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Message from the President

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It is an honor and privilege to represent you as President of Division 33. In this column, I review some of the program high-

lights from last summer's annual meeting, thank several executive committee members who have served us extremely well, share some important and exciting initiatives that Division 33 members are engaged in, and encourage you all to visit Hawaii this summer and attend what promises to be a wonderful program. I also want to encourage members to write to me at alice.carter@umb.edu if you have ideas about ways that Division 33 can further our mission, which is comprised of the following set of well-crafted statements that convey our Division's commitment to improving the lives of individuals with intellectual and developmental disabilities through research, education, and dissemination of empirically supported best practices.

Our Mission

- ◆ To expand and exchange knowledge and information related to developmental disabilities through research, education, and professional communication.

- ◆ To enhance professional development and the quality of professional services.
- ◆ To develop partnerships with persons with developmental disabilities and with organizations that represent them in order to incorporate their perspectives in the Division's efforts.
- ◆ To collaborate with professional organizations concerned about persons with developmental disabilities.
- ◆ To convey to the public the importance of psychological, behavioral, and social factors in the lives of persons with developmental disabilities.
- ◆ To inform legislative and administrative bodies of the importance of psychological, behavioral, and social factors in developmental disabilities services and the value of psychology in contributing to the solution of problems in this service sector.

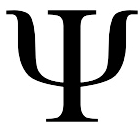
- ◆ To strengthen the practice of psychology in developmental disabilities as a distinct professional and scientific entity.
- ◆ To pursue the creation of standards for training, practice, and research for psychologists in developmental disabilities.

Although attendance was not ideal in sunny Orlando, Florida, as program chair I was extremely proud of

the high quality of the Division 33 program. Our featured speakers, Drs. Robert and Lynn Koegel, the developers of *Pivotal Response Treatment*, offered an engaging presentation on their empirically supported intervention work with children with autism that included a very dramatic and moving video segment from their demonstration of Pivotal Response Treatment on "The Nanny." I was also extremely grateful to Warren Zigman, Ph.D., for organizing an excellent symposium on the predictors of mild cognitive impairment, dementia, and mortality in adults with Down syndrome and to Gregory Olley, Ph.D., who convened an outstanding panel on current issues in intellectual and developmental disabilities and the death penalty. Hoping to increase attendance of the many psychologists who attend the APA meeting

In This Issue

Message from The President	
Alice S. Carter	1
President's Address – Parents with Intellectual Disabilities: Enhancing Their Training Experiences	
John Lutzker	3
Sara S. Sparrow Early Career Research Award	
Aging in Adults with Down Syndrome: With my Research Career as Cast by Walt Disney	
Anna Esbensen	6
Slate of Candidates for APA Division 33 Offices	11
2013 Division 33 Award Winners- Division 33 Administration	13
Memories from Orlando, FL, 2012 Convention	14



and are not affiliated with any division, last year was the first time that we offered Continuing Education (CE) credits, with five sessions providing CE credit opportunities. I believe that we need more data to evaluate whether providing CE credits can increase attendance. Our two poster sessions focused on (1) screening and assessment and (2) interventions for individuals with intellectual and developmental disabilities. I am particularly grateful to the many student members and early career professionals (ECP) who presented in these poster sessions. As program chair, I was delighted to have the opportunity to share Division 33 ribbons and meet members in attendance in Orlando, FL. I also want to take this opportunity to thank my program Co-chair, Frances Martinez Pedraza, who was integral to the success of the program and to thank each of the program reviewers, who helped us evaluate over 70 submissions: Jan Blacher, Ph.D., Abbey Eisenhower, Ph.D., Melissa Maye, Laura Lee McIntyre, Ph.D., James McPartland, Ph.D., Cameron Neece, Ph.D., Johannes Rojahn, Ph.D, and Timothy Soto, M.A.

One of the nicest Division 33 traditions is the annual distribution of awards, which is accompanied by awardee presentations. The extraordinary level of scholarship and expertise shared by Dr. Ann P. Kaiser, who received our highest award, the Doll Award and by Dr. Anna J. Esbensen, who received our Sara S. Sparrow Early Career Award was inspiring. Our two student awardees were: Ashley Woodman, who has been working with Penny Hauser Cram, Ed.D., and Carmelo Callueng, who has been working with Thomas Oakland, Ph.D. and Steve Woolf, Ph.D. Both gave excel-


lent presentations. Finally, it was a great pleasure to listen to John Lutzker's presidential address and to have the opportunity to chat with many Division members during our social hour.

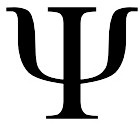
Division 33 is committed to increasing the role of early career professionals (ECP) in our divisional activities. Most recently, we voted to include an ECP on our executive committee and we are interested in additional ways to enhance engagement.

Several individuals deserve special mention and appreciation for their many contributions to Division 33. First, Susan Heimlich, Ph.D. deserves high praise and appreciation for her many years of service as our Division 33 treasurer as well as our unofficial Division photographer, historian and general booster. Sharon J. Krinsky-McHale, Ph.D. is our current Treasurer and has already been very active in this capacity, for example, completing and submitting our year end Divisional report to A.P.A. Second, Laura Lee McIntyre, Ph.D., BCBA-D, has done a remarkable job in her role as Membership Chair. Her enthusiasm, warmth, and encouragement attracted many new student and ECP members to our division. Now that she is our President Elect Designate, Eric Butter, Ph.D. has taken on the role of Membership Chair. I also need to thank John Lutzker for sharing his wisdom and experience and helping me in my role as Program Chair last year and now as President.

I also want to take a moment to highlight and thank our past president, Greg Olley, who for many years has chaired the Division 33 Ad Hoc Committee on Intellectual Disabilities and the Death Penalty. In

addition to Greg, current committee members are: Stephen Greenspan, Harvey Switzky, Caroline Everington. Karen Salekin, Gary Siperstein, and Keith Widaman. Without any budget, this committee has been promoting the mission of Division 33 through writing, speaking, reviewing manuscripts, conducting evaluations for individuals on death row, and testifying in *Atkins* hearings. For example, their members have written chapters for a forthcoming book to be edited by Ed Polloway and Jim Patton on the topic of intellectual disability and the death penalty that will be published by AAIDD. The hope is that it will be an authoritative source for identifying valid practices in evaluation and testimony in *Atkins* cases. In addition, Greg and Marc Tassé participated in a meeting to make recommendations to the World Health Organization regarding the name of the disability and the diagnostic criteria for ID in the ICD-11, which will be published in 2015. This is critically important work as clear definitions are essential to appropriate service delivery and to protect individuals with intellectual disability who are involved in the legal system. This committee has been vigilant in monitoring national cases and active in providing objective and scientific information to the courts. I believe that this is the kind of work that best represents our Division and mission.

If you have ideas for other ad hoc committees or discussions that our membership might pursue, please send me an email (alice.carter@umb.edu). Looking forward to seeing many of you in Hawaii! 



Division 33
President's Address
Presented at the Annual
Meeting of the American
Psychological Association
August, 2012

Parents with Intellectual Disabilities: Enhancing Their Training Experiences

John Lutzker, Ph.D.

Center for Healthy Development, Georgia State University

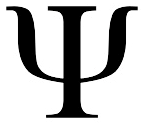
It is estimated that as many as 50 percent of parents reported for child maltreatment may have intellectual disability (ID) (Feldman, 1994). Parents with ID are quite overrepresented in child welfare systems in the United States (Gaskin, Lutzker, Crimmins, & Robinson, 2012). Having an ID is not a good predictor of parental competence or lack thereof (Azar, Stevenson, & Johnson, 2012). Thus, professionals have called for services, particularly parent training that is tailored for parents with ID to help them avoid inappropriate removal of their children and other barriers in the legal and child welfare arenas that they face from the stigma of having ID (McGaw, Shaw, & Beckley, 2007). It is particularly important to offer evidence-based programs as the numbers of parents with ID are increasing (Gaskin et al, 2007). The most common data-supported approaches are structured "behavioral" strategies with common components of modeling, role-playing, feedback, task analysis, use of pictures, technology, and small segments of practice (Llewellyn & McConnell, 2002). Also, the principle of self-modeling (Dowrick, 1999) has been effectively used with individuals with ID. This involves pictorial or video depictions of trainees seeing themselves engaged through careful posing of the target mastery skill acquisition. Thus, for example, in our work using digital frames with mothers with ID, the mother sees pictures of herself in which she has been posed interacting with her baby with the skills she will subsequently be taught. Azar et al (2012) have noted that parents with ID face very similar social/ecological barriers as other parents in the child welfare system. Azar, Robinson, and Proctor (2012)

have thus proposed a model of coordinated and tailored services for parents with ID in the child welfare system. Though facing similar barriers as other parents in the child welfare system such as the need for referrals to multiple services, parent training, and other basic training skills, it is also the case that parents with ID have more deficits in social processing than typically developing parents and thus they need services tailored for their needs and child protective service workers need to be better trained in working with and serving parents with ID. With funding from the U.S. Department of Justice, my colleagues and I have been exploring tailoring parent-infant interaction training for parents with IDs by using behavioral strategies, including pictorial materials and digital frames. Presented here will be a brief review of national data on child maltreatment, a review of SafeCare®, our evidence-based program to prevent child maltreatment, and a review of our explorations with the enhanced training for parents with ID.

Child maltreatment and SafeCare. In 2010 there were nearly 800,000 substantiated reports of child maltreatment in the U.S. Substantiated reports are always considered underestimates of the actual prevalence of the problem. Nationally, almost 80 percent of reports are for child neglect, a problem that has virtually the same short- and long-term negative sequela as child physical abuse. Between 1990-2010 there was a 50 percent decline in the rate of child physical abuse in the U.S., but virtually no decline in the rate of child neglect. Thus, interventions aimed at the prevention of neglect are especially needed. The three primary protocols of SafeCare are: parent training

(parent-infant interaction training for children, (birth-ambulatory), and parent-child interaction training for children ambulatory to five-years-old; teaching parents to recognize and make inaccessible home safety and filth hazards; and, teaching parents child health care skills. Thus, two of the three protocols parents receive from SafeCare are related to preventing neglect directly. The parent training components are related to abuse and neglect. All SafeCare services are delivered in-home by local providers who have been trained and coached through the National SafeCare Training and Research Center. SafeCare services to families are typically completed within 18 sessions averaging 1.5 hours each.

There is an abundance of evidence of the effectiveness of the SafeCare model. Four quasi-experimental comparison group studies have shown significant results that children whose parents received SafeCare training are at lower risk than children from the comparison groups. Numerous single-case research design studies have shown dramatic behavior/skill changes in families, that is, improved directly observed parent-child interactions, dramatically fewer safety hazards accessible to children, and parents' increased abilities to self-determine child health care needs, self-treat when appropriate, make medical appointments, or go to the emergency room. Recently, Chaffin, Hecht, Bard, Silovsky, and Beasley (2012) reported the results of the largest and longest randomized control trial of an evidence-based child maltreatment prevention program. Half of the providers in Oklahoma received SafeCare training; half did not. Almost 2200 families completed



SafeCare training; half did not. Almost 2200 families completed the trial. Ninety-one percent were women; 67 percent were white; 16 percent were American Indians; 9 percent were African-American; 82 percent were below the poverty line. Families had an average of 4.7 prior CPS reports at the beginning of the study. Data were analyzed each year up to seven years after initial intervention by the services as usual control group or the SafeCare group. After seven years there was a 26 percent decrease in re-reports for families in the SafeCare group. The hazards ratio was .74-.83. Families in the control group were much more likely to have a re-report. Further, a recent report by the Washington State Institute for Public Policy (Lee, Aos, Drake, Pennucci, Miller, & Anderson, 2012) found that SafeCare returns \$14.65 for every \$1 spent. No other EBP had ROI in double digits. Another randomized prevention trial in Oklahoma (Silovsky, et al, 2011) found that after intervention, parents in the SafeCare group were significantly less at risk for depression, partner violence, or substance abuse than the control group services as usual parents. They were also more likely to stay in services. SafeCare's train-the-trainer model has allowed widespread dissemination.

Early studies with parents with ID.

The predecessor project to SafeCare was Project 12-Ways (Lutzker, 1984), still operating in rural southern Illinois after 33 years. The first published study from Project 12-Ways with parents with ID (Watson-Perczel, Lutzker, & Greene, 1988) showed that in a home in which both parents had ID, hazards accessible to the children were dramatically reduced in the bedroom and the kitchen by using changing criteria for the parents to meet cleanliness and safety standards and the use of a pie chart showing them

progress. During baseline in the bedroom, on average the family only met 15 percent of cleanliness criteria and only 30 percent in the bathroom. After intervention, first in the bedroom and then in the bathroom (a multiple baseline design across rooms), cleanliness standards met a 100 percent criterion.

A mother referred for child neglect had ID and was unable to read (Sarber, Halasz, Messmer, Bickett, & Lutzker, 1983). The neglect referral was made because the mother failed to provide her 4-year-old daughter with nutritious meals, and the child was removed by the Child Protective Service (CPS) workers. By using match-to-sample procedures whereby the mother matched pictures of foods from the basic food groups that were on color-coded cards representing each food group and then placed the pictures into envelopes on a meal planning poster board, she was able to improve weekly nutritious meal planning from zero correct planning to 100 percent, including a 20-week follow-up. In order to create a "shopping list", the mother then matched the pictures from the planning board to identical pictures that she placed in a two-ring binder to take shopping and use as a shopping list. A multiple baseline design across food groups showed that she was able to acquire nutritious shopping skills and serve meals from the planning board, after she was trained sequentially for each food group. The child was later returned to the home by CPS.

Technology. Digital frames are very inexpensive, and easy to use. These devices, also known as picture cubes, can repeat random loops of photos as long as the viewer wants them played. For a 24-year-old mother with ID, for teaching her parent-infant interactions (PII) with her 10-month-old infant, we posed her with her baby engaged in non-physical skills (smiling, looking, posi-

tive utterances) and physical skills (touching, holding, rocking). In a multiple baseline design across skill sets (physical and non-physical), after baseline, the mother was taught PII and presented with the digital frame and asked to turn it on each day, first for the physical skill set and then for the non-physical skill set. From a baseline averaging fewer than 20 percent physical skill use in 10-minute sessions, PII + digital frames produced 100 percent performance during training and 85 percent at follow-up. For non-physical skills, her baseline average was around 55 percent and during training increased to 100 percent by the third training session. Follow-up averaged near 90 percent over three sessions with no further training (Gaskin et al, 2012). This skill acquisition was faster and better than six typically developing young mothers in a previous study with PII (Lutzker, Lutzker, Braunling-McMorrow, & Eddleman, 1987).

Subsequently, we have worked with four other mothers; three were high-risk; one was middle-class). In each case the technology-enhanced PII seemed to produce strong results for mothers who often struggle with training otherwise. We have also used very brief videos showing criterion performances of a parent other than the participating parent and her child. Similarly, these short videos displayed on a small mini flip cam enhanced PII outcomes.

Qualitative work. We held key informant interviews with four parents with ID, with six caseworkers from a local agency that works with individuals with ID, and phone interviews with four caseworkers from a center in the Midwest for persons with ID. We learned that individuals with ID living in independent or semi-independent situations were far more savvy with cell phones and computers than we thought. They expressed considerable enthusiasm

with digital frames and said that they thought that any use of these technologies would be helpful to them. Similarly, caseworkers felt that the use of digital frames and other technological enhancements would be quite valuable adjuncts to parent training. They all felt that adding digital frames provided enhanced quality of life to these families, as did the mother in our first single-case study (Gaskin et al, 2012). That mother, and the mothers we interviewed, and the other mothers with whom we have worked have stated that to have so many photos of them with their babies enriched their homes.

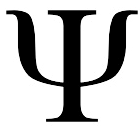
Future research. Our current work has not adequately allowed us to know if digital frames could also shorten training for parents with and without ID. We do not know if digital frames alone without the rest of PII might be effective with some families, and we have yet to examine sequence effects of the full PII and PII plus digital frames. Full PII includes going over pictorial materials along with modeling, role-playing, practice and feedback. We would also like to explore the use of the digital frames with other SafeCare protocols. Finally, digital frames have the options for video. We chose not to explore videos as we were concerned that they may be more intrusive for the household than the silent digital frames.

Summary. Parents with ID are at high risk for having their children removed from their homes. Tailored services can be a means of preventing the high removal rate. Structured behavioral parent training can be enhanced with technology to improve skill acquisition for parents with ID. Parents with ID and caseworkers endorse digital frames and other technological enhancements. We have found that digital frames with parents posed in criterion performance and short videos enhance already effective

parent-infant interaction training. Future research should continue to look at ways to enhance parent training for parents with ID.

References

- Azar, S. T., Robinson, L. R. , & Proctor, S. N. (2012). *Journal of Mental Health Research in Intellectual Disabilities*, 5, 130-156.
- Azar, S. T., Stevenson, M. T., & Johnson, D. R. (2012). Intellectual disabilities and neglectful parenting: Preliminary findings on the role of cognition in parenting risk. *Journal of Mental Health Research in Intellectual Disabilities*, 5, 94-129.
- Chaffin, M., Hecht, D. Bard, D., Silovsky, J., & Beasley, W. H. (2012). *Pediatrics*, 2012/02/15peds. 2011-1840.
- Dowrick, P. W. (1999). A review of self-modeling and related interventions. *Applied and Preventive Psychology*, 8, 23-39.
- Feldman, M.A. (1994). Parenting education for parents with intellectual disabilities: A review of outcome studies. *Research in Developmental Disabilities*, 15, 299-232.
- Gaskin, E. H., Lutzker, J. R., Crimmins, D. B., & Robinson, L. (2012). Using a digital frame and pictorial information to enhance the SafeCare® Parent-Infant Interaction Module with a mother with intellectual disabilities: Results of a pilot study. *Journal of Mental Health Research in Intellectual Disabilities*, 5 187-202.
- Lee, S., Aos, S., Drake, E., Pennucci, A., Miller, M. & Anderson, L. (2012). *Return on investments: Evidence-based options to improve statewide outcomes*. April 2012 (Document No. 12-04-1201). Olympia: Washington State Institute for Public Policy.
- Llewellyn, G.,& McConnell, D. (2001). Mothers with learning difficulties and their support networks. *Journal of Intellectual Disability Research*, 46, 17-34.
- Lutzker, J. R. (1984). Project 12-Ways: Treating child abuse and neglect from an ecobehavioral perspective. In R. F. Dangel and R. A. Polster (Eds.). *Parent training: Foundations in Research and practice*. (pp.260-291). New York: Guilford Press.
- Lutzker, S. Z., Lutzker, J. R., Braunling-McMorrow, D., & Eddleman, J. (1987). Prompting to increase mother-baby stimulation with single mothers. *Journal of Child and Adolescent Psychotherapy*, 4, 3-12.
- McGaw, S., Shaw, T., Beckley, K. (2007). Prevalence of psychopathology across a service population of parents with intellectual disabilities and their children. *Journal of Policy and Practice in Intellectual Disabilities*, 4, 11-22.
- Sarber, R. E., Halasz, M. M., Messmer, M. C., Bickett, A. D., & Lutzker, J.R. (1983). Teaching menu planning and grocery shopping skills to a mentally retarded mother. *Mental Retardation*, 21, 101-106.
- Silovsky, J. F., Bard, D., Chaffin, M., Hecht, D., Burris, L., Owora, A., Doughty, D., & Lutzker, J. (2011). Prevention of child maltreatment in high-risk rural families: A randomized clinical trial with child welfare outcomes. *Children and Youth Services Review*, 33, 1435-1444.
- Watson-Perczel, M., Lutzker, J. R., & Greene, B. F. (1988). Assessment and modification of home cleanliness among families adjudicated for child neglect. *Behavior Modification*, 12, 57-81. Ψ



**Division 33
Sara S. Sparrow Early Career
Research Award**

*Presented at the
Annual Meeting of the American
Psychological Association
August, 2012*

Sara S. Sparrow Early Career Research Award

Anna Esbensen

**Aging in Adults with Down Syndrome:
With My Research Career as Cast by Walt Disney
Cincinnati Children's Hospital Medical Center**

It is a great honor to have been awarded the Sara S. Sparrow Early Career Research Award. I was humbled when I heard that this honor was being bestowed upon me, as I believe I've been very fortunate to know mentors and colleagues who have helped bring me to this point in my career. I would not have received this award if not for the influence and support of many other people along the way. The 2012 APA conference was in Orlando, so I chose to highlight a few of the individuals who had helped shape my career by comparing their personality and influence to those of Disney or Pixar characters. I was only able to do this as my children are 3 and 5 years of age and love these movies. As the effect of these analogies is lost in print, I will omit them here.

My interest in intellectual and developmental disabilities (IDD) began in elementary school. Looking back at school reports I'd saved, I found a research report from the 7th grade on residential supports for aging adults with disabilities. My research questions were terrible and my people-first language was lacking. But I find it amusing that my current research questions mirror those from 25 years ago. The research I presented summarized the work I have done on aspects of aging in adults with Down syndrome. I described the aging of adults with Down syndrome in comparison to adults with IDD or autism spectrum disorders, the impact on the family of raising an adult with Down syn-

drome, and the impact of the family on the adult with Down syndrome. I also described my recent work on the health and mortality of adults with Down syndrome and how those interests have migrated to a focus on children with Down syndrome.

Aging of adult with Down syndrome in comparison to others:

As a post-doc, I worked with Marsha Mailick (previously Seltzer) and Jan Greenberg, and was fortunate to work with the data from the Aging Caregivers study (R01 AG08768). Data were collected from maternal caregivers (in addition to other family members) of 461 adults with IDD, through eight waves of data collection between 1988 and 2000. The original grant was focused on the impact of the caregiving experience. My research questions for this impressive dataset were focused on the aging of adults with IDD, specifically those with Down syndrome (n=169).

Using data across a 9-year time span, we examined the normative pattern of aging of adults with (n=150) and without (n=240) Down syndrome prior to the age when declines are common in individuals with Down syndrome (Esbensen, Seltzer, & Krauss, 2008). Our results suggested that, prior to age 40, adults with Down syndrome were relatively advantaged with respect to their functional skills and behavioral problems in comparison with

others who have other types of IDD, and comparable with respect to their health. Our results supported previous findings of a Down syndrome advantage in functional abilities (Zigman et al., 1987; Zigman et al., 2002) and extended evidence of a Down syndrome advantage to the domain of behavior problems. Our findings of a Down syndrome advantage in adulthood were particularly important when considering the solid empirical evidence that as adults with Down syndrome age into mid-life and their elder years, the probability of disadvantaged functioning increases markedly.

Further, we found that patterns of change in functional abilities, health, and behavior problems over these 9 years were comparable for adults with and without Down syndrome, with both groups showing improvements in behavior problems and housekeeping skills, and declines in health, personal care and mobility. We concluded that during middle adulthood there was no significant need for concern regarding the age-related changes for adults with Down syndrome as compared their peers.

In other analyses, we continued to find similar patterns of aging when comparing adults with and without Down syndrome. In examining the pattern of change before and after parental death, we found that behavior problems in both groups worsened after parental death and stayed elevated for a period greater

than 2 years. This finding supported past research suggesting that adults with ID experience atypical and prolonged grief following the death of a friend or family member (Dodd, Dowling, & Hollins, 2005; McHale & Carey, 2002). Also, in examining the pattern of change before and after residential transitions, we found that health declines in adults with and without Down syndrome preceded and perhaps contributed to their residential placement, whereas changes in functional abilities and behavior problems followed and may have been influenced by residential placement (Essex et al., 1997). These findings illustrate the similarity across and complexity within aging in adults with and without Down syndrome.

We further examined aging in adults with Down syndrome ($n=70$) through a comparison with age-matched adults with autism spectrum disorder and comorbid ID ($n=70$; Esbensen, Bishop, Seltzer, Greenberg, & Taylor, 2010). Consistent with comparisons documented during childhood between these two groups, during adulthood individuals with autism spectrum disorders who also had ID continued to show a pattern of poorer outcomes than adults with Down syndrome. Adults with Down syndrome had more residential independence and social contact with friends, had less limited functional abilities and literacy, exhibited fewer behavior problems, had fewer unmet service needs, and received more services as compared to adults with autism spectrum disorders. Adults with Down syndrome were also more likely to be classified as having high or moderate levels of independence in adult life as compared to adults with autism spectrum disorder.

Despite this set of advantages for adults with Down syndrome, it should be noted that all adults studied still had some limitations. No individuals with Down syndrome in our study met the criteria for a very high level of independence in adult life (living independently, seeing their friends several times a week, and working in competitive employment). Further, about a third of the adults with Down syndrome in our sample had limited socialization, either never visiting with friends or doing so only once in the past year, and a small portion had no current vocational activity or experiences. As a whole, however, our findings comparing adults with and without Down syndrome are consistent with findings among children, commonly showing a relative advantage among the individuals with Down syndrome.

Impact on and of the family:

Similar to the advantages exhibited by individuals with Down syndrome, mothers of individuals with Down syndrome also typically exhibit advantaged psychological well-being outcomes when compared with mothers of individuals with other IDD, with better outcomes being evident across the lifespan (e.g., Fidler, Hodapp, & Dykens, 2000; Hauser-Cram, Warfield, Shonkoff, & Krauss, 2001; Seltzer, Krauss, & Tsunematsu, 1993). However, not all researchers have replicated these research findings, nor have comparable results been found for all measures of well-being (Cunningham, 1996; Esbensen, Seltzer, & Abbeduto, 2008; Gath, 1990; Greenberg et al., 2004; Roach, Orsmond, & Barratt, 1999; Sanders & Morgan, 1997). The argument some have made is that contextual factors or covariates account for the

discrepant findings. For example, well-being may improve with age, and as mothers of individuals with Down syndrome are generally older, the contextual factor of age results in the advantaged profile. I sought to examine what contextual factors may account for the advantage, by examining differences within samples of mothers of adults with Down syndrome. For example, if maternal age is causing the advantaged outcomes in mothers of individuals with Down syndrome relative to other groups, then it should also cause an advantaged outcome within mothers of individuals with Down syndrome. My argument was that we might better understand the role of contextual factors between groups by first understanding if these factors play a role within a group.

Among 155 mothers of adults with Down syndrome we found that the Down syndrome behavioral phenotype (fewer behavior problems) predicted less pessimism, more life satisfaction, and better quality of the mother-child relationship (Esbensen & Seltzer, 2011). These findings suggested that the Down syndrome advantage found for these three maternal outcomes may be genuine advantaged profiles, and not artifactual or due to contextual variables. However, for the maternal outcome of caregiving burden, we found that older maternal age and having more social supports, in addition to the behavioral phenotype, predicted advantaged profiles among these mothers. This finding suggests that the Down syndrome advantage, with respect to subjective burden, was more complex than with other measures of maternal well-being. Our findings thus informed our understanding of the advantaged profile exhibited by

mothers of children with Down syndrome.

After extending our knowledge from childhood to adulthood of how the individual with Down syndrome *impacts the family*, my focus shifted to understanding how the *family may impact* the aging adult with Down syndrome. There is a great deal of within-group heterogeneity in aging among adults with Down syndrome, and I hypothesized that some of this heterogeneity was associated with family and environmental factors, as the family is consistently shown to improve the development of individuals with Down syndrome. Among young children with Down syndrome, parent-child interactions have been shown to foster their child's development, and growth in communication, functional abilities and socialization skills are predicted by family cohesion and quality of the mother-child relationship (Berger, 1990; Crnic, 1990; de Falco, Esposito, Venuti, & Bornstein, 2008; Guralnick, 1998; Hauser-Cram et al., 1999; Sheperdson, 1995; Shonkoff, Hauser-Cram, Krauss, & Upshur, 1992). Among adults with Down syndrome, lower maternal stress is associated with greater independence for the adult (Carr, 2008).

To understand the processes that might be involved, we examined the impact of the family (as measured between 1988 to 2000) on the aging of 75 adults with Down syndrome, as measured approximately 12 years later (2010/2011) (Esbensen, Mailick, & Silverman, under review). In our preliminary results, we found that parental psychological functioning and the quality of the relationship between the parent and the adult with Down syndrome were significant predictors of later

adult outcomes (behavior problems, functional abilities and health). Specifically, lower levels of behavior problems in the adult with Down syndrome in 2010/11 were predicted by reductions in maternal depressive symptoms between 1989-2000, even after controlling for initial levels of and changes in behavior problems between 1989-2000, the age of the adult with Down syndrome, and the level of functioning of the adult. We also found that a higher level of functional abilities in the adult with Down syndrome in 2010/2011 was predicted by both initial level and reductions in maternal depressive symptoms between 1989-2000, net of the other predictors listed above. Better health of adults with Down syndrome in 2010/2011 was predicted by the mother's initial level of depressive symptoms, by reductions in her depressive symptoms between 1989-2000 (with marginal significance), and by improvements in her positive psychological well-being between 1991-2000, again net of the other predictors.

Fathers also played a role in their son or daughter's outcomes. Better health was predicted by higher initial levels of positive psychological well-being in fathers and by higher initial levels of relationship quality between the father and the adult with Down syndrome, net of the other predictors. Our research showed that advancing age alone did not define outcomes for adults with Down syndrome. Rather, the well-being of their parents also influenced outcomes for their adult child above and beyond aging effects.

Health and mortality:

The results described herein are the first to come out of my study on the aging of adults with Down syndrome, the aims of which were to (1) examine the impact of the prior family environment on later life outcomes for adults with Down syndrome, (2) examine the prevalence, antecedents and consequences of major life transitions, such as parental death and residential transitions, and (3) explore the implementation and impact of future planning for aging adults with Down syndrome. While the data have been collected (and are still being analyzed), an interesting and separate question arose when developing an R03 grant application. By nature of the original study, the ethnic and racial diversity in the sample was lacking. This limited racial diversity needed to be justified in the application to NIH. The literature reported that the life expectancy for African-Americans with Down syndrome was substantially shorter than for Caucasians with Down syndrome, more so than expected by racial differences in life expectancy in the general population (Yang, Rasmussen, & Friedman, 2002). Thus, in my aging sample, I could expect less diversity due to racial differences in life expectancy. I became interested in understanding how racial disparities in health and hospitalizations contributed to these disparate life expectancies.

To investigate this question, Rick Urbano and Robert Hodapp at Vanderbilt generously shared access to the Tennessee administrative databases. Deaths were recorded from 1990-2008, and hospitalization from 1997-2007 for all individuals in the state. Adults with Down syndrome were selected from these datasets for analysis. We linked hospitaliza-

tion and death records in order to examine racial differences in mortality and the contributing pattern of hospitalizations prior to mortality among over 2500 adults with Down syndrome. Our preliminary findings from these data replicate the findings of a shorter life expectancy among African-Americans as compared to Caucasians. We also found that African-Americans had longer hospital stays than Caucasians. We continue to analyze the data to explore how the medical conditions underlying the hospitalizations contribute to lengths of stay and mortality.

I further investigated racial disparities among children with Down syndrome, examining the frequency of medical conditions in a clinic dataset including over 800 children with Down syndrome. I focused on a child population as Yang et al. (2002) reported that while overall life expectancies exhibit some racial disparities, an even greater racial disparity exists for life expectancies for individuals with Down syndrome and comorbid congenital heart defects, with median life expectancies within childhood and adolescence.

Despite not having a significantly greater frequency of any medical conditions, or differences in pre or postnatal birth history, our preliminary analyses revealed that African-Americans with Down syndrome were more likely to receive referrals for ENT, ophthalmology and cardiology. This finding may suggest that medical conditions are more severe among African-Americans than Caucasians, or alternatively that access to care may have been limited for African-Americans with Down syndrome. Either one of these explanations would support the findings from the clinic dataset, and the

findings on differential life expectancies.

Acknowledgements:

These research questions have led me from my 7th grade interest on aging in disabilities, to a current focus on children with Down syndrome. While my research focus may have shifted, the constant throughout my career has been the support of mentors, colleagues and family. I have been very fortunate, and again, am very honored to have received this award.

I would be remiss if I didn't acknowledge the funding that has supported the various projects above, including the *Eunice Kennedy Shriver* National Institute on Child Health and Human Development (R03 HD059848, A. Esbensen PI; P30 HD03352, M. Mailick, PI, Waisman Intellectual and Developmental Disabilities Research Center), the National Institute on Aging (R01 AG08768, M. Mailick, PI), the Autism Society of Southeastern Wisconsin, and the Emily Ann Hayes Research Fund.

References

Berger, J. (1990). Interactions between parents and their infants with Down syndrome. In D. Cichetti & M. Beeghly (Eds.), *Children with Down syndrome: A developmental perspective* (pp. 101-146). Cambridge, NY: University Press.

Carr, J. (2008). The everyday life of adults with Down syndrome. *Journal of Applied Research in Intellectual Disabilities*, 21, 389-397.

Crnic, K. A. (1990). Families of children with Down syndrome: Ecological contexts and charac-

teristics. In D. Cichetti & M. Beeghly (Eds.), *Children with Down syndrome: A developmental perspective* (pp. 399-423). Cambridge, NY: University Press.

Cunningham, C. C. (1996). Families of children with Down syndrome. *Down Syndrome Research and Practice*, 4, 87-95.

Dodd, P., Dowling, S., & Hollins, S. (2005). A review of the emotional, psychiatric and behavioral responses to bereavement in people with intellectual disabilities. *Journal of Intellectual Disability Research*, 49, 537-543.

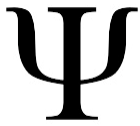
Esbensen, A. J., Bishop, S. L., Seltzer, M. M., Greenberg, J. S., & Taylor, J. L. (2010). Comparisons between individuals with autism spectrum disorders and individuals with Down syndrome in adulthood. *American Journal of Intellectual and Developmental Disabilities*, 115, 277-290. PMC2885822

Esbensen, A. J., Mailick, M., & Silverman, W. (under review). *Impact of the family environment on aging in Down syndrome*.

Esbensen, A. J., & Seltzer, M. M. (2011). Accounting for the "Down syndrome advantage". *American Journal on Intellectual and Developmental Disabilities*, 116, 3-15.

Esbensen, A. J., Seltzer, M. M., & Abbeduto, L. (2008). Family well-being in Down syndrome and fragile X syndrome. In J. E. Roberts, R. Chapman, & S. Warren (Eds.), *Speech and language development and intervention in Down syndrome and Fragile X syndrome*. Baltimore, MD: Brookes.

- Esbensen, A. J., Seltzer, M. M., & Krauss, M. W. (2008). Stability and change in health, functional abilities and behavior problems among adults with and without Down syndrome. *American Journal on Mental Retardation*, 113, 263–277.
- Essex, E. L., Seltzer, M. M., & Krauss, M. W. (1997). Residential transitions of adults with mental retardation: Predictors of waiting list use and placement. *American Journal on Mental Retardation*, 101, 613–629.
- de Falco, S., Esposito, G., Venuti, P., & Bornstein, M. H. (2008). Fathers' play with their Down syndrome children. *Journal of Intellectual Disability Research*, 52, 490-502.
- Fidler, D. J., Hodapp, R. M., & Dykens, E. M. (2000). Stress in families of young children with Down syndrome, Williams syndrome, and Smith-Magenis syndrome. *Early Education and Development*, 11, 395–406.
- Gath, A. (1990). Down syndrome children and their families. *American Journal of Medical Genetics Supplement*, 7, 314-316.
- Greenberg, J. S., Seltzer, M. M., Krauss, M. W., Chou, R. J., & Hong, J. (2004). The effect of quality of the relationship between mothers and adult children with schizophrenia, autism or Down syndrome on maternal well-being: The mediating role of optimism. *American Journal of Orthopsychiatry*, 74, 14-25.
- Guralnick, M. J. (1998). Effectiveness of early intervention for vulnerable children: A developmental perspective. *American Journal on Mental Retardation*, 102, 319-345.
- Hauser-Cram, P., Warfield, M. E., Shonkoff, J. P., & Krauss, M. W. (2001). Children with disabilities: A longitudinal study of child development and parent well-being. *Monographs of the Society for Research in Child Development*, 66, Serial No. 266.
- Hauser-Cram, P., Warfield, M. E., Shonkoff, J. P., Krauss, M. W., Upshur, C. C., & Sayer, A. (1999). Family influences on adaptive development in young children with Down syndrome. *Child Development*, 70, 979-989.
- MacHale, R., & Carey, S. (2002). An investigation of the effects of bereavement on mental health and challenging behaviour in adults with learning disability. *British Journal of Learning Disabilities*, 30, 113–117.
- Roach, M. A., Orsmond, G. I., & Barratt, M. S. (1999). Mothers and fathers of children with Down syndrome: Parental stress and involvement in child-care. *American Journal on Mental Retardation*, 104, 422-436.
- Sanders, J. L., & Morgan, S. B. (1997). Family stress and adjustment as perceived by children with autism or Down syndrome: Implications for intervention. *Child and Family Behavior Therapy*, 19, 15-32.
- Seltzer, M.M., Krauss, M.W., & Tsunematsu, N. (1993). Adults with Down syndrome and their aging mothers: Diagnostic group differences. *American Journal on Mental Retardation*, 97, 464–508.
- Shepperdson, B. (1995). Two longitudinal studies of the abilities of people with Down's syndrome. *Journal of Intellectual Disability Research*, 39, 419-431.
- Shonkoff, J. P., Hauser-Cram, P., Krauss, M. W., & Upshur, C. C. (1992). Development of infants with disabilities and their families: Implications for theory and service delivery. *Monographs of the Society for Research in Child Development*, 57, 1-153.
- Yang, Q., Rasmussen, S. A., & Friedman, J. M. (2002). Mortality associated with Down's syndrome in the USA from 1983 to 1997: A population-based study. *The Lancet*, 359, 1019-1025.
- Zigman, W. B., Schupf, N., Lubin, R. A., & Silverman, W. P. (1987). Premature regression of adults with Down syndrome. *American Journal of Mental Deficiency*, 92, 161–168.
- Zigman, W. B., Schupf, N., Urv, T., Zigman, A., & Silverman, W. (2002). Incidence and temporal patterns of adaptive behavior change in adults with mental retardation. *American Journal on Mental Retardation*, 107, 161–174. Ψ



**Division 33 is Proud to Present the Following Slate
of Candidates for APA Division 33 Offices**

**President-Elect-Designate
Anna Esbensen, Ph.D.**

**Member-at-Large of the Executive Committee
Sigan Hartley, Ph.D.**

PRESIDENT-ELECT DESIGNATE

ANNA ESBENSEN, PH.D. CANDIDATE STATEMENT

It is a great honor to be nominated to run for Division 33 President-Elect-Designate. I have enjoyed having an active role with the Executive Council for the last seven years, having co-chaired the conference program in New Orleans, served as Member-at-Large and as the representative to APA's Committee on Women in Psychology, and reviewed for several conference programs. I have served on or chaired other committees for the American Association on Intellectual and Developmental Disabilities and for the National Association for the Dually Diagnosed, and currently serve as Associate Editor of the *Journal of Mental Health Research in Intellectual Disabilities*. It is within this history of service to the Division and to the field of intellectual and developmental disabilities that I would be pleased to serve as President-Elect-Designate.

I am currently an Assistant Professor of Pediatrics at the University of Cincinnati Medical School in the Division of Developmental and Behavioral Pediatrics at Cincinnati Children's Hospital Medical Center. As a licensed clinical psychologist, I provide clinical services to children with Down syndrome and their families. My research focuses on environmental influences on the development and aging of individuals with Down syndrome, and on the mental health of individuals with intellectual disability (dual diagnosis).

From my years serving Division 33, I have seen first-hand the role of our Division in representing research and practice in the field of intellectual and developmental disabilities. I understand the responsibility of our Division regarding the forthcoming DSM-5 as well as the ongoing concerns of finances and membership. I would be honored to lead and work with the Executive Council over the next five years to continue its mission.

MEMBER-AT-LARGE OF THE EXECUTIVE COMMITTEE

SIGAN HARTLEY, PH.D., CANDIDATE STATEMENT

I am an Assistant Professor in the Human Development and Family Studies department at the University of Wisconsin-Madison and an Investigator at the Waisman Center. I received my Ph.D. in clinical psychology from the University of Wyoming, under the mentorship of Bill MacLean, and completed my pre-doctoral clinical internship at the Child Development and Rehabilitation Center, Oregon Health and Science University. I completed my postdoctoral training at the Waisman Center, University of Wisconsin-Madison, under the mentorship of Marsha Seltzer and Len Abbeduto.

My research and clinical work examines the biological and environmental contexts underlying positive well-being in individuals with intellectual and developmental disabilities. Specifically, I am interested in understanding and treating mental health disorders in adolescents and adults with intellectual and developmental disabilities. My research is also focused on elucidating the factors that promote optimal marital quality and psychological well-being in mothers and fathers of young and grown children with autism spectrum disorders. I am also involved in an ongoing imaging study of neuropathology associated with dementia in adults with Down syndrome. I have authored 26 peer reviewed publications and 4 book chapters. My research has been funded by federal grants as well as a Clinical and Translational Science Award.

My research is strongly influenced by my clinical work. Currently, my clinical practice is focused on group interventions for depression in adults with intellectual disabilities and neuropsychological assessments of early stage dementia in adults with Down syndrome. I currently serve as faculty for the Waisman Center's Leadership in Education in Neurodevelopmental Disabilities (LEND) program and supervise psychology students in their clinical practice and research activities.

It would be my honor to represent and be an advocate for Division 33. I believe the Division plays a critical role in promoting high standards for clinical work and scholarship in the field of intellectual and developmental disabilities. As member-at-large, I would be strongly committed to promoting the dissemination of research findings and application of best practices in clinical practice in meaningful ways at both a local and international level.

AMERICAN PSYCHOLOGICAL ASSOCIATION - DIVISION 33

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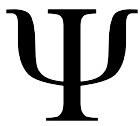
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Sasha Zeedyk

szeedyk@gmail.com



Dear Division 33 Members:

The Awards Committee of the APA Division 33 – Psychology in Intellectual and Developmental Disabilities would like to congratulate the 2013 Division 33 Award winners.



The Doll Award of Division 33 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. The 2013 Doll Award will be presented to **Dr. Steve F. Warren**. Dr. Warren is Vice Chancellor for Research and Graduate Studies at the University of Kansas; Professor, Department of Applied Behavioral Science, University of Kansas; Courtesy Professor, Molecular and Integrative Physiology, University of Kansas Medical Center.



The Jacobson Award for Critical Thinking is presented to an individual who has made meritorious contributions to the field of intellectual and developmental disabilities in an area related to behavioral psychology, evidence-based practice, dual diagnosis or public policy. The 2013 Jacobson Award for Critical Thinking will be presented to **Dr. Sally J. Rogers**. Dr. Rogers is a Professor in the Department of Psychiatry and Behavioral Sciences, School of Medicine, University of California, Davis MIND Institute, 2825 50th Street, Sacramento, CA 95817

tal disabilities in an area related to behavioral psychology, evidence-based practice, dual diagnosis or public policy. The 2013 Jacobson Award for Critical Thinking will be presented to **Dr. Sally J. Rogers**. Dr. Rogers is a Professor in the Department of Psychiatry and Behavioral Sciences, School of Medicine, University of California, Davis MIND Institute, 2825 50th Street, Sacramento, CA 95817

Edgar A. Doll Award (est. 1980)	Sara Sparrow Early Career Research Award (est. 2008)	Jacobson Award (est. 2007)
1981 Sam Kirk		
1982 Gershon Berkson		
1983 Marie S. Crissey		
1984 Sidney Bijou		
1985 no award		
1986 Norman Ellis		
1987 Ed Zigler		
1988 H. Carl Haywood		
1989 Donald MacMillan		
1990 Henry Leland		
1991 Alfred Baumeister		
1992 Earl Butterfield		
1993 Brian Iwata		
1994 Ivar Lovaas		
1995 Stephen Schroeder		
1996 Donald Baer		
1997 Richard Eyman		
1998 Nancy Robinson		
1999 Murray Sidman		
2000 Todd Risley		
2001 Don Routh		
2002 Travis Thompson		
2003 John Borkowski		
2004 Gene P. "Jim" Sackett		
2005 Robert Sprague		
2006 Ann Streissguth		
2007 Douglas K. Detterman		Richard Foxx
2008 Michael Guralnick	Luc Lecavalier	
2009 Sara Sparrow		James Mulick
2010 Bruce Baker	Laura Lee McIntyre	
2011 Michael Aman		Stephen Greenspan
2012 Ann Kaiser	Anna Esbensen	
2013 Steve Warren		Sally Rogers

APA DIVISION 33

WINTER 2013

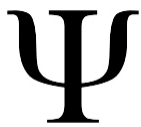
VOLUME 38, NUMBER 2

PSYCHOLOGY IN INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Editorial Policy

Psychology in Intellectual and Developmental Disabilities 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. Brief articles about policy issues in psychology and IDD, 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: warren.zigman@opwdd.ny.gov. Address hardcopy correspondence to: Warren B. Zigman, Ph.D., Editor, *Psychology in Intellectual and Developmental Disabilities*, New York State Institute for Basic Research in Developmental Disabilities, Department of Psychology, 1050 Forest Hill Road, Staten Island, NY 10314. 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. Issue deadlines are November 15, Fall/Winter issue; May 15, Summer issue.





Memories from Orlando, Florida – 2012 Convention

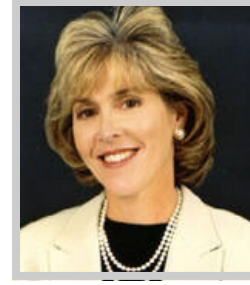
DIVISION OFFICERS



Division 33 President Elect Designate
Laura Lee McIntyre



Division 33 President
Alice Carter



Division 33 President Elect
Jan Blacher

Award Speeches



Dr. Ann Kaiser
(Doll Award)



Dr. Anna Esbensen
(Sara S. Sparrow Early Career Award)

Award Presentations



President Elect Jan Blacher presents the Sara S. Sparrow Early Career Award to Dr. Anna Esbensen



President Alice Carter presents the Edgar A. Doll Award to Dr. Ann Kaiser for her substantial contributions to the understanding of intellectual or developmental disabilities throughout her career



President Alice Carter presents the Presidential Award to Dr. John Lutzker



President John Lutzker passes the Gavel to Dr. Alice Carter



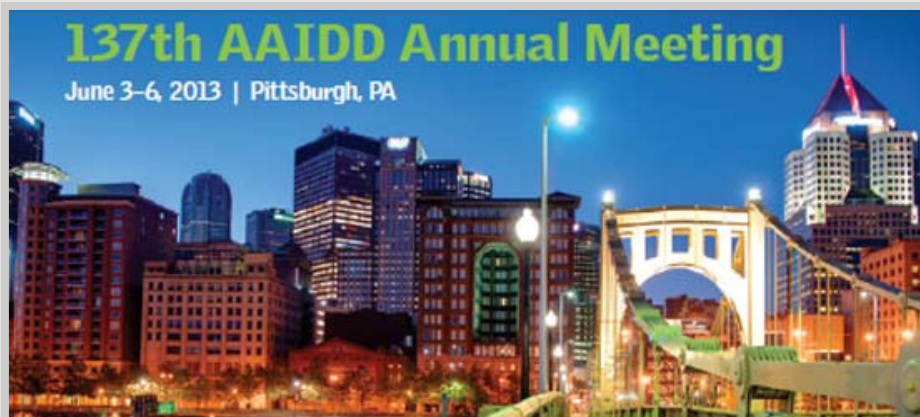
Sharon J. Krinsky-McHale begins her term as Secretary/Treasurer

Memories from Orlando, Florida – 2012 Convention

SOCIAL HOUR



Division 33 Fellows, Members and Students enjoy a post session Social Hour

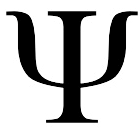


Save the Date

The 137th American Association on Intellectual and Developmental Disabilities (AAIDD) Annual Meeting, Race to Catch the Future, will provide researchers, clinicians, practitioners, educators, policymakers, local, state and federal agencies, and advocates with cutting edge research, effective practices, and valuable information on important policy initiatives.

Date: June 3 - 6, 2013

**Location: Wyndham Grand Pittsburgh Downtown
Pittsburgh, PA**



Memories from Orlando, Florida – 2012 Convention

Poster Presenters

Shakespeare and Autism
A Shakespearean Social Skills Intervention for Children with ASD
Institution: The Ohio State University Nisonger Center
Abstract: The purpose of this study was to evaluate the effectiveness of a social skills intervention for children with ASD...
Introduction: The purpose of this study was to evaluate the effectiveness of a social skills intervention for children with ASD...
Method: The study was a randomized controlled trial...
Results: The results of the study showed that the intervention was effective in improving social skills...
Conclusion: The results of the study suggest that the intervention is a promising treatment for children with ASD...
Poster B-3

Improved functioning in developmentally delayed students undergoing Pivotal Response Therapy
Andrea C. Lewallen MA, Daessya Mayo MA, Adrian Villanueva MA, Cameron Neece Ph.D, and Gina Nekirk Ph.D
Loma Linda University
Introduction: Pivotal Response Therapy (PRT) is an intervention that targets developmental deficits in core areas such as motivation, self-management, responsiveness to multiple cues, and self-initiation to produce collateral gains in other areas of functioning...
Results: The results of the study showed that the intervention was effective in improving social skills...
Conclusion: The results of the study suggest that the intervention is a promising treatment for children with ASD...
Poster B-4

The Status of Children with Autism Spectrum Disorders in Ukraine
Annual Convention of the American Psychological Association
Oleksandr, P.I. August 2012
Christina A. Dobniak, Ph.D., & Oleh Romachuk, M.D.
Abstract: The purpose of this study was to evaluate the effectiveness of a social skills intervention for children with ASD...
Introduction: The purpose of this study was to evaluate the effectiveness of a social skills intervention for children with ASD...
Method: The study was a randomized controlled trial...
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Conclusion: The results of the study suggest that the intervention is a promising treatment for children with ASD...
Poster B-1

The Effects of Mindfulness in Parenting Children with Developmental Disabilities
Abstract: The purpose of this study was to evaluate the effectiveness of a social skills intervention for children with ASD...
Introduction: The purpose of this study was to evaluate the effectiveness of a social skills intervention for children with ASD...
Method: The study was a randomized controlled trial...
Results: The results of the study showed that the intervention was effective in improving social skills...
Conclusion: The results of the study suggest that the intervention is a promising treatment for children with ASD...
Poster B-5

Interventions for Parenting Stress: The Moderating Role of Child Behavior Problems
Alyson L. Davis, B.A., Derek Mathies, M.A., & Cameron L. Neece, Ph.D.
Loma Linda University, Loma Linda, CA
Abstract: The purpose of this study was to evaluate the effectiveness of a social skills intervention for children with ASD...
Introduction: The purpose of this study was to evaluate the effectiveness of a social skills intervention for children with ASD...
Method: The study was a randomized controlled trial...
Results: The results of the study showed that the intervention was effective in improving social skills...
Conclusion: The results of the study suggest that the intervention is a promising treatment for children with ASD...
Poster B-6

Do Community Level Variables Predict Age of ASD Diagnosis and Intervention Services?
Mary Wajnarski, PhD & Eric Butler, PhD
Abstract: The purpose of this study was to evaluate the effectiveness of a social skills intervention for children with ASD...
Introduction: The purpose of this study was to evaluate the effectiveness of a social skills intervention for children with ASD...
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Conclusion: The results of the study suggest that the intervention is a promising treatment for children with ASD...
Poster B-16

Pathways to optimal development
Willa A.S. Marquis and Bruce L. Baker, PhD
University of California, Los Angeles, Department of Psychology
Abstract: The purpose of this study was to evaluate the effectiveness of a social skills intervention for children with ASD...
Introduction: The purpose of this study was to evaluate the effectiveness of a social skills intervention for children with ASD...
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Poster B-17

Pathways to optimal development
Willa A.S. Marquis and Bruce L. Baker, PhD
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Conclusion: The results of the study suggest that the intervention is a promising treatment for children with ASD...
Poster B-17

Memories from Orlando, Florida – 2012 Convention

Poster Presenters (Cont.)

PARENT FIDELITY OF IMPLEMENTATION OF PIVOTAL RESPONSE TREATMENT FOLLOWING PARENT TRAINING GROUP
 Vivian W. Wang, B.A.¹, Jennifer L. Brown, M.S.¹, David P. Reisinger, Ph.D.¹, Karl L. Bergquist, Ph.D.¹, BCSA-OP¹,
 Thomas W. Frazier, Ph.D.¹, Susan W. Gengoux, Ph.D.¹, BCSA-OP¹,
 Post-Att University¹, Standard University², Seattle Children's Hospital Autism Center³, and Cleveland Clinic Center for Autism⁴

Abstract: Pivotal Response Treatment (PRT) is an evidence-based intervention for children with autism spectrum disorders (ASD). PRT is a naturalistic, child-centered, and parent-implemented intervention that targets pivotal behaviors that have the potential to impact a wide range of other behaviors. The purpose of this study was to examine the fidelity of implementation of PRT by parents following a parent training group.

Methods: Parents of children with ASD (N=20) participated in a 12-week parent training group. The parents were then asked to implement PRT with their children for 12 weeks. The parents were then asked to complete a fidelity of implementation questionnaire.

Results: The results of the study showed that parents had high fidelity of implementation of PRT. The mean fidelity score was 85% (SD=10%).

Conclusion: The results of this study suggest that parents can implement PRT with high fidelity following a parent training group.

Figure 1: Change in the fidelity of implementation

Figure 2: Relationship between change in parent fidelity of implementation and change in number of child functional verbal utterances

Treatment of Generalized Anxiety Disorder in Children with Autism Spectrum Disorders: A Clinical Algorithm
 Marissa S. Glick, Ph.D., Andrew S. Glick, Ph.D., and Eric S. Glick, Ph.D.

Abstract: Generalized Anxiety Disorder (GAD) is a common anxiety disorder in children with Autism Spectrum Disorders (ASD). The purpose of this study was to develop a clinical algorithm for the treatment of GAD in children with ASD.

Methods: The clinical algorithm was developed based on a review of the literature and clinical experience.

Results: The clinical algorithm provides a systematic approach to the treatment of GAD in children with ASD.

Conclusion: The clinical algorithm provides a systematic approach to the treatment of GAD in children with ASD.

Psychotropic Medication Use in Adolescents with Autism Spectrum Disorders
 Maye, M.J., Martinez-Poboa, F., Shi, T.W., Nurnberger, L., Johnson, D.K., and Lee, C.E.
 University of Massachusetts, Boston, Institute for Brain Development, Boston, MA

Introduction: Psychotropic medications are commonly used in adolescents with Autism Spectrum Disorders (ASD). The purpose of this study was to examine the use of psychotropic medications in adolescents with ASD.

Methods: The study included a review of medical records and a survey of parents.

Results: The results of the study showed that adolescents with ASD use psychotropic medications at a higher rate than adolescents without ASD.

Conclusion: The results of this study suggest that adolescents with ASD use psychotropic medications at a higher rate than adolescents without ASD.

An Analog Functional Analysis and Treatment of Selective Mutism in a Student with Down Syndrome
 John D. Nelson and Tara B. Nelson

Abstract: Selective Mutism (SM) is a common anxiety disorder in children with Down Syndrome (DS). The purpose of this study was to develop an analog functional analysis and treatment for SM in a student with DS.

Methods: The study included an analog functional analysis and a treatment program.

Results: The results of the study showed that the treatment program was effective in reducing the student's SM.

Conclusion: The results of this study suggest that an analog functional analysis and treatment program can be effective in reducing SM in a student with DS.

Medications Taken by Children with ASD: Parental Reports
 Laura M. Garcia, Joseph J. Antonucci, Michael Lerner, Sheri S. Cohen, David Hodge, David P. Reisinger, and Charles S. Hoffman
 Department of Psychology, California State University, San Francisco

Abstract: Children with Autism Spectrum Disorders (ASD) often take medications. The purpose of this study was to examine the use of medications in children with ASD.

Methods: The study included a survey of parents.

Results: The results of the study showed that children with ASD take a variety of medications.

Conclusion: The results of this study suggest that children with ASD take a variety of medications.

Cognitive Errors and Psychological Problems in Adults with Intellectual Disabilities
 David A. H. Jones, Ph.D., and David A. H. Jones, Ph.D.

Abstract: Adults with Intellectual Disabilities (ID) often experience cognitive errors and psychological problems. The purpose of this study was to examine the relationship between cognitive errors and psychological problems in adults with ID.

Methods: The study included a survey of adults with ID.

Results: The results of the study showed that adults with ID experience cognitive errors and psychological problems.

Conclusion: The results of this study suggest that adults with ID experience cognitive errors and psychological problems.

Parent Training: Doing More with Less
 Anya M. Froelich, PsyD, Jacqueline Wynn, PhD,
 James Thomas, MA, EGBA, Elizabeth Henry, BA, Melissa Lawrence, BA

Abstract: Parent training is a key component of treatment for children with Autism Spectrum Disorders (ASD). The purpose of this study was to examine the effectiveness of a parent training program.

Methods: The study included a parent training program.

Results: The results of the study showed that the parent training program was effective in improving parent skills.

Conclusion: The results of this study suggest that a parent training program can be effective in improving parent skills.

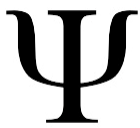
Asperger's and Social Competence: A Documented Parent and Child Training Model
 Tara B. Nelson, PhD, Richard D. Francis, PhD, Elizabeth Henry, BA, Patricia M. Kelly, BA, and David A. H. Jones, Ph.D.

Abstract: Asperger's Syndrome (AS) is a common condition in children. The purpose of this study was to develop a documented parent and child training model for AS.

Methods: The study included a parent and child training model.

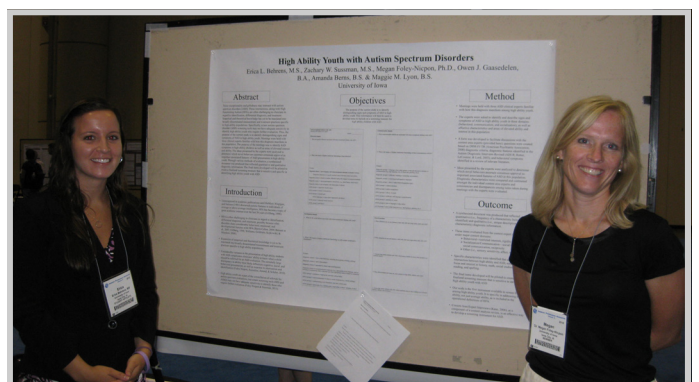
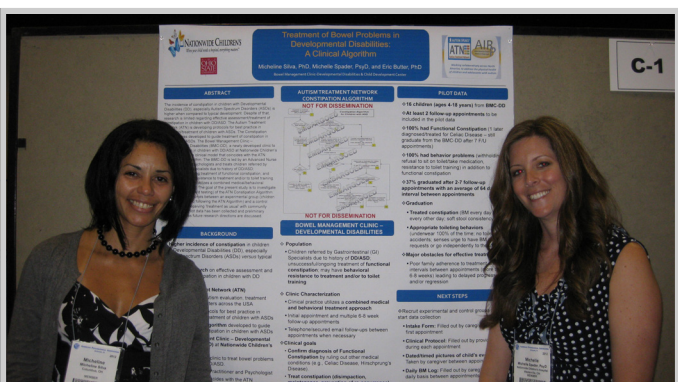
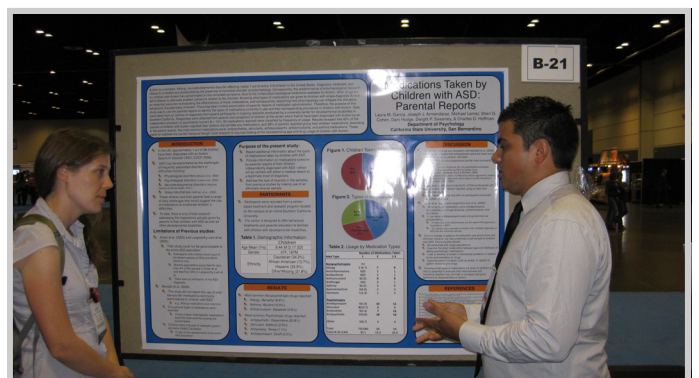
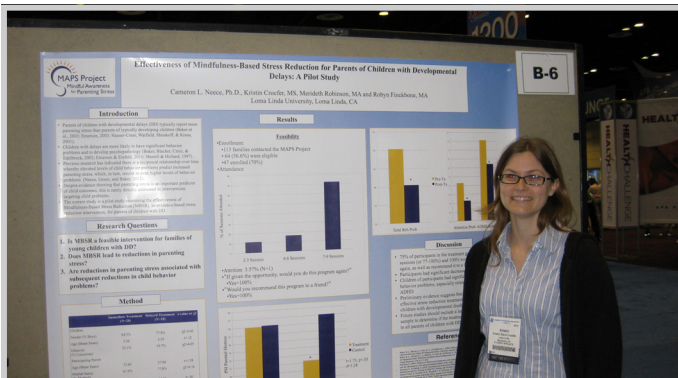
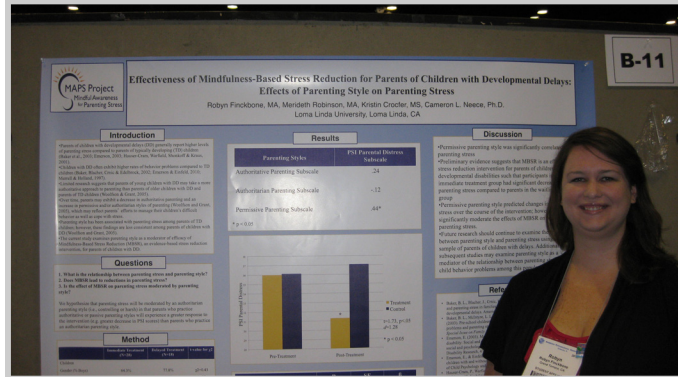
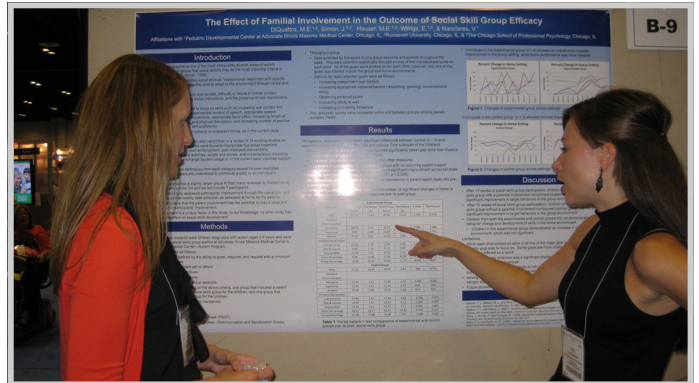
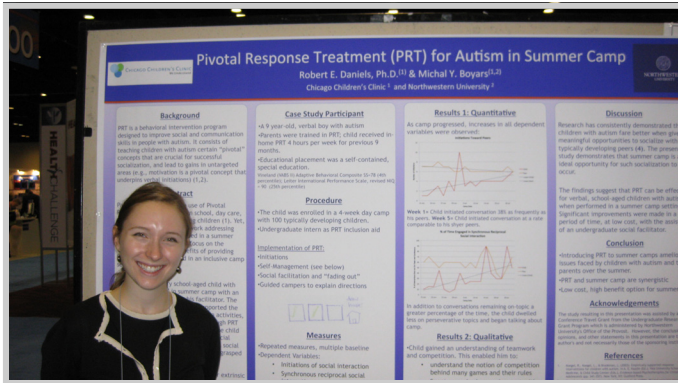
Results: The results of the study showed that the training model was effective in improving social competence in children with AS.

Conclusion: The results of this study suggest that a documented parent and child training model can be effective in improving social competence in children with AS.



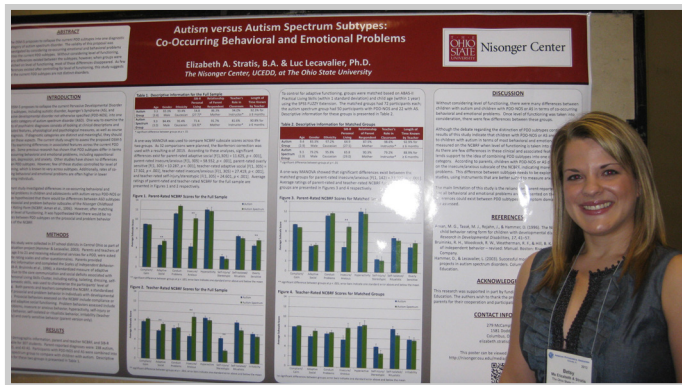
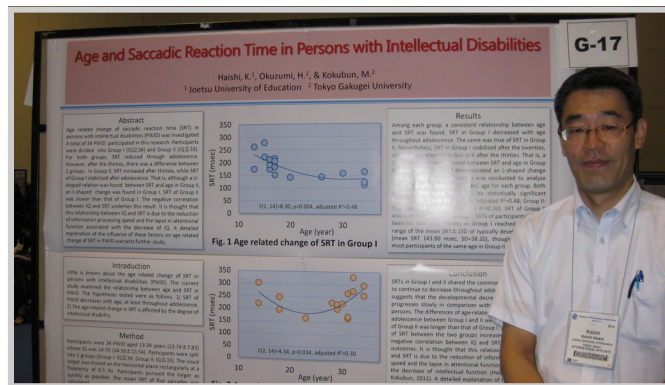
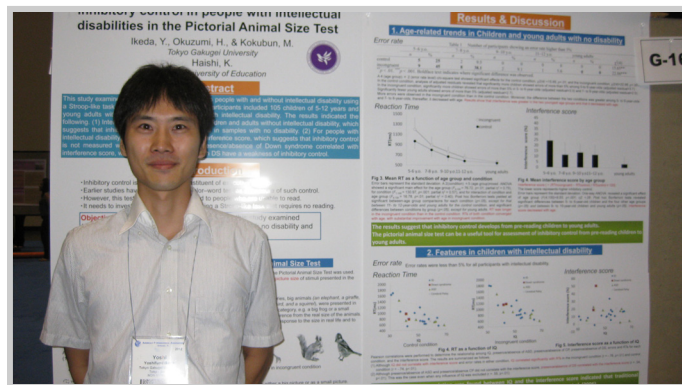
Memories from Orlando, Florida – 2012 Convention

Poster Presenters (Cont.)



Memories from Orlando, Florida – 2012 Convention

Poster Presenters (Cont.)



This Summer



This summer Division 33 of APA will examine issues surrounding the theme, *The Intersection of Intellectual Disability and Autism*. Key symposia and invited addresses include:

THURSDAY, August 1st "The Intersection of ID and Autism" - 10:00 am to noon

on AUTISM: Sally Rogers, Professor, Department of Psychiatry & Behavioral Sciences, M.I.N.D. Institute, UC Davis

on ID: Ann Kaiser, Professor of Special Education, Susan Gray Chair of Education and Human Development, Vanderbilt

Discussant and Raconteur: Keith A. Crnic, Professor and Chair, Department of Psychology, Arizona State University

FRIDAY, August 2nd "New Definitions of ID and Autism: Clarification or Conundrum?" - 12 to 1:00 pm

ID DSM V: Marc Tasse, Director, Nisonger Center, Ohio State University, and President, AAIDD

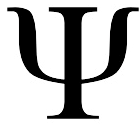
Autism - DSM V: Catherine E. Rice, Epidemiologist and Developmental Psychologist with the National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention (CDC)

FRIDAY, August 2nd Business Meeting - 3:00 to 4:00 pm

Invited Address: Jacobson Award. Honoree: Sally Rogers - 4:00 to 5:00 pm

SATURDAY, August 3rd Invited Address: Doll Award, Honoree: Steve Warren - 10:00 to 11:00 am

Please also note that the Division 33 program also includes exceptional papers, symposia and posters to be presented throughout the conference. This year APA required that each division schedule significant sessions on each day of the conference, with all official APA conference programming ending by 2:30 pm. Some Division 33 events will extend from 3 to about 6 pm on Friday, only.



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