

# PSYCHOLOGY IN INTELLECTUAL AND DEVELOPMENTAL DISABILITIES/ AUTISM SPECTRUM DISORDER

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## FROM THE PRESIDENT'S DESK Jason Baker, PhD California State University, Fullerton



It is obvious but useful to remind ourselves that these are unprecedented times. As science has afforded us some degree of relief from the pandemic, we encounter unique challenges as expectations increase while many personal and professional obstacles remain. I am inspired by our members who are not only enduring this situation and caring for their loved ones, but also remaining dedicated and available to the populations we serve, supporting our mission of advancing psychological research, professional education, and clinical services that increase quality of life in individuals with IDD/ASD.

The 2021 Annual Convention was the first to be executed on a primarily virtual platform. Despite this novel format and the constantly evolving preparation for the conference, we were pleased to have seen strong representation by Division 33. Fostering our ongoing goal of strengthening connections with other APA divisions, we are excited to have had multiple collaborative programs accepted by the larger APA review committee. *"Optimizing inter-professional care coordination for youth with autism spectrum disorder,"* led by Dr. Cameron Neece brought together members of Divisions 16 (school psychology), 54 (pediatrics), and 33 to investigate the interprofessional care coordination of services, advocacy, and engagement in care for children with ASD and their families. Dr. Rachel Fenning collaborated with members of Divisions 7 (developmental), 53 (child clinical), 54 (pediatrics) and 33 to consider sleep problems as a transdiagnostic risk factor for emotional and behavioral problems in youth across populations in their program, *"Restless pillows and ruffled*

*minds: Sleep as a transdiagnostic predictor of youth functioning."*

We enjoyed pre-recorded addresses at the Convention from our 2021 Division 33 Award Winners. Dr. Robert Hodapp received the 2021 Edgar A. Doll Career Award, sponsored by Pearson, and delivered an informative and moving address, *"Raising the floor for persons with IDD."* Our 2021 Jacobson Award for Critical Thinking, sponsored by Nationwide Children's Hospital, was awarded to Dr. Micah Mazurek, who discussed, *"Psychological approaches to improving outcomes in autism."* Brianna Gambetti and Megan Ledoux received our two Division 33 Student Poster Awards for their contributions *"Parental depression and internalizing problems in children with autism,"* and *"Predictors of professional outcomes in young adulthood,"* respectively.

A skill-building session led by Dr. Marc Tassé and our *Committee on Intellectual Disability and the Criminal Justice System* joined six additional Division 33 symposia and over 50 Division posters at this year's convention, and our *Early Career Psychologist Committee* continued its popular mentoring event, hosting a panel discussion on grant planning. Finally, our virtual Division 33 Business Meeting included Dr. Karrie Shogren's Presidential Address discussing her important and thoughtful work on self-determination in individuals with IDD.

Although at the time of this writing, APA is planning the 2022 Convention as a primarily in-person event, we understand the tentative nature of such planning and our Division is committed to ensuring the health and safety of its members and the broader community. We encourage submissions and we are confident that our membership will continue to find ways to safely come together to discuss and disseminate our work. Please do not hesitate to contact our Program Co-Chairs Dr. Neece and Dr. Fenning with any questions or for any assistance in submission planning, and they will continue to update our membership as planning for the Convention evolves. Up-to-date information can also be found on our website at <http://www.division33.org/>.

Despite the challenges that we continue to experience amid

## FROM THE PRESIDENT'S DESK

the pandemic, our Executive Committee, our many standing and ad-hoc committees, and our membership have continued to advance the mission of Division 33 and our central goals and values (a complete list of which can be found at <http://www.division33.org/presidents-welcome>). I have been holding regular meetings with President-Elect Cameron Neece and President-Elect-Designate Rachel Fenning to develop meaningful short and long-term goals for the next few years. These were presented at the Convention Business Meeting and focus on, 1) working to address various perspectives on ASD, including ethical considerations with regard to related treatments, 2) considering and implementing ways to increase the involvement of professionals with diverse backgrounds and viewpoints in our field, our membership, and our Division leadership, 3) focusing on further strengthening relationships with other divisions and organizations internal and external to APA, and 4) continuing to improve scientific communication with the public. We are fortunate that these goals not only align well with Division 33's central goals and values, but also with several initiatives currently of interest to larger APA. Indeed, our Presidential Leadership Team has recently participated in multiple focus group meetings and discussions hosted by APA addressing cross-divisional collaboration and issues related to diversity and inclusivity. We have also developed a bidirectional dissemination relationship with APA's Science Channel.

Several of our current initiatives focus on ensuring the contributions of diverse perspectives within both our membership and Division leadership. This includes members from traditionally underrepresented groups as well as stakeholders in our field, including individuals with IDD/ASD and their families. You can expect communications from Division leadership throughout the year, but we would also like to take this opportunity to invite members who identify with these groups and

who would like to be part of this discussion to contact us directly at [jbaker@fullerton.edu](mailto:jbaker@fullerton.edu). Related to this, our leadership team has been working closely with Division 33's *Diversity and Inclusivity Committee*, Chaired by Dr. Geovanna Rodriguez and Jonathan Safer-Lichtenstein, to further develop its mission and identity as both a liaison to larger APA efforts and as a distinct force within our field and within the Division.

We welcome new members to the Executive Committee this year, including Dr. Megan Farley who joins us as our new Member-at-Large and Dr. Sasha Zeedyk who has transitioned to Chair of our Early Career Psychologist Committee. Dr. Vanessa Bal has assumed the post of APA Council Representative, replacing Dr. Eric Butter who has been elected to the APA Board of Directors as the Council Leadership Team Chair-Elect. Dr. Butter is a highly effective leader and a fierce advocate for both Division 33 and the populations we serve, and we are fortunate to have him in this new role. Finally, we would like to welcome our incoming Student Representative, Ben VanHook, a graduate student at George Mason University and a passionate self-advocate who plans to translate research into policy proposals to improve employment and educational outcomes for autistic individuals.

Our Division 33 website remains the hub for sharing updates on initiatives and disseminating resources relevant to the field. Continue to watch for new podcasts and other resources that can be disseminated to advance our mission. We look forward to connecting with you and continuing to work to identify ways to promote change and growth in our field, in service to our mission of increasing quality of life in individuals with IDD/ASD across the life course.

Jason K. Baker, Ph.D., Division 33 President, 2021-2022, [jbaker@fullerton.edu](mailto:jbaker@fullerton.edu)

## 55th Annual Gatlinburg Conference

May 5-8, 2022

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you there!*

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# IDD/ASD Training Program Highlight

## Devereux Advanced Behavioral Health Internship in Autism Spectrum Disorder



**Laura Rutherford, Ph.D., NCSP, BCBA**  
Consulting and Research Psychologist and  
Director – Internship Training Program

Devereux Advanced Behavioral Health is one of the nation's largest nonprofit organizations providing services, insight and leadership in the evolving field of behavioral healthcare.

Founded in 1912, the organization operates a comprehensive national network of clinical, therapeutic, educational, and employment programs and services that positively impact the lives of tens of thousands of children, adults – and their families – every year. Devereux is guided by its mission: to change lives by unlocking and nurturing human potential for people living with emotional, behavioral and cognitive differences.

As part of its continuum of care, Devereux offers Doctoral Internships in Health Service Psychology for students preparing to become a behavioral health professional. Offered throughout the greater Philadelphia region – and accredited by the American Psychological Association since 1956 – the program has acquired a national reputation for intensive, supervised training in professional psychology.

### **I/DD and autism-focused training**

Devereux's internship program offers six training tracks, four of which are focused on autism and intellectual and developmental disabilities (I/DD). Each track offers unique training opportunities and serves diverse populations, and interns have the opportunity to apply previous experiences in working with supervisors to create an individualized experience.

Adult Services – programs/supports for adults with I/DD, ranging from the borderline to the profound range of cognitive functioning.

Autism Services – individualized and innovative services for individuals diagnosed with autism and I/DD.

Children's Intellectual and Developmental Disabilities Services – assessment, treatment and consultation services for youth with autism and I/DD in campus- and community-based treatment settings, and approved private school placements.

Pocono Programs and Services – supports adults in residential programs living with I/DD, behavioral health concerns and traumatic brain injuries.

### **Hearing from Devereux's interns**

Keep reading to hear what our students are saying about the program:

“At my sites, I provide a variety of assessments, behavioral interventions and mental health treatments which I believe will help me become a well-rounded clinician. One of my internship goals is to gain further experience in conceptualizing more complex cases, and my time at Devereux has provided me with several opportunities to practice this skill. Devereux is thoroughly preparing me for my future career.”

- **Holland Hayford**, Autism Services intern

“I am grateful to work with individuals with I/DD and ASD across the lifespan, who each present with unique strengths and needs. I provide individual and group psychotherapy, administer and report treatment and program-related evaluations, consult with staff, and support adults with I/DD and ASD to help them achieve individualized and meaningful goals. I am grateful for the support I receive and positive relationships I am building within my program.”

- **Alyssa Button**, Pocono intern

## IDD/ASD Training Program Highlight

### Additional details:

**Supervision:** Each intern's primary supervisor is a licensed doctoral-level psychologist who provides a minimum of two hours of weekly supervision, plus weekly supervision from supplemental supervisors.

**Benefits:** Interns receive an annual stipend and access to generous time-off benefits.

**Timing:** Internships begin on August 1 and end on July 31 of each year; [application deadline](#) is November 1.

To begin the application process, click [here](#). If you have questions, contact Laura Rutherford at [laura.rutherford@devereux.org](mailto:laura.rutherford@devereux.org).



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## Special Topic Column

### Using Silence to Hear the Voices of the AAPI Community in Autism Diagnosis and Treatment



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#### ***"Silence is golden."***

A Chinese proverb reminds readers that the discipline of silence can be a sign of great strength and wisdom. However, the quiet presence of silence should not be confused with invisibility. When not properly understood, silence may be misconstrued to create a cover of invisibility leaving minoritized populations unseen and unheard, especially as it relates to autism diagnosis and intervention. While much can be gleaned from the wisdom of speaking with intention and brevity, invisibility can mask the unspoken needs of a community. This article seeks to highlight how silence can be used to strengthen clinical connections while avoiding the potential pitfalls of concealing the true needs of the Asian American Pacific Islander (AAPI) community. The following vignette incorporates some of the cultural complexities and considerations during the assessment and intervention process. We offer a brief review of the current literature of IDD/ASD considerations for the AAPI community and practical considerations for clinicians.

#### CASE VIGNETTE

*Amir is a five-year-old Nepalese male who*

*presented with a speech delay. He lives with his parents, two older sisters (10 and 12), and his paternal grandparents. Amir and his family moved here as refugees from Bhutan three years ago. Primary language for his parents and grandparents is Nepali; they are not fluent in English. Amir's older siblings communicate in both Nepali and English at home.*

*Amir attends a special needs preschool; however, his family is unaware of what services he is receiving. They have not had much communication with the school. Amir is not currently receiving any other services or treatments.*

*At arrival, his family requests for reassurance that their appointment will be covered through their health benefits. Amir, his parents, his older sister, and grandfather, and a family friend who assisted with transportation, are present for the appointment. Although an interpreter is present, Aria (Amir's older sister) interprets for the family with some support from the interpreter.*

*Family reports primary concern of speech delay. Amir has under ten words in his vocabulary that he uses spontaneously and*

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*with function, however, is often observed echoing others. His expressed words are in English. They report that he does not respond to directions in English or Nepali. His family is confused and unsure of the purpose of the appointment. They request assistance in “teaching Amir how to use his words.”*

*Amir’s family shared a report that was provided by the school. Unable to read English, the family is unaware of what the documents contain. The paperwork confirms that Amir has an IEP under an educational diagnosis of autism spectrum disorder. His school identifies concerns with speech, observations of hand flapping, walking on his tip toes, along with isolating himself from peers.*

*His family’s primary focus is on speech and requests help in language development. His school is requesting a formal assessment for diagnostic clarification. Clinicians consider possible paths in navigating appointments with this family.*

### **INTAKE**

A cultural lens should be incorporated into the earliest interaction with the child and family. Unidentified cultural barriers contribute a veil of invisibility behind the disparities experienced by the AAPI IDD/ASD community. Provider education and training of cultural factors are necessary to conceptualize, coordinate, communicate, and identify next steps for the child and family. Social injustice and service disparities arise when providers struggle to incorporate a cultural lens to facilitate multiple levels of systems care for families. The following are recommendations of areas to reflect upon during the intake process:

### **Plan Ahead**

Practice family-centered care: When possible, allow for a longer intake appointment(s) as participation of multiple family members or

use of interpreter with non-English speaking families can increase time.

Use interpreters: Confirm the availability of an interpreter (when needed), even if one parent is fluent in English.

Practice cultural competency: Cultural competency (Campinha-Bacote, 2019) represents an integration of cultural competence and cultural humility. For Amir’s family, it would be of benefit to learn about the refugee community of Nepal prior to the appointment and also dedicate time in understanding the Nepali culture from the family themselves. It is important to dedicate time to learn about the family’s culture while simultaneously exhibiting humility in acknowledging that the learning also includes understanding what that culture means to the family.

### **Prepare family for the assessment process**

Explain the assessment process with family: Amir’s family appears to be confused by the purpose of the intake appointment. Rather than moving directly into intake questions, meet the family where they are at and assist them in understanding what led to the referral and what the presenting concerns are.

Check understanding of vocabulary: Clarify with the interpreter how specific words are interpreted to the family. When engaging with the interpreter for Amir’s appointment, it would be crucial to identify how autism is defined in their language to avoid miscommunication and confirm accuracy in interpretation.

Reassure and normalize the intake process: Let families know that these are questions that are asked to all families.

Reiterate that everything discussed is confidential: Confirm with family that the

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interpreter is also required to maintain confidentiality. The Nepali community is small, and the family may worry that they may know the interpreter and/or information about their child may be shared to the community.

### Example intake questions to incorporate cultural sensitivity

- Identify family's level of acculturation and sensitivity to documentation status.
- How long has your family been living in the USA?
- What brought you and your family to the USA?
- What are the languages used at home?
- How would you identify your culture, religion, and race in your own words?
- What are cultural considerations that you would like for us to keep in mind?
- What do family roles look like within your family system?
- Have there been any barriers in accessing/understanding care? If so, let us talk about those barriers and possible ways that I can support you.
- Are there any specific practices or restrictions you would like for us to know about while we are providing care?
- Has anything prevented you from getting the help you need?

### ASSESSMENT

Current understanding of ASD is largely based on western high-income countries; as such, diagnostic instruments for ASD are culturally and contextually biased (Durkin et al., 2015; Freeth et al., 2014). Researchers and clinicians are making efforts toward more multi-cultural and responsive characterization and diagnostic practices, but much more work is needed. During assessment, consider the following:

#### Create the assessment battery

- Use established best practices for ASD assessment, integrate data from multiple sources, and use clinical judgment (Stoll

et al., 2021). Be aware of standardization samples and norms used for assessment tools, as this will impact interpretation of the child's current skills and severity of difficulties.

- Acknowledge potential cultural differences and take a stance of "curious ignorance" (Welterlin & LaRue, 2007). Ask Amir's family questions to understand his development from their perspective. Impairments can only be understood within the context of a child's experiences, culture, and social interactions (Perepa, 2014). Clinicians should have knowledge of what cultural adaptations they may include and/or what interpretations may be necessary for report writing. Integrate information gathered from Amir's family on their individual and broader culture (i.e., understanding and expectations for child development) into the interpretation of the assessment measures.

#### ASD assessment and behavioral observations.

Although the broad domains of ASD are found globally and across ethnic groups, differences in symptom manifestation (i.e., within subdomains or behavioral exemplars) may exist (Leeuw et al., 2020).

#### Social communication and interaction:

Assess what may be atypical for Amir's family's culture rather than the absence of a behavior based on Western standards. Social "deficits" are not necessarily universal, socially constructed, and influenced by culture and context (Perepa, 2014). For example, appropriate level of eye contact in Asian cultures varies from White Americans (Liu, 2005) and avoidance of eye contact with adults may be to show deference rather than an indication a symptom of ASD (Wilder et al., 2004). Imitation of adult gestures may also be considered disrespectful. Ask families what certain social communication behaviors mean to the family's culture and include the parent description in the report. Expressive language

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may also be impacted by level of understanding of English and language exposure rather than autism. Cultural norms are also relevant in the assessment of imaginative play, as the frequency and degree of imagination used during play is culturally influenced (Haight et al., 1999). Imaginative play emerges from a child's experiences and develops as a cultural activity in relation to the other cultural activities they engage in (Göncü & Vadeboncoeur, 2017). Assess for potential atypicalities, consult with peers, and discuss cultural expectations with the family.

**RRBIs:** Restricted and repetitive patterns of behaviors and interests tend to be less culturally bound compared to social communication behaviors; however, there is limited research on potential ethnic differences in the presence of RRBIs (Stoll et al., 2021). Report the presence of RRBIs in observations and discuss possible cultural interpretations with the family.

### **Developmental and adaptive assessment**

#### **Assessment of delays in cultural context:**

Almost all developmental milestones (e.g., expressive language, receptive language, fine motor, gross motor, play, social) are met at similar ages within the first three years of life across countries, with the exception of self-help skills (Ertem et al., 2018). Be mindful of cultural differences with attainment and importance of certain self-help skills when working with AAPI families. Co-sleeping is common among Asian families (Chung & An, 2014) and may not be viewed as a concern. Asian families may also limit or avoid having the child perform certain skills (e.g., touching breakable items, using scissors) due to parenting practices, which may underestimate the child's adaptive living skills (Zhang et al., 2006). Additionally, some items may not be culturally sensitive. For example, feeding self with a fork may not be a priority for families who use chopsticks or their hands to eat and some speech questions (e.g., using articles

“a” and “the” in phrases and sentences or using irregular plurals) may not be applicable to certain languages. It is critical that clinicians understand that a child cannot be diagnosed as being delayed in areas that they have not yet had opportunity to experience or that are culturally irrelevant to their development.

### **TREATMENT RECOMMENDATIONS**

Once the work of assessment and conceptualization is complete, the clinician's role transitions to consider interventions that can help implement supports and behavioral change. The following recommendations outline ways that a clinician can consider enhanced clinical care and supports for Amir and his family as well as other AAPI families (Kyung-Yi et al., 2018; Sakai et al., 2019).

#### **Enhance clinical care for families with language and cultural differences**

##### **Think beyond the traditional feedback session:**

Reconsider the standard 60-minute feedback session to discuss results and recommendations to ensure families like Amir's understand the diagnosis and have an opportunity to communicate their questions or concerns. Care enhancement can also include booster sessions to check in with families on status of service connection or explore questions that may not have been raised at the initial feedback session. Multiple sessions may decrease information overload and allow for ongoing conversation about diagnosis, treatment, and interventions.

##### **Select treatment recommendations to share with family:**

Consider reorganizing recommendations based on the family priorities, which can help increase buy-in and likelihood of follow through with recommendations. For example, Amir's family expressed a high desire for speech and language supports. A careful explanation of how Applied Behavior Analysis (ABA) can be used to increase language may help increase their motivation to participate in a time



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intensive intervention.

Teach how to navigate the educational system: Clinicians may need to take more time to explain the vocabulary behind special education services, the process of requesting an evaluation for an Individualized Education Program (IEP), especially for our families new to the United States and educational system.

### **Increase family access to information**

Provide high quality interpreter services: Clinicians are encouraged to use interpreter services who have experience with medical and mental health conditions. In Amir's case, his older sister acted as an interpreter. Although adult siblings can act as interpreters, avoid using younger family members as interpreters. Sensitivity to family preferences is important, as a family may have concerns about the lack of privacy in their community.

Translation of written materials: Financial cost of translation services may be a barrier to providing written reports in a family's native language. At many institutions, written reports are reduced to a summary of key findings that are a page or less. Advocating for allotment of resources to better serve non-English speaking families may help reduce this inequity of care. When translation of written materials is not an option, consider encouraging families to audio record the session so they have a resource to refer back to after the session.

### **Multi-level education and community supports about developmental disabilities**

General education opportunities for the community: Building community level awareness about developmental disabilities may help dispel inaccurate perceptions of the behavior that can help increase early identification and intervention points.

Create opportunities for shared connections: Creating community level resources such as support groups, classes and activities for children with autism, parent education and training sessions may provide peer support, integration, and a decreased sense of isolation. Amir's family may benefit from connecting with other AAPI families who are raising children with developmental disabilities.

### **Provide comprehensive care coordination**

Take time to explain the service system of care in autism: Similar to recommendations above, clinicians are encouraged to consider creating an information system where families can learn about pathways of care. This can include concrete steps like how to complete paperwork, direct phone numbers, and specific agency names. Access to this information is complicated by inconsistent availability of materials available in languages other than English. Assess who else is currently involved in the child's care to coordinate across services/providers.

Model self-advocacy skills with families: For families who are less comfortable taking a more direct role in requesting evaluations or support, clinicians can provide support and call community organizations together. Providing demonstration or supportive presence during these calls can relieve anxiety and uncertainty. For families who are not comfortable taking on that role, work to identify advocacy supports who can come alongside and be a voice for the family.

### **FINAL CONSIDERATIONS**

In the case vignette, Amir and his family face multiple potential vulnerabilities to being invisible and unheard. Their refugee status, lack of familiarity with the American education system, and family members feeling unprepared to step into an advocacy role can exacerbate challenges for diagnosis and treatment. Additionally, stigma and shame

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may fuel the invisibility of developmental disabilities in some Asian cultures (Freeth et al., 2014). Because of the high stigma associated with an autism diagnosis, families may feel they need to conceal the diagnosis due to fears of being shunned or blamed for causing the condition (Kang-Yi et al., 2018).

Families whose primary language is other than English have reported feeling unseen and unheard when trying to find help for their child. Examples include lack of access to interpreters in their preferred language, provider misattribution of a child's delayed (language and social) development to a multilingual household, or not feeling equipped to know how to advocate for their child (Stahmer et al., 2019). In Amir's case, a careful exploration of cultural expectations, norms for social communication, and the family's level of comfort to pursue interventions will be important to contextualize behavioral observations and inform treatment interventions. Clinicians are encouraged to remember that lack of engagement does not necessarily reflect absence of awareness or understanding. The prospect of taking on an advocacy role may feel overwhelming, as this role may be discordant with cultural values, place them in a position of vulnerability due to their immigration status, or require them to take on a role in a language they do not feel proficient to speak. In addition to the language challenges, the vocabulary needed to navigate the educational and treatment service systems present another layer of complexity that may make it harder to be an effective advocate for their child's needs.

During a poignant conversation with a Somali interpreter, one of the authors learned there is no direct translation for "autism" in the Somali language. Autism is often translated as 'Western disease' or 'crazy' (personal interview, 2020; Selman et al., 2018). This presented a sobering reflection on how Somali families may have heard the news that their child has autism and provides a reminder of

how clinicians will benefit from opening conversation to hear from families about their reactions, questions, and concerns about the diagnosis. Clinicians can use a similar approach when working with AAPI families as they hear about a diagnosis for the first time, like Amir's family. The importance of conveying information during a feedback session should not eclipse the necessity of gathering information of what the family understands. When some AAPI families hear about autism, they may conclude that environmental, social, or familial factors caused the disorder. Some families experience shame and guilt at their perceived failings as a parent. Others assume that the lack of exposure to their home culture and community created the lack of social connection. Misunderstanding of the developmental nature of autism may delay engagement in evidence-based treatments or create additional familial stress and burden.

To reduce the negative effects of invisibility, clinicians can use silence as a tool to build connections with families by developing a listening stance. Using a framework of "cultural competency," practitioners can develop a way of informed listening that allows a family or community to tell of their needs and concerns. The importance of cultural understanding underlies the ability of clinicians and families to create collaborative intervention programs. Without this collaborative partnership, clinicians may find themselves feeling frustrated or at a loss for how best to serve their families within the AAPI community. Silence can be an effective tool to strengthen clinical connections and improve the process and experience for those in our care.

References available. Email Newsletter Co-Editor: [megan.stone@cchmc.org](mailto:megan.stone@cchmc.org)

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## APA Student Research Award

### Predictors of Professional Outcomes in Young Adulthood



Megan Ledoux, PhD, BCBA  
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#### Background

The transition to adulthood is a pivotal period for all young adults, and often a time of anxiety, worry, and risks. Previous work in this area has painted a grim picture of adulthood for individuals with developmental disabilities (DD) including those with autism spectrum disorder (ASD) and/or intellectual disability (ID). Across numerous studies, researchers have found that adults with DD have very low rates of employment, limited social engagement in the community, and poor outcomes in postsecondary education (Howlin et al., 2004). Together, research has demonstrated that young adults with DD are at an increased risk for poor professional outcomes during the transition to adulthood.

#### Methods

Participants included a subsample of families ( $N = 93$ ) participating in the Collaborative Family Study, a 17-year longitudinal study investigating the trajectories of youth with typical development (TD) and developmental disabilities (DD), including intellectual disability (ID), autism spectrum disorders (ASD). Analyses included data from both the current sample of young adults (ages 20-23) and data from the 13- and 15-year timepoints. Parents and young adults completed questionnaires related to employment and educational outcomes. Cognitive functioning (i.e., IQ) was assessed at age 13, and parents completed measures of social skills at youth age 15. Research questions included: (1) How do young adults across diagnostic groups (i.e., TD versus DD) fare in terms of their professional transition outcomes (i.e., education and employment outcomes)? and (2) What predicts better professional transition outcomes for young adults (e.g., social skills, IQ)?

#### Results

An overall measure of young adult professional outcome (Professional Transition Outcome Composite; PTOC) was calculated based on youth and parent responses to interviews and questionnaires regarding employment and education. A one-way ANOVA revealed a significant effect of diagnostic status on the PTOC [ $F_{1,84} = 41.632, p = .000$ ]. Compared to young adults with DD, those with TD were more likely to have positive professional outcomes during the transition to adulthood (i.e., in post-secondary education and employment),

A regression equation was computed to examine predictors (e.g., IQ, social skills) of the PTOC from age 13 to young adulthood. IQ and social skills explained 31.8% of the variance in the PTOC ( $F_{2,74} = 18.76, p < .001$ ). IQ score explained the majority of the variance ( $\beta = .49, t = 5.08, p < .001$ ), but social skills were also a significant predictor in the model ( $\beta = .25, t = 2.62, p = .01$ ). Overall, both IQ and social skills were found to predict professional transition outcomes, with IQ accounting for a larger portion of the variance.

#### Discussion

Youth with DD are at risk for poor outcomes during the transition to adulthood and are less likely than their TD peers to engage in meaningful employment and/or post-secondary education. In line with previous work, this study found that TD young adults were more likely to have positive professional outcomes (i.e., full-time employment, post-secondary education). Both social skills and IQ predicted these outcomes, with IQ demonstrating a more significant impact. Future research should continue to explore predictors of adult transition outcomes, including interventions to facilitate more positive outcomes for youth with DD.

## APA Student Research Award

### Parental Depression and Internalizing Problems in Children with Autism



Brianna Piro-Gambetti, University of Wisconsin-Madison  
Jessica Greenlee, Emily J. Hickey, Jennifer M. Putney, Emily Lorang, & Sigan L. Hartley

Autistic children have an increased risk for internalizing mental health problems such as depression symptoms and anxious affect. It is estimated that 14-20% of autistic children will experience at least one depressive episode and approximately 40% will experience clinically elevated anxiety symptoms or a diagnosis for an anxiety disorder. Additionally, research has shown that parents of autistic children are also at an increased risk for depression. The high risk for mental health problems in autistic children may be attributed to genetic vulnerabilities as well as transactions between the individual and their environment, including interactions with their parent.

**OBJECTIVE:** Examine the bidirectional associations between parent depression symptoms and child internalizing mental health problems in 188 families with autistic children across 4 time points spanning approximately 3 years. **METHOD:** At Time 1, 188 parent couple dyads completed questionnaires assessing parent depressive symptoms (Center for Epidemiological Studies-Depression Scale [CES-D], Radloff, 1977) and child internalizing problems (Child Behavior Checklist [CBCL], Achenbach & Rescorla, 2000, 2001). Both mothers and fathers completed these measures at all 4 time points. The majority of children in our sample were male and their average age at time 1 was 7.9 years. Approximately one-third of our sample had intellectual disability and 17% identified as being from a minority racial/ethnic group. We used MPlus statistical

software to conduct a cross-lagged panel model, controlling for child age and household income, in order to examine bidirectional associations across the four time points. As a multi-group model, mother and father scores were entered as a dichotomous grouping variable.

**RESULTS:** Across the 4 time points, parent report of child internalizing problems met or exceeded 70 for a range of 17-26% of children experiencing elevated internalizing mental health problems. Overall, 32% of mothers and 25% of fathers reported scores greater than or equal to 16 on the CES-D indicating a clinically significant level of depression. The cross-lagged panel model indicated good fit. Both mother ( $\beta = .181, p = .003$ ) and father ( $\beta = .136, p = .034$ ) reports indicated that parent depression symptoms at time 1 predicted child internalizing problems at time 2. Mother report of depression symptoms at time 2 predicted child internalizing problems at time 3 ( $\beta = .163, p = .010$ ). And in the other direction, mother reports of child internalizing problems at time 3 predicted parent depression symptoms at time 4 ( $\beta = .166, p = .005$ ).

**DISCUSSION:** Findings from our study suggest that parental depression and child internalizing mental health problems are bidirectionally linked in families of autistic children. In other words, having a parent with higher depression symptoms (both mother and father) may contribute to higher child depression and anxiety 12 months later. In turn, having a child

## APA Student Research Award

or adolescent with more depression and anxiety may lead to higher depression symptoms in mothers 12 months later. More research is needed in order to understand the factors that may be driving these effects. For example, both environmental (e.g., altered parenting in the face of depression or increased parenting challenges due to child depression and anxiety) as well as genetic factors (e.g., shared genes

causing depression in both parent and child) may contribute to the association between parental depression and child internalizing behaviors. Ultimately, this work may suggest that family-wide interventions are needed to optimize the mental health of both autistic children and their parents, as these outcomes are intertwined.

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***Congratulations to the Winners of the 2021 Summer  
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**Dr. Amy Todey, Dr. Carrie Mauras, Dr. Donna Lane,  
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## **Seeking Pediatric Neurodevelopmental Psychologists**

**Specializing in the assessment and treatment of Autism and other Developmental Disabilities**

Nationwide Children's Hospital is recruiting psychologists in the Child Development Center (CDC). The Child Development Center is an established interdisciplinary program designed to serve the needs of children with intellectual and developmental disabilities including Autism Spectrum Disorders. The Child Development Center is part of Nationwide Children's Hospital Pediatric Behavioral Health program and collaborates within the Section of Developmental Behavioral Pediatrics. Our program is one of 20 sites within the Autism Speaks Autism Treatment Network, the Autism Intervention Research Network on Physical Health, the SFARI SPARK Clinical Site Network. We participate in a wide range of multi-site, externally funded clinical research projects.

The Child Development Center is one of the most comprehensive and largest neurodevelopmental psychology departments in the country and is part of one of the largest Pediatric Behavioral Health units. We have new and expanded positions open for individuals who are interested in working in a multi-disciplinary setting focusing on the assessment, diagnosis, and treatment of children referred for possible autism and other developmental delays and disabilities. Our Pediatric Neurodevelopmental Psychologists work with Developmental Behavioral Pediatricians, Neurologists, Nurse Practitioners, Speech and Language Pathologists, Psychiatrists, Social Workers, Genetic Counselors, and GI specialists. We have a large and diverse psychology faculty, an APPIC approved internship track, and a well-established post-doctoral fellowship program. Our faculty also participates in graduate student training and development as well as medical education.

We are specifically looking for psychologists interested these areas:

- Implementing short-term, targeted evidence-based treatments for children with Autism Spectrum Disorders and other neurodevelopmental conditions.
- Evidence based psychological testing for children with Autism Spectrum Disorders and other neurodevelopmental conditions. We are looking for a colleague interested in developing targeted assessments to re-evaluate progress and design treatment interventions for this population as well as participating in our established diagnostic assessment program.
- Working with ASD/IDD patients in our Behavioral Health Pavilion (BHP). The BHP is America's largest center dedicated exclusively to child and adolescent behavioral and mental health on a pediatric medical campus. ASD/IDD services are provided on a specialty inpatient unit and include assessment, therapy, and family interventions. For more information on the BHP, visit <https://www.nationwidechildrens.org/specialties/behavioral-health/behavioral-health-pavilion>
- We are also seeking a position supporting our efforts to build autism evaluation services in Northwest Ohio in and around the Toledo, Ohio area. This is a new initiative with opportunities to build programming and clinical care.

Applicants should have experience in working with children with developmental disabilities and/or autism spectrum disorders. Candidates must possess a doctoral degree in psychology and be license eligible in Ohio. The completion of formal post-doctoral training is highly desirable. We will consider candidates based on strengths in clinical service, clinical supervision, teaching, and their career interests. All positions carry a faculty appointment in the Department of Pediatrics, The Ohio State University (track and rank based upon experience). Nationwide Children's Hospital is a "top 10" children's hospital and provides the majority of pediatric and pediatric behavioral health care services and training opportunities in central and southeastern Ohio, serving a population of over 3 million. This position will be open until filled and applications will be reviewed immediately.

Interested candidates should send a cover letter stating career goals, curriculum vitae, and three letters of reference to: David Michalec, PhD, Search Committee Chair, [david.michalec@nationwidechildrens.org](mailto:david.michalec@nationwidechildrens.org)

# Division 33 Student Interview

## *Finding and Keeping Employment in Autistic Adults*



Interviews conducted by:

**Elizabeth Baker, MA, UC Riverside**  
**Ben VanHook, George Mason University**



*Dr. Stephen Shore is a professor at Adelphi University, where his research focuses on matching best practices to the needs of people with autism. His career is focused on helping persons with autism and other conditions to lead fulfilling and productive lives. In order to learn more about employment opportunities for autistic individuals, we interviewed Dr. Shore to understand the*

*challenges related to finding and keeping employment in the autistic community.*

**Question 1: In 2020, the Census Bureau of Labor found that autistic individuals are less likely to be employed than their neurotypical peers, regardless of their education level. Can you speak about why this might be?**

Employment is a very social activity. You're expected to socialize in a neurotypical sort of way, and we [autistic individuals] commonly don't. And those of us who do socialize in that way require a lot of masking and emulation of others, which takes up a lot of energy. Some of us have more desire to socialize than others. Depending on the person, they may need to put more or less of that social effort into their job. So I believe that this contributes to the 88% of autistic individuals who are either under-employed or unemployed.

A colleague and I developed a free 40-hour training called [Preparing Neurodiverse Youth for the Workplace](#) for young adults interested in employment. The materials are easily available for anyone to view and utilize. We created the training program for a software and management company called SAP. SAP is among a growing number of companies that have programs especially for autistic people. They realize that there are some things that some autistic people can do better and faster than anybody else. It's not a charity; It's really a good business decision. They realize we can have a

good thing going here where everybody can benefit.

**Question 2: How can employers be more inclusive of neurodiverse individuals? Follow-up question—might it be useful for companies to increase or promote social bonding opportunities outside the office?**

It begins by getting to know autistic individuals and finding out from autistic individuals what accommodations might be helpful. So, for example, with the [Preparing Neurodiverse Youth for the Workplace](#), we also train supervisors. Supervisors learn how to accommodate staff and communicate with them to set up a conducive environment for autistic people in their workplace. This has made them become better supervisors overall.

It's all a question as to how it's done because it also means taking into account the interests of the employees. So let's say you have a collection of autistic employees and they're interested in maybe going to a museum or trainspotting. These are common autistic things to do. [These activities are] quiet, and there's not that much social interaction involved. Maybe there are non-autistic people who are also interested in these activities and they go together. If the activities are interrupted, socialization can occur. That can work out really well. I think what many employees don't like, autistic or otherwise, are semi-required activities, such as outings to a noisy bar. Not everyone wants to go to the obligatory office party.

**Question 3: Job retention is a big problem for autistic individuals. Can you provide any suggestions to employers that might increase the job retention of neurodiverse individuals?**

There's so much hidden curriculum and unspoken rules in the workplace—things that you don't find in employee handbooks. You don't find it written anywhere. Non-autistic people understand these things automatically. For example, it can be just as simple as whom you sit with, or you don't sit with, at the company

## Division 33 Student Interview

cafeteria. If an owner, chief executive officer, or bigwig of the company is seated with their lunch, most employees will not disturb their meal. So by sitting down and starting up a conversation, those unspoken rules [are violated]. But nobody talks to anybody about doing that or not doing that.

Similarly, there are all kinds of hidden curriculum in the recruiting process, ranging from how many times you shake the recruiter's hand, the amount of eye contact given, and various other rules that aren't written. Everybody seems to know [such rules], but autistic people may need direct instruction.

**Question 4: Are there impacts to well-being based on employment status in autistic adults? How might occupation-type influence well-being?**

Employment status is going to have a big effect on the well-being of anyone. It feels good when there is a mutual sense of value between the employer and the employee. Though employment could have a negative effect on a person if there are too many hidden curriculum requirements, or it's just not making sense,

or the person's being bullied. However, not having a job also tends to have a negative effect on people. As for occupation type, anyone who is employed and doing something they don't like will find work enjoyable. If they feel forced to do it because that's the only way they can earn money, that will negatively affect them.

*In conclusion, the employment of autistic individuals is most successful when the recruiters and hiring managers are knowledgeable regarding how an autistic mind works. Dr. Shore's Preparing Neurodiverse Youth for the Workplace training is a vital resource that employers and potential employees can utilize to understand autism and other neurodiverse abilities. Training staff members in neurodiversity can help an organization understand autism, which may lead to a greater sense of job value, resulting in a greater appreciation and well-being for the individual. Liz and Ben would also like to thank Dr. Shore for taking the time to talk with us about employment and autism*

A promotional banner for the APA 2022 Call for Proposals. The background is a cityscape with a red semi-transparent overlay. The text is white and bold. The main text reads "APA 2022 Call for Proposals" in a large font, with "NOW OPEN" in a smaller font below it. At the bottom, there is a white box containing text about seeking proposals and a blue button that says "LEARN MORE".

# APA 2022 Call for Proposals

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## Early Career Psychologist Column

### Disability Accessibility of Careers in Psychology: Experiences shared from Neurodivergent Early Career Professionals



Lori B. Vincent, PhD, BCBA-D  
University of Cincinnati



Jenny Mai Phan, PhD  
University of Wisconsin–Madison



Hannah Barton, PhD  
Nationwide Children's Hospital

Experiences for early career professionals (ECPs) in psychology are often focused on high-stakes networking and professional development to prepare for a competitive job market. Hidden within this talent pool, the number of psychology ECPs in academia with a disability is unknown. An average of 9.2% doctoral students applying for the Association of Psychology Postdoctoral and Internship Centers (APPIC) internships in psychology self-identify as having a disability (Andrews & Lund, 2015; Lund, 2021). While disability status in psychology trainees is an area of research with growing representation, little is known about trainees' experiences after graduation, especially ECPs who identify as neurodivergent or autistic. This may be due to lack of representation of neurodivergent faculty in psychology or due to underreporting and lack of disclosure by professionals (Lund, 2021). Neurodivergent ECPs seeking academic jobs may encounter barriers when networking, interviewing, and after obtaining jobs. With the goal to reduce the loss of talent, this column reflects on the experiences of neurodivergent ECPs with recommendations and reflections for applicants and hiring committees.

Five autistic ECPs were interviewed about their experiences searching for academic jobs. These included a Ph.D. candidate,

postdoctoral researcher, post-graduate professional, and teaching faculty member. Two ECPs were willing to disclose names and neurodivergent status; the other three remained anonymous/first name only, providing indirect evidence that autistic ECPs may not be comfortable disclosing their status.

**Autistic ECPs' experiences in seeking jobs**  
Autistic interviewees expressed anxiety about professional expectations, which may be compounded by their social disabilities. These candidates expressed fear that disability disclosure on job applications would result in bias about their eligibility, and they shared uncertainty surrounding 'unspoken rules' about disclosure. Morgan, an autistic ECP, described their experiences well, including how the process led to procrastination and intense pursuit. An important message is that job advertisements that included a diversity mission generally miss the opportunity to explicitly include disabled scholars, leading neurodivergent candidates to fear disclosure and camouflage to fit a neurotypical expectation of faculty members. This may result in a loss of talent when neurodivergent candidates' potential to display all of their talents is stifled, including ones that intersect with their lived experiences.

*"This is likely related to my autism but at the*



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## Early Career Psychologist Column

*beginning I felt overwhelmed. I avoided doing job market work... This feeling of overwhelm was/is compounded by the prospect of leaving an institution where I feel valued and respected and not knowing how the next place will be across multiple dimensions (e.g., inclusion and acceptance, collaborative opportunities, institutional resources, promotion expectations, living environments). After submitting the first two applications and getting over my inertia and difficulty with initiation, I got into a rhythm. Applying to jobs soon became my central (only) interest. I couldn't easily switch away from applying. I went from being completely overwhelmed to applying to over 25 schools in just 1-2 weeks. In the same month, I got my first two interviews.*

*... I have a lot of thoughts and feelings about [diversity] missions, and especially jobs that explicitly state their interest in recruiting marginalized scholars along multiple identities, inclusive of disability. First, I think it is a good step that schools appear to be taking actions to improve diversity. Second, I don't trust that schools are thinking about disability when they post those statements. Some searches target Black or POC scholars, and that is valid; I am happy to see it. Some searches appear to be broader, and even list disability as an identity of interest, but I still do not trust those searches as truly wanting a disabled scholar. Third, it is a huge professional risk to disclose disability. We know that disabled people face considerable discrimination in the workforce. Therefore, there could be unintended consequences of these diversity statements for disabled scholars, who might falsely believe that disclosing will have no downsides and possibly even an advantage.*

*... Right now, the biggest challenge is not knowing the facts. I don't know what schools think of me. I don't know what opportunities are truly open to me. It feels like there is an element of poker that will intensify in coming months; I don't like this feeling. I combat this feeling by doing everything I shouldn't when playing poker. I keep my cards face up on the*

*table, sort of speak. I don't want to play. I just want to be efficiently matched to my future job." - Morgan*

### **Autistic ECPs' experiences with interviews**

When it came to the interviews, disability disclosure was a major theme, and ECPs faced a risky decision to disclose as a way to gauge employers' responses. Openness to accommodations during the interview provided a litmus test for how employers would accommodate disabilities if the ECP was hired and if employers were serious about their diversity mission. Speaking with Scott Frasard and two anonymous ECPs regarding job interviews highlighted this theme.

*"In my experience of disclosing that I'm autistic at the outset, I may get a phone call for an interview from some companies - about two-thirds of them, so I do think there's gatekeeping that still goes on to exclude people who are different, maybe subconsciously or maybe out of not really understanding autism. When I interview after my [late] autism diagnosis, yeah, they're interviewing me, but I'm also interviewing them. I ask more questions now than before - questions like their commitment to diversity." - Dr. Scott Frasard, President and CEO of Frasard Consulting*

*"I should say that I don't know that I have the same ability to reach out to folks for help in the way that maybe a neurotypical person would. I'm a very extroverted person and a very engaging person. But when it comes to asking for help, historically, that has been something that I have paid for dearly. I don't feel comfortable disclosing my disability status. In the initial application, they all now ask, and I prefer not to disclose. I'm afraid that if I check I don't have a disability that I won't be able to have accommodations later on." - Anonymous*

*"In order to survive an interview, many of us would absolutely have to disclose and ask for accommodations, but on the other hand, as*



## Early Career Psychologist Column

*one of my colleagues said, 'you really want to be someplace where that's a problem?' If you can't disclose and you can't ask for accommodations at the interview, what's it going to be like to try to get accommodations and support after you're on the job? I always operate from a point of view of disclosure. It doesn't work for everyone, but I don't have a choice. I'm too extroverted...The best way to get a position, if you can and in my field of work (academia), is to not have to interview. The best way to get the position is to network intensively with intentionality at national or international conferences and make a point of meeting those people who are speaking... They get to hear how your brain works and whether it could be of value. Ideally, if you've done enough of that networking and be a part of these projects, people start to invite you to participate in things, and that's what's happened to me. I'm facing ageism now as well as ableism, but I also don't think my strategies are a bad idea for anybody, you just have to be brave." - Anonymous*

### **An autistic ECP's experience after being hired**

Once hired, social expectations suited for neurotypical scholars may inadvertently create exclusionary practices that nullify institutional diversity missions. A teaching faculty member, Dr. Christopher Wyatt, shared insightful details about HR's role in communicating with academic departments and administrators about providing requested accommodations and acknowledging that there are pedagogical practices common in academia that result in discrimination against neurodivergent and disabled scholars.

*"I find myself trying to educate HR, department chairs, and deans because what becomes problematic in temporary positions or in the junior faculty positions are some of the expectations placed on new and potential hires to be socially engaged in ways that autistics might struggle with. Some examples include being told that junior faculty or lecturers will share a common area...The required attendance at events and social functions has also been mentioned. They*

*want you at convocations. They want you at graduations. They want you at award dinners and ceremonies. They expect you to lead student groups. Those are things that I have found challenging, and they are on the 10-year checklist, and when I have raised that this is something that is a problem for me in terms of sensory input, there is not a level of understanding that's there...The fact that there are very few tenured autistics outside of the sciences doesn't surprise me. It's very difficult to be socially engaged at conferences, panels, and social events that many departments insist upon. When those issues are raised in hiring, it is difficult to answer honestly knowing what the eventual outcome can be. Though HR will say we can't discriminate and will be inclusive, those are nice things to say but are seldom practiced. The problem with HR, as they have checklists of what to expect for autistics, is that it doesn't really work well since every one of us has different needs and different comorbidities... A thinking usually is -- Well, you're a horrible example of how we want our students to be -- the very teaching pedagogies that we're expected to model are flawed pedagogies. We're expected to model erroneous pedagogical practices. When we don't do that, that becomes problematic during the interview and if we try to explain them, what is really happening is the committee then is demanding disclosure. You know, why are you looking down? Why are you not sitting straight? Why is your arm shaking? Why do you look so nervous? Many other autistics have comorbid conditions. I have a neurological disorder that causes tremors. I have actually been told to calm down because I was shaking slightly. I also was tapping a cane and I was told that it was distracting. So being disabled in both the physical and neurological sense, you find very quickly that you're not fit for the departments that have expectations of perfect examples of teaching. Of course, none of those individuals in the room judging you are, but they certainly want to hold you to that standard as an incoming faculty." - Dr. Christopher Wyatt*

## Early Career Psychologist Column

### Suggestions on supports for neurodivergent ECPs

Based on the review of 25 psychology job advertisements in 2021 and the perspective of neurodivergent ECPs we interviewed, we offer some recommendations. A diversity statement was provided in 92% of job advertisements reviewed, the clear majority, but there is room for improvement. A diversity statement would ideally be linked to the institution's diversity mission (found in only 16% of advertisements reviewed). Only 64% of advertisements specifically mentioned disabilities or diversity of abilities, and none mentioned neurodiversity. While some advertisements provided broader statements, such as "encourages individuals of diverse backgrounds to apply," others specifically list certain diverse groups, such as "linguistically, culturally, or ethnically diverse backgrounds" or "diverse identities based on gender, race, ethnicity, or sexual orientation." Listing some groups but not others (i.e., people with disabilities, neurodiversity) limit inclusivity and may discourage marginalized individuals from applying. Several advertisements noted that disabled individuals who were "qualified" for the job would be considered -- a caveat not mentioned related to other populations. The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (1973) require institutions to provide accommodations for students, staff, and faculty with disabilities. This begs the question: *Does the ADA and Section 504 extend to ECP job candidates with disabilities in providing accommodations during the job search and interview?* As neurodiverse graduate students move into the next phase of their training, they are faced with unclear messaging from college administrators and departments about disability accommodations. Only 24% of job advertisements reviewed included information about acquiring accommodations during the application and interview process. Asking for accommodations is a stressor for job applicants and employees. Providing statements about how to access accommodations during the application process demonstrates an organization's commitment to supporting applicants and employees of all abilities. Easing the burden of accessing reasonable accommodations

creates an equitable and inclusive interview/hiring process allowing applicants and employers alike to best represent themselves and their work.

Reflections of neurodivergent interviewees highlighted their need for mentorship during the job search process and early career phase. This can help individuals navigate their new career, including professionally, in terms of improving self-advocacy skills and in accessing accommodations. While mentorship may be offered by individuals without disabilities, mentors with disabilities may be preferred due to concerns surrounding discrimination and disclosure. National committees, such as the American Psychological Association's Disability Mentoring Program, can be a good resource for students and professionals with a disability entering the field of psychology. Unfortunately, local or institution-specific disability mentorship programs rarely target neurodiverse academics.

Finally, disability representation on job search and DEI committees is needed across institutions to help identify and endorse neurodiverse job candidates. Recognition of neurodiversity as a form of diversity, ongoing dedication, and the promotion of disability-affirming principles can help reduce barriers for neurodiverse job candidates in psychology. *"I would say that most neurodivergent people that I know would love nothing more than a predictable role that they could come in and out of every day for decades. And it really comes down to accommodations. It comes down to strengths-based leadership as opposed to gaps-based leadership. If I could wave a magic wand and tell employers and leaders one thing, it would be to drop the idea of trying to get people to do better the things that they don't do well. And then as far as neurodivergent workers, we already exist. Just management leadership don't know that they're divergent. Every single organization under the sun right now has a neurodiverse workforce, and every one of them is coming to me saying how can I get a neurodiverse workforce. You have it already, and it's a matter of making it so that there's allowed to be diversity of thought around the table because people are allowed to be authentically themselves without repercussions."* – Anonymous

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## SHOUT OUTS

Division 33 Members were recently featured in the APA Monitor on Psychology related to their work with adults with developmental disabilities.

Check out the full article [HERE](#).



## APA DIVISION 33: IDD/ASD

## HOT OFF THE PRESS

In December 2021, APA updated its Inclusive Language in Psychology Writing Guideline.

Click [HERE](#) for all full details.

"The discussion of person-first versus identity-first language was first applied to issues regarding people with disabilities. However, the language has been broadened to refer to other identity groups. Authors who write about identity are encouraged to **use terms and descriptions that both honor and explain person-first and identity-first perspectives. Language should be selected with the understanding that the individual's preference supersedes matters of style.** In person-first language, the person is emphasized, not the disability or chronic condition. In identity-first language, the disability becomes the focus, which allows the individual to claim the disability or the chronic condition and choose their identity rather than permitting others (e.g., authors, educators, researchers) to name it or to select terms with negative implications. It is often used as an expression of cultural pride and a reclamation of a disability or chronic condition that once conferred a negative identity. It is permissible to use either approach or to mix person-first and identity-first language unless or until you know that a group clearly prefers one approach, in which case, you should use the preferred approach (APA, 2020b)."

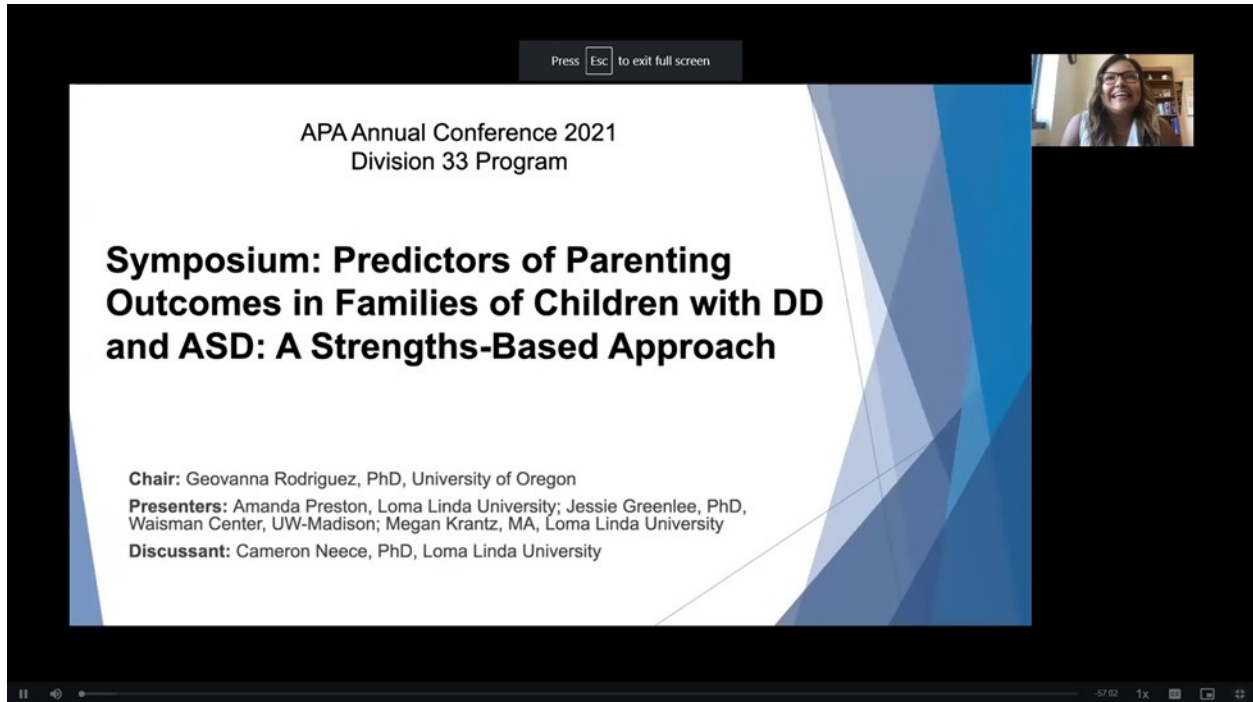
# APA 2021 Recap: Division 33 Virtual Presentations


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APA Annual Conference 2021  
Division 33 Program

**Symposium: Predictors of Parenting Outcomes in Families of Children with DD and ASD: A Strengths-Based Approach**


**Chair:** Geovanna Rodriguez, PhD, University of Oregon  
**Presenters:** Amanda Preston, Loma Linda University; Jessie Greenlee, PhD, Waisman Center, UW-Madison; Megan Krantz, MA, Loma Linda University  
**Discussant:** Cameron Neece, PhD, Loma Linda University





## The Influence of Autism Symptoms on Internalizing and Externalizing Behaviors following the UCLA PEERS® Intervention

Kyle Rosen, Yong Seuk S. Lograsso, Christine T. Moody, Ph.D.; Nicole Rosen, M.A.; Elizabeth Laugeson, Psy.D.  
UCLA Semel Institute for Neuroscience and Human Behavior



### BACKGROUND

- Internalizing and externalizing behaviors exhibit a bidirectional relationship with peer acceptance indicators (e.g., victimization, rejection, friendships), such that low peer acceptance predicts later mental health problems, and mental health problems exacerbate future peer acceptance difficulties (Van Lier & Hoot, 2010).
- As compared to their peers, individuals with autism spectrum disorder (ASD) are at higher risk for peer victimization and rejection (McLeod et al., 2019; Symes & Humphrey, 2010), which may contribute to the observed higher prevalence of internalizing and externalizing symptomatology in ASD (Bauminger et al., 2010).
- Fortunately, evidence-based social skills interventions, such as PEERS®, have been shown to improve problem behaviors and social relationships among young adults with ASD (Laugeson et al., 2015) through didactic teaching of social skills with concrete rules and steps and perspective taking practice.
- Improvements in social functioning may lead to downstream positive effects on internalizing and externalizing symptoms following PEERS® as well, though this has not yet been examined.
- This may also suggest that individuals with more severe ASD symptoms, and thus likely more significant peer challenges, may show the greatest improvements in mental health symptoms following the PEERS® intervention.
- The current study aimed to 1) examine degree of change in internalizing and externalizing behaviors among young adults following the UCLA PEERS® intervention and 2) explore baseline autism symptom severity as a predictor of change in internalizing and externalizing behaviors following intervention.

### METHODS


#### PARTICIPANTS

- Participants included 115 young adults ( $M_{age} = 22.64$ ;  $SD = 3.76$ ) and caregivers who presented for social skills treatment through the UCLA PEERS® Clinic.
- Most participants had historical ASD diagnoses ( $n = 76$ ), though others presented with anxiety, ADHD, depressive, or other mental health disorders.
- 30.4% endorsed multiple co-occurring diagnoses.
- Sample was predominantly male ( $n=86$ , 74.8%) and White (66.1% White; 8% Latino; 2.7% Black; 7.1% Asian American; 16.1% Multiracial/Other).
- On average, autism-related social deficits and symptoms as measured by the SRS-2 were in the Moderate range ( $M=68.43$ ;  $SD=9.29$ ).

#### MEASURES

- Social Responsiveness Scale – Second Edition (SRS-2; Constantino, 2012)
- Caregiver-completed questionnaire collected at baseline to assess young adult social responsiveness and ASD symptomatology.
- Social Skills Improvement System (SSIS; Gresham & Elliott, 2008)
- Caregiver-completed questionnaire collected at baseline and post-intervention assessing social functioning and problem behaviors.
- For this study, the Internalizing and Externalizing subscales were utilized.

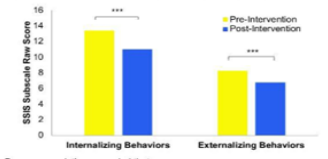
### TREATMENT



- Young adults and caregivers participated in the PEERS® for Young Adults program, which consists of weekly 90-minute group treatment sessions over 16-weeks.
- Skills were taught using didactic instruction in a small group format including role-plays, behavioral rehearsals, homework assignments, and caregiver social coaching.
- Treatment sessions focused on skills related to making and keeping friends, handling peer conflict/rejection, and dating etiquette.

### RESULTS

Paired samples *t*-tests revealed that young adults showed significant improvement in both internalizing,  $t(114) = 6.12, p < .001$ , and externalizing  $t(114) = 4.19, p < .001$ , behaviors on the SSIS from pre- to post-intervention.



Person correlations revealed that baseline autism symptoms were significantly correlated with change in externalizing behaviors,  $r = -.474, p < .001$ , such that young adults with greater autism symptoms showed greater improvement in externalizing behaviors following PEERS®.

In contrast, baseline autism symptoms were not significantly correlated to change in internalizing behaviors,  $r = -.112, p > .05$ . Although young adults showed significant reductions in internalizing behaviors (see above), this was not predicted by baseline ASD symptom severity.

### DISCUSSION

- Results suggested that young adults experienced significant improvement in both internalizing and externalizing behaviors following PEERS®.
- These findings provide evidence that PEERS® produces positive benefits, not only for social outcomes, but also for mental health outcomes.
- This is especially promising given the diverse clinical presentations within the current sample. In particular, PEERS® may address the needs of young adults with ASD given high rates of mental health problems and death of effective treatments (Bishop-Fitzpatrick et al., 2014; Spain et al., 2015).
- Baseline autism symptoms as measured by the SRS-2 significantly predicted degree of change in externalizing behaviors among young adults following social skills treatment, such that young adults with greater autism symptoms at baseline experienced greater improvements in externalizing behaviors. In contrast, this relationship was not observed for internalizing behaviors.
- It is possible that for young adults with ASD, the presence of externalizing behaviors (e.g., cheating, arguing, bullying) may represent deficits in social skills knowledge and/or perspective-taking abilities. The intervention's focus on perspective-taking and conflict resolution skills may address these deficits in those with greater ASD symptoms and help explain this pattern of results.
- Future research should further confirm findings that PEERS® for Young Adults produces mental health benefits through: 1) assessment of long-term treatment response, 2) use of multiple informants, and 3) use of standardized measures of anxiety, depression, and aggression/rule-breaking. Additionally, investigation into other predictors of treatment response following PEERS® for Young Adults is warranted to inform individualized treatment planning and recommendations.

### REFERENCES

- Bauminger, N., Solomon, M., & Sigfus, S. J. (2010). Externalizing and internalizing behaviors in ASD. *Autism Research*, 3(3), 159-167.
- Blattner-Kozlowski, L., Moshir, N. J., & Black, S. M. (2014). A systematic review of psychosocial interventions for adults with autism spectrum disorders. *Autism and adults with autism spectrum disorders*, 115-127 Constantino, J. N., & Gruber, C. P. (2012). *Social Responsiveness Scale-Second Edition (SRS-2)*. Torrance, CA: Western Psychological Services.
- Gresham, F., & Elliott, S. N. (2008). *Social Skills Improvement System (SSIS) Rating Scales*. San Antonio, TX: Pearson.
- Laugeson, J. A., Golan, O., Kapp, S. K., Christie, A., & Lograsso, Y. (2015). A randomized controlled trial to measure social skills in young adults with autism spectrum disorder: The UCLA PEERS® program. *Journal of Autism and Developmental Disorders*, 45(7), 2076-2088.
- McLeod, J. D., Belmont, E., & Mandikian, A. (2019). The experience of college students with autism spectrum: A comparison to their nonautistic peers. *Journal of autism and developmental disorders*, 49(6), 2320-2338.
- Spain, D. S., & Chapman, S. L. (2011). Cognitive behavioral therapy for adults with autism spectrum disorders and psychiatric comorbidity: A review. *Research in Autism Spectrum Disorders*, 5, 191-192.
- Spain, D. S., & Chapman, S. L. (2012). The long-term outcomes of a group-randomized trial of social skills training for young adults with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 42(12), 2685-2694.
- Spain, D. S., & Chapman, S. L. (2015). Developmental course of peer relations and symptoms of internalizing and externalizing problems from kindergarten to fourth-grade elementary school. *Development and Psychopathology*, 27(5), 989-992.

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# APA 2021 Recap: Division 33 Virtual Presentations

## TeleAssessment: Best Practices for Diagnosing Autism Spectrum Disorder

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### Abstract

Autism Spectrum Disorder (ASD) is a disorder that manifests in early childhood characterized by deficits in social communication and restricted/repetitive behaviors<sup>1</sup>. An ASD diagnosis is determined by a licensed clinical psychologist who administers a series of clinical interviews, behavioral observations, and the facilitation of evidence-based assessments. Current research has indicated that there is a delay in gaining access to diagnostic services to receive a diagnosis of ASD ranging from 20 months to five years<sup>2</sup>. As a result of the COVID-19 pandemic, access to face-to-face diagnostic services have recently become further limited, with many clinicians switching to virtual, telehealth assessment services. The switch to providing therapeutic and assessment services via telehealth platforms has become necessary to ensure the safety of both clients and clinicians. However, limited access to face-to-face diagnostic services has further increased the barrier for proper diagnosis and intervention for individuals with ASD. As a result, there is a need for guidance on the best practices for providing diagnostic evaluations via teleassessment for individuals seeking diagnostic clarification for ASD.

The use of telehealth has been supported as a means to improve access to early diagnosis and intervention for an individual with ASD<sup>3</sup>. Researchers have supported the adaptability and accuracy of delivering diagnostic assessments in a virtual format<sup>3,5</sup>. For instance, clinicians are able to continue to conduct observations as they would for an assessment through video sharing<sup>6</sup>. Additional benefits of teleassessment include increasing access to services and decreasing costs for both clinicians and clients<sup>7</sup>. Barriers of using telehealth for teleassessments include reaching clients who do not have access to technology, obstacles to confidentiality, and lack of clinician experience with administering services via telehealth modalities<sup>8</sup>.

### Method

- Systematic literature review of 22 electronic research articles.
- Databases: PsycInfo, Science Direct, EBSCO, and OhioLINK Electronic Journal Center, MEDLINE database, ERIC database, Social Sciences Database, PUBMED database, Education Resources Information Center (ERIC), APA website, Business Source Complete
- Inclusion Criteria: Scientific research articles which includes topics related to general telehealth, and teleassessment specific to individuals with ASD.
- Exclusion Criteria: Exclusion criteria will include articles not specific to working with children with ASD in a virtual format

### General Diagnostic Process for ASD

- Formal assessments, interviews, and observations conducted in-person by a licensed clinical psychologist
- Children can typically be diagnosed around the age of two however, most children are not diagnosed until around four or five years old<sup>9</sup>
- Barriers to diagnostic services and professional's knowledge of ASD has been a consistent concern facing families with children with ASD<sup>10</sup>.
  - Lengthy wait lists for diagnostic evaluations delay start of intensive intervention<sup>11</sup>.
  - The time from referral to a team-based ASD diagnostic evaluation commonly takes more than a year<sup>12</sup>.
  - Some examples of commonly used test batteries for screening and diagnosis of ASD include:
    - Clinical interview assessing developmental history
    - Autism Diagnostic Observation Schedule (ADOS-2)
    - Autism Diagnostic Interview-Revised (ADI-R)
    - Autism Spectrum Rating Scale (ASRS)
    - Childhood Autism Rating Scale – 2nd edition (CARS-2)
    - Social Responsiveness Scale – 2nd edition (SRS-2)

### What is Teleassessment?

- Teleassessment stems from the term "telehealth" which is described as remote mental health and physical health services for assessment, prevention, and intervention purposes<sup>13</sup>.
- Teleassessment is a diagnostic procedure administered to an individual remotely through the use of telecommunication technologies such as telephone and video conference<sup>14</sup>.

- #### Benefits
- Allows clinicians to provide psychological services to those who do not have access to in-person testing.
  - Teleassessment can also be more cost effective and efficient for providers<sup>13,14</sup>.
  - Decreases safety concerns associated with COVID-19.
  - Decreases wait-time for ASD evaluations.

- #### Limitations
- Administering batteries that were designed to be administered in-person increases the possibility of administration errors, validity, & reliability as this compromises standardization procedures.
  - Lack of consistency impedes clinicians from making normative comparisons and accurate clinical decisions<sup>11</sup>.

### Impact of COVID-19 on Diagnostic Process

- Further increased client wait time for a diagnostic evaluation due to inability to provide services.
- Decreased ASD screening and referrals for diagnostic evaluations by primary care physicians due to postponed or canceled child-welfare visits<sup>15</sup>.
- Barriers to reliability & validity of assessment services delivered online
  - The ADOS-2 cannot be administered via tele-assessment at this time
- Safety Precautions:
  - Mandated mask wearing: Individuals with ASD & comorbid sensitivities make wearing a mask uncomfortable or irritating to the facial skin<sup>16, 2, 10</sup>.
  - Mask wearing decreased the social cues and learning that can occur between individuals<sup>17</sup> which is exacerbated in children with ASD
  - Many children with ASD also have comorbid disabilities or autoimmune disorders that increase their risk of complications or mortality due to the COVID-19 pandemic<sup>18</sup>.

### Ethical Considerations

- Provider training in teleassessment is necessary to ensure accuracy with administration.
  - For instance, competence in being able to convey directions to caregivers & provide feedback on performance of testing items<sup>19</sup>.
- Providers must discuss the unique limits to confidentiality in a telehealth space & the client's/caregiver's responsibility to ensure that the person being evaluated is in a private, confidential space.

### References



### Best Practices for Teleassessment

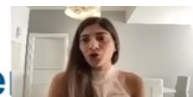
- #### Building Rapport:
- Allow time for clients to share and reflect on their experience during the COVID-19 pandemic.
  - Promote motivation and focus by establishing a system of reinforcement.
    - Stickers, visual schedules, snacks, games, brain breaks etc.
  - Reinforcement can minimize attentional concerns, & decrease testing anxiety<sup>23</sup>.
  - Provide breaks throughout testing.
  - Use mindfulness-based activities to keep the client engaged with the therapist, reduce attentional difficulties, and reduce test related distress<sup>24</sup>.
- #### Outline Expectations:
- Ensure clients have access to a private area for testing to limit distractions and maintain confidentiality
  - Ensure that caregivers can be home to assist if needed with administration as needed<sup>8, 20</sup>
  - Clear communication using visual and verbal steps of the assessment process.
  - Continually check for client understanding.
  - Consider the testing environment; Internet connection & camera quality need to be evaluated to ensure valid and reliable remote administration<sup>8, 5, 20</sup>.
- #### Test Selection:
- Research supports reliable & valid results from teleassessment administration of verbal and visual assessment batteries<sup>24</sup>.
  - Motor dependent tasks performed via teleassessment (e.g., Block Design on the WISC-V) have produced variable results and should be further researched before administration.
  - Strongly emphasize the intake interview to gather developmental history
- #### Brief Observation of Symptoms of Autism (BOSA):
- 15-minute observation tool of caregiver-child interactions
  - Assessor observes and guides interactions for a distance
  - Limitation: Battery can only be used by those trained with the ADOS-2
- #### Childhood Autism Rating Scale (CARS):
- 15-item checklist. Incorporates information from parents, can be mailed or transferred to an electronic format
  - Limitation: Cannot be given solely as a parent/teacher completed checklist
- #### TELE-ASD-PEDS
- Designed for use by providers and families during a telehealth assessment for autism. A clinician walks a parent through several basic tasks with their child to allow provider to watch for the presence of ASD symptoms.
  - Designed for children under 36 months of age
  - Limitation: Not designed for older children or children with flexible phrase speech
- #### Systematic Observation of Red Flags of ASD (SORF)
- Autism Navigator Series and is appropriate for children 9-24 months
- #### Autism Diagnostic Interview-Revised (ADI-R)
- #### Developmental, Dimensional and Diagnostic Interview\*
- Computerized battery easily administered via telehealth
- #### Monteiro Interview Guidelines for Diagnosing the Autism Spectrum (MIGDAS-2)
- Assesses for language and communication, social relationships, emotional responses, and sensory use and interests.
- #### Conclusions
- Barriers to accessing diagnostic and early intervention services for ASD have increased during the COVID-19 pandemic.
  - Telehealth presents an opportunity to expedite the diagnostic process of ASD.
  - Specific diagnostic measures have proven to be valid and reliable to administer remotely. Others can be easily accessible through an online format or sent via mail.
  - Future directions:
    - Increase research on how to administer the ADOS-2 virtually
    - Conduct research on the reliability & validity of ASD assessment batteries via teleassessment methods

## Externalizing Behavior and Parent-Teacher Relationship Quality for Autistic Children

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