





## COMMENTARY

# Experiences of student and trainee autism researchers during the COVID-19 pandemic

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## Abstract

Circumstances surrounding the COVID-19 pandemic have resulted in significant personal and professional adjustments. Students and trainees, including those in autism research, face unique challenges to accomplishing their training and career goals during this unprecedented time. In this commentary, we, as members of the International Society for Autism Research Student and Trainee Committee, describe our personal experiences, which may or may not align with those of other students and trainees. Our experiences have varied both in terms of the ease (or lack thereof) with which we adapted and the degree to which we were supported in the transition to online research and clinical practice. We faced and continue to adjust to uncertainties about future training and academic positions, for which opportunities have been in decline and have subsequently negatively impacted our mental health. Students and trainees' prospects have been particularly impacted compared to more established researchers and faculty. In addition to the challenges we have faced, however, there have also been unexpected benefits in our training during the pandemic, which we describe here. We have learned new coping strategies which, we believe, have served us well. The overarching goal of this commentary is to describe these experiences and strategies in the hope that they will benefit the autism research community moving forward. Here, we provide a set of recommendations for faculty, especially mentors, to support students and trainees as well as strategies for students and trainees to bolster their self-advocacy, both of which we see as crucial for our future careers.

**Lay Summary:** The COVID-19 pandemic has affected students and trainees, including those in autism research, in different ways. Here, we describe our personal experiences. These experiences include challenges. For example, it has been difficult to move from in-person to online work. It has also been difficult to keep up with work and training goals. Moreover, working from home has made it hard to connect with our supervisors and mentors. As a result, many of us have felt unsure about how to make the best career choices. Working in clinical services and getting to know and support our patients online has also been challenging. Overall, the pandemic has made us feel more isolated and some of us have struggled to cope with that. On the other hand, our experiences have also included benefits. For example, by working online, we have been able to join meetings all over the world. Also, the pandemic has pushed us to learn new skills. Those include

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technical skills but also skills for well-being. Next, we describe our experiences of returning to work. Finally, we give recommendations for trainees and supervisors on how to support each other and to build a strong community.

#### KEYWORDS

autism research, COVID-19, pandemic, student and trainee researchers, well-being

## INTRODUCTION

The COVID-19 pandemic, and resulting policies and procedures, have had a dramatic global impact, resulting in significant and continually evolving changes in personal and professional circumstances (Bai et al., 2020). Students and trainees, including those in autism research, have faced unique challenges in accomplishing their professional training goals during this unprecedented time. This is partly because the pandemic brought new and ever-changing challenges, such as the closure of many laboratories, the need to move training and service delivery methods to online platforms in the short- and long-term, and disruptions to everyday work-life integration—that is, “...benefits from workers able to fulfill and transition between their personal, work, and community obligations” (Morris & Madsen, 2007, p. 442)—as identified by others (Harrop et al., 2021; Kent et al., 2020; Peters et al., 2020). Students and trainees have less self-determination, (i.e., autonomy, competence, and social relatedness) (Ryan & Deci, 2000), relative to more established researchers and faculty. Therefore, the consequences of the COVID-19 pandemic have affected students’ and trainees’ prospects significantly.

Senior autism researchers from across the globe have discussed the pandemic’s impact on autism research, broadly summarizing the challenges autism researchers face, the potential implications for autism research, and the autism research community’s resilience (Amaral & de Vries, 2020). Early-career scientists report reductions in research productivity by ~85%, pointing to a possible “lost generation” of autism researchers (Harrop et al., 2021). Inspired by this work, we, as members of the International Society for Autism Research (INSAR) Student and Trainee Committee (STC) 2020–2021, came together to discuss and share our perspectives as students and trainees (i.e., junior scientists) in the autism research field.

In this commentary, 11 students and trainees in autism research from six countries, spanning from undergraduate student to postdoctoral fellow, from the disciplines of Child and Adolescent Psychiatry, Developmental Pediatrics, Clinical Psychology, Developmental Psychology, Cognitive Psychology and Neuroscience (Clinical and Basic), summarize our unique experiences during the pandemic, including challenges and unexpected benefits. We emphasize that these are merely the experiences of the 11 INSAR STC members and may not be representative of other students and

trainees, especially those in less-resourced training settings across the globe. We conclude with suggestions to bolster and sustain students and trainees in autism research including how established researchers, clinical supervisors, and mentors can best support students and trainees, and how students and trainees (including those who identify as autistic and/or neurodiverse) can advocate for their training needs, mental health, and well-being.

We derived the content of this paper from a series of Zoom meetings wherein the co-authors discussed our experiences, identified converging topics, and formulated recommendations. Some co-authors, who were unable to attend one or more of the meetings, added their experiences and recommendations to a shared editable document. As we continue to navigate significant uncertainty about our training and future careers, we hope that our perspectives contribute to advancing the autism research field. Because students and trainees contribute significantly to research and clinical work pertaining to autism and will be the future mentors and leaders in autism research, supporting students and trainees’ development and well-being now is critical, not only for students’ and trainees’ careers but also for our field as a whole.

## CHALLENGES

### Offline to online

The pandemic initially and intermittently forced many countries across the world to implement immediate and multiple lockdowns. As a result, face-to-face research, in-person assessments, and laboratory and practical training ended abruptly, restarted, and ended again, and continue to be in flux (Levine & Rathmell, 2020). Many conferences in 2020, including the INSAR 2020 Annual Meeting, were canceled and most conferences scheduled for 2021 were moved online. Canceled and remote conferences result in a lack of direct access to professionals for networking opportunities, reduced professional career development opportunities, and limited collaborative project development discussions. This had differential impacts on us, depending on our training level. Those of us earlier in our careers missed opportunities to gain valuable training experiences, while those later in our careers lost out on an important chance to network and meet potential employers. While many conferences have been reinstated online, training in research and clinical

practice, at the time of this writing, remains significantly affected by COVID-19.

On a practical level, we have encountered difficulties working online due to a variety of factors such as challenges accessing remote desktops and software packages and unreliable internet connections. Clinical providers and researchers quickly developed assessment and intervention materials for remote use, as these activities transitioned to online formats. We promptly began training in and implementing these new modalities. For those of us taking classes, faculty redesigned our lectures, projects, and exams to online learning. Alongside faculty, those of us who were teaching restructured our courses as well, often while taking classes of our own. We found it more challenging to develop new research ideas than before the pandemic, as impromptu conversations halted without in-person meetings or “water cooler” spaces to spark creative discussions. This forced us to set up specific meetings to discuss ideas, which served as a barrier to having such conversations, especially when everyone was so pressed for time. Additionally, as so many people have experienced, the significant increase in screen time has been exhausting. For those of us who have been able to conduct some work in person, we are grateful for the break from videoconferencing. Overall, the initial shift from working in person to working online impacted our mental health due to increased uncertainty, fear, stress, anxiety, isolation, loneliness, and feelings of burden, like many others (Killgore et al., 2020; Levine & Rathmell, 2020; Li & Wang, 2020; Liu et al., 2020; Roy et al., 2020). This pivot also significantly affected our work-life integration, with broad changes to our routines and schedules as well as those of our house members (i.e., roommates, partners, family, and for some, children).

## Training and research

Especially in the beginning, the “new normal” impacted our ability to meet programmatic milestones as we initially envisioned. Some of us have had to postpone, redesign, and/or modify existing methods to complete our curricular projects, from undergraduate honors theses to doctoral dissertations. Those of us working in clinical science, basic science, and animal research had our experiments halted for prolonged periods, requiring us to request additional support from supervisors and grant funding extensions from agencies to complete curricular milestones.

The pandemic has affected our decisions when transitioning into new research and clinic posts or training programs. Some senior doctoral students decided to apply and match for internships/residencies at their current institutions due to the difficulties associated with moving cities with a young family, while others have chosen to postpone their decisions until they are more easily

and safely able to relocate. Some of us moved to new cities while working entirely remotely from home, which, for many of us, led to increased isolation and loneliness due to a lack of established social support and difficulties meeting new people in the new area. Those of us who have relocated to a new country were perhaps most affected by remote work, adding culture shock to isolation. Across training levels, we have experienced a general sense of disconnect from our institutions, independent of the decision to move cities. For those of us who have been able to overcome the barriers to moving, the challenges of working remotely and, therefore preventing access to campuses, work from professional offices, or complete research/clinical work/teaching in person, we have felt a sense of detachment from our work, colleagues, mentors, and programs of study. For some, there have been opportunities to attend informal social gatherings with colleagues and cohorts outside of work, but our decision to attend has often been a double-edged sword when balancing the risk of exposure to COVID-19 with wanting to connect in person.

## Mentor–mentee relationships

Several of us have transitioned to new positions, some more than once, during the pandemic, thus beginning new mentor–mentee relationships with faculty whom we have never (or rarely) met in person. We have found it particularly challenging to develop these new relationships due to our remote work. Some of us have found it difficult to establish a strong reputation with our new mentors (e.g., worrying that small mistakes might seem less like outliers and more representative of a holistic trait) and to build rapport. Mentors have been busy adjusting to the continually changing circumstances and, at times, have needed to compromise on mentorship and, generally, have had less interaction with us as students and trainees, as has been identified more broadly (Levine & Rathmell, 2020; Pain, 2020; Vyas & Megha., 2020). Some of us have had infrequently scheduled one-on-one meetings that have tended to be more task-oriented and less focused on professional development or relationship-building. Working remotely has meant no spontaneous opportunities for informal or casual conversations that may have previously sparked further ideas pertaining to professional development and networking. This experience has been particularly concerning for those of us across training levels who have recently moved, are starting new programs, and have limited time to make an impression and benefit from training in this unusual environment. These difficulties have some of us who are advanced doctoral students and postdoctoral fellows concerned about longer-term career effects, such as whether we will be able to continue in our current position and/or have the support to advance in our training or careers (e.g., for postdoctoral fellowship

or early-career grant applications). These dynamic circumstances, new relationships, uncertainties, and concerns about our budding reputations have taken a toll on many of our mental well-being, resulting in increased symptoms of anxiety, depression, sleep disturbance, which are already common among students and trainees (Evans et al., 2018).

## Future positions

A common concern among us, especially those farther along in our training programs, has been uncertainty surrounding current and future academic positions. For instance, many interviews for positions, as well as the positions themselves, have been conducted remotely online, and opportunities have been tenuous due to budget constraints. For those who have been applying to new positions (e.g., graduate programs, clinical internships/residencies, postdoctoral fellowships, etc.), the limits on in-person interviewing have created several challenges. First, we have often been unable to visit a potential worksite in person, limiting our ability to meet face-to-face with potential colleagues and supervisors or evaluate the area where we might live. This has been concerning for those of us who had no prior in-person connections at a site, as research suggests that job applicants are viewed more favorably if they are seen in-person (Baker et al., 2020). Further, scheduling interviews across time zones has been difficult, at times requiring us to interview outside of the typical 9-to-5 workday. Finally, finding a quiet space for virtual interviews has been a barrier for some of us, such as those who share our space with our children or roommates. This has been especially challenging for those who did not have a dedicated workspace they could use, especially during times of lockdown orders. Ultimately, some of us chose to stay longer than planned in our current position/location or return to our home city/country, rather than advance our career through a move to a new institution. Notably, although Harrop et al. (2021) found that a striking percentage of early career researchers (i.e., one-third) considered leaving autism research, none of us expressed having had this thought. Therefore, despite the challenges and uncertainty regarding future positions, all authors here intend to continue training and pursue careers in autism research.

## Clinical services

Many of us have clinical responsibilities, including conducting diagnostic assessments and delivering therapies, to autistic people and their families, which have been significantly disrupted, often resulting in the loss of services for this population (Baweja et al., 2021). The pandemic has led to diminished clinical hours for many of us, increasing our stress regarding readiness for future

positions. In addition, we have sometimes found working with autistic people who are especially distressed by sudden changes to be a challenge. That is, supporting patients in coping with uncertainty (when we are all facing more uncertainty than perhaps ever in our lives) has been a significant challenge (Nadler et al., 2021).

We have found it more difficult to develop therapeutic alliance (i.e., the clinician-client working relationship) when conducting telemedicine with autistic clients and their families have than in-person, particularly for risk assessment and management. We have struggled with being unable to connect directly with children via telehealth and having restricted face-to-face time with families due to COVID-19 (Kaku et al., 2021). For many of us, we have had to carefully negotiate shared office and home spaces to maintain client confidentiality via telehealth. Those of us conducting work in-person have felt a sense of incomplete patient care and service delivery while wearing a mask and/or face shield and having minimal-to-no toys at the clinic. We have found supporting families of autistic people who test positive for COVID-19 through periods of quarantine and recovery to be challenging, but also a key learning experience regarding support systems that are available in our regions, as well as the resilience of these families.

We have also been concerned about the extent to which the clinical skills and adaptations we have made for telemedicine may (or may not) be translated to face-to-face clinical work in the future. Some of us, who began our clinical training during the pandemic, have only completed telemedicine to date (i.e., we have not engaged in any face-to-face clinical work). As a result, we are anxious about future in-person clinical work, as there are many interpersonal skills that we fear we have not developed during telemedicine and virtual clinics (e.g., making small talk with clients before and after a session, not being able to read session notes on the screen next to the video call window, being stricter with timekeeping for sessions to not overrun due to room booking difficulties, etc.). Furthermore, virtual clinics have created fewer observation opportunities for us, as many clients do not want to be video recorded or consent for us as trainees to join the live session. Thus, those of us who are learning new intervention modalities are unable to see how theory can be translated into practice in a personalized manner by different clinicians, and we may have fewer opportunities to develop in-person clinical skills beyond supervision. We believe that these challenges have increased our sense of self-doubt and “imposter syndrome” during training. As a result, we have been feeling increased pressure when returning to clinical training in-person to “catch up” on lost time.

The reduced capacity for clinical contact time with autistic people and their families throughout lockdown and the pandemic may have also led to a build-up of caseload as clinicians gradually return to the office. The delay in getting meaningful support to autistic people and their families in a timely manner may have led to escalations in clinical

presentations for clients with complex mental and physical health needs, further exacerbating the urgency and level of specialized care that need to be offered in a person-centered way. The increase in both quantity and change in quality of the nature of clinical work can create further difficulties for students and trainees to adjust or readjust to as they begin or return to in person work and adds to the pressure of learning how to generalize and build upon telemedicine skills to support an ever-growing client base with potentially more complex needs than before the pandemic.

## **Mental health**

Regardless of where we live, the pandemic for most of us has resulted in physical/geographical and emotional disconnection from peers, family, and supervisors, creating feelings of isolation and uncertainty for most, as well as heightened distress, anxiety, depressed mood, sleep disturbances, and other mental health concerns for some of us, in line with recent reports (Amaral & de Vries, 2020; Harrop et al., 2021; Kaku et al., 2021; Killgore et al., 2020; Levine & Rathmell, 2020; Li & Wang, 2020; Liu et al., 2020; Roy et al., 2020). These circumstances only add to the significant stress and mental illness common among graduate students before the pandemic (e.g., Evans et al., 2018). Our graduation ceremonies have been canceled or moved online, and many of us have had to leave our universities/hospitals/training sites without the opportunity to say goodbye to colleagues and friends in person (some of us, more than once). In addition to the separation from friends and family, we have been unable to explore new location(s) or meet new colleagues in person, and we have encountered job-related issues, including financial constraints due to paperwork delays (especially for those of us who moved to new countries during the pandemic). Many of us, even those who did not migrate, have been unable to see our families and friends and/or attend to their medical concerns, emergencies, or even memorial/funeral services. We have been constantly worried about friends' and family members' health and safety. For those of us who experienced stricter and/or more frequent lockdowns or other mandated restrictions or pre-existing medical and/or mental health conditions, we have experienced significant apprehension that has often interfered with productivity.

## **Work-life integration**

Many of us rely upon social support (e.g., parents, neighbors, extended family, and friends) for our mental and physical health needs. This is an established protective factor against the development of mental health concerns (Liu et al., 2020), though not all of us have had access (or consistent access) to these supports. Working from home has been a significant challenge for many of us,

especially in need to set and maintain clear limits around work and personal life to strike a balance. Because of this increased blurred line between work and home, in tandem with our role (and often, lack of agency) as students and trainees, many of us have felt, at times significant, anxiety which has hampered our productivity, as it has for early career autism researchers as well (Harrop et al., 2021). Those of us with children have found it especially challenging to balance homeschooling and childcare while working from home. Many times, we have needed to attend to childcare during the day and work at night—when this flexibility in working schedules was possible. We have noticed declines in our research productivity, in line with those that have been documented more broadly (e.g., Krukowski et al., 2021).

## **BENEFITS**

### **Training and research**

Despite the many challenges, we have also experienced unexpected benefits during this time. We have quickly developed new competencies in delivering telemedicine services, including assessment and intervention. Many organizations, researchers, and clinical practitioners working in autism research, as in other areas, quickly pivoted to offering webinars and other virtual training seminars online at free or discounted rates, which has allowed many of us to gain experiences we otherwise may not have had. Many mentors, advisors, and supervisors have demonstrated significant flexibility regarding deadlines and have offered us their emotional, financial, and practical support. We have found it easier to join lab meetings virtually and to fit in multiple meetings, when this might not have been possible before (e.g., because of commuting restraints). Some institutions have also adjusted to the reality of our new working lives, for instance, providing free training on home office ergonomics, financial benefits to offset some home office expenses, and improved access to mental health services. These adaptations have helped us to feel our concerns were being heard, validated, and, when possible, addressed.

While many of us have had to quickly redesign or reconfigure our data collection (sometimes more than once), this has given some of us an opportunity to delve into rich pre-existing datasets that we may otherwise have not accessed. Certainly, this has been dependent upon our access to existing datasets (e.g., mentor's data or national datasets), and thus, has not been a universal benefit. Similarly, without the requirement to commute or, for some of us, to conduct in-person clinical services, many of us have found ourselves with more time for research and writing than before the pandemic, resulting in greater productivity (e.g., completing manuscripts, article reviews, and/or applying for grant funding). Finally,

many of us have found ourselves learning how to use technology to conduct our research and clinical work, connect with peers, network, and interview for future positions.

## **Mental health and coping**

In addition to learning new ways of working, we have also tapped into our resilience and developed effective coping strategies to buoy us through these uncertain and challenging times, aligning with others' experiences (Luchetti et al., 2020). Such strategies have included open and direct communication, advocating for ourselves with our supervisors, seeking professional support such as counselors or psychologists, and prioritizing our well-being by maintaining work-life integration (to the best of our abilities).

As an INSAR Committee, we come together to celebrate one another's accomplishments, share the challenges we have faced, and discuss what we are learning about the experiences of autistic people and their families, people of color, and the intersections of these groups (e.g., the experiences of autistic people of color). Coming together in these ways has become an integral part of our team-building processes. Developing coping strategies and working together to support one another will advance the field of autism science, as we now know that we have the strength and ongoing support to weather this very challenging and dynamic storm. Altogether, we have found significant resilience during this time.

## **RETURN TO WORK**

Since the initial drafting of this manuscript (in late 2020), many of us have begun to return to face-to-face work, which has varied, based on the geographical local (due to differing governmental regulations, case numbers, vaccination rates, etc.), type of work, and our comfort level. Returning to work has been challenging in various ways. For those of us who had moved and begun new positions, keeping up with the constantly changing COVID safety protocols and institutional policies has resulted in some unintentional mistakes. For those teaching or taking courses or those with clinical responsibilities, there is uncertainty regarding what amount of the work will be conducted in-person versus virtually. Hybrid (i.e., remote/in-person) onboarding has proved challenging for many of us.

For some of us in low- and middle-income countries, mandatory return-to-work was announced after the first lockdown in 2020. Due to financial constraints and administrative challenges in the system, an absence after this time was considered unpaid leave. Public transportation has not been available for some of us, and we have been anxious to use it following reopening from

lockdown. This has left us to arrange our transportation for commuting, which has been expensive for those without private transportation options.

In some high-income countries, governments lifted many restrictions in mid-2021, as much of the population had been fully vaccinated. Many of us involved in non-clinical work (e.g., wet laboratory research), clinical work (e.g., assessments, therapy), and some forms of teaching have gradually returned to work during the early easing of lockdown restrictions. Our transition has been accompanied by regular COVID-19 testing, prioritized access to vaccinations, and an adjustment of workplaces and work standard operating procedures to COVID-19 requirements. In contrast, those of us involved in work that can be performed remotely (e.g., dry lab research, most forms of teaching) were encouraged to delay our return to work, and many of us have continued to work from home. To further enhance our comfort levels, many workplaces have also provided an option to work in shift patterns, minimize contact and maximize social distancing, and facilitate a more gradual transition back to work that balanced our safety, comfort levels, and research quality and output. We have been expected to return to campus for in-person teaching and some research and clinical placements. These decisions have been largely government- and/or institution-dependent, resulting in little agency for us in terms of whether to follow return to work guidelines or not (i.e., if clinical placement in-person is required to pass a degree requirement).

These differences in expectations, support, and requirements in the return to work have strained student and trainee research. These delays have been particularly evident in our work with collaborative consortia that rely on simultaneous progress at all sites (e.g., parallel data collection), as safety supports, and requirements vary drastically both intra- and internationally. These differences, however, have also created novel opportunities. For instance, in some cases, in being unable to return to work, we have found a shift in tasks (e.g., from collecting new data to analyzing pre-existing datasets), and this has given rise to new research ideas, projects, and collaborations.

## **RECOMMENDATIONS**

Given our experiences of living and working in the time of COVID-19, we offer a list of recommendations for how faculty advisors, supervisors, and mentors can support students and trainees, and how students and trainees can empower themselves to meet their training goals. Faculty mentors can support students and trainees in several ways, many of which are already in place. Because students and trainees have identified two crucial domains of mentorship, pragmatic and emotional (Mangione et al., 2018), we discuss both. We also provide strategies for students and trainees to advocate for their own training needs. These are detailed in Table 1.

TABLE 1 Recommendations

Faculty support of students and trainees (STs)
<p><i>Pragmatic</i></p> <ul style="list-style-type: none"> <li>• Proactively reach out to STs to schedule meetings and empower STs to contribute to the meeting agenda</li> <li>• Recognize that STs at each training level have different needs that must be addressed appropriately—ask your STs what they need and adjust accordingly</li> <li>• Offer direct conversations with STs about their professional development and future career goals and help them gain needed skills (e.g., provide virtual introductions to potential collaborators to learn new statistical methods)</li> <li>• Consider how to meet ST's needs (i.e., professional networking, research writing, and exploring career options [Keyser et al., 2008]) in a predominantly virtual space</li> <li>• Review degree/program requirements to ensure they are achievable during these difficult times, and offer alternative options to meet requirements, when possible (e.g., allowing literature reviews to fulfill an undergraduate thesis requirement when an empirical project might be required normally), providing information about resources available to STs with which they may otherwise not be familiar</li> <li>• Actively and collaboratively monitor progress on STs' own research, clinical, and professional goals (use of an individualized development or training plan may be useful)</li> <li>• Encourage the use of online opportunities for training, research methods, service delivery, socialization, and collaboration</li> </ul> <p><i>Emotional</i></p> <ul style="list-style-type: none"> <li>• Demonstrate openness to flexible work routines and practical work plans and offering to check in with STs in a supportive and validating manner</li> <li>• Recommend strategies to promote resiliency and bolster mental health and well-being, which may include faculty learning about and sharing with STs information on services offered within training sites</li> <li>• Offer emotional support and validation, fostering social connection such as online “coffee hours” to connect STs, establishing writing groups or journal clubs, provide positive, specific feedback to trainees</li> <li>• Focus on each ST as a person, including devoting time at the beginning of meetings to discuss STs own goals and current challenges they are facing within their working environment</li> </ul>
<p><b>Student and trainee self-advocacy</b></p> <ul style="list-style-type: none"> <li>• Strengthen existing strategies for self-advocacy for training and personal needs, including supporting your mental health (consider using effective strategies for asking for what you want and saying no, such as the Dialectical Behavior Therapy skill, DEARMAN, wherein a person Describes the situation, Expresses how they feel, Asserts what they want, Reinforces the other person, stays Mindful or on-task, Appears confident, and Negotiates [Linehan, 2014])</li> <li>• Set a schedule at the beginning of each week and block out time to accomplish your goals and preserve time for your personal life (as recommended by the National Center for Faculty Development and Diversity (NCFDD; <a href="https://www.facultydiversity.org/">https://www.facultydiversity.org/</a>), the “Sunday Meeting” (Rockquemore, 2010b))</li> <li>• Create accountability structures with peers such as writing accountability groups or write-on-sites (Rockquemore, 2010a; Silvia, 2007), which can be adapted to virtual platforms</li> <li>• Express your needs for assistance and communicate your difficulties, to the extent you feel comfortable; these are essential tools that will be useful during and beyond the pandemic</li> </ul>

## THE WAY FORWARD

At the time of this writing, there remains significant uncertainty regarding training in autism research, including how research is conducted, what opportunities are available, and how the pandemic is affecting and will continue to affect funding and academic and industry job markets in the future. While we anticipate that fluctuations in our working environment will continue for many months (or years) to come, vaccine availability and uptake at varying paces across the world have facilitated some of us to return to work. We continue to find that things are not “back to normal” or as they were before the pandemic. Instead, we are continuing to create a “new normal,” which offers both challenges and opportunities. Experiences from the start of the pandemic have bolstered our resilience and effective coping during this dynamic phase and, in many ways, pushed us to re-envision the way we conduct research, teach, and provide clinical services (Jones & Sharma, 2020; Peters et al., 2020; Spain et al., 2021; Wagner et al., 2020). We are hopeful that these lessons learned will serve us in our careers and the field of autism research for years to come.

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## CONFLICT OF INTEREST

The authors declare no conflict of interest.

## ETHICS STATEMENT

All national and international ethical standards were followed in this review.

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