



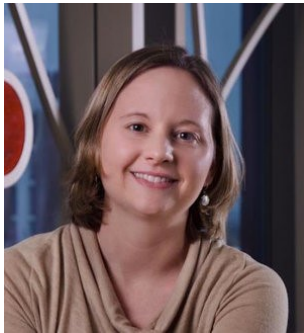
# PSYCHOLOGY IN INTELLECTUAL AND DEVELOPMENTAL DISABILITIES/ AUTISM SPECTRUM DISORDER

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## FROM THE PRESIDENT'S DESK Sigan Hartley, PhD University of Wisconsin—Madison



I hope you are safe and healthy. These are unprecedented times and I would like to begin my Presidential update with a call to action. First, in the era of COVID-19, I have been proud to see Division 33 members step it up and be leaders by contributing to webinars, podcasts, and the creation and sharing of COVID-19 resources relevant to the specific needs and experiences of individuals with IDD and their families and the professionals working with these individuals and families. As a Division, it is important that we continue these efforts. As social and health guidelines evolve, the IDD community will be presented with new opportunities but also new challenges.

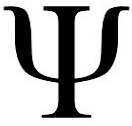
Second, there has never been a greater need for our Division to be called to action for social justice. It is time for all of us to stand up and speak out about systemic racism and the injustices that Black and Brown people in our country face. Inaction and silence are not options. The call to action for social justice requires change by all of us. In terms of our IDD community, racial/ ethnic disparities and systemic bias and discrimination in the IDD population have long been documented. These racial/ ethnic disparities are pervasive and occur across the lifespan in IDD, including disparities in exposure to environment risk factors, bias in diagnostic and treatment decisions, inequality in access to and quality of care, and countless other institutional, societal, and daily injustices. As a Division, I welcome

your ideas on how we can leverage our collective efforts to enact positive change.

While I am disappointed that the 2020 APA Convention will not be held in person, I am pleased that there will be a Virtual Convention in August. I look forward to connecting with many of you virtually to talk about these calls to action. I am incredibly appreciative of our Division's Convention Program Co-chairs, Drs. Karrie Shogren and Jason Baker, who have put in a lot of time and effort to create a great line up of collaborative programs, symposium, and poster presentations for the convention. They were then tasked with organizing a virtual format for these activities. This was no small endeavor! Details regarding the virtual format for the 2020 APA Convention as well as for Division 33 events will be posted as they are finalized on our Division website.

Finally, I want to congratulate this year's Division 33 award winners. Dr. Philip Davidson is our 2020 Edgar A. Doll award winner. Dr. Davidson is being honored with this career award for his substantial contributions to the understanding of IDD throughout his career. Dr. Matthew Lerner is our 2020 Sara S. Sparrow Early Career Research Award winner and is being honored for his substantial early career contributions to the understanding of IDD. Both award recipients are highly deserving of this honor as their research and professional contributions have truly helped advance research and practice in the field of IDD. I would also like to congratulate our two student award winners. Eleonore Sadikova is being awarded for her presentation titled "Sleep Problems and Symptom Severity in Children with Autism Spectrum Disorder" and Abigail Oldham is being awarded for her presentation titled "Measuring Statistical Learning in Children with ASD using Eye-Tracking." Please keep a look out for the virtual presentations by these award winners in August.

Warmly,  
Sigan Hartley, PhD  
Division 33 President, 2019-2020



## IDD/ASD Training Program Highlight

### West Virginia University School of Medicine

Pediatric Clinical Psychology Postdoctoral Residency Program - Neurodevelopment

Jenna Wallace, PsyD  
Fellowship Training Director  
West Virginia University, Neurodevelopmental Center



WVU Medicine Children's

The Department of Pediatrics at West Virginia University School of Medicine offers a one- or two-year fellowship program in Pediatric Clinical Psychology, with an emphasis in Neurodevelopment. The program is housed at the WVU Medicine Children's Neurodevelopmental Center, an interdisciplinary clinic that includes a medical and diagnostic team, an intensive ABA Therapy program for young children, and rehabilitation therapy services. West Virginia is a beautiful place to call home. Like other rural states, families of young children struggle to access high-quality mental and behavioral healthcare services for their children. We strongly believe that this program both meets the training and professional development needs of our fellow and enriches the lives of highly vulnerable families in our state.

The program is designed to provide trainees with expertise and clinically relevant experience within the field of pediatric psychology, with an emphasis on

training relevant to neurodevelopment. Trainees work in an integrated care model for the assessment and continued care of children under the age of 12 with a broad spectrum of neurodevelopmental concerns. There are opportunities to integrate with various pediatric subspecialties who require neurodevelopmental and pediatric psychology services within the larger children's hospital, including pediatric craniofacial clinic, Cerebral Palsy clinic, and pediatric cardiology.

The program aims to ensure culturally competent proficiency in the assessment and diagnosis of Autism Spectrum Disorder and other neurodevelopmental disabilities, brief consultation with patients seen in pediatric neurology and neurodevelopmental clinics, and behavior therapy for children with developmental delays and disabilities. The trainee also receives in depth training and supervision related to the provision of comprehensive psychological evaluations for children under the age of 12 related to a broad variety of presenting concerns.

Four days per week are spent in clinical services with ½ day allocated for education/didactic, and ½ day for research

# IDD/ASD Training Program Highlight

or EPPP/Licensure preparation. Didactic and educational opportunities include ethics, professional development, and broad clinical psychology training in conjunction with the APA accredited internship in Clinical Psychology and post-doctoral fellowship programs at the WVU Medicine Department of Behavioral Medicine and Psychiatry, as well as training specific to early childhood and neurodevelopment. Topics of diversity are interwoven into all training opportunities. The trainee will engage in umbrella supervision of Clinical Psychology Ph.D. practicum students from the local university, ongoing research projects and QI initiatives, and a plethora of teaching opportunities for medical providers and other psychology trainees.

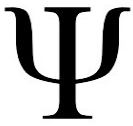
Clinical supervisors are Jenna Wallace, Psy.D., and Susannah Poe, Ed.D.

Additional research and professional supervision is provided by Christina Duncan, Ph.D.

We are actively recruiting one position for the 2021-2022 training year, beginning July 1, 2021. Our program is committed to recruiting trainees from diverse backgrounds. We believe that lack of representation in psychology from people of color, LGBTQI+ people, and others from diverse backgrounds disproportionately hurts the most marginalized people in society. Hence, we strongly encourage applications from people with these identities or who are members of other marginalized communities.

For more information about the fellowship, please contact Jenna Wallace, Psy.D., at [jenna.wallace@hsc.wvu.edu](mailto:jenna.wallace@hsc.wvu.edu)





## How Do We Adapt in a Time of Crisis?

Elizabeth Kryszak, PhD & Charles Albright, PhD  
Nationwide Children's Hospital



The Covid-19 crisis came quickly and turned our world on its head. We were scared, we were confused, and we suddenly could not see patient's in our developmental assessment clinic. We were told that starting immediately we would be seeing all patients through telehealth. Prior to this announcement, we were seeing none of our patients through telehealth. This adjustment was a shock to the system and led to many questions. An appropriate first question was, "is it possible to evaluate Autism Spectrum Disorder (ASD) over telehealth?", a question our clinic had been considering before the pandemic began. We, like many neurodevelopmental assessment programs across the country, see children from a wide geographical area, with many families having to drive many hours to be seen. As a group, we had made attempts to champion the cause of telehealth to help remove barriers for families to receive services. In fact, upper management in our organization had plans to implement a telehealth system within the next two years. None of those plans had made it down to the clinic level, though, and widespread use of telehealth still seemed like a faraway possibility. Suddenly, it was very real. Quickly transitioning to telehealth services created unique challenges for the assessment of Autism Spectrum Disorder (ASD). In particular, considering how to assess a child's learning of social interaction skills without being able to directly interact with the child required a huge shift in thinking. Other challenges stemmed from the interdisciplinary nature of our ASD assessment process. We conduct team evaluations that consist of a psychologist, a medical provider, speech pathologist, and genetic counselor. To coordinate these different practices quickly, and over

a new medium, would require increased communication, flexibility, and critical thinking.

As all new evaluations came to a halt, we were given some space in our schedule to solve these problems. the first step of action was to develop Process Improvement Work Groups (PIWG) for different elements of our clinic practices. One group of psychologists focused on developing a telehealth model for ASD assessment. A second group, comprised of members of each discipline within the evaluation teams, considered how to integrate the varied assessment practices in a new telehealth assessment model. For about a week, teams were able to meet live, but a stay in place order made after one week necessitated that all further planning and practice was done virtually. Meanwhile, upper administration worked with our hospital's information services department to build the technical capability to see patients over Zoom calls. They also worked with state Medicaid and private insurance companies to establish guidelines for telehealth practice assessment. These initial steps were essential in allowing us the space and support to develop a plan to serve families and assess development appropriately.

As our team began developing a plan for ASD evaluations, we realized that it was necessary to reconsider the essential elements of a comprehensive developmental assessment and re-prioritize these assessment techniques, given the new medium of service delivery. We considered how record review, developmental history, clinical interviewing, and direct assessment of development and ASD symptoms would fair in a telehealth setting, and the strengths and weaknesses of each element.

## How Do We Adapt in a Time of Crisis?

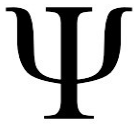
This analysis yielded some key observations. We would not be able to lean on direct observation of behavior in the same way as we do typically, as we would not have the same environmental control working with children in their home, as we would in a clinical setting. Also, we do not yet have much information about how assessment of the social communication symptoms of ASD are affected by the difference in interaction through telehealth. However, clinical interviewing, developmental history, and record review could generally continue unaffected by the change from in person to telehealth service delivery. This insight allowed us to set some priorities in the assessment process. We would not be able to build a robust evaluation process by trying to chase environmental control that is not possible when interacting with a family in their home over a video conference. We can, however, do thorough reviews of any previous assessments done, and particularly emphasize interviewing to obtain an excellent history of the child's development and a complete understanding of the child's behavioral presentation, as reported by the child's caregivers. This would allow us to build a strong understanding of a child that could then be tested against some live observations of the child's behavior over video conferencing.

At this point, it is important to highlight that although there are significant weaknesses to not being able to observe a child in a controlled clinical setting, there is considerable upside to observation in the home environment through video conferencing. This setting allows clinicians to see the child in their natural home environment, with many of the toys and other objects with which they actually play. Another upside to observations through video conferencing is that it allows an opportunity for naturalistic interactions between caregiver and child, as well as other siblings and child. This flexibility of this modality also allows the clinician to partner with families to complete the assessment, which has the potential to increase rapport and caregiver confidence in the assessment process, as well as gives us the opportunity to tap into caregiver's expertise of their child to create unique obser-

vations that we would not get with our typical assessment model. With these strengths at the forefront of our thinking, we considered interaction scenarios, play scripts, and conversations that could help us assess a child's social development skills and behavior routines.

From this process the Virtual Evaluation Diagnostic Assessment (VEDA) model was created. This model retained our interdisciplinary model, but shifted the emphasis from observation using the ADOS-2 as the cornerstone ASD assessment, to interview by adding in the Autism Diagnostic Interview Revised (ADI-R) in an initial appointment. Despite the excellent research base behind the ADI-R, our teams also still wanted a way to observe the child, so we created the Adapted Virtual Autism Behavior Observation (AVABO), an observation protocol completed in partnership with the family during the team appointment. Understanding that we would not have the same control over the environment as in clinic, we focused on creating a flexible observation protocol capitalizing on the strengths of observing the child in a natural environment. A Toddler (nonverbal/minimally verbal), Younger Child, and Older Child version were created to allow us to evaluate children across the age spectrum. I instructions and a short list of materials were created to give to the family beforehand to help them prepare. During the second appointment the psychologist works with the caregiver to carry out the actual assessment activities while the rest of the team observes. While a large menu of possible activities is provided in each protocol, psychologists are encouraged to use their clinical judgement based on the information gathered in the ADI-R to focus on the activities most relevant to confirming information that was gathered during the interview and clarifying any points of confusion. The goal is also to gather enough information to accurately complete the Childhood Autism Rating Scale, second edition (CARS-2), which gives us another well-validated standardized measure of symptoms related to ASD.

Once the VEDA was created, it was time to



## How Do We Adapt in a Time of Crisis?

try it out. With our interdisciplinary colleges, we practiced the model on a few children of our own faculty, which gave us the opportunity to work out logistical difficulties and get in a little practice with the new observation model. Then, we jumped in! Our work group ran a pilot over the next week with a few amazing families to test the VEDA model in actual practice and continue to make improvements to the process. During this week, we also began tackling the hurdle of convincing the rest of our faculty that they could do this. While our workgroup felt confident that we had an effective model, the rest of the group was understandably hesitant to jump into a new way of assessing ASD so quickly. We held trainings for faculty, trainees, and technicians on new elements of the evaluation process and created observation opportunities for those who felt less comfortable to see the process in action. We actively sought out conversation as a large group and smaller groups to discuss ethical matters, process factors, and potential individual barriers for telehealth work. We developed lines of support for professional, technical, and personal help. We also gave a lot of pep talks reminding our psychological faculty that they are talented experts in Autism assessment and that what we were asking them to do was use the same tools they had been using, just in some different ways. In the end, all were willing to join in our effort. There were bumps along the way, with many of us feeling like trainees all over again (It should be noted that our trainees actually adapted particularly well, likely because they were far more used to trying new things). We also realized that there are some cases, often related to environmental chaos or technical difficulties, that this model was not a good fit for. Amazingly though, only about 13% of children seen so far have been put on our list of children needing follow up after COVID. Through everyone's hard work and willingness to adapt, only four weeks after closing our doors to in-person visits, we were back to seeing our original volume of interdisciplinary ASD assessments.

The process is not done, however. While we had created a product that would get us

through those first few weeks, we see a unique opportunity to make something that could last beyond COVID 19. Our development workgroups have continued to meet to make process improvements. We developed questionnaires to measure clinician confidence in the program and identify areas for improvement. Through this process, we then developed AVABO 2.0, a more detailed and easier to use protocol and set of materials. We also have held monthly rounds to discuss difficult cases and Assessment Salons to discuss "big picture" testing and ethical issues related to Telehealth to continue to build confidence and consensus within our group. After convincing our own group that our model was valid, we are now pivoting our focus towards working with schools, other community partners, and insurance companies to help them understand and accept this new evaluation process. We are also working on analyzing initial data to help validate this model and aide us in understanding more about who it works best for. We plan to make the VEDA model a permanent pathway in our clinic's assessment model to improve access for families with transportation and geographical barriers.

This process has been a lesson that change is hard but possible when given the right tools and motivation. It has reminded us that sometimes when we develop a way of doing something that works well, we can become complacent in thinking that it is the only way. Then when given the freedom, and a very good reason, we can quickly make a huge mental shift that allows us to see new possibilities. While the time of COVID 19 has been a difficult one, it provided us with a unique opportunity to expand our services. It has been so rewarding to watch our talented group, come together during this crisis to use our expertise to adapt tools we already had available to quickly create a telehealth assessment model for ASD that will allowed us to continue vital services now and gives us the potential to reach even more families long after this pandemic has passed.

# APA 2020

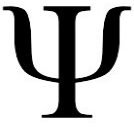
## VIRTUAL

August 6-8, 2020

### IMPORTANT UPDATES:

- To achieve the virtual conference, APA is planning to provide a searchable virtual platform for pre-recorded, on-demand Division 33 sessions and poster presentations accepted for APA 2020. Visit <https://convention.apa.org/> for ongoing updates.
- The content will be available to registrants beginning at 12:00 noon Eastern on Thursday, August 6 and will also remain available online until August 1, 2021.
- Registration costs are being reduced by over 85%. The current plan shared by APA for registration (which will be opened later this month) is:
  - APA member, fellow, associate, APA community college teacher affiliate, APA international affiliate: \$50 (originally \$315)
  - APA student affiliate, APAGS member, APA high school teacher affiliate: \$15 (originally \$100)
  - Nonmember Full-time student: \$30 (originally \$195)
  - Nonmember of APA: \$75 (originally \$495)
- Registration includes:
  - Inspiring keynotes addressing societies most critical issues
  - Collaborative, late-breaking scientific content
  - Innovative posters
  - Connections and community
- **Division 33 Business Meeting & Awards Ceremony: August 6, 2020 at 4:00 EST.**

Karrie Shogren and Jason Baker  
Division 33 Program Co-Chairs



## Division 33 Edgar A. Doll Award 2020

### EDGAR A. DOLL AWARD

Sponsored by Nationwide Children's Hospital

Award Recipient:

**Philip W. Davidson, PhD**

For His Lifetime Achievements in the Area of Intellectual  
and Developmental Disabilities

Dr. Davidson's Doll Award address will be pre-recorded and available for viewing  
during the virtual convention.

*A special thank you to our award sponsor:*



## Division 33 Sarah S. Sparrow Early Career Research Award 2020

### SARAH S. SPARROW EARLY CAREER RESEARCH AWARD

Sponsored by Nationwide Children's Hospital

Award Recipient:

**Matthew D. Lerner PhD**

For His Substantial Contributions to the Understanding of Intellectual and  
Developmental Disabilities as Reflected in His Published and Presented Works.

Dr. Lerner's Sparrow Award address will be pre-recorded and available for viewing  
during the virtual convention.

*A special thank you to our award sponsor:*





## Division 33 Student Interview

*COVID-19 and ASD: Impact on Families, Education, and Services*



*Interviews conducted by:*

Brianna Gambetti, MS, University of Wisconsin-Madison &  
Elina Veytsman, UC Riverside



**Rose** is the **mother** of “Buddy”, a 15 year-old-boy with ASD living in Southwest Wisconsin. She runs *Aiming for Acceptance*, a nonprofit organization supporting families of children with special needs. Her and her husband work in the education sector and are the proud parents of three children. Buddy is the oldest, and he has two younger sisters.



**Dr. Diane Perry** is a **School Psychologist** in the Santa Monica-Malibu Unified School District with broad experience applying latest assessment tools to students with mild to severe disabilities, specializing in autism and behavioral management techniques.

Special certifications include Board Certified Behavioral Analyst (BCBA) and Lovaas Institute School-Based Certification.



**Dr. Yasamin Bolourian** is a **Postdoctoral Research Fellow** in the Graduate School of Education at the University of California, Riverside, where she also earned her Ph.D. in Special Education, specializing in autism spectrum disorder. Dr. Bolourian’s

research focuses on examining social relationships, postsecondary outcomes, and co-occurring emotional and behavioral issues among youth with autism. Her postdoctoral work involves developing and piloting a multi-component professional development program that promotes positive relationships for general education teachers and their students with autism in early school years (PI: Jan Blacher).

**Question #1 for Rose: In general, how has COVID-19 impacted your family?**

Rose explains that raising a child with special needs in a rural midwestern town has greatly prepared them for something like this, stating, “For

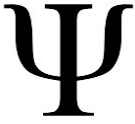
*years we have had to make decisions that looked like us choosing self-isolation when in reality we have had to make decisions [that were] best for our child’s health and well-being. We have had to live in an area where limited access to resources have made us think outside of the box and support each other...”* She notes that balancing work, at-home learning, and family time has been an adventure, but is proud of her children for adapting.

**Question #1 for Dr. Perry: In general, how has COVID-19 impacted your work with students with developmental disabilities?**

Dr. Perry feels that the main impact of COVID-19 on her students has been the sudden end to in-person instruction and the transition to 100% distance learning. This transition has emphasized the need to use videos, visuals, and other supports even more than in normal times. Dr. Perry says, “*Under distance learning, many of my students have had difficulty maintaining their attention when looking at a computer screen for long periods of time, such as with Zoom meetings.*” Dr. Perry notes that there can be unexpected in-home distractions during instruction, due to not having knowledge about students’ daily routines at home.

**Question #1 for Dr. Bolourian: In general, how has COVID-19 impacted your research and clinical work with youth and families with ASD?**

Dr. Bolourian explains that the impact on her work as relative. When rumors of a quarantine first began circulating, she was unsure about the impact of COVID-19. “*At that time, my colleagues and I had devoted many months, if not longer, preparing research and community projects that were finally within reach. Admittedly, COVID-19 and its trickle-down effects were a harsh reality, and the impact was felt widely.*” Dr. Bolourian says that she “*took some time to reflect, gain perspective, and unpack creativity.*” She is gaining momentum in her work again and is looking forward to new opportunities.



## Division 33 Student Interview

**Question #2 for Rose: How has the COVID-19 pandemic affected your son's daily life? How have his services been altered? How has this altered routine impacted your son and your entire family?**

The special education department did not depend heavily on video conferencing platforms, which hindered Buddy's opportunity to socially interact with his peers on a daily basis as he once had. Alternatively, Buddy's stress and anxiety has decreased some since he is not currently worrying as much about academics and is able to focus more on practical life skills activities, though the anxiety comes and goes. He has also been able to connect more with his sisters. The first month at home was not too bad because Buddy already knew he wasn't going to have school over Spring Break. Buddy thrives with routines, and his family worked together to create a "new" routine that best fit his needs. Written schedules and checklists have been incredibly helpful. Buddy has also been staying busy by training for wrestling and helping his mom by loading boxes with food to deliver to local children. As for the entire family, *"We have had our ups and downs."* Rose taps into her family's strengths to get through tough days.

**Question #2 for Dr. Perry: How has your communication/interaction with students been altered by COVID-19?**

Dr. Perry has had increased communication with her students' parents since the start of COVID-19. To ease the transition to distance learning and reorient students to counseling and instruction in a new format, she conducted individual counseling sessions with some of her students in addition to the usual social skills groups. She has also received several parent requests to address the unique challenges that her students were experiencing. As an example, Dr. Perry has maintained consistent communication with the parents of a student who had a lot of anxiety around using the video platforms required for distance learning. She also discussed a positive experience following a parent expressing concerns about her child's sleeping routine – after a few individual counseling sessions, he was able to get back on track.

**Question #2 for Dr. Bolourian: How have your services or research been altered by COVID?**

For Dr. Bolourian, most projects have been moved online. One that she is particularly excited about takes place at the UC Riverside SEARCH Center, a free screening clinic for children suspected of

having ASD. *"When we had to close the clinic due to COVID, we were tremendously concerned about the parents and children whom we serve, so we decided to shift to remote administration.*

*Unfortunately, there is a paucity of research and empirical guidance on telehealth for ASD assessments, particularly for young children and adolescents. Under the leadership of SEARCH Directors and advisement from colleagues at Vanderbilt, we are developing a modified protocol for telehealth screening services and for testing its validity and reliability. Ultimately, our hope is to be able to deliver appropriate and COVID-safe assessments to families in our community."*

**Question #3 for Rose: What resources have been helpful to your family in trying to overcome the challenges associated with COVID-19 and the disruptions in daily living?**

Rose has used her knowledge of ABA therapy from Buddy's participation over the years to help handle challenging situations and keep Buddy feeling emotionally regulated. The community has been supportive; teachers have adapted to at home learning well and Buddy loves watching his World History videos and listening to stories for his language class. Helping with the food pantry has been a wonderful opportunity for socialization, and going to the family farm has been a great escape to nature.

**Question #3 for Dr. Perry and Dr. Bolourian: What resources would you recommend for families of students with disabilities to overcome the challenges associated with COVID-19 and the disruptions in daily living?**

Dr. Perry recommends taking advantage of all the platforms that are available to families of students with ASD and IDD through their schools or free online, such as the PEERS<sup>®</sup> social skills role play videos and the Everyday Speech social emotional learning curriculum. Dr. Perry says, *"Use what's already in existence, like the resources sent to you by school-based professionals or others that may already be available to you – don't be afraid to try them out."*

Dr. Bolourian recommends helpful resources developed and shared by researchers in our field for the ASD community during COVID-19: Dr. Kara Hume and colleagues at UNC developed a [toolkit](#) with strategies and ready-made materials to support individuals with ASD at home. Dr. Bolourian also recommends the Division 33's

## Division 33 Student Interview

[podcast](#) on the public health crisis, “a resource likely familiar to these readers.” It includes advice from experts on several relevant issues, “which is important given that home circumstances and individual needs vary far and wide.” Lastly, a research team at UCR, led by Dr. Bolourian, created a [guide](#) to help educators foster the social-emotional development of young students during school closures. “As variations of remote learning are expected to continue in the fall, we wanted to create something that addresses the importance of classroom relationships and offers ways to connect with students in digital classrooms.”

**Question #4 for Rose: What has been the most challenging part of dealing with the pandemic for your son? For the entire family?**

For Buddy, it has been challenging to lose the opportunity for organic social interaction and to fear his friends are forgetting him. For the entire family, a lack of knowledge for what is to come has been challenging.

**Question #4 for Dr. Perry and Dr. Bolourian: What has been the most challenging part of dealing with the pandemic for your work?**

**Dr. Perry** states, “The most difficult part is evaluating the time required. It’s more time-consuming, compared to traditional school.” From setting up the technology for counseling sessions, to having increased interaction with parents about extraneous factors beyond the content of counseling, Dr. Perry notes that there is a lot of overhead. She explains, “New approaches come about, but it takes time for the use of these approaches to evolve.” Dr. Perry explains that extra time is required to figure out how the new platforms work, and to try out what works and what doesn’t work for any given student and situation.

**Dr. Bolourian** explains, “As an early career academic, I am passionate about my work, and I am driven by productivity. However, things are not ‘business as usual’. I’ve been challenged to find new efficiencies and resources as a result of our current reality.”

**Question #5 for Rose: What are some happy moments/ good memories that you will take from this experience?**

Rose explains that having deep conversations with Buddy and truly connecting has been a highlight. He has also improved in various life skills. The wrestling teams and coaches have been wonderful; sending Buddy pictures for his birthday, which made for an exciting and happy memory! Rose is also optimistic about how COVID-19 has helped foster new connections and has highlighted the importance of teletherapy.

**Question #5 for Dr. Perry and Dr. Bolourian: What are some happy moments/good learning lessons that you will take from this experience? How do you think lessons learned from COVID-19 will impact future work in the field?**

**Dr. Perry’s** happiest moments have been seeing her students with ASD maintain their sense of humor and their creativity even through distance learning. “They continue to exhibit creativity in different ways, no matter what.” Dr. Perry has also been inspired by parents, who she praises for “balancing real work with the increased support needed for their children’s learning.” Dr. Perry notes, “I had a student who performed better and learned more via distance learning. David logged on early ready to engage, practiced concepts, and demonstrated persistence. He really became a superstar.” Dr. Perry explains that the educational transitions resulting from COVID-19 reflect the “constantly evolving state of teaching methods, as well as the students’ innate capacity to learn.”

For **Dr. Bolourian**, one thing has been clear throughout this experience. “I am grateful for my team at work – from the directors to graduate students and volunteer students. I don’t want to downplay the impact of COVID-19 with clichés, but I’ve been amazed by their exceptional resilience, commitment, and flexibility, which in turn has made our work stronger.”

## Early Career Psychologist Column

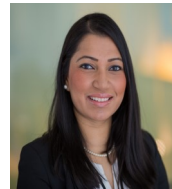
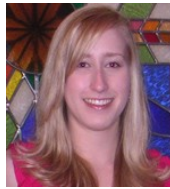
### An ECP Guide to Navigating Your First Pandemic: Survival First, Then Tenure?

Geovanna Rodriguez, PhD, University of Oregon

Joanna Mussey, PhD, Assistant Professor,

Gazi Azad, PhD, Columbia University

Sasha Zeedyk, PhD, California State University, Fullerton



It is Spring 2020 and COVID-19 just put a huge damper on your semester plans. If you were among the “lucky” ones that spent their spring break or the week between semesters quickly scrambling to pivot their research, teaching, clinical work, and service duties from in-person settings to virtual formats, you are the real MVPs. Online teaching, telepractice, and remote research environments were new uncharted territories that left many wondering, “How did I get here?” While many academic and medical institutions and departments went into triage mode, adjusting policies, practices, and procedures to help faculty and students with the transition, many junior faculty and early career professionals soon had to face the unprecedented realities of this “new normal.” There were many unanswered questions at the start of the crisis related to productivity standards, remote teaching practices, teaching evaluations, tenure expectations, research funding activities, hiring freezes, and navigating work-life balance from home, just to name a few. Needless to say, the pandemic crisis has the potential to negatively impact the career trajectories of ECPs. For instance, while many campuses may have offered tenure-clock extensions, these “stop the clock” policies have been shown to be more favorable towards males compared to females. This has been attributed to gendered resource disparities, which

have always been an issue in academia, but negatively impact women more now as a result of this crisis. Women may find themselves struggling to return to full scholarly productivity due to household obligations and mental load (e.g., childcare, housework, eldercare), as well as the hidden labor that comes with increased mentoring of students (e.g., students asking for extensions and emotional support). Greater cognitive demands may inadvertently limit the attention and energy necessary to engage in a creative space for scholarly work. Even with supportive partners, the gender disparities may widen the gap between male and female faculty, especially those shown to be historically disadvantaged (e.g., women of color, women with children) who may no longer have access to the supportive networks, mentors, and equitable resources to fund their work and scholarly activity.

Remote academic work is not for the faint of heart, and many ECPs were faced with new challenges, some new and some not so bad. I, for one, did not mind working in my joggers every now and then, or not having to compete for parking at 7:30am. “I miss my commute to work” were words I never thought I would say out loud and yet after the novelty wore off, I found myself grieving the loss of a term I would not get to experience in person. I started

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thinking to myself how much I missed and valued the things that once seemed like minor inconveniences. I missed the daily hustle and bustle of walking from one meeting to the next, grabbing a coffee with an esteemed colleague, running into staff, having students interrupt me in my office just to say a quick hello and catch up, and my personal space. Time alone to think and create. Sure I miss writing in coffee shops and having my personal space, but what I found myself missing more was the opportunity to socially connect with my academic peers and students. I no longer took “small talk” for granted. I realized it was an integral part of my intellectual stimulation. So I found myself reaching out to former mentors and friends and asking what worked for them because as a new faculty member in my first year, I did not plan to end my first year like this, no one did. One of my former advisors said to me, “Social distancing does not mean you need to be socially disconnected. You are practicing physical distance, you can still stay socially connected.” At first, the thought of scheduling more Facetimes or Zoom meetings seemed too much of an ask, but I now see what she meant. I have been more intentional about how I ask for help and more strategic about what I need in the present moment to survive during this crisis. I reached out and connected and have asked my peers to share their thoughts and tips for “surviving and thriving” during your first (hopefully, last) pandemic. Full disclosure, these are tips that helped us get through the good, the bad, and the ugly, but in case you need more, we have also included some helpful links at the end of this article to include in your “pandemic starter pack” as you transition to this new environment in the summer and fall.

### **Barriers and Facilitators: Helpful Tips from Tenure-Track Faculty, Early Career Psychologists, and Postdocs**

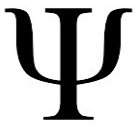
**Building in a Commute:** Commutes home are often used as a way to “decompress” or

transition from work to home life. Without it, we are often thrust into home life without any means to physically and mentally transition. I have started to end my work day 15-20 minutes early to take a walk, sit on my deck, or chat with a dear friend/relative. It gives me a clearly delineated break from my work life to my home life.

**Maintaining a Routine:** Keeping to a routine is easier said than done, as working from home creates a head-on collision between work and life responsibilities. However, keeping to even small parts of our routine (e.g., starting the work day at 9, going to sleep at the same time) may be one way to hold onto a sense of normalcy.

**Separating the Work Week from the Weekend:** With long-term work from home, the day of the week may start to become irrelevant. Many of us struggle to even remember what time, day, and season it is. I have found that clearly delineating the work week (e.g., working from home, meal preps) from the weekend (e.g., spending time outdoors, ordering take-out) gives me something to look forward to at the end of the week.

**Finding the Simple Pleasures:** During a pandemic, it is easy to focus on everything that is going wrong. The world is a scary place right now. I have vowed to focus on the simple pleasures to help me get through the tough times. Sometimes, it’s building a fort with my children to see the sheer happiness on their faces. Other times, it’s scheduling zoom happy hours with my colleagues so we can stay socially connected. During pre-Covid times, these simple pleasures may have already been built into our work lives - coffee with a mentor, lunch with a colleague, etc. But now, more than ever, we need to make a concerted effort to find the time and space for the simple things that bring us joy. I try to think of one positive thing each day that would not have happened if it weren’t for the “new normal.”



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For example, I got to have lunch with my husband and two kids today. This is something that would never happen during a typical week!

**Flexibility (see also: rolling with the punches, playing the cards you are dealt):** I'm pretty sure for most of us this is our first global health pandemic and seemingly overnight everything changed. I was just getting my feet under me at this point in my career. Changes came fast and from all directions. Moving teaching online, mentoring students from afar, keeping up with federal, state, institution, insurance/pay or regulation changes, figuring out telehealth practice for families and clients, etc. My work went from 5% remote to 95% virtual/remote/telehealth. I was consumed by figuring out hardware, software, BAAs, telehealth informed consent, limitations/modifications/changes to typical clinical practice, is there a literature base and if so, what does the research say? To stay above water, I had to lean into resources and expertise of colleagues, my extended network, my state association, and APA, to complement the information that I was finding to provide guidance in a short period of time. All the while being nimble enough to augment and modify when new information or changes presented themselves. We can be flexible and we can do this together.

**Resiliency:** Even with all the planning, information gathering, and research, Murphy's law doesn't go away during the transitions required of this pandemic. There were fits and starts along the way. There were technology issues of every type along the way. Luckily, I found others to be understanding, supportive, and helpful with problem solving. I learned to go easy on myself as well, particularly when some of the technology issues just aren't under our or our clients or students' control. It is also important to communicate and be transparent with students. They are anxious and stressed and need to know you care about their well-

being, so check-in and lean into that vulnerability.

**Uncertainty:** While the globe is going through this together and we are figuring things out together, I want to know what my future holds. What will my job look like next week/month/year, will I be furloughed, will I have a paycut, will I have a job, will I or my family come into contact with anyone with COVID-19, will I spread COVID-19, if I can't do XYZ, what will that mean for my career, etc.? While I'm helping myself through these issues as an ECP, students are looking to me and asking me similar questions. I was just in their shoes, yet the landscape is so very different and we are doing the best that we can to cope with it all. Reaching out for support as well as finding and sharing resources has been paramount to addressing my worries, my anxieties about meeting my students' needs, and responding to my students' questions. One thing that has become certain during this time of uncertainty is that my dog is the cutest yet most demanding coworker that I have ever had and I wouldn't want it any other way right now.

**Give yourself grace as you acknowledge your new reality:** For some of us ECPs, we may have been undergoing other major life transitions when the pandemic hit. I, for one, gave birth to my second child at the end of January. While my baby brings me the utmost joy, adjusting to having an additional human to care for (I also have a toddler), recovering from childbirth, and eventually trying to get back into the swing of work was [still is] a bit of a shock. I had expected to have one child in daycare and the other to start in the summer. At first, it felt like I would never get back into the swing of things. The thoughts, "Will I ever work again?" and "I'm not cut out for this stay-at-home mom life," have crossed my mind several times. However, babies grow, toddlers adjust, and routines develop. I have managed to figure out a work schedule that makes getting something (even

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if very small) done every day possible. Heck, I even learned to angle the camera so that I could take a Zoom call while nursing!

**Share with colleagues:** While it can feel overwhelming and like we're all alone, we're really all in this together. I have found this to be especially true in terms of the transition to teaching online. I have taken the time to reach out to colleagues to see what is working well for them in the classroom (and what is not). When something works really well for me, I make an effort to share with others teaching the same class.

### Resource Links:

Research during Covid-19:

<https://www.apa.org/news/apa/2020/03/conducting-research-covid-19>

Tips for Distance Learning (DL): <https://anygoodthing.com/2020/05/18/ten-time-saving-stress-reducing-tips-for-online-teaching-to-implement-before-your-semester-even-starts/>

Motivate Students:

<https://anygoodthing.com/2020/05/20/helping-students-stay-motivated-in-online-courses/>

ACCESS Division 33 Podcast: Episode 8 "The Public Health Crisis"

[www.division33.org](http://www.division33.org)

Impact on POC (Women) Professors: <https://www.insidehighered.com/views/2020/05/13/ensuring-pandemic-doesnt-negatively-impact-women-stem-especially-those-color>

Re-evaluating "Tenure:" [https://](https://www.insidehighered.com/advice/2020/04/09/covid-19-demands-reconsideration-tenure-requirements-)

[www.insidehighered.com/advice/2020/04/09/covid-19-demands-reconsideration-tenure-requirements-](https://www.insidehighered.com/advice/2020/04/09/covid-19-demands-reconsideration-tenure-requirements-)

[going-forward-opinion](#)

APA Practice Resources in Response to COVID-19

<https://www.apaservices.org/practice/clinic/>

Responding to Sick Students: <https://www.chronicle.com/article/Don-t-Worry-About-the/248475>

Secure Vs Insecure Instructors: <https://www.chronicle.com/article/Covid-19-Crisis-Widens-Divide/248276>

"COVID is a Huge Headache:" <https://www.sciencedirect.com/science/article/pii/S2590238520301302> - PDF article

No Room of One's Own - <https://www.insidehighered.com/news/2020/04/21/early-journal-submission-data-suggest-covid-19-tanking-womens-research-productivity>

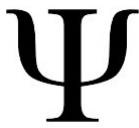
The Pandemic and the Female Academic - <https://www.nature.com/articles/d41586-020-01135-9>

The Impact of COVID-19 on Gender Equality - [http://faculty.wcas.northwestern.edu/~mdo738/research/COVID19\\_Gender\\_March\\_2020.pdf](http://faculty.wcas.northwestern.edu/~mdo738/research/COVID19_Gender_March_2020.pdf)

Who is doing new research in the time of COVID-19? Not the female economists - <https://voxeu.org/article/who-doing-new-research-time-covid-19-not-female-economists>

**Find out more about Early Career Psychology with**

**Division 33 by visiting <http://www.division33.org/>**



## APA Council Report for Division 33

Eric Butter, PhD  
Nationwide Children's Hospital



So much has happened, and surely so much more will surprise us in the months to come. And though so many of us long for something normal or routine or predictable, we all know it remains a mistake to plan too far ahead. With the stress and strains of the pandemic surging still, racial injustices percolating to a rolling boil, economic hardships growing for so many, and chaos in our political systems festering, we find ourselves in a moment of discontent, dissonance, and desperation. If the world ever needed psychology, it is now.

Like so many others, psychologists are impacted by these strains at the same time we must answer the call to help however we can. In late February and early March 2020, the APA Council of Representatives of the American Psychological Association met in Washington DC for our Winter Meeting. We didn't know how much was coming at us in the months ahead, and how just in a few days after adjourning the Council meetings our worlds will be turned upside down. We didn't know then that in a few weeks COVID19 will infect and take the lives of prominent leaders in APA and in Psychology broadly, colleagues within our work places, friends and acquaintances across our local communities, and within some of our families. We didn't know then that the economic depression and mass layoffs that were to come would hit so deeply and so close to home, even at APA where approximately 100 total positions were permanently eliminated in June. We didn't know back at our February/March Council meeting that our nation would finally be pushed toward a new horizon of confronting, interrupting, and eliminating racism in our society by yet one more murder of a black person at the hands of a police officer. We didn't know then that a movement would be started that would equate racism with a serious public health threat, and that psychology and our psychological science would be helping to steer that conversation. And, we didn't know then that political change in our country would be sitting on top of this complicated and tremendously raw landscape. But, we know all that now.

In the time since our February/March Council meeting, APA Council, our Board of Directors, Senior Leadership, and Psychologist Thought Leaders have been at work on all of these issues just as so many of

you have been in your own professional circles. There is too much for me to summarize and list here, but I hope to highlight in broad strokes all that APA has been doing to help lead our nation through these crises.

### APA, COVID19, and Telehealth

If you are a health service psychologist, you surely have benefited from the clinical resources and financial advocacy that APA has been deploying since the beginning of the pandemic to support telehealth practice and clinical services specifically for the COVID era. Much of those resources have been collected below.

<https://www.apa.org/topics/covid-19/>

APA has been a tremendous support in building tele-psychology practice, including guiding us with updates on inter-jurisdictional practice across state lines for telehealth. Without APA and the support of the practice directorate much of the telehealth services that psychologists have been able to do would not have been possible.

This spring APA's annual Stress in America survey came out and of course it validates the stress and anxiety that we know exists in our society broadly (<https://www.apa.org/news/press/releases/stress/>). Also, APA CEO Dr. Arthur Evans testified to Congress on June 30<sup>th</sup>. He spoke before the Subcommittee on Health of the House Committee on Energy and Commerce in a hearing on "**High Anxiety and Stress: Legislation to Improve Mental Health During Crisis.**" You can read his opening statement transcript here:

[https://energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/documents/Testimony-Evans-Mental%20Health%20Legislative%20Hearing\\_063020.pdf](https://energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/documents/Testimony-Evans-Mental%20Health%20Legislative%20Hearing_063020.pdf)

The full testimony also included Dr. Jeffrey Geller, President of "the other aPA" (i.e., American Psychiatric Association), as well as former Representative Patrick Kennedy (one of the fiercest advocates for mental health parity), and perhaps most poignantly, from Arriana Gross with the National Youth Advisory Board and the Sandy Hook Promise Students Against Violence Everywhere (SAVE) Promise Club. The full testimony



## APA Council Report for Division 33

can be watched here: <https://energycommerce.house.gov/committee-activity/hearings/hearing-on-high-anxiety-and-stress-legislation-to-improve-mental-health>

APA Council and the various APA Boards and Committees have been tasked by APA President Sandy Shullman to develop a COVID19 Policy Statement ahead of our August Council meeting. We have been working the past few weeks with the chairs of boards and leaders on APA Council to develop a COVID-19-related APA policy statement. The goal of this policy statement is to identify challenges that the nation is facing or will face relative to this crisis as to which psychological science can be applied using a population-based approach that enables interventions at all levels. The statement is being developed around four critical topics: Family/Social Development; Education, Training & Learning; Work, Organizational Performance & Human Performance; and, Health & Well-Being.

The impact of school closures, access to health care, and interruptions in critical care for children and adults with IDD and/or ASD have weighed heavily on all of our minds. Heroic efforts, creative applications, and clever innovations have been occurring all across our field. It will be fun to showcase these advances and adaptations in Division 33 venues in the months ahead.

### **APA and the Racism Pandemic**

APA President Sandy Shullman offered “We are living in a racism pandemic” just a few days after George Floyd’s murder and as national protests were starting. APA’s press statement from May 29 2020 can be read here (<https://www.apa.org/news/press/releases/2020/05/racism-pandemic>). A central resource with many valuable offerings is APA’s webpage on race. Check it out here (<https://www.apa.org/topics/race/>).

In case you haven’t read the CDC’s Community Report on racial and ethnic differences in children with ASD, it may be worth a look. In short, though the ADMM reports continue to find that the racial and ethnic differences in identifying children with ASD persist into 2020, there is indication that the gaps are closing. You can read about this progress here: <https://www.cdc.gov/ncbddd/autism/addm-community-report/differences-in-children.html>

It seems to be an opportune time for all of us to consider the ways in which our science and practice in IDD/ASD psychology can inform the effects and help to reverse the effects of systemic racism on our populations that we study and care for.

### **Update from Winter Council Meeting**

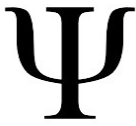
Back in the time machine to our February/March Council meeting, APA Council did do some work. APA adopted updated resolutions regarding LGBTQ issues and reiterated its positions on violent video games and climate change at that meeting. In doing so, Council archived three outdated policies related to LGBTQ issues and replaced them with new versions that also address interventions, programs and societal changes that have come into being since the original resolutions were passed. “It was important that APA bring these resolutions into line with the latest research because these are areas that are of great interest to psychology,” said APA President Sandra L. Shullman, PhD. “Public attitudes toward LGBTQ people have evolved swiftly in the last several years as well, resulting in legal changes that needed to be reflected in the association’s positions.”

The Resolution on Supporting Sexual/Gender Diverse Children and Adolescents in Schools includes updated references and addresses the issue of restricting bathrooms for transgender children. This resolution also updates definitions of gender diversity, intersex and differences of sex development. It replaces a similar resolution that was passed in 2015. The Resolution on Supporting Sexual/Gender Diverse Children and Adolescents in Schools was also reviewed by the National Association of School Psychologists, which has committed to adopt the same resolution. It is intended to guide APA and NASP public education efforts promoting safe and supportive schools for all children and adolescents, regardless of sexual orientation or gender identity.

The Resolution on Opposing Discriminatory Laws, Policies and Practices Aimed at LGBTQ+ Persons replaces a 2007 resolution (Opposing Discriminatory Legislation and Initiatives Aimed at Lesbian, Gay and Bisexual Persons). The new resolution uses more inclusive, updated language and takes into account changes in the laws and legislation affecting LGBTQ+ people since 2007 — including the legal right to same-sex marriage. The intentions of the original resolution are still relevant, and many have been preserved. Updating this Resolution was prescient in light of the recent Supreme Court ruling earlier this summer on anti-discrimination in employment for LGBTQ+ people.

The Resolution on Sexual Orientation, Gender Identity, Parents and Their Children replaces a 2004 resolution to include data on transgender parents and include more recent research on gay fathers and bisexual parents.

Council also received a task force report on violent video games that found there is insufficient scientific evidence to support a causal link between violent video



## APA Council Report for Division 33

games and violent behavior. Council seated the task force to review its August 2015 resolution in light of many occasions in which members of the media or policymakers have cited that resolution as evidence that violent video games are the cause of violent behavior, including mass shootings. “Violence is a complex social problem that likely stems from many factors that warrant attention from researchers, policymakers and the public,” Shullman said. “Attributing violence to video gaming is not scientifically sound and draws attention away from other factors, such as a history of violence, which we know from the research is a major predictor of future violence.” The 2015 resolution was updated by the Council with this caution. Based on a review of the current literature, the new task force report reaffirms that there is a small, reliable association between violent video game use and aggressive outcomes, such as yelling and pushing. However, these research findings are difficult to extend to more violent outcomes. These findings mirror those of an APA literature review conducted in 2015.

Finally, Council also reaffirmed its assertion that psychologists have a key role to play in addressing climate change and treating the mental health effects that arise from changes to the planet’s weather patterns. The resolution reaffirms the organization’s 2011 policy on the issue and commits the organization to working with other scientific, professional, policy and community organizations in the U.S. and around the world. “The natural disasters that we are experiencing are associated with a number of mental health problems, including anxiety and depression,” Shullman said. “As experts in human behavior, psychologists must be in the forefront of devising strategies to change the actions — by individuals, corporations and governments — that lead to climate change.” The resolution notes that recent research on the psychological dimensions of climate change — including research on beliefs, attitudes and communications about climate change and studies of behavioral change related to energy use and conservation — can guide new actions to mitigate and promote human adaptation to climate change. “Building on such work, APA can further address the climate change crisis by promoting and sponsoring advances in research, interventions, services, education and training, public policy and advocacy, group and community organization, and other domains in which psychologists work,” the resolution states. “All areas of psychology have valuable knowledge and experience to contribute to this effort.” The resolution also calls for APA’s president to create a task force of leading experts to review APA’s past and current activities related to climate change and recommend goals and strategies that will have an impact on the climate change crisis.

In other business, the Council voted to adopt the

Education and Training Guidelines for Psychological Assessment in Health Service Psychology as policy. The guidelines address the didactic and supervised experience students receive in psychological assessment, providing recommendations for faculty and supervisors about practices associated with quality education and training in psychological assessment. Use of the guidelines will promote learning opportunities for students that will develop their competence in psychological assessment, a core competency in health service psychology.

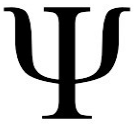
Council also approved Association Rules amendments to continue to delegate certain duties to the Board of Directors. Specifically:

- Duties related to the evaluation and reconfirmation of the CEO will remain with the Board. (Council will continue to confirm the Board of Directors selection any new CEO.)
- Decision-making related to the budget and financial matters will remain with the Board.

This last authority allowed the CEO and BOD to move forward with the restructuring of APA’s staff with the elimination of more than 100 positions as referenced at the beginning of this article. The restructuring was deemed essential to help eliminate deficit spending and to align APA’s resources and investments with current priorities as defined by APA’s Strategic Plan.

### **Thoughts on Second Term**

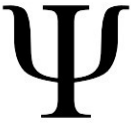
I feel honored to have started my second term as your Council Representative this year. I continue to take this opportunity to serve you and all of Division 33 on Council with great humility and accountability to our shared constituency, the people impacted by intellectual and developmental disabilities and/or autism spectrum disorder, their families, and the science and health services that support them. I serve in leadership roles (Chair, Past-Chair, or Secretary) within three Council caucuses including the Child, Adolescent, and Family Caucus, Education and Training Caucus, and the Health Care Health Sciences Caucus. I was recently nominated by my Council colleagues to run for an APA Board of Directors seat as Chair of the Council Leadership Team. Though I was the candidate with the most nominations, and some would say I’m a front runner given that, I am up against a former APA President and long-serving Council member who has a big presence in APA leadership. The voting will close at the end of July and I hope that I do get a chance to continue to advance the issues impacting IDD/ASD psychology in the highest levels of APA leadership. Fingers crossed!



## Division 33 Award Winners

Edgar A. Doll Award (est. 1980)	Sara Sparrow Early Career Research Award (est. 2008)	Jacobson Award (est. 2007)
1981	Sam Kirk	
1982	Gershon Berkson	
1983	Marie S. Crissey	
1984	Sidney Bijou	
1985		
1986	Norman Ellis	
1987	Ed Zigler	
1988	H. Carl Haywood	
1989	Donald MacMillan	
1990	Henry Leland	
1991	Alfred Baumeister	
1992	Earl Butterfield	
1993	Brian Iwata	
1994	Ivar Lovaas	
1995	Stephen Schroeder	
1996	Donald Baer	
1997	Richard Eyman	
1998	Nancy Robinson	
1999	Murray Sidman	
2000	Todd Risley	
2001	Don Routh	
2002	Travis Thompson	
2003	John Borkowski	
2004	Gene P. "Jim" Sackett	
2005	Robert Sprague	
2006	Ann Streissguth	
2007	Douglas K. Detterman	Richard Foxx
2008	Michael Guralnick	Luc Lecavalier
2009	Sara Sparrow	James Mulick
2010	Bruce Baker	Laura Lee McIntyre
2011	Michael Aman	Stephen Greenspan
2012	Ann Kaiser	Anna Esbensen
2013	Steve Warren	Sally Rogers
2014	Wayne Silverman	James McPartland
2015	Laraine Masters Glidden	V. Mark Durand
2016	Michael F. Cataldo	Abby Eisenhower
2017	Leonard Abbeduto	Marc Tassé
2018	Catherine Lord	Cameron L. Neece
2019	Jan Blacher	Eric Butter
2020	Philip W. Davidson	Matthew D. Lerner

*The **Edgar A. Doll Award** is a career award that honors an individual for his or her substantial contributions to the understanding of intellectual or developmental disabilities throughout their career. Our deepest gratitude to **Nationwide Children's Hospital** for their sponsorship of this prestigious award and support of Division 33.*



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## APA DIVISION 33: IDD/ASD

**Thank you for reading this edition of the Division 33 Newsletter!**

**Have an idea for a future newsletter? We want to hear from you.  
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**PSYCHOLOGY IN INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND  
AUTISM SPECTRUM DISORDER Editorial Policy**

*Psychology in Intellectual and Developmental Disabilities/Autism Spectrum Disorder* is an official publication of Division 33 of the **American Psychological Association**. It is devoted to keeping members informed about the activities of Division 33 and to present news and comment concerning all aspects of service, research, dissemination, and teaching in psychology and IDD/ASD. Brief articles about policy issues in psychology and IDD/ASD, as well as descriptions of service programs and preliminary research summaries are invited. We are especially interested in articles inviting the reaction and comment of colleagues in future issues. Comments and letters will be published as space allows. Manuscripts must conform to APA style and should be submitted via an email attachment. Articles, comments, and announcements should be sent to the current Division 33 President. Books, films, videotapes, and other material also may be submitted to the Editor for possible review. Unless stated otherwise, opinions expressed are those of the author and do not necessarily represent official positions of Division 33.