



PSYCHOLOGY IN INTELLECTUAL AND DEVELOPMENTAL DISABILITIES/ AUTISM SPECTRUM DISORDER

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Summer 2018

FROM THE PRESIDENT'S DESK

Gael Orsmond, PhD; Boston University



"Through others we become ourselves"
Lev S. Vygotsky

As an APA division devoted to promoting the lifelong development of individuals with IDD/ASD, this quote by Vygotsky reinforces the importance of context to individuals with IDD/ASD as well as to our activities as professionals working with the population – the clinical, educational, and research work our members engage in to promote the well-being of individuals with IDD/ASD; our collaboration and communication with each other as division members; and the vibrancy of our division activities as guided by our division's Executive Council.

Over the past year, as President of APA Division 33, I have truly come to appreciate the team that guides the division. The adage "it takes a village" feels outdated; but, the context of our leadership is current and most definitely supportive of the growth and development of our division. We have a strong core of committed psychologists who are pas-

sionate about the division and about service to the profession. All the behind-the-scenes work and the growth of the division could not be possible without:

- Recent past-presidents Sharon Krinsky-McHale, Anna Esbensen, and Laura Lee McIntyre
- Presidents-in-line Mark Durand and Sigan Hartley
- Secretary and treasurer Camie Neece
- APA council representative Eric Butter
- Members-at-large Grace Gengoux and David Michalec
- Early career professional committee chair Joanna Mussey
- Student representatives Barbara Caplan and Monica Gordillo
- Membership chairs Eric Butter and Katy Mezher
- And perhaps most important in this particular context as you are reading this column – Newsletter editors Meg Stone and Ashleigh Hillier.

There are many others who have also contributed as leaders of ad hoc committees and as appointed representatives. Thank you to all!

Continuing on the themes of development and context, I would like to summarize some of the work and accomplishments of the division over the past 6 months. First, we successfully developed a new ad-hoc committee in Diversity and Inclusivity, chaired by David

Jaquess. Please be on the lookout for information and materials from them as we assess diversity and inclusivity within our division as well as in society as it relates to individuals with IDD/ASD. We have also implemented an interactive Division Listserv, which has facilitated the sharing of information among division members. Members can now post to the listserv directly. The Executive Council also held its mid-year meeting at the Gatlinburg Conference on Research and Theory in Intellectual and Developmental Disabilities, which took place in April in San Diego (a lovely context for a wonderful conference). Here we confirmed that the financial well-being of our division is stable; heard that we received a relatively large and strong pool of submissions for the 2018 APA Division 33 Convention program; and that division membership continues to grow. We are doing well.

Looking forward to the future growth and development of the division, we have a noteworthy program planned for the APA 2018 Convention in San Francisco. Mark Durand worked tirelessly to craft a program that is rich in content, with just enough fun. Here are some highlights:

Symposia:

- Arts-based interventions for youth with autism (Menzer)
- Women and girls on the autism spectrum (Taylor)
- Biomarkers in clinical contexts for children with ASD (Fenning)



FROM THE PRESIDENT'S DESK (Cont'd)

Gael Orsmond, PhD; Boston University

- Linking the medical and family systems for children with ASD (Azad)
- Clinical assessment and outcome measures in rare neurodevelopmental disorders (Wheeler)
- Evidence-based strategies for improving socialization in autism (Ashbaugh)
- Integrated inpatient care for pediatric patients with neurodevelopmental disorders (Mehling)

Paper session:

- Parent perceptions in families of children with intellectual/developmental disabilities

Skill-building session:

- Best practices in competency evaluation with intellectually/developmentally delayed individuals (Dempsey)

Two poster sessions:

- Current research on IDD
- Current research on ASD

Awardees:

- Dr. Catherine Lord will be awarded the Edgar A. Doll Award. This career award honors an individual for his or her substantial contributions to the understanding of intellectual or developmental disabilities throughout their career. Dr. Lord will receive the award and deliver her address Thursday Aug. 9th from 12:00-12:50 PM.
- Dr. Cameron Neece will be awarded the Sara S. Sparrow Early Career Award. Dr. Neece's receipt of the award and address will follow Dr. Lord's, beginning at 1:00 on Thursday Aug. 9th.

Social and professional development events:

- Early career professional mentoring hour – Friday Aug. 10th 2:00-2:50 PM
- Cross-divisional early career professional social hour – Friday Aug. 10th 3:00-3:50
- Division 33 social hour – 5:00-7:00 PM on Friday Aug. 10th.

Please take a moment to look at the

more detailed program included in this newsletter. We hope to see you there!

Finally, the future development of the division will be guided (with contextual support) by some new members to the leadership of the division. In August, I will pass the gavel to Dr. V. Mark Durand so that he can effectively assume his role as President. Dr. Karrie Shogren will be the newest president-in-line, assuming the role of president-elect-designate. Anne Wheeler will also be joining the division leadership as member-at-large. Finally, Camie Neece will continue as secretary-treasurer and Eric Butter will continue as APA council division representative. I am inevitably optimistic about the continued growth of the division and look forward to connections and conversations in San Francisco in August!

**Please join us in San Francisco, CA
August 9-12, 2018**

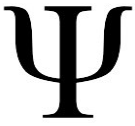




Division 33 APA Convention

Aug 9-12, 2018 Programming At-A-Glance

	Thursday, 8/9	Friday, 8/10	Saturday, 8/11	Sunday, 8 /12
8:00-8:50	Skill-Building Session: Best Practices in Competency Evaluation With I/DD Individuals Moscone Center Room 312		Paper Session: Parent Perceptions in Familiars of Children with I/DD Moscone Center Room 2018	Symposium: Linking the Medical and Family Systems for Children with ASD Moscone Center Room 207
9:00-9:50		Symposium: Biomarkers in Clinical Contexts for Children with ASD Moscone Center Room 207	Symposium: Women and Girls on the Autism Spectrum Moscone Center Room 2005	Symposium: Clinical Assessment and Outcome Measure Considerations in Rare Neurodevelopmental Disorders Moscone Center Room 307
10:00-10:50	Symposium: Arts-Based Interventions for Youth with Autism Moscone Center Room 2003	Symposium: Evidence-Based Strategies for Improving Socialization for Children and Adults with Autism Moscone Center Room 215		
11:00-11:50		Poster Session: Current Research on Autism Spectrum Disorder Moscone Center Halls A B C	Symposium: Advancement in Integrated Inpatient Care for Pediatric Patients with Neurodevelopmental Disorders Moscone Center Room 3020	
12:00-12:50	Edgar A. Doll Award Moscone Center Room 2007			
1:00-1:50	Sara S. Sparrow Award Moscone Center Room 2011			
2:00-2:50		Div 33 ECP: Mix & mingle small group mentoring Golden Gate Room 8, Hilton Union Square Hotel		
3:00-3:50	Poster Session: Current Research on I/DD Moscone Center Halls A B C	Early Career Professionals Cross-Divisional Social Hour Golden Gate Room 8,		
4:00-4:50		Business Meeting, Presidential Address, and Student Research Award Ballrooms 1 and 2, Hilton Union Square Hotel		
5:00-5:50	Executive Committee Meeting (CLOSED)	Div 33 Social Hour Ballrooms 1 and 2, Hilton Union Square Hotel		
6:00-6:50	Marriot Marquis Hotel Sierra Room H			



**AMERICAN PSYCHOLOGICAL ASSOCIATION
CONVENTION
August 9-12, 2018**

KEYNOTE SPEAKER:

BRYAN STEVENSON, JD



Founder and Executive Director of the Equal Justice Initiative

Opening Session: Thursday, 5:00-6:00 PM, Moscone Center Hall E



**APA Convention Events
for Early Career
Psychologists:**

Mix & mingle small group mentoring: Friday, August 10 2-2:50pm

Details: Come join us as senior scholars from the field provide informal small-group mentoring around a range of topics. Mentors represent a range of career paths, such as clinically-oriented, research, academia, combined roles, and work in a range of settings.

Location: Golden Gate Room 8, Hilton San Francisco Union Square Hotel

ECP cross-divisional social hour: Friday, August 10 3-3:50pm

Details: We aim to facilitate networking opportunities and potential future cross-divisional collaborations with early career members in related divisions. Hosted in conjunction with: Div 16 (School Psychology), Div 25 (Applied Behavior Analysis), Div 53 (Clinical Child and Adolescent Psychology)

Location: Golden Gate Room 8, Hilton San Francisco Union Square Hotel

IDD/ASD Training Program Highlight

Duke Center for Autism and Brain Development –
Psychology Predoctoral Internship and
Postdoctoral Fellowship



Geraldine Dawson, PhD & Nicole Heilbron, PhD



The Duke Center for Autism and Brain Development (DCABD) opened in 2013 with a mission to provide exceptional, compassionate care to families so that each individual with autism will realize his or her fullest potential and to expand our impact through education, innovative research, and public policy. The DCABD is part of the Duke University School of Medicine Department of Psychiatry and Behavioral Sciences.

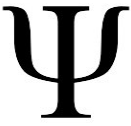
Our clinical program serves a wide range of individuals and families, from infancy through young adulthood. Referrals to the DCABD generally come from primary care providers and medical specialists at Duke and in the community, local schools, and community agencies.

Clinical training experiences are offered across a number of professional disciplines and include psychiatry and pediatric residents, child psychiatry

fellows, undergraduate medical students, psychology predoctoral externs and interns, postdoctoral fellows, and social work students. Clinical trainees have opportunities to blend experiences from both research and clinical areas. Although our primary focus in assessment is evaluating for autism spectrum disorder (ASD) and other developmental concerns, training experiences also include the consideration and evaluation of comorbid disorders, such as Global Developmental Delay or Intellectual Disability (ID), Attention-Deficit/Hyperactivity Disorder (ADHD), and anxiety and mood disorders. DCABD clinicians and trainees conduct diagnostic evaluations, behavioral/cognitive-behavioral therapy, and outreach. Training in parent-coaching early intervention is also provided. Our interdisciplinary clinical team includes licensed psychologists, medical providers

(e.g., psychiatrists, pediatricians, nurses), and social workers. Our team works closely with a wide range of subspecialty providers, including neurology, gastroenterology, and medical genetics, as well as with Duke primary care providers.

Clinical trainees are part of a diagnostic evaluation team. Roles are based on a developmental model - as team members learn new assessment measures, their responsibilities increase within the team. By the midpoint of the training year, the intern leads the team under supervision from the postdoctoral fellow and supervising psychologist. This 'umbrella supervision' structure allows for the intern and fellow to assume increasing peer supervision responsibilities, preparing them for their roles as licensed psychologists. In addition to test administration, scoring, and interpretation, clinical trainees



IDD/ASD Training Program Highlight

Duke Center for Autism and Brain Development –
Psychology Predoctoral Internship and Postdoctoral Fellowship

also develop their skills in conducting a thorough developmental interview, thinking critically about the diagnostic criteria of ASD, differential diagnosis, and consultation with schools and other medical providers (e.g., working with Duke Primary Care clinic to develop visual schedules for standard office visits). Weekly interdisciplinary case conference meetings provide the opportunity to present and seek feedback on challenging cases and topics in a group format.

Practicum students, interns, and fellows provide therapeutic services to individuals with ASD, including interventions focused on parent coaching, emotion regulation, social skills, parent-child interactions, and cognitive flexibility. As trainees are generally involved in both assessment and intervention experiences, the therapy caseload ranges from about 2-6 patients per week, with case assignments geared toward individual training goals.

Additionally, interns spend time in other clinics, including

the Duke ADHD Clinic and Psychosocial Treatment Clinic. Interns participate in weekly didactics with fellow interns from other tracks, with a focus on using current literature to stay up-to-date on evaluation and therapy techniques. Interns also participate in a unique family therapy training rotation with psychiatry residents and other interns (Family Studies Clinic). Pairs of interns and residents conduct the therapy while the rest of the team and the supervisor observe behind the one-way mirror, allowing for live supervision and in vivo feedback for the trainee therapists. These experiences allow for breadth outside of the realm of ASD and ID, which shapes trainees into being well-rounded mental health clinicians.

Postdoctoral fellows, in addition to taking on a more advanced leadership role in the training clinic, are likely to see more complex treatment cases. They may also spend time working on research projects, and gain additional experience in peer supervision. Previous psychology interns and postdoctoral fellows have

gone on to hold faculty and other positions at Rush University Medical Center, University of Minnesota, Virginia Institute of Autism, Children's Hospital of the King's Daughters, Cone Health Medical Group, and the University of North Carolina at Chapel Hill, to name a few.

With regard to research opportunities at DCABD, we are committed to comprehensive, cutting-edge research. Current studies include clinical trials evaluating the efficacy of cord blood in improving outcomes for children with ASD, and of medication in improving social functioning for individuals with ASD. Additionally, Duke was recently awarded funding as an NIH Autism Center of Excellence (ACE), and aims to improve screening, diagnosis, assessment, and treatment of children with ASD and/or ADHD.

Trainee Perspectives:

“One of the most valuable things about my experience at Duke was the high quality training in conceptualization and treatment of conditions that commonly occur with



IDD/ASD Training Program Highlight

Duke Center for Autism and Brain Development –
Psychology Predoctoral Internship and Postdoctoral Fellowship

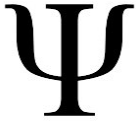
ASD including anxiety, depression, ADHD, and OCD, as well as parent training and family therapy. However, the best aspects of this internship are the high caliber of supervision and the overall supportiveness of the program.” – Caroline Leonczyk, PhD, 2016-2017 predoctoral psychology intern

“My experiences at Duke have prepared me to help families with wide-ranging presenting problems, and coordinate care across other medical providers in the Duke system. My favorite part of this program has been the excellent supervision we receive, as well as specialized training in providing supervision to effectively train the next generation of autism service providers.” – Casey Burrows, MS, 2017-2018 predoctoral psychology intern

“I made the decision to complete my postdoctoral training at the DCABD due to the diverse experiences offered to trainees. I have gained a deeper understanding of ASD through providing diagnostic assessments and treatment and participating in cutting-edge research, which has allowed me to become a well-rounded clinician.” – Latasha Woods, PhD, 2017-2018 postdoctoral psychology fellow

For more information about the DCABD predoctoral internship, please visit <https://psychiatry.duke.edu/clinicalpsychologyinternship>. For more information on the postdoctoral psychology fellowship, please visit <https://autismcenter.duke.edu/content/postdoctoral-fellowships>.





APA Division 33 Student Interview

*“Optimizing the Mentor-Mentee Relationship:
Perspectives Across Career Stages”*

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

Article Respondents



Neilson Chan, M.A.
Graduate Student
Loma Linda University

Geovanna Rodriguez, PhD
Postdoctoral Research Fellow
Waisman Center, University of
Wisconsin, Madison



Kristen Long, PhD.
Assistant Professor
Boston University

Bruce L. Baker, PhD.
Distinguished Research Professor
UCLA



How important is it for you to have a strong mentor-mentee relationship?

NC: Very important. As a graduate student, there were times when I felt overwhelmed by all the demands placed on me; there were times when I questioned whether graduate school was right for me; there were times when I felt like I needed direction. It was at these times when my mentor provided the support and encouragement I needed and served as my biggest advocate.

GR: For me, having a strong mentor-mentee relationship has been a deciding factor in every position I have had since I started graduate school. Of course having a mentor whose research interests or experiences mirrored my own was important, but these relationships determined whether the experiences were positive or negative. These relationships, each in their own unique way, contributed to how I grew as a student and developed as a researcher, a colleague, and a pro-

fessional. As a family researcher, I like to draw similar comparisons to parenting because much like the parent-child relationship, the mentor-mentee relationship can be ridden with challenges and angst, but also filled with many noteworthy milestones that can be immensely rewarding. In this relationship, you are inadvertently seeking the approval and praise of your mentor, but often struggle to feel secure in the amount of attention, validation, and autonomy you get as a trainee (especially in the presence of “academic siblings” aka your cohort or lab). If there is one thing I know for certain in this relationship, is that our mentors have this remarkable role as our “academic parents.” They set the tone for our academic careers and unfortunately it can make or break us. While we each come into graduate school with our own set of skills and experiences, this relationship fosters certain competencies that will aid you in your future career and shape your experiences and expectations for academia (or practice), so choose wisely.

KL: A strong mentor-mentee relationship is one of the most important professional relationships, with benefits to both people. Mentoring junior scientists is one of my favorite aspects of my job.

BLB: It's essential. It isn't measured in number of meetings or publications, but in mutual respect and enjoyment in working together.

What are some things you have done to strengthen your mentee-mentor relationships (past or present)?

NC: It has been especially beneficial for me to meet in person regularly (e.g., once a week) with my mentor. This allows regular accountability on both ends of the relationship that really stretches both me and my mentor to grow and reach our respective goals. Further, I have found it helpful to clearly communicate with my mentors at the outset what we expect from one another in order to make the relationship most fruitful.

GR: Increasing the amount of face-to-face time really helped improve the overall quality of my relationships.

APA Division 33 Student Interview

I was not always the best at this in graduate school and I often defaulted to the time I had during lab meetings, spur of the moment run-ins, or quarterly progress evaluations. It was not until my predoc internship that I realized how invaluable that face-to-face time was for feedback, skill development, monitoring progress, and even self-care. That time also helped me see how my mentors modeled work-life balance (which I believe they did successfully because I am still excited about academia!). Now I make it a point to request weekly meetings where I have face-to-face time and it is important that this time is **protected time**. Weekly check-ins help build trust and accountability and improve communication.

KL: One of the most central aspects of a mentoring relationship is clear communication. I continuously try to listen to my mentees and to create an environment in which they feel that we are working collaboratively. This tone is set from our earliest interactions and reinforced through regular check-ins. In response, I try to remain flexible so that I can individualize my approach according to each mentee's goals and working styles. I try to encourage my mentees to work to their potential and tend to set high standards for them, while simultaneously teaching them to recognize their own strengths and areas for improvement. Finally, I try to be honest with mentees about their work, even if this means having some hard conversations. This helps to build trust in our relationship. At the end of the day, I think that my job as a mentor is to help each student become more independent and closer to reaching his or her unique goals.

BLB: Get to know the student applicant and be selective in choosing an advisee. Also, when a student has been admitted to work with me, and is making a decision, I send a list of all my present and recent advisees, along with contact information and their areas of interest. I encourage the applicant to call some/all of them to ask about our lab atmosphere and working with me. Other advice: have a team of students across years in graduate school and hold regular lab meetings; foster students' collaboration with one another. It helps to have grants!

Any recommendations for first-time mentors (mentees) who are currently seeking their mentor (mentee)?

NC: As I mentioned earlier, I truly believe that clear

and respectful communication of your needs and expectations can open many doors. Along those lines, I would encourage first-time mentees to keep realistic expectations regarding what the mentor can provide. It is likely that no one person will be the absolute perfect fit to mentor you through all the aspects of graduate school (research, course work, clinical work, extracurricular activities, and so on). In spite of that, I would encourage you to make the most of out of what each relationship provides. Be respectful, humble, and ready to learn.

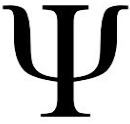
GR: I would say feel out the vibe you get with potential mentees. Often we tend to focus on the credentials or what we see on paper and we lose sight of those soft-skills that are just as important. If you have a lab or other graduate students, have them meet and interview with potential mentees as well. Interactions can be very telling, so I would recommend meeting with them in person if at all possible and asking questions that will help you gain a sense of fit, work ethic, and interpersonal skills. That being said, I would definitely pay attention to their letters of recommendation and follow-up with any previous mentors or supervisors that can speak to their potential for research and overall competencies because that feedback may shed some light to your future relationship with that student.

KL: My advice is to remain open to mentoring people who have different interests or professional backgrounds from you. The exchange of ideas with folks who think differently about a scientific, clinical, or social situation can have synergistic effects on your work together! Also, it is important to know the limits of your own potential contribution to a mentorship relationship and to seek out colleagues who might complement your own skills, expertise, or mentorship style.

BLB: Ok, this really taxes what's left of my long-term memory. Your first mentee is likely to be about the same age as you, so don't worry about your "status" and don't be afraid to be a friend too. And always -- regardless of your years of experiences -- encourage and support your students in working with other faculty too.

What are the incentives to be a good mentor/mentee?

NC: I think it is true when people say, "you only get as



APA Division 33 Student Interview

much out of the relationship as you put into it." With my mentors, when I show them that the relationship really matters to me (e.g., being punctual and prepared for meetings, meeting deadlines, clear communication), my mentors have always responded positively, very evidently doing everything in their power to help me reach my goals and more. My mentors have been pivotal in expanding my network with others in the field, opening doors for opportunities that I did not know were possible before graduate school.

GR: Aside from general likeability, I would say productivity and long-standing relationships. When you are a good mentor, your students are an extension of that relationship and their success is your success. Good mentors have productive and happy students. If you are a good mentor, you are more likely to have students that are more engaged with your research, enjoy the work they are doing and putting out there, and feel invested in the outcomes of your projects. There is a sense of reciprocity that is established in the mentor-mentee relationship, you get what you give and just know...the apple doesn't fall far from the research tree.

KL: First and foremost, it is rewarding to play a part in helping promising junior colleagues work to identify and achieve their professional goals (and sometimes personal goals, as well). This is especially true for mentorship relationships that last for several years, over which tremendous growth can be observed. Second, I learn a great deal from my mentees. Their interests tend to spark my own curiosity, and they bring fresh ideas and creativity to our work together. Finally, mentees energize a lab. They contribute substantially to the scientific progress of our whole group and often play a part in mentoring students or other junior colleagues.

BLB: The three primary incentives are that you enjoy the relationship, learn from your students, and become more productive through collaboration. It's very rewarding to see your students develop -- though it's humbling when they develop statistical skills that far surpass their advisor's!

When you no longer see your mentor/mentee regularly: Any advice on keeping in touch? Is keeping in touch important?

NC: Email is such an asset! I have several mentors from undergrad with whom I continue to keep in touch via email. These are individuals who have invested significant time and energy into my professional and personal development. I like to send an email about once a year or so to update them on where I am in life, and how their contributions have helped me get to where I am today. Further, just because we no longer see each other regularly, it does not mean that our relationship ceases to exist; I still reach out to these mentors for advice and guidance when I need it. By keeping in touch via email, it helps my mentors know that I continue to value our relationship, and they also regularly continue to reach out to me and present opportunities that may enhance my professional development.

GR: Absolutely! First of all, if you are staying in research/academia, you can bet your life that you will always need a letter of recommendation or support. Whether it's for an application, a position, or a grant, these letters come in clutch. I am also thankful for the networks I have been able to create and foster through relationships with my mentors. It really is a small world in the field of IDD/ASD and your mentors are such a valuable resource, especially when it comes to networking! Unfortunately, we must all leave the nest and part ways, so staying in touch can be hard. I make a point to send emails once in a while. It is important to preserve these relationships because you never know when your paths will cross again or whether there are new opportunities for ongoing collaboration. I still email or call my mentors for advice constantly, especially when it is related to career moves or opportunities. I strongly encourage you to stay in touch and take advantage of conferences or times you are back in town to connect.

KL: Well, all of (them) are still here!

BLB: I think of my "mentees" (a word I've never used) as friends and colleagues, and enjoy keeping in touch with them -- though I don't do it as much as I'd like to. When advisees graduate, there is often some ongoing research/writing that we want to complete together -- and that's fine in the short run. My main advice, though, is if she/he is in a faculty tenure track position, don't continue to collaborate, as tenure committees tend to look for new "independent" work.

2017 Gatlinburg Student Research Award

Leisure Activity and Alzheimer's Disease-Related Changes in Episodic Memory in Adults with Down Syndrome

Authors: Iulia Mihaila, Sigan L. Hartley, Benjamin L. Handen, Renee A. Makuch, and Bradley T. Christian



*Iulia Mihaila, M.S.
University of
Wisconsin–Madison*

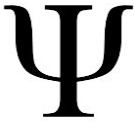
Introduction: Adults with Down syndrome (DS) have an increased prevalence and early onset of Alzheimer's disease (AD) neuropathology that is believed to be the result of overproduction of amyloid- β , resulting from the triplication of chromosome 21 (which

contains the gene for the amyloid precursor protein) (Bush & Beail, 2004). However, there is variability in age of onset and rate of progression of AD neuropathology in adults with DS (Lao et al., 2016). In the general population, lifestyle factors, such as leisure activity, have been posited to delay onset and rate of progression of clinical AD (e.g., Hertzog, Kramer, Wilson, & Lindenberger, 2008). The present study examined whether engagement in three domains of leisure activity (i.e., *cognitively stimulating*, *social*, and *physical*) was associated with declines in episodic memory across two time points (2.2 years apart) in a sample of 65 adults with DS who were pre-symptomatic for AD at study onset.

Method: The present study involved 65 adults with DS who participated in two rounds of data collection between 2010 and 2017. At baseline, participants were aged 30-53 years, predominantly male (53%), and Caucasian. At both time points, participants completed assessments of episodic memory, including the Cued Recall Test (Zimmerli &

Devenny, 1995) and the Pictures subtest of the Rivermead Behavioral Memory Test for Children (RBMT; Wilson, Ivani-Chalian, & Aldrich, 1991). Participants also underwent magnetic resonance imaging and positron emission tomography scans using the radio-tracer [^{11}C] Pittsburgh compound B to assess amyloid- β accumulation. At baseline, caregivers completed a modified version of the Victoria Longitudinal Study Activity Questionnaire (VLS; Jopp & Herzog, 2007) to assess the participants' level and type of leisure activity.

Results: Pearson's correlations indicated that greater *cognitively stimulating* leisure at baseline was associated with higher Free and Cued Recall at baseline. Greater *social* leisure at baseline was associated with smaller declines in Picture Recognition from baseline to follow-up. Additionally, *social* leisure significantly altered the association between change in brain amyloid- β and change in Cued Recall Intrusions. For adults with DS who engaged in high (above the mean) *social* leisure at baseline, there was no association between change in amyloid- β accumulation and change in Cued Recall Intrusions from baseline to follow-up. However, for adults with DS engaging in low (below the mean) *social* leisure at baseline, greater increase in amyloid- β accumulation from baseline to follow-up was associated with greater decline in Cued Recall Intrusions from baseline to follow-up.



2017 Gatlinburg Student Research Award Winner

Leisure Activity and Alzheimer's Disease-Related Changes in Episodic Memory in Adults with Down Syndrome

Discussion: Findings suggest that engagement in *cognitively stimulating* and *social* leisure activity is related to better episodic memory in adults with DS. Higher engagement in social leisure, while not directly related to AD neuropathology, may indirectly buffer against the deleterious effects of AD neuropathology on episodic memory over time. Engagement in leisure activity may promote healthy aging in adults with DS and the maintenance of cognitive functioning with age. Findings have implications for low-cost interventions that encourage greater participation in leisure activity by adults with DS.

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Zimmerli E., & Devenny, D. A. (1995, March). *Cued recall as a screen for dementia in the MR population*. Paper presented at the Gatlinburg conference on research and theory in mental retardation and developmental disabilities, Gatlinburg, TN.

Join us next April at the 2019 Gatlinburg Conference!

52nd Annual
GATLINBURG CONFERENCE
On Research and Theory in Intellectual and Developmental Disabilities
APRIL 3-5, 2019 | SAN ANTONIO, TEXAS
Translational Research on Down Syndrome

Early Career Psychologist Column



Finding Balance on the Academic Tightrope: A Message for Self-Care Perspectives from a Post-Doc and Early Career Faculty Member

Geovanna Rodriguez, Ph.D.; Post-Doctoral Research Fellow at
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How did we get here?

GR: The proudest and happiest day of my life was the day I was hooded. As a child of immigrant parents and first-generation scholar, the race was over...mic drop. While I felt relieved at having this huge weight lifted, the elation quickly subsided with a dark cloud of uncertainty replacing it.

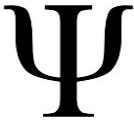
The only thing I knew upon graduating was that I didn't want to go into practice. I had just finished a grueling year on an APPIC internship, working 40-60 hour weeks at a public high school in the Chicagoland area, all while writing my dissertation in the evenings. While my internship was positive and memorable, the burnout was real. I felt drawn back to research, but not ready for an academic position. I had very few publications to my name, none of which were first-authored. I had years of "field experience," but I knew from my friends' horror stories on the job market, I wouldn't make the cut on paper. I had this recurring nightmare that my degree would be revoked, and I'd wake up in my old bedroom in California, a failure and a fraud. My fears were completely irrational because it should've been enough knowing I had made it this far. I earned my doctorate through blood, sweat, and tears (many, many tears). It was a milestone that anyone in my place would feel proud. I knew I

was suffering from that psychological phenomenon we call "imposter syndrome." Yet in my case, it felt magnified as a woman, Latina and person of color, and first-generation college graduate.

Graduate school always felt like a competition for which I was ill equipped. The world of academe was my "Hunger Games," with students competing for that lucrative spot in the ivory tower, only I was no Katniss. I rarely saw students or professors like me the victors. When you have a critical mass lacking in education, students of color can feel isolated, misrepresented, and misunderstood. I didn't feel cut out for it and honestly needed a break to recover from my experience as a graduate student. A post-doc training position seemed like the perfect remedy. It gave me mental space and clarity to consolidate my academic and cultural identity, one that was independent from my advisor and previous work. I needed time to build self-confidence and self-discipline as an independent researcher, but without the pressure of complete accountability. I felt I had much to learn about research methodologies, project management, grant writing, and translational research. These topics were never covered in my graduate program, and I needed to hit the ground running. While in some disciplines post-doc positions are the norm, for me it was

a personal choice. I chose a research post-doc over a clinical one because I needed the time and flexibility to engage critically with research and build my own research agenda and plan, all while still having the structure, training, and mentorship afforded through a T32 NIH training position. A clinical post-doc would have taken time away from what I needed to accomplish. I needed to build competencies in research areas I felt needed further improvement and would prepare me for a tenure-track position. I needed to prove to myself that I was cut out for a career in academia.

SZ: Only six months into a post-doc, I found myself alone in a hotel room, trying to coax myself into eating dinner while reviewing my notes. The next day would be my first on-campus interview. Sure, I had made it through several Skype calls, but this was the real deal. I had felt this nervous only a handful of times before (i.e., the night before my GRE, the night before my qualifying exams, the night before my oral proposal). I was alone with my racing thoughts... *Will I forget everything I've prepared? What if I sound dumb? What if I have a technological failure? How do I show them I'm a good fit? What would Beyoncé do?* Surely, I was an imposter, and they would see right through me.



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Obviously, there are things you prepare for. You research the school, department and program, peruse faculty profiles in the hopes of finding something worth bringing up at meetings, and make a list of questions to ask during individual interviews and meals. You review your slides and anticipate the hard questions, the soul crushing ones that slam you with the potential of derailing your talk altogether. No one tells you how to prep your mind or body for this type of pressure, nor the amount of mental and emotional energy it requires to put your best self out there for display.

In my case, NO SLEEP, none whatsoever. I had completely psyched myself out and would have to run on adrenalin for the long day ahead. I forced down some toast from the continental breakfast bar, showered, put on my new suit, and waited for a member of the search committee to pick me up.

The day flew by. By lunch, I had found my stride, having survived the panel interview and research talk. I liked these people. I wanted to be a part of this department. Feeling at home motivated me to work for it even harder. Despite a hiccup in the afternoon – giving my teaching talk in a room with no monitor, only the slides projected behind me, and several standing faculty members with nowhere to sit – I walked away from the day's schedule of events feeling confident.

You realize there are two sides to the coin. You should like them too. You're interviewing them as much as they are interviewing you. It wasn't until dinner that I started to crash. I'll never forget those last conversa-

tions, trying with all my might to stay "on" long enough to make my best final impressions. After checking in with my husband (then fiancé) and parents, I crashed within 15 minutes of getting back to my room.

This confidence ebbed and flowed over the next month and a half. I had sent handwritten thank you cards to everyone I'd spoken with. Then, I waited (AND WAITED, AND WAITED). Even with an additional interview scheduled, I knew I wanted this position. Later, when offered the job, I would find out I was one of six candidates to visit campus. Apparently, waiting doesn't mean you've been rejected. Even after growing accustomed to waiting during grad school – waiting for my advisor's feedback, waiting for papers to be reviewed, waiting for things to "click" in stats class – there was nothing more excruciating than the uncertainty of waiting to find out if I had gotten the highly sought-after tenure track position. Then, one evening I received a call from an unknown number. I doubted it would be anything important, given the late hour. So, I was more than pleasantly surprised when it was the dean of my college calling with a verbal offer.

If my experience sounds too easy, let me assure you, it was anything but. Being a first-generation college student, I was raised by supportive parents who knew very little about the university system. During my undergraduate years, I learned the value of strong mentors and the utility of office hours, things no one tells you about going in. Perhaps this is one of the reasons I am so happy in my current position. Throughout graduate school, I was set on the coveted position at a research uni-

versity. However, ending up at a teaching university that values research turned out to be just the right fit for me. I now have the opportunity to work with a student body that consists primarily of bright-eyed, first-generation students, affording me the chance to provide direct mentorship to students, in whom I see my younger self.

Build your support system.

GR: As researchers, it's easy for us to get lost in our work. We go out in search of a question, collect data, crank out the data, and get that pub. Life isn't linear and sometimes throws you unexpected curveballs. I suffered a physical injury a few months into my post-doc. It impacted my mobility and focus, draining me physically and emotionally. I was living on my own in a new city with no friends or family in the middle of winter in Wisconsin. I was fortunate to have amazing colleagues and a mentor who provided support and prioritized my recovery first. My recovery taught me that self-care is about a balance between the physical, emotional, and mental. If you neglect one domain, the others will quickly spill-over and drain you of your energy and productivity. It's important to build relationships and a community for those times you feel vulnerable, defeated, or stuck. I felt immense guilt, but my support system helped me see that it was ok to ask for help, my recovery came first.

SZ: Be it your partner, friends, colleagues or mentors, find the right person to talk to for each issue you encounter. Our academic roles can be isolating, and "outsiders" might not quite "get" why we're so worked up about that syntax error, job we're

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applying for, or paper that is in R&R hell. Gone are the days where you just needed your parent's advice. One thing that I have found particularly helpful as a new faculty member has been connecting with more senior members within my department. Grabbing a coffee or just saying hello in the hallway has been invaluable in making the adjustment into my current role. That said, building that support system means that you must be supportive to others too. Don't forget to pay it forward

Work hard, stay humble.
Now you have a Ph.D. and have

published a few papers...sorry, but you're not the sole authority in your field. You're still learning. Humility is one thing they don't teach in graduate programs, let alone cultural humility. Though you may be well-versed in your area and have the experience to back it, it only takes one question at a conference, one review of your work by a colleague, or one journal rejection to check you. So, "*check yourself first before you wreck yourself.*" As psychologists, we find solace and comfort in the human experience, learning from others teaches us about ourselves. Don't shy away from the unfamiliar!

Treat yo'self.

Finally, all that hard work should be rewarded, and taking time for yourself or to spend with your friends and family is key to staying sane. Recently submit your first, first-authored paper? Got positive feedback on your first tenure review? Nailed that conference talk? Whatever it is, you should take time to do something for you, outside of work. The two of us are hitting the spa the next time we're in California together! How will you treat yo'self?

Division 33 Sara S. Sparrow Early Career Award 2018

SARA S. SPARROW EARLY CAREER AWARD

Sponsored by Pearson Clinical Assessments

Award Recipient:

CAMERON L. NEECE, Ph.D.

For Outstanding Research and Professional Contributions to the Understanding of Intellectual and Developmental Disabilities

To be presented on Thursday, August 9, 2018 at 1PM
At the American Psychological Association Convention in San Francisco, CA
Moscone Center Room 2011

A special thank you to our award sponsor:



PEARSON



Running Psychologists presents the 40th Annual “Ray’s Race” 5k Run & Walk

The 40th Annual “Ray’s Race” 5k Run and Walk, will be held during the 2018 APA Convention at **Crissy Field** on **Saturday, August 11, 2018 at 7 a.m.** You won’t want to miss this run along the San Francisco Bay, complete with beautiful and iconic views of the Golden Gate Bridge, Alcatraz, and Marin Headlands!

“Ray’s Race” was named in honor of Dr. Ray Fowler, former APA CEO and founder of the Running Psychologists. Since 1979, the Running Psychologists have hosted a 5k run and walk at the Annual APA Convention; the event welcomes and encourages runners and walkers of all ages and ability. The purpose of the race is to *“promote well-being and physical fitness among psychologists and in the community at large by calling special attention to the benefits of running and similar aerobic activities.”* Prizes will be awarded to the top finishers in each age group as well as for the top male and female finishers. This year will also showcase a competition between Divisions – encourage your friends and colleagues to sign-up!

Registration is \$40 for professionals; \$30 for students. All participants will receive a t-shirt and post-race refreshments with the opportunity to mingle with like-minded professionals.

To register, click on the following link:
<https://register.chronotrack.com/r/38749>



Call for Sponsorship

Running Psychologists, a section of Division 47 (Society for Sport, Exercise & Performance Psychology) is calling for sponsors for the 40th Annual “Ray’s Race” 5k Run & Walk, to be held at the APA Convention in San Francisco on Saturday, August 11, 2018. “Ray’s Race” was named in honor of Dr. Ray Fowler, former APA CEO and founder of the Running Psychologists in 1979. We encourage runners and walkers of all ages and ability to participate in the race.

Corporate sponsorship donation is \$1,000, which is used to pay for race expenses including management, city permits, prizes, and refreshments. Divisions of APA have been sponsors with donations from \$250 to \$1000. In addition to the monetary donation, some sponsors have also donated products such as books and tests, which are given out as prizes at the race.

Sponsorship will entitle donating companies, organizations, and divisions to the following:

Sponsor logo will be printed on the back of the race t-shirt

Sponsor will be listed prominently on the race registration announcements, which will be distributed to all attendees at the APA Convention

Sponsor will be thanked on a banner displayed at the Division Services Booth, located near the convention registration area

Sponsor will be thanked at the post-race awards ceremony

Sponsor will receive one race entry for a representative of their choosing

Many thanks to all our sponsors!

Our past sponsors have included: American Psychological Association, ASPPB, Argosy University – College of Clinical Psychology, American Insurance Trust, Psychological Assessment Resources, Inc., National Register of Health Service Psychologists, New Harbinger Publications, Sage Publications, Temple University, APAGS, and APA Divisions 47, 19, 20, and 50.

For more information on how to become a sponsor, or to renew your sponsorship, please contact Julie Vieselmeyer, President, Running Psychologists.

Julie Vieselmeyer, President
Running Psychologists
TriCoachJulie@gmail.com
206.859.9881



@runningpsychologists

Registration: <https://register.chronotrack.com/r/30898>

**We look forward to seeing you in
San Francisco—
Happy running!**

APA Council Report for Division 33

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

"A TALE OF ADVOCATES, MASTERS, AND GUIDELINES"



This is a column from your representative to APA's Council of Representatives focused on providing context to the issues and movements in the governance of the Association.

The APA Council of Representatives met in Washington, DC. In March 2018. It was an important meeting. Among several key developments, these three topics stand out.

Council moved forward with the formation of a joint 501(c)3/501(c)6 organization. APA and APAPO (our Practice Organization) have been related but separate entities and have required distinct membership agreements. Council voted to combine the c3 and c6 organizations. Historically, c3 was the public health mission organization while c6 was the practice advocacy organization. This past separation limited APA's ability to advocate for science and teaching initiatives and kept the interests of clinical practice and the interest of academic, training, and scientific psychology separated. This change will allow APA to be more comprehensively involved with advocacy and shift some of the resources and organizational structures.

For instance, the Centers for

Medicare and Medicaid Services (CMS) have been designing new psychological testing codes (e.g. CPT codes) for fees and reimbursement. This has potential to change how we conduct and charge for psychological assessment. Over the last several months, APA leadership has had to move swiftly to avert a professional and healthcare disaster. Initial proposals from CMS were suggesting a 45% decrease in reimbursement for psychological testing. APA moved fast and effectively. APAPO leaders advocated directly with CMS leadership and Congressional leaders. It now appears that because of APAPO advocacy that reimbursement rates for psychological testing may actually increase (initial estimates at 6%). This is good for psychology and it is particularly good for the practice of IDD/ASD psychology. It is very good for our patients and their families. Yet, this advocacy was very hard to do. It is underfunded and APAPO had to be very creative to respond fast to this threat. In a new c3/c6 combined structure such advocacy could be directed in a more coordinated fashion. Though we still have 6 months of continued advocacy on these CPT codes for psychological testing before they

go into effect January 1 2019, it appears that APA/APAPO are well positioned to support our practice and our patients.

The transformational nature of this change in c3/c6 organizational structure cannot be overstated. APA will now have more resources and much greater agility to advocate, particularly within Congress, on issues related to training, science, and clinical as well as human rights issues that are in the interests of APA members, psychologists everywhere, and the public we serve. It's particularly exciting to look forward for more direct advocacy on psychological science and training issues. My advocacy during the debate was in favor of approving the combined c3 and c6 membership. The goals of IDD/ASD Psychology are tied to effective advocacy within a nimble, agile APA. This should amplify our voice for the patients, clients, families, and social service and healthcare organizations we serve.

The next step for the organization to move this forward will be various amendments to APA bylaws and rules that will accommodate the joint activities administratively.



APA Council Report for Division 33

“A TALE OF ADVOCATES, MASTERS, AND GUIDELINES”

The most obvious immediate change will be a joint membership agreement for APA & APAPO. Implications of the coordinated c3/c6 activities include the commitment from APA that there will be no membership fee increase related to this action (for at least 3 years).

Secondly, APA Council has approved the accreditation of master's level programs in areas where APA already accredits. There is much more to work on this, but the major transformational moment has happened. The 70-year-old debate about whether APA should define the practice of masters-prepared clinicians in psychology has been settled. Our field graduates more than 400 master's prepared students annually and increasingly any avenues to professional careers in the helping professionals are being closed to them. This change in direction for American psychology will help us to provide these students with a professional pathway.

Also, the crisis of workforce development in mental health and the problem of having enough mental health professionals for the public is growing. This new direction for our field will help answer the call for more well-trained mental health professionals. It should also expand the role of IDD/ASD psychologists in teaching roles as additional expansion in Master's education

takes place in the years ahead.

Further, psychology has much to offer in the form of a master's prepared professional, trained in clinical science, that other master-prepared helping professionals do not offer. The quality of a master's prepared professional in psychology will be different than what is currently in workforce. Applying the principles of our human science more directly to the care and behavior change of our patients will advance the public good. It is a good thing that we are moving forward and matching the demands of the current public need while advancing our discipline.

Over the next two years, we will need to transform this idea of a more varied work force for psychology into action steps that support accreditation and eventually licensure infrastructure. My advocacy during the debate was in favor of APA pursuing the master's level credential.

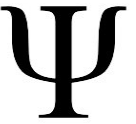
Thirdly, APA has begun developing and approving clinical practice guidelines. In August 2017, Council approved clinical practice guidelines for PTSD treatment for adults. At the recent Council meeting, much debate was reignited related to the quality and comprehensiveness of these guidelines. The PTSD guideline was specifically called out and the idea of guidelines in general was questioned hotly.

The debate centered around the balancing of how much the guidelines are influenced by clinical research findings versus clinical practice and consensus. Attempts to withdraw the PTSD guideline failed and it remains approved. Also, at this March 2018 meeting, Council approved clinical practice guidelines for multicomponent behavioral treatment of obesity and overweight in children and adolescents: Current state of the evidence and research needs. The debate for this topic was heated as well, largely around the same central tension of clinical science vs. clinical practice consensus. My advocacy in the debate was in favor of adopting the guideline.

One side note may be relevant. There were several other issues moving forward related to child, family, and disability issues that will be coming up over the next several Council meetings. The most critical one needing input from Division 33 members is whether we would be interested in asking APA to pursue considering and approving diagnostic guidelines for Autism Spectrum Disorder. There was an old guideline published by an outside organization (Neurology) that we adopted in the long past. The APA endorsement of this has “sunset” by rule. Do we want to pursue a replacement? I'd love to hear from you.



APA DIVISION 33: IDD/ASD



**AMERICAN PSYCHOLOGICAL ASSOCIATION
Division 33
Psychology in Intellectual and Developmental
Disabilities/Autism Spectrum Disorder**

*We are moving into the future!
Launching August 6, 2018, your Division 33 membership application and/or
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*You can find more information by visiting the Division 33 website:
www.division33.org/membership*

*A very special thank you to Jason Baker for doing such
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Division 33 Edgar A. Doll Award 2018

EDGAR A. DOLL AWARD
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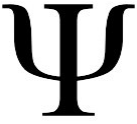
Award Recipient:
CATHERINE LORD, Ph.D.

For Her Lifetime Achievements in the Area of Intellectual
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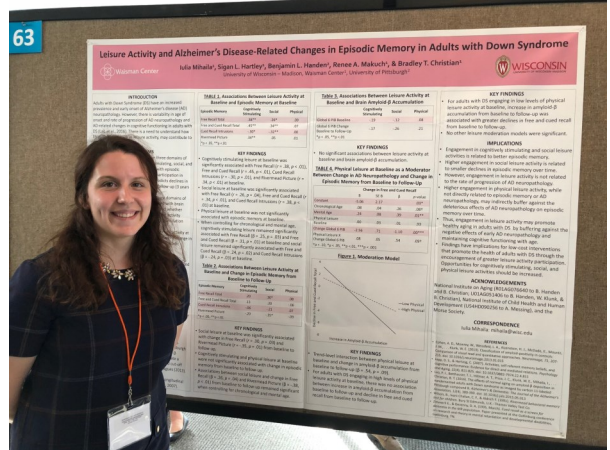
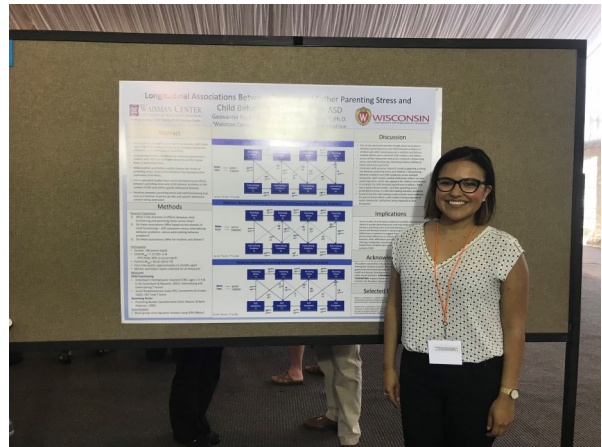
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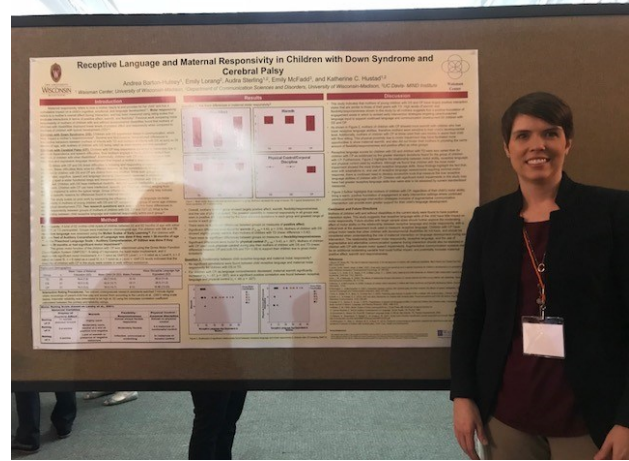
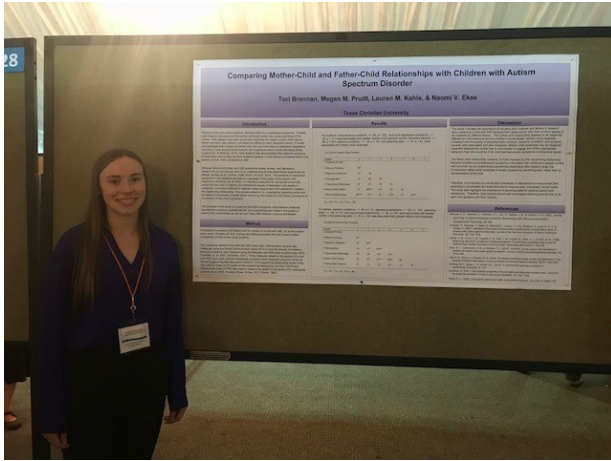
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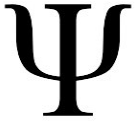
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PSYCHOLOGY IN INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND AUTISM SPECTRUM DISORDER Editorial Policy

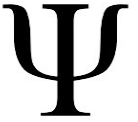
Psychology in Intellectual and Developmental Disabilities/Autism Spectrum Disorders is an official publication of Division 33 of the **American Psychological Association**. It is devoted to keeping members informed about the activities of Division 33 and to present news and comment concerning all aspects 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			
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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