

Welcome to the Autism and Developmental Disabilities Track Orientation!

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Overview of Autism and Developmental Disabilities Internship

Erin M Olson, PhD (she/her/hers)

Autism and Developmental Disabilities Internship Track Coordinator

Clinical Associate Professor

UW-SOM Psychiatry and Behavioral Sciences

Director of Training, RUBI Programs Director, Seattle Children's Autism Center and Associate Director of FMF Program, Seattle Children's Research Institute

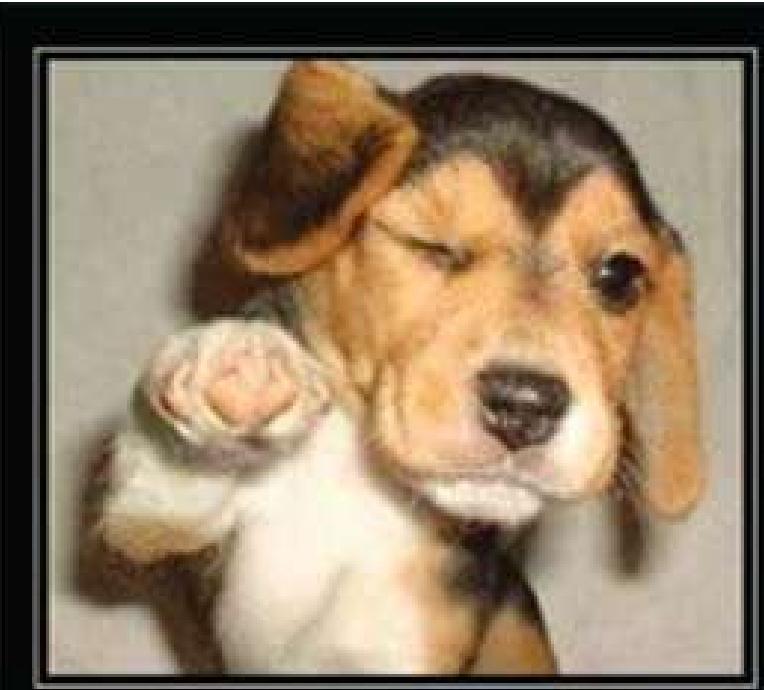
Attending Psychologist, Seattle Children's Autism Center & Institute on Human Development and Disability



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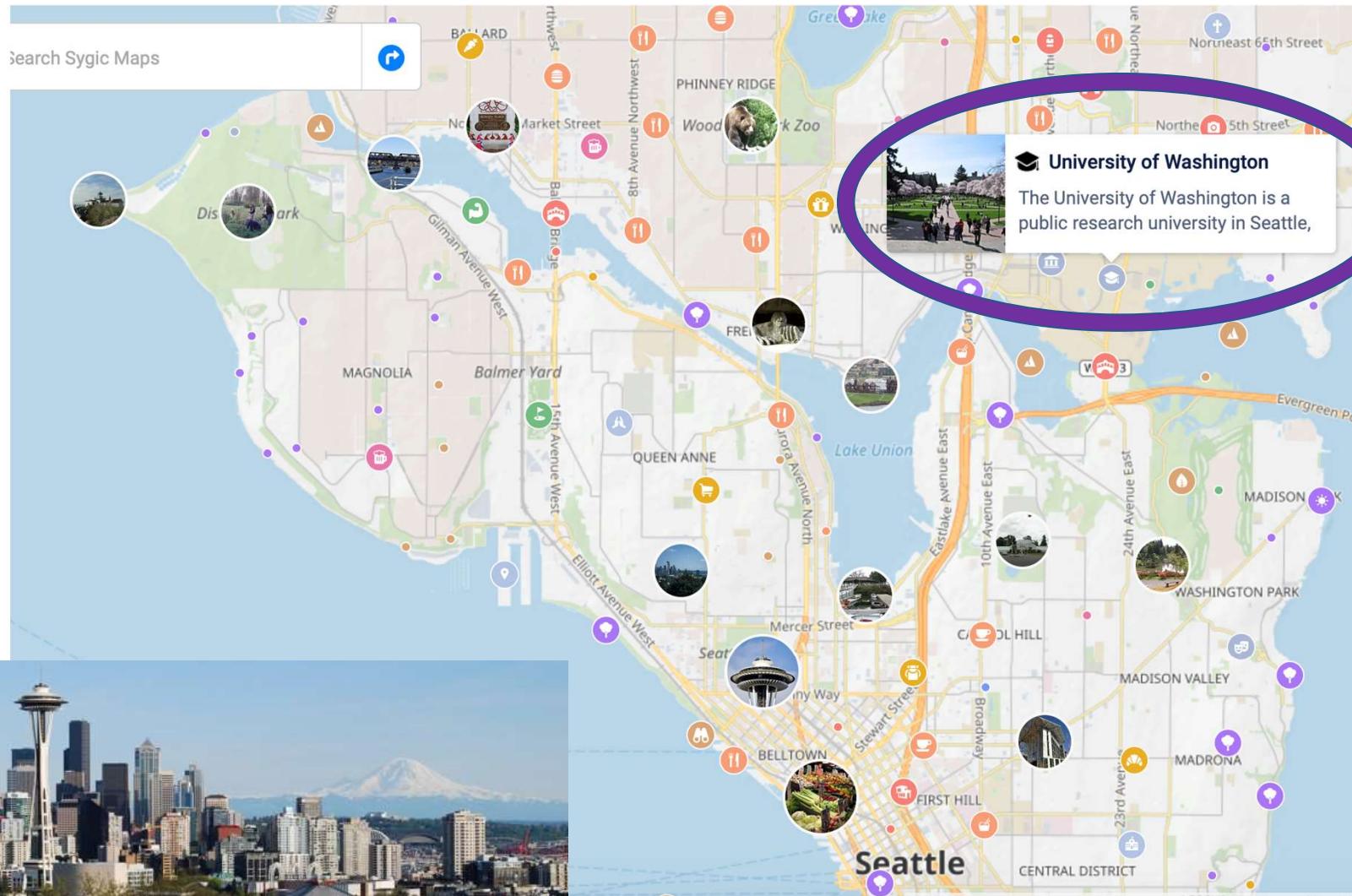
Autism Center

YOU ARE AMAZING!!!



WHO'S
AWESOME?

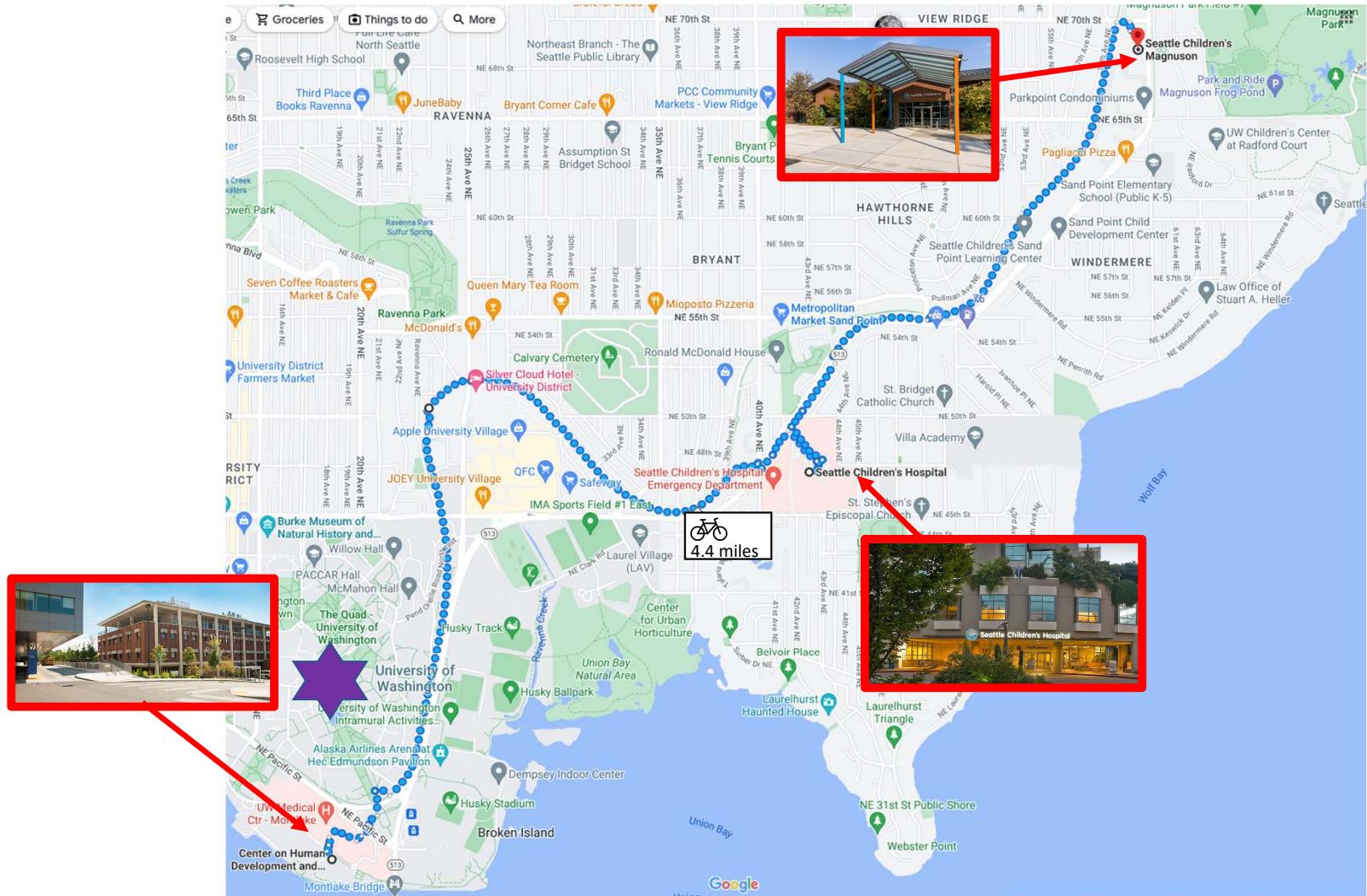
You're awesome!



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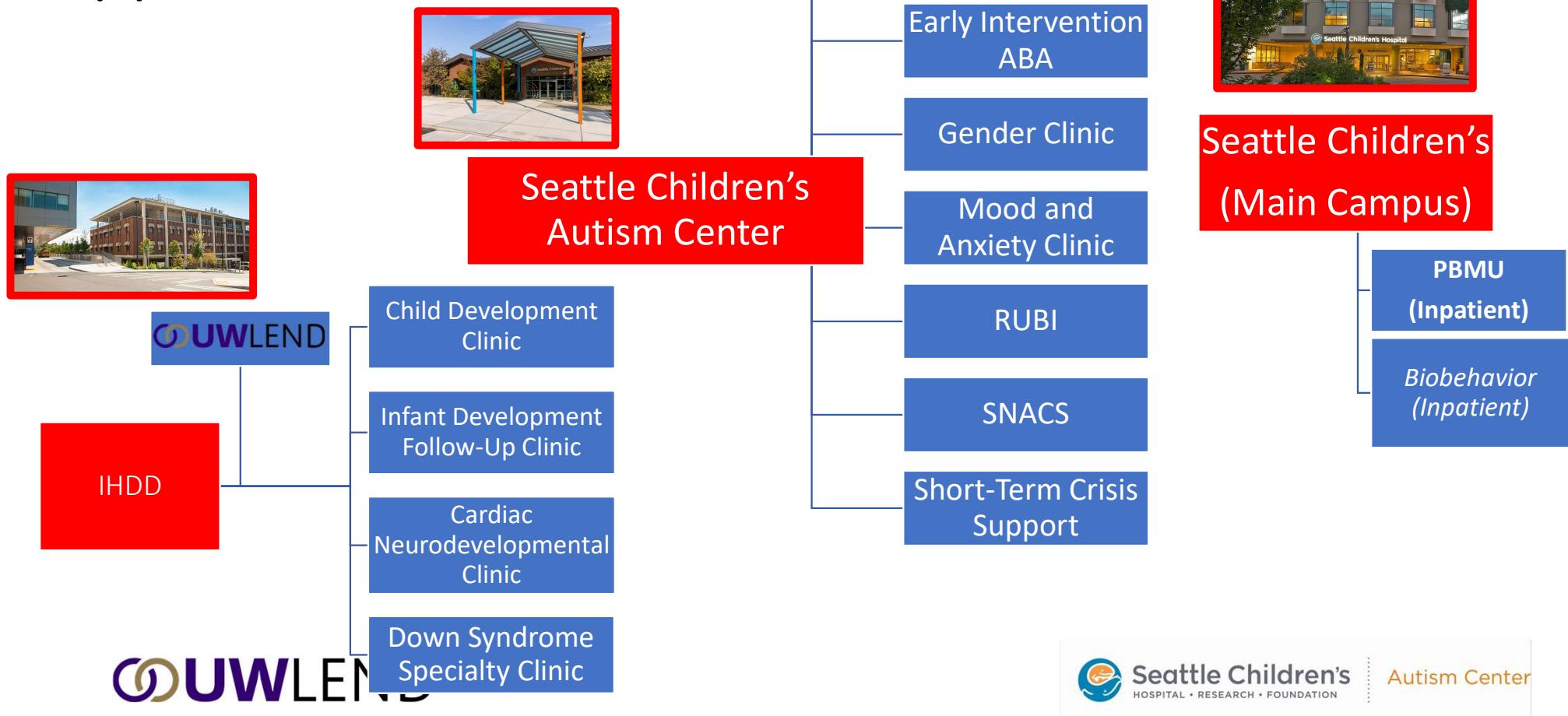
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Clinical Training Opportunities at 3 sites



Choose Your Adventure!

- Today will give you a sense of available options
- After match, we'll discuss your clinical interests and decide on your SCAC rotations
- Research goals and mentor





Internship Clinical Experiences and Training at Institute on Human Development & Disability (IHDD)

Kathleen Lehman, Ph.D. (she/her)
Clinical Professor

Clinical Supervisors:
Kathleen Lehman
Megan Goldenshteyn



IHDD

LEND
Clinical Training
Unit

Leadership Education in Neurodevelopmental and Related Disabilities (LEND)

*LEND provides interdisciplinary training to develop
clinical expertise and leadership skills in
neurodevelopmental disabilities, including autism*



LEND

- 60 LEND programs in US
- UW LEND has interdisciplinary annual cohort of ~35 trainees
 - Graduate students, post-graduate fellows, mid-career community-based health professionals, families and self-advocates
- Training experiences include:
 - Participation in interdisciplinary clinical care in IHDD clinics
 - Weekly didactic seminars and monthly leadership workshops
 - Building leadership skills in autism/DD
 - > Community advocacy
 - > Leadership project



Applied Behavior Analysis	Audiology	Dentistry	Family Leadership	Medicine: Pediatrics	Medicine: Adult	Nursing	Nutrition	Occupational Therapy
Physical Therapy	Psychology	Public Health	School Psychology	Self-Advocacy	Social Work	Special Education	Speech Language Pathology	

IHDD Clinics/Clinical Training Unit

- **Space:**
 - 2nd and 3rd floors of IHDD
 - Observation rooms for trainees in most clinic rooms
- **Interdisciplinary Assessment Clinics:**
 - Neurodevelopmental evaluation
 - Developmental monitoring for at-risk populations
 - Case conferences designed for interdisciplinary training
 - 3-6 disciplines working together on a case





Child Development Clinic

- Operating since 1969
- Clinics are on Mondays and Tuesdays
- Interdisciplinary diagnostic clinic funded in part by LEND grant: neurodevelopmental disabilities
- Each child has two to three days of assessments with multiple clinicians.
- Interdisciplinary team meeting to discuss diagnostic impressions and recommendations and then provide feedback to family.
- Age range: Toddler to young adulthood.

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Down Syndrome Specialty Clinic

- Operating since 2016, now a sub-clinic of the Child Development Clinic
- Monitoring and Diagnostic Clinic (secondary diagnoses-ASD, ADHD, behavioral problems)
- Age range: 1- young adulthood



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Infant Development Follow-up Clinic

- Operating since 1976 and is a full day clinic every Wednesday.
- Monitoring Clinic-set ages for evaluations
- Infants born prematurely (< 32 weeks, <1500 grams) or high-risk event in neonatal or prenatal exposures
- Interdisciplinary evaluation of current level of developmental and medical functioning to ensure access to appropriate developmental services. Feedback to families provided same day.
- Age range: 3 months-8 years

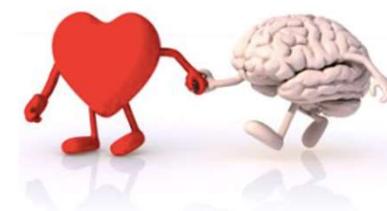


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Cardiac Neurodevelopmental Clinic

- Operating since 2015 and is a half-day clinic on the Tuesday mornings.
- Monitoring Clinic-set ages for evaluations
- Children born with congenital heart defect (CHD) and open-heart surgery in first year of life
- In 2019, joined Cardiac Neurodevelopmental Outcome Collaborative (CNOC)-database (2012)
- Risk assessments for 6 months to 5-year-olds
- Complex assessments for 6 to 18-year-olds and interdisciplinary team feedback
- Age range: 6 months-18 years old.



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Clinical Experiences and Training

- Every Monday at IHDD - all year
 - Child Development Clinic and Down Syndrome Specialty Clinic
 - Broader range of neurodevelopmental disabilities
 - Interdisciplinary evaluations of neurodevelopmental disabilities
- Wednesdays – 3 months
 - Infant Development Follow-up Clinic-risk assessment
 - Focus on learning toddler assessment using the Bayley-4
- Tuesdays – 3 months
 - Cardiac Neurodevelopmental Clinic
 - Risk assessment and more complex evaluations

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The Psychiatry and Behavioral Medicine Unit

Eric Boelter, PhD, BCBA-D

Biobehavioral Inpatient Program Director

Attending Psychologist



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The Psychiatry and Behavioral Medicine Unit

- 41 Beds, patients ages 6-17
- Approximately 1200 patients seen per year
- Unit broken down into 3 programs – child, adolescent, and intellectual/developmental disabilities (BBIP)
- Average length of stay is one week, though some patients stay longer due to severity of mental illness or difficulty in finding appropriate discharge plan
- The only inpatient psychiatric unit in the state that sees patients under 12 or with IDD
- Multidisciplinary team includes psychiatrists, advanced registered nurse practitioners, master's level mental health therapists, psychologists, SLP, OT, trainees from all disciplines, nurses, and floor staff as well as consults to other parts of the hospital



Article

Clinical Characteristics of Youth with Autism or Developmental Disability during Inpatient Psychiatric Admission

Emily Neuhaus ^{1,2,*}, Anthony Osuna ^{1,2}, Daina M Tagavi ³, Sina Shah-Hosseini ^{1,2}, Shannon Simmons ^{1,2}, Jennifer Gerdts ^{1,2} and Alysha D Thompson ^{1,2}

PBMU Autism Psychology Resident Duties

Patient Care

- Complete focused autism evaluations for patients (approximately 2-3 per month)
- Provide expert treatment consultation for patients with autism/developmental disabilities in Child and Adolescent Inpatient programs
- *Option:*
 - Observe and/or participate in Biobehavioral Inpatient Program
 - Provide additional individual or family therapy for patients with autism/DD
 - Create individualized behavior plans

Other Responsibilities

- Weekly individual supervision from Autism Center
- Check-Ins with PBMU program leaders, as needed
- Attend PBMU rounds on Biobehavioral, Child and Adolescent Inpatient Programs, as needed
- Program Development to help create and implement programming for patients with developmental disabilities on the PBMU



Training Objectives

- Skill in working with patients with developmental disabilities who are in crisis
- Appreciation of a multidisciplinary/systems perspective in formulation of and intervention with child's presentation
- Familiarity with child welfare system
- Skillful documentation: Comprehensive, succinct, useful
- Appreciation of strengths and limitations of acute care settings
- Skill in diagnostic assessment for patients with developmental disabilities.
- Skill in working with a multidisciplinary team
- Program development for acute care settings
- Skill in developing and implementing behavioral interventions on a large milieu



Biobehavioral Inpatient Program (*Opt. Rotation*)

Eric Boelter, PhD, BCBA-D



- 6 bed program
- Multidisciplinary team: psychiatrist, psychologist, **behavior analysts**, **behavior technicians**, SLP, OT, and nursing
- Specialized behavioral assessment and ABA-based treatment services for challenging behaviors in intellectual and developmental disabilities, including autism
 - Severe self-injury, aggression, Property Destruction
- Inpatient treatment ranging from 10-30+ days
 - PBIS milieu
 - Individual ABA pullout sessions
- Interns gain in-clinic training on different types of behavior analytic procedures.
 - Functional Analysis
 - Preferences assessments
 - Competing Stimulus Assessments
 - Functional Communication training
 - Differential Reinforcement Procedures
 - PBIS Strategies
- In-clinic training on data collection procedures and use of single case designs
 - partial interval data collection
 - data collection using the Noldus Observer System
 - Common designs used: multielement, reversal, multiple baseline

Biobehavioral Inpatient Program

FIGURE 1. Identified specialized inpatient psychiatric units in the United States serving youths with neurodevelopmental disabilities



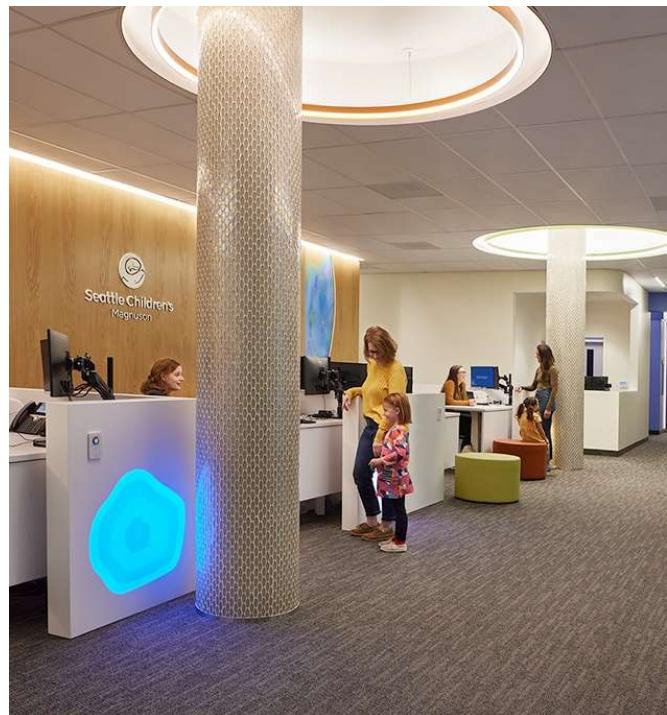
Seigel, Goldfeder, Romani, & Lamy (2025).



Autism Center

Erin Olson, PhD

Training Director, Seattle Children's Autism Center
Clinical Associate Professor, UW-SOM



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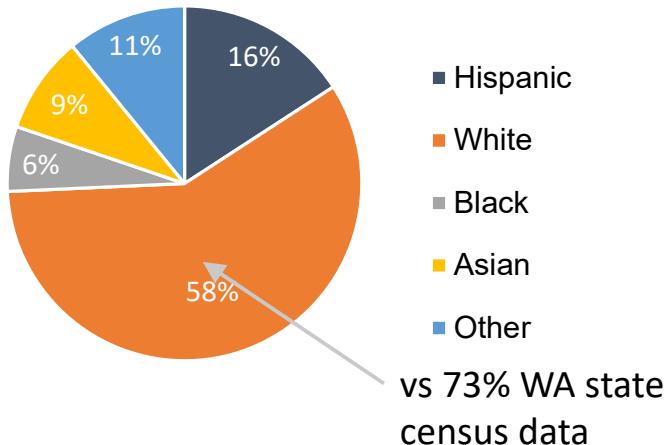
Autism Center
Established 2009
Transformed 2022

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Patient Characteristics

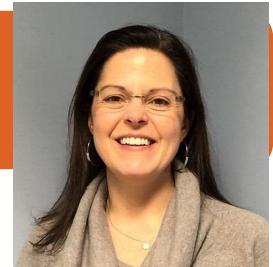
- ~4300 unique patients annually
- See patients 15 months – young adulthood
- Serve patients regardless of ability to pay
- 63% of patients served have Medicaid insurance

Racial/Ethnic Composition
of CAC Patients



ABA Day Treatment Program: Intervention

Mendy Minjarez, Ph.D.



Short-term, center-based ABA program

- Increase access/decrease wait time
- Initial “dose” of treatment for autism

Comprehensive and intensive services

- ABA
- Embedded speech therapy services
- Parent education/training



Embed behavioral interventions in developmentally appropriate classroom activities

Focus on functional skills

Autism Center Gender Clinic

Felice Orlich, PhD



Need for ASD specific gender clinic and training

Gender diverse youth are more likely to be diagnosed with autism spectrum disorder or show similar social challenges, and benefit from personalized and affirmative ASD informed supports. Training opportunities in the ACGC span the full continuum of gender affirming care services at SCH.

Our team provides gender affirming care

- We accept new patients ages 17.5 and younger and provide gender-affirming care to people up to age 21.
- Focus on intersectional youth identifying as gender diverse with known or suspected ASD
- Provide supportive interdisciplinary assessment and treatment in coordination with SCH Gender Clinic
- Fully accepts and treats each individual with respect
- Follows best practices for transition-related affirming care and supports
- Aims to address barriers to care for Autistic youth and their families

ACGC provides the following training opportunities

- ASD specific Gender Support Series to support gender affirming social and medical transitions
- Evaluation of Autism Spectrum Disorder and related concerns for gender diverse youth
- Gender affirming individual and group therapy
- Interdisciplinary SCH Gender Clinic consultation meetings
- Active engagement in research advancing best practices and policy

RUBI Clinic

Erin Olson, PhD



What is RUBI?

- Parent-mediated intervention
- Based on ABA
- Targets challenging behaviors and adaptive skills
- Evidence-based
 - 3 large scale RCTs
- Manualized treatment
 - 11 Core Sessions
 - ABC model, prevention strategies, daily schedules, reinforcement 1&2, following instructions, planned ignoring, FCT, teaching skills 1&2, generalization & maintenance
 - 6 Supplemental Sessions (e.g., toileting, feeding, sleep, time out)
 - 1 Booster Session

JAMA The Journal of the
American Medical Association

Original Investigation

Effect of Parent Training vs Parent Education on Behavioral Problems in Children With Autism Spectrum Disorder A Randomized Clinical Trial

Karen Bearss, PhD; Cynthia Johnson, PhD; Tristram Smith, PhD; Luc Lecavalier, PhD; Naomi Swiezy, PhD; Michael Aman, PhD; David B. McAdam, PhD; Eric Butter, PhD; Charmaine Stillitano, MSW; Noha Minshawi, PhD; Denis G. Sukhodolsky, PhD; Daniel W. Mruzek, PhD; Kylan Turner, PhD; Tiffany Neal, PhD; Victoria Hallett, PhD; James A. Mulick, PhD; Bryson Green, MS; Benjamin Handen, PhD; Yanhong Deng, MPH; James Dziura, PhD; Lawrence Scahill, MSN, PhD

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Biobehavioral Outpatient Program

Michael Mullane, PhD, BCBA-D

- **Specialized behavior-analytic assessment and treatment for severe destructive and disruptive behaviors with children and adolescents who have an intellectual/developmental disability, including autism**
 - Common behavioral concerns treated include severe self-injury, aggression, property destruction
- **Intensive outpatient program involving 2 to 3 weekly visits for 10 to 12 weeks**
 - Services are delivered in-clinic by a team of technicians/clinical staff
 - In-clinic caregiver training occurs during treatment
- **Limited caregiver-mediated telehealth-only treatment is offered**
 - In-vivo caregiver coaching 2x per week for ~10 weeks
- **In-clinic training on data collection procedures and use of single case designs for functional behavior assessment and treatment evaluation**
- **Interns gain in-clinic training on different types of behavior analytic procedures**
 - Functional Analysis
 - Preferences Assessments
 - Competing Stimulus Assessments
 - Functional Communication Training
 - Delay/Denial Tolerance Training
 - Differential Reinforcement Procedures



Short-term Outpatient Crisis Support SOCS Program

Overall goal: Reduce the frequency and intensity of crisis behaviors and prevent the need for emergency department visits and/or inpatient psychiatric hospitalizations. Focus is on prevention and harm reduction through the combination of time-limited, focused supports:

- We meet with caregivers and/or youth 1x/week for 5 weeks (90-minute sessions) to provide:
 - ❑ **Behavioral and Mental Health Crisis Support** for youth and families in order to understand and create plans for crisis behavior reduction.
 - Decrease the frequency and intensity of youth unsafe behavior (prevention strategies, effective caregiver responses, reinforcement, etc.)
 - Focus on the caregiver's response and self-regulation during crisis situations
 - Provide mental health support to youth (if appropriate) and caregivers through coping skills
 - ❑ **Family Resource Support** to connect youth/families to community-based follow-up parent training, long-term mental health services, community organizations, and other recommended services

Clinical
Supervisors



Mendy Minjarez, PhD



SNACS Specialized Neurodevelopmental Assessment & Consultation Service

Heather Carmichael Olson, PhD; Michelle Kuhn, PhD; & Erin Olson, PhD



Families
Moving Forward
Program

Clinic aims:

- Evaluate highly diverse children & youth (3-17 yrs) in the outpatient Autism Center setting or PBMU, with psychosocial complexity and prenatal substance exposure
- Offer differential diagnosis/consult on FASD vs/& ASD, complex trauma, other developmental/behavioral concerns
- Serve complex child & family needs with a continuum of care:
 - Short-term specialized assessment & consultation based on scientifically-validated FASD intervention (Families Moving Forward (FMF) Program (an EBP)
 - Connect to group treatment (FAST-B Early Adversity)
 - Provide individualized treatment (FMF Program), as available
 - Partner with community agencies
- Consult on treatment plans, transition to adulthood, and provide provider/school consultation on latest “FASD-informed” treatment

Psychology interns can:

- Acquire diagnostic interview, direct observation, testing, & case formulation experience with a clinical population affected by prenatal exposures (& complex psychosocial risk factors)
- Conduct SNACS evaluations and consultations with attendings, child-track residents & doctoral-level practicum students
- Acquire state-of-art knowledge on prenatal substance exposures & intervention research data
- Receive training on group-based parent training &/or Families Moving Forward Program



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Autism Center Mood and Anxiety Program

Jessica Peterson, PhD



Individual Therapy, ages 5–21 years

- Short-term evidence-based treatment
- CBT for anxiety disorders and OCD (emphasis on exposure with response prevention)
- Behavioral Activation for depressive disorders
- Dialectical Behavior Therapy (DBT)-informed treatment for lower acuity suicidality
- Comprehensive Behavioral Intervention (CBIT) for tics/Tourette's, Trichotillomania, and excoriation

Group Therapy, ages 8–14 years

Facing Your Fears: Evidence-based anxiety treatment for youth on the autism spectrum ages 8–14 years.

Trainees:

- Hold 2–3 weekly individual therapy patients
- Co-facilitate FYF group
- Participates in weekly consultation rounds

Team & Single-discipline Diagnostic Evaluations

Variety of Supervisors

ASD Referral

Developmental History
(ARNP, PhD, MD)

Interdisciplinary
Team Evaluation

Original Article

See the Video Abstract at jdbp.org

Interdisciplinary Team Evaluation: An Effective Method for the Diagnostic Assessment of Autism Spectrum Disorder

Jennifer Gerdts, PhD,* James Mancini, MS, CCC-SLP,† Emily Fox, BA,† Candace Rhoads, MA,‡
Tracey Ward, MS,† Erin Easley, LICSW,† Raphael A. Bernier, PhD*



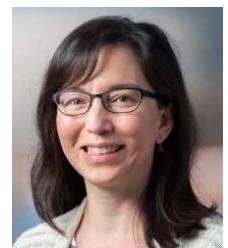
ARNP/Psych

MD/Psych

SLP/Psych

SLP/MD

SLP/ARNP



Article

Age-Based Tracks: A Method to Tailor Autism Diagnostic Evaluation in Large-Scale Autism Specialty Centers

Emily Fox ^{1,2,*}, Jennifer Gerdts ^{1,3}, Kaitlyn Ahlers ⁴ and Beth Kotchick ²



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Internship Format



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Rotation structure for 2 residents

PBMU/LEND Rotation

6 months

- 2 days/week in LEND and IHDD Assessment Clinics
- 2 days/week on PBMU

Overlap with General Child Intern

SCAC/LEND Rotation

6 months

- 1 day/week in LEND and IHDD Assessment Clinics
- 3 days/week in a variety of clinics at the Seattle Children's Autism Center
 - Assessment
 - Treatment
 - Specialty programs
- *Based on intern's goals and preferences*

Research/Didactics

1 day/week, 12 months

Rotation structure

PBMU/LEND Rotation *6 months*

- 2 days/week in LEND and IHDD Assessment Clinics
- 2 days/week on PBMU

Overlap with General Child Interns

SCAC/LEND Rotation *6 months*

- 1 day/week in LEND and IHDD Assessment Clinics
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Research/Didactics *1 day/week, 12 months*

Example of DD/ASD Intern Rotation Schedule

	July	August	September	October	November	December	January	February	March	April	May	June
Monday AM												
Monday PM												
Tuesday AM												
Tuesday PM												
Wednesday AM												
Wednesday PM												
Thursday AM												
Thursday PM												
Friday AM												
Friday PM												

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 UW LEND

Seattle Children's
Autism Center



UW IHDD

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Example of DD/ASD Intern Rotation Schedule

	July	August	September	October	November	December
Monday AM	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC
Monday PM	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC
Tuesday AM	PBMU	PBMU	PBMU	CNC	CNC	CNC
Tuesday PM	PBMU	PBMU	PBMU	CNC	CNC	CNC
Wednesday AM	IDFC	IDFC	IDFC	PBMU	PBMU	PBMU
Wednesday PM	IDFC	IDFC	IDFC	PBMU	PBMU	PBMU
Thursday AM	Research	Research	Research	Research	Research	Research
Thursday PM	Didactics/DEI	Didactics/DEI	Didactics/DEI	Didactics/DEI	Didactics/DEI	Didactics/DEI
Friday AM	PBMU	PBMU	PBMU	PBMU	PBMU	PBMU
Friday PM	PBMU	PBMU	PBMU	PBMU	PBMU	PBMU

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UW IHDD



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Example of DD/ASD Intern Rotation Schedule

	Intern Rotation Schedule											
	July	August	September	October	November	December	January	February	March	April	May	June
Monday AM	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC
Monday PM	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC	LEND/CDC
Tuesday AM	PBMU	PBMU	PBMU	CNC	CNC	CNC	Research	Research	Research	Research	Research	Research
Tuesday PM	PBMU	PBMU	PBMU	CNC	CNC	CNC	Mood and Anxiety					
Wednesday AM	IDFC	IDFC	IDFC	PBMU	PBMU	PBMU	EI	EI	EI	EI	EI	EI
Wednesday PM	IDFC	IDFC	IDFC	PBMU	PBMU	PBMU	RUBI	RUBI	RUBI	RUBI	RUBI	RUBI
Thursday AM	Research	Research	Research	Research	Research	Research	Mood and Anxiety					
Thursday PM	Didactics/DEI	Didactics/DEI	Didactics/DEI	Didactics/DEI	Didactics/DEI	Didactics/DEI	Didactics/DEI	Didactics/DEI	Didactics/DEI	Didactics/DEI	Didactics/DEI	Didactics/DEI
Friday AM	PBMU	PBMU	PBMU	PBMU	PBMU	PBMU	SNACS	SNACS	SNACS	SNACS	SNACS	SNACS
Friday PM	PBMU	PBMU	PBMU	PBMU	PBMU	PBMU	SNACS	SNACS	SNACS	SNACS	SNACS	SNACS

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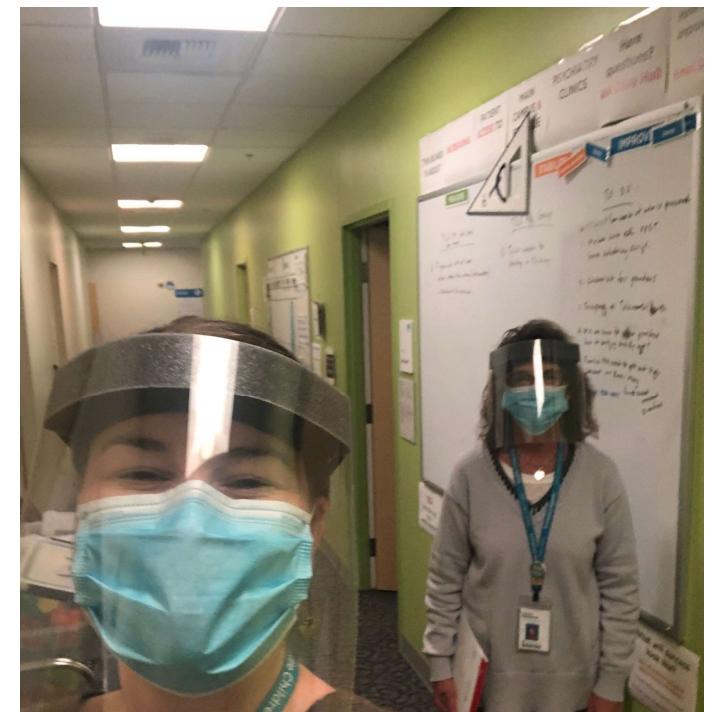


UW IHDD



Patient and Provider Safety

- We are back in person, yet many families continue to have remote therapy sessions
 - In-Person: PBMU, assessments at UW and SCAC, EI program, MAP groups and some individual therapy, Gender clinic evaluations
 - Telehealth: RUBI, didactics
- Vaccines requirements and safety training is provided
- Masks are required seasonally and under specific circumstances. At present, we are required to wear face masks during inpatient visits at SCH and some UWMC clinics





Seattle Children's Hospital and Racism

Crosscut. Politics Culture Equity Environment **MEMBERSHIP**

EQUITY

Revered doctor steps down, accusing Seattle Children's Hospital of racism

After 20 years leading the Odessa Brown Children's Clinic, Dr. Ben Danielson resigned in protest in November.

by David Kroman / December 31, 2020



SUMMARY OF FINDINGS EXCERPTED FROM:

Report to the Board of Trustees of Seattle Children's Hospital

Eric H. Holder, Jr.
Aaron M. Lewis
Lindsay B. Burke
Covington & Burling LLP

Joseph L. Wright, MD, MPH
Immediate Past Chair, American Academy of Pediatrics Task Force on Addressing Bias and Discrimination
Physician Consultative and Education Services, LLC

CO

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High, 51. Low, 43. > A15
seattletimes.com/weather

\$2.00



A year later, Seattle Children's remains troubled by racism issues

Since Dr. Ben Danielson resigned last year, some say the hospital is making progress, but others think the leadership has fallen short to rectify its history with racism.

by Maleeha Syed / December 14, 2021

TUESDAY, DECEMBER 24, 2024
The Seattle Times

WINNER OF 11 PULITZER PRIZES
INDEPENDENT AND LOCALLY OWNED FOR MORE THAN 128 YEARS

Ex-Seattle Children's doctor wins \$21 million in bias suit

HOSTILE WORK ENVIRONMENT | Trial centered on the effects of systemic racism and the hospital's responsibility to address it.

By ALEXANDRA YOON-HENDRICKS AND ELISE TAKAHAMA
Seattle Times staff reporters

A jury on Monday found Seattle Children's hospital created a hostile work environment based

on race against Dr. Benjamin Danielson, the former medical director of the hospital's Odessa Brown Children's Clinic.

The jury awarded \$21 million in damages in the racial discrimina-

tion case, concluding a weeklong trial that centered on the effects of systemic racism in the workplace and in health care, and the hospital's responsibility to address it.

"I'm in shock," Danielson said in an interview shortly after the verdict was read. "I'm full of deep gratitude to the jury. There have been so many amazing people from the community, from this journey, willing to show up."

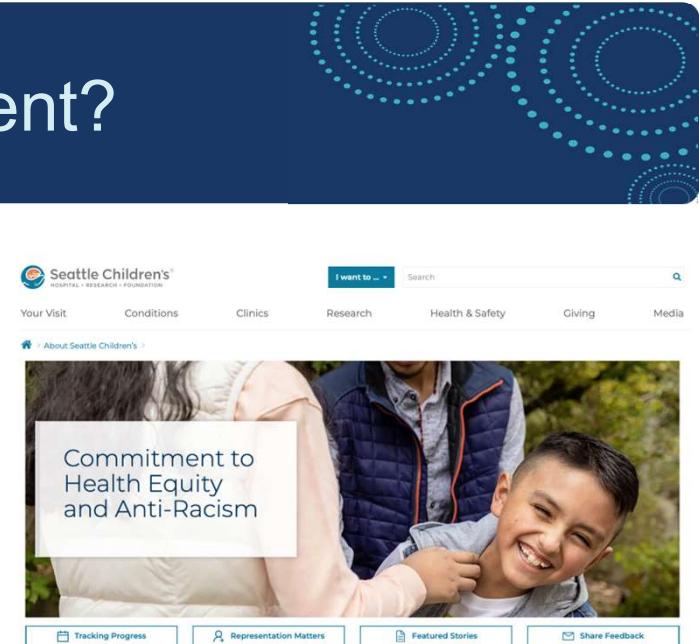
See > VERDICT, A10

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By JIM BJ
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What does this mean for you as a resident?

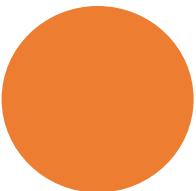
- Acknowledge that most of our leadership team is white, most of our supervisors are white
- Acknowledge that our institutions are steeped in structural racism
- How do we respond when concerns are elevated to us?
 - We will believe you, we will listen
 - Resident safety and protection are our top priority
 - Timely response
 - Follow your lead as to response
 - Offer variety of paths to pursue:
 - Consultation about how/if to give feedback to client, family, or supervisor
 - Be flexible/swap out rotations, supervisors, clinics, etc.
 - Support with connecting with mental health supports or outside supports
 - Escalate to appropriate leadership and take official action on your behalf as needed or desired



- Since our track launch in 2019, we have been intentional about interviewing students with lived and professional expertise in diversity, equity, and inclusion
- We ask our applicants about their interest, experiences, and engagement in DEI work
 - We encourage you to ask us questions!
- We are delighted to have welcomed internship cohorts with DEI expertise
 - Many of whom are staying on for postdoc
 - Hopefully to become faculty and supervisors in years to come!



Our growing edge is to create and cultivate an environment that supports our interns' growth and wellbeing. This is a work in progress.



What next today?



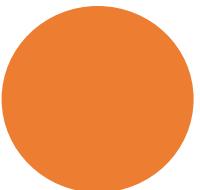
- 10:45 BREAK
- 11:00 – 12:00 Autism Track Resident Q&A and Virtual Tour
- **12:00 – 12:30 LUNCH**
- 12:30 – 3:30 Three 30 to 35-minute Interviews
- 1:00 – 3:30 Informal drop in with residents



Emily-Anne del Rosario, MA



Diana Vazquez Duque, MA



QUESTIONS