FROM THE PRESIDENT'S DESK
Karrie Shogren, PhD
Kansas University

As I write this Presidential update, we are still navigating the significant, ongoing impacts of the COVID-19 pandemic. I want to thank each and every Division 33 member for their ongoing contributions to the Division as well as to the IDD/ASD field through research, education, and service, particularly ongoing efforts to promote health and wellbeing during the pandemic, including efforts to promote vaccine access and equity for people IDD/ASD. As the pandemic continues to impact our field, I am confident that Division 33 and its members will continue to advance professional activities and collaborations that support our mission of advancing psychological research, professional education, and clinical services that increases the quality of life of individuals with IDD/ASD across the life course.

The APA 2021 Virtual Convention is rapidly approaching. Our program co-chairs Jason Baker and Cameron Neece have curated exceptional content for the virtual convention including collaborative programs, skill building sessions, symposia, invited addresses, and poster presentations. More details on the Division 33 program will be available on the website and at the APA 2021 Virtual Convention website (https://convention.apa.org/). We are pleased to announce our 2021 award winners, who will give invited award addresses at this years virtual convention. Robert Hodapp, Ph.D. will be recognized with the 2020 Edgar A. Doll Award. This award recognizes substantial contributions to the understanding of IDD throughout a scholar's career. Micah Mazurek, Ph.D. will receive the Jacobson Award for Critical Thinking which is presented to an individual who has made meritorious contributions to the field of intellectual and developmental disabilities in an area related to behavioral psychology, evidence-based practice, dual diagnosis or public policy. Both award recipients are highly deserving of this honor as their research and professional contributions have significantly advanced research and practice in the field of IDD/ASD. We would also like to congratulate our student poster award winners, Brianna Gambetti at the University of Wisconsin and Megan Ledoux at the University of California, Riverside. Each are being recognized for their high quality poster submissions and we are excited to feature their sessions during APA 2021 Virtual.

There are a number of new and ongoing Division 33 initiatives I want to highlight and invite members to become involved in. Please visit our website to review the array of standing and ad hoc committees - http://www.division33.org/ - and reach out to me or of the leadership to become involved. I would like specifically highlight the efforts of our **Diversity and Inclusivity Committee and its work in developing a plan to advance** our commitment

and activities as a Division to address systemic racism and the disparities experienced by people with IDD/ASD who have intersectional identities. I also want to call attention to APA's recently released Equity, Diversity, and Inclusion (EDI) Framework which will be used across APA and its Divisions to advance EDI efforts. Additionally, I want to highlight a newly emerging initiative in Division 33 around science communications. These efforts will be aligned with broader efforts with APA to ensure that psychological science is understood, utilized, and enacted upon across sectors. Specifically we will be exploring how we can promote the use of psychological science generated by Division 33 members and communicate implications for research, policy, and practice to advance our mission.   I welcome your thoughts on these, or any other issues that impact APA Division 33, our membership, and our mission.

Our website remains the hub for sharing updates on Division 33 initiatives, resources for early career professional members, as well as ACCESS Division 33, our official podcast series. We look forward to connecting with you virtually at APA 2021 and continuing to work to identify ways to address emerging challenges and the resulting opportunities for change and growth in our field, in service to our mission of advancing psychological research, professional education, and clinical services that increases the quality of life of individuals with IDD/ASD across the life course.

Karrie A. Shogren, PhD
Division 33 President, 2020-2021
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A special THANK YOU to our Founding Sponsor, WPS!

IDD/ASD Training Program Highlight

Thompson Center for Autism
& Neurodevelopmental Disorders
University of Missouri

Connie Brooks, PhD
Missouri LEND/Health Professions Director

Thompson Center faculty pride themselves on high-quality clinical supervision that is family-centered, culturally competent, interdisciplinary, and evidence-based. We provide opportunities for trainees to be leaders and to learn about policies and advocacy to better serve our families. Our intent is to continue to expand the clinical workforce for pediatric patients with special health care needs. Our clinical training program includes trainees at each stage of their professional development, which allows tiered supervision opportunities (also referred to as "supervision of supervision"). Students frequently voice their gratitude for being paired with more experienced trainees (e.g., junior supervisors) who they feel can also empathize with the challenges of student life. As our clinical training program grows, we currently provide clinical supervision for two interns, four 1st year graduate clinicians, and four 2nd year graduate clinicians (10 trainees total). Starting in August, we will add two postdoctoral residents. In the past five years, we've trained more than 30 psychologist and neuropsychologists entering the field.

In addition to clinical training with psychology trainees, we also host the Missouri LEND program. LEND (Leadership Education in Neurodevelopmental and related Disabilities) is a nation-wide clinical training program funded through the Health Resources and Services Administration (HRSA). Our program is entitled TIPS for Kids and hosts 15-18 trainees a year, from ten different disciplines (including self- and family-advocates), with nine faculty mentors. This program connects the Thompson Center to more than 10 campus departments housed in the College of Education, the School of Health Professions and the School of Medicine, through our trainee participation and invited presenters. The TIPS for Kids program has been in existence for more than 25 years at Mizzou, is one of the oldest LEND programs in the nation, is one of the first programs to have an ABA trainee and a sibling-advocate, and is a leader nationally in terms of our curriculum and parent shadowing activities.

The combination of the LEND and division clinical training has accelerated learning outcomes for our trainees at an outstanding rate and provided innovative mentorship opportunities. To highlight this unique training, one of our exceptional trainees, Jonathan Ferguson, was our first graduate clinician to supervise another graduate clinician (an opportunity typically only reserved for interns or postdoc

IDD/ASD Training Program Highlight

Jonathan Furguson, PhD
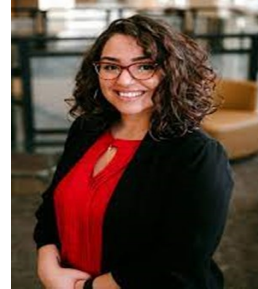
Sarah de Marchena, MA

residents). In his 3rd year of training at the Thompson Center, Jonathan supervised a 1st year student, Sarah de Marchena. Jonathan's clinical skills were deemed to be at a postdoc level, even before he applied to internship, due to his participation in the LEND program, as well as completing multiple practicum years at the Thompson Center. Thus, he was able to supervise Sarah for his 3rd year of training and add those supervision hours at an impressive amount for his internship application. He was quickly snatched up by the Marcus Autism Center at Emory University, where he is being considered for a postdoc and future faculty position. Sarah also participated in the LEND program and is currently in her 2nd year of training at the Thompson Center. She is staying a 3rd year to supervise a 1st year trainee, along with two other trainees who will be participating in this same tiered supervision model. This model allows our trainees to provide quality services at a level identified at nearly two years ahead of their peers and allows their expertise to reach families in need at an earlier rate. In sum, clinical training at the Thompson Center has far-reaching impact, not only to families, but across Mizzou and the nation. We are proud to contribute to the increase in the pediatric clinical workforce and provide future leaders and clinicians working with children with special health care needs.

Anti-Asian sentiment during COVID-19 and its impact on mental health:
Why does it matter and what can we do?

Neeraja Ravindran, PhD
Licensed Clinical Psychologist
&
Simon Abimosleh, BS
Clinical Research Coordinator

Cincinnati Children's Hospital Medical Center

Between 2000 and 2019, the Asian population in the U.S. grew 81%, from roughly 10.5 million to 18.9 million, the fastest population growth rate among all racial and ethnic groups in the U.S. (Pew Research Center, 2021). The number of Asians and Asian Americans in the US is projected to reach 46 million by 2060, and they are also expected to be the nation's largest immigrant group by the middle of the century (Pew Research Center, 2021). However, anti-Asian hate crimes have been growing at an alarming rate in recent times, especially since the onset of the COVID-19 pandemic. While anti-Asian sentiment has been well-documented for much of U.S. history, there has been a clear rise in xenophobia, racist attacks and discrimination against Asians and Asian Americans within the past year (Lee & Waters, 2021). For example, there were nearly 1,900 recorded incidents of anti-Asian American discrimination between March 19, 2020 and May 13, 2020 (Stop Asian American and Pacific Islander (AAPI) Hate; Asian Pacific Policy & Planning Council, 2020; Lee & Waters, 2021). Similarly, anti-Asian hate crimes reported to the police grew 164%, from 36 to 95 in the first quarter of 2021, as compared to the first quarter of 2020 (Center for the Study of Hate & Extremism, 2021). Reported episodes ranged from verbal harassment, jokes, and insults (e.g., referring to COVID-19 as "kung flu") to violent, and sometimes fatal, physical attacks in schools, business, and in the community (Abrams, 2021). Further, many of the anti-Asian hate crimes that have recently occurred seem to be tied, at least in part, to the negative and stigmatizing language and messaging used in media and the highest echelons of government while describing the virus. For example, a recent study found that the Trump administration's repeated use of the term "Chinese Virus" to refer to COVID-19 led to an increase in anti-Asian hate online (Hswen et al., 2021). While the March 2021 murder of six Asian women in Atlanta by a 21-year-old white male highlighted the extent and severity of anti-Asian hate crimes in recent times, for most people in the Asian and Asian American community, this general rise in hostility is part of the country's long history of scapegoating of Asian Americans during times of national duress and bigotry against Asians and Asian Americans (Mineo, 2021).

One of the first acts of anti-Asian sentiment upheld by the U.S. can be found in the 1854 Supreme Court ruling of *People v. Hall*. Chinese immigrant Ling Sing was murdered by George Hall, a white man, who was fueled by notions that Asians were "stealing White jobs" at a time

where an increase in Asian immigration to the U.S. matched the growing demand of mining and railroad construction jobs in California and other western states. In 1875, the nation's first restrictive immigration law, the Page Act, was passed to prohibit the entry of Chinese women in to the United States, due to the dehumanizing narratives and tropes that Asian women were bringing in sexual deviancy. Subsequently, in 1882, the Chinese Exclusion Act was passed, which banned immigration of Chinese laborers. Anti-Asian sentiment continued through modern American history, including the forced internment of Japanese immigrants and Japanese Americans in the wake of Japan's attack on Pearl Harbor during World War II, and the routine discrimination and hate toward refugees from Southeast Asia after the Vietnam War. During a recession that was partly blamed on the rise of the Japanese auto industry in 1982, Vincent Chin, a Chinese American was beaten to death by two Detroit autoworkers who thought he was Japanese. In the wake of September 11 2001, the number of attacks against people perceived as Muslim rose exponentially, and more recently in 2017, assaults against Muslims in the U.S. surpassed 2001 levels (Pew Research Center, 2017).

For psychologists and other health care practitioners, it is important to acknowledge the history and prevalence of racist incidents, because racial discrimination is a well-established predictor of poor mental and physical health outcomes among communities of color in the United States (Lee & Waters, 2021; Paradies et al., 2015). Racially-driven health inequities are also well-documented within the area of intellectual and developmental disabilities (Magana et al., 2015; Balogh et al., 2015). During the pandemic, people from Black, Asian, and other minority ethnic groups who also had intellectual or developmental disabilities were found to bear more severe forms of COVID-19 and consequently die at higher rates compared to their white counterparts with developmental or intellectual disabilities (Hassiotis, 2020). While there is limited research specifically targeting AAPI individuals with disabilities, it is well documented that Asian Americans are less than half as likely as Caucasians to receive mental health treatment or access disability services (National Healthcare Disparities Report, 2008). Similarly, Southeast Asian American families are underrepresented among recipients of mental health services, as well as special education and social services for people with developmental disabilities (Baker et al., 2010). In addition to the systemic barriers that often drive disparity and inequity, research has explored the influence of culture and ethnicity in one's perceptions of health, illness, and disability (Ravindran & Myers, 2012), help-seeking behaviors (Daley, 2002; Mandell & Novak, 2005), and ways to provide culturally-informed care to individuals and families of children with disabilities from underrepresented communities (Carpenter, 2000; Daley, 2002; Ravindran & Myers, 2013).

In general, while much of the existing research highlighting the impact of racial discrimination on negative mental health outcomes has focused on the African

American and Black communities (Lee & Waters, 2021; Pieterse et al., 2012; Sanchez & Awad, 2016), early research has indicated that the uptick in anti-Asian discrimination has led to an increase in anxiety, depressive symptoms, chronic disease, and sleep problems among those who are targeted (Abrams, 2021; Lee & Waters, 2021; Williams & Mohammed, 2009). A recent study by the Pew Research Center reports that 87% of Asian Americans feel that they face some discrimination in our society, and 70% of the study's total sample agreed (Pew Research Center, 2021). In relation to U.S. healthcare in particular, the impact of anti-Asian discrimination has been felt deeply by many of its Asian and Asian American providers. As per a recent The Washington Post news report, although Asian Americans represent 6% of the U. S. population, Asian and Asian American healthcare workers represent 18% of the country's physicians and 10% of its nurse practitioners. Further, 4% of the psychology workforce is Asian (New American Economy, 2021; American Psychological Association, 2020). However, many of these healthcare workers, especially during the COVID-19 pandemic, have been subjected to many overt and covert acts of racism and discrimination while caring for their patients. The Associated Press detailed many troubling incidents faced by Asian American healthcare workers, such as the fact that every single resident of Asian heritage in a 2020 study said patients had inquired about their ethnicity. Even before the pandemic, 31% to 50% of doctors of Asian heritage experienced discrimination, whether it be patients refusing their care,

or having difficulty finding mentors (Associated Press, 2020). Unfortunately, studies that evaluate experiences of diverse healthcare workers often leave out Asians, as they are not seen as a minority in medicine and other health care fields.

One reason why individuals in the Asian American community continue to face harassment rooted in the country's racist history is the stereotype of the "perpetual foreigner" who will, therefore, never truly be American (Armenta et al., 2013). For example, Asian Americans, among other marginalized communities today, are often the target of *microaggressions*. Microaggressions are described by Derald Wing Sue (2007) as everyday invalidations or slights typically targeting one's race, gender, or sexual orientation, coming from generally well-intentioned people who often are not aware of the impact their statements may have. Sue and other psychologists often describe microaggressions as "death by a thousand cuts," and Sue (2021) notes the adverse mental health outcomes and psychological harm caused by them. For example, Asian Americans often experience microaggressions in the form of questions such as, "Where are you (really) from?" or statements about their "really good English." As per Sue (2021), the underlying message conveyed to them through these microaggressions is that they are foreigners who do not really belong in this country. Another commonly held stereotype toward Asian Americans is the "model minority" myth, which was historically leveraged by the White political class to delegitimize the Black civil rights movement in the 1960s, often

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pitting communities of color against each other. It is a grossly reductive stereotype, which often glosses over the many challenges faced by the very heterogeneous Asian community. The "model minority" stereotype attributes allegedly "positive characteristics" to the Asian American community, such as achieving educational, occupational, and economic success overall and being well-adjusted (Sue, Sue, Sue, & Takeuchi, 1995). The myth is pervasive and used to suggest that Asian Americans are more protected against racism and its negative effects (Lee & Waters, 2021), as compared to other communities of color. However, Asian Americans' experiences of discrimination and microaggressions indicate elevated mental health concerns, including anxiety, depression and other psychological distress (Lee & Water, 2021; Sue, 2021; Lee & Ahn, 2011). Further, "positive stereotypes" based on race such as the ones attributed to the Asian American community places unrealistically high expectations on them, which then inadvertently leads to feelings of self-doubt and inadequacy, further increasing their likelihood for psychological problems and suicidality (Kim & Park, 2008). In a recent study exploring the experience of racial discrimination during the first few months of the pandemic and its impact on multiple indicators of health, Lee & Waters (2021) found that nearly a third of their Asians and Asian Americans participants reported an increase in overt and covert discriminatory experiences within the last year. In another study, Liu & Finch (2020) found that Asians and Asian Americans

have experienced increased discrimination specifically due to people thinking they might have the coronavirus. In their study, Lee & Waters (2021) found that higher levels of reported discrimination significantly predicted poorer health outcomes in terms of anxiety, depressive symptoms, physical symptoms, and sleep difficulties. Further, there is substantial evidence that Asian Americans are less likely to receive mental health services (Kim et al., 2015; Ihara et al., 2014; Misra et al., 2020), partly due to perceived discrimination (Burgess et al., 2008; Misra et al., 2020). Misra and colleagues (2020) describe "the "double stigma" of being a minority and having mental health problems," as well as how a rise in anti-Asian stigma may "further impede help-seeking behaviors and exacerbate preexisting health inequities" among the Asian community.

Although it is impossible to entirely eradicate or reverse the negative impact of decades of relative invisibility for the AAPI community, there is more targeted effort within the past year to shine a spotlight on the AAPI experience (Abrams, 2021). For example, Misra et al. (2020) stress the importance of understanding the intersectionality of current mental health needs, anti-Asian stigma, as well as pandemic-related drivers of distress to address inequities in mental health services through research, practice, and policy. Similarly, based on his extensive and years-long work on racial microaggressions, Sue et al., (2019) identifies "microinterventions" or ways in which targets, allies, and bystanders can tackle

racism they witness or experience in daily life. Microinterventions emerge from the idea that silence is complicity, and microinterventions can help distinguish the difference between intent and impact. Sue et al. (2019) identify four specific action steps or microinterventions that can be taken by allies, targets and bystanders to address everyday racial microaggressions: (1) make the "invisible" visible (e.g., calling out racist microaggressions such as "your English is so good" by responding, "I hope so, I was born and raised here"); (2) disarm the microaggression (e.g., interrupting a racist joke to say, "I don't want to hear the punchline"); (3) educate the perpetrator (e.g., "I know you intended it to be funny, but that is actually quite an offensive stereotype"); and (4) seek outside support and help. Seeking outside help or support (e.g., from your organization or institution) is especially crucial in situations where targets, allies, or bystanders may be putting themselves at risk by confronting a microaggression (Sue, 2017). While bystander intervention, especially by White allies (who are seen as members of the majority group), can be particularly effective (Abrams, 2021), it is also possible that a well-intentioned bystander may "make matters worse" by intruding on the privacy of the target (Scully & Rowe, 2009). As such, it is important to consider the context and to understand the positive and negative repercussions of microinterventions. For example, negative repercussions are especially likely if there is a strong power differential between the target and the perpetrator. Sue et al. (2019) suggest that it is also helpful to: consider where and when you choose to address the offender; adjust your responses as the situation warrants (i.e., *educate* vs. *confront*); pick your battles (especially as a person of color); and be aware of the relationship factors and dynamics with perpetrators.

In conclusion, as psychologists, we can continue to advocate and demonstrate allyship for the AAPI community by: (a) validating experiences of microaggressions faced by patients and colleagues; (b) creating a safe space in inpatient and outpatient settings for patients, as well as for staff within our work place; (c) focusing on the provision of culturally-informed, appropriate and humble care; (d) being aware of our own biases and prejudices; (e) committing to ongoing education and training regarding anti-racism practices for ourselves and our trainees; and (f) continuing to engage in Diversity, Inclusion and Equity efforts within our workplaces in an ongoing and sustainable manner.

Want to learn more? Check out these additional resources:

- Stop AAPI Hate https://stopaapihate.org/
- Asian Americans Advancing Justice https://www.advancingjustice-aajc.org/
- Asian Counseling and Referral Services https://acrs.org/

Division 33 Edgar A. Doll Award 2021

EDGAR A. DOLL AWARD
Sponsored by Pearson Assessments

Award Recipient:

Robert Hodapp, PhD

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

A special thank you to our award sponsor:

Division 33 John W. Jacobson Award 2021

JOHN W. JACOBSON AWARD
Sponsored by Nationwide Children's Hospital

Award Recipient:

Micah Mazurek, Ph.D

For Her Meritorious Contributions to the Field of Intellectual and
Developmental Disabilities in an Area Related to Behavioral Psychology,
Evidence-Based Practice, Dual Diagnosis, or Public Policy.

A special thank you to our award sponsor:

Division 33 Student Interview

The Pros and Cons of Virtual Platforms for Individuals with IDD/ASD

Interviews conducted by:

Elizabeth Baker, MA, UC Riverside &
Brianna Gambetti, MS, University of Wisconsin-Madison

Kristi Greenfield is the Quality Improvement Advisor for Marcfirst, an organization in Normal, IL that serves individuals with IDD. She also helps coordinate the Friendsfirst social group. Over the course of the pandemic, Friendsfirst transitioned to Zoom sessions, but has now recently returned to in-person group meetings.

We wanted to learn more about the benefits and challenges of having a social group over Zoom for the participants with IDD/ASD.

Question 1: What were some challenges to transitioning the social group from in-person to Zoom last year?

Kristi noted that some individuals struggled to stay engaged over Zoom; they thought it was strange to not be with their friends physically, and they would become easily distracted. It was also difficult for some individuals who are nonverbal to communicate via Zoom. They made the most of the situation, however, and still chose to listen in and communicate in other ways (e.g., giving thumbs up) because they were happy to "see" their friends. Another challenge Kristi mentioned was that it was up to families and caregivers to spread the word that the social group would be meeting over Zoom. There was some concern that the message might not have gotten to all the participants of the social group, causing them to miss out on the opportunity to stay in touch with their friends. Finally, there were some accessibility challenges. For some participants, they did not have access to the proper technology or the financial means to purchase such technologies. A few older participants also did not feel comfortable using Zoom and therefore did not participate in the virtual group sessions.

Question 2: Were there some unexpected benefits to having the social group via zoom? If so, what were they?

Kristi informed us that three participants moved away (as far away as England), and the group was able to keep in touch with them during the Zoom sessions. The Zoom sessions made not being together a little easier, and it was wonderful that the participants were able to check in with one another regularly. Additionally, Kristi pointed out that routines are very important for many of the participants of the social group, so being able to keep the routine of "seeing" their friends every Tuesday and Thursday allowed them to maintain a sense of normalcy. Kristi also noticed that some participants, particularly the participants with ASD, actually became more engaged and involved in the conversations because they were not as anxious since they were in their own homes. Another benefit Kristi noted was that the caregivers were able to contribute to the virtual conversations, helping the participant provide life updates when needed.

Question 3: What activities did you do during the virtual group sessions?

Kristi explained that when first starting out on Zoom, they met on Tuesdays to share any updates and to just chat with their friends for a while. They started out with about 6 participants joining, but this grew to about 15 and remained consistent throughout the year. The participants seemed to really enjoy their time together, and they began meeting over Zoom every Tuesday and Thursday. There would be a theme each week and activities were planned based on the themes (e.g., a PowerPoint on the theme, a cooking lesson). On Thursdays, members of the group also participated in Zoom yoga and Zoom music therapy.

Question 4: Did the group dynamics change at all? In other words, did you find that people were more or less participatory over Zoom?

Kristi noted that there were participants that were both more and less participatory. One individual, in

particular, was more engaged with the yoga sessions over Zoom than they were during the in-person social group, and a couple of other participants seemed to gain the confidence to lead the discussions over zoom, acting as host. On the other hand, it was challenging for some individuals to remain engaged over Zoom. They would become easily distracted and therefore participate less than they might have in person.

Question 5: Now that you are meeting in-person again, has the transition back been smooth or challenging? How so?

Kristi thankfully reported that overall, the transition has been smooth. Attendance was small at first, but now almost the entire group is back in-person. Everyone feels excited to be able to reconnect! Kristi also noted that all COVID-19 related policies have been adhered to without any issues or concerns.

Question 6: Would you consider leaving Zoom groups an option for those who might prefer it?

Kristi was excited about the addition of Zoom to their weekly routine! Zoom sessions are now incorporated during a portion of the social group so that participants can still keep in touch with their friends who have moved away or may otherwise still prefer the virtual option. It has been a great way to stay connected!

In conclusion, the participants of the Friendsfirst program greatly value their friendships and though there were some challenges associated with meeting over Zoom, it allowed them to still be there for one another, giving them something to look forward to during a year filled with uncertainties. When receiving feedback from caregivers, one mother of a Friendsfirst participant perfectly described to Kristi the balance of pros and cons for using a virtual platform when she stated, "Overall, we liked Zoom. It was essential for us during quarantine and very helpful when we were in Texas. I would say that some of [my son's] non-verbal communication was lost in the technology. But, having a communication partner along with him in the Zooms made up for that."

*Brianna and Elizabeth would also like to thank Ben VanHook, who will be starting his graduate studies at George Mason University this fall. Ben assisted with drafting interview questions as well as with providing edits/feedback for the article. **Thanks Ben!***

Early Career Psychologist Column

Training and Development of ECPs During COVID-19

Geovanna Rodriguez, PhD
University of Oregon
&
Emily Hickey, PhD
Waisman Center

Interview completed with Drs. Sigan Hartley and Leann Dawalt from Waisman Center, University of Wisconsin-Madison

Describe your position and some of your responsibilities related to training.

SH: I am an Associate Professor in the School of Human Ecology at the University of Wisconsin-Madison. I'm also a Waisman Center investigator and run my research lab out of the Waisman Center. I train graduate students, postdocs, and undergraduate students in that lab and also serve as the Associate Director of training at the Waisman Center. In that role, training activities include 1) organize a Waisman Center Ethics and Professional Development seminar series that provides professional development and research ethics training to advanced graduate students/postdocs; and 2) I serve as the director of the T32 that's funded by NIH. We have a cohort of four postdoctoral fellows who are engaged in research on intellectual and development disabilities, predominantly in behavioral social sciences. We also cater toward researchers who want to bridge with more biological sciences and more of that team science approach.

LD: I am also an investigator at the Waisman Center and what is unique and may be of interest is that I am a Senior Scientist so I'm not affiliated with a home department. The Waisman Center is my only location on campus. I'm also the director of our University Center for Excellence in Developmental Disabilities (UCEDD). Within that role, I oversee our model direct services: clinical services, community-based training and technical assistance program, and information dissemination and research within the UCEDD. I'm also Research Director for our LEND program, which is Leadership and Education in Neurodevelopmental and Related Disabilities. Part of what I do in my UCEDD Director role is making sure that all of the services of the Waisman Center are places where training can happen and overseeing students in my own lab, supporting their training and growth. Also, I support the LEND curriculum to have training in evaluating evidence and translating research to practice for practitioners and clinicians who are receiving training through the LEND program.

COVID-19 posed unprecedented challenges to psychology education and training, but also many opportunities for growth. What

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have been some of those challenges and opportunities for you and your trainees?

SH: From my perspective working with postdocs and graduate students, it's made a lot of people have to pivot a little bit. I think, in particular, pivot away from some of the in-person data collection, and into thinking about how we can use the data we already have, leverage secondary datasets, or work on grant writing. I think a lot of early stage, postdocs, or advanced graduate students, are really primed to want to write grants, so those were the students who we had been talking about a lot of options including proposing in-person data collection, but because they were early stage and it's often really important to be showing pilot data collection, we've pivoted a lot of those projects to leveraging secondary data sources, which in all honesty, I think is a great thing for the field. We invest all of these resources in getting these great datasets, and we don't use them enough because often with grants the grant period ends after data collection. You don't have that time to be innovative and go back into that research and really go beyond just those three big questions that you proposed. The other big thing in terms of a silver lining and new opportunities is an explosion of funding calls around COVID, both in terms of supplements as well as calls for new grants.

LD: I will add and completely agree with Sigan. I think another place where there's been an explosion, which is not necessarily bad for the field, and perhaps really great in some ways, is this explosion in telehealth. We're using this not just for virtual meetings as a team but collecting data virtually and doing diagnostics and treatment, and delivering intervention virtually. One of the great things for students and early career folks is that they're getting to learn how to do things well virtually. For research – how can we have the same level of rigor that we have for doing in-person experiments, in-person interviews,

autism diagnoses that we have developed? How can we have that same confidence in information that we gather virtually? How can we ensure, clinically, the same level and quality of care if we're delivering services virtually? Also, for whom and when is a virtual delivery of service going to be most effective and ecologically valid for individuals and families and when is in-person really going to be important? COVID, in my mind, has totally accelerated and forced us to start asking those questions. I hope that psychologists can lead the way in doing that important work.

With many shifts in research protocols during the pandemic, how were you able to ensure the integrity of research training to prepare trainees for independent research and grant-writing? Did you have concerns in meeting training expectations?

SH: It forced us all to use Zoom and online, which I think has had advantages. I think sharing screens, getting us all more used to Google Docs. Quite honestly, it's probably improved some of the practices. One set back with COVID was to recognize that a lot of people in our lab and in my graduate program have had personal struggles around it. It's been important for us as a group to spend some time on Zoom just socializing a bit and realizing we don't get that chit chat time we are used to. I've increasingly realized that in individual meetings with students or in lab meetings to take some time to just ask "Hey, what are your weekend plans; how are you doing; let's chit chat" and just to recognize that this is a tough time for students. Talking to trainees about – where is your workspace; how are you working? There's been a little bit of attention to where are you going to work, how are you going to work, how are you going to get protected time. It's been hard in COVID, that home/work balance is often not as clear for people. From a training perspective, the other thing I will mention is

Early Career Psychologist Column

virtual conferences have been a learning curve for all of us. It's forced students to do a completely different format for posters. I've seen a lot of great advantages to that, particularly for early career folks who might be more nervous – it allows them to pre-record things, which for them is a nice way to ease them into things. I think the disadvantage is there can be low turnout, particularly certain poster sessions, because now these things are flexible and people don't carve out a full day to attend a conference because you're not physically there. We've talked with students about ways to network.

LD: I'll just continue with that. COVID has just required more intentionality with training and supporting advanced trainees and early career folks to facilitate that networking. I've had many meetings with folks who were encouraged to reach out to people at other universities. There's just had to be more directed-ness to make sure that can happen. The other thing related to this question is really slowing down and reminding trainees, students, and postdocs that this is an extraordinary moment in time and that we may not get everything in the same timeline that we had hoped. It may not be possible to get that grant in at the first due date because life is happening and there's been a lot of grief and suffering and a lot of anxiety. If we need to slow it down, that's okay. At this point, we may not have the level of productivity that we would have otherwise, and that's okay, because everyone is going through this experience globally. There will be time that we can have higher levels of productivity. Sticking to those fundamentals about asking good questions, understanding where the gaps are, going deeper into the theoretical underpinnings of our work – all those things are good to do.

What guidance would you give to training organization leadership involved in funding in responding to some of the identified challenges you mentioned? What guidance would you give to students who are interested in pursuing future training positions as we go through this recovery stage?

LD: I think really having more funding that explicitly calls for secondary data analysis. I think so often when we start practicing writing our specific aims, we automatically think of primary data collection. I think that it's nice to acknowledge or even steer people in the direction of leveraging data that already exists and making that easier for folks so you don't always feel like you have to perform a whole intervention in order to be able to have funding. Also, then, having some flexibility. It would be really nice to have more supplements available and add-ons to training years.

SH: I love your last point about these training grants. To expand on that, it's been a challenging year for folks, for postdocs on the job market. I think of my trainees – we tried to be really proactive of acknowledging that and making sure to set realistic expectations. It took a lot of reassurance from a mentor: stay strong, stay steady, there's a lot going on right now, how not to overinterpret the fact that a lot of people were late to post some postings. It was really a long process for folks. Maybe it's going to take a couple extra years to get there, but making sure that they felt supported and thinking about what would that third year look like if they were not funded off a postdoc and trying to really be proactive in setting that up. This year, we were lucky that all the postdocs who were transitioning off of the T32 ended up finding a spot. Sometimes it was a longer journey than they wanted and it may not have been what they originally thought, but they're all feeling good about where they landed. It was a trying year for that group with this and getting them to stay strong to not lose sight of where they want to go, and if there are going to be some gap years, how can you design some gap years that are ultimately

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going to just make you stronger; what on your CV would give you that push; do you need extra teaching; is this the time that you buckle down and you submit your R03 and maybe having grant funding is what you need – well let's go get that for you.

LD: And maybe weaving in some clinical work. I'll just say one more thing: obviously, in my lifetime, I've never been through a global pandemic before. Now we have. We're going to be coming out with reflections and things. I think it is helpful to look back and I know, with my many mentors I have had and in the history of psychology as a field, there have actually been many recessions and many times when the job market was very bleak and very dark and people found things to do to continue to make themselves active in the field and learn new skills. Then things improve, and there are many great leaders and people that have gone before us who have had wonderful careers that had a time similar to what many trainees and early investigators are having. It's still a wonderful time to study individuals with intellectual and developmental disabilities and to be in this field and it's worth it, just keep working hard and stick with it.

Now that we're in this recovery phase, post-COVID, do you have any final words of wisdom that you would give ECPs about what they should be prioritizing?

SH: Ultimately, these are individual decisions. I think, as a trainee it's important to keep that in mind and to talk to your various mentors, not only your immediate mentor of your postdoc, but also who is in your network. I would also say, you're not alone. Everyone's figuring out – how much does it make sense to go after every new opportunity? It's about timing. What makes sense for where you want to go? If there's opportunities that you feel you could really collect some great COVID-related data, particularly if you already have a sample ready to go, or you have a great idea – go for it. I know a lot of people who have been really successful in getting great data and it's launching them in a way that they're going to have these beautiful datasets going forward. Talk to program officers at NIH and different institutes. You may get different advice about the supplements related to COVID, specifically, how likely they are to fund them or not. Reach out to NIH and talk about your ideas so you have a good sense if it makes sense to go for these new opportunities. Part of being successful is leveraging opportunities around you. That said, I think it's going to be hard to gain traction if you go after every little thing. Keep some sort of focus. It's just a balance and figuring out what's right for you.

Attend our ECP Mentoring Event at APA Virtual!

Join NIH Program Officers and recent awardees for a panel discussion about the process and their experiences applying and securing funding!

Date: Friday, August 13th from
Time: 10am-11:30am PST (1pm-2:30pm EST; Q & A to follow panel discussion)
Event Title: Training Grants, Early Career Awards, and Graduate/Post Doc Research Funding: Tips for Getting Started and Developing a Competitive Application
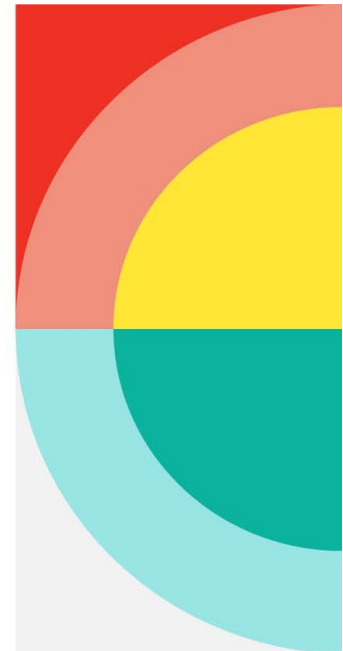Zoom Link: https://uoregon.zoom.us/j/96821963884

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IMPORTANT UPDATES:

The Division 33 Program for the 2021 APA Virtual Convention is now available on the [Division 33 Website](). This includes information about the many exciting collaborative proposals, award talks, symposia, skill-building sessions, and poster presentations planned for this year.

Division 33 Business Meeting for the 2021 APA Convention will be held on Thursday, August 12th at 1pm Pacific / 4pm Eastern, via Zoom video conferencing.

During this meeting, Karrie Shogren will deliver her Presidential Address, we will highlight each of the Award winners, and we will provide a summary of Division 33 business and plans for the future.

Meeting: https://fullerton.zoom.us/j/85336486198?pwd=SllBM2Fzd0hrN2RCa0k1bWFyRWtqdz09
Password: **143708**

AMERICAN PSYCHOLOGICAL ASSOCIATION

APA DIVISION 33: IDD/ASD

Gatlinburg 2021 Recap:
Division 33 Virtual Presentations

Megan Kunze, University of Oregon: Parenting Interventions for Diverse and
Low-Resourced Families and Communities

Sandra Vanegas, Texas State University: Parenting Interventions for Diverse and
Low-Resourced Families and Communities

Gatlinburg 2021 Recap:
Division 33 Virtual Presentations

Elina Veytsman, UCLA: Mothers' Perspectives on the Future of their Young Adults with and without Developmental Disabilities

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 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	
2021	Robert Hodapp		Micah Mazurek

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Have an idea for a future newsletter? We want to hear from you. Please contact the Division 33 Newsletter Editors:

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