**Title:** Examining Diagnostic Overshadowing and Related Factors Among Mental Health Trainees Working with Autistic Youth and those with Intellectual disabilities

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**Introduction:** Autistic youth and those with intellectual disabilities (ID) are more likely to experience mental health problems compared to the general population (Munir, 2016). Despite evidence for the efficacy of various psychotherapeutic approaches to address these concerns (e.g., CBT; Blakeley-Smith et al., 2021), they often struggle to receive these interventions (Vohra et al., 2014), possibly due to barriers in recognition of their mental health needs (Krahn et al., 2015). Diagnostic overshadowing (DO), a clinician's tendency to have one diagnosis overshadow another co-occurring condition (Reiss et al., 1982), was first coined describing psychologists working with adults with ID, often overlooking their mental health problems. Although DO has been a robust bias among clinicians working with adults with ID (Jopp & Keys, 2001), less is known about autistic clients, children and adolescents and graduate-student trainees across disciplines (e.g., social work). The current study examines diagnostic overshadowing that may occur for mental health profession trainees, around providing therapy to potential child and adolescent clients with ID, autistic clients, or autistic clients with ID. Further, trainee self-perceived skills, confidence and knowledge about treatment delivery and graduate training recommendations were also explored.

**Method:** Data were collected from 750 graduate students (*n =* 397, clinical psychology; *n =* 162, social work; *n =* 191, counselling) enrolled in an accredited program across the US (72%) and Canada (28%). Trainees were 19 to 54 years of age (*M =* 28.21, *SD =* 5.4; 78% Ciswoman; 74% White). Participants read one of four randomly assigned case vignettes: an ID condition, autism condition, ID + autism condition, or control condition, describing a youth with a mental health problem, specifically generalized anxiety disorder (GAD; vignettes adapted by Kerns et al., 2016). Next, trainee diagnostic impressions (e.g., presence of GAD) and treatment recommendations (e.g., CBT) were assessed using the Student Impressions Questionnaire (Browning, 2013; Spengler & Strohmer, 1994) using a 7-point Likert scale (1 = *Extremely Unlikely*; 7 = *Extremely Likely*). Trainees also self-rated their skills towards delivering psychotherapy in reference to their assigned condition using a 5-point Likert scale (1 = *Strongly Disagree*; 5 = *Strongly Agree*; Maddox et al., 2019) as well as how confident (1 = *Not at all Confident*; 5 = *Extremely Confident*) and knowledgeable (1 = *Not at all Knowledgeable*; 5 = *Extremely Knowledgeable*) they felt about starting therapy using 5-point Likert scales (Maddox et al., 2019). Respondents reported on their training needs in their clinical training programs. Diagnostic impression and treatment recommendation scores were compared across the four conditions using Kruskal-Wallis tests from trainees across each discipline, and self-perceived skill, confidence and knowledge ratings were compared using the Mann-Whitney U tests.

**Results:** No group differences were found in terms of trainee’s report of GAD across vignettes or across student disciplines. The majority of trainees (84%) accurately noted the presence of GAD as *Very Likely* or *Extremely Likely*. Further, no group differences were found in terms of trainee’s treatment recommendation for *most* evidence-based interventions for GAD across vignettes, with most students (74%) reporting they would *Very Likely* or *Extremely Likely* recommend CBT for therapy for clients across all conditions. Across trainees in each discipline, graduate students in the control condition reported significantly higher self-perceived skills, confidence and knowledge in delivering psychotherapy to a general mental health client compared to students assigned to evaluate their experience with clients with ID (p < .001), autism (p < .05) or both (p < .01). Overall, top training recommendations reported included additional clinical contact with autistic people and/or those with ID (71%), the importance of covering more content on developmental disabilities in classes (73%) and having autism and/or ID specialists (68%) as well as caregivers and self-advocates provide guest lectures (43%).

**Discussion:** This study investigated potential diagnostic overshadowing bias in graduate-level trainees in clinical psychology, social work and counselling, as well as their perceptions toward starting therapy for youth with ID, autism, or both. Results suggest that most trainees are not falsely attributing symptoms of generalized anxiety to a developmental disability and continue to recommend evidence-based psychotherapeutic approaches. At the same time, trainees feel less skillful, confident and knowledgeable about delivering care to youth with developmental disabilities compared to general populations. This work highlights the importance of more targeted training around autism and ID in program curriculums to support students' experiences working with these clients and improve access to services.

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