



PSYCHOLOGY IN INTELLECTUAL AND DEVELOPMENTAL DISABILITIES/ AUTISM SPECTRUM DISORDER

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FROM THE PRESIDENT'S DESK

Camie Neece, PhD
Loma Linda University



It has been a busy four months since I started as President of Division 33 in August 2022. Our Division is growing and we have been increasingly involved in many activities in the larger APA organization and beyond. At the beginning of 2021, Division 33 leadership identified the four key priorities for our division including: (1) Work to address various perspectives on IDD and ASD specifically, including ethical considerations with regard to related interventions; (2) Consider and implement ways to increase the involvement of professionals with diverse backgrounds and viewpoints in our field, our Division membership, and our Division leadership; (3) Focus on further strengthening relationships with other divisions and organizations internal and external to APA, and (4) Continue to improve scientific communication with the public. Below I provide an update on our efforts over the last few months to address these priorities.

With regard to the first two priorities, our Division 33 Program at the 2022 APA Annual Convention had a primary focus on diversity and incorporating diverse perspectives into our research and clinical work. A huge thanks to Dr. Vanessa Bal who gathered the slides from Division 33 presentations which you can access [here](#) (password Div33_2022). We also hosted a mentoring session for Early Career Psychologists specifically focused on promoting inclusivity in research and practice in IDD/ASD. In terms of working to address various perspectives ASD specifically, Pablo Juarez and Julie Lounds Taylor of Vanderbilt University led a thoughtful critical conversation hour entitled, "Community-Informed ABA: Incorporating Autistic Perspectives to Maximize Benefits and Minimize Harms." This session

discussed some of the concerns about ABA practices that have been increasingly raised by stakeholders, and highlighted community-informed approaches to ethically addressing these concerns in practice. The panelists also developed a resource page on community-informed practice resources that can be found [here](#). Division 33 also partnered with the APA Office of Equity, Diversity, and Inclusion to provide input on a new section of the Inclusive Language Guidelines on Neurodiversity. We were extremely grateful to receive input and guidance from several members of our division with lived experience, whose voices were central in helping APA work through how they want to define neurodiversity in the guidelines. Additionally, Division 33 will be sponsoring a conference led by Dr. Gazi Azad and NIMH focused on diversifying the autism research workforce. This conference is for underrepresented minority students, post-docs, and junior faculty interested in growing a career in autism research, and will include training opportunities including a mock review, a panel on the "hidden curriculum", grant writing support, and other networking opportunities. Lastly, Division 33 has approved a Diversity Statement which is now featured on our [website](#). I am overwhelming proud of Division 33's efforts to prioritize diversity and incorporate diverse perspectives in our work, and I am excited to continue to work toward these priorities because there is still so much work to do.

Division 33 has made intentional efforts to collaborate and strengthen relationships with other APA divisions and committees. Despite the absence of formal collaborative programs at the 2022 convention, Division 33 collaborated with Division 25 (Behavior Analysis) and Division 22 (Rehabilitation Psychology) to co-sponsor a collaborative symposium, "School Experiences, Workplace Accommodations, Mental Health Services and Behavioral Treatment for Autistic and Neurodivergent Individuals." Further, Drs. Andrea Witwer and Megan Farley are serving as the first Division 33 liaisons to the Committee on Disability Issues in Psychology (CDIP). As we prepare for the 2023 Annual Convention please continue to look for

FROM THE PRESIDENT'S DESK

opportunities to collaborate on division program sessions and please reach out to me or our Program Co-Chairs, Drs. Rachel Fenning and Micah Mazurek, with any ideas.

Lastly, Division 33 has been working very hard to increase and improve our scientific communication and disseminate the important work that the members of our division do every day. Drs. Marc Tassé and Karen Salekin along with the Division 33 ID and the Criminal Justice System Committee received APA support to develop APA practice guidelines on the "*Diagnosis of Intellectual Disability in Forensic Settings*." We are looking for Division 33 members with expertise in this area so please reach out to me, Marc or Karen if you are interested in contributing to these guidelines. Additionally, our Division 33 Podcast, ACCESS

Division 33 continues to be active and was recently featured APA Science Spotlight's newsletter. Please check out our latest episodes [here](#).

I feel immense gratitude as I wrap up this column and reflect on the incredible expertise and compassionate work that is represented in our Division 33 membership. It is a sincere honor to serve as the President and I wish you and your families a warm holiday season. I hope to see many of you at the 2023 Annual Convention in Washington, DC August 3-5th.

Happy Holidays!

Camie Neece, Ph.D.
Division 33 President
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A special THANK YOU to our Founding Sponsor and Sparrow Award Sponsor, WPS!

See page 5 for more information.

IDD/ASD Training Program Highlight

Baylor
College of
Medicine

Baylor College of Medicine
Psychology Fellowship in Autism Spectrum Disorder/
Intellectual & Developmental Disabilities



In response to the growing interest and need to train future psychologists in the assessment and intervention of autism and other neurodevelopmental conditions, the Psychology Division of Baylor College of Medicine's Department of Pediatrics expanded to include an **Autism Spectrum Disorder/Intellectual & Developmental Disabilities track** to its Pediatric/Clinical Child Psychology postdoctoral fellowship program in 2022. The program currently offers five specialized training tracks: (1) Autism Spectrum Disorder/Intellectual & Developmental Disabilities, (2) Obsessive Compulsive & Anxiety Disorders, (3) Pediatric Primary Care/(Clinical Elective), (4) Pediatric Psychology, and (5) Preschool. Each track corresponds with training in the identified major training area, and fellows in each track also expand competencies through a minor clinical or research experience, a research/scholarship experience, and structured didactic/professional development activities.

The Autism Program offers diagnostic, developmental, psychological and neuropsychological evaluation for toddlers, preschoolers, school-age children, and adolescents presenting with concerns related to ASD and/or IDD, as well as evaluation for children who have been diagnosed with ASD and are in need of a comprehensive evaluation to aid in the development of treatment recommendations. Fellows have opportunity to engage in psychological, behavioral, and/or neurocognitive assessment, including evaluations using the *Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2)*. Fellows are involved in all aspects of evaluation, including diagnostic interviews, planning test batteries, test administration and interpretation, providing feedback to parents, and report writing. Fellows may also be involved in ADOS-2 consultations, which include providing direct feedback in verbal and written formats to referring providers in Psychology, Developmental Pediatrics, and Neurodevelopmental Disabilities. The Autism Program also offers outpatient, evidence-based intervention through the Autism Program Behavior Consultation (ABC) Clinic,

consisting of short-term, caregiver-focused behavioral treatment for challenging behaviors. Challenging behaviors may include physical aggression, noncompliance, tantrums and other concerns (e.g., sleep problems, toileting problems, mild behavioral feeding problems, and adaptive skill weaknesses). Opportunities for evaluation and intervention within an inpatient setting occur through the IDD Crisis Stabilization Program, which provides crisis stabilization services for individuals with ASD and/or IDD and their families who are admitted to TCH in the context of acute behavioral crises.

Autism Program faculty work in conjunction with faculty from a range of other disciplines, including but not limited to Developmental Pediatrics, Neurodevelopmental Disabilities Pediatrics, Social Work, Psychiatry, and Pediatric Hospital Medicine. In addition to opportunities to participate in evaluation and intervention, fellows may also take part in clinical research, program development, and community outreach. Primary faculty supervisors for the ASD/IDD fellowship track include: Leandra Berry, PhD, Rachel Fein, PhD, BCBA, and Elizabeth Klinepeter, PhD, BCBA. The fellowship is a one-year program, with potential opportunity to extend for a second year. Applications are accepted annually through the APPIC Psychology Postdoctoral Application Centralized Application System ([APPA CAS](#)). Additional information related to the program and its eligibility requirements may be found in the program's [online brochure](#). **Any questions about the program may be addressed to the Training Director, Mariella M. Self, Ph.D., ABPP at mmself@texaschildrens.org.**



Division 33 Sparrow Award Winner 2022



Vanessa Bal, PhD
Rutgers University
Rutgers Center for Adult Autism

I am humbled to receive this award. I have been so fortunate to have many amazing mentors throughout the years, spanning clinical and basic sciences, including psychiatry, neuroscience and genetics. However, it has been the mentorship of psychologists that has left the greatest impact, teaching me the importance of clinical observation, the unique perspective psychological training affords in multidisciplinary collaborations and the power of letting experiences guide you toward meaningful research.

I completed my PhD at the University of Michigan, under the mentorship of Dr. Catherine Lord. Much of my graduate work focused on understanding factors that affected measurement of autism symptoms, such as caregiver memory and children's cognitive and language skills and internalizing and externalizing behaviors (e.g., Hus et al., 2011, Hus & Lord, 2013; Hus et al., 2013). Understanding of how autism interacted with child characteristics informed methods to describe autism severity that reduced these influences (e.g., Hus et al., 2014, Esler, Bal, et al., 2015). This research highlighted the need to consider multiple dimensions of behavior in autism assessment and called for clinicians and researchers to be careful not to assume that scores from autism assessments could be interpreted as indicators of "autism severity."

These efforts laid foundation for my current research program, focused on three broad areas:

1. Characterizing autism in adulthood: Symptoms, strengths and meaningful outcomes. As adult research has rapidly expanded, my colleagues and I have emphasized the significance of carefully describing adult samples (Bal & Taylor, 2019). Recognizing that a major challenge to adult autism research is the lack of well-validated tools to assess autism in adults, I continue to systematically investigate the validity of autism symptom measures (Bal et al., 2020; McDermott,

Farmer, Gotham & Bal, 2020) and other tools used to characterize autistic adults (Farmer, Adedipe, Bal, et al., 2020). I have also sought to move past traditional notions of "positive" outcomes to investigate a broader range of achievements (Bal et al., 2018). This has included secondary data analysis projects to better understand parent-reported strengths in children (Bal et al., 2021) and adults (Wilkinson, Vo, Wilson, London & Bal, 2022).

2. Advancing understanding of minimally verbal (MV) individuals. Within the broad spectrum, I am committed to ensuring that the skills and accomplishments of MV individuals are not overlooked. My work highlights that many MV children have relative strengths in nonverbal problem-solving skills and are at risk for being underestimated due to their spoken language difficulties (Bal et al., 2016). This spurred a call to eliminate use of imprecise and misleading terms, such as "low functioning" or "poor outcomes" to more specifically examine individual profiles and achievements (Bal, Farmer & Thurm, 2017) and carefully consider interpretation of instruments that do not account for language ability (Fok & Bal, 2019). I was excited to lead the development of the Adapted ADOS (Bal et al., 2020), designed to provide a more appropriate assessment for MV autistic adults.

3. Developing mental health supports for autistic adults. The more time I spent in diagnostic contexts with autistic adults, the more I became aware of the lack of psychological services available to them. Examining predictors of psychological distress in autistic adults during the early months of the pandemic (Bal et al., 2021), I was inspired to shift my lab to focus on developing ways to support their mental health needs. As we figured out how to navigate the seemingly never-ending loop of Zoom meetings, I began work with colleagues and graduate students to develop a novel mobile and telehealth intervention (*Emotional*

Division 33 Sparrow Award Winner 2022

Support Plan) to help autistic adults cope with distress during the pandemic. As we made our way through the initial feasibility pilot, our lab published a perspective paper highlighting the need for increased mental health support during the critical transition to college (Gunin, Gravino & Bal, 2021). Thanks to OAR, [we expanded our ESP intervention to postsecondary students](#) and developed a [free mental health guide for autistic college students](#). While our brief ESP may be a good resource to support autistic adults coping in specific situations, there is a clear need for treatments to address the high rates of co-occurring psychological conditions. I became particularly interested in Behavioral Activation (BA) and the ways in which it may address depression for autistic people (Bal et al., 2022). I am currently collaborating with colleagues to adapt two BA treatments for use with autistic adults: the first is an individual program originally designed to treat depression in adults with intellectual disability (*Beatlit*) and the second is a transdiagnostic group behavioral activation treatment (*GBAT*) intended to address anxiety, depression or anger in non-autistic youth. These projects are ongoing and I

hope to share results at a future APA convention!

I will close with a heartfelt thanks to Division 33 for this award and to the many mentors who have supported my early career. As I look back, I am so grateful for the training and mentorship that I received and colleagues across the world who have supported my journey as a clinical scientist and psychologist. As I look forward to this new “mid-career” stage, I am committed to continuing research guided by clinical interactions and collaborations with individuals on the autism spectrum and their family members. I am also devoted to fostering opportunities for trainees interested in establishing clinical and/or research careers focused on autism or intellectual and developmental disabilities. You can visit my lab website at <https://gsapp.rutgers.edu/lifespanasdlab> or email me at Vanessa.Bal@Rutgers.edu if you are interested in joining the lab, participating in studies or consulting on projects. We are continually expanding our team and periodically have paid and volunteer openings for trainees of all levels (undergrad, post-bacc, graduate, post-graduate).

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Division 33 Student Interview



Let's Talk about Autism

Interview conducted by:
Ben VanHook, George Mason University
Jacquelyn Moffitt, University of Miami



Katie Santoro, 27, is an autistic adult living in Miami, FL. Katie works in inbound warehouse operations and as a professional dog sitter. Katie shared with us her thoughts and experiences regarding communication about autism, as well as her own experience receiving a diagnosis in adulthood.

Why does language matter when it comes to referencing autism?

When people ask me identity-first vs. person-first, I like identity first language (autistic person) because, you know, I don't carry autism around with me. It's part of how my brain thinks, it's a part of me. How I see the world. I work in inbound operations in a warehouse. No one else is bothered by the music they play there but I am bothered by it every single second. Sometimes supervisor says, "Congratulations you've been here 6 months you've gotten used to the music." But it still bothers me. And will in a year. But autism can have positive sides. I am really detail oriented. I prefer autistic person/identity first language because it's a part of me.

What are the implications of the misuse of language? I feel like, everybody is different in how offended or hurt they might be if you misuse their preferred language or terminology. For me I would just tell somebody, "I don't know if you know this, but I prefer identify first language and if you could use that in the future that would be great." A lot of people say its ok to ask someone because it varies vastly from person to person. People might be afraid it would be offensive to

ask about how to identify their disability, but it's helpful to ask.

What are some ways in which parents should talk to their child about language referencing autism and other neurodivergent abilities?

I've had a lot of parents ask me that too. I tell them tell your kids that everyone is unique and everybody is different. You might struggle with things. You have autism and we're here to support you. People with autism can lead successful lives no matter how much they need. It's not a bad thing to need support. I live independently but it's also inter-dependently. My dad helps with the apartment, my mom helps cleaning the apartment. So I live by myself but my parents help in an outside way. Being different is not a bad thing. Disability or not, they are still successful. Success can be defined in different ways. I struggle with employment. Self-employment is the best option for me. Dog sitting is great employment for me. I go to therapy and talk about how that is success for me too, I don't need to go to an office and work 9 to 5. I have felt that the only way for me to fit into society is to work in an office and have coworkers. But I can be misunderstood. The dogs they don't misunderstand me. They are so nice. I'm still working on career goals. I also work in a theater box office. I don't have a 9 to 5 but I still work three different jobs.

When should parents tell their kids about their autism diagnosis?

A lot of parents ask me, "when should we tell our kids?" I tell parents that kids know they are

Division 33 Student Interview

different even if they don't have the cognitive abilities to express that. I always knew I was different even when I couldn't express that. I could feel that inside of me. I always struggled with that. I would stand outside the group but not be talking. Gear it to their developmental age or understanding, but let them know as soon as the parents see fit, as soon as they can understand what that means. It will help them understand themselves earlier. The positives of letting them know earlier is to help them learn to self-advocate and understand themselves. I was a late diagnosis; I didn't really have the luxury of that. So I went through a quarter-life crisis. I was verbal and had many skills which is why it got missed.

What do the terms autism awareness, autism acceptance, and autism appreciation mean to you? Are they different, and if so, how?

A lot of people in the autism community are veering away from autism awareness because maybe 20 years ago people were not aware that autism existed. But now we have more representation of autism in the media—however you feel about that, whether it's the best representation of autism or not. Now some people say that autism awareness month should be autism acceptance month. We should work on not understanding that autistic people exist but how to embrace them in the community. How to support them with employment and housing.

What does the “nothing about us without us” movement mean to you?

It just means that autistic people and people with disabilities we know the barriers more than people without disabilities. So we are the best resource to talk to in order to figure out how to overcome those barriers. There are some people working on affordable housing for autistic people. Many people want to live independently because that is a natural want. In our local community there is a place being built La Casa Familia has an advisory board of people with autism and down syndrome so they can have a voice in the process. I think that's really great.



Katie, traveling in Peru last year



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Division 33 Student Research Award

Examining Caregiver Stress and Experiences during Function-Based Treatment for Autistic Children

Emily R. Jellinek-Russo, M.Ed, Mycah L. Ayala-Brittain M.Ed, My-Linh Luu M.Ed, Stacey C. Grebe Ph.D, Hanjoe Kim Ph.D, Jennifer N. Fritz Ph.D, & Sarah S. Mire Ph.D.



Emily R. Jellinek-Russo, M.Ed
University of Houston

Problem: Caregivers of autistic children with challenging behaviors frequently report high stress (Drogomyretska et al., 2020; Lin et al., 2021), which may influence treatment choice and undermine caregiver involvement in treatment, ultimately affecting treatment uptake and outcomes for autistic children (Mire et al., 2017; Rao & Beidel, 2009). Therefore, attending to caregivers' stress-related experiences during intensive treatment is an important step towards mitigating these effects (Prata et al., 2018; Rosenbrock et al., 2021). Thus, the purpose of the current study was to (a) explore how parenting stress among caregivers of autistic children changes over the course of function-based behavioral treatment; and (b) examine qualitative data of caregivers' treatment experiences.

Methods: Participants in this longitudinal pilot study included 13 caregivers of autistic children (M age 7 years; $SD = 3.23$; range 3 to 15.9 years) receiving ~1 year of function-based treatment. The mean caregiver age was 43.3; $SD = 13.2$; range 26 to 65 ; the mean child age 7 years; $SD = 3.23$; range 3 to 15.9 years. Caregivers completed standardized measures of parenting stress at four time points throughout their child's treatment: intake,

pre-functional analysis (FA) (T1), post-FA (T2), immediately post-treatment (T3), and 3-months post-treatment (T4). They completed either the *Parenting Stress Index-4th Ed.* (Abidin, 2012) (if child ≤ 12) or *Stress Index for Parents of Adolescents* (Sheras et al., 1998) (if child > 12). A repeated-measures ANOVA examined changes in caregiver stress over treatment. At T4, caregivers completed open-ended questions about their experiences; responses were analyzed for themes.

Results: Total Stress scores differed significantly from T1-T4, $F(1.815, 21.78)=5.656, p<.05$). At T3, 62% of participants had a decrease in total stress from T1; however, stress increased from T3 to T4 in 77% of caregivers. Post hoc tests indicated differences between Total Stress scores at T3 and T4 that was approaching significance ($p=.053$). Qualitative responses suggested caregiver-level factors that may explain the increase in stress at follow up.

Conclusion: Results indicated that while many caregivers experienced decreased stress throughout their child's function-based treatment, stress increased post-treatment for most. Qualitative data surrounding caregivers' experiences shed light on caregiver level themes including difficulty generalizing strategies, changes in challenging behaviors, and life stressors (e.g., finances, job changes) that may impact maintenance of treatment gains. Clinicians should consider using practices to attend to and assess caregiver stress during treatment (e.g., Rosenbrock et al., 2021). Further, it important for clinicians to offer support (e.g., the use of follow up or problem-solving sessions) to caregivers' post-treatment to assist with generalization and maintenance. Future work should continue examining relationships between stress, caregiver perceptions, and experiences as this may inform practices to support caregivers.

Division 33

Spotlight on Self-Advocates



Ben Vanhook is an autistic master's student studying public policy at George Mason University, with the hopes of reforming employment and education policy to make each more inclusive for neurodivergent individuals. Ben's passion for creating a more inclusive world stems

from his own experiences and has led to him speaking and presenting to employers, professors, researchers, and self-advocates, both domestically and abroad.

One of the most important aspects of an autistic student's educational experience is their relationship to the professor. Student-teacher-relationships have been found to be closely associated with a student's academic performance and the student's sense of belongingness in school. Additionally, positive student-teacher-relationships have been found to be a protective factor against mental health challenges. Unfortunately, however, it is often the case that autistics have reported strained and difficult relationships with their professors, with these relationships often being characterized by lowered closeness, distant, and high in conflict.

A study by Thammathorn et. al, (2022) looked into the aspects of student-teacher-relationships that were both beneficial (neurodiversity-affirming) and detrimental. Thammathorn et. al, interviewed a sample of 10 autistic individuals of diverse ages, ethnicities, and sexual identities, with the subject of these interviews being a reflection of the student's educational experiences from Kindergarten to 12th grade.

Thammathorn, et. al, found that when teachers supported the mental health and sensory needs of the students (providing flexibility in the classroom, modifying school assignments, taking extra time to support a student's mental health needs), showed holistic interest in the student (caring about more than academics, viewing the student as a person both in the context of their disability and beyond their disability), shared parts of their personal lives with the students, and supported their students' interests,

students were more likely to form a positive relationship with the professor.

In contrast, if the teacher misinterpreted a student's autism characteristics (misinterpreting sensory reactions as misbehaviours, seeing a student's self-advocacy as "talking back"), didn't believe or support their students' needs (teachers doubting a student's academic needs or mental health concerns, teachers reviewing academic challenges as "laziness"), students were more likely to form a negative relationship with their professor.

This study is important because it illustrates the need to reform and rethink how schools train teachers in neurodiversity. This study suggests that autistic voices must be amongst the highest priorities in teacher training as teachers are often unaware of the true experiences of their autistic students' academic experiences and how their words, behaviours, and actions can affect their students. This study also emphasizes that academics is not the only aspect of a child's educational life that needs attention. One's mental health needs are also very important to pay attention to.

In addition to teacher training, this study also highlights the need for school administrators to support teachers so they have the flexibility and autonomy needed to support autistic students, the need for embracing the Universal Design for Learning, and the consideration of hiring autistic staff and teachers to support neurodivergent students. As an autistic self-advocate, my educational experiences very much reflect the findings of the study. I have typically done better, academically and emotionally, in a classroom where professors saw me as a person with a life outside of academics and grades (for example, if a professor knew I loved football and tried to interact with me before class started about the weekend matches.) I also performed better in class if a teacher shared parts of their personal story with us on syllabus day (rather than saying "I graduated from ____ with a degree in ____", a professor might say, "I am a huge Liverpool fan" or "I worked in the national archives ____ years") because I found that teacher more relatable, less intimidating, and was able to see them as a "human" rather than someone who just grades papers. If a teacher talked about their interests, it helped me, as an autistic, create a holistic view of the teacher!

Division 33 *Spotlight on Self-Advocates*



Johnny Dudley has a Bachelor of Science degree and is a Clinical Research Coordinator at Nationwide Children's Hospital in Columbus, OH.

I am currently a Clinical Research Coordinator at Nationwide Children's Hospital where I provide support on projects that focus on better understanding the genetics of autism spectrum disorder (ASD), as well as measuring the effectiveness of traditional and off-label medication on co-occurring ADHD symptoms over time. I became interested in research on ASD and other neurodevelopmental disorders because I was diagnosed with ASD as an adult and it has been interesting to read the history of the diagnosis and the current trends of diagnosis and treatment. In my last position I worked as a Registered Behavior Technician where I provided Applied Behavior Analysis services to clients and this experience helped me to see some glaring deficits in our system of reimbursement for medical services and how it's decided what services are "essential" and how they are billed.

I am interested in pursuing a career in clinical psychology to research early interventions (EI) for children with neurodevelopmental disorders, and to further evaluate different aspects of EI that lack substantial research, such as adverse events, stress from treatment, and patient evaluations of treatment. I would also like to conduct research to further study the gap in diagnosis for children of

color. Research has shown that, on average, Black children with ASD receive their diagnosis later than other children. Additionally, caregivers of Black children report that they face many obstacles before receiving a diagnosis. This has been attributed to factors such as attending schools that do not have educational resources on the disorder, those children initially being diagnosed with other behavioral disorders, and medical providers not taking concerns seriously. The rate of co-occurring intellectual disability and ASD is also higher in the Black community when compared to the rates of autistic people of other races. So there is some speculation that due to not having as much familiarity with the disorder and the diverse way it can present, some Black parents don't seek a diagnosis unless symptoms are more severe.

I'm also interested in public policy and possibly pursuing a degree in legal studies. I would like to use this education to effectively advocate for policy that could help increase access to needed services. Working with Medicaid patients has shown me how difficult of a process it can be for some individuals to obtain needed medical services and how little some insurance providers may be willing to cover. I think that reforms are needed on local, state, and federal levels to increase access to services. This may include working with the market to naturally decrease costs. It could also be done by increasing state funds for services and more closely monitoring state and federal funds to reduce fraud and ensure that services are being provided honestly and ethically.



APA DIVISION 33: IDD/ASD

Division 33

Spotlight on Researchers



Dr. Madhavilatha Maganti has a background in Developmental Psychology with a concentration in Infancy & Early Childhood Development and post-doctoral specialisation in Developmental Cognitive Science. In her newly set-up Infant and Child

Development Lab, the focus centrally is on examining the atypical and typical patterns of development in infants and children aged birth to six years of age. Using qualitative and quantitative approaches the lab projects are focused on two lines of inquiry:

I. Early Identification and Developmental Assessment of Infants and Children

This line of research aims to understand cognitive, socio-emotional and language development during the sensitive period from birth to early childhood by examining the role of psychosocial factors. Currently, she is engaged in examining preterm and term infant's multisensory attention to intermodal relations at 3, 6 and 9 months corrected age. Furthermore, she is also interested in studying more about these perceptual processes from maternal interactive patterns with their at-risk and typically developing infants in the first year of life. As intersensory processes are a primary mechanism for acquisition of knowledge about objects and events in the social environment, these studies have implications for early identification of perceptual delays in at-risk infants.

Other studies include language assessment using the Multilingual Assessment Instrument for Narratives (MAIN) to study the developmental differences in language comprehension and expression in Hindi-English bilingual children from 5-6 years and 8-9 years. In addition, for a deeper insight on children with Neurodevelopmental Disorders (NDDs), she is involved in understanding their functional abilities using the International Classification of Functioning,

Disability and Health for Children and Youth (ICF-CY) approved by World Health Organization (WHO, 2001).

In all of these studies, she uses a combination of methodologies like eye tracking, microanalytic coding of mother-child interactions, neurodevelopmental assessments, parental reports and semi-structured interviews. Besides these, she has recently joined the Manybabies5 (<https://manybabies.github.io/>) consortium to examine the Hunter and Ames Model of Infant's Visual Preferences. In essence, these studies help in understanding the cascading effects of early adversity and track the developmental patterns across the early childhood period.

II. Scalable Psychological Interventions for Fostering Early Childhood Development and Prevention of Developmental Delays

This line of research relates to prevention of developmental delays, devise and plan intervention to enhance recovery and reduce neuromorbidities in children and infants. She is currently involved in designing a gold-standard, strategic intervention to provide community childcare workers with the knowledge, skills and tools needed to improve children's development in low-resource settings. The eventual goal is to design and develop a digital platform with mobile applications for strengthening the community health and pre-primary education to improve children's cognitive-linguistic, social-emotional and sensori-motor development. One such effort in this direction is the validation of the Telugu version of CREDI (Caregiver Reported Early Development Inventory) and study if this parent-reported measure of cognitive assessment can be useful to evaluate capacity-building interventions. Additionally, she is also focused on using eye tracking to assess neurodevelopmental outcomes in preterm children who received kangaroo mother care in the community.

Her mission "every child's smile counts" is a convergence of 20+years of experience in teaching, research, clinical, and community work.

August 2022 Council Meeting Highlights



Vanessa Bal, PhD
Division 33 APA Council Representative

APA's Council of Representatives held a hybrid meeting in Minneapolis, August 3-4, 2022, just before the Annual Convention. Most people attended in person; for me personally this was the first meeting I had been to since the pandemic hit the US in March 2020. While I advocate for hybrid options that make meetings more accessible to those who cannot attend for a range of reasons, I am also reminded of the challenges we still face in making hybrid meetings equitable for those online and in-person and what is still somewhat lost in the virtual world.

Perhaps one of the most poignant examples of this was a moment early in the meeting, where Dr. Jennifer Smith, Chair of the Women's Caucus, stood to speak out on the state of the world for women and gender diverse people. She was joined by several other members of the Caucus, [wearing white as a symbol of their solidarity](#). By the time she was done speaking, every person in the room had joined her in the center of the room. The powerful visual accompanying the palpable feeling in the room is one that I am not sure we have yet succeeded in learning to replicate in our virtual spaces. In that moment, reflecting on the rights of women and gender diverse people, I reflected on my own privilege of being able to be in that room and to represent our division. Adapted from the [meeting overview](#) provided by APA staff, below is a brief overview of topics and outcomes covered. Where available online, I have linked documents for further reading. Please feel free to reach out to me if you have questions or want more information (vanessa.bal@rutgers.edu).

APA adopts racial equity action plan, outlining next steps to operationalize racism resolution

The APA Council adopted a [Racial Equity Action Plan](#) that outlines the next steps the association and psychology should take to prioritize and operationalize the commitments made in the association's 2021 apology for its role in contributing to racism. The plan is divided into five sections: Knowledge Production;

Health; APA/Workforce; Training of Psychologists; and Education. Each section lays out priority actions and concludes with a summary of social impact and innovation. Presentation of the item by Dr. Arthur Evans (CEO) and Dr. Maysa Akbar (Chief Diversity Officer) provided examples of broad actions (e.g., Leadership Development Institute) and need-specific approaches (e.g., Racial Equity Fund) Council approved the plan by a vote of 149 – 8 with 2 abstentions. The [press release](#) and full report is available on the [APA website](#).

While this is an important step towards sustained, measurable change, there is much to be done. Next, comes the task of operationalizing the priority actions so that progress can be monitored and measured. Dr. Mary Ann McCabe, 2022 Chair of the Child and Family Caucus, highlighted the need to represent the foundational role of early development in this plan, which the CAFC is committed to informing. The APA treasurer also indicated that there are ongoing discussions, involving a multi-year, multifaceted plan to fund the actions outlined in this plan.

Task force report calls for psychology to transform education, practice and research to address equity

Psychology must take concrete steps to expose and mitigate the impacts of systemic and structural factors that affect physical and mental health, according to a report accepted by the APA Council by a vote of 161-2. Structural racism, which influences the circumstances in which people live and work and is intensified by political, economic and social influences, is a key driver of health inequities, according to a report from APA's Presidential Task Force on Psychology and Health Equity.

The task force report lays out a roadmap for actions by APA, psychologists and others to address health inequities in education and training, research, publications and professional practice. Task force members were appointed by APA Past President

August 2022 Council Meeting Highlights

Jennifer F. Kelly, PhD.

The report recommends developing strategies to increase the racial and ethnic diversity of the psychology workforce to better address the mental health needs of communities of color – noting that more than 80% currently identify as white. It also calls for creating outreach and recruitment programs aiding communities of color, implementing more flexible training programs to support students with multiple life demands, and promoting culturally relevant methods and principles for health equity research in all psychology programs. The [full report](#) is available on the APA website.

APA adopts resolution limiting death penalty to offenders ages 21 and older

The APA Council passed a resolution to limit the application of the death penalty for persons aged 18 through 20. This resolution was based on scientific research indicating that adolescent brains continue to develop well beyond age 18 (the current constitutional limit), and that people’s ability to exert good judgment in times of heightened arousal is not realized fully until sometime after the age of 20. The resolution highlights the DSM-5 recognized the developmental period extends beyond 18 with the elimination of the age-18 cutoff for diagnosis of some developmental disorders and that the 12th edition of the American Association of Intellectual and Developmental Disabilities Manual increased the age of onset criterion for the diagnosis of intellectual disability to 22. The resolution was passed by a vote of 161-7, with 1 abstention; the [press release](#) and the full resolution can be accessed on the [APA website](#).

Notably, many raised the question as to why the limit was only up to 20 years of age, pointing to the scientific evidence supporting ongoing brain development until sometime in the mid-20s and [policy dating back to 2001 calling upon jurisdictions to refrain from carrying out the death penalty until policies and procedures were implemented to address issues such as prosecutor bias](#). There was acknowledgment of these, noting that the specific period was selected as being one in which the evidence base (particularly behavioral neuroscience) and scientific consensus was most sound (i.e., data for 21+ is somewhat less clear or consistent).

Police reforms aimed at curbing use of force, protecting marginalized populations

APA Council adopted a wide-ranging resolution on policing that seeks to expand training programs to include de-escalation techniques, build stronger relations with mental health service agencies, minimize

targeting of people of lower socioeconomic status and encourage officers to restrict when they use force. The Resolution on Psychology’s Role in Addressing the Impact of, and Change Required with Police Use of Excessive Force Against People of Color and Other Marginalized Communities in the United States passed by a vote of 165-1, with 2 abstentions. You can read more in the [press release](#) and the full resolution is available on the [APA website](#).

Psychology Week

Council passed a motion designating the third week of April be proclaimed Psychology Week, an annual celebration of psychology that includes “Psychology Day,” recognized by the United Nations community and certain other institutions. APA will share information about Psychology Week with the psychology community and broader audiences leading up to and during that week. APA will also provide information and tools/visuals that other organizations can use to join the celebration. Council approved the business item by a vote of 166 – 2 with one abstention.

Practice Guidelines adapted as APA policy Guidelines for psychological practice with women with SMI

APA Council adopted as APA policy the *Guidelines for Psychological Practice with Women with Serious Mental Illness* and approved December 31, 2032 as the expiration date for the *Guidelines*. These practice guidelines serve to guide professional behaviors and decisions of psychologists who work with women with SMI, and provide a “culturally responsive, trauma-informed approach to clinical engagement” with a focus on offering equity of access and outcomes. Moreover, these guidelines strive to be “informed by recovery-oriented care models.” They offer support for treatment and efficacy considerations of “working with women with serious mental illness, who are particularly prone to the intersectionality of oppressive experiences and who are at disparate risk for marginalization and stigma.” Of particular relevance to Division 33 – Guideline 5 (p.14) encourages clinicians to exercise diagnostic caution and be aware of gender bias in diagnostic practices. I was pleased to propose (and have accepted) an amendment to consider neurodevelopmental conditions (such as autism) as one specific differential that might be overlooked in women with SMI. The motion was passed by a vote of 158 – 1 with six abstentions. Guidelines are available on the [APA website](#).

Council effectiveness and association operations Resolution to add a graduate student member seat to selected APA Boards and Committees

August 2022 Council Meeting Highlights

Council approved a series of motions to add a graduate student member seat to selected APA Boards and committees. In accordance with the APA Bylaws, the amendment to the Bylaws was forwarded to the APA Membership for a vote in November 2022. If approved by the APA membership, an additional seat dedicated to a Graduate Student will be added to the boards. The Membership Board will not add an additional seat and instead will allocate an existing seat to a Graduate Student. If the Bylaw changes are approved by the APA membership, beginning in 2025, graduate students would be seated on selected boards and committees included in the Bylaws changes.

Presidential Citations and Awards

APA President Frank C. Worrell, PhD, honored two psychologists for their contributions to the field. Rosie Phillips Davis, PhD, ABPP, 2019 president of APA, received the 2022 Raymond D. Fowler Award for Outstanding Member Contributions. Jason Cantone, PhD, was presented with a Presidential Citation.



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Early Career Psychologist Column



Tips for Pursuing and Obtaining Funding as an ECP in ASD and Intellectual and Developmental Disabilities

Allison Jobin, Ph.D., BCBA-D
California State University, San Marcos &
Emily Hickey, Ph.D.
University of Wisconsin-Madison



Navigating, pursuing, and ultimately obtaining funding as an early career psychologist is a critical component of success and fulfillment for many ECPs, but can also be very daunting. Further, the ECPs approach to funding is likely to vary depending on individual, institutional, and subdiscipline related factors. We gathered perspectives from ECPs (see bios below) representing different types of institutions, areas of research, and career phase to offer guidance and promote success of Division 33 ECPs pursuing sources of funding to conduct research in ASD/IDDs. Excerpts of responses to interview questions are provided, as well as a summary of 'key takeaways' that were captured during the interviews. We hope that this column offers insight and practical tips for this important journey and aspect of ECP life.



Dr. Jessica Suhrheinrich, Ph.D., is an Associate Professor of Special Education at San Diego State University and an investigator with the Child and Adolescent Services Research Center.

Broadly, her research aims to improve community-based services for individuals with autism. Dr. Suhrheinrich's current work integrates implementation science and leadership development to increase the use of evidence-based practices for autism. Additionally, she is the Director of Research and Evaluation for the California Autism Professional Training and Information Network (CAPTAIN) and the Co-Director of the San Diego Leadership and Education in Neurodevelopmental Disabilities (LEND) training program. Dr. Suhrheinrich has received funding through internal institutional grants, the California Department of Education, IES, and NIMH.



Dr. Nicole Stadnick, Ph.D., MPH., is an Assistant Professor of Psychiatry at UC San Diego, Director of Dissemination and Evaluation of the UC San Diego Dissemination and Implementation Science Center, researcher at the

Child and Adolescent Services Research Center and a licensed psychologist. Her program of federally, state and privately funded research focuses on evaluating the implementation and sustainment of evidence-based practices in community-based health or mental health service contexts. She has received NIH-funded fellowships from the Child, Intervention, Prevention, and Services Research Mentoring Network (2015-2016), the Implementation Research Institute (2017-2018) and the Mixed Methods Training Program for the Health Sciences (2019-2020). She currently leads community-engaged, cross-system health services and implementation research in community settings including federally qualified health centers, low-and-middle income

countries, publicly-funded mental health services and HIV/AIDS care programs.



Dr. Jason Baker, Ph.D., is a Professor of Child and Adolescent Studies at California State University Fullerton, and Co-Founder and Co-Director of the

CSUF Center for Autism. Dr. Baker's research focuses on the interplay between child and environmental factors in the development of children with developmental challenges, with particular interests in autism spectrum disorder, parent-child interaction, externalizing behavior

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problems, physiological arousal, and the development of children's emotion regulation. Dr. Baker is a Fellow of Division 33 (IDD/ASD) and served as Division President from 2021-2022. He has served on the editorial board for the *Journal of Family Psychology* since 2011, and he has received federal research funding from NICHD.



Dr. Jocelyn Kuhn, Ph.D., is an Assistant Professor of Pediatrics at Chobanian and Avedisian School of Medicine at Boston University. Her research

centers around improving access to care and effectiveness of care for historically underserved children with developmental, behavioral, and mental health care needs. She is especially interested in developing, testing, and studying the implementation of programs that disrupt racial and ethnic disparities in health, well-being, and access to services during the autism transition to adulthood. Her recent works, funded by the BU CTSI, NIMH, HRSA, and the Deborah Munroe Noonan Memorial Research Fund, have focused on the topics of implementing a family-centered autism transition program in low-resource service settings; preventing depression among autistic youth; and reducing disparities in access to timely autism diagnosis and treatment.

Tell me about the funding you have received as an ECP. What about funding you have applied for and not received?

Dr. Baker: I received an NICHD R15 award as an ECP that supported our research for three years. I had previously written a few small applications. My NRSA in graduate school and an R03 on postdoc were not funded. I remember my Loan Repayment application getting a good score, but I switched postdocs and wasn't able to pursue it. I actually waited on applying for funding for several years after becoming a faculty member, choosing instead to focus on establishing a strong foundation for research and generating pilot data. I believe I applied in about my third year as an Assistant Professor.

Dr. Suhrheinrich: I had my first opportunities to

collaboratively write grant proposals as a graduate student, and so I think that really speaks to the high-quality mentorship of being able to practice writing small sections of a grant, and observe how the process comes together under the supervision and guidance of an experienced and successful grant writer. I'm very thankful for that...As I continued to move forward, then I took on more responsibility at the PI level, and also had an early career K01 from the National Institutes of Mental Health, and so I would say that was like my launch. But since then, when I was still at the Assistant Faculty level, I started diversifying and writing grants to state monies, foundations, and then still trying to have the limbo between different federal funding agencies to align with different priorities

And then what have I not received? Plenty. I think that is another important disclosure. Just like with journal article submissions, there are plenty of rejections, and that has happened with grant writing as well. But I would say [it is] something more akin to the revise and resubmit...It's not in the fundable range, but hopefully it is within a grant mechanism that allows for resubmission... One of my current grants that is funded through IES was submitted 4 times, and they have a once a year submission timepoint. That's actually 5 years of waiting to get that one project funded. But, it eventually happened.

What unique considerations and opportunities are relevant to the setting you are at?

Dr. Kuhn: I work in the pediatrics research division of a medical school at an R1 university. We're affiliated with a large safety net hospital. A huge benefit to this setting is that it is natural to embed my research into the clinical world and to partner with clinicians and patients through the hospital, and its network of community health centers. Being surrounded by productive researchers and mentors housed across the university and hospital also presents incredible opportunities for collaboration and learning. One downside is that this kind of position is 'soft money', meaning that there is no guaranteed position if grant funds dry up. However, this situation feels less risky to me as a scientist-

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clinician because I also have a clinical role as a psychologist at the affiliated hospital. This means that it is possible to increase my clinical time during periods when it is not possible to cover as much of my time through research.

Dr. Baker: We're now an R2, but I don't think we were even categorized as a research university when we wrote the grant. The NIH R15 mechanism is specially designed not only to support worthy research but also to enhance the research environment of the institution and to involve students. This was perfect for CSUF in that we were a university with a lot of potential research-wise, and many of our students are first-generation and/or from underrepresented populations. It's definitely important to understand and communicate the strengths of your institution and to seek funding that fits.

Dr. Stadnick: My position is a primarily research-oriented position in the School of Medicine in the Department of Psychiatry... They allow investigators who have good ideas, and who are dedicated to submitting grants, to bring in a grant to the University... They will offer these adjunct faculty positions, with the understanding that you primarily need to fund yourself. So, that's my current position, which has pros and cons... Some of the pros include my ability to collaborate and think of ideas and identify people to work with across different fields and settings, which has been really exciting. On the con side of it, I am dependent on myself to continue to submit these grants, be productive, and ultimately that is how I am evaluated in my institution. I have a bit more flexibility in some areas. I am not required to do as much teaching (although I certainly do, and I enjoy it). But, there is a lot of pressure to write grants, get grants, submit papers—work on your scholarly productivity.

What benefits and barriers have you encountered when pursuing funding?

Dr. Kuhn: I actually enjoy much of the process of working with mentors, colleagues, and community partners to bring ideas to fully formed visions in a grant proposal. As much as I love the 'science' of it all, there has been a steep learning curve with the business behind grants –

budgets, subcontracts, data use agreements, etc. which can feel overwhelming. Not being afraid to ask questions to my grants administration officers and mentors has been really important there. Time is always a barrier as well – we all get pulled in so many different directions!

Dr. Suhrheinrich: Benefits, I would definitely say collaboration with other people. I've never written a grant on my own, and I think that it's a heavy lift and this is the type of activity where collaboration and sharing the load is really important, and it also generates better outcomes when you're collaborating with other people. So, I've been really fortunate to have colleagues both within my home institution, but really all over, who have partnered in pursuing funding.

My work all involves community collaboration, and I think that if that is in line with the nature of your work, it's something that has to be pursued really early on and not at the point of wanting to write a proposal for grant funding. Engaging in the community supports or the community services that are most related to your own work is a good way to first give back, and really understand the community of practice, in which you're situated—but then also leads to some really critical and helpful relationships when thinking about collaborative grant development and supports for community exploration or community-based clinical trials. So, relationships both at the research professional collaboration level and the community partnership level.

Dr. Stadnick: The barriers are not too surprising. They're mostly related to time and competing demands. In my response to that, I try to be as organized as I possibly can. I have a really beautiful color-coded calendar that helps me manage what I am doing every day. Each kind of project or activity is coded based on a color.

How did you navigate pursuit of research funding with your other responsibilities (professional and/or personal)?

Dr. Baker: Some of it did involve strategy, but – unfortunately – a lot of it was just working really hard. Collaborating with others is helpful—both within and outside of your university. That way if

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something is slowing down things for you (either teaching or personal stuff), someone else can keep things moving – and vice-versa. It's sort of like you're coparenting a grant application: 'Oops, let's see if we can send the baby off to Uncle Steve for a bit while we handle this other thing.' Our team developed differently, but I know that our university tries hard to connect people and to build collaborations. Also, you have to really want to do it. In addition to it being difficult, universities like ours don't typically require or expect you to get grants, so it's very tempting not to bother. The work has to be important to you.

Dr. Suhrheinrich: I think that because grant writing was part of my professional work pretty early on, I was used to that rhythm. My family has been [used to it] somewhat, as well. Understanding that there will be crunch times where there's more intensive work in the final weeks of developing a grant before submission. And then, also building in space to recover and share the load after that. On a personal level, it was about having some balance of time to allow for those more intensive writing development period—anticipating grant cycles and looking ahead, not just when you're ready to pursue funding, but even if you say, 'I can't do it right now, but I want to be prepared, so here's an agency that I think is a good fit for me or here's a specific grant mechanism.' When is the RFA usually released? When is it usually due? ... looking at years past and certain cycles, so that you can anticipate what will happen next if it's a recurring announcement, and then building in or protecting some time to do that.

What other sources of support did you have? How did you seek mentorship in the grant writing and implementation process?

Dr. Kuhn: The support of mentors and grants officers have been critical for me. Especially during active K-writing periods, weekly meetings with my primary mentor were critical. These motivated me to make progress each week; and we would have rich discussions during our meetings that would bring up ideas that I could fold into my proposal as it evolved. My university also offered a K-writing course which allowed me to connect with peers who were having

similar experiences at the same time and ended up being incredible sources of support for me. There are three supports that have been key for my process of implementing my funded projects: continuing to have regular mentorship meetings, maintaining connections with peers who are at a similar career stage, and investing the time to recruit and train RAs who are motivated, passionate about the work, and work well together.

Dr. Stadnick: Being able to identify a really strong, effective mentor as soon as you can... earlier in your career was really key for me. Especially if they are kind and generous people, they often have large networks of people who they can then introduce you to—and then you can continue collaborating on different projects with those networks. And then, your network just grows exponentially, which is really helpful. As part of the career development award, there is a formal expectation that you have this mentoring team, and you know you can use that mentoring team as much or as little as you need to make sure that you're progressing and getting the training you need. My K was really instrumental in knowing how best to use my formal mentoring team, and from that I also developed a peer mentoring group. We continue to meet even though we are at different stages now...so having a diversified mentoring pool is really helpful.

What do you wish you knew? What advice do you have for ECPs pursuing grant funds for research?

Dr. Kuhn: One last things that may be helpful to mention is that there are advantages to being an Early Stage Investigator as defined by the NIH. When deciding which funding mechanisms to pursue and roles to fill on various grants, it is important to closely read the RFA and the part of the NIH website that defines Early Stage Investigator status, and even to have a conversation with the program officer, to fully understand your eligibility and the ways in which receiving a particular grant could impact your early stage investigator status.

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Dr. Suhrheinrich: I think that within an organization, or within a university, looking for small internal funding can be a great stepping off point to be able to apply for grants at an external foundation or larger organizational level. I think it's completely fine and advisable to start small and try and get some pilot data that will lead to, or open more doors in terms of applying for larger grant funding. One of the things that I did not do early on, but I do now, is follow different listservs that provide announcements. Some are offered through my University, but some are offered through the funding organizations themselves - just to get a read on what's available.

Key Takeaways:

- Take small steps and leverage mentorship to be involved in grant writing and submissions early on in your career. Ideally, work collaboratively and contribute portions of grant writing before diving into your first full grant.
- Leverage senior and peer mentors, frequently and early on! Similarly, use grant writing as an opportunity to mentor trainees and students, who can support your team's funding pursuits.
- Familiarize yourself with supports and resources for pursuit of research funding at your institution (e.g., pre-review opportunities, graphic design supports, mentorship).
- Learn about mechanisms specifically tailored to your research interests or institution type, both internally and externally.
- Be purposeful about which types of grants you apply for and timing, based on your other responsibilities and institutional expectations.
- Be persistent. Try, try again! An unfunded (or even unscored) proposal can be revised and resubmitted again towards a project that is viable and fundable.
- Consider other sources of funding to cover your time when you are not conducting research.
- Time is likely to be a barrier for most roles and positions. Be intentional about how you spend your time, and explore systems to support time management. Be prepared to say 'no' to opportunities where you do not have adequate bandwidth or support to be successful.
- Reflect upon competing demands and available (or unavailable) resources given your setting (e.g., doctoral students). If you have heavy teaching, service, or clinical responsibilities, you might leverage collaborations or be more selective in grants.
- Don't try to fit a square peg into a round hole. If what you are proposing is not a fit for the RFA, it probably is not the best mechanism for that project. Seek counsel and find a grant that is a good fit for the work you would like to do.

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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 (currently 30 faculty members) 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:

- We are particularly interested in candidates with specialty experience in serving adolescents/ transition-age individuals with ASD/IDD.
- We are also interested in candidates with experience/interest in feeding disorders amongst the ASD/IDD population. We have strong connections with existing departments in these areas and are interested in building more feeding treatment capacity.
- 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.

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. We are the nation's largest and oldest Pediatric Health Accountable Care Organization (ACO) called "Partners for Kids". 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 (3) letters of reference to:

David Michalec, PhD
Search Committee Chair
Clinical Director, Child Development Center
david.michalec@nationwidechildrens.org

Eric M. Butter, PhD
Director, Child Development Center
Division Chief, Pediatric Psychology and Neuropsychology
Section Chief, Psychology, Psychiatry and Behavioral Health
Eric.Butter@nationwidechildrens.org

Division 33 Award Winners

Edgar A. Doll Award (est. 1980)	Sara Sparrow Early Career Research Award (est. 2008)	Jacobson Award (est. 2007)
1981	Sam Kirk	
1982	Gershon Berkson	
1983	Marie S. Crissey	
1984	Sidney Bijou	
1985		
1986	Norman Ellis	
1987	Ed Zigler	
1988	H. Carl Haywood	
1989	Donald MacMillan	
1990	Henry Leland	
1991	Alfred Baumeister	
1992	Earl Butterfield	
1993	Brian Iwata	
1994	Ivar Lovaas	
1995	Stephen Schroeder	
1996	Donald Baer	
1997	Richard Eyman	
1998	Nancy Robinson	
1999	Murray Sidman	
2000	Todd Risley	
2001	Don Routh	
2002	Travis Thompson	
2003	John Borkowski	
2004	Gene P. "Jim" Sackett	
2005	Robert Sprague	
2006	Ann Streissguth	
2007	Douglas K. Detterman	Richard Foxx
2008	Michael Guralnick	Luc Lecavalier
2009	Sara Sparrow	James Mulick
2010	Bruce Baker	Laura Lee McIntyre
2011	Michael Aman	Stephen Greenspan
2012	Ann Kaiser	Anna Esbensen
2013	Steve Warren	Sally Rogers
2014	Wayne Silverman	James McPartland
2015	Laraine Glidden	V. Mark Durand
2016	Michael F. Cataldo	Abby Eisenhower
2017	Leonard Abbeduto	Marc Tassé
2018	Catherine Lord	Cameron L. Neece
2019	Jan Blacher	Eric Butter
2020	Philip W. Davidson	Matthew D. Lerner
2021	Robert Hodapp	Micah Mazurek
2022	Alice Carter	Vanessa Bal

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Task Force for Practice Guidelines for Assessment and Intervention in ASD

Eric Butter
Rachel Fenning
Vanessa Bal

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:**



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APA DIVISION 33

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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.