



PSYCHOLOGY IN INTELLECTUAL AND DEVELOPMENTAL DISABILITIES/ AUTISM SPECTRUM DISORDER

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FROM THE PRESIDENT'S DESK

V. Mark Durand, PhD

University of South Florida St. Petersburg



If you had the opportunity to attend this year's APA Convention in San Francisco and listened to the talks and visited the poster sessions for our Division you would have – like me – been impressed by the quality of the research being conducted in the fields of IDD and ASD. What was striking to me was how far these fields have come in the four decades since I started working with these populations. Back then the focus of attention was often on a variety of controversies. As hard as it is to believe but when I first started my work there was a raging controversy over whether or not individuals with significant intellectual disabilities could learn. Some argued the role of caregivers was not to “hassle” them to learn skills to help them become more independent but instead just to make them more comfortable. Another point of debate was whether or not to use painful or humiliating techniques (“aversives”) to address challenging behaviors. One argument was that these techniques were simply the application of a common

learning principle (punishment) which occurs naturally in typical environments (e.g., burning your hand on a hot stove).

These types of controversies generated a large number of publications that involved attempts to use persuasive arguments to change the philosophical positions of others. Fortunately, these controversies are long gone but they did not get resolved with persuasion but with data. For example, research showed us that even an individual with significant cognitive impairments could indeed learn important and meaningful skills. Research also demonstrated that we could reduce severe challenging behaviors with techniques that were not painful or humiliating and that maintained the dignity of the individual.

This type of forward looking and innovative research represented in San Francisco covered a wide range of subjects. For example, our symposia covered some of the following topics; *Women and girls on the autism spectrum*, *Biomarkers in clinical contexts for children with ASD*, *Clinical assessment and outcome measure considerations in rare neurodevelopmental disorders*, and *Evidence-based strategies for improving socialization for children and adults with autism*. And Gael Orsmond, Ph.D. gave an impressive Presidential Address (*Autism through adolescence & adulthood: Social, school, and commu-*

nity contexts). The sophistication of the research presented at the Convention was state-of-the-art.

We received a total of 98 submissions for the 2018 program (compared to 85 for 2017) and accepted 73 (acceptance rate=74.4%). And I am indebted to the following colleagues who graciously served as reviewers; Gael Orsmond, Ashley Woodman, Elizabeth Laugeson, Abigail Hogan, Anne Wheeler, Elizabeth Will, Abbey Eisenhower, Geovanna Rodriguez, Rachel Fenning, Sigan Hartley, Sharon Krinsky-McHale, Anthony Goreczny, Micah Mazurek, and Kristin Long. Division 33 was allocated 15 hours for division programming (an increase of 1 from 2017 because of our membership increase). In addition, Division 25 (Behavior Analysis) kindly contributed one of its hours to Division 33 which allowed us to increase our hours to 16. And thanks to Past-President Gael Orsmond for helping me through this process.

Division 33 presented two major awards as a part of this year's program - the Edgar A. Doll Award to Catherine Lord, Ph.D. and the Sara S. Sparrow Early Career Research Award to Cameron Neece, Ph.D. In addition, we presented two student research awards – Phoebe Josephson (UCLA). Sponsor: Elizabeth Laugeson, Ph.D. (UCLA) and, Grant G Boostrom, M.A. (Loma



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Linda University). Sponsor: Cameron Neece, Ph.D., (Loma Linda University)

Ad Hoc Committee on Diversity and Inclusivity David Jaquess; Chair

Division 33 Past-President (Gael Orsmond) initiated a Diversity and Inclusivity Committee during her presidential term. Members of Division 33 were informed of the formation of this ad-hoc committee through the division listserv and members interested in being involved submitted their CV and a statement of interest to the President. A small committee of the Division 33 Executive Council reviewed the submissions and offered committee membership to several members and elected a chair of the newly formed ad-hoc committee. The committee has met electronically to collaborate on a proposed questionnaire to be administered of the membership of Division 33. The content of the questionnaire will gather views of diversity-related activities within the Division, perceived needs for future activities related to diversity within the Division and within the field, and diversity characteristics of members of Division 33. They anticipate administering the questionnaire online in fall 2018, and we hope to use resulting information to draft a charge for the committee over the next 12-18 months.

Ad hoc Committee on Developmental Disabilities and the Criminal Justice System Marc Tassé; Chair

One of the committee members

(Marc Tassé, Ph.D.) is collaborating with Cornell Law School and their Death Penalty Center's Makwayane Institute to provide training and technical assistance to 8 African nations (Botswana, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda, Zambia, and Zimbabwe) on issues related to criminal justice and identification and assessment of intellectual disability in criminal defendants, some of whom having a capital offense.

Membership Committee Eric Butter & Katy Mezher

Membership numbers continue to grow and has been attributed to adding the option to enroll online through our website (thanks to the hard work of Jason Baker - www.division33.org). We added 30 new members and students over the late spring and early summer months to a total number of 639 members and students.

Early Career Professionals Committee Joanna Mussey; ECP Representative

The ECP Committee hosted their 4th annual "Mix and Mingle" mentoring session for students and ECPs at the San Francisco Convention. The mentoring session was formally integrated into division programming this year. The event included approximately 6 senior professionals and was conducted in small groups similar to "speed dating." A packed room of ECPs and students were able to get advice from a number of respected and experienced professionals. In addition, the committee sponsored their 3rd annual

cross-divisional ECP social. ECPs from Division 16 (school psychology), Division 25 (behavior analysis), and Division 53 (clinical child & adolescent psychology) were given informal networking opportunities. This social was also designed to facilitate future cross-divisional collaborations.

Newsletter Committee Meg Stone-Heaberlin & Ashleigh Hillier

The Summer 2018 Newsletter was well received and we had some very positive feedback from members. Meg and Ashleigh very much welcome ideas for articles / new topics and asked EC to pass them along.

Student Representatives Barbara Caplan & Monica Gordillo

Students did a piece for the newsletter on the "tenure-test." Facebook presence is growing slowly but increasing. Monica encourages members to like page views and like posts. Barbara Caplan's term was up during the August convention (many thanks to her!) and Elina Veytsman was appointed for the 2018-2020 term.

The Division is in good financial shape and many thanks to our treasurer Camie Neece for all of her time and energy. It is an honor and a privilege to serve as President of Division 33 this year and to have so many generous and talented colleagues to help the Division thrive. I invite you to become engaged with the Division and its many activities.

IDD/ASD Training Program Highlight



The University of North Carolina (UNC)
Carolina Institute for Developmental Disabilities (CIDD)
& TEACCH Autism Program

By Tamara Dawkins, Ph.D., & Joanna Mussey, Ph.D.



The Department of Psychiatry, University of North Carolina School of Medicine, announces its internship program in clinical psychology, offering comprehensive training to qualified doctoral students. This program is fully accredited by the American Psychological Association and holds membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC).

The internship program offers two tracks with special emphasis on evaluation and treatment for individuals with developmental disabilities. Each track has a carefully sequenced and coordinated set of experiences to ensure that the intern will achieve depth of experience in their area of specialization, with competence in assessment, intervention, and consultation.

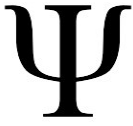


UNC
CAROLINA INSTITUTE FOR
DEVELOPMENTAL DISABILITIES

The UNC Carolina Institute for Developmental Disabilities (CIDD) is an IDD/ASD focused program at UNC Chapel Hill with an APA accredited and APPIC pre-doctoral internship as well as various post-doctoral training opportunities. The CIDD is a University Center for Excellence in Developmental Disabilities (UCEDD) program and is also home to a Leadership Education in Neurodevelopmental and re-

lated Disabilities (LEND) program and an Intellectual and Developmental Disability Research Center (IDDRC).

As such, the CIDD has a rich offering of clinical, training, and research opportunities. Clinically, the CIDD provides interdisciplinary services to infants, children and adults with or at-risk for intellectual/developmental disabilities. The CIDD offers specialized training in assessment, intervention and clinical consultation in the areas of ID, ASD, learning disability, epilepsy, chronic medical conditions, sensory impairments, genetic syndromes and other related developmental disabilities. Pediatric neuropsychology evaluation experience is also available. Specific activities may include but are not limited to evaluation and diagnosis across the lifespan, behavioral and mental health consultation, intervention groups, consultation surrounding behavior plans for children and adults with IDD living in the community or in local or regional group homes, and short-term therapy with individuals with IDD. A special emphasis is placed on working with and learning from other disciplines represented in the CIDD, which uses interdisciplinary and transdisciplinary approaches. The other disciplines at the CIDD are Pediatrics, Psychiatry, Neurology, Physical Therapy, Occupational Therapy, Nutrition, Audiology, Speech and Language Pathol-



IDD/ASD Training Program Highlight

ogy, Social Work, Special Education, Genetics, Genetic Counseling, and Nursing. Selected trainees are able to participate in this year-long experience that includes the other Maternal and Child Health (MCH) funded training programs at UNC Chapel Hill. This is a leadership development program with a curriculum that includes the opportunity to explore personal leadership styles as well as focus on particular MCH competencies in the areas of conflict resolution, group facilitation, cultural competence, family/professional collaboration and peer coaching. The CIDD Intern spends approximately half time, averaged across the year, in the clinics and services offered at the CIDD and the remaining time engaged in other training opportunities and rotations.



The UNC TEACCH Autism Program is a community based clinical service and professional training program dedicated to serving individuals with autism spectrum disorder (ASD) and their families, throughout the lifespan. It is the largest and most comprehensive statewide program for autism in the nation. It includes diagnostic and treatment centers throughout the state of North Carolina, a demonstration residential and vocational center, and a supported employment program. Services provided at the clinics include evidence-based interventions for toddlers and their parents, individual and group parent training; individual and group intervention and support for individuals with ASD; parent support groups; and training and consultation to teachers and other professionals.

The TEACCH intern will participate as a member of a diagnostic team, developing proficiency in all aspects of the diagnostic process across the age span, often seeing diagnostically complex individuals. The intern will also engage in a variety of evidence-based intervention activities, including implementing evidence-based visual strategies/support (Structured TEACCHing), behavioral interventions, naturalistic interventions, cognitive behavioral interventions for anxiety, social skills interventions, and community support programs. Current programs include parent-child training sessions with individual families and in small groups, home-based early intervention, kindergarten preparation, and CBT-based groups for school-aged children and their parents to promote social understanding, social communication and emotional regulation. Given TEACCH's focus on providing services across the lifespan, there are extensive opportunities for experience with adolescents and adults with ASD in individual therapy and group formats including a DBT skills group for adults with ASD. The TEACCH intern will also attend and participate in parent support groups as well as training workshops for parents and for professionals and may provide consultation to other professionals. If interested, the intern may elect to participate in ongoing research projects. The TEACCH intern spends approximately half time throughout the year working in TEACCH services. The TEACCH intern will also rotate for 2.5 days of one rotation onto the Child Psychiatry Inpatient and, another rotation, onto the Pediatric Consultation/Liaison service.

In addition, postdoctoral training opportunities are offered at the CIDD and TEACCH. The Postdoctoral Psychology Fellowship program has been providing

IDD/ASD Training Program Highlight

advanced training in TEACCH and autism for 25 years and prepares psychologists for a career in autism-related work. Fellows participate in a combination of clinical and research activities depending on the specific training plan goals. Clinical opportunities include diagnostic evaluations, individual sessions, and group treatment activities for individuals with ASD across the lifespan. Research opportunities include working within our transition to adulthood/adult outcomes research program. Various clinical and re-

search postdoctoral opportunities may be available at the CIDD each year.


For more information about the CIDD and its training programs, contact Jean Mankowski jean.mankowski@cidd.unc.edu.

For information about TEACCH and its training programs, contact Mary Van Bourgondien mvan2@email.unc.edu.

Division 33 Student Interview

Dissemination and Cultural Adaptation of Evidence-Based Interventions

Interview conducted by: Elina Veytsman
Graduate Student at UC, Riverside



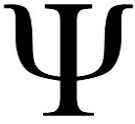


Dr. Elizabeth Laugeson is an Associate Clinical Professor in the Department of Psychiatry and Biobehavioral Sciences at the UCLA Semel Institute and is a licensed clinical psychologist. Dr. Laugeson is the Founder and Director of the UCLA PEERS Clinic, which is an out-

patient hospital-based program providing parent-assisted social skills training for individuals with Autism Spectrum Disorder and other social impairments from preschool to adulthood. She is also the Training Director for the UCLA Tarjan Center for Excellence in Developmental Disabilities (UCEDD), and the Training Director for the UCLA Autism Center of Excellence (ACE) Program's Outreach Education and Dissemination Corp. Having trained thousands of mental health professionals, educators, and families in the PEERS method, Dr. Laugeson is dedicated to developing and testing evidence-based treatments to improve social skills across the lifespan, and disseminating these empiri-

cally supported programs across the globe. In addition to having research collaborators all over the world culturally adapting the PEERS intervention and conducting research on the program in their countries, her PEERS manuals have been published in Korean, Cantonese, Japanese, and Dutch.

Question 1: There is a lot of talk about the gap between research and practice, especially in terms of the types of programs being implemented in the community and in schools. Publishing scientific papers is crucial to advancing the state of our field, but what do you think is needed beyond this to disseminate evidence-based interventions into



Division 33 Student Interview

Dissemination and Cultural Adaptation of Evidence-based Interventions

the community and schools?

Answer: 1 Publishing scientific papers is critical for communicating with other research professionals, but it is not always the most effective way of communicating with educators and practitioners in the community. A natural form of dissemination that is often overlooked is the publication of treatment manuals. We have so many evidence-based interventions that have been thoroughly studied and tested, yet they are rarely disseminated into the community through published treatment manuals. That's an area of translational research that is surely missed.

Q2: What are the greatest challenges with disseminating evidence-based interventions?

A2: It is a matter of timing and funding. Many treatment researchers would love to publish their interventions and make them accessible to others, but that is rarely supported through time, effort, and funding by the agencies that fund these grants. If funding agencies like NIH or IES required that researchers publish treatment manuals and disseminate on that level, researchers would do that. But because it's incredibly time-consuming and costs a great deal of resources to publish treatment manuals, the hope that people will do that out of the goodness of their hearts is not really realistic.

Q3: If a program has an established evidence base with a specific population demographic in the U.S., how can you ensure the cultural validity of the program with other populations? Is there a recipe for culturally validating an intervention?

A3: Culturally adapting an intervention is a lengthy process and really can't be done by anyone outside the research community in that culture. It requires partnering with researchers across the globe. We've developed a specific method for doing that in our work in disseminating the PEERS intervention across the globe. Just to give an example of how we first culturally validated PEERS for a culture outside the U.S., working with Dr. Heejeong Yoo at Seoul National University, we were able to culturally and linguistically adapt the PEERS for Adolescents Treatment Manual for Korean youth. While Dr. Yoo was on sabbatical at UCLA, she discovered the PEERS program and asked me if she could receive certified training in the program. She was very inspired by the training and when she went back to South Korea, she worked with a translation team on a linguistic translation of the manual. She then shared that with over 25 mental health professionals in Korea to identify what was culturally sensitive about the intervention, and she adapted the treatment based on the feedback she received. Next,

she surveyed over 400 typically developing adolescents in Korea to identify the ecologically valid social skills in that culture. For example, she identified how they spent their get-togethers with their friends, which extracurricular activities they joined to make friends, the different types of peer groups that existed in their middle schools and high schools, and how they responded to verbal teasing. She further culturally adapted the intervention based on that feedback. From there, she conducted a randomized controlled trial, and she got nearly identifiable findings to what we get in North America. That study really set the standard for how to culturally adapt this social skills intervention in other communities.

Q4: Many would argue that social skills are highly dependent on the cultural context. To what extent does a social skills intervention need to be culturally adapted? Are there stark differences between the PEERS program here and in other countries?

A4: It certainly depends on the social skills intervention, but one of the interesting things we've found in our cross-cultural validation with PEERS is that there are certain sessions in the intervention that are consistently culturally sensitive. Some things that might be slightly different across cultures are the names of peer groups and potential sources of

Division 33 Student Interview

Dissemination and Cultural Adaptation of Evidence-based Interventions

friends, the ways teens use electronic communication, the extracurricular activities teens participate in, and the activities teens engage in during get-togethers. For example, in many Asian cultures, teens rarely have get-togethers in their homes, unlike in North America. Most get-togethers take place in the community outside of parental supervision, so the structure of social interaction looks different. Sessions like handling verbal bullying or teasing also vary by culture, not so much in the manner in which teasing is addressed but in the responses that are given. These are some of the sessions where we consistently see cultural differences. However, the process by which we determine what is culturally sensitive is very much like the model that was set by Dr. Heejeong Yoo at Seoul National University in South Korea. We don't assume that these are the only areas that

require cultural adaptation. We first need to survey mental health professionals and educators and then typically developing adolescents in that culture.

Q5: For graduate students and faculty who are developing and testing interventions, do you have any recommendations for how they can disseminate their programs while maintaining treatment fidelity?

A5: The first step in culturally validating any treatment program is to understand the core components that make up that intervention, and partner with credible researchers in that new cultural context. For PEERS, we do 24-hour certified training seminars over the course of three days, and we require that any researcher involved in culturally validating our program be a certified provider. I would recommend that whoever is responsible for

overseeing the cultural modifications and linguistic translation of an intervention be very competent in the treatment to begin with. After linguistically translating the intervention, the intervention needs to be shared with mental health providers, perhaps educators, and other stakeholders to determine what is culturally sensitive. The feedback from that process should be incorporated into the cultural modification of the intervention. I would also recommend that typically developing individuals from the population being studied be queried about what is ecologically valid in that cultural context. And of course the gold standard for any intervention is a randomized controlled trial. Hopefully if that process is followed, the results will be quite similar.

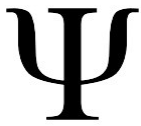
Psychology in Intellectual and Developmental Disabilities/Autism Spectrum Disorder

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

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



APA DIVISION 33: IDD/ASD



Women in Psychology Committee Report

Elina Veytsman
Student Representative &

Elizabeth Laugeson, PsyD
Women in Psychology Representative



Each year, Division 33 representatives attend the meeting for the Committee on Women in Psychology. At the most recent 2018 APA Annual Convention in San Francisco, CA, the committee met to discuss progress on its goals of bridging the disparities in opportunities and access for women in psychology and society. The committee's strategic goals include:

- Promoting the health and well-being of all women, nationally and internationally
- Identifying and eliminating discriminatory and exploitative practices against all women, nationally and internationally
- Promoting the unique contributions of women in psychology
- Enhancing women's leadership within and outside of APA
- Monitoring activities of groups within the APA to assess the impact of women
- Collaborating with others as needed to achieve the empowerment of underrepresented groups
- Advocating for public policy that enhances the lives of women, nationally, and internationally

In accordance with the committee's goals of promoting the health and well-being of *all* women and identifying discriminatory practices against women, the topics discussed at the meeting included persistent disadvantages in leadership and editorial positions for women, and wage gap and pay inequity. The committee asserts that psychology as a field has not yet achieved gender equality, and emphasizes action steps that psychologists can take to address these gender disparities.

Another topic discussed in length at the meeting was the recent Resolution on Pregnant and Postpartum Adolescent Girls and Women with Substance-Related Disorders. The committee is calling attention to a group that is at particularly high risk for poor outcomes, and seeks to disseminate talking points for this resolution to a broader audience. The resolution brings public awareness to risk factors for women and girls, how current substance use policies affect women and girls differentially, and makes recommendations for treatment based on the research literature. The APA Women's Programs Office and the Committee on Women in Psychology state that to address the opioid epidemic and pregnant women's substance use more generally, we must move from criminalizing substance use to providing treatment. The groups also urge governmental, federal and state, and private entities to increase current funding and efforts toward developing, implementing, evaluating, and increasing the availability of gender-specific treatment programs for pregnant and parenting adolescent girls and women with substance-related disorders.

For more information about the Resolution on Pregnant and Postpartum Adolescent Girls and Women with Substance-Related Disorders, visit <https://www.apa.org/about/policy/pregnant-postpartum.aspx>

For more information on the APA Committee on Women in Psychology, visit <https://www.apa.org/pi/women/committee/> or contact APA Women's Programs Office at 202-336-6044 or womensprograms@apa.org.

Early Career Psychologist Column



Promoting Diversity and Inclusivity: Enhancing Capacity and Cultural Competency

Geovanna Rodriguez, Ph.D.; Post-Doctoral Research Fellow at Waisman Center

In 2015, the Center for Workforce Studies within the American Psychological Association (APA) released an annual report that indicated 16.4% of all psychologists were from a racial or ethnic minority background. Given the current demographic landscape, the rising challenge for many training programs is the cultural mismatch between psychologists and the diverse children and families they presently serve. This mismatch may negatively impact the quality of services families receive across systems of care and across disciplines in psychology. Moreover, the lack of a diverse workforce may also impact the quality of multicultural training psychologists receive from their respective training programs. Undeniably, an increase in the representation of culturally and linguistically diverse early career psychologists would help promote direct and indirect benefits to families, children, and service systems. Further, the addition of faculty and training supervisors from historically underrepresented backgrounds also presents many positive benefits to students and trainees interested in pursuing graduate careers or research with diverse populations. Recruitment of diverse faculty or training supervisors would help create a critical mass within departments that would provide unique mentorship opportunities, particularly for first generation graduate students or students of color that may be

struggling to integrate their academic and cultural identities. This intersectionality between cultural backgrounds often contributes to higher levels of acculturative stress experienced by students and new faculty. Students and faculty may find themselves having limited resources to cope with cultural and emotional stressors resulting from being visible minorities in their departments and home institutions.

As early career psychologists, we often find ourselves navigating our new work environment, relationships with new colleagues, and new responsibilities and obligations within our department, particularly when it comes to the supervision and mentorship of new advisees or trainees. If you are an underrepresented minority in your department, you may find yourself dealing with what some have termed the “minority tax” in academia—the burden of extra responsibilities placed on minority faculty in the name of promoting diversity and inclusivity within their department. These extra responsibilities can place an unforeseen burden as you try to balance clinical responsibilities, tenure requirements, and mentorship. Despite many system-level barriers, as early career psychologists, we have an important role in moving the field toward a greater sense of equity and social justice. Regardless of your setting, below are a few strategies you can utilize

in your own research, practice, department-level initiatives, training or supervision, to enhance diversity and inclusion practices. This is by no means an exhaustive list, but these strategies may help generate discussion around inclusivity and diversity to increase efforts around building capacity and supports to promote safe and respectful climates, as well as reduce stressors associated with being a member of an underrepresented minority.

Helping promoting diversity affirming training climates—Diversity-affirming training programs seek to develop training climates that “recognize, affirm, and value multicultural awareness, knowledge, and engagement.” The American Psychological Association provides training guidelines and ethical frameworks consistent with this approach. Institutions that utilize this approach do so consistently and throughout each stage of the recruitment and retention process for both students and faculty. In other words, this process starts from the initial recruitment of students and faculty (i.e., point of contact) and continues throughout students’ coursework and training, as well as professional development. For faculty, this may also consist of supports surrounding the tenure process and continued training experiences that enhance professional development around culturally competent practice and supervi-

sion. Promoting a multicultural environment may better assist institutions in retention of students and faculty from diverse backgrounds.

Promoting minority-focused recruitment strategies— In order to increase equity and representation of historically underrepresented professionals, ECPs can promote best-practice approaches by actively engaging in the recruitment of diverse students and faculty through targeted outreach efforts. Systematic and strategic use of department or program websites and recruitment materials should reflect knowledge and awareness of diversity related issues, as well as an emphasis on promoting a diversity affirming training climate. Pay attention to the language used in recruitment materials, department websites, lab webpages, and faculty profile pages. Diversity affirming language should be con-

sistent and transparent across various platforms. Another approach may be to have faculty members that are actively engaged or involved in diversity related research to also participate in active recruiting of new students and faculty. Having faculty from similar cultural backgrounds engaging in multicultural research may help bolster an appreciation for multicultural diversity. Lastly, promoting the inclusion of pipeline programs or incentive programs such as scholarships, fellowships, training programs, that can provide financial assistance and additional resources to students that increase engagement in research activities and continuing professional development.

Mentorship opportunities— Last, but certainly not least, building relationships and inclusive communities help generate a sense of belonging. The road to academia is hard, but not impossi-

ble if we create opportunities for access and shared space. Often as mentors and supervisors, we get tied to what we see on paper and what we define as success. Yet for students of color or faculty of color, certain barriers may get in the way of productivity (i.e., psychological, emotional, financial, social, etc.). It is our job to re-frame our thinking and look at other indicators of success or merit, and identify roadblocks within our department or our own mentorship style that may be contributing to the problem. By identifying biases within the way we provide training, supervision, and mentorship, we can help improve culturally sensitive mentoring practices.

For additional resources and information: <https://www.apa.org/about/policy/multicultural-guidelines.aspx>



Check out the 2019 Program At-A-Glance by clicking [HERE](#).

GATLINBURG CONFERENCE April 3-5, 2019 in San Antonio, TX

PLENARY SPEAKERS



Anita Bhattacharyya, PhD is Assistant Professor at the University of Wisconsin-Madison. She is also Co-Director of the campus human pluripotent stem cell core and Chair of the campus-wide Stem Cell Research Oversight Committee. Her research is focused on a better understanding of the early development of the human forebrain using human pluripotent stem cells. Her research program aims to identify mistakes that are made in neurodevelopmental disorders, including Down syndrome. By defining the mistakes in neurodevelopment that lead to intellectual disability, we may be able to target therapeutics for these developmental disorders.

George Capone, MD attended college at Wesleyan University and worked as a research assistant at the Dana Farber Cancer Institute in Boston before obtaining his medical degree from the University of Connecticut in 1983. After a residency and fellowship in pediatrics at the Children's Hospital Medical Center in Cincinnati, Dr. Capone came to Baltimore in 1988 to pursue a fellowship in neurobiology research at Johns Hopkins. Dr. Capone currently serves as the director of Kennedy Krieger Institute's Down Syndrome Clinic and Research Center (DSCRC), and is an attending physician on the institute's comprehensive rehabilitation unit.



Benjamin Handen, PhD, BCBA-D has a longstanding research interests in developmental disabilities, focusing on Autism Spectrum Disorder and, more recently, Down syndrome. He is currently Director of Research and Clinical Services at the Center for Autism and Developmental Disorders at Western Psychiatric Institute and Clinic and PI of the University of Pittsburgh Autism Treatment Network. Much of Dr. Handen's research has focused on the examination of psychopharmacology and psychosocial treatments in ASD. He has been particularly interested in parent-focused interventions and is one of the co-authors of the RUBI Parent Training Manual. For the past decade, Dr. Handen has expanded his research interests to include the course and development of Alzheimer's Disease in adults with Down syndrome.

Tarik Haydar, PhD received his doctorate at the University of Maryland School of Medicine working on brain development in the Trisomy 16 mouse model of Down syndrome with Dr. Bruce Krueger. He completed postdoctoral studies at Yale University with Dr. Pasko Rakic examining control of forebrain neural precursor development and then started his independent laboratory at Children's National Medical Center in Washington, DC in 2002. Dr. Haydar joined the Anatomy & Neurobiology Department at BUSM in 2010 where he maintains a vibrant laboratory using state-of-the-art molecular and surgical techniques to study mammalian brain development. In addition, the lab is focusing on brain development and function in trisomy mouse models of Down syndrome using cellular, molecular and behavioral techniques. Dr. Haydar's research is funded by the NIH (NINDS and NICHD).



For more information, visit the [Gatlinburg Conference Webpage](#)

2018 APA Student Research Award

The Moderating Role of the Therapeutic Relationship in MBSR for Parents of Children with Developmental Delays

Authors: G. Griffin Boostrom, M.A., Loma Linda University, Neilson Chan, M.A. Loma Linda University, Amanda Preston, B.A., University of California, Los Angeles, Cameron L. Neece, Ph.D., Loma Linda University



Introduction: Parents of children with developmental delays (DD) often report higher levels of stress than parents of typically developing children (Baker et al., 2003; Neece, Green, & Baker, 2012), with approximately one third reaching clinical levels of stress (Davis & Carter, 2008). Mindfulness Based Stress Reduction (MBSR) has been shown to be highly effective in reducing stress in parents of children with DD (Dykens et al., 2014; Neece, 2014), yet little is known about the processes that contribute to its effectiveness. Johnson et al. (2005) studied therapeutic group processes and have shown that they are strongly linked with intervention outcomes; although these processes have been researched in multiple interventions, they have not been thoroughly studied in interventions for parents of children with DD. The current study aims to explore the extent to which participants' progress in an MBSR intervention is moderated

by positive bonding, positive working, and negative relationships (Johnson et al., 2005) found within a group therapy setting.

Method: The current study included 64 parents who participated in the Mindful Awareness for Parenting Stress (MAPS) project at Loma Linda University between the years of 2012 - 2014, which provided MBSR for parents of children with DD, ages 2.5 to 5. Eligible parents were scheduled for a baseline assessment, then randomly assigned to either an immediate or waitlist-control intervention group. Participant Subjective Units of Distress Scale (SUDS; Neece, 2014) scores were collected at the beginning of each of 8 MBSR sessions, as well as at a day-long retreat. Adapted from Singh et al. (2007), participant self-report SUDS scores measured parents' overall perceived level of stress. In 2017, participants were contacted retrospectively to obtain measurements of the following therapeutic factors 1) positive bonding, which refers to a sense of belonging or attraction in the relationships that creates a positive atmosphere where the individual feels genuinely understood and appreciated; 2) positive working, which refers to the effectiveness of the relationship to achieve agreed upon goals and conduct cooperative work; and 3) negative relationship, which refers to a lack of trust, genuineness, and understanding as well as friction and distance that exists in the rela-

2018 APA Student Research Award Winner

The Moderating Role of the Therapeutic Relationship in MBSR for Parents of Children with Developmental Delays

tionship. These factors were measured within member, leader, and group levels, and collapsed to produce global factor scores.

Results: We used multilevel modeling techniques to determine changes in participants' overall stress over the course of MBSR, and whether participants' progress in the intervention was moderated the therapeutic group processes (i.e., positive bonding, positive working, and negative relationships). Using Full Maximum Estimation, we used the bottom-up strategy to test our hypotheses. Adding positive bonding and positive working, but not negative relationship, as Level 2 predictors significantly improved model fit ($p < .05$); as a result, only positive bonding and positive working were included in the model. Results from the best-fitting model indicated that for participants at the mean level of positive bonding and positive working, overall stress decreased by 0.299 points on the SUDS each session ($p < .001$). Further, after controlling for positive bonding, as positive working increased by one point, the rate of change weekly overall stress decreased by 0.015 ($p < .01$), suggesting that higher levels of positive working may accentuate the rate at which participants' stress decreases through the intervention. However, after controlling for positive working, positive bonding did not influence the rate of change in weekly overall stress ($p > .05$).

Discussion: Results indicate that the positive working therapeutic group process appears to be a significant predictor for determining par-

ticipant outcomes. This is consistent with previous group process research, though positive bonding is generally accepted as a significant group process factor in traditional group therapy. Because MBSR is an individual skills-based intervention, this may account for why positive bonding did not influence the rate of change after controlling for positive working, as the positive working factor measures agreement on tasks and goals, rather than the level of cohesion and engagement of the positive bonding factor. Additionally, measurement of the therapeutic group processes were collapsed across three levels (i.e. leader-to-member, member-to-member, and group-to-member), such that effects at any single level may have been confounded by our analysis. Also, the retrospective nature of our measures of group process factors may have confounded their relationship to group outcomes. Future studies investigating the effect of therapeutic group processes at each level of group relationship, using concurrent measures, are recommended to obtain a clearer picture of these processes and their impact.



2018 APA Student Research Award

Comparing Empathy Outcomes in Adolescents with ASD and Adolescents without ASD following PEERS®

Authors: Phoebe Josephson, Preston Johnson, Morgan Jolliffe, Nicole Rosen, and Elizabeth Laugeson, PsyD



Introduction: Autism spectrum disorder (ASD) is characterized by persistent deficits in social communication and social interactions, including poor socio-emotional reciprocity, non-verbal communication, and reciprocal relationships (American Psychiatric Association 2013). As a result of these deficits, those with ASD have difficulty sharing emotional states with others (Kanner 1943), or expressing empathy. Empathy is the ability to comprehend others' intentions, forecast others' behaviors, and experience the emotions of another, allowing people to socially interact with others in more effective ways (Baron-Cohen and Wheelwright 2004). The ability to express empathy is a crucial skill necessary for the development of meaningful social connections (Baron-Cohen & Wheelwright 2004). Individuals with ASD often experience difficulty sharing emotional states with others (Kanner 1943), which contributes to their difficulty in forming meaningful and lasting friendships. Research on the UCLA Program for the Education and Enrichment of Relational Skills (PEERS®), an evidence-based social skills intervention, demonstrates increases in social skills outcomes for adolescents with ASD following treatment (Laugeson et al. 2012). While research suggests that empathy is critical in the development of successful social interactions (Baron & Wheelwright 2004), the extent to which empathy may improve as a result of social skills training in adolescents with ASD compared to adolescents with-

out ASD requires examination. This study examines improvement in empathy in adolescents with ASD, compared to adolescents without ASD, following a 16-week parent-assisted social skills intervention.

Methods: Sixty-four adolescents (males with ASD=25; females with ASD=7; males without ASD=24; females without ASD=8) ranging from 11-18 years of age ($M=13.47$; $SD=1.85$) and their parents participated in the present study. Participants attended PEERS®, an empirically-supported parent-assisted social skills intervention. They attended 90-minute group treatment sessions over 16-weeks to learn guidelines related to the development and maintenance of friendships. To assess baseline adolescent diagnoses, parents completed forms detailing adolescent psychiatric history. Treatment outcome was assessed by examining parent- and adolescent-reported change in empathy using the Empathy Quotient (EQ; Baron-Cohen & Wheelwright 2004) pre- and post-intervention.

Results: Paired samples t-tests reveal significant improvement in empathy on adolescent-reported EQ ($t(63) = 5.138$, $p < .001$) and parent-reported EQ ($t(63) = 5.29$, $p < .001$) from pre- to post-treatment for both adolescents with and without ASD. A mixed ANOVA was conducted to examine how diagnosis (ASD versus non-ASD) influences change in empathy following treatment, according to parent- and adolescent-reports on the EQ. Results also show a significant difference in EQ scores for adolescents with and without ASD at baseline and post-treatment, revealing lower lev-

2018 APA Student Research Award Winner
Comparing Empathy Outcomes in Adolescents with ASD and Adolescents without ASD following PEERS[®]

els of parent-reported empathy [$F(1,62) = 26.829, p < .001$] and adolescent-reported empathy [$F(1,62) = 27.597, p < .001$] in the ASD group at both time points. However, changes in EQ from pre- to post-intervention were not significantly different across the ASD and non-ASD groups according to parent-report [$F(1,62) = 0.53, p > .05$] or adolescent-report [$F(1,62) = 2.654, p > .05$].

Conclusion: Findings reveal that both adolescents with ASD and without ASD demonstrated improved empathy after participating in PEERS.

However, empathy before and after treatment was significantly different according to diagnosis, revealing lower levels of empathy for those with autism at pre- and post-intervention. Regardless of the presence of ASD, however, both groups saw similar improvement in empathy according to adolescent- and parent-reported change on the EQ following treatment. These findings are important because they suggest that regardless of diagnosis, youth with and without ASD are likely to exhibit improvement in empathy following the PEERS[®] social skills intervention.

APA 2019

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American Psychological Association Convention in Chicago, IL
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SARA S. SPARROW EARLY CAREER AWARD Sponsored by Pearson Clinical Assessments

Award Recipient:
CAMERON L. NEECE, PhD
Loma Linda Univeristy



My research program has focused on the development of psychopathology in high-risk populations, with a specific focus on family factors that exacerbate risk or promote resilience in children with intellectual disabilities and developmental disabilities (IDD). Given that psychopathology is over-represented among children with IDD, this population is well-suited to study the development of mental illness. My program of research has examined how family processes relate to the emergence of mental disorders in children at risk, and the transactional nature of these interactions over time. Most recently, I conducted a series of intervention studies aimed at reducing parental stress among parents of children with IDD in an effort to experimentally test the impact of reducing parental stress on subsequent child behavior problems as well as ameliorate and ideally prevent the development of psychopathology in young children with IDD.

During graduate school at UCLA I worked on the Collaborative Family Study (CFS), an ongoing, cross-site (UCLA, UC Riverside, and Penn State), 13-year longitudinal study of over 200 ethnically diverse families, about half of whom have typically developing (TD) children and

half of whom have a child with a diagnosis of IDD. During my time working on CFS I had the honor of being mentored by Drs. Bruce Baker, Jan Blacher, and Keith Crnic. While in graduate school I published several papers highlighting parenting stress is an important risk factor for negative child outcomes over time. More specifically, we found that parenting stress predicted more behavior problems (Neece, Green, & Baker, 2012), poorer social skills (Neece & Baker, 2008), and higher levels of ADHD symptoms (Baker, Neece, et al, 2010) over time.

After graduating from UCLA, I started an academic position as an Assistant Professor at Loma Linda University (LLU). My current research focuses on developing and testing interventions to reduce parenting stress and subsequent child behavior problems among children with IDD. Our first intervention study was called the Mindful Awareness for Parenting Stress (MAPS) Project. This study included 138 families (21.7% monolingual Spanish-speaking) and employed a waitlist-control design to test the efficacy of Mindfulness-Based Stress Reduction (MBSR) for parents of young children with developmen-

tal delays. Feasibility findings indicated strong attendance (72.2% of parents attended over 80% of sessions), low attrition (15.7%), and high fidelity and treatment satisfaction (Roberts & Neece, 2015). Preliminary efficacy findings suggested that MBSR may be efficacious in reducing parenting stress, improving mindfulness skills, and decreasing child externalizing behavior problems among families of children with heterogeneous disabilities, with effect sizes in the moderate to large range (Neece, 2014; Chan & Neece, 2017). Parents also reported a reduction in depressive symptomatology and an increase in reported life satisfaction following MBSR treatment. Moreover, we have found MSBR to be similarly efficacious for Latino and non-Latino parents of children with developmental disabilities (Neece et al., in press), and we have several papers that suggest changes in parenting behaviors may account for the impact of reductions in parental stress on improvements in child behavior problems. (Dennis et al., 2017; Sanner & Neece, 2018; Xu, Neece, & Parker, 2014)

In the past year our research team has obtained two NIH-funded randomized clinical trials to further develop and test the efficacy of interventions aimed a reducing

SARA S. SPARROW EARLY CAREER AWARD

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parental stress and examine the collateral benefit of reductions in parental stress for children with IDD. The first trial is called the Stress-reduction Techniques for Enhancing Parenting Skills (STEPS) Project, and is in collaboration with Dr. Rachel Fenning at the Center for Autism at Cal State Fullerton. The STEPS Project builds upon the MAPS Project by examining the efficacy of MBSR for parents of young children with ASD. This study builds upon existing literature by conducting a stringent test of MBSR using an active control group, developing population-specific content for parents of children with ASD, utilizing a highly diverse, underserved community-based sample, examining the mechanisms underlying observed treatment effects, and employing multi-method longitudinal measurement from multiple sources in order to examine immediate and

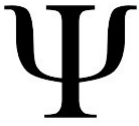
long-term treatment effects.

Our second new trial is called the Partnerships in Research for Optimizing (PRO) Parenting Project. The PRO-Parenting Project grew out of literature showing that parental stress attenuates the efficacy of early intervention programs and gold-standard behavioral interventions for behavior problems among young children with developmental delays. This project aims to test the therapeutic benefit of adding a parent stress-reduction intervention prior to delivering behavioral parent training (BPT) in order to more effectively reduce child behavior problems. This study is in collaboration with Dr. Laura Lee McIntyre at the University of Oregon and consists of a cross-site randomized, controlled trial of behavioral parent training plus MBSR compared with behavioral parent training plus a psychoedu-

cation control.

It is a busy time in the Neece Child and Family Lab at Loma Linda University, but I am beyond thankful for a very hard-working team who is committed to improving the lives of children with intellectual and developmental disabilities. I am sincerely grateful to my mentors, Bruce Baker and Jan Blacher, without who I would never be where I am today. I am also incredibly thankful for the late Sara S. Sparrow who was truly an exemplary mentor to many in our field. Please visit my lab website at childandfamilylab.com to learn more about our research or email me at cneece@llu.edu with any questions or requests for information. Thank you again to Division 33 for this award. It is truly humbling and I am sincerely grateful.

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APA Council Report for Division 33

Eric Butter, PhD
Nationwide Children's Hospital



A NEW APA: Now and for the future!
Report from the Summer Meeting of the American Psychological Association Council of Representatives

The Council of Representatives is APA's policy-making body and meets twice a year. The August meeting occurred during the 2018 Convention in San Francisco. Under the on-going leadership of APA President Dr. Jessica Henderson Daniel, Council continued its work to move APA forward. Several major headlines came out of this meeting, but one of the most pivotal change involved the approving details of a new organizational structure for APA.

APA is moving forward as a unified organization. Council took historic actions to move forward with transitioning APA to an integrated c3/c6 advocacy model. Historically, APA's public health mission, housed within APA our c3 organization, was distinct from our advocacy mission, which was housed within APAPO our c6 organization. This created many challenges including a lack of coordinated and comprehensive advocacy for our educational and scientific agendas. At the August meeting, Council received the report of the Presidential Workgroup on an Expanded APA Advocacy Model, which was convened after Council's March meeting. Council approved the Workgroup's recommendations, including the concept of a unified Finance Committee and a single board of directors to serve both the c3 and c6, the allocation of 2019 member dues 60% to the c6 and 40% to the c3, and c6 bylaw changes to expand the purpose of the c6 and create a new Advocacy Coordinating Committee.

This new model will establish a pathway to enhance APA and build a robust, unified advocacy agenda for all of psychology. This trans-

formational change ensures the following:

- A comprehensive process to gather broader input from all constituencies to help set advocacy priorities annually.
- A larger role for Council in shaping APA's advocacy agenda.
- Increased resources for advocacy initiatives spanning science, education, public interest, practice and applied psychology.
- All psychologists who join APA will be members of a combined c3/c6 organization, allowing membership dues to be allocated to both entities for advocacy initiatives.
- A new approach to the development and delivery of professional member benefits.

This integration of two vital missions is good for Division 33 and the public we serve. Those living with intellectual and developmental disabilities or autism spectrum disorder, and all those who love them and build lives together with them, will now have a stronger voice within the largest scientific and advocacy body of psychologists. Our training programs, our research agenda, and our clinical care models can now be the focus of strong and effective advocacy in ways that couldn't happen before. Overtime, this should support more integration between our scientific advances and our practice.

Council provided input to the CEO's development of the APA diversity and inclusion plan.

Council heard from Dr. Kumea Shorter-

APA Council Report for Division 33

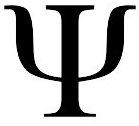
A NEW APA: Now and for the future!

Gooden, an APA member consultant, on diversity and inclusion issues. Dr. Shorter-Gooden presented an outline for the development of a comprehensive framework for APA's diversity and inclusion activities and asked for Council's feedback. The key feature of the framework is a set of 10 domains within which APA may choose to take action on diversity and inclusion. Council will soon receive an invitation to recommend strategic goals for APA to pursue within the domains and to identify the key stakeholders that need to be involved in pursuing the goals. The aim is to use the Council input to develop a complete draft of the framework, to develop a job description for hiring a Chief Diversity Officer later in 2018, and to coordinate the APA plan for diversity and inclusion with the APA strategic plan. Disability is a critical factor in this conversation and Division 33 is positioned to continue to advocate for IDD and ASD as important diversity elements for consideration.

Opting to leave unchanged APA's long-standing policy on the role of military psychologists in treating detainees. With national and international press watching from the observation deck, Council voted down New Business Item 35B, which would have supported military psychologists as providers of health care services to detainees in any national security setting. After more than an hour of debate on both sides of the issue, and a confidential Executive Session, Council voted 105-57, with 11 abstentions, to retain the existing policy that restricts the role of military psychologists in detention sites that are in violation of the U.S. Constitution or international law. The individuals who proposed the measure said it was aimed at allowing military psychologists to provide needed health care to detainees without any restrictions as to the setting in which services are provided, making the role of psychologists consistent with the

role of psychiatrists and other military health providers who may treat detainees at any site. I personally found this to be a compelling argument. In our field of IDD Psychology, we are often working in places others have abandoned. I was sympathetic to the argument recognizing "If not us, then who will take care of people detained?" I wondered to myself, who there is to identify any detainee who might have an intellectual disability? However, just as compelling, many of those who opposed the measure indicated that they feared it would open the door to military psychologists becoming involved in detainee interrogations and risk compromising the human rights of detainees. It remains a contentious issue with strong and reasoned opinions on both sides. The debate was civil and thorough and complete.

"This was a very challenging decision since many critical professional issues and values were at stake," APA President Jessica Henderson Daniel, PhD, said in a [public statement](#). "After much deliberation, the council decided that it was most important for the association to uphold the current policies that date back to 2009." APA's council adopted a series of resolutions – in 2009, 2013 and 2015 – that were aimed at ensuring that psychologists did not in any way assist in so-called "enhanced interrogation" techniques or contribute to the operation of detention settings where such techniques were used during the Bush administration's "global war on terror." The 2009 resolution (which was passed by a vote of APA members in 2008) stated that "psychologists may not work in settings where persons are held outside of, or in violation of, either International Law (e.g., the UN Convention Against Torture and the Geneva Conventions) or the US Constitution (where appropriate), unless they are working directly for the persons being detained or for an independent



APA Council Report for Division 33

A NEW APA: Now and for the future!

third party working to protect human rights.” That resolution allowed for military psychologists to provide treatment to military personnel in all settings and was incorporated in the subsequent policies.

Other actions included the following:

Council voted to support the formation of a task force to conduct a comprehensive, up-to-date, and systematic review of the violent video game literature and to recommend whether the 2015 Resolution on Violent Video Games should be amended. Surprisingly, this was a challenging agenda item that involved many Council members caucusing to be sure the taskforce did get formed.

Council voted to adopt as APA policy the *Principles for the Validation and Use of Personnel Selection Procedures* (5th ed.) and approved August 2028 as the expiration date for the document.

Council voted to approve the formation of a Task Force on Differences in Sex Development that will, as part of its mandate, review current literature and policies in this area and develop recommendations for education, training, practice, and further research. It was important to me to see this measure passed and we needed to engage in a range of legislative maneuvering to be sure the Task Force was formed.

Council voted to remove from APA’s website the page featuring the Independent Review (IR; also known as “The Hoffman Report”), noting that the association has fulfilled 17 of the items it committed to when the report was issued in 2015. Instead, the Timeline of APA Policies and Actions Related to Detainee Welfare and Interrogation in National Security Set-

tings, posted on the APA website, will retain a link to the IR report, along with links to the appendices. The substitute motion adopted by Council called for links to several relevant documents to be added. This was hotly debated, reminding us of the complicated situation we remain in related to the Hoffman Report.

Council voted to approve that, for a three-year trial period, the Board of Directors and Council Leadership Team will publish their members’ votes on each open session agenda item on the Association’s website with access for members only. Additionally, for a three-year trial period, Council will be asked to vote at the beginning of each meeting to agree to publish Council member votes on each open session agenda item. I voted in favor of full transparency and my intention is to always tell you how I vote or intend to vote. Guiding my decision making on any issue is consideration of how the item will influence science and practice in IDD Psychology.

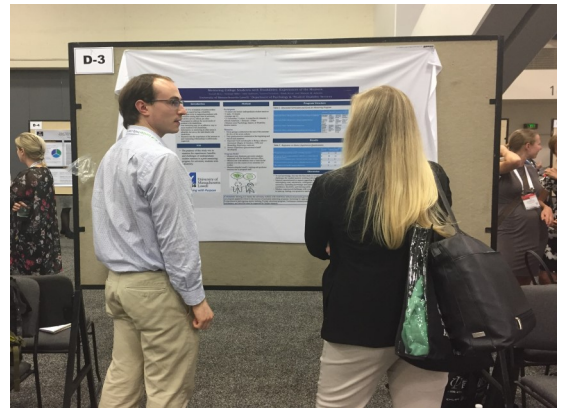
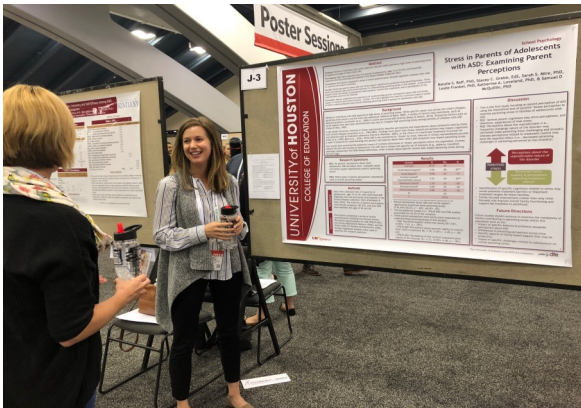
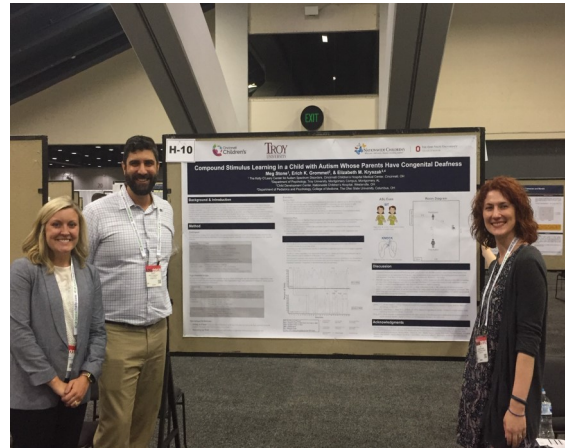
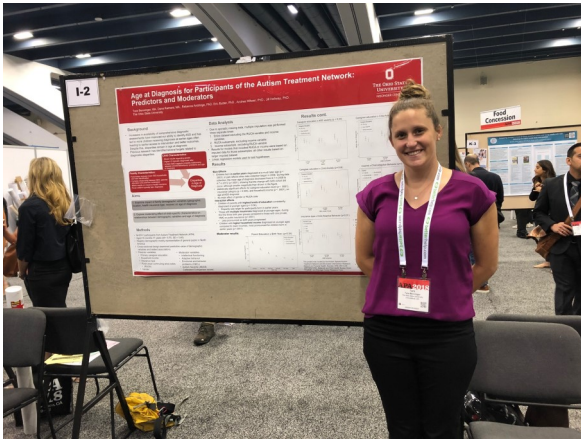
Finally, and particularly relevant to Division 33 practice, APA has been very successful in expanding reimbursement for psychological testing with the CPT code changes launching in 2019. We were facing a near 50% reduction in reimbursement before APA’s successful advocacy in rewriting the codes as proposed. As it stands, APA is modeling that we could see a 6% increase in reimbursement for psychological testing.

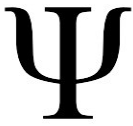
So, the two days of engaged conversation were focused on learning from the past and forging ahead to build a new APA, including working on co-creating APA’s new strategic plan, which is slated to come to Council for final approval in February 2019. I’m excited about the future of American Psychology!

**Division 33 Members
At the 2018 APA Convention
in San Francisco, CA**



AMERICAN PSYCHOLOGICAL ASSOCIATION

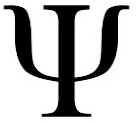




Division 33 Award Winners

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

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



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ID and the Criminal Justice System

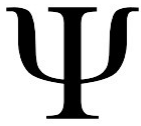
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APA DIVISION 33: IDD/ASD

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

Have an idea for a future newsletter? We want to hear from you.

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APA DIVISION 33 WINTER 2018 VOLUME 44, NUMBER 2

**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.