**Title**: Mental Health Trainee Intentions to Provide Psychotherapy to Youth with Autism and Intellectual Disabilities

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**Introduction**: Intention is a strong predictor of future behaviour. The Theory of Planned Behaviour posits that attitudes, normative pressure (social pressures felt from others), and confidence shape intention (Azjen, 1991), and examining these factors is essential to understanding the underlying influences on mental health professionals’ intentions to work with various populations (Maddox et al., 2019; Roudbarani et al., 2023). It is particularly important to discern whether mental health professionals have lower intentions to work with populations who have more complex needs, such as youth with autism and intellectual disabilities, who experience greater mental health concerns (Hughes-McCormack et al., 2017; Simonoff et al., 2008) and require tailored services (Lunsky et al., 2007). Previous research has identified that graduate training may be a critical time to promote willingess to work with youth with autism and intellectual disabilities (Maddox et al., 2020; Viecili et al., 2010; Williams & Haranin, 2016). The current study aimed to understand differences in intention as well as predictors of intention to provide psychotherapy to autistic youth (autism), youth with intellectual disability (ID), or autistic youth with intellectual disability (autism+ID) among mental health profession trainees.

**Method:** Data were collected from 494 trainees in clinical psychology (*n* = 297), counselling (*n* = 113), and social work (*n* = 84) programs across Canada (29%) and the United States (71%), who were registered in an accredited training program. Mental health trainees were 19 to 54 years old (*M* =28.2, *SD* = 5.4, 77% Women, 73% White). Participants were randomly assigned to one of three conditions: autism, ID, or autism+ID. Participants self-reported their intention to provide psychotherapy to their group condition and to youth with mental health problems generally (control group) on a 7-point Likert scale (1=Extremely Unlikely; 7=Extremely Likely; Maddox et al., 2019). Trainees rated their attitudes towards delivering psychotherapy to their group condition on a 10-point sliding scale using opposite adjective pairs (e.g. Effective-Useless; Fishbein & Ajzen, 2010). Further, trainees completed a normative pressure measure assessing whether they believed other clinicians would provide psychotherapy to their group condition (1=Strongly Disagree; 5=Strongly Agree) and how other clinicians and a supervisor might feel about them providing this service on a 5-point Likert scale (1=Strongly Disapprove; 5=Strongly Approve; Maddox et al., 2019). Lastly, trainees rated their confidence in providing effective mental health support to their group condition on a 5-point Likert scale (1=Not at All Confident; 5=Very Confident; Cooper et al., 2018).

**Results**: Wilcoxon signed-rank tests indicated that mental health trainees have significantly lower intentions to provide psychotherapy to youth with autism (*p* < .001), ID (*p* < .001), or autism+ID (*p* < .001) who have mental health problems compared to a general youth population with mental health problems. Linear regression was used to analyze whether attitudes, normative pressure, and confidence predicted intentions to provide psychotherapy to each respective client group. Attitudes (*p* < .001), normative pressure (*p* = .03), and confidence (*p* =.03) were significant predictors of trainee intentions to provide psychotherapy to autistic youth, accounting for 37% of the variance in intention. For youth with ID, attitudes (*p* < .001) and normative pressure (*p* < .001) were identified as significant predictors, explaining 43% of the variance in intention, while confidence was not a significant predictor (*p =* .13). In the autism+ID condition, attitudes (*p* < .001), normative pressure (*p* < .001) and confidence (*p* = .02) accounted for 47% of the variance in intention.

**Discussion:** These findings indicate that it may be important to enhance the graduate training curriculum on autism and intellectual disability to address attitudes and normative pressure as well as increase confidence in working with these populations. Curriculum targeting these areas may support the development of stronger intentions to provide mental health treatment, which can improve accessibility of services. Future research should examine the attributes of training that are associated with attitudes, normative pressure, and confidence toward providing psychotherapy to these populations.

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