Two years ago, I remember sitting down with Jan Blacher and Laura Lee McIntyre, as the idea was put out to change the name of our Division, from IDD to IDD/ASD. The motion was put forth the year Jan was President, and voted on the year Laura Lee was President. This year we have seen the fruits of these efforts, as we received an increased number of submissions related to ASD, accounting for more than half of submissions for presentations at the APA conference. I am encouraged to see stimulating submissions on ASD and IDD, and wish to encourage submissions on specific genetic syndromes in future years.

Now it is my turn to put an idea out there. Our leadership within Division 33 is heavily focused in academia. As a licensed and practicing psychologist, I would like to encourage our practicing clinicians to play a larger role in our Division. Connections within the Division provide a ready resource to academics, for example providing recommendations of outcome measures for research or for methods to evaluate treatment interventions. I would like to encourage a similar set of connections for clinicians, to provide a ready resource of recommendations of clinical tools, evidence-based interventions, and networking to resolve a challenging case. I foresee such a network of information being helpful to psychologists specializing in IDD/ASD in non-academic settings, as well as for psychologists not specializing in IDD/ASD but seeking additional information on treating this population. If you are interested, please contact me, or come chat in Denver. Hopefully by putting the idea out there, we’ll see the fruits of our efforts in another two years.

In my year as President, there are several Divisional efforts I want to recognize.

- I hope many of you have noticed that our Division has a new website. After exploring several options and cost packages, our Webmaster identified a cost-effective platform that allows for more ready Division-initiated updates. A giant thank you to Jason Baker for his efforts and initiative in this task.
- And although we have made the giant leap with our website, we continue to work on updating our new membership application and payment. While it sounds easy to pay online, the process behind the scenes is more cumbersome, with linking initial Divisional memberships to APA in a cost-effective manner. More updates to
come, but in advance a giant thank you to our Membership Chair Eric Butter and Treasurer Cameron Neece for their efforts in this area.

- Continuing in the vein of technology, our vibrant Early Career Professional (ECP) committee continues to develop content for our website and newsletter, avenues for mentorship, and methods of increasing membership participating within our Division. Having served on similar committees in other organizations when I was an ECP, I appreciate their ongoing work and encourage other ECPs to join the committee as a method of increasing their participation in our Division.

A big congratulations to our incoming Division 33 Executive Committee officers. APA election results are in and V. Mark Durand was elected as President-elect designate, and Grace Gengoux was elected as Member-at-Large.

It has been an honor to serve as President of Division 33, and I look forward to several more years of service on the Executive Committee. But what I look forward to most, as much of our contact is online and email, is seeing many of you in person in Denver! Travel safe.
Dr. Susan McDaniel is the current President of the American Psychological Association, and Family Psychologist at the University of Rochester. She is a leading expert in patient and family-centered integrative health, the Dr. Laurie Sands Distinguished Professor of Families and Health, the Director of the Institute for the Family in the Department of Psychiatry, Associate Chair of the Department of Family Medicine, and the Director of Patient and Family Centered Care Coaching Program at the University of Rochester Medical Center. She has made numerous contributions to APA both in the field and research related practices as the President of Division 43, Society for Family Psychology, and during her term as President.

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**Question:** You have held many leadership positions over the years, what led you to the role of APA president?

**Dr. McDaniel:** When I was a graduate student and then a post doc, my faculty members were active in APA and encouraged me to do so. So, I was active, especially in Division 43, doing committee work and various things before I ran for the board, eventually became president of (Division) 43, and then eventually I became council rep for Division 43. It just has been obvious to me that it’s really important that everybody contributes to the well-being of our discipline. I feel like we all have a responsibility to make it into the discipline we want it to be. As Harry Goolishian, my mentor said, “If we don’t do it, who’s going to?” If we leave it to other people and don’t like what’s happening, then that’s not good. So, that is what drove me, and once I got really involved, I realized how many interesting psychologists I got to meet, and how much I learned from participating. I honestly didn’t ever think I was going to run for APA president, but some past presidents really wanted me to do it, especially with regard to healthcare and healthcare reform. As things came along in my career I realized that I did, because I spent so much time in primary care, know a lot of primary care leaders, and that perhaps I could use that on behalf of psychology and try to advance our role in health and healthcare. So that’s why I ran (for APA president).

**Question:** What advice would you offer to students and early career psychologists who want to pursue leadership roles or careers within their respective fields?

**Dr. McDaniel:** That we really need you, and be patient if you run for something and you don’t get it the first time. I am very happy I worked with the early psychologist group to get council to pass the policy that all the boards and committees have to have at least one ECP (early career psychologist) on them. That opens up way more opportunities for early career psychologists.
than we’ve had before. I think that’s a real plus, but you certainly can do it the way I did, which is volunteer. Tell whatever division you are interested in, let’s say Division 33, tell the president or anybody, that you want to be active, and to please put you on a committee. Once that happens, then you start to work on behalf of the division and people will appreciate that. Then you can move on from there.

**Question:** What changes to APA do you envision occurring within the upcoming years?

**Dr. McDaniel:** I hope that we’ll continue to be very active on the policy front, with regard to healthcare. Advocating for comprehensive care for patients that includes psychological services, in the range of healthcare services, not just in psychiatry. I think there’s more and more understanding that behavior is foundational to health, and that many of the problems that we have in healthcare, have to do with behavioral aspects of it, both in the way it’s delivered and in the way patients and families understand it or don’t understand it. So, I hope, and expect that we will continue to advance our policy agenda with regard to that.

With regard to research, it’s also a major advocacy issue to continue to get funding for behavioral research, and we have various collaborators in that with other social science and behavioral science disciplines, which I think that’s very important. I think APA is recognizing the importance of team science now. Interdisciplinary team science, just like interdisciplinary team practice, is more and more what needs to happen, and we have the first APA team science award this year, recognizing people who are excelling in interdisciplinary team research, so I think that’s a big area.

We are going to have a new CEO starting next year, and whoever that person is, I am sure will set a tone. We have wonderful staff at the executive level and every level at APA, so I don’t expect that really to change.

I think the impact of the Hoffman report, really thinking through and putting values of public welfare at the center of everything that we do, which I think largely is true, but I don’t think that we’re always so good at articulating that. So I think making sure that it’s the case, and articulating that for everybody’s benefit is really an important issue now and in the future.

**Question:** What relevance and impact do you see these changes having for Division 33- Intellectual and Developmental Disabilities/Autism Spectrum Disorders?

**Dr. McDaniel:** I think that working with people with developmental disabilities and autism spectrum disorders has always been a team sport. I think that you all have a lot to offer the rest of us with regard to experience working on behalf of patients on interdisciplinary teams. I’ve encouraged all the divisions, as well as boards and committees, to do a reflective self-assessment about issues that came up in the Hoffman report with regard to values and public welfare being at the forefront, and with regard to conflict of interest issues. That is important, and we all need to take advantage of the situation even though as painful and controversial as it has been. There’s certainly no harm done in stepping back and using it as an opportunity to think through those issues for each of our areas, including all the divisions.

**Question:** Your work is focused on individual and family-centered approaches to...
mental and behavioral health treatment. What specific implications do you think this approach has for individuals with intellectual disabilities or autism spectrum disorders and their families? How do you envision services for these populations fitting into your vision for integrated healthcare services?

Dr. McDaniel: I think that it’s obvious that parents and families play a critical role in the care of people with intellectual disabilities and autism spectrum disorders. They also can be a highly stressed, an understandably highly stressed population, and we just have to make sure that we are developing and providing them with services that help them do what they need to do.

I have a psychologist who I mentor named Suzannah Iadarola, and she is a psychologist who works with people in the Kirch center, which is our autism spectrum disorders center. Her area of research is providing mindfulness groups for parents of young children with autism spectrum disorder. This is an example of the kind of thing we need to understand--what is needed by parents in this situation and what interventions can we provide that are going to be effective and support them, in what it is that they want and need to do. So I think a family orientation is right at the center of the services that you all deliver. I think doing the studies like Dr. Iadarola’s, so that we know what works and what’s needed, is really important and key. Then, making sure as well that the whole issue of improving team functioning and promoting effective team functioning is something else that I think psychologists can make a difference with.

Question: What challenges do you foresee for the advancement of integrated healthcare reform and preparing psychologists as “leaders in team science”?

Dr. McDaniel: Before I answer that, let me say one other thing. The person I am giving the lifetime achievement award this year at the convention is named Eduardo Salas. He has spent 35 years studying what makes for effective team functioning. I am working with Eduardo on applying what he’s learned, to primary care and similarly people could apply it to all other inter-professional team functioning.

So, let me say on the one hand that we’re making a huge amount of progress, and the Affordable Care Act was a big leg up in terms of wanting us to focus on what patients want and need and provide comprehensive care. In terms of improving outcomes, often it’s the behavioral aspects that I think, as much as or more than the biomedical aspects, which impact outcomes. The barriers are that every state is different in terms of their implementation and it can be challenging, trying to develop models that you can scale up, and scale across the country, because every state has different rules and regulations, and decides to implement it in a different kind of way, which is unfortunate. There are financial barriers in some states and incentives in others. As we move towards population health more clearly, and have bundled payment mechanisms, then it’s going to be a matter of whether psychology has been able to advocate to be part of the system. If we’re part of the system, then I think those payment methods are going to benefit us, because I think we’re pretty good at doing prevention and the kind of interventions that help with patient satisfaction and outcome. So we need to be at the table and if we’re at the table, I think we’ll be in very good shape.
In terms of education and training, I do worry that, as with other professions, we really need to ramp up teaching students about population health, about payment reform, about preventive interventions, about how to be a part of a team, and how to facilitate team functioning. A lot of these things aren’t currently in graduate level training. One of my presidential initiatives, is pulling together the handful of people who are doing inter-professional seminars with psychology graduate students early in graduate school, and asking them to develop a model curriculum for an inter-professional seminar on integrated care that might include medical students, nursing students, pharmacy, social work, and psychology. Let everybody together learn about population health and collaborative care, things that would be better if we learned it with other disciplines, rather than each discipline learns it on their own. So that’s one of the things that I’m doing and I do think we need everybody to be thinking about how we need to change things up so that students are well prepared for the system that they’re going to graduate into. I think we do well at the training level being inter-professional, it’s at the education level. Because some of the other disciplines more frequently do this, I think that we need to get involved, both to educate ourselves, and educate other disciplines on what we’re good for.

**Question:** What changes (if any) would you like to see happen within APA after your term is over?

**Dr. McDaniel:** The things I talked about in continuing and even increasing our policy efforts, both for practice and for public welfare, and science; strengthening and making clear our commitment to ethical and value-based you know being a C3 organization. Making clear the C3 part of APA versus the C6 part of the practice organization.

APA is a C3 organization, which means that it exists for the benefit of improving the public welfare, it doesn’t exist to advocate for psychologists. It exists to advocate for psychology, as a way to improve human experience. It’s not a guild; the guild part of it is the APAPO. The practice organization exists to advance the cause and to support psychologist in practice, and make sure that we advance the practice of psychology, make sure that reimbursements are fair, etc.. That is what the practice organization does, and they have a different tax status, based on whether you exist as a C3 for the public welfare, or you exist as a C6, as a guild, to advance your own profession. I think we need to strengthen both organizations. I hope that all practitioners will pay their practice dues because that’s what supports advocacy for practice. How much advocacy for practice we have is directly related to practicing psychologists paying their dues to make that happen. So, I hope that organization is really strengthened, and vibrant, and able to advance and support the practice of psychology.

On the APA side we want psychology to be part of everyday life, for Americans, actually for other people too. I think we do a great job at that, we just want to continue to be more and more of a presence so that it’s not thought of as an after thought, but rather at the center of whatever the problem is happening in this country we consider the psychological aspects of it-- what our science tells us about what we can do to improve the situation; and developing the science where we don’t really understand it yet. I hope that our educational programs continue to thrive and that we find ways to continue to renew
them as the job of being a psychologist evolves, whether we’re in research, or in practice, or in education, or in a policy position. I think teaching students and trainees to be active on the policy front and what it really means early, is really good because it’s so incredibly important and lots of times I don’t think people fully understand it until much later in their careers and that’s a lot of missed opportunity for us to advocate both for psychology and psychologists.

**Question:** The APA convention is coming up in August- what are you most looking forward to at the convention, and what advice do you have for new or seasoned attendees of the convention?

**Dr. McDaniel:** I have a whole set of programs that I’ve participated in putting together, so I am very excited about them. I’m looking forward to being able to see everyone I absolutely am positive actually that we’ve put together a conference that’s going to be exciting for everyone. I think for new attendees, being able to organize yourself around Division 33 for example, and using that as a home base and the division being able to reach out to people because it can be quite overwhelming. When you’re a first time attendee if you don’t have a home base and some kind of way to guide yourself, I would certainly recommend that. But then, I would recommend, go to the social hours so that you can meet new people. I really do think this is where divisions can be so incredibly helpful, both playing to people’s specific interests, but also helping to guide them interpersonally in a mass of psychologists, which can be kind of scary (laughs).

One thing that I think is really fun to do after you are really seasoned is go through the program and go to things that aren’t in your area of interest; it widens our framework I think. Go to some of the high profile things that are completely in a totally different area of psychology. Our participation in other areas can also enrich their understanding, because we can all kind of talk to ourselves, even within psychology, in a way that isn’t the best thing. Making sure we talk across each other, I think is really important. Also, I think being sure to participate. I know with the keynotes, there’ll be time for Q & A, and don’t be bashful. Ask your questions and make your comments, because those exchanges can often be the most interesting part.

Thank you Dr. McDaniel for sharing your wisdom and thoughts with Division 33!

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**A Few APA Sessions Highlighted by President Susan McDaniel**

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<td>Charting Psychology’s Future in Health Care and Beyond</td>
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<td>Moving Upward and Onward: Addressing Challenges and Advancing Integrated Care</td>
<td>Friday, August 5 2:00 – 3:50 PM</td>
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<td>Public Conversations about Race and Ethnicity</td>
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**APA Presidential CE Workshop Series:** Ethical and Multicultural Dimensions of Caring for Ourselves and Our Colleagues

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<td>Ethical and Multicultural Dimensions of Caring for Ourselves and Our Colleagues</td>
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I want to start this newsletter article by recognizing J. Gregory (Greg) Olley, PhD. Greg had the foresight to recognize the need to have a forum in which Division 33 members could meet, discuss, and present on criminal justice issues related to people with intellectual and developmental disabilities. Greg founded this ad hoc Committee more than 15 years ago during the 2008 APA Convention in Boston, MA. Greg continues to do great work in the forensic arena, especially regarding the determination of intellectual disability in death penalty matters. I want to commend and thank Greg for his years of service to the Division and this ad hoc Committee. As I assume the Chairperson responsibilities from Greg I only now truly appreciate all the hard work that he has done. Thanks Greg!

This is my first contribution to the Division 33 newsletter as the new Chairperson of this group. I want to invite all Division 33 members who have an interest in forensic issues, even a remote interest, to contact me (marc.tasse@osumc.edu) and share with me their ideas and suggestions about the direction of our Committee. If you are coming to the 2016 APA Convention in Denver, CO – come find me at one of Division 33 sessions and introduce yourself or send me an email.

The focus of this Division 33 ad hoc Committee has expanded from an emphasis on “intellectual disability and the death penalty” to include all forensic matters as they relate to people with intellectual disability, autism spectrum disorder, and other developmental disabilities. As many of you know, people with developmental disabilities are more likely to be a victim of crime than a perpetrator. The Arc of the US, through their National Center on Criminal Justice & Disability, pull together a number of helpful resources for law enforcement and criminal justice community that will come into contact with people with DD as victims of crime (see: http://www.thearc.org/NCCJD).

When people with DD do come into contact with law enforcement and the courts as an offender, they face a large number of barriers and challenges within the criminal justice system, often exacerbated by the characteristics of their disability. I welcome input and discussions around these issues and exploration of strategies how we can contribute to reducing these barriers and addressing these challenges.

An important role played by many members of Division 33 has been to educate law enforcement, attorneys, and the courts as well as provide competent assessment and testimony in a number of criminal cases. A discussion initiated by Greg and other members of this ad hoc Committee over the years but still unanswered, relates to identifying and providing the skills and knowledge set needed by experts on both sides of this issue: IDD experts and forensic psychology experts. I’d like to hear from Division 33 members about their interest in advancing this topic during the coming year and developing a workshop(s) or session(s) for next year’s convention.
Athena Lickel, Ph.D. received her doctoral degree in clinical psychology at the University of Wyoming. Her clinical internship and postdoctoral training was fulfilled at the Kennedy Krieger Institute/Johns Hopkins University School of Medicine. She was a Leadership Education in Neurodevelopmental Disabilities (LEND) trainee and mentor. Dr. Lickel is currently the Developmental Psychologist at Group Health Cooperative of South Central Wisconsin (GHC-SCW).

Provide a description of your current position:

For the last year and a half, I have worked as the Developmental Psychologist for a small, non-profit HMO, working in the Mental Health Services department. There are a variety of duties to which I am appointed. My primary responsibility is to complete developmental/diagnostic assessments for individuals suspected of having IDD/ASD. I also provide individual and family mental health treatment to children and adolescents with and without IDD/ASD and their families. Within this organization, there are ample opportunities to collaborate/consult with primary care physicians and nurses, as well as other mental health providers, an aspect of my positions that I particularly enjoy. I have come to learn that having my time divided between assessment, provision of therapy, and consultation is my ideal balance. Another function of this position is to provide clinical oversight and decision-making regarding prior authorization and utilization management of services for ASD, which is covered by a state insurance mandate. While challenging in some ways, this aspect of my position has helped me better appreciate the importance of judicious health care utilization.

What made you decide to go into the field/your position?

As a child, I was neighbor to a young boy with Down syndrome. I noticed that he was treated differently by other children in the neighborhood. When I asked my mom why the children were mean to him, her answer was simply “because people don’t understand that it’s okay to be different.” Her modeling of acceptance is what inspired me to pursue a career in the area of disabilities. I have always been interested in natural human variation and loved learning about differences among people, which lead me to major in psychology in college. It was during that time that I began work in the IDD/ASD field, first as a respite provider and ABA therapist. After college I took a position as research assistant for a NIH grant on the longitudinal symptoms of ASD and other IDD. Three years later I took the plunge into a doctoral program in clinical psychology. The graduate training I received, along with highly regarded internship and fellowship experiences, positioned me well to enter the job market as an early career psychologist. My experiences within the IDD/ASD field during the last 15+ years have been varied and included conducting research, providing direct clinical services, serving as clinical director.
within a large interdisciplinary clinic, and providing supervision and training to graduate students and trainees. At each juncture, I realized that what I love most about being a psychologist is the clinical side of things. It was that realization that led me to focus my career on being a practitioner, which has proven to be a gratifying decision. I was not necessarily looking to change positions when my current position became available, but a friend encouraged me to apply. The position turned out to be a great fit with my experiences and interests.

What were some challenges that you faced as an early career psychologist?

Graduating and receiving a doctoral degree was a significant transition for me. There are no roadmaps for how to seamlessly shift from the “comfort” of the graduate school environment to being independent in a professional environment. One of the challenges I faced as an early career psychologist was having confidence in my own knowledge and abilities. I was quickly assigned the position of clinic director, only shortly after completing my postdoctoral fellowship. It took time for me to realize that my experiences, expertise, and perspective were not inferior to my more experienced colleagues. I needed to work through my insecurities as a new professional before feeling comfortable in a leadership position. This early experience undoubtedly allowed me to enter my current position feeling confident in my expertise in ASD/IDD.

Much like other early career psychologists, I also found it challenging to find the “work-life” balance. On top of the demands I faced in beginning my career, I also wanted to start a family. My husband and I met in graduate school and successfully navigated through simultaneous internship and post-doctoral fellowship experiences. Surpassing those milestones was easy compared to making multiple professional and personal life decisions in tandem. After my daughter was born, my husband and I each had to make sacrifices to our careers in order to balance many demands. Juggling work and home life was not easy by any stretch of the imagination, but doing both helped to reconcile my beliefs about what it means to “balance” it all.

What advice/tips would you give to grad students or other early career psychologists with similar career goals?

I have had the good fortune to have amazing mentors and colleagues throughout my relatively short career. Their advice is better than any I could provide:

Stay connected and never burn a bridge. By now, early career psychologists hopefully have networked their way into a solid group of trusted colleagues, mentors, and friends (if you haven’t, then get to it!). But it is worth repeating. Networking can help you find positions that fit your personal needs and even land that dream job. Find ways to get and stay connected with other professionals in your area and nationally. Attend conferences, volunteer for task forces and committees, consult with your colleagues around cases, collaborate with researchers, maintain up-to-date membership with professional organizations (e.g., Division 33), and seek out advise from other psychologists across the continuum of their careers. It is wise to never shut the door on any opportunities that come along. Even if a position does not turn out to be an ideal fit now, building an enduring relationship can and will serve you well in the future.

Division 33 ECP Interviews
Athena Lickel, Ph. D & Rachel Fenning, Ph.D
Find a niche. Diverse experiences are great, but ultimately it pays off to become an expert in a certain area (e.g., family support in ASD/IDD, behavioral modification, adolescent-to-adult transition, neuroimaging). Hone your expertise. Specialize in the area you value most and that intrigues you.

Pursue work that is personally meaningful. A first job does not need to be a forever job, nor does it need to be prestigious. Ultimately, what is important is that the work you do provides a feeling of professional satisfaction and a sense of personal fulfillment.

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Rachel Fenning, PhD

It is an honor to be asked to contribute to this segment focused on early career experiences as Chair of our Division ECP Committee.

I’ll start with a brief background. I received my B.A. in psychology from Yale University and my Ph.D. in clinical (major) and developmental (minor) psychology at UCLA. Following completion of my clinical internship at the University of Miami, Mailman Center for Child Development, I joined the University of Wisconsin-Madison as a Clinical Assistant Professor with joint appointments at the Waisman Center and in the Department of Pediatrics. I am currently an Assistant Professor in the Department of Child and Adolescent Studies at California State University, Fullerton (CSUF), where I am a Founding Co-Director of the CSUF Center for Autism. I also have a position in the Department of Pediatrics and the Center for Autism and Neurodevelopmental Disorders at the University of California, Irvine (UCI) School of Medicine. I am licensed as clinical psychologist in the state of California.

I think the primary advice I would offer graduate students and early career professionals based upon my own experiences would be this: create the position you desire by pursuing your interests and goals even in contexts presumed to be fixed or characterized by external limitations.

I say this as someone who has embraced a position at a teaching-focused university, and yet has remained passionate about continuing involvement in research and clinical activities. Since joining the faculty at CSUF, I have steadily and systematically crafted a situation that has enabled me to devote significant attention to teaching and student mentorship—the priority at CSUF—while also obtaining two federal research grants and providing clinical services to children and families. Creating the time and space for research and clinical activities at a teaching-oriented institution has required proactive and often creative planning, but it is definitely possible! Establishing the CSUF Center for Autism

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has been central to facilitating this balance, as the Center has provided additional avenues for professional activities, including a foundation for a recently successful NICHD grant. Building upon institutional supports and maintaining strong research collaborations have also been key to sustaining an active program of research in the context of a high teaching load.

In some cases, it may also be helpful to develop partnerships with neighboring institutions and collaborators. For example, my involvement with the Center for Autism at UCI has provided avenues for engaging in clinical service within a multi-disciplinary team, a context that I particularly enjoy, as well as opportunities for applied research, including my current role as site Co-PI on a HRSA/AIR-P funded parent-training intervention for families of children with ASD.

Being in the right place at the right time does matter. However, positioning oneself to capitalize upon opportunities as they arise is essential. I have also found it important to pursue and actively construct possibilities. Aside from my individual efforts, I have been supported by wonderful mentors, who have continued to provide guidance over the years, with Division 33 serving as a great way to stay in touch. It is thus fitting to end with encouragement to engage in the division — participating has helped me to stay connected, meet new colleagues, and get involved. For all students and early career professionals contemplating increased involvement in our APA community, I would strongly recommend it!
Despite a propensity for early competencies in social adaptation, many individuals with DS are at an increased risk for maladaptive and challenging behaviors (Clark & Wilson, 2003; Coe et al., 1999; Dykens, 2007; Feeley & Jones, 2006; van Gameren-Oosterom et al., 2013). It is estimated that approximately one third of individuals with DS have significant rates of maladaptive behavior (Coe et al., 1999; Dykens, 2007). Children with Down syndrome show mild aggressive behaviors, such as stubbornness, argumentativeness, and conduct problems (Coe et al., 1999; Dykens et al., 2002; Fidler et al., 2005; Kasari & Freeman, 2001; van Gameren-Oosterom et al., 2011). In addition, inattention is a problematic area for children with Down syndrome in both the home and school environments (Coe et al., 1999; Ekstein et al., 2011; can Gameren-Oosterom et al., 2013). Maladaptive behavior has the potential to impact certain aspects of adaptive behavior in the school setting. School function is an area of adaptive function involving participation in academic settings, in which children with Down syndrome show pronounced difficulty (Daunhauer et al., 2014). Children with Down syndrome show particular difficulty with compliance and task related behavior (Daunhauer et al., 2014), which may be further compounded by difficulties with maladaptive behavior. The purpose of this study was to determine a maladaptive behavior profile in school-aged children with Down syndrome, and identify how elevated levels of behavior within this profile may contribute to areas of problematic school function, including compliance and task completion.

Method: Participants were 24 (13 male) students with DS with a mean nonverbal mental age (NVMA) of 43.72 months as measured by the Leiter Scales of Performance-Revised (Leiter-R; Roid & Miller, 1997), and a mean chronological age (CA) of 77.58 months. Participants’ teachers also participated in the study and were administered the Behavioral Assessment System for Children- Version 2 (BASC-2; Reynolds & Kamphaus, 2004), which was used to examine the maladaptive behavior profile of students with DS. Twenty-two of the teachers also completed the School Function Assessment (SFA; Coster, Deeney, Haltwanger, & Haley, 1998), which was used in subsequent multivariate multiple regression analyses. A subset of 21 participants with DS (10 male) were included in multivariate regression analyses due to missing data. The subset had a mean NVMA of 44.29 months and a mean chronological age of 77.76 months, which were within one-month of the larger sample mean.

Results: A repeated measures multivariate analysis of variance (RM-MANOVA) was performed on the total sample (N=24), to assess the profile of maladaptive subscales of the BASC-2, including Hyperactivity, Aggression, Anxiety, Depression, Somatization, Withdrawal, and Attention Prob-
lems, in participants with DS. The Externalizing behavior subscale is comprised of Hyperactivity and Aggression; the Internalizing Behavior subscale is comprised of Anxiety, Depression, and Somatization, and the Behavioral Symptoms Index is comprised of Withdrawal and Attention Problems. Standardized T scores were used for domain comparisons. Three subscales emerged as areas of distinct difficulty within each domain of maladaptive behavior in this group of children with DS: Aggression, Somatization, and Attention Problems, which were retained for subsequent multivariate regression analyses.

Aggression, Somatization, and Attention Problems were regressed on both Task Completion and Compliance in a multivariate multiple regression within a subset of the sample (n=21). Results indicated that these domains collectively accounted for 79% of the variance in School Function outcomes as a comprehensive model. Each maladaptive behavior domains, Attention Problems \( F(2, 16) =6.24; p=.010 \), Aggression \( F(2,16)=5.20; p=.018 \), and Somatization \( F(2, 16)=3.84; p=.044 \) significantly predicted collective outcomes for Task Completion and Compliance.

Predictors accounted for approximately 54% of the variance in Compliance (adjusted \( R^2=.54 \)) and approximately 44% of the variance in Task Completion (adjusted \( R^2=.44 \)). Individual parameter estimates revealed that Attention Problems significantly predicted Task Completion \( (b=-2.24; p=.003) \), but not Compliance, and the effect was such that each unit increase in Attention Problems was associated with an approximate 2-unit decrease in Task Completion (i.e. poorer task completion). Aggression, on the other hand, significantly predicted Compliance \( (b=-1.19; p=.007) \), but not Task Completion. The effect of Aggression on Compliance was such that each unit increase in Aggression was associated with an approximate 1-unit decrease in Compliance (i.e. poorer compliance). Somatization did not significantly predict either School Function outcome.

Discussion: Based on teacher report, the domains of Attention, Aggression, and Somatization were found to be elevated relative to other areas of maladaptive behavior in this group of 5-10 year old students with DS. In addition, levels of teacher-reported Attention Problems significantly predicted challenges with Task Completion in this group, while levels of teacher-reported Aggression were found to significantly predict difficulties with Compliance for students with DS.

Aggression and Attention difficulties emerged as areas of maladaptive behavior impacting compliance and task completion in the school setting for students with DS, thus warranting the development of targeted intervention. In addition to intervening where maladaptive behavior impacts adaptive functioning, it is also necessary to consider what factors facilitate or contribute to maladaptive behavior in children with DS. As next steps, it is essential to investigate specific predictors of maladaptive behavior in this population, in order to determine factors influencing this behavioral profile. Identifying contributions to maladaptive behavior in DS, will enable the development of targeted interventions. Additionally, it is critical to consider school-based interventions to target specific maladaptive behaviors, along with their causes and areas of impact, within the school setting for students with DS.
Greetings Division 33 Colleagues!

Hope you are all ready for a “rocky mountain high” because we are going to Denver, Colorado for convention to be held August 4 – 7, 2016. I have had the pleasure of serving as the Division 33 program chair and we have a full program planned which emphasizes research, clinical practice and current policies in intellectual and developmental disabilities, including autism spectrum disorders (ASD), with presentations across the lifespan. I am very proud of the array of programming that we have to offer this year which includes symposia, posters, paper sessions, a conversation hour, and a discussion session.

We received many high quality abstract submissions for the 2016 convention and we accepted 88% of these (64 accepted out of 73 received submissions). Perhaps because of last year’s name change highlighting individuals with ASD, an overwhelming number of submissions (37 or 58%) report on issues pertaining to individuals with ASD, with significantly fewer presentations reporting on Down syndrome (n=2), Fragile X (n=3), ID/DD in general (n=13) and developmental delays (n=2).

Submissions were subject to blind peer review and were evaluated across a range of domains by our panel of reviewers. I would like to thank and acknowledge the panel of reviewers who provided feedback on the many stellar abstract submissions that we received for the 2016 Convention. Our review panel included 4 students (Ally Davis, Hillary Hurst Bush, Caroline Leoniczky, Geovanna Rodriguez), 3 early career psychologists (Sigan Hartley, Rachel Fenning, Anne Wheeler), and 5 more-senior professionals (myself, Anna Esbensen, Gael Orsmond, Luc Lecavalier, and James McPartland). If you see these individuals at the convention, please thank them for their invaluable contributions in creating our strong program of events.

In addition to our Division’s program activities, APA continues to promote collaborative programs between divisions. We encourage convention attendees to look into these fine sessions which include different Divisional viewpoints on a similar topic. (Please note that these programs were scheduled independently of our Division’s program, resulting in some time conflicts.)

There will also be several programs that are not part of the “official” Division Programming, where we have designated time to facilitating networking among several Divisions and conducting a small group mentoring event, similar to a very successful event of last year. The Small Group Mentoring Event will be held on Thursday, 8/4/2016 at 4:00 – 4:50 P.M. and the ECP Cross-Divisional Social Hour with Division 16, 53, and 54 will be held on Friday, August 5, 2016 at 12:00 – 12:50 P.M. Please see the schedule for details on the locations of these events.
We have two distinguished awards to present this year. The Edgar A. Doll Award which honors an individual for his or her substantial contributions to the understanding of intellectual and developmental disabilities throughout their career. We are delighted to present this award to Michael F. Cataldo, Ph.D. Dr. Cataldo is the Director of the Department of Behavioral Psychology at the Kennedy Krieger Institute. He is also a professor of psychiatry at Johns Hopkins University School of Medicine and adjunct professor of psychology at the University of Maryland. His presentation entitled, “Change” will be held on Friday, August 5, 2016 at 9:00-9:50 A.M. at the Colorado Convention Center, Room 303. I hope you will join us in recognizing Dr. Cataldo’s many contributions to our field. The Doll Award is sponsored by a generous gift from Pearson Clinical Assessments.

The Sara S. Sparrow Early Career Research Award is presented to an early career professional (having received a doctoral degree no more than 10 years prior to the award and no more than 2 years post-tenure) who has made substantial contributions to the understanding of intellectual or developmental disabilities early in their careers as reflected in his or her published and presented works. We are delighted to present this award to Abbey Eisenhower, Ph.D. Dr. Eisenhower is an Associate Professor of Psychology in the College of Liberal Arts at the University of Massachusetts, Boston. Her presentation entitled, “From Screening to Schooling: Maximizing the Benefit for Children with ASD” will be held on Saturday, August 6, 2016 at 10:00-10:50 A.M. at the Colorado Convention Center, Room 502. Please join us in recognizing Dr. Eisenhower. The Sparrow Award is also sponsored by a generous gift from Pearson Clinical Assessments.

The Presidential Address will be held on Friday, August 5, 2016 at 4:00 – 4:50 P.M. Dr. Anna J. Esbensen will discuss “Improving Outcomes for Individuals with Down Syndrome: Perspectives Spanning 3 Decades.” This will be followed by the Division 33 Social Hour (more like 2 hours) and is a terrific event to meet other people interested in issues related to IDD/ASD and one that you would not want to miss.

Division 33 also has the privilege of acknowledging two students with our Student Research Excellence Awards. We will recognize our student award winners at our business meeting, immediately following the Presidential Address. Our student winners for 2016 are Elina Veytsman, B.A. (UCLA PEERS Clinic, UCLA Psychiatry and Behavioral Sciences). Her poster entitled, “Selecting Informants to Assess Social Functioning and Treatment Outcome for Adolescents with ASD” will be presented on Friday August 5, 2016 at 11:00-11:50 A.M. and Jessica R. Scherr, M.A. (University of South Carolina). Her poster entitled, “Patterns of physiological arousal in infants at-risk for autism spectrum disorder” will be presented on Thursday August 4, 2016 at 3:00 – 3:50 P.M. Both posters will be at the Exhibit Halls ABC at the Colorado Convention Center.

Not one to rest on his laurels, 2011 APA Division 33 Jacobson Award winner, Stephen Greenspan, Ph.D., will be conducting a Conversation Hour entitled, “Adaptive Reasoning and its Measurement in ID: Why DSM5 called for a link between diagnostic criteria.” This event will take place on Friday, August 5, 2016 at 10:00 – 10:50 A.M.
For those of you who will be presenting at the convention, here are several links which you might find helpful as you prepare your presentations.

“Pimp your Powerpoint”
http://www.the-scientist.com/?articles.view/articleNo/28818/title/Pimp-your-PowerPoint/

“Better Posters”
http://betterposters.clogspot.com/

Public Speaking Tips Blog
http://greatpublicspeaking-tips.blogspot.com/

10 Public Speaking Tips for Introverts
https://www.psychologytoday.com/blog/quiet-the-power-introverts/201107/10-public-speaking-tips-introverts

On behalf of the Executive Council, we look forward to seeing you in Denver this August!

Sharon J. Krinsky-McHale, Ph.D. President-Elect, APA Division 33 2016 Program Chair

If you have any questions please feel free to contact me at: Sharon.Krinsky-McHale@opwdd.ny.gov

Abbey Eisenhower, PhD
University of Massachusetts
Sara Sparrow Award Winner

Michael F. Cataldo, PhD
Kennedy Krieger Institute
Doll Award Winner
## DIVISION 33 Convention 2016 Programming At-A-Glance

(All sessions are open for all to attend unless stated otherwise)

<table>
<thead>
<tr>
<th>Time</th>
<th>Thursday, August 4&lt;sup&gt;th&lt;/sup&gt;</th>
<th>Friday, August 5&lt;sup&gt;th&lt;/sup&gt;</th>
<th>Saturday, August 6&lt;sup&gt;th&lt;/sup&gt;</th>
<th>Sunday, August 7&lt;sup&gt;th&lt;/sup&gt;</th>
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<tbody>
<tr>
<td>8:00-8:50</td>
<td></td>
<td>Symposium Physiological Reactivity and Individual Differences in Autism Spectrum Disorder</td>
<td>Symposium Assessing Support Needs of Children with ID</td>
<td>Symposium Promoting Shared Health Care Decision Making in Individuals with IDD</td>
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<tr>
<td>9:00-9:50</td>
<td>Symposium Self-determination and Transition to Adulthood for Youth with ID/DD</td>
<td>Edgar A. Doll Award</td>
<td>Paper Session Parenting Issues in Families with Children with IDD</td>
<td>CPG Symposium Building Bridges Among Research, Practice, &amp; Policy — New Directions</td>
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<tr>
<td>10:00-10:50</td>
<td>Discussion Bridging Special Education Chasms: Autism vs Language Impairment &amp; Social Communication Disorder</td>
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<tr>
<td>11:00-11:50</td>
<td>Symposium Evidence-based Early Intervention for Autism: Integrating Parent- and Clinician-Delivered Treatment</td>
<td>Poster Session Contemporary Issues for Adolescents and Adults with DD/ASD</td>
<td>CPG Symposium Cognitive Rehabilitation for Neurodevelopmental Disorders — Integrating Interventions and Technology</td>
<td>ECP Cross-Divisional Social Hour With Division 16, 53, 54</td>
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<td>12:00-12:50</td>
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<td>1:00-1:50</td>
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<tr>
<td>2:00-2:50</td>
<td>Paper Session Child Behavior Problems and Parenting Stress in Families with DD</td>
<td>Poster Session Contemporary Issues for Infants and Young Children with DD/ASD</td>
<td>Small Group Mentoring Event — Hard Rock Café—2nd floor at the “Red Rock” room</td>
<td>Presidential Address (and Business Meeting, presentation of Student Research Award)</td>
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<tr>
<td>3:00-3:50</td>
<td>Poster Session Contemporary Issues for Infants and Young Children with DD/ASD</td>
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<tr>
<td>4:00-4:50</td>
<td>Small Group Mentoring Event Hard Rock Café—2nd floor at the “Red Rock” room</td>
<td>Social Hour</td>
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<tr>
<td>5:00-6:50</td>
<td>Executive Committee Meeting (CLOSED)</td>
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### DIVISION 33 Convention Programming 2016

**Thursday, August 4, 2016**

<table>
<thead>
<tr>
<th>Title of presentation</th>
<th>Time</th>
<th>Location</th>
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| **Symposium: Self-determination and Transition to Adulthood for Youth with Intellectual/Developmental Disability**  
This symposia presents findings from research about supporting successful transitions to adulthood for youth with intellectual and developmental disabilities, including measuring and promoting self-determination and family involvement.  
**Chair:** Michael L. Wehmeyer, Ph.D.  
**Participants:** Karrie A. Shogren, Ph.D., Michael L. Wehmeyer, Ph.D.  
**Discussant:** Jan B. Blacher, Ph.D.  
| 9:00 A.M. – 9:50 A.M. | Convention Center  
Mile High Ballroom, 1F |
| **Discussion: Bridging Special Education Chasms: Autism vs Language Impairment & Social Communication Disorder**  
An exploration of effective research-based Multidisciplinary evaluation strategies for school based practitioners who desire to develop practical individualized support plans for children with social communication disorder within educational settings.  
**Chairs:** Shanter H. Alexander, Ed.S., Stacey Nicely, M.A.  
| 10:00 A.M. – 10:50 A.M. | Convention Center  
Mile High Ballroom, 3B |
| **Symposium: Evidence-based Early Intervention for Autism: Integrating Parent- and Clinician-Delivered Treatments**  
This program reviews scientific support for several innovative models of early intervention for social communication deficits in autism. The emphasis is on empirically-supported best-practice, including integration of parents in treatment delivery.  
**Chair:** Grace W. Gengoux, Ph.D.  
**Participants:** Grace W. Gengoux, Ph.D., Victoria Smith, M.A., Elizabeth Laugeson, Psy.D.  
**Discussant:** Laura Lee McIntyre, Ph.D.  
**CE Credits offered**  
| 11:00 A.M. – 12:50 P.M. | Convention Center  
Room 102 |
| **CPG: Cognitive Rehabilitation for Neurodevelopmental Disorders: Integrating Interventions & Technology**  
This seminar will describe cutting edge uses of technology in psychological assessment and treatment of those with neurodevelopmental disorders, as well as pros and cons of these strategies, and implementation of services in the school setting.  
**Chair:** Jacqueline Kaufman, Ph.D.  
**Participants:** Jacqueline Kaufman, Ph.D., Leanne Chukoskie, Ph.D., Reshma Naidoo, Ph.D., Shawn Powell, Ph.D.  
| 12:00 P.M. – 1:50 P.M. | Convention Center  
Room 203 |

**Divisions:** 16, 22, 33, 40*, 54
**Thursday, August 4, 2016....Continued**

<table>
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<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
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</table>
| **Paper Session: Child Behavior Problems and Parenting Stress in Families with Children with Developmental Disabilities**<br>
Chair: Laura Lee McIntyre, Ph.D.<br>
Participants: Meredith L. Dennis, M.A., Sanaa Mrabet, Psy.D., Shelby A. Wilson, B.A. | 2:00 P.M. – 2:50 P.M. | Convention Center Room 709 |
| **Poster Session: Contemporary Issues for Infants and Young Children with DD/ASD**<br>
| **Small Group Mentoring Event**<br>The Early Career Psychologist Committee will host the second annual Mix & Mingle mentoring session. Building on the successful event last year, this session will provide an opportunity for students and early career psychologists to engage with established members of our Division on a variety of topics regarding career development and related experiences. | 4:00 P.M. – 4:50 P.M. | Off Site: Hard Rock Café—2nd floor at the "Red Rock" room Located one block away from the Sheraton<br> We anticipate this will be a fun and relaxed way for graduate students and ECPs to obtain valuable guidance from you. We greatly enjoyed a similar mentoring event last year in Toronto. If you are able to participate this year, we will request a brief bio so that we can put together a handout for attending ECPs/students with mentor information. We look forward to facilitating a lively mentoring session. Drinks and appetizers will be available for purchase. |
| **Executive Committee Meeting**                                         | 5:00 P.M. – 6:50 P.M. | Hyatt Regency Denver Hotel/Limestone Room |
### Symposium: Physiological Reactivity and Individual Differences in Autism Spectrum Disorder
This symposium is focuses on the use of novel physiological measurement methods in order to better understand individual differences in children with ASD  
**Chair:** Jason K. Baker, Ph.D.  
**Participants:** Rachel M. Fenning, Ph.D., Jason K. Baker, Ph.D., Matthew S. Goodwin, Ph.D.  
**Discussant:** Brian R. Baucom, Ph.D.  
**CE Credits offered**

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<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>8:00 A.M. – 8:50 A.M.</td>
<td>Convention Center Room 107</td>
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</table>

### Edgar A. Doll Award: Change
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.  
**Chair:** Alice Carter, Ph.D. — **Recipient:** Michael Cataldo, Ph.D.  

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<th>Time</th>
<th>Location</th>
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<tr>
<td>9:00 A.M. – 9:50 A.M.</td>
<td>Convention Center Room 303</td>
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</table>

### Conversation Hour: Adaptive Reasoning and its Measurement in ID: Why DSM5 called for a link diagnostic criteria
The IDD section in DSM5 is a departure in emphasizing a need for prong two deficits to be cognitive (linked to prong one). This has posed confusion, especially in court cases. The person who is cited as the source for this change discusses it.  
**Chair:** Stephen Greenspan, Ph.D.  

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<th>Time</th>
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<tr>
<td>10:00 A.M. – 10:50 A.M.</td>
<td>Convention Center Room 505</td>
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### Poster Session: Contemporary Issues for Adolescents and Adults with DD/ASD

<table>
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<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>11:00 A.M. – 11:50 A.M.</td>
<td>Convention Center Exhibit Hall ABC</td>
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</tbody>
</table>

### ECP Cross-Divisional Social Hour
**With Divisions 16, 53, 54**
The ECP committee will host an informal cross-divisional social gathering for early career psychologists. This event aims to facilitate networking opportunities and potential future cross-divisional collaborations with early career members in related divisions. (Beverages will be provided and an optional lunch will be available for advance purchase.)  

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<th>Time</th>
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<tbody>
<tr>
<td>12:00 P.M. – 12:50 P.M.</td>
<td>Off-Site: Hyatt Regency—Aspen Suite</td>
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</tbody>
</table>

### Presidential Address: Improving Outcomes for Individuals with Down Syndrome: Perspectives Spanning 3 Decades
**Chair:** Sharon J. Krinsky-McHale, Ph.D.  
**Participant:** Anna Esbensen, Ph.D.  
Business meeting with the membership and presentation of Student Research Awards to follow.  

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<th>Time</th>
<th>Location</th>
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<tr>
<td>4:00 P.M. – 4:50 P.M.</td>
<td>Hyatt Regency Denver Hotel Capitol Ballroom 4</td>
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### Social Hour: Join us for the Social Hour, where we eat, drink, and schmooze with Division members and those interested in clinical practice and research regarding individuals with IDD/ASD  

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<th>Time</th>
<th>Location</th>
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<tr>
<td>5:00 P.M. – 6:50 P.M.</td>
<td>Hyatt Regency Denver Hotel Capitol Ballroom 4</td>
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</table>
Saturday, August 6, 2016

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<tr>
<th>Title of presentation</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td><strong>Symposium: Assessing Support Needs of Children with Intellectual Disability</strong></td>
<td>8:00 A.M. – 8:50 A.M.</td>
<td>Convention Center Room 704</td>
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<tr>
<td>An overview of the Supports Intensity Scale- Children’s Version, its norming process with an ID sample in the US and internationally, and ongoing work to validate the scale with students with ID and ASD.</td>
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<td><strong>Chair:</strong> Karrie A. Shogren, Ph.D.</td>
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<td><strong>Participants:</strong> Hyojeong Seo, Ph.D., Leslie A. Shaw, M.A.</td>
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</table>

| **Paper Session: Parenting Issues in Families with Children with Developmental Disabilities** | 9:00 A.M. – 9:50 A.M. | Convention Center Room 702 |
|                                                                                         |            |                        |
| **Chair:** Elizabeth Laugeson, Ph.D.                                                    |            |                        |
| **Participants:** Margaret Rosencrans, B.S., Catherine M. Sanner, M.A., Meredith L. Davis, Ph.D. |            |                        |

| **Sara S. Sparrow Early Career Research Award: From Screening to schooling: Maximizing the benefit for children with ASD** | 10:00 A.M. – 10:50 A.M. | Convention Center Room 502 |
|                                                                                         |            |                        |
| **Chair:** Alice S. Carter, Ph.D.                                                       |            |                        |
| **Participant:** Abbey Eisenhower, Ph.D.                                                |            |                        |
### Sunday, August 7, 2016

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<tr>
<th>Title of presentation</th>
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<th>Location</th>
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<tr>
<td><strong>Symposium: Promoting Shared Health Care Decision Making in Individuals with IDD</strong></td>
<td>8:00 A.M. – 9:50 A.M.</td>
<td>Convention Center Room 301</td>
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<tr>
<td>This symposium will explore practical as well as ethical, legal, and social implications of the informed decision making process for individuals with IDD using studies focused on individuals with fragile X syndrome as a case example.</td>
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<td><strong>Chair:</strong> Anne Wheeler, Ph.D.</td>
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<td><strong>Participants:</strong> Kylee Miller, Ph.D., Adrienne Villagomez, Ph.D., Melissa Raspa, Ph.D.</td>
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<td><strong>CE Credits offered</strong></td>
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<tr>
<td><strong>CPG: Building Bridges Among Research, Practice, and Policy: New Directions</strong></td>
<td>12:00 P.M. – 1:50 P.M.</td>
<td>Convention Center Room 203</td>
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<tr>
<td>Chair: Jennifer Fredricks, Ph.D.</td>
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<tr>
<td>Participants: Jennifer Fredricks, Ph.D., Elizabeth McKenney, Ph.D., Susan McMahon, Ph.D., Wendy Middlemann, Ph.D., Carmen Valdez, Ph.D.</td>
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<tr>
<td>Discussant: Kim DuMont, Ph.D.</td>
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<tr>
<td>The goal of this collaborative symposium is to describe strategies for increasing the uptake of research findings by practitioners and policymakers, including different types of translational research, collaboration, and dissemination.</td>
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<tr>
<td><strong>Divisions:</strong> 07*, 15, 16, 27, 33, 37, 43</td>
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<tr>
<td><strong>Paper Session: Current Issues for Children and Adolescents with ID/DD</strong></td>
<td>10:00 A.M. – 10:50 A.M.</td>
<td>Convention Center Room 501</td>
</tr>
<tr>
<td>Chair: Sharon J. Krinsky-McHale, Ph.D.</td>
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<tr>
<td>Participants: Steven A. Rosenberg, Ph.D., Brigette L. Tonnesen, Ph.D., Jonathan A. Weiss, Ph.D.</td>
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- Sessions offering CE credits have been reviewed and approved by the American Psychological Association Office of Continuing Education in Psychology (CEP) and the Continuing Education Committee (CEC) to offer CE credits for psychologists. The CEP Office and the CEC maintain responsibility for the delivery of the programs.
- “Evidence-Based Early Intervention for Autism: Integrating Parent- and Clinician-Delivered Treatments”, to be held Thursday 8/4/2016 at 11:00 A.M. – 12:50 P.M.
- “Physiological Reactivity and Individual Differences in Autism Spectrum Disorder”, to be held Friday, 8/5/2016 at 8:00-8:50 A.M.
- “Promoting Shared Health Care Decision Making in Individuals with IDD”, to be held Sunday, 8/7/2016 at 8:00-8:50 A.M.
# DIVISION 33 Collaborative Programs

<table>
<thead>
<tr>
<th>Presentation</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td><strong>CPG: Cognitive Rehabilitation for Neurodevelopmental Disorders: Integrating Interventions &amp; Technology</strong> 8/4/2016, Thursday, 12:00 P.M. – 1:50 P.M.</td>
<td>Convention Center Room 203</td>
<td></td>
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</tbody>
</table>
| Chair: Jacqueline Kaufman, Ph.D.  
Participants: Jacqueline Kaufman, Ph.D., Leanne Chukoskie, Ph.D., Reshma Naidoo, Ph.D., Shawn Powell, Ph.D.  |                                |
| This seminar will describe cutting edge uses of technology in psychological assessment and treatment of those with neurodevelopmental disorders, as well as pros and cons of these strategies, and implementation of services in the school setting.  |                                |
| Divisions: 16, 22, 33, 40**, 54  |                                |
| **CPG: Building Bridges Among Research, Practice, and Policy: New Directions**  |                                |
| Chair: Jennifer Fredricks, Ph.D.  
Participants: Jennifer Fredricks, Ph.D., Elizabeth Mckenney, Ph.D., Susan McMahon, Ph.D., Wendy Middlemiss, Ph.D., Carmen Valdez, Ph.D.  
Discussant: Kim DuMont, Ph.D.  |                                |
| The goal of this collaborative symposium is to describe strategies for increasing the uptake of research findings by practitioners and policymakers, including different types of translational research, collaboration, and dissemination.  |                                |
| Divisions: 07**, 15, 33, 37, 43  |                                |

** Lead division

*These sessions represent collaborative efforts with other divisions:*

- **With Divisions 16,22,40,54:** “Cognitive Rehabilitation for Neurodevelopmental Disorders: Integrating Interventions & Technology”, to be held Thursday, 8/4/2016 from 12:00 -1:50 P.M.

- **With Divisions 7,15,37,43:** “Building Bridges Among Research, Practice, and Policy: New Directions”, to be held Sunday, 8/7/2016 from 8:00 – 9:50 A.M.
PSYCHOLOGISTS --- FACULTY --- FELLOWS --- INTERNS

Recruiting To Grow Assessment and Treatment Services for Children with Autism Spectrum Disorders and Other Neurodevelopmental Disabilities at the NATIONWIDE CHILDREN’S HOSPITAL CHILD DEVELOPMENT CENTER

In the country’s 15th largest city, Nationwide Children’s is growing for our community. At America’s largest children’s hospital, we are committed to children with disabilities and mental health concerns in the same way are committed to children with any physical illness.

In one of the nation’s most integrated and largest Behavioral Healthcare departments, we are committed to clinical service, professional training, and research that directly benefits children and families affected by autism and other developmental disabilities.

Nationwide Children’s Hospital’s Child Development Center and the Ohio State University College of Medicine, Department of Pediatrics in Columbus, Ohio invite inquiries for our APPIC approved internship program in intellectual and developmental disabilities as well as our clinical and research fellowships in intellectual and neurodevelopmental disabilities. Internship positions are open for match in 2016-2017. Fellowship positions may be immediately available for promising candidates.

We are also recruiting psychologists for faculty positions (open rank) that involve clinical services in both treatment and assessment activities and clinical training across all levels of psychology professional development. Faculty psychologists also engage in program development, quality improvement activities, clinical research, and advocacy efforts based upon their interests and passions. Positions are immediately available.

Inquiries should be emailed to:
Dr. Eric Butter, Chief of Psychology (Eric.Butter@nationwidechildrens.org), or
Dr. David Michalec, Clinical Director (David.Michalec@nationwidechildrens.org), or
Dr. Caroline Murphy, Clinical Director (Caroline.Murphy@nationwidechildrens.org)
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 Winter Meeting was in Washington DC on February 19-22, 2016. It was my first Council meeting ever and my first time representing Division 33 in this capacity within the larger Association. I’m honored and humbled to be serving our Division in this way. I came prepared and enthusiastically engaged to be a strong voice for individuals and families affected by intellectual disability and autism spectrum disorders. My enthusiasm was soon overwhelmed by the past.

The Council is in a state of significant distress since the release of the Independent Review in July 2015, the so-called “Hoffman Report.” As a new member of this representative body, I’m jumping into a conversation about years of decisions related to enhanced interrogation and torture and the Association’s response, sanction, and denouncement of the psychologist’s role in national security activities. Senior leadership has turned over and only interim positions are held. Many current council members have been present for many years and recall the specifics of these past long and arduous debates. Many new council members, my cohort of newly elected representatives, were on Council in the past. Many were on Council when decisions related to national security activities were made over the last decade. Reports of the Association’s financial weakening and membership declines were disheartening.

The meeting opened with quotes of inspirational leaders from the annals of world history. Messages from Ghandi, Eleanor Roosevelt, and even Shirley MacLaine were projected in triplicate across the front of the hotel ballroom. Susan McDaniel, APA President, gave opening remarks about the globalization and the far reach of psychological science across the boundaries of our national identities and the oceans that separate our continents. Dr. McDaniel spun tales of her travel to India. She brought back cross-cultural lessons for interprofessional collaboration, positive social change, and interpersonal civility. Cynthia Belar, interim CEO of the Association, followed her comments. Dr. Belar gave an impassioned speech on the history and context of the Association and its recent troubles over torture. She asked for healing. She asked for civility. She reminded Council that APA is psychology’s moral force. While acknowledging our “fundamental and festering” problems, Dr. Belar reminded us of our mission to use and promote psychology for the public good.

This may all sound cliché. It might have felt Pollyanna to some and certainly could be characterized as such. But, for me as a new Council member who was ready to do good work and to advocate strongly for disability, I was persuaded by the attempt by McDaniel and Belar to turn a page and to focus Council on both healing the wounds of the past while
launching forward the work of and for psychology. By the end of the day, and certainly by the end of the weekend, this all seemed like the outrageous fantasies of a young child.

As the work of Council commenced, various motions were considered related to moving beyond the Hoffman report. As the hours of the day passed and each motion was presented, it struck me naively that statements supporting human rights and motions creating work groups to increase civility, responsibility, and other humanistic efforts would pass without objections. However, each motion brought debate. Long debate. Angry debate. Personal debate. Members moved to the floor’s microphones to spout accusations of past wrongs by Council on both sides of the torture debate, to identify current inaccuracies within the Hoffman Report being unchecked, and to question the governance structure of the Organization. The work and controversies of the last 10 years were being rehashed. I suddenly realized I had joined a political body and the agendas of individual members were as varied as the more than 150 faces in the room.

My enthusiasm for advocacy and service was diluted within hours by the cynicism and bitterness of a long, and unresolved set of complex issues related to torture.

I do realize you got to do the job you have, not the one you expected to have. I wish that I could write to you that the rest of the Winter Meeting of Council got better than this. It didn’t. It only got worse. Day One ended with an “Executive Session” that brought unfortunate surprises related to the Hoffman Report and the Board of Directors decisions related to some unresolved issues. Executive Sessions include only voting members and are confidential. It is still unclear to me how much I can write about it in a forum like this. The surprises announced during the executive session, the secrecy of the session, and the sanctimonious reactions from many members during the executive session were at best unhelpful and unworkable developments. On day Two, we engaged in two lectures from outside speakers on diversity issues. This too brought acrimonious reactions as some members suggested it was not a good use of Council’s time to be doing continuing education during council meetings. This opinion was met with accusations from other members that they did not value diversity. By the beginning of Day Three, Council was looking forward to a retreat facilitated by an outside anthropologist who had completed something like an ethnographic review of the Association. His report was available to Council members to read ahead of our meeting. The retreat was billed as a healing process and a way to help the Council and the Association to move forward beyond Hoffman and torture. The retreat never started. Constituent groups within Council confronted the retreat facilitator regarding errors he had made in his report to Council that undermined his credibility as an arbiter of harmony and connectedness. The emotion in the room was loud, and raw, and strong. Issues of inequity and disparity, race and gender, privilege and sacrifice were discussed amongst tears and tribulation.

I found powerful mentors during this meeting. The wisest told me to be patient. The turmoil currently disrupting Council is a necessary step in the transformation that torture and the Hoffman Report have brought upon us.
I was reassured that time will bring opportunities for the good work of psychology to be advanced by Council. Some told me to speak up, others recommended laying low. I am finding my voice still.

Beyond the emotion and politics of this body, we did get some work done. Here is a list of the activities of Council and all that was accomplished during this meeting:

- Though Council continued to struggle with the findings and limitations of the Hoffman Independent Report, we did take steps to correct deficits identified in that report.
- Council established work groups designed to review organizational policies and procedures, to develop civility principles and procedures for how Council will operate, and to create guidelines for selecting members of future task forces. I have not joined any of these work groups and they are populated by more senior members of Council.
- Council approved the inclusion of ethics, human rights, and social justice whenever APA’s Strategic Plan is revised.
- We were also updated on the staff terminations and resignations as well as resolutions passed at Council’s August 2015 meeting.

In other news, Council approved a new divisional journal from Division 53. The new journal is clinically focused and is called Evidence-based Practice of Child and Adolescent Mental Health. A similar new journal has been published by Division 54 this year called Clinical Practice in Pediatric Psychology. Both offer outlets for clinical writing and could be destination for work by Division 33 members. I must admit, I have been wondering if Division 33 might want to consider sponsoring such an applied, clinical journal for our field?

Council approved two new resolutions related to sexual minorities and related issues including opposing HIV Criminalization and developing a policy on data about Sexual Orientation and Gender Diversity. The APA website has these resolutions available for review.

APA finances are changing but overall the financial forecast is strong and stable. The overall budget is balanced with four months of cash on hand (as required by Council).
- There is at least $190 million equity in the two APA buildings.
- APA Member Dues account for about 10% of APA revenues. It is important to note that APA Membership Dues revenue is down about 30% over the last five years.
- Most of APA’s revenue (about 80%) comes from publications and data base access.
- The fall-out from the last year, including the independent review cost and related unplanned expenses, has resulted in cash shortages.
- The settlement of the practice assessment case and several special programs funded by Council (e.g., internship stimulus funds, public education campaign) have added financial burden.
- To counter these negative financial impacts, APA will limit its spending in 2016.
- At the time of the Winter Council meeting, a finalized
2016 budget was not available for review by Council. We were assured that the “long-term financial health of APA is good.”

I’m new to Council. I’m early in the middle of my career. I expect great things from APA and great things from myself. I have always been enamored by this organization. I’m sure if you ask more seasoned members of Council, representatives who have been on Council through many of these troubles, you will hear that the debate and distress is appropriate and necessary. I’ve worried that it is unfocused and unproductive. I’m worried we are stuck and stalled. Is psychology in a ditch?

During a summer of racial strife and uncertain politics, I remember now the anger and anxieties of our Winter Council meeting with as much concern as I had during the meeting itself. The mood and functionality of our APA governing body seems to be in as much turmoil as our broader society. And during a summer where one of our candidates for President of the United States is quoted as saying “I’d bring back a hell of a lot worse than waterboarding”, I am left rethinking if indeed the wiser, more experienced members of Council are correct in telling me that the grief and shame, defensiveness and rebuttal of Council are necessary still for the health and survival of American Psychology.

To Denver!

Eric

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NOTE:

A streamline report of the actions of Council during the Winter 2016 meeting will be available on the Division 33 website.

APA Headquarters, Washington, DC
With the rise of autism diagnosis steadily increasing, the demand for well-trained psychologists to respond to the growing needs of this population rises as well. The needs of the ASD/IDD population are unique given the complexity and pervasiveness of developmental and associated behavioral challenges within these diagnostic categories. Additionally, the impact these developmental and behavioral challenges have extends beyond the individual client to immediate and extended family members as well as the community at large. Thus, training opportunities in this area need to be unique and reach beyond individual clients diagnosed with ASD/IDD.

Direct clinical work with clients with ASD/IDD is certainly a core part of strong training. This direct clinical work should include a variety of evidence-based assessments and interventions across the spectrum of client level of functioning, client age, and intensity of service. Direct work with clients should never be done in isolation, and a structured way to incorporate parent or caregiver involvement and training is critical to making meaningful and lasting gains through intervention. Additionally, providing services within the client’s natural environments allows for a better understanding of client and family factors that impact progress as well as allow for the clinician to directly problem-solve issues of generalization that often come into play when services are consumed in an office setting but must be carried out in other locations.

Coordination of care across the many providers and caregivers that individuals with ASD/IDD have is another part of strong training. This may involve observing and collaborating with speech or occupational therapists, supporting a client within the educational setting, consulting with educational professionals on skill acquisition or reduction of problem-behavior, communicating with medical providers, among others. Similarly, educating the community at large about needs, supports, and services contributes to strong training for psychologists.

At Nationwide Children’s Hospital, we provide training for students at many levels, including graduate students obtaining practicum experience, predoctoral interns, and postdoctoral fellows. To meet the above goals, trainees are involved in many different types of assessment and treatment experiences. For example, all levels of trainees are involved in our interdisciplinary diagnostic assessments for Autism, which not only teaches trainees evidence-based psychological assessment skills, but helps them learn how to

**IDD/ASD Training Highlights**

A new feature that asks those involved in training to share their ideas, programs, and philosophies about teaching the next generation of IDD/ASD psychologists. Each newsletter will “highlight” a different IDD/ASD training program.

**Our First Highlighted Program is:**

**Nationwide Children’s Hospital Pre-Doctoral Internship, Intellectual & Developmental Disabilities Track and Autism Treatment Track**

**Associate Directors of Training: Barb Mackinaw-Koons, PhD (IDD Track) & Anya Froelich, PsyD, BCBA-D (Autism Treatment Track)**
collaborate and communicate effectively with other medical professionals, including nurses, physicians, nurse practitioners, speech/language pathologists, social workers, and genetic counselors. Our goal is not only to prepare students to be able to competently work with these other professionals, but expose them to different ways of conceptualizing different aspects of care for patients.

Continuing with the theme of exposure to a broad range of professionals and conditions, we also expose trainees to a wide range of psychological assessment tools so that they are well prepared to not only evaluate for neurodevelopmental disabilities, but many of the comorbid conditions as well, such as learning problems, ADHD, internalizing disorders, etc. Thus, by exposing students to psychopathology beyond ASD/IDD, we believe they will be better equipped to handle differential diagnoses as well as address a wide range of issues in treatment. And by learning about a variety of medical conditions, they will be better able to function effectively in a medical setting. Finally, we believe that by exposing students to a wide variety of supervisors is also important in rounding out their training. We have found this gives students ample opportunity to learn different styles of many different skills, including approaches to treatment, assessment, and writing skills.

Division 33 Membership Update

Eric Butter, PhD, Chair
Katy Mezher, PhD, Associate Chair
Current as of July, 2016

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Division 33 membership numbers are holding steady with slight gains. We’ve added 16 new student members and are ahead of our numbers from 2015 at this point in the year. This is impressive in the context of declining membership overall across the Association (membership is down nearly 10% during the period from 2013 to 2015). Anecdotally, other Division Membership Chairs are discussing further declines and possible acceleration of the rate of member attrition in 2016 related to the fallout from the Hoffman Report and the Practice Organization settlement.

As final 2016 numbers come together, it will be powerful to see our Division’s commitment to our important population and our Association.
Division 33 has a new and improved on-line presence

Come visit our new Division 33 Website!

www.division33.org

Special Thanks to the Division 33 Website Committee:
  - Katy Mezher
  - Jonathan Weiss
  - Hillary Hurst Bush
  - David Michalec

- With special thanks to Jason Baker who spearheaded this committee and designed the website!!

Check out the Division 33 Facebook Page!

https://www.facebook.com/APADiv33

The page has updates, information from APA, job/training opportunities, and more up-to-date news about the Division. Check it out!
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APA DIVISION 33 SPRING/SUMMER, 2016 VOLUME 42, NUMBER 1

PSYCHOLOGY IN INTELLECTUAL AND DEVELOPMENTAL DISABILITIES/ AUTISM SPECTRUM DISORDERS

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.
AMERICAN PSYCHOLOGICAL ASSOCIATION - DIVISION 33

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AMERICAN PSYCHOLOGICAL ASSOCIATION -Division 33
Psychology in Intellectual and Developmental Disabilities/Autism Spectrum Disorders
Applications for Membership

APA members & Non-Students

Name: ________________________________
Address: ________________________________
______________________________________
Phone (___) ____________________________
Email: ________________________________
Interest Area(s): ______________________
______________________________________

APA Membership Status:
( ) Affiliate
( ) Associate
( ) Member
( ) Fellow

Current Fees:
$30.00 = APA Associates, Members, & Fellows
$30.00 = Non-APA psychologists
$30.00 = Other interested individuals
*APA charges $2.00 for renewals for members

Student Memberships

Name: ________________________________
Address: ________________________________
______________________________________
Phone (___) ____________________________
Email: ________________________________
Affiliation: ____________________________

Student Member of APA: ( ) Yes ( ) No
Faculty Endorsement: This student is enrolled as a student in a course of study which is primarily psychological in nature.

Signature: ____________________________
Affiliation: ____________________________

Current Fees:
$15.00 = APA Student Affiliate
$15.00 = Non-APA Student Affiliate

Please return your form to:
Dr. Eric Butter, Division 33 Membership Chair
Nationwide Children’s Hospital, Child Development Center
187 W. Schrock Rd.
Westerville, OH 43081
Eric.Butter@nationwidechildrens.org

Checks are payable to:
“APA Division 33”

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https://www.facebook.com/APADiv33

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