





ASFAR2020 Abstract Submission Guidance

The Australasian Society for Autism Research (ASfAR) Conference will be hosted by Autism New Zealand and Victoria University of Wellington on 10 and 11 December 2020. Given the discussion toward opening the border between New Zealand and Australia, a face-to-face meeting may be possible. Planning is proceeding on the basis that the conference will occur either face-to-face, or online.

We are accepting abstract submissions for 15-minute podium-presentations, and for poster display presentations. All abstract submissions are due by **5pm AEST on 6 July 2020**.

Submissions can be made by completing this questionnaire: ASfAR Abstract Submission

The outcome of all submissions will be advised by early September 2020.

We advise drafting your abstract offline as you will not be able to save or edit your submission.

Abstract Guidance

The following components will be evaluated when reviewing submissions:

Rationale

- clearly stated aim and significance of research
- topic of scientific, methodological or theoretical importance

· Research methods and results

- For Data-based submissions
 - well-designed methods, data collection and analysis procedures
 - o include: 1) an overview of the types of participants, 2) an overview of the types of procedures, and 3) a statement of what the data showed, with what degree of confidence.
 - completed/nearly completed work (establish that the project is well under way i.e., a clear trend has been established)

Conclusion

- o clearly stated conclusions, relevance, or potential impact
- o conclusions of research are justified by data/analyses/description

Writing/formatting

- between 150 and 250 words
- formatted according to the American Psychological Association (APA) style guidelines
- clearly written and well-organised (spell out acronyms at first mention)
- Use of strengths-based language (see language guidance below)







Language Guidance

The type of language we choose to use is important. While this guidance is flexible, we encourage the use of strengths-based language which is mindful of the preferences expressed by the autism community. We acknowledge that there is no singular preferred term for all people on the autism spectrum and other stakeholders to refer to autism. A large research study conducted by Kenny et al. (2015) found that identity first language, such as 'autistic people/persons/children/adults' was the preferred terminology of autistic adults. The most preferred term across stakeholders was 'person/people/children/adults on the autism spectrum' or 'person/people/children/adults on the spectrum'

Please also note that there are a number of terms commonly used which may be disempowering and cause offense. Below are a number of these, with suggested alternate terminology.

Terms that may cause offense	Suggested alternatives
Autism Spectrum Disorder (ASD)	Autism, autism spectrum, or when must be
	used 'diagnosed with ASD'
People with ASD/autism	People on the autism spectrum, autistic
	person
High functioning autism spectrum	Less/Low support needs
Low functioning autism spectrum	Complex/greater/high support needs
Intervention or treatment	Support/Support program
At risk	Showing early signs
Suffers from/victim of autism	Is on the autism spectrum
Autism severity/symptoms	Autism characteristics/ traits
Behavioural problems	Behavioural issues/challenges/
	expressions of distress
Mentally retarded	Intellectual impairment
Disorder	Condition
Typically developing	Not on the autism spectrum/ not autistic/ non-
	autistic
Co-morbidity	Co-occurring condition
Cure or disease	Do not use in relation to autism

The following sources were referred to in writing this language guidance:

- Autism CRC Language and Terminology guidelines: see website home page
- Autistic Self Advocacy Network Australia and New Zealand: see website home page
- Australian Autism Alliance: see website home page
- The Autistic Self Advocacy Network USA: see position statement
- The National Autistic Society UK: see position statement
- Autism journal: see autism terminology guidelines