



# 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



Division 33 has been an important professional home to me for more than a decade – first as a division graduate student affiliate, then as Member-at-Large, and now as President. Throughout this time, the division has maintained a strong commitment to advancing psychological research, professional education, and clinical services that address the needs and increase the quality of life of individuals with IDD/ASD. I am honored to get to work with the division's executive committee, members, and affiliates over the next year to advance this important mission.

It was great to see so many division members at the 2019 Annual APA Convention in Chicago! We had a great line up of collaborative programs, symposium, and poster presentations. For me, some of the highlights were Dr. Eric

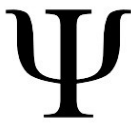
Butter's John W. Jacobson Award for Critical Thinking address. This award was presented to Dr. Butter for making a meritorious contribution to the field of IDD in an area related to behavioral psychology, evidence-based practice, dual diagnosis or public policy. Dr. Butter gave an insightful address on some of the more controversial evidence-based practices in IDD and discussed priorities for the field going forward.

Dr. Jan Blacher was awarded the Edgar A. Doll award, an honor given to an individual for his or her substantial contributions to the understanding of IDD throughout their career. Due to a prior speaking commitment, Dr. Blacher will present her Doll Award address at the upcoming 2020 APA convention.

Finally, Dr. V Mark Durand gave a powerful presidential address highlighting lessons learned from his research on interventions involving applied behavioral analysis and positive parenting approaches to working with mothers and fathers of children who have been diagnosed with autism spectrum disorder (ASD). Dr. Durant demonstrated many of

the key principles of these approaches such as pinpointing the 'why' behind child challenging behaviors, identifying maladaptive attributions for these behaviors, understanding how parents' own emotions shape their interactions with children, and achieving a balance between parents' taking care of their own needs and taking care of the needs of their children.

Division 33 also gave two research awards for top graduate student presentations. Elina Veytsman received an award for her oral presentation titled Transition to Adulthood for Young Adults with ASD/ID: Parent Perspective, which was part of a symposium on adulthood and ASD. Michelle Menezes received an award for her poster presentation titled Relationships between Sensory Over-Responsivity and Anxiety in Youth with and without ASD. Both presentations reflected high quality research on topics of great importance to the field. President-Elect, Dr. Karrie Shogren, and President-Elect Designate, Dr. Jason Baker will be working to develop an exciting division program for the 2020 APA Convention in



## FROM THE PRESIDENT'S DESK Sigan Hartley, PhD

Washington, DC. Keep a look out for their announcements.

Aside from the convention, the last few months have been busy for Division 33. In particular, Dr. Marc Tassé led efforts to solicit and consolidate division feedback regarding proposed changes to the Diagnostic and Statistical Manual (DSM) criteria for Intellectual Disability (ID). This discussion was in relation to consideration of the removal of the current DSM-5 criteria: "To meet criteria for intellectual disability, the deficits in adaptive functioning must be directly related to the intellectual impairments described in Criterion A." Division 33 feedback was combined with that of our colleagues across APA, and resulted in APA's recommendations that this statement should be removed as currently written it implies a direct relation between adaptive behavior and intelligence. However, adaptive behavior deficits cannot always be shown to be the result of low IQ, and this criteria places an unobtainable burden of proof on individuals with ID. Moreover, a better understanding of how the construct of adaptive behavior manifests in culturally-diverse communities is needed.

In collaboration with Dr. Cathy Lord, several Division 33 members (Drs. Eric Butter, Liz Laugeson, Rachel Fenning, Gael Orsmond, Jason Baker, Mark Durdand, and Sigan Hartley) worked to create updated information on the definition of ASD and treatment considerations for the APA website.

Drs. Katy Mezher and Eric Butter also led the way in updating our division's bylaws. The updated bylaws will be sent out to all division members in the coming weeks. Dr. Jason Baker has continued to grow *Access Division 33* which offers a series of podcasts of interviews with Division 33 members. The Early Career Psychologist (ECP) Committee has also added new content to their ECP page on the division website— check it out!

The division's ad hoc Committee on Diversity and Inclusivity (Chair: Dr. David Jaquess, and members: Drs. Kristin Long, Marissa Mendoza-Burcham, Naomi Rodas, and Jenna Wallace) is working on setting an agenda for the coming year. If you haven't already, please complete their brief questionnaire <https://forms.gle/eUTFjQBkZtsgjSGD7>

Looking ahead, the division has many exciting initiatives for the coming year. A few of these initiatives are outlined below. We are always seeking new partners to join us in these initiatives. If you are interested in learning more and joining other Division 33 members and affiliates in these important efforts, please reach out!

—Developing Clinical Practice Guidelines related to ASD

—Developing resources and trainings (handbooks, webinars, symposium) on topics related to the criminal justice system and IDD/ASD

—Expanding trainings, resources, and networking opportunities for early career professionals who work in the field of IDD/ASD

—Identifying, understanding, and eliminating discrimination, stigma, and bias in clinical practice, research, and education as it relates to IDD/ASD and promoting inclusion and full participation of adults with IDD/ASD in our communities and society

Sigan Hartley, PhD  
Division 33 President, 2019-2020

[slhartley@wisc.edu](mailto:slhartley@wisc.edu)



# APA DIVISION 33: IDD/ASD

## IDD/ASD Training Program Highlight

Vanderbilt Kennedy Center  
 Postdoctoral Fellowship in the area of  
 Autism Spectrum Disorders (ASD)  
 & Related Neurodevelopmental Disabilities

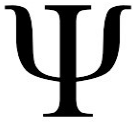
Whitney Loring, PsyD  
 Associate Director of Training



The Vanderbilt Kennedy Center’s Treatment and Research Institute for Autism Spectrum Disorder (VKC-TRIAD) and the Department of Pediatrics in the Vanderbilt University Medical Center’s Division of Developmental Medicine is accepting applications for a psychology postdoctoral fellowship in the area of autism spectrum disorders (ASD) and related neurodevelopmental disabilities. The mission of the VKC is to facilitate discoveries and best practices that make positive differences in the lives of persons with developmental disabilities and their families. This provides an exceptional research and training environment, reflecting synergy across our NICHD-supported Intellectual and Developmental Disabilities Research Center (IDDRRC), MCHB-supported Leadership Education in Neurodevelopmental Disabilities (LEND) grant, University Center for Excellence in Developmental Disabilities (UCEDD), and programs within TRIAD. The fellowship began in 2009 and is housed within TRIAD, the hub for campus-wide interdisciplinary work in autism research, service, outreach, and training (<http://triad.vumc.org>). Fellowship activities include diagnostic evaluations of children with suspected ASD through research projects and our hospital-based developmental clinic, in both birth-3 and school age settings. One goal of these experiences includes obtaining ADOS-2 research reliability as well as developing proficiency in varied models of autism assessment, such as telediagnosics and enhanced screening structures. In collaboration with TRIAD’s Professional Development, Training, and Outreach Team, fellows will also develop and deliver live and online training modules to parents, providers, and school personnel; participate in school-

based consultation and support; and develop inclusive activities and supports with community partners. The goal of these activities is to improve competencies in disseminating information regarding best practices in supporting individuals with ASD across a variety of settings, roles, and professionals. Additionally, fellows may provide short-term evidence-based parent-mediated interventions through our early intervention program and other specialty clinics. This includes training in behavioral pediatrics and integrated care, where fellows can gain experience in early detection of ASD in primary care clinics as well as providing consultation and treatment for a broader range of presenting concerns. As an integral part of the training year, the VKC-TRIAD fellow will serve as a long-term trainee under our Leadership Education in Neurodevelopmental Disabilities (LEND) program (<http://vkc.mc.vanderbilt.edu/vkc/lend/>). This includes participation in at least 300 hours of interdisciplinary activities that include online seminars, leadership classes, and other requirements during the academic year. Fellows are also supported through Vanderbilt’s Office of Postdoctoral Affairs (<https://gradschool.vanderbilt.edu/postdoctoral/about.php>) to assist in areas including broader professional development and career planning.

“While at TRIAD I have had many opportunities to grow as a clinician,” said Liliana Wagner, a 2018-2019 TRIAD postdoctoral fellow. “By being embedded in several different clinics, both at the hospital and in primary care, I have gained experience providing diagnostic services and therapy to children of many different ages and



## IDD/ASD Training Program Highlight

### VANDERBILT KENNEDY CENTER

presentations. I have also gained valuable skills working alongside the behavior analysts and educational consultants at TRIAD, helping to develop and present content for professional development trainings, consult with school teams, and create and publish online training modules for educators and caregivers. Finally, I have been lucky enough to have received supervision from a range of highly skilled psychologists, whose advice will continue to shape the way I practice moving forward.”

Laura Corona, another 2018-2019 fellow said,

“I have appreciated the emphasis that the LEND program and TRIAD place on interprofessional teamwork, and I think that this collaborative approach is the best way to provide high quality care and support to the families with whom we work.”

Interested applicants can submit the following materials to [TriadPostDoc@vumc.org](mailto:TriadPostDoc@vumc.org): a current curriculum vita, a letter describing clinical interests and experience, and recommendation letters from at least two references who have worked with the applicant in different contexts.

### Psychology in Intellectual and Developmental Disabilities/Autism Spectrum Disorder

*You can now join and renew your Division 33 membership online!  
Just visit: <http://www.division33.org/membership/>*

*As always, a very special thank you to Jason Baker for doing such a wonderful job with our website.*

**SAVE THE DATE:**

# APA 2020

**August 6-9, 2020 in Washington, DC**

## 2019 APA Student Research Award

### Relationship between Sensory Over-Responsivity and Anxiety in Youth with and without ASD

Michelle Menezes MEd, Ryan Grimm PhD, & Micah Mazurek PhD  
University of Virginia



**Introduction:** Sensory processing difficulties are common in individuals with autism spectrum disorder (ASD); and sensory over-responsivity (SOR) appears to be particularly problematic (Ben-Sasson et al., 2008). SOR is characterized by an exaggerated response to sensory stimuli generally including distress, hypervigilance, and avoidance, and can cause considerable functional impairment (Green & Ben-Sasson, 2010). In the general population, SOR is associated with symptoms of anxiety (Conelea, Carter, & Freeman, 2014). Youth with ASD are more likely to experience SOR than their typically developing (TD) peers (Green & Ben-Sasson, 2010), and are also at higher risk for significant anxiety (Kim, Szatmari, Bryson, Streiner, & Wilson, 2000). However, prior research has not examined potential differences in the nature and strength of the association between anxiety and over-responsivity to specific types of stimuli in youth with and without ASD. This project aimed to compare the relationships between anxiety and sensitivities in particular sensory modalities in youth with ASD and TD youth.

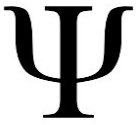
**Methods:** The study sample consisted of 39 boys with ASD and 39 TD boys aged 10-16 without intellectual impairment ( $IQ > 75$ ). Anxiety symptoms were assessed with the DSM-oriented scale of the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001). SOR was assessed with the Sensory Over-Responsivity Scales (SensOR; Schoen, Miller, & Green, 2008) total and subscale scores. Multiple group regressions were performed to determine whether regression coefficients between anxiety and SensOR

total and domain scores differed for ASD and TD groups. Full information maximum likelihood estimation was used to account for missing data.

**Results:** Within the ASD group, CBCL anxiety was significantly associated with SOR to garments ( $\beta = .69, p < .001$ ), aspects of self-care ( $\beta = .39, p = .004$ ), tactile sensations ( $\beta = .42, p = .001$ ), visual sensations ( $\beta = .35, p = .01$ ), smells ( $\beta = .4, p = .003$ ), sounds ( $\beta = .37, p = .007$ ), sounds in certain places ( $\beta = .42, p = .001$ ), and movement ( $\beta = .37, p = .005$ ), as well as total SOR ( $\beta = .58, p < .001$ ). Within the TD group, CBCL anxiety was significantly associated with SOR to aspects of food ( $\beta = .6, p < .001$ ) and sounds ( $\beta = .36, p = .01$ ), as well as total SOR ( $\beta = .34, p = .02$ ). Although regression coefficients were higher for the ASD group for most SensOR scales (i.e., garments, self-care, tactile, visual, smells, sounds, movement, total), these differences were not statistically significant. However, SOR to food was significantly higher in the TD group as compared to the ASD group ( $p < .001$ ).

**Discussion:** Results suggest that SOR is significantly associated with anxiety for youth with and without ASD, and that this effect appears to be more pronounced in youth with ASD for most sensory modalities. An interesting exception may be the relationship between anxiety and SOR to food, which appears to be stronger in TD than ASD youth. This suggests that anxiety may be a factor in the restricted food intake of some TD youth. Although diagnostic group differences in the strength of associations were observed, the small sample size may have reduced power to detect more statistically significant differences. In general, it appears that SOR is important to consider in conceptualization and treatment of anxiety, regardless of ASD diagnosis.





## 2019 APA Student Research Award

### Transition to Adulthood for Young Adults with ASD/ID: Parent Perspectives

Elina Veytsman, BA, Christine Moody, MA, Megan Ledoux, MA, & Jan Blacher, PhD  
University of California, Riverside



#### Introduction:

Transitioning into the world of adulthood is challenging for all. Having autism spectrum disorder and/or intellectual disability (ASD/ID) makes this transition even more difficult, as

demonstrated by poor transition outcomes among adults in these diagnostic categories (Howlin et al., 2004, 2013; Kraemer et al., 2003; Shattuck et al., 2012). Parents play a crucial role in transition for young adults with ASD/ID, offering not only financial and emotional support, but help accessing services and employment opportunities. Understanding the challenges and worries of parents across diagnostic categories in this period is critical in supporting parents as facilitators of successful transition.

**Methods:** Participants include a subsample of 213 families participating in the UCLA/UCR Collaborative Family Study (CFS), an ongoing 17-year longitudinal study investigating the trajectories of typically developing (TD) youth ( $n=106$ ), youth with ID ( $n=51$ ), and youth with ASD ( $n=56$ ). As part of a follow-up study, semi-structured interviews were conducted with 48 parents (41 mothers and 7 fathers) of 41 young adults (ID=7, ASD=10, ASD+ID=10, TD=14), exploring parents' experiences during their child's transition to adulthood. Based on a qualitative analysis of parent interviews, we identified 11 themes related to parents' challenges and worries during the transition period.

**Results:** The thematic analysis revealed that the most common challenges reported by parents were social concerns

(e.g., lack of social support, difficulty navigating romantic relationships), achieving independence, balancing young adult independence and parental guidance, parent mental health, and young adult mental health. Although concerns about young adults achieving independence and young adults' mental health were common across all diagnostic categories, qualitatively different concerns emerged for parents of children with ASD/ID. Concerns unique to these groups were caregiver aging (e.g., what will happen after parents pass), navigating services, and social victimization. Further, parents of ASD/ID youth reported more concerns ( $M=8$ ) on average than parents of TD youth ( $M=5$ ).

**Discussion:** Taken together, our findings demonstrate the impact that transition to adulthood has on parents of young adults with intellectual and developmental disabilities. Some challenges are common for all parents regardless of diagnostic status, including concerns over the young adult's mental health. This highlights the need for more parent psychoeducation about mental health for all parents, so that they can anticipate these challenges and help their young adults seek help and support as they transition into adulthood. But having a young adult with a disability brings its own set of unique challenges, such as worrying about what will happen when the parents are gone. These unique challenges suggest that we need more comprehensive transition planning in high school, including educating parents about the new service systems they will interact with, and encouraging parents to begin thinking about long-term caregiving for their young adult long before graduation.

## Division 33 Student Interview

### *From Grants to Kids: Bringing Science into Schools*



Interview conducted by:  
Elina Veytsman, Graduate Student at UC, Riverside  
&  
Brianna Gambetti, Graduate Student at University of Wisconsin– Madison



**Dr. Connie Kasari** is a professor of Psychiatry at the David Geffen School of Medicine at UCLA and a leading international expert in developing interventions for children with ASD and their

families. Her research focuses on targeted interventions for early social communication development in at-risk infants, toddlers, and preschoolers with autism, and peer relationships for school-aged children with autism, leading to the recognition of her therapy JASPER as an established evidence-based ASD treatment. Much of this work involves populations that have traditionally been understudied and underrepresented in research, including low-resourced children and minimally verbal children. Her work is often conducted in schools. She has published widely on topics related to social, emotional, and communication development and intervention in autism. Dr. Kasari has been the primary advisor to more than 60 UCLA Ph.D. students, is on the science advisory boards of Autism Speaks and the Mount Sinai Seaver Autism Center, and regularly presents to both academic and practitioner audiences locally, nationally, and internationally.



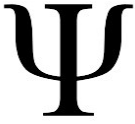
**Dr. Kate Fiske** is a Clinical Associate Professor at the Graduate School of Applied and Professional Psychology of Rutgers, The State University of New Jersey, and Director of Academic

Training and Director of Family Support Services at the Douglass Developmental Disabilities Center. She has worked in the field of autism treatment for over 20 years, providing evidence-based services in skill acquisition and behavior reduction in inpatient, outpatient, and school settings. She currently oversees a clinical project aimed to support the use of applied behavior analysis (ABA) in underserved school districts. She has authored numerous chapters and journal articles on the treatment of children with autism spectrum disorder and their families, and is the author of the book, *Autism and the Family: Understanding and Supporting Parents and Siblings*.



**Dr. Abbey Eisenhower** is a licensed clinical psychologist and an Associate Professor at UMass Boston, where she teaches in the Clinical Psychology Ph.D. program and the undergraduate Psychology Department.

She is an Investigator on the Institute of Education Sciences-funded Smooth Sailing Study, which is aimed at supporting general education teachers who are working with students on the autism spectrum. She is also a principal investigator of the ABCD Early Screening Project, which is aimed at reducing health disparities in access to early screening and diagnosis of ASD in partnership with Part C Early Intervention. Her research and clinical interests involve the early school experiences, family factors, and relationships of children with developmental disabilities, disruptive behavior problems, and other



## Division 33 Student Interview

developmental or behavioral risk factors.

**1. What are some of the main barriers to implementing evidence-based programs in schools and communities and what strategies have you used to overcome these barriers?**

**CK:** What often happens is the intervention isn't adapted for the community. If you test an intervention with one child in a clinic, and then you try to move it into a school setting, you don't know if it will actually be feasible. Usually when people are implementing something in the community, it needs adapted for that context. I tend to test the intervention in the setting where I want it to exist as opposed to testing it in a clinic setting where everything is controlled. That seems to help in knowing if something is feasible and acceptable by the staff. It also depends on who is doing the intervention. If I'm bringing in researchers to do the intervention and it works, it doesn't necessarily mean it's going to be taken up by the staff in that setting.

**KF:** One of the biggest assets to anyone working to disseminate evidence-based treatment in an underserved school district is the ability to establish collaborative relationships with staff and administrators. Prior to implementing our program, we spent six months in the school to learn how the system worked and to get to know the administration, related services, and classroom staff. We did not effect large-scale change during this time, but were present in the classroom to build relationships and offer initial consultations on individual students. This demonstrated our commitment to the students and staff, and also allowed us to lay the groundwork for large systemic change in the new school year with a better understanding of the players and the larger system. We had a better idea of what the barriers to implementation might be, and were able to address those ahead of time to increase the likelihood of a successful outcome.

**AE:** Implementing programs in school or other community settings works best when it

begins with the community members' own needs, as they have expressed them. This is crucially important in making effective change. I have found that truly listening to stakeholders, early on in one's partnership, is vital to learning about what drives them. An understanding of what propels community stakeholders to be interested in improving their system can be held in mind and used to make decisions at all points in the research process. For example, when troubleshooting why a particular program might not be seeing the expected results, one can reflect back on the original goals and concerns expressed by stakeholders as a means of understanding where the process has gone astray from these original goals.

**2. What strategies are in place to keep research sites engaged and motivated to continue implementing the evidence-based programs after the research study has been completed?**

**CK:** In many of our studies, we train teachers, paraprofessionals, and parents to implement the interventions in their settings, so we try to adapt our interventions to work in whatever context we're faced with. For this approach to work, you have to make sure that the staff buys into the intervention (i.e., they think it works, it's feasible, acceptable, and they like it). That's the only way it would be sustained. The way that one would approach that is often by using community partner participatory research, which means that the community agency and the researchers are equal partners, so they work together from the beginning to figure out what the barriers are and design the study to overcome some of those barriers. That's different from community-based participatory work, which involves the researcher coming into the community to implement the intervention. I think those are not as successful as when you actually partner, but it takes a lot more time to partner.

**KF:** We have had to create a clinical model for programming that will be sustainable over time, and to do that we have worked to capitalize on the resources that we have to



## Division 33 Student Interview

offer as a university training program. Namely, in this project, the school district has hired university graduate students to work in their classrooms while completing practicum experiences there. Our graduate students and the school district's staff work together as a team that mirrors the partnership between the university and the school district. These well-trained students help create a culture that is inspiring; they model best-practice strategies that, when effective, are then implemented by other staff members. Our graduate program benefits from a diverse setting in which to train graduate students in applied behavior analysis, and the district benefits from a steady flow of staff knowledgeable in ABA. The symbiotic relationship between school district and university motivates both groups to continue to collaborate together to maintain the high quality of the program.

**AE:** Research that addresses a need or concern held by community stakeholders is more likely to be well implemented. After all, stakeholders are themselves motivated by the goals or potential outcomes of such a process. In addition, an intervention that empowers stakeholders to carry out program activities themselves, or that occurs within the context of existing processes at the school or agency -- rather than requiring new processes to be remembered and implemented -- is more likely to be implemented. As such, programs that are embedded within existing systems are easiest and most feasible to implement. It is also helpful to find ways to share with stakeholders the initial and ongoing signs of the program's effectiveness, in the forms of quantitative or qualitative feedback about the program along the way. Finally, maintaining regular communication and being responsive to needs and issues that arise are crucial parts of implementation.

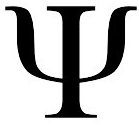
**3. Do you have any advice for school- or community-based providers to promote administrator buy-in for the**

**implementation of evidence-based practices?**

**CK:** It comes down to the partnership. It's about building trust between researchers and community partners, working together, being flexible, thinking about what is going to work, and always testing the effects on the people you want to change. When we teach parents or teachers, we still need to make sure we get those intended effects on the kids. Using community partner participatory research, I think we've been fairly effective at making some changes, but there's a lot of work to be done. And there are certainly a lot of opportunities for new researchers coming into the field.

**KF:** Many administrators may focus on the importance of evidence-based practice because of pressures from parents or litigation; if they cannot provide ABA, for instance, they may have to pay to send some children who require it out of district to receive services elsewhere. While this financial pressure on its own can be motivating, it's also important for administrators to see the impact of evidence-based treatment on the individual and their families. Sharing "snapshots" of the positive outcomes of the project at an individual level (e.g., "He toilet trained in less than a month in the new preschool program," or "She is now using twice as many words than she did when she first started in this classroom") can be very meaningful for administrators and help them persist in what is naturally a difficult project in a challenging setting.

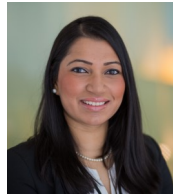
**AE:** In our partnership with community Early Intervention agencies, we found that it was important to acknowledge, and embrace differences across agencies in how they implemented our screening and assessment protocol. These differences reflect site-specific, tailored, ad hoc adaptations that promote the program's effectiveness rather than interfering with fidelity.



## Early Career Psychologist Column

Destigmatizing Academic Experiences of Tenure-Track Faculty in the Field of IDD/ASD: *Lessons Learned from Junior Faculty*

Gazi Azad, PhD, Johns Hopkins University  
Geovanna Rodriguez, PhD, University of Oregon  
Joanna Mussey, PhD, UNC TEACCH Autism Program  
Sasha Zeedyk, PhD, California State University, Fullerton



It is a truth universally accepted that the first few years of any tenure track job are way harsh. Faced with the reality of navigating a new home/community, new institutional dynamics, new service requirements, meeting new colleagues, students, and staff, building your lab, research program, or developing new courses, one can forget about the most important piece to navigate, YOURSELF! Our careers are helping professions after all, so it makes sense that as psychologists, we want to process everything. However, as academics, we may compromise aspects of ourselves that get lost as a result of being pulled in different directions and our need to conform to unrealistic standards. The field of IDD/ASD in particular is a small one, yet it is a field that includes a wide variety of disciplines and professionals. Yes, YOU'RE the professor now, but our ECPs often wear many hats at their institution. Some may serve as a supervising clinician, direct an ASD clinic or disability center that provides services to individuals with IDD/ASD, work as consultants for schools or community agencies, collaborate with multi-site research centers, engage in cutting-edge biological and medical research, teach courses outside their program area, or serve in two departments altogether (e.g., medical schools or public health departments), thus mentoring a variety of diverse graduate students and research associates. It is this intersectionality and multiple roles that make our expertise and our

research in this field all the more appealing to colleagues, students, and hiring departments. However, this may also require additional work and continued professional development, such as learning new skill sets/methodologies, acquiring specialized training or mentorship, supervision, and development of training programs or courses in IDD/ASD that may not have been offered prior to your hire. While starting a new job can be filled with normal feelings of anxiety and excitement, a wave of self-doubt and uncertainty can also develop as a result of this steep learning curve. We never talk about all the social and psychological aspects of our field and this particular job, that present barriers to our progress or success. It can feel liberating to be in charge of your own research and time, but also paralyzing. As my favorite super hero once said, "With great power, comes great responsibility," and it is that responsibility to ourselves, and our helping profession, that I asked some of our current ECP members to help weigh in and reflect on what they found most helpful during those first few years on the job.

These are obviously based on anecdotal evidence and by no means reflect what we think all junior faculty should do, but these are tips that have helped us avoid the three perils of academia: *imposter syndrome*, *burnout*, and *dealing with repeated rejection* (see Jaremka et al., 2019, in press, for a comprehensive overview just released in *Perspectives on*

## Early Career Psychologist Column

*Psychological Science*). A few questions were asked and their responses were summarized. We had a lot of fun discussing these issues, so hope you have fun reading them!

**Question 1: The first year in a tenure track job seems overwhelming and often involves a steep learning curve. What were your expectations going into your tenure-track job? Did it meet your expectations? If not, how did you navigate this gap between your expectations and your new reality? What strategies/resources did you find helpful navigating this transition from your previous position?**

—Try to meet with as many faculty, staff, librarians, etc. as possible in the beginning.

—Take up offers of help, and don't be afraid to ask questions. Every department/college/school is different, so finding colleagues in your department who are willing and able to answer questions is invaluable. I found that asking people to coffee early on really helped me adjust, and junior faculty who were slightly ahead of me were the most helpful because they were going through the tenure process too.

—Set realistic expectations. For example, if you take on two new course preps, you might have to forgo something else that first quarter or semester. Everything seems to balance out once you are a couple years in. Some of my semesters have been more research heavy, while others have been more focused on teaching or service.

—Be kind to yourself. You may want to hit the ground running and while that is a realistic expectation for some (e.g., those who switched institutions, those with grant funding), that may not be where you are at now and that is okay. Take time to settle in and build your community of colleagues and potential collaborators.

—If you are pursuing a license or transferring your license as a psychologist, be aware of

your state's guidelines, required paperwork and/or testing, deadlines, and applicable practice act, laws, and statutes.

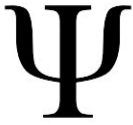
**Q2: For first-year/junior faculty, time management can be a major barrier for productivity. How did you keep yourself from over-functioning in certain aspects of your job? When certain activities are valuable, but the amount of time you are spending on them isn't proportionally aligned with tenure and promotion criteria, how do you navigate this internal conflict and manage to say "no"?**

—Have clearly delineated goals on your annual faculty review, and say no to anything that doesn't directly relate to those.

—Review your tenure requirements as soon as you start, and always keep them in mind. Try to keep track of everything you're doing in an organized way, so it will be easy when you get to your first full review. When asked to do things that don't directly relate to your requirements, consider being honest about the things you are already committed to. You can tell the truth when you just don't have time to do certain things, but there are, of course, some instances where saying, "no," is not an option. Give yourself time to learn about and adjust to the cultural dynamics of your institution, and use honesty about your time commitments when you feel that something is just not beneficial for you.

—Time management has always been a struggle for me, especially when writing is a solo process with no firm deadline. I joined a writing circle on campus that meets once a week with other faculty to write. We set goals and monitor our progress. I managed to find some friends in the process.

—Align your time with your priorities, personal and professional. Schedule times for tasks that may otherwise not have built in accountability, such as writing, just like you would other appointments in order to make



## Early Career Psychologist Column

slow and steady progress toward those tasks and goals.

**Q3: As junior faculty, we often receive messages on the work we need to prioritize that may conflict with our values or things we want to prioritize in our personal lives (e.g., starting a family, relationships, our health and well-being). What boundaries do you set for yourself and how do you know when these limits have to be set? What strategies have you found helpful in achieving work-life balance and avoiding burnout?**

—No work on the weekends. I only respond to emails/work on Sunday night and make a point to not respond to emails during dinner time. Then I start working again at 8:30pm.

—There is so much autonomy in our jobs that it can be easy to either procrastinate or become a workaholic, so finding a balance in the middle is key. With the exception of my first year, I rarely work on weekends. I make exceptions the weekends before exams or major assignments, when I will monitor my email. I also try to write times into my schedule during regular work hours for research/writing, teaching/grading, and other commitments beyond required class time, office hours, and meetings. To be most productive, I find that going into the office is better than working from home. I typically only work from home 1 day/week. My goal is always to have enough time in the evenings to spend them with my family.

—I need to have one activity (physical for me) that is just me and I can interact with people outside my work life. When I am overwhelmed, I start losing focus and tasks start taking longer to complete, the mental fatigue settles in and I find it difficult to concentrate or put my best effort. That is usually my cue to step away, go on a hike, or a weekend getaway to reset. I also started therapy. It helps me compartmentalize and see the bigger picture; how to break things

apart without letting everything hit me at once and impact other areas of my life that are equally important to me.

—Become aware of your personal stress signals including cognitive, physical, emotional, and behavioral signals so you can start to address them in ways that fit your signals and help you regulate. I created a personalized self-care plan based on what mattered to me and what my metric of success was. Making a list of goals was helpful to me so I could figure out if they were realistic, what supports I needed to accomplish them, and prioritizing goals. I also created a schedule and included breaks and downtime to recharge and reconnect with myself and my family. Self-care is individualized, but does not need to be expensive or time consuming.

**Q4: What advice would you give first-year/junior faculty who are struggling with imposter syndrome and may be questioning institutional fit/capabilities versus challenges that are to be expected those first years?**

—Imposter syndrome never really goes away. It comes in different gradients at different times of your career.

—It helped to find other junior faculty that were in similar stages of transition or senior mentors that were willing to talk about these issues. My postdoc mentor and I had a very open relationship and she is someone I felt very comfortable reaching out to for those “reality checks;” she helped normalize those first-year jitters. Conversations with colleagues/mentors can be validating and allow you to see the spectrum of experiences and realize it’s not just you feeling this way.

—As faculty of color, this feeling may be exacerbated even more. I often questioned whether I was hired because of my actual skills/work or the “diversity” I brought to the table. It is important to gather evidence, from



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your peers, colleagues, or mentors when you're doubting yourself. You can only compare yourself to you, so do your bit and take it one day at a time. I try to set up meetings with colleagues to get an objective view on my work or questions when I can't see past my own evaluative lens.

—Consider creating a support network for yourself as well as for your work. This network can help to provide some support through trials and tribulations during difficult periods as well as help celebrate successes.

**Q5: What are some of the things junior faculty can look forward to as they start their new positions? What are the positive aspects you enjoy from this career?**

—Stability is a wonderful thing, and moving for grad school, followed by postdoc, and then the uncertainty that came with interviewing at different places was anything but stable. For me, once I got a faculty position, I found a great sense of relief knowing I wasn't going to be moving anywhere. I was anxious to start, but it was very nice knowing that I had a "real" job with a "real" salary and that I wouldn't have to move anytime soon, or possibly ever

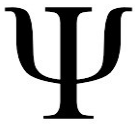
again.

—As new faculty you finally have the opportunity to research what you want and craft your own research program. I loved having the freedom and flexibility to work on research that I wanted to pursue.

—For me it has been the mentoring of students. Helping in their development as researchers or practitioners has been very rewarding. I find that positive relationships with students can make all the difference in their academic experience and sense of community. Throughout my training, I never had someone who looked like me in an academic position, and to finally be in a position where I can serve as a role model for other students of color who are pursuing academic careers and want to do the research that I am doing or take classes I am teaching, that is something far greater than myself or my personal contributions to the field. I finally get to do the research I want and have a positive impact, not everyone gets to have that opportunity, so I am very grateful and fortunate to be in a position that allows me to have both.

### SAVE THE DATE:





## GATLINBURG CONFERENCE April 15-17, 2020 in San Diego, CA

### *Plenary Speakers*



**Wendy Chung, MD, PhD**

Autism is a common condition, and there is significant heterogeneity among individuals in severity, symptoms, and associated co-morbidities. The causes of ASD and the cellular mechanisms leading to ASD are incompletely understood. Findings from clinical studies that have attempted to understand the brain and behavior in ASD are hampered by a lack of reproducibility. Major challenges for replication are the heterogeneity of ASD and the difficulty in recruiting large numbers of participants for initial and replication studies. These challenges have limited the development of effective diagnostic methods and treatments for this condition, and there are currently no approved medications that treat the core symptoms of ASD. Many of the research challenges in ASD are shared with other neurodevelopmental or neuropsychiatric disorders. Studies suggest an important role for genetic factors in ASD risk; however the genetic architecture of ASD and underlying genes are only partially known. SPARK represents a new era of clinical research that combines online access to participants, ability to re-contact and recruit for new research studies, genomic, environmental, and longitudinal behavioral and medical information on all participants and support for participants through communication of meaningful genetic and other ASD-relevant information. Result from SPARK will be discussed along with the gene specific communities in Simons Searchlight.



**David Mandell, ScD**

The increasing number of children diagnosed with autism, combined with the high cost of treatment, has generated tremendous enthusiasm for leveraging digital technologies to augment or replace traditional intervention. While many technologies have been developed and disseminated, few have been rigorously tested. I will present the results of a large-scale randomized field trial of one computer-assisted intervention. The results were disappointing, and raise significant questions about the role of these technologies in autism intervention. I will present some possible directions and preliminary findings on how technology can support implementation of evidence-based practice in under-resourced communities, primarily by supporting the interventionist, rather than acting as a direct interface with the student.



## GATLINBURG CONFERENCE April 15-17, 2020 in San Diego, CA

### *Plenary Speakers*

#### **Matthew Maenner, PhD**

For nearly 20 years, the Centers for Disease Control and Prevention has operated the Autism and Developmental Disabilities Monitoring (ADDM) Network, a population-based surveillance system to track the number of children with autism and other developmental disabilities in multiple US communities. Traditionally, the ADDM Network approach has been labor-intensive and costly, requiring clinicians to manually review children's medical and educational records for descriptions of autism symptoms. We considered several alternative approaches to potentially improve efficiency and timeliness, including training machine learning models to use the words in a child's records to predict whether the ADDM Network clinician would have classified the child as meeting the autism criteria. We then assessed the algorithmic approaches (and alternatives) according to established guidelines for evaluating surveillance systems. This presentation will describe: 1) our work applying machine learning methods to population-based autism surveillance, 2) lessons learned and other real-world considerations for using statistical learning methods, and 3) the future of the ADDM Network.

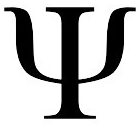


#### **Robert Schultz, PhD**

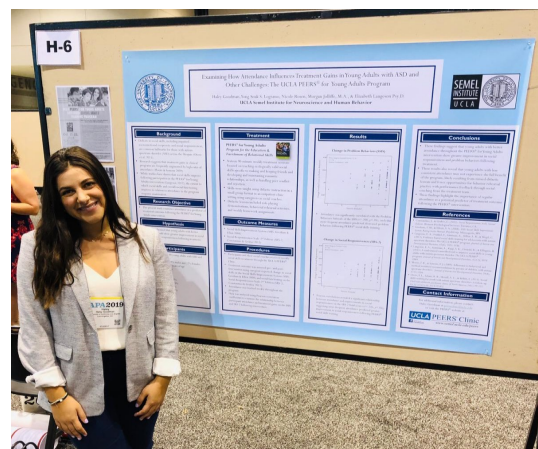
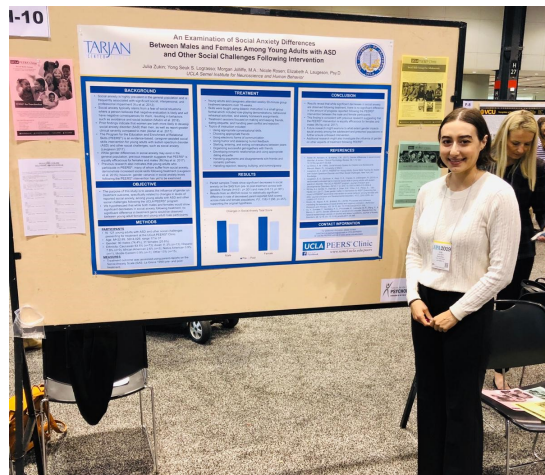
Dr. Schultz is the Director of the Center for Autism Research (CAR), a multi-faceted research program at CHOP working to understand the causes of the autism spectrum disorders (ASD) and to develop better treatments. The group's research addresses the basic mechanisms that support social communication, attention and the biology of reinforcement based learning. Much of Dr. Schultz's work has involved using magnetic resonance imaging to understand brain mechanisms and to create biomarkers that predict who has ASD, who will develop the disorder, and who will respond well to different interventions. More recently he has developed a technology and innovation lab to exploit advances in perceptual computing in order to develop more robust measurements of quantitative traits. Previously, Dr. Schultz was the Harris Endowed Associate Professor of Child Psychiatry, Yale School of Medicine. He received his Ph.D. in Clinical Psychology from the University of Texas at Austin, with an emphasis on neuropsychology.







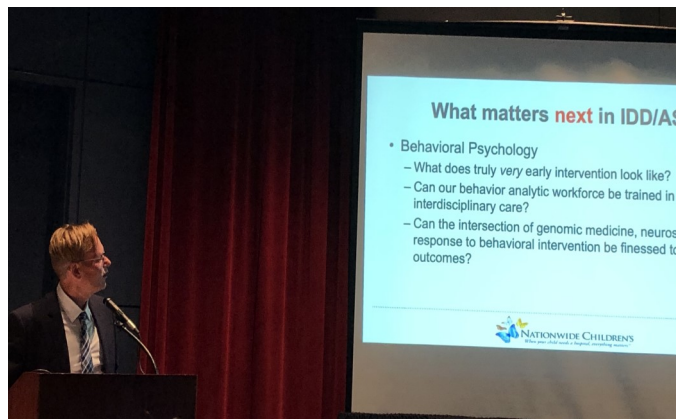
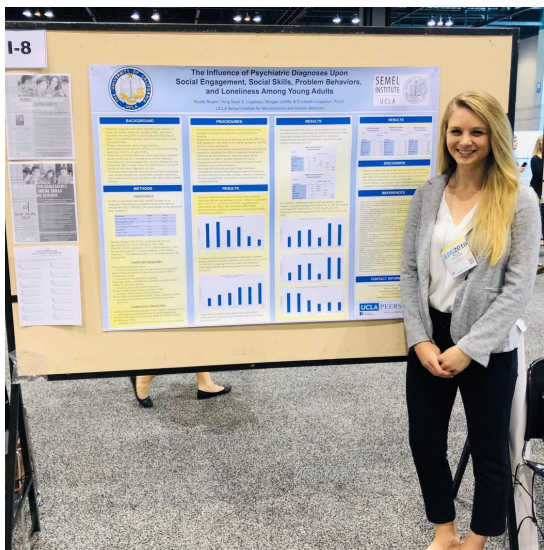
## **Division 33 Members At the 2019 APA Convention in Chicago, IL**

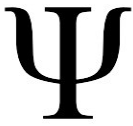




# Division 33 Members At the 2019 APA Convention in Chicago, IL

 AMERICAN PSYCHOLOGICAL ASSOCIATION





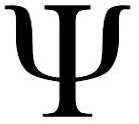
## Division 33 Award Winners

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

*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 **Pearson** for their sponsorship of this prestigious award and support of Division 33.*



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## AMERICAN PSYCHOLOGICAL ASSOCIATION - DIVISION 33

### President

#### **Sigan L Hartley**

University of Wisconsin-Madison  
4101 Nancy Nicholas Hall  
1300 Linden Dr  
Madison, WI 53706  
slhartley@wisc.edu

### President-Elect

#### **Karrie Shogren**

School of Education - Special Education  
Life Span Institute  
shogren@ku.edu

### President-Elect Designate

#### **Jason Baker**

California State University, Fullerton  
jbaker@fullerton.edu

### Past-President

#### **V. Mark Durand**

University of S. Florida, St. Petersburg  
140 7th Ave S.  
St. Petersburg, FL 33701  
vdurand@usfsp.edu

### Secretary-Treasurer

#### **Cameron Neece**

Loma Linda University  
cneece@llu.edu

### APA Council Representative

#### **Eric Butter**

Nationwide Children's Hospital  
Eric.butter@nationwidechildrens.org

### Members-at-Large

#### **Anne Wheeler**

RTI International  
acwheeler@rti.org

#### **Rachel Fenning**

California State University, Fullerton  
rfenning@fullerton.edu

### Newsletter Editors

#### **Meg Stone-Heaberlin**

Cincinnati Children's Hospital Medical Center  
megan.stone@cchmc.org

#### **Ashleigh Hillier**

University of Massachusetts Lowell  
ashleigh\_Hillier@uml.edu

## Division 33 Committees

### Awards Committee

#### **Sharon J. Krinsky-McHale, Chair**

New York State Institute for Basic Research in  
Developmental Disabilities  
Sharon.Krinsky-McHale@opwdd.ny.gov

### Constitution and Bylaws

#### **Greg Olley, Chair**

Carolina Institute of Developmental Disabilities  
Greg.olley@cidd.unc.edu

### Fellows

#### **Anna Esbensen Chair**

Cincinnati Children's Hospital Medical Center  
Anna.esbensen@cchmc.org

### Membership

#### **Eric Butter, Chair**

Nationwide Children's Hospital  
Eric.Butter@nationwidechildrens.org

#### **Katy Mezher, Associate Chair**

Miami University  
krohnkr@miamioh.edu

#### **Ashleigh Hillier**

University of Massachusetts Lowell  
Ashleigh\_Hillier@uml.edu

### Early Career Representative

#### **Geovanna Rodriguez, Chair**

University of Oregon  
geovanna@uoregon.edu

### Nominations and Elections

#### **V. Mark Durand, Chair**

University of S. Florida, St. Petersburg  
vdurand@usfsp.edu

### Student Representatives

#### **Elina Veytsman**

UC Riverside  
elina.veytsman@email.ucr.edu

#### **Brianna Gambetti**

University of Wisconsin- Madison  
gambetti@wisc.edu

### ID and the Criminal Justice System

#### **Marc Tassé, Chair**

The Ohio State University  
Marc.tasse@osumc.edu

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#### **Elizabeth Laugeson, Chair**

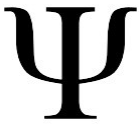
University of California, Los Angeles  
ELaugeson@mednet.ucla.edu

### Diversity and Inclusivity

#### **David Jaquess, Chair**

Emory University School of Medicine  
djaques@emory.edu





## 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.**

**Please contact the Division 33 Newsletter Editors:**

**Ashleigh Hillier, PhD —[Ashleigh\\_Hillier@uml.edu](mailto:Ashleigh_Hillier@uml.edu)**

**Meg Stone-Heaberlin, PsyD —[Megan.Stone@cchmc.org](mailto:Megan.Stone@cchmc.org)**



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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.