anomalous brain functions to more desirable EEG patterns. Braindriving, using harmonic and audiovisual entrainment, is used to help push the brain's functioning toward the ideal state.

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The Biofeedback Federation of Europe has worked with Dr. Swingle to create a software suite that guides users through his method. The software is an add-on to the BioGraph Infiniti system by Thought Technology Ltd.

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For more information on adding neurotherapy to your practice: bfe.org/clinicalQ



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