



PSYCHOLOGY IN INTELLECTUAL AND DEVELOPMENTAL DISABILITIES/ AUTISM SPECTRUM DISORDER

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FROM THE PRESIDENT'S DESK

Gael Orsmond, PhD; Boston University



As I reflect on my APA Division 33 memories of the past few years, I can pinpoint with great clarity the moment at the APA Convention in Hawaii in 2013 when Alice Carter, Division 33 President at the time, encouraged me to become more involved in Division 33 leadership. Little did I realize that I would become quite this involved! But, it is my please and honor, and I plan to make the most of the opportunity. Obviously, it is the membership who makes the division, and I would like to highlight some of the recent successes and accomplishments of the division, and then set the stage for further work.

Having served as chair for the Division 33 program at the 2017 APA Convention in Washington D.C., I have an exponentially greater appreciation for all the players that make it a success: the presenters, attendees, reviewers, and APA staff that help with all the important details. Our program this year featured

Division 33 contributions and sponsorship to 3 collaborative programs, 4 symposia, 3 paper sessions, 1 conversation hour, 1 skill building session, and 2 poster sessions. All of the sessions were well attended and most offered CE credits to attendees. Three awardees also presented invited talks. Dr. Leonard Abbeduto was awarded the 2017 Edgar A. Doll Award for his lifetime achievements in the area of IDD. Dr. Marc Tassé received the 2017 John W. Jacobson Award for his meritorious contributions to the field of IDD. We were fortunate that Dr. Michael Cataldo was able give an invited address to honor his 2016 receipt of the Edgar A. Doll Award. All three speakers provided wonderful insights, findings, and context for their contributions to the field. Our student research award winners were Margaret Mehling from The Ohio State University and Catherine Sanner from Loma Linda University. Both student awardees gave presentations as part of a symposium and received their awards at the division business meeting. Other highlights include the presidential address by Dr. Sharon Krinsky-McHale, and early career professional (ECP) programs including a lively mentoring hour and cross-divisional social hour with Divisions 16, 25, and 53, organized by ECP Chair Rachel Fenning. Thank you to all who attended this very successful program, and to the reviewers who played an important role: Emily Abel, Shana Cohen, V. Mark Durand, Rachel Fenning, Tony Gorec-

zny, Sigan Hartley, Sharon Krinsky-McHale, Micah Mazurek, Frances Martinez-Pedraza, Geovanna Rodriguez, Anne Wheeler, Elizabeth Will, and Ashley Woodman.

Division 33 continues to grow and thrive in other arenas. Division membership has continued to grow, fueled by the work of the membership committee chairs Katy Mehzer and Eric Butter, and the website magic of Jason Baker (see www.division33.org). I am also delighted to welcome other members to leadership roles in the division: Sigan Hartley as president-elect-designate, David Michalec as member-at-large, Joanna Mussey as ECP chair, Monica Gordillo as student representative, and Meg Stone and Ashleigh Hillier as the newsletter editors. Without the last two additions, you wouldn't be reading this column!

To end this column, I would like to start two conversations that I hope will continue throughout this year and in the years to come. Both center on the theme of diversity and inclusivity. The first topic is focused on the *diversity and inclusivity of ideas*. I believe that one way we foster a diversity of ideas is through interdisciplinary collaboration. As I entered my presidential term, I anticipated that a theme for the year would be the value of multidisciplinary, interdisciplinary, and transdisciplinary research, practice, and education. I still believe this is a valuable topic, and one that I am sure we will continue to discuss and



FROM THE PRESIDENT'S DESK (Cont'd)
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explore. But, what has become more apparent to me is the need for the division to embrace *diversity and inclusivity of people*. On a daily basis, our division members promote the social justice of a population of individuals with disability through clinical practice, research, and education of future researchers and clinicians. We strive to foster full inclusion and participation of individuals with IDD/ASD into our communities and society. This mission of inclusivity begs to be broadened

within our division. Part of considering how to understand and address disparities in access to and receipt of services within the population of individuals with IDD/ASD and their families requires that we reflect on ourselves. Is our division membership diverse and inclusive? Are we doing all that we can to foster acceptance? To address these important and timely issues, Division 33 is creating a Diversity and Inclusivity Committee. We are among the few divisions in APA that has not

had a committee to attend to such initiatives. It definitely seems like the right time. Therefore, in the year to come, and hopefully continuing long after that, I ask that you join this collective effort to move our division forward in this realm. Be responsive to our initiatives and feel free to contact the committee members with your ideas and suggestions. *I invite you to be an active and contributing member of Division 33 and hope that you will accept this invitation!*

Please join us at:



Hyatt Regency Mission Bay Spa and Marina, San Diego, California
Biological and Cultural Perspectives on the Family: Implications for IDD

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The National Center on Improving Literacy

The National Center on Improving Literacy (NCIL) is an important resource for professionals, parents, and children desiring information and resources related to literacy-related disabilities, including dyslexia-



National Center on Improving Literacy

The NCIL was established in 2016 and is a collaborative effort among faculty and staff at the University of Oregon, the Florida Center for Reading Research at Florida State University, and the RMC Research Corporation. The NCIL receives its funding from the US Department of Education. The NCIL maintains objectives grounded in basic and translational research, investigating and creating best practices in literacy development, as well as making them readily available to governmental agencies, educational institutions, teachers, parents, and other interested parties. The NCIL assists states and schools in effectively translating and implementing the evidence-based research on reading and literacy. The NCIL is poised to provide responsive technical assistance and professional development to ensure that policy and practice are anchored to the best available science for screening, identification, instruction, and intervention for students with literacy-related disabilities, including dyslexia.

A variety of professionals (e.g., teachers, pediatricians, social workers, child psychologists) may find the NCIL website (www.improvingliteracy.org) helpful when seeking evidence-based

professional development opportunities, or simply basic information on effective approaches in screening, identifying, and teaching students with literacy-related difficulties. Concerning the latter, the NCIL website includes a repository of resources (i.e., websites, downloads, videos) from reliable sources, as well as research summaries and infographics which summarize key approaches and information related to literacy-related difficulties.

In addition, the NCIL website has pages and resources specifically designed for parents and families, which may be useful to share when questions and concerns arise for clients.

The NCIL may aid families in accessing and carrying out impactful methods to support and advocate for their children’s literacy development in ways that reinforce the evidence-based literacy instruction, strategies, and accommodations provided in the school’s prevention and intervention system. The resources and infographics on the NCIL website can answer questions related to the signs and symptoms of dyslexia, school and home environments which promote literacy development, best practices in teaching, and so on. Moreover, the resource repository contains hundreds of videos, websites and activities from reliable sources which will inform parents, and engage students. The activities are evidence-based and support literacy development.

In addition to resources for parents and families, schools and districts, and state agencies, a

page specifically designed for students is being developed, with fun and engaging activities, games, and apps. There is also a comic book being developed. Please check back for these activities and resources

Together, the NCIL website is a useful resource and referral. On the website, there is a sign-up form to receive key updates via email.

In addition, you may follow the NCIL at:

@improvingliteracy



@NCILiteracy

If you would like more information on the NCIL, you may:

- Visit the NCIL home page and contact us through the message portal.
- Find the NCIL on Facebook or Twitter and submit a message.

Learning About Your Child's Reading Development

Learning to read is difficult and does not happen naturally. Explicit instruction in phonological awareness, phonics, fluency, vocabulary, and comprehension will help your child learn to read.

Children struggle to read for many reasons:

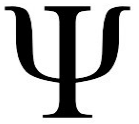
- **Trouble recognizing words** | Trouble understanding what is read | Limited English language ability
- **Trouble recognizing speech sounds** | **Mismatch between instruction and need** | **Learning to read is read** | **Learning to read is read**
- **Learning to read is read** | **Learning to read is read** | **Learning to read is read**

Signs include trouble with:

- **Quickly naming rhymes** | **Noticing and playing with individual sounds in spoken words** | **Remembering the last in a story**
- **Speak up** if you have concerns about your child's progress at school. Share if there is a family history of reading difficulties. Reading difficulties can be spotted early.
- **Quickly naming a rhyming word** | **Noticing and playing with individual sounds in spoken words** | **Remembering the last in a story**
- **Signs include trouble with:** **letters, numbers, or colors** | **Spelling** | **Spelling** | **Spelling**

For more information and resources on these topics, see improvingliteracy.org

The research reported here is funded by grants to the National Center on Improving Literacy from the Office of Elementary and Secondary Education, in partnership with the Office of Special Education Programs (award # OSEP1600001). The project is approved and funded by the U.S. Department of Education. ©2016 National Center on Improving Literacy. www.improvingliteracy.org



Cincinnati
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Training Program Highlight

Cincinnati Children's Hospital Medical Center Psychology Postdoctoral Fellowships: Autism and Developmental Disabilities Tracks

Rebekah Ridgeway, PsyD; Director of DDBP Psychology Training

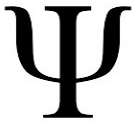
Cincinnati Children's Hospital Medical Center (CCHMC) is one of the largest children's hospitals in the country with a reputation for excellence and innovation in research, clinical care, teaching, and training. CCHMC has consistently ranked in the top three pediatric hospitals by the US News & World Report, ranks third among pediatric medical centers in National Institutes of Health (NIH) funding, and hosts one of the nation's largest fellowship training programs in pediatric/child psychology.

The Division of Developmental and Behavioral Pediatrics (DDBP) has a newly developed psychology postdoctoral fellowship position for the 2018-2019 training year which focuses on clinical training in a Demonstration Classroom within the Kelly O'Leary Center (TKOC) for Autism Spectrum Disorders and partnered with the Cincinnati Public School District (CPS). The Demonstration Classroom is a Cincinnati Public School classroom (including teachers, paraprofessionals, and students) that is housed within DDBP serving early elementary age children with autism spectrum disorder. The classroom provides training for teachers and paraprofessionals on how to effectively run and manage an autism specific classroom. The educational treatment of students with autism is a spe-

cially within the developmental disability population. There are few full-time classrooms, in hospital settings, which offer the opportunity to learn skill acquisition (academic and self-help), data collection procedures including how implementation of IEPs as well as individual and classroom behavior management procedures. The fellow will be actively involved in the development and implementation of IEP's, skill acquisition, individual and classroom behavior management, data collection procedures, and teacher and paraprofessional staff training. The psychology fellowship program offers fellows the opportunity to experience a broad range of experiential learning from a multi-disciplinary team (psychology, speech pathology, occupational therapy and education) who care for complex children diagnosed with autism spectrum disorder in an educational setting. The fellow will learn how to collaborate with speech language pathologists and occupational therapists to implement communication and self-regulation techniques. The fellow will learn not only how to teach students with autism spectrum disorder but more importantly how to train teachers to be effective with students who have autism spectrum disorder. Increased numbers of effective teachers greatly increases the capacity of our community to

serve individuals with autism. The goal is to develop entry-level professionals with a broad skill and knowledge base to educate children with autism spectrum disorder in effective classroom settings.

In addition to the Demonstration Classroom, the fellow will select an elective rotation within the short term behavior treatment program, Brief Intensive Behavior Intervention (BIBI) program, or the Early Intensive Behavior Intervention (EIBI) program. These elective opportunities further enhance the fellows experience and expertise in providing treatment to individuals with developmental disabilities and autism spectrum disorder. Interested fellows may also have the opportunity to participate in the Leadership Education in Neurodevelopmental and related Disabilities (LEND) program which allows further training and research within the field of developmental disabilities. DDBP and the Division of Child and Adolescent Psychiatry also have several other clinical and research psychology fellowships for which they are recruiting. 1-2 fellowship positions involve a primary focus on the diagnostic assessment of children and adolescents with suspected developmental disabilities, including autism spectrum disorder.



IDD/ASD Training Program Highlight

Cincinnati Children's Hospital Medical Center Psychology Postdoctoral Fellowships: Autism and Developmental Disabilities Tracks

In addition to selecting from one of the elective rotations stated above, the assessment fellows also have the opportunity to complete elective training in Parent-Child Interaction Therapy (PCIT).

Another of the open fellowship positions involves training in the inpatient developmental psychiatry acute stabilization program serving children and adolescents dually diagnosed with developmental disabilities and mental health disorders. This fellow also completes an elective rotation in the BIBT program which is an outpatient treatment clinic for children/adolescents with developmental disabilities and moderate-to-severe behavior problems who have not been successful in traditional outpatient behavioral treatment or require a higher level of care. In addition to the clinical positions, there is also a research fellowship position. As a psychology research fellow collaborating with the behavioral and developmental neuropsychiatry research team led by Craig Erickson, MD, the fellow will have widespread involvement in numerous research protocols examining pathophysiological mechanisms and treatment efficacy in individuals with neurodevelopmental disabilities (NDDs), including autism spectrum disorder and Fragile X Syndrome. The primary responsibility during fellowship will be the development, implementation, and analysis of cross-methodological experimental paradigms (e.g., neuropsychological, sensorimotor, neurological (e.g., EEG, fMRI, TMS) investigating sensory, motor, cognitive, and social aspects

of NDDs for the identification of intermediate phenotypes and development of outcome measures for treatment trials. Professional development is also strongly emphasized within these fellowship positions. Each fellow is assigned a professional development mentor at the beginning of the fellowship year and meets with them throughout the year to discuss topics such as licensure, job applications and interviews, etc. Fellows also participate in a variety of didactics and seminars within DDBP, the Division of Behavior Medicine and Clinical Psychology, and/or the Division of Child and Adolescent Psychiatry among others.

A Fellow's Perspective: Nick Hartley, PsyD



Participation within the psychology fellowship through the Division of Developmental and Behavioral Pediatrics offers the psychology fellow extensive training within the field of developmental disabilities and autism. My responsibilities have included providing diagnostic services to children and families, conducting PCIT interventions, and serving as a behavioral specialist within an au-

tism demonstration classroom. Diagnostically, the fellow works within a multidisciplinary team designed to provide families with evidence-based services. I work within multiple types of clinics and with children who range in terms of age, diversity, and presenting concerns. The fellow is given autonomy with each case, but also provided appropriate supervision. Within the PCIT rotation, the fellow initially shares a therapy caseload with a licensed PCIT treatment provider. This allows the fellow to receive valuable clinical experiences, while simultaneously given time to learn the idiosyncratic tenets of conducting PCIT. After time, the fellow is able to independently facilitate his or her own caseload, with the goal of achieving PCIT certification by the end of the training year. Responsibilities within the autism demonstration classroom have included providing direct consultation services to classroom staff members, implementing personal behavioral support plans, tracking behavioral data, creating visual supports, and monitoring progress. Receiving my postdoctoral fellowship training through CCHMC has been an enriching experience. I am learning skills that I will carry with me well into my career as a psychologist.

For more information about the CCHMC DDBP psychology fellowship programs, please contact Dr. Rebekah Ridgeway at

Rebekah.ridgeway@cchmc.org.

APA Division 33 Student Interview

“The Tenure Test”

Early Career Professionals (ECPs) Weigh in on their Experience with the Tenure Process

Interviews conducted by: Barbara Caplan, PhD; UCLA & Monica Gordillo, PhD; Boston University



Jason Baker, PhD. (JB). Jason is an associate professor in the Department of Child and Adolescent Studies at California State University, Fullerton, and co-founder of the Cal State Fuller Center for Autism. His interests focus on biological and

family contributions to the development of children with developmental risk and/or disability.



Abbey Eisenhower, PhD. (AE). Abbey is an associate professor in the Department of Psychology at the University of Massachusetts, Boston. Her research interests include early school experiences, family factors and relationships of children with

developmental disabilities and other developmental or behavioral risk factors.



Cameron Neece, PhD. (CN). Camie is an associate professor in the Department of Psychology at Loma Linda University. Her longstanding interests involve the behavioral and mental health in individuals with developmental disabilities and their families.

Her current research examines the efficacy of mindfulness-based interventions for parents of children with developmental disabilities.

Hello ECPs! Congratulations on making it through the elusive tenure process. Below you will find your “exam” regarding your experiences in obtaining tenure. Your answers will be used to help graduate students, faculty and other ECPs gain new perspectives on the tenure process.

Question 1. When did you first start thinking about tenure?

- A. High School
- B. Graduate School

C. Post-Doc

D. Within 1-2 Years of Obtaining a Faculty Position

E. 3-5 Years after Obtaining a Faculty Position

JB: Answer: A. *Is elementary school an option? I have several professors in my family and I always thought that their jobs were pretty cool. It was also nice to know that my dad wasn't really worried about losing his job.*

AE: Answer: B. *I don't think I understood the tenure process very well until graduate school. I have very mixed feelings about the utility and value of the tenure process (and its unique impact on job security, among other things). I wish that students were aware, even prior to deciding whether to enter the field of academia, about this unique (and challenging, and potentially problematic) aspect of one's job trajectory if they choose this career path.*

CN: Answer: D. *I did not have a post-doc but came straight from graduate school into an academic position. In grad school we did not talk much about promotion and tenure because most people sought a post-doc after so I really did not start to plan for tenure until I got into my academic position. In hindsight I wish I had thought about it earlier.*

Question 2. Since obtaining tenure, my work-related anxiety levels have_____.

- A. significantly increased
- B. significantly decreased
- C. decreased, but only at a trend level ($p < .10$)
- D. stayed about the same (Failed to reject the null)

JB: Answer: A. *The tenure requirements of my primarily teaching university were pretty reasonable as long as you are a good teacher and you work hard, so I was never really worried. The major anxiety at my university comes from trying to carve out enough time to conduct good research in the context of a very high teaching load. This, unfortunately, becomes even more challenging post tenure.*



APA Division 33 Student Interview (Cont'd)

Interviews conducted by: Barbara Caplan and Monica Gordillo

AE: Answer: B. *Since receiving tenure, I have felt a major burden lifted. I have always had the privilege of being able to pursue the kind of research I love and find important, but pre-tenure I was doing so with an extra shadow of judgment and doubt cast over all of my work decisions (from the most minute – e.g. “do I stay up later and work more tonight?” – to the more significant – e.g., “do I submit another grant?”). Now I feel fortunate to be able to continue doing the work I am passionate about without this stress hanging over me, and with greater freedom to be able to pursue new directions of research, service pursuits, and teaching.*

CN: Answer: D. *My work-ethic is more driven by a true internal desire to conduct research that improves the lives of families of children with developmental disabilities and their families rather than an external pressure/expectation, so that has not changed much since receiving tenure.*

Question 3. I believe the following qualities or qualifications were most impactful in obtaining tenure at my university (select the best 1 to 3 responses):

- A. Number of publications
- B. Quality and impact of publications and research
- C. Teaching record
- D. Presentation skills
- E. Professional attitude and demeanor towards colleagues
- F. Granting writing ability/funding
- G. Administrative responsibilities
- H. Letters of recommendation from others in the field
- I. Other: _____

JB: Answers: C, A, and G, in that order. *My department is very clear about the requirements, which involve being an excellent teacher, having a certain number of research achievements, and providing university/community service. We actually don't require outside letters. Being nice to people (E) never seems to hurt.*

AE: Answers: A, B and C. *Now that I am tenured, I serve on the college-level committee that reviews tenure applications once they have completed review by*

their individual departments. It is fascinating to learn about how research is done across different disciplines, and to observe how success is measured in these distinct fields. While I see that the sheer number of publications does matter, it is heartening to see that the quality of the research, the impact of the work, as well as the creativity, innovation, and autonomy the individual has been able to show through their work, are most important.

CN: Answers: A, B and F. *Research productivity is the primary factor influencing tenure decisions at my institution.*

Question 4. How did you come to the decision of pursuing a tenure-track position? What does being tenured mean to you?

JB: *I enjoyed that my family could eat and that we had shelter, and I wanted to keep that going, so the increased job security was definitely desirable. I also knew that I wanted some mixture of research, teaching, and clinical service, and these types of positions tended to allow for this better than some others. In terms of what tenure means to me, I never really paid much attention to it as a motivator. I was more interested in just doing good work and I still am, so not much has actually changed.*

AE: *While I certainly made a decision to pursue an academic and research career, I don't feel that I made a “decision” to pursue a position that would require me to go through the tenure process, per se. Having gone through it, I do greatly value the sense of job security I have now, and the confidence that tenure brings, which has in turn allowed me to take greater ownership and initiative in making my university a better place, and in contributing to research, pedagogy, and service work in ways that I determine to be most impactful. At the same time, it was a very difficult process, one that created a fair amount of stress during my six years pre-tenure. After all, a field in which tenure is the ultimate weeding-out point does have the risk of privileging certain types of achievements over others, as well as the risk of perpetuating inequities, putting disproportionate pressure on faculty during the most junior point of their career, and even*

APA Division 33 Student Interview (Cont'd)

Interviews conducted by: Barbara Caplan and Monica Gordillo

discouraging academic risk-taking or creativity. I think universities need to work hard to counter these possibilities and to ensure that tenure is carried out in a way that allows them to welcome and retain a group of faculty who fulfill higher education values such as inclusion, diversity of thought, and innovation.

CN: *I knew I wanted a research-focused academic position since I applied to grad school so it feels very nice to know I will be able to have my job for a long time.*

Question 5. Was there anything that surprised you about the evaluation process for tenure? Anything you wish you knew then that you know now?

JB: *My department is very clear and supportive, so there were actually no real surprises. It was odd to me that obtaining federal grants wasn't really recognized in the existing standards, but we're working to change that as the research environment at our university grows. I was pleasantly surprised to find that collaboration with other researchers (including your spouse) was actually encouraged. I understand this is not often the case, but it has been very beneficial to my work.*

AE: *I was pleased and surprised by how supportive and helpful my colleagues were throughout the tenure process. From the moment I started my position, I felt and heard that my colleagues were there to help me succeed (including succeeding in the tenure process). Broadly, I formed research collaborations that open new opportunities, and specifically, I was able to get advice and input on the process of preparing one's tenure portfolio and even drafting one's tenure statement.*

A second very nice surprise during the tenure review year itself was getting to connect with more senior colleagues who were generous enough to serve as external reviewers of my tenure portfolio. These individuals are asked to review one's tenure application and provide an outside assessment of one's readiness to be tenured. Although the process is kept confidential from the applicant, it turned out to be wonderful encouragement to hear from individuals after the fact who let me know that they had generously acted as external reviewers. Many of these reviewers turned out to be from Division 33. This experience reminds me of what a generous

and collaborative group of colleagues we have within Division 33.

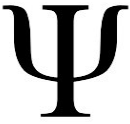
CN: *I was surprised when I did my first internal review at year 3 how much data I needed to track (e.g. number of students in my classes, eval data, committees and positions, thesis/dissertation committees). It was hard to go back and aggregate all that data over 3 years. I would strongly recommend people keep track of the data they need for their promotion/tenure application from the very beginning.*

Question 6. What was the best piece of advice you received about navigating the tenure process?

JB: *The basic good advice would relate to being clear on your requirements, having a plan, and documenting everything. I would say that the best approach at a university like mine would be to first consider what you want to accomplish in your career, and then take a look at your standards and make sure that you also do anything you hadn't planned on. If you're in the right place, there should be enough alignment, and this way your plans can be less clouded or limited by what others think you should or can achieve. I didn't get this advice from anyone directly, but I've been fortunate to have worked with several mentors who are clearly motivated by the good work that they do, and who see external evaluation as a less important yardstick.*

AE: *I heard repeatedly that I should just not worry about it, and I should just keep doing the work I was doing. I did not really listen to this advice at the time, but I think the first six years of my position would have been more enjoyable if I had been able to cultivate a more Zen attitude, a more "what-will-be-will-be" approach to the tenure process. I am thankful that the amazing students I worked with repeatedly reminded me why I love teaching and mentoring, and that my colleagues and research collaborations were so rewarding that I never felt as though I had to do something "just to get tenure."*

CN: *would say to use the pre-tenure reviews as a chance to get very valuable feedback. Try to submit your best application, even in the practice rounds, and be very open and non-defensive in receiving feedback.*



2017 American Psychological Association Student Research Award Winners

Margaret Mehling, PhD; Nationwide Children's Hospital
and
Catherine Sanner, MA; Loma Linda University

Impact of Treatment Modality on the Brain-Basis of Facial Emotion Recognition in Autism by Margaret Mehling, PhD



Facial Emotion Recognition is a critical social-cognitive task mediated neurologically by the “social brain” which includes the amygdala and fusiform gyrus, two neurological regions characterized by atypical activation in individuals with autism spectrum disorder (ASD; Wang et al., 2004). For individuals with ASD, a neurodevelopmental disorder characterized by deficits in social communication, facial emotion recognition is a labored, often faulty process (Carter et al., 2005). This fundamental deficit in a seemingly isolated skill ultimately contributes to significant observable deficits in friendship skills (Pertrina et al., 2014), perspective-taking (Kana et al., 2014), and overall social communication skills (Volden & Philips, 2010).

Research has demonstrated that participation in social skills groups can improve social functioning in children with ASD (Elliott et al., 2008). SkillStreaming is a highly structured, curriculum-based social skills intervention during which specific social skills, such as making a friend or having a conversation, are explicitly taught via didactic instruction, modeling, and rehearsal. The Hunter Heartbeat Method (Hunter, 2014), a drama-based social skills intervention, unlike SkillStreaming, does not teach “skills”, rather, children learn drama-

games that implicitly target core deficits associated with ASD (e.g., eye contact, facial emotion recognition, integration of speech and gesture). Despite evidence of treatment response for both interventions, clear differences between these two types of social skills intervention exist. Little is known about the impact of those differences in treatment modality (didactic versus experiential) and skills taught (higher-level versus foundational) on skill acquisition and generalization. It is possible that these key differences impact the neurological substrate of this learning, which may have downstream consequences for skill acquisition and generalization. This study aims to address these important questions by investigating not just behavioral measures of social functioning (including direct measures of pragmatic language and parent-completed rating scales, and behavioral measurement of facial emotion recognition), but also brain-based measurement of change in functional activation of the amygdala and fusiform gyrus in response to treatment.

Methods. Forty children ages 8-14 with ASD were recruited to participate in a 12-week social skills group. Participants were randomly assigned (using a stratified randomization procedure) to receive the Hunter Heartbeat Method (drama-based) or SkillStreaming (traditional) social skills intervention once weekly. Participants completed functional magnetic resonance imaging (fMRI) scans before and after treatment. During fMRI scans, participants completed a facial emotion recognition (FER) assessment to determine differential treatment impact on the amygdala and fusiform gyrus, key brain regions used in FER in typical development.

2017 American Psychological Association Student Research Award Winners (Cont'd)

of facial emotion recognition as well as the Test of Pragmatic Language, Second Edition and parent-completed rating scales (Vineland-3 SRS-II, CBCL, PSI-IV) pre- and post-intervention. fMRI data was analyzed using FSL and behavioral data was analyzed using ANCOVA in SPSS.

Results. Results of our study indicate that participants receiving the Hunter Heartbeat Method experienced increased activity in the amygdala and fusiform gyrus from pre- to post-intervention, indicative of increased signaling in these critical regions mediating FER in typical development. Participants in the Skill-Streaming group, however, evidenced increased activation in the lingual gyrus and other cortical regions associated with verbally-mediated problem-solving. ANCOVA analyses indicated no significant between-group differences in improvement in behavioral measures of Facial emotion recognition. Finally, within-group analyses indicated that participants in the Hunter Heartbeat Method made significant improvement in measures of social cognition, friendship skills, pragmatic language and social and communication skills, and participation was associated in significant reduction in parental stress whereas participants in the SkillStreaming group made significant improvement in daily living skills, aggressive behavior and social motivation.

Conclusions. Drama-based social skills intervention was associated with increased signaling in the amygdala and fusiform gyrus, brain regions subserving facial emotion recognition in typical development whereas participation in SkillStreaming was associated with improvements in regions associated with verbally mediated problem solving, which may represent use of compensatory mechanism rather than automatized processing. Although both groups made significant improvement in behavioral measurement of facial emotion

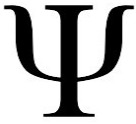
recognition, participation in the Hunter Heartbeat Method was associated with significant improvement in a broad array of indices of social communication skills. This study offers preliminary evidence that treatment modality impacts the neurological substrate of learning which in turn effects behavioral expression of social communication skills and further, offers support for the effectiveness of the Hunter Heartbeat Method in its ability to impact core deficits associated with ASD.

**manuscripts detailing these results are in preparation; please email Margaret.mehling@nationwidechildrens.org with questions.*

Parent stress, psychological flexibility, and parenting practices in parents of children with DD by Catherine M. Sanner, M.A., Cameron L. Neece, Ph.D, & Rachel Fenning, Ph.D.



Parents of children with developmental disabilities (DD) typically report higher levels of parental stress than parents of typically developing children (Baker, McIntyre, Blacher, Crnic, Edelbrock, & Low, 2003). High levels of stress are associated with more inconsistent and harsh parenting behaviors (Karrass, Van Deventer, & Braungart-Riker, 2003). Research has also shown a relationship between increased parenting stress and lower psycho-



2017 American Psychological Association Student Research Award Winners (Cont'd)

logical flexibility in the literature (Connor & White, 2014; Lloyd & Hastings, 2008). It is possible that a parent's psychological flexibility, and parenting behaviors of parents of children with DD and (2) investigate psychological flexibility as a moderator in the relationship between parenting stress and parenting behaviors.

Methods. The current study utilized data from Mindfulness Awareness for Parenting Stress (MAPS) study, which includes children between the ages of 2.5 and 5 with DD ($N = 92$; parent mean age = 36.5; Hispanic/Latino = 50.9%; Income, % < 50K = 56.4.) Parenting stress was measured using the Parenting Stress Index- Short Form (PSI-SF; Abidin, 1995), and psychological flexibility with relation to parenting a child with developmental disabilities was measured using the Acceptance and Action Questionnaire- Intellectual Disability (AAQ-ID; MacDonald et al., 2010). Higher scores indicated higher levels of psychological flexibility. Parenting behavior was measured using the Parenting Practices Interview (PPI; Webster-Stratton, 1998). Subscales for the PPI included harsh discipline, inconsistent discipline, appropriate discipline, positive parenting, monitoring, and clear expectations. All subscales on the PPI were coded on a scale between 1 and 7 with higher values indicating higher levels of each construct (e. g., more inconsistency in discipline, higher frequency of harsh parenting, more clear expectations).

Results. Parenting stress and psychological flexibility were significantly correlated with each other ($r = -.441$, $p < .01$). Psychological flexibility was significantly correlated with several parenting behaviors including Harsh Discipline ($r = -.284$, $p < .01$), Inconsistent Discipline ($r = -.421$, $p < .01$), and Clear Expectations ($r = .313$, $p < .01$). Multiple linear regression analyses were run to determine if these

parenting behaviors were predicted by parenting stress, psychological flexibility, and the interaction between the two variables. Psychological flexibility significantly predicted Harsh Discipline ($b = -.031$, $p < .001$, $sr^2 = .10$), Inconsistent Discipline ($b = -.044$, $p < .001$, $sr^2 = .13$), and Clear Expectations ($b = .071$, $p < .001$, $sr^2 = .13$). However, parenting stress did not uniquely predict any of the parenting behaviors ($ps > .05$). Additionally, Psychological flexibility did not significantly moderate the relationship between parenting stress and any of the parenting behaviors (Harsh Discipline, Inconsistent Discipline, or Clear Expectations; $ps > .05$).

Discussion. Results of the current study highlight the importance of psychological flexibility on parenting behaviors. While psychological flexibility was not a protective factor in the relationship between stress and parenting behaviors in the current study, this factor did directly predict fewer negative parenting behaviors (harsh and inconsistent parenting), as well as increased clear expectations. It is likely that there are additional parent, child or family factors that impact how stress affects parenting behavior. Further understanding the effects of stress and psychological acceptance on parenting practices could help to inform the design of future parenting interventions.

Congratulations to our 2017 award winners!



Early Career Psychologist Column

Training Students at the Intersection of Divisions 33 and 40: What Should Training Priorities Be?

Nancy Raitano Lee, PhD; Drexel University



As an assistant professor in an APA-approved clinical psychology program, I spend a lot of time thinking about the training needs of my students. I run a laboratory focused on the neuropsychology of intellectual and developmental disabilities (I/DD). Thus, my research and clinical interests fall at the intersection of Divisions 33 and 40 (clinical neuropsychology). Like others in these divisions, I care deeply about the welfare of children and adults with I/DD. Thus, I am invested in ensuring that the next generation of psychologists are equipped with the skills necessary to advance research and clinical care for this important group and their families.

However, I am not so naïve to think that I could write a column like this without input from colleagues. Rather, as a junior faculty member who has been involved with student training for 38 months (and counting), I thought it best to seek the advice of my mentors and more established colleagues. Thus, I sent 26 emails to colleagues whose research and/or clinical work aligns with Division 33 and/or 40 and asked the following: *What do you consider to be the most important skills for the next generation of Division 33 (or 40)*

psychologists? Stated another way, what do you believe should be the key training goals for doctoral students and postdocs whose studies focus on I/DD (or neuropsychology)?

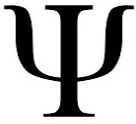
I was pleased to receive 18 responses (a response rate, from my non-random sample, of close to 70%!). I then solicited the assistance of my talented first year doctoral student, **Catherine Stephan**, to complete a thematic analysis of the responses. In what I follows, I summarize a few of the themes that emerged and some practical advice that was provided for trainees.

Theme 1: Diversify training in preparation for interdisciplinary research and clinical care

Rather than narrowly focus training on one aspect of psychology (or psychology alone, for that matter), many respondents noted the importance of receiving a broad foundation in psychological principles and a working knowledge of related disciplines most relevant to I/DD. For example, **Bruce Pennington**, Emeritus Professor of Psychology at the University of Denver and my doctoral mentor, states that he believes that it is most important to prepare students for “interdisciplinary research and

clinical work because that is where these fields are headed.” Thus, he argues that future psychologists “need strong training in developmental and adult cognitive neuroscience and some training in genetics, in addition to required training in clinical neuropsychology and developmental disabilities.” Consistent with this perspective, **Gael Orsmond**, Division 33 President and Director of the PhD in Rehabilitation Sciences Program at Boston University, states that she believes “that the ability to collaborate with researchers from other disciplines is very important. At a basic level, trainees need to (1) have basic knowledge of the values and perspectives of researchers trained in other fields, and (2) be able to communicate the value of their research and the importance of their own perspectives to those in other fields.”

The importance of collaboration was also noted by **Frances Conners**, Professor and Chair of Psychology at the University of Alabama, who stated that “the ability to reach out to others who have complementary expertise, and work effectively with them” is one of the most important skills for the next generation of psychologists with interests in I/



Early Career Psychologist Column

Training Students at the Intersection of Divisions 33 and 40: What Should Training Priorities Be? (Cont'd)

DD. Similarly, **Leonard Abbeduto**, Director of the UC Davis Mind Institute states “I think the graduate students and postdocs of today must strive for interdisciplinarity much earlier in their careers than was true for my generation. It is impossible to study behavioral aspects of intellectual disabilities without having some knowledge of developmental psychopathology to understand comorbidities, genetics to understand etiological factors, and neuroscience to understand the brain bases of behavior.”

Echoing these sentiments, **Douglas Chute**, Professor of Psychology at Drexel University states “Division 40, Neuropsychology, is now one of the largest divisions of APA and it embraces many interactions with colleagues in ... sub-specialties within psychology. Neuropsychologists of the future need to be suitably prepared for at least some of these enriching interactions. Multi-subdisciplinary interactions will be the collaborative cornerstones of success in academia, research and clinical practice.”

Moreover, some of our respondents argued that interdisciplinary experience is important not only for moving research forward, but also for augmenting employability. For example, **Mary Spiers**, an Emeritus Professor of Psychology at Drexel states that interdisciplinary training “has opened the

way for many more career opportunities as neuropsychologists' contributions can be seen in cross-disciplinary settings. It's important that these efforts continue in training settings to prepare graduates for more specialized careers if they so desire.”

In reviewing the 18 responses to this query, 10 made mention of the importance of students embracing interdisciplinary approaches and receiving a diversity of training experiences within psychology. With regard to the latter, training areas within psychology, *developmental psychology*, and in particular, the importance of fostering a lifespan perspective on I/DD, was mentioned most. This is reviewed next.

Theme 2. Foster skills to understand I/DD across the lifespan

As the late, esteemed developmental neuroscientist, Annette Karmiloff-Smith, so clearly stated in the title of a foreword to a special issue of the *American Journal on Intellectual and Developmental Disabilities* in 2012, “Development is not about studying children...” Karmiloff-Smith was a champion for the importance of understanding how developmental disorders unfold over time using longitudinal methods. While much of Karmiloff-Smith's work involved the longitudinal study of infants and children, her commitment to lifespan research was clear

through her leadership in the London Down Syndrome Consortium, a research consortium committed to understanding the link between Down syndrome and Alzheimer's disease through lifespan studies.

Given that life expectancies are increasing for those with I/DD (Bittles et al., 2002), the importance of taking a lifespan approach is certainly on the minds of those who care for individuals with I/DD. Indeed, five respondents, all practicing psychologists, cited the importance of lifespan considerations for the care of those with I/DD. For example, **Jennifer Gallo**, faculty member in the Department of Neurology at Drexel University argues that “trainees should focus their attention on true lifespan questions and issues in their scientific and clinical training, and commit to moving this subset of our field forward by developing skills in assessment, diagnosis, and prognosis relevant to the unique needs of this population.” Similarly, **Reem Tarazi**, faculty member in the Department of Psychiatry at Drexel, states “as many pediatric patients now live into adulthood, those entering the field of “adult” neuropsychology should be receiving exposure to and training in how pediatric conditions present across the lifespan and should be ready to serve these patients as they transition into adulthood. Our ability to serve patients better in the transition

Early Career Psychologist Column

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process from childhood to adulthood is essential.”

I wholeheartedly concur with these sentiments. I also suspect that one of the reasons lifespan approaches to I/DD was on the minds of our respondents is that our current health care system and training models are not well-aligned with a lifespan approach to service provision. For example, I received my PhD from the University of Denver’s Clinical Child Psychology program and completed my predoctoral internship at the *Children’s Hospital of Colorado*. Thus, my training provided me with a strong foundation in research methods and clinical care for those under the age of 18. I feel less equipped to address the needs of adults with I/DD. Moreover, I am at a loss for where to encourage my students with lifespan interests in Down syndrome to get clinical training experiences with adults with I/DD in the greater Philadelphia area. This is clearly a complex issue involving multiple systems in which those with I/DD, their families, and care providers are embedded. This leads us into the next theme from our respondents – that is, taking a systems approach to understanding the needs of those with I/DD.

Theme 3. Take a systems approach to research and clinical care for those with I/DD

Just as Urie Bronfenbrenner’s seminal writings from the 1970s

(Bronfenbrenner, 1979) posited that a child should not be considered in a vacuum but rather as an individual embedded within a family, community, and larger culture, several of the respondents cited the importance of understanding individuals with I/DD within the context of their families and broader society. For example, *Anna Esbensen*, faculty member in the Division of Developmental and Behavioral Pediatrics at Cincinnati Children’s Hospital, notes that in addition to gaining skills to evaluate and treat individuals with I/DD themselves, it will be important for trainees to develop “therapeutic skills for supporting families of children with special needs (i.e., knowledge of risk factors for parental well-being; multiple family stressors...).”

Susan Hepburn, professor of Human Development and Family Studies at Colorado State University states “I also believe it is important for students to consider the context surrounding persons with disabilities, so coursework and/or experiential learning opportunities that illuminate different family perspectives, educator experiences and private provider perspectives are all important.” She also states “Cultural sensitivity is critical, as understanding how intellectual disabilities are conceptualized in different cultures provides an important starting point for any kind of clinical or research interaction.” Similarly, *Terry Katz*, faculty member in

Developmental Pediatrics at the University of Colorado School of Medicine, stated that she believes it is important for students to develop “an understanding of systems of care and how professionals can work on the local, state, and federal level to impact change for individuals with developmental disabilities.” She also mentioned “the importance of understanding and incorporating self-advocates’ input into research, policy, and clinical programs.” Central to efforts to integrate the desires of those with I/DD into clinical care and legislative policy is the need to recognize the inherent strengths possessed by those with I/DD, the topic of our next section.

Theme 4. Recognize and harness the strengths of those with I/DD in research and clinical care

I think that *Frances Connors* put it best when she stated that she believes that the next generation of psychologists should have “a deep commitment to understanding the challenges and blessings of IDD/ASD.” As a developmental neuropsychologist trained within a classic medical model, I find that in my research papers and clinical reports, that I write a good deal about “impairments” and “weaknesses,” as these terms are key to securing services for those with I/DD. However, in my experiences interacting with those with I/DD and their families, I am acutely aware of the

Early Career Psychologist Column

Training Students at the Intersection of Divisions 33 and 40: What Should Training Priorities Be? (Cont'd)

strengths of these individuals and the great joy I receive through my interactions with them. Indeed, I can say for certain that my life is much richer because of the prominent role those with I/DD play in it.

Consistent with my experience, others emphasize the strengths of those with I/DD and encourage the next generation of psychologists to focus research on these strengths. For example, **Sigan Hartley**, an associate professor of Human Development and Family Studies at the University of Wisconsin, states that it will be important for trainees to understand and promote “resiliency and strength in addition to risk and challenge within the field of IDD.” Similarly, **Madison Berl**, a faculty member in the Departments of Psychiatry and Behavioral Sciences at George Washington University states that psychologists should recognize that while many with I/DD may fall “within the bottom 1-2 % of functioning” according to psychometric testing “there is great variability within” this group. Moreover, those with I/DD “have other strengths to draw on” that impact daily life. She states “the next generation [of psychologists] I hope will hone our ability to refine our evaluation and treatment tools to get at these more precisely.”

Having discussed four central themes that capture many re-

spondents’ beliefs about important training goals for the next generation of psychologists serving those with I/DD, I end this column with specific advice shared by our respondents.

Practical Advice for Trainees to Maximize Success in the Academy and Clinic

In the research arena, **Leonard Abbeduto**, **Frances Connors**, and **Sharon Krinsky-McHale** noted the great importance of trainees learning how to write fundable grant applications. For example, Sharon Krinsky-McHale, a faculty member at the Institute for Basic Research in Developmental Disabilities, noted that when she was a trainee, graduate programs provided little direct training in key tasks that are crucial for success in academia. She stated “there are no courses on how to obtain grant funding [or] how to critique a paper for a journal review. This is all learned ‘on the job’.” She noted that these activities represent a large part of our academic lives and she believes that there should be some direct training in graduate programs in these areas.

Tying research and clinical training together, **Diana Robins**, Professor at the AJ Drexel Autism Institute, noted the importance of helping students to understand the “2-way street” between research and clinical skills. She stated that she likes “helping students see how research informs

clinical practice, and also how training/involvement in clinical work helps generate research questions.” Within the clinical arena, several respondents highlighted the importance of trainees being adaptable when working with those with I/DD. For example, **Lauren Kenworthy**, Director of the Center for Autism Spectrum Disorders at Children’s National Medical Center, notes that many trainees lack “hands on experience assessing children with poor behavior regulation, limited language, and/or other physical and mental limitations that prevent them from participating in a standardized assessment. Students need to see an experienced clinician flexibly problem solve in response to a child with fewer abilities than expected to respond to standardized materials. That could include getting under the testing table in order to engage the child [or] switching to a different assessment tool in the middle of an evaluation... etc.”

Two faculty members at Kennedy Krieger institute, **Lisa Jacobsen** and **T. Andrew Zabel**, highlighted other practical clinical skills that are crucial for trainees. For example, Lisa Jacobsen noted that trainees gaining “knowledge of school processes and special education procedures is also critical.” She explained that trainees should be asking “what are ‘do-able’ recs that are fair to ask? What can we reasonably expect from schools in terms

Early Career Psychologist Column

Training Students at the Intersection of Divisions 33 and 40: What Should Training Priorities Be? (Cont'd)

of interventions within a regular classroom setting?” T. Andrew Zabel noted that trainees should develop their skills in integrating “knowledge of diversity issues in assessment, research, treatment, and consultation...” Lastly, he noted that it is important that trainees maintain “effective and productive relationships with patients, families, caregivers, colleagues, team members, and communities across the complex interprofessional settings involved in practice.”

I’d like to close by focusing on this last practical suggestion and underscore the importance of relationship building to training and professional development. Clearly, I could not have written this column without the assistance of my generous colleagues. I also couldn’t have gotten to where I am professionally without the mentors who have trained

me and who continue to advise me (now many years after I have received my PhD), the families who entrusted their child’s clinical care to me (particularly when I was a trainee), or those families who took a risk and participated in my research studies (which, by the way, have included doing un-sedated neuroimaging with small children with I/DD; this clearly required families to take a leap of faith when they agreed to participate!). Thus, I believe that relationship building is crucial for the next generation of psychologists who will focus their research and clinical care on serving the needs of individuals with I/DD and their families across the lifespan. So, with this, I’d like to end by thanking my colleagues for contributing to this piece and express my appreciation for our continued enriching professional relationships.

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51st Annual Gatlinburg Conference, April 11-13, 2018

PLENARY SPEAKERS



Damien Fair, PA-C, PhD



Glenn Flores, MD, FAAP



Marsha R. Mailick, PhD



Susan M. Rivera, PhD



APA Council Report for Division 33



Division 33 Council Representative Eric Butter, PhD; Nationwide Children's Hospital

The last meeting of the APA Council of Representatives occurred at the 2017 Annual Convention in Washington D.C. There were many issues discussed, important issues acted upon, and ongoing discussion related to the health of the organization and the impact psychology can have in people's lives. Interesting topics were opened during this meeting including reviewing what the role of Master's level training should have in psychology (see below).

Tony Puente set the tone for the meeting with opening comments that spoke to the organization's proud history and bright future. If you are history buff, you may enjoy checking out the 125th APA Anniversary Timeline at <http://www.apa.org/about/apa/archives/timeline.aspx>. Current topics that were addressed in Dr. Puente's address are as follows:

Dr. Puente discussed legislation that APA continues to work on and toward, including the Medicare Mental Health Access Act sponsored by Senators Sherrod Brown and Susan Collins which would improve access to psychological care for rural and underserved populations by removing prohibitions against independent

practice of psychologists (for more information see <http://www.apapracticecentral.org/advocacy/state/leadership/mental-health-act.aspx>). Essentially this legislation authorizes psychologists to practice independently in all Medicare covered settings. This legislation seems to be still sitting in Committee.

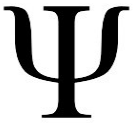
There is some Russia news to report! The APA has entered into a Memorandum of Understanding with the Russian Psychological Society that provides for collaboration between the organizations. On the day of the signing ceremony in May 2017 in Moscow, which made the Russian nightly news, then-FBI Director was fired. Strange coincidences do happen. Incidentally, APA is pursuing a similar collaboration with Middle East Psychological Association.

Related other international outreach by APA, Tony talked about recent trips to Colombia and the APA Board of Directors trip to Cuba. Did you know that there are more than 100,000 psychologists in Colombia? Psychology is thriving in Latin American. APA was front and center, persistent and deliberate in fighting the misguided attempts are re-

forming the Affordable Care ACT and the attempts at health care reform in 2017. Though the healthcare debate continues, APA stood up for more than for 24 million people, for people with preexisting conditions, and for people mental health and substance abuse disorders. Check out this link for the joint letter with the American Psychiatric Association directed to Speaker Ryan and Majority Leader McConnell. <http://www.apa.org/news/press/releases/2017/06/reject-ahca.aspx>

Tony showed some celebratory photos from APA's participation in the March for Science in April 2017. Tony highlighted updates to the revision of Psychological Testing and Neuropsychological Testing Codes. The APA regularly works with the American Medical Association CPT Editorial Panel to update Current Procedural Terminology (CPT) codes. Check out this link for more information <http://www.apapracticecentral.org/update/2017/04-06/up-to-code.aspx>.

The APA High School Psychology Teaching Summit occurred in July 2017 with a focus on the future or teaching psychology in



APA Council Report for Division 33 (Continued)

secondary education settings. Read the story here <https://www.psychologytoday.com/blog/head-the-class/201707/the-2017-apa-summit-high-school-education>

Membership in APA is dipping beginning in 2010 but had continuously been rising since 1892. The good news is that we are now increasing slightly. The even better news is that Division 33 membership has been increasing at a faster rate than APA overall.

This council meeting also introduced APA’s new CEO **ARTHUR EVANS**. Dr. Evans’ comments focused on introducing himself to the organization. In addition to being a psychologist, he’s a Baptist Deacon. His father was in Airforce and his Mother was a teacher. He grew up in Melbourne, Florida on the “Space Coast.” He has children and grandchildren. His academic training started in music at a community college and he transferred to Florida Atlantic University to major in psychology. His program was highly experimental in nature and he explains that he “did science first and then policy for last 20 years.” Most recently he’s held positions in Connecticut and Philadelphia. He shared his first impressions of the organization, which focused on strong commitment from Member leaders and staff and the observation

that APA is an extremely well-respected national organization. He and APA Treasurer Jean Carter shared that APA finances remain strong but discipline, agility, and focused investment remain important priorities. He is planning on doing a “listening tour”. APA also announced Ian King as our new membership director.

APA met in both regular and executive session. Below are the actions taken during regular session by Council. Executive session discussions are confidential due the nature of what is discussed, however I can assure you that APA continues to work in the best interests of members, the public, and our Division.

Amendments to APA Bylaws Council voted to approve forwarding to the Membership amendments to Article XIX (Dues and Subscriptions) of the Bylaws which remove the \$2 discount for membership in one division. If the amendment is approved by the Membership, the funds will be redirected for use by the Office of Membership Recruitment and Engagement to allow them to be more creative on incentivizing members to join divisions and to experiment and try different methods to see what provides the best results for members joining Divisions. The ballot was sent to the Membership for a vote on November 1,

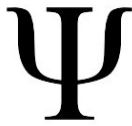
2017.

Council also voted to approve forwarding to the Membership amendments to Article XIX (Dues-Exempt Category) of the Bylaws to remove the details associated with the criteria for the dues-exempt category from the APA Bylaws and instead to give Council the authority to determine eligibility requirements for the dues-exempt category. The ballot was to the Membership for a vote on November 1, 2017.

Guidelines and Resolutions Council adopted as APA policy the following guidelines: *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality; Guidelines for Education and Training in Consulting Psychology/ Organizational Consulting Psychology, and the Guidelines for Education and Training in Industrial/Organizational Psychology*

Council adopted as APA policy the following resolutions: *Resolution Affirming Support for Research and Teaching with Nonhuman Animals, Resolution on Palliative Care and End of Life Issues and the Resolution on Assisted Dying.*

Council Diversity Work Group Report: Council received as information a comprehensive report and presentation from the Council Diversity Work Group



APA Council Report for Division 33 (Continued)

recommending policy and procedure shifts, participation and representation, and diversity training and cultural shifts within Council and APA, as a whole, to make greater strides in promoting the greater inclusion of diversity issues and the promotion of psychological health for racial and ethnic minority communities within the business of the Council. The report will require greater review and analysis by the Board and CLT (Council Leadership Team), as implementation measures are considered.

Additional Action Taken by Council: Council voted to request that 1) each APA board or committee Chair (or assigned designee) serve as the Civility Ambassador for the respective board or committee listserv, 2) the Council Leadership Team assigns a member of the CLT to

serve as the Civility Ambassador for the Council listserv, and 3) the APA President assigns a member of the Board to serve as the Civility Ambassador for the Board listserv. Civility Ambassadors are responsible for sending an annual statement to their assigned listserv regarding civility expectations and for providing corrective feedback to individual members when necessary.

Council voted to request that drafts of minutes and concise summaries of the Board of Directors and Council of Representatives meetings that have been approved by the Recording Secretary be posted on APA's website as soon as feasible following the meeting. Council also encouraged boards and committees to post drafts of minutes and concise summaries of meetings that have been approved by the chair

of the respective board and committee on APA's website as soon as feasible following the meeting.

Council voted to receive the *Report of the Working Group on Stress and Health Disparities*.

Council participated in small and large group discussions related to **master's level training** and practice in psychology. At the conclusion of the discussion, there was agreement among Council members that current issues and developments have risen to the level that APA should take a position on master's level training and/or practice and that staff and governance should identify and explore options for APA to pursue.

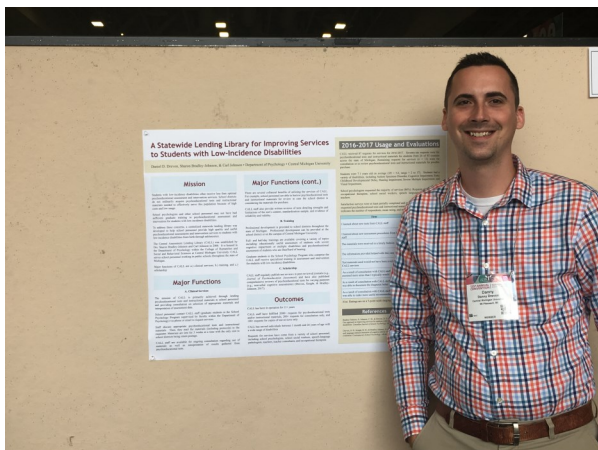
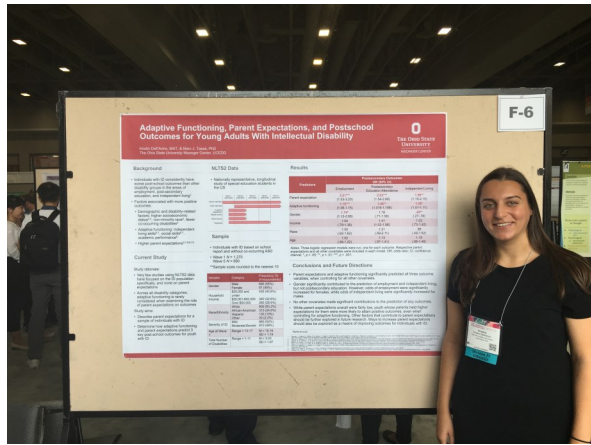
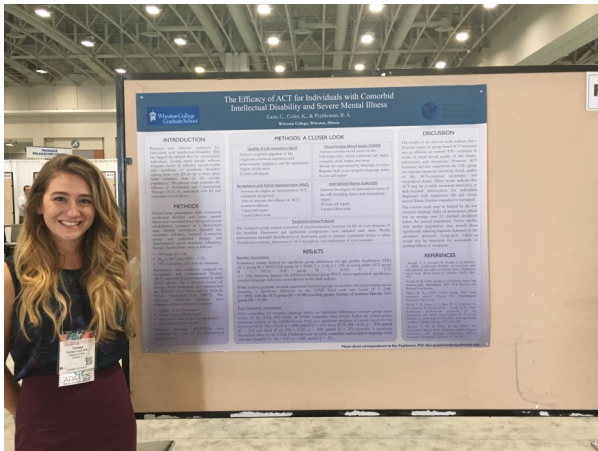
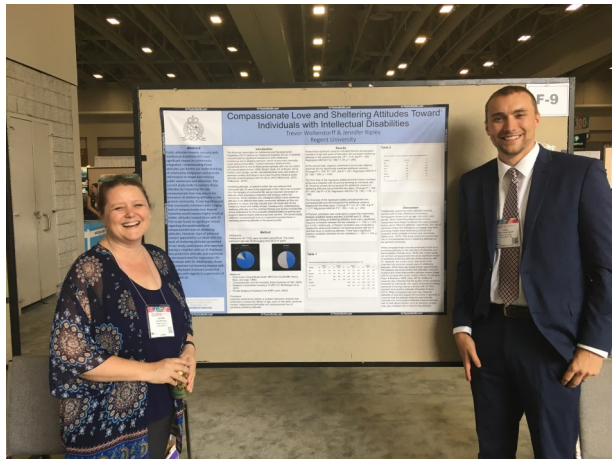
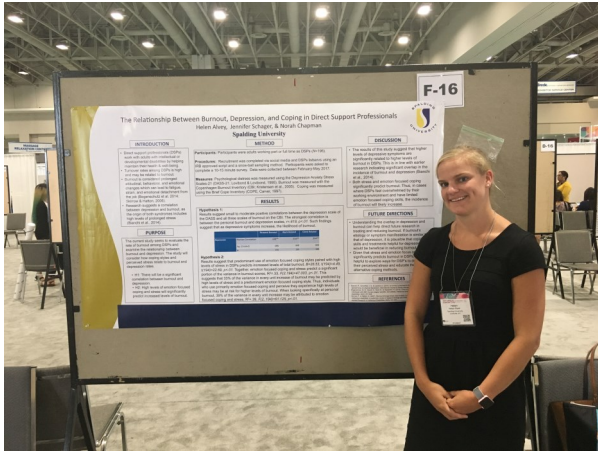
It was a productive and stimulating meeting on the whole.

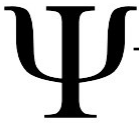
**Want more information about Division 33?
Visit us online at www.division33.org**

*A very special thanks to **Jason Baker** for designing and maintaining the website!!*

Division 33 at the 2017 APA Convention in Washington DC

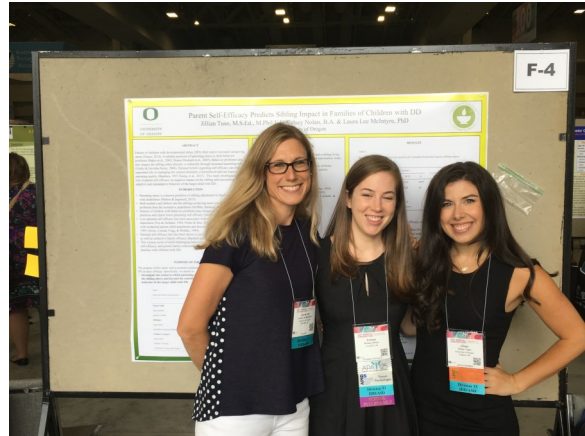
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APA DIVISION 33: IDD/ASD



Check out the Division 33 Facebook Page!

<https://www.facebook.com/APADiv33>

The page has updates, information from APA, job and training opportunities, and more up-to-date news about the Division.

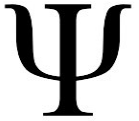
Check it out!



APA DIVISION 33 WINTER 2017 VOLUME 43, NUMBER 2

PSYCHOLOGY IN INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND AUTISM SPECTRUM DISORDER Editorial Policy

Psychology in Intellectual and Developmental Disabilities/Autism Spectrum Disorders 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.

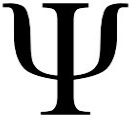


Division 33 List of Award Winners

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	No award		
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

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.





AMERICAN PSYCHOLOGICAL ASSOCIATION - DIVISION 33

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Gael Orsmond

Boston University
635 Commonwealth Ave, SAR-507
Boston, MA 02215
gorsmond@bu.edu

President-Elect (Program Chair)

V. Mark Durand

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

President-Elect Designate

Sigan L Hartley

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

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

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Loma Linda University
cneece@llu.edu

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

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David Michalec

Nationwide Children's Hospital
David.michalec@nationwidechildrens.org

Grace Gengoux

Stanford University
gracegengoux@yahoo.com

Newsletter Editors

Meg Stone

Cincinnati Children's Hospital
Megan.stone@cchmc.org

Ashleigh Hillier

University of Massachusetts Lowell
Ashleigh_Hillier@uml.edu

Division 33 Committees

Awards Committee

Jan Blacher, Chair

University of California, Riverside
Jan.blacher@ucr.edu

Constitution and Bylaws

Greg Olley, Chair

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

Fellows

Penny Hauser-Cram, Chair

Boston College
hausercr@bc.edu

Membership

Eric Butter, Chair

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

Katy Mezher, Associate Chair

Miami University
krohnkr@miamioh.edu

Early Career Representative

Rachel Fenning

California State University, Fullerton
rfenning@Exchange.fullerton.edu

Nominations and Elections

Laura Lee McIntyre

University of Oregon
llmcintyre@uoregon.edu

Student Representatives

Barbara Caplan

University of California, Los Angeles
Barbara.caplan@ucla.edu

Monica Gordillo

Boston University
gordillo@bu.edu

ID and the Criminal Justice System

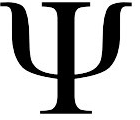
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The Ohio State University
Marc.tasse@osumc.edu

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Elizabeth Laugeson

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



AMERICAN PSYCHOLOGICAL ASSOCIATION -Division 33
Psychology in Intellectual and Developmental
Disabilities/Autism Spectrum Disorder
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Name: _____

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APA Membership Status:

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Current Fees:

\$30.00 = APA Associates, Members, & Fellows
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Affiliation: _____

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Thank you for reading the Division 33 Newsletter! If you have questions, comments, or ideas for future newsletters, please contact the Division 33 Newsletter Editors:

Ashleigh Hillier, PhD —Ashleigh_Hillier@uml.edu

Meg Stone, PsyD —Megan.Stone@cchmc.org