



PSYCHOLOGY IN INTELLECTUAL AND DEVELOPMENTAL DISABILITIES/ AUTISM SPECTRUM DISORDERS

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From the President's Desk

Anna Esbensen, PhD

Cincinnati Children's Hospital



It was a pleasure seeing many of you in Toronto for our annual convention, and an honor to be taking over the gavel from Laura Lee McIntyre and starting my year as President of Division 33. Toronto was a wonderful meeting. Not only was it close to my hometown (which was a personal bonus), but the talks were informative and engaging. I would like to thank our Awards committee for selecting Laraine Glidden and V Mark Durand to receive the Doll Award and Jacobson Award, as both gave presentations that reflected on where our field has been and where we are advancing to. These types of reflective talks raise the bar for all of our science and clinical practice with individuals with intellectual and developmental disabili-

ties. I would also like to thank all of our presenters, who submitted excellent proposals, and gave wonderful presentations and posters. We were able to partner with other Divisions this year to provide excellent Collaborative Group Programming, and were selected by APA to provide CEUs for several of our sessions. These partnerships with other Divisions are a wonderful chance to connect our work to others', and the CEUs are a huge draw. One of our sessions was standing room only, and after running 5 minutes late to that session I couldn't get into the room!

In addition to the wonderful sessions, some of the exciting activities were not in our official Division Program. Both our Student Representatives and our Early Career Professional (ECP) group hosted informal gatherings for their peers. These activities targeted grant writing and career mentorship, and provided opportunities for building social connections. Both events were well attended. I very much look forward to our Executive Council's ongoing support of the efforts of our student and ECP division members, as they offer unique insights into the topics and sessions that are most relevant to researchers and practitioners in the

early stages of their career. If you are interested in becoming more active in Division 33, please contact me, or our Student or ECP representatives (see page 21 in the Newsletter).

This is going to be a very busy year for Division 33, and I would like to share some of the exciting changes and highlights. We have been talking about membership and updating our website at Division 33 Executive Council meetings for almost a decade. We continue to make strides in making our Division more attractive to members, and we are currently preparing the new Division 33 website which is up and running!

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From the President's Desk

Anna Esbensen, PhD
Division 33—Continued

www.division33.org.

Website: Jason Baker, one of our Members-at-Large, has enthusiastically and comprehensively reviewed different web platforms and their associated fees, and with the support of a Website Committee, has brought our Division from 1999 (when our previous website was designed) to 2015. We hope to be able to connect with our membership more readily, update you on news pertinent to our field, and respond to the needs of our membership.

Name: Now look back a page. Just above the volume number. We changed the name of our Division this summer to “Intellectual and Developmental Disabilities/Autism Spectrum Disorders” and thus this is the first issue with our new name. I would like to thank all of our members who voted, for or against the name change. Division Leadership welcomes all viewpoints, and I hope, along with the Executive Council, that the new name will be more inclusive to our colleagues working with individuals with autism spectrum disorder.

Membership: We, and all membership organizations, continue to work on maintaining members. We’ve been doing an excellent job of retaining our members and attracting new members. I continue to urge all

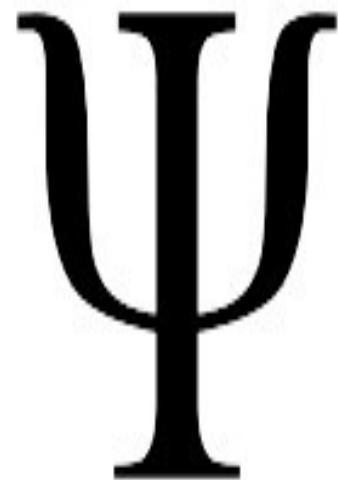
members to reach out to their colleagues and encourage them to join. Our benefits continue to include social connections with colleagues (at conventions and list-serves), and with our updated website even more opportunities for connecting. As a practicing clinician, I see the biggest value of joining APA as an investment in the future of our profession. Our dues go in part to lobbying efforts that support reimbursement for behavioral/mental health services, for supporting behavioral/mental health research, and for alerts on how to improve and advocate for our profession. Division 33 then works with the larger APA to ensure that services more specific to our work are not forgotten. What if behavioral supports required an additional certification beyond your current psychology licensing? What if behavioral principles were not supported/reimbursed in clinical practice? What if a time-out was defined as a form of torture? What if no one advocated for research on IDD/ASD and its relevance to health, parents, siblings, health care, or the general population? When recruiting colleagues who nay-say the cost of APA and Division 33 membership, please remind them about the cost to our profession of not joining APA.

Next steps: With starting the new website, I have a couple

hopes for how we can be more responsive to our Division membership. Please continue to check our new site (www.division33.org) as we continue to unveil new areas of the site.

Sharon Krinsky-McHale, President-Elect, will shortly be responding to submissions for the convention program in Denver in August 2016. I encourage you to get your submissions in, to submit for CEU credits for your symposium (and to arrive on time for CEU credit sessions in Denver!).

See you in Colorado!



Division 33 Student Interview

By: Elizabeth Will and Geovanna Rodriguez

Division 33 Student Representatives

An interview with Geraldine Dawson, Ph. D.



Dr. Dawson is a Professor of Psychiatry and Behavioral Sciences, Pediatrics, and Neuroscience at Duke University. She is a leading expert in autism, Director of the Duke Center for Autism and Brain Development, and the President of the International Society for Autism Research. Dr. Dawson has made immense contributions to the field of autism and was kind enough to share with us some words of wisdom.

Question: You are well known in Division 33 and the greater psychological community for your work in autism spectrum disorders (ASD), specifically related to early detection, brain development, and early treatment interventions. How did you become interested in this line of work?

Answer: In graduate school, I first studied develop-

mental psychology, focusing on infant development, and neuroscience. Later, when I began my clinical training, my first patient was a young child with autism. I was inspired by the young boy and his parents, and I immediately knew that my career would be dedicated to autism. My training in developmental psychology and neuroscience was very influential in how I viewed autism. At the time I first began my career, there was little known about the early symptoms and brain bases of autism. My goal then and today is to understand how differences in early brain development affect how a child with autism understands the world and to use this understanding to help each child reach his or her full potential.

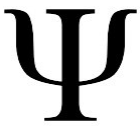
Question: The field of autism is wide-ranging and offers a variety of research opportunities. For students interested in autism and in the early stages of their academic careers, what advice would you give to those students struggling to find their niche?

Answer: My recommendation is to spend time with people on the autism spectrum and their families. There are so many ways to get involved in research that will make a difference. Then, spend time with different types of scientists to find out what kind of research is right for

you. This could be working in a basic science lab or working out in the community. Ask yourself: How can my particular skills and talents best be used to make a difference? What type of research excites me? What am I passionate about? Your passion may take you places that will surprise you!

Question: The level of training in autism spectrum disorders varies extensively across graduate programs and specialty areas. What kind of training did you find the most helpful in your graduate program? What kind of training or assets do you value among students you encounter that supports their competence in working with clients affected by autism spectrum disorders?

Answer: Autism touches almost every field of science, and most research requires collaboration among scientists from different fields. My earliest training was with an interdisciplinary team of clinicians and scientists. Like the proverbial blind man and the elephant, each of us viewed autism through a different lens, and by putting our knowledge together, we were able to form a more complete picture. I also believe it is important to spend time with individuals on the



Division 33 Student Interview

An interview with Geraldine Dawson, Ph. D.

autism spectrum and understand autism firsthand, rather than solely learn about autism through reading books and articles. My original ideas came from observation rather than from reading.

Question: In the past two decades, research in autism has advanced tremendously. Which of your contributions do you feel have had the most impact in the field? What changes do you think should happen next? Is there anything, in your opinion, still missing from the field?

Answer: With my collaborators and members of my lab, I've focused on understanding the earliest symptoms of autism with the goal of developing early interventions that will help each child reach their full potential. With Julie Osterling and others, we used observations taken from home videotapes to show for the first time that symptoms of autism can be seen in young infants. We then sought to understand the brain basis of these symptoms. Our lab pioneered the use of electrophysiology techniques for studying brain development in very young children with autism. Later, with Sally Rogers, I helped develop the first comprehensive early intervention model – the Early Start Denver Model – that can be used with infants and toddlers. We then showed how early intervention can influence how the brain develops by using the electrophysiological methods we had developed earlier in my ca-

reer.

Because of the work that has been conducted in the areas of genetics and neuroscience, we now know much more about the biological basis of autism. There is now an opportunity to integrate knowledge about behavioral interventions with biological interventions so that we can improve outcomes of individuals with autism. My current work focuses on combining biological and behavioral treatments to help those who are still struggling despite having received high quality behavioral treatment.

We also need to understand how to disseminate and implement the knowledge we have gained – such as methods for early screening and behavioral intervention – to the broader community. Many people, especially in low income countries, don't have access to screening, diagnosis, and treatment. Technology and other innovative approaches will help us reach more people. We need creative people working to solve this huge challenge.

Question: We know that ASD is a pervasive disorder that affects all areas of functioning in individuals, with some individuals at greater risk for co-morbid conditions. In your personal experience, what has been the most difficult aspect in working with treatment cases and early

detection efforts? What has been the most rewarding?

Answer: Although we now know how to recognize autism in infants and toddlers, the average age of diagnosis remains much later. For children from minority ethnic backgrounds and low income countries, the age of diagnosis is even higher. There are many barriers to access to treatment that have been difficult to overcome. There are other barriers across the lifespan that must be addressed, such as inclusion of people with autism in all aspects of community, such as the workplace. It is most rewarding when those barriers are removed and the person with autism is able to use his or her talents to benefit society and live a life with dignity and meaning.

Question: You have held various leadership positions in the field of autism. With increasing prevalence rates far exceeding the amount of services available, what advice would you offer to graduate students and early career professionals interested in autism research with direct policy implications?

Answer: To translate research from the lab into the real world, researchers need to get out of the lab and books and spend time building relationships with people in the community, including people affected by autism, clinicians, teachers, media, and policy makers. It is through these partnerships that change will happen.

News from the Ad Hoc Committee on ID and Criminal Justice



Greg Olley, PhD
University of North Carolina at Chapel Hill
Marc Tassé, PhD
The Ohio State University



Committee members:

Greg Olley: Chair, Stephen Greenspan, Harvey Switzky, Caroline Everington, Karen Salekin, Gary Siperstein, Keith Widaman, Marc Tassé, Dan Reschly, Gary Mesibov

The Committee members continue to be active in topics related to intellectual disabilities and the death penalty, although each contributes in his/her own way. These activities include publications and conference presentations as well as evaluations of clients and court testimony.

At the August 2014 meeting of the Executive Council, the Council approved an expanded role for the *ad hoc* Committee and discussed a name change. In the past year, new issues have come before this Committee that justify this expanded role. I would like the Council to consider two things with regard to this Committee.

1. Rather than using a long and complicated name, simply make this the *Committee on Intellectual Disability and Criminal Justice*.

This Committee has been active for 10 years, and the issues it addresses continue to grow. I would like the Council to consider

making this a standing committee. Because this change requires a vote of the membership, I cannot justify a separate vote just for this purpose. However, the next time the Council must approach the membership for a vote, please consider including this matter on the ballot.

The following is a summary of activities as reported by the Committee members.

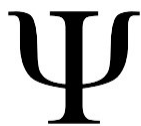
APA continues to regard this Committee as a resource in the development of *amicus* briefs. The diversity of experience and talent on this Committee allows me to refer Nathalie Gilfoyle, Chief Counsel for APA, to the right person to assist her and her colleagues in developing briefs that express the science and clinical practice applicable to many legal issues.

Marc Tassé and I spoke at the 2015 AAIDD convention regarding stereotypes of ID in the courtroom. Steve Greenspan, Mark Tassé, and I will be presenting on a similar topic at the 2015 APA Convention in Toronto. I will present later this month at the Twentieth Annual National Federal Habeas Corpus Seminar in Charlotte. I want to again thank Division 33 for the opportunity to present a symposium on the death penalty at APA conventions. I am sure that I speak for all Committee members when I say we appreciate the opportunity to address this important issue.

As noted in earlier reports, Committee members are working in some capacity on over 25 active *Atkins* cases in many state and federal courts around the country. Drs. Tassé, Greenspan, Reschly, Salekin, and I have been the most active in testifying, although others (e.g., Drs. Widaman and Siperstein) have conducted evaluations and written reports for the courts. Most roles involve evaluations and testimony. Others involve consultation. Committee members are becoming very well-known resources for attorneys who just want consultation or resources that they can read.

As noted earlier, the edited book on ID and the death penalty has finally been published by AAIDD. Committee members Greenspan, Widaman, Switzky, Salekin, Everington, Tassé, and Olley contributed chapters. According to AAIDD, the book is selling briskly.

In summary, the amount and scope of this Committee's work continues to grow and to



contribute science and clinical expertise to the courts in these important hearings. The Committee welcomes recommendations from the Executive Council and the members of Division 33 on activities that would further these goals.

A final request. I have served as chair of this *ad hoc* Committee since its inception in 2005. I would like to suggest that it is time for a new Chairperson, preferably one with younger blood. I have spoken to Dr. Mark Tassé, and he has expressed his willingness to serve in this role. Of course, this is a decision for the Executive Council, but my recommendation is to appoint Dr. Tassé Chairperson of this Committee.

J. Gregory Olley
Chair, *Ad Hoc* Committee on Intellectual Disability, Autism, and the Death Penalty

Dr. Tassé of The Ohio State University is the new Chairperson of the ID and Criminal Justice Committee.

Congratulations!

The 2014 Sara S. Sparrow Award Address

"Guiding Science with Clinical Insights"

James C. McPartland, Ph.D.

Yale Child Study Center

New Haven, CT

Presented at the 2014 APA Convention in Washington, DC



Sara Sparrow was a close senior colleague, a mentor, and a friend. She was instrumental in my involvement in APA Division 33; she encouraged me to join Division 33 and to seek involvement in its governance. She accompanied me to my first Division Happy Hour and choreographed my social networking, providing feedback as instructive and concrete as that she provided during my clinical training at the Child Study Center. Sara is often recognized for her contributions to the scientific quantification of adaptive function; I feel fortunate to have worked with her as a clinical trainee. The manner in which she balanced rigorous science and sensitive clinical practice made a lasting impression on me. As I transitioned into an independent clinician and scientist, this interplay of clinical work and the scientific method has become the core of my approach to studying neurodevelopmental disabilities. I take this opportunity to reflect on the unique advantages of being a clinician and a scientist, a lesson adopted from the model set by Sara.

As clinicians, we observe, listen, and interpret. We vary our influence on the environment, and we allow the children we assess to teach us through their actions. Based both on those moments and the archive of similar moments we have amassed from experience with other children, we gauge intellect, social abilities, and mood. In an age where machine learning algorithms can detect significant relationships in any data set, detection of unanticipated patterns in dynamic behavior remains a uniquely human clinical skill. The eye of a clinician enables her to make serendipitous and unanticipated insights. Because these insights occur in the context of social interactions, they lend themselves to extemporaneous exploration. By varying one's own behavior, a clinician can engage in informal hypothesis testing about the motivations and inclinations of the child. During interactions with the child, we seek to appreciate the strengths and vulnerabilities of that individual. As scientists, our responsibility is to proffer theories and infuse uncertainty with explanation. As clinicians, our role is to hear the concerns of individuals affected by neurodevelopmental disabilities and to appreciate their perspective. I learned from Sara that these clinical skills, detecting patterns, explor-

ing hunches, recognizing ability as well as disability, and appreciating the perspective of stakeholders, make one a better, more responsible scientist.

Of course, clinical acumen is insufficient to advance clinical research. Even the most observant clinical eye will be unable to detect certain facets of human behavior relevant to understanding neurodevelopmental disability. There may be meaningful differences in children with ASD that occur with a subtlety or infrequency that precludes detection during a standard clinical assessment. There may be important processes at play in the brain that have not yet developmentally emerged in behavior. Lastly, because overt behavior is the amalgamation of many distinct processes operating in complex interplay, there may be relevant distinctions in functional processes that are simply not evident in behavior. Sara developed the Vineland to address the limitations of clinical insight; in my program of research, we adopt the tools of neuroscience to supplement our clinical work and to inform us of the mechanisms underpinning behavior. As in the standardization of the Vineland, neuroscientific methods add a level of objectivity not possible in clinical assessment. A neuroscientist can be confident that identical equipment and identical procedures yield consistent data. This is true of a single lab or labs on different continents; this consistency and objectivity enables collaboration on a scale that transcends the cultural and linguistic idiosyncrasies that complicate clinical research.

In the recently funded Autism Biomarkers Consortium for Clinical Trials (ABC-CT; www.asdbiomarkers.org), this approach enables us to collect and integrate data from neuroscience experiments in 5 states in the U.S. in collaboration with a network of 14 research centers in Europe. As evidenced by this example, neuroscientific methods permit more sensitive and methodologically rigorous testing of the hypotheses we can develop as clinicians.

The benefits of being a clinical scientist are most evident when we consider the potential applications of neuroscientific discoveries. This is the crux of translational research; in our role as clinicians, we are positioned to apply novel scientific understanding for the benefit of individuals with neurodevelopmental disorders and their families. In my own research program, our clinical objectives are to improve the diagnosis and treatment of autism spectrum disorder (ASD). By quantifying the neural bases of social-communicative behavior, we can improve our effectiveness as clinicians. An electrophysiological recording of an infant's brain activity may reveal atypical response to language many months before speech delays become evident, suggesting the potential for intervention prior to the development of clinically significant problems. The current state of clinical science for treatment recommendation relies on clinical judgments to select treatment and requires clinician or parent observation to

measure improvement over the course of weeks months. Discovery of biomarkers for specific neural processes may enable us to move towards personalized medicine, with treatments selected based on direct quantification of impaired function in specific systems and the effectiveness of a treatment estimated by its impact on this system in the short term.

Given the early stage of biomarker development in ASD, these translational goals are distal. However, as exemplified by Sara, we, as clinician scientists, are positioned to enact proximal benefits through our interactions with families. When the professional conducting research is also the professional seated across the table explaining a diagnosis of autism or formulating a treatment plan, that person is ideally positioned to communicate with families about the science of clinical care. The internet is replete with myths and misunderstandings about autism. A clinician steeped in research methods can help families determine the most appropriate strategies to ensure that their time, energy, and financial resources are most effectively applied to benefit children with neurodevelopmental disabilities. In accepting this award, I thank Sara for modeling the manner in which clinician-scientists can journey with families from the clinic to the lab and back again.



Doll Award Winner—Laraine Masters Glidden

St. Marys College of Maryland

The Lifespan of Family Research in Intellectual and Developmental Disabilities: Generativity versus Stagnation

What follows is a summary of a presentation by the author on the occasion of her receiving the 2015 Edgar A. Doll Award for her Lifetime Achievements in the Area of Intellectual and Developmental Disabilities

Fields of research, like people, have lifespans. Also like people, research domains are dynamic and organic, and often are given impetus at some point in time by what later becomes identified as a seminal work. In the case of family research in intellectual and developmental disabilities (IDD) that seminal work was a monograph by Bernard Farber (1959). Hypotheses were about negative effects, and conclusions were framed in the negative, with focus on potentially disruptive effects on the marriage, and adverse effects on siblings, especially sisters. Other studies published during this period reinforced the notion of the burden of rearing a child with IDD, and the unremitting caretaking that characterized the parenting (Holt, 1958).

This focus on burden typified what I am identifying as **Stage 1--Childhood** of the lifespan of family research in IDD. In my presentation for the Doll Award, I outlined a past and current 3-stage lifespan, with a vision statement orientation to a 4th and future stage. In this summary, I briefly describe each of these four stages.

Stage 1--Childhood

As exemplified by Farber's work and that of many others, this early stage focused on crisis—both reality and existential—and burden, but not to the total exclusion of rewards and satisfactions. Pearl Buck (1950) is one of many writers who recognized growth and adaptation. "I learned respect and reverence for every human mind. It was my child who taught me to understand so clearly that all people are equal in their humanity and that all have the same human rights." During the decades from the 1950's to the 1980's, Stage 1 gradually transitioned into **Stage 2—Adolescence**, during which the recognition that the burdens of rearing a child with IDD not only co-existed with rewards and satisfactions, but were even balanced or outweighed by them.

Stage 2—Adolescence

In addition to the counterbalance of burden with reward, Stage 2 is characterized by the increasing focus on adaptation over time, and the consideration of methodological issues such as comparison groups (Stoneman, 1989; Glidden,

1993), individual differences that differentially predict a range of outcomes (Crnic, Friedrich, & Greenberg, 1983), and models and theories of adaptations (Blacher, 1984; McCubbin & Patterson, 1983). My own research comparing parents who adopted children with IDD with the more typical birth parents demonstrated that the initial poorer outcomes for birth parents did not persist, and that the adoptive-birth factor was outweighed by parental individual differences especially the power of the personality trait of Neuroticism (Glidden & Jobe, 2009; Glidden & Schoolcraft, 2003), with low levels of this trait associated with positive outcomes for both birth and adoptive parents.

Stage 3—Emerging Adulthood

Beginning approximately in the early 1990s, family research burgeoned with its expansion both in quantity and in new domains and additional identities. Syndrome emphases and behavioral phenotypes as predictors of family adjustment led to conclusions about the Down syndrome advantage (Hodapp, 1999) and the autism disadvantage. Large data sets, the importance of economic contexts, and longitudinal research across

decades all characterized this stage. Fathers and siblings were more often included as research participants in addition to mothers. More frequently, there was a focus on resilience rather than on crisis and maladjustment.

Stage 4—Adulthood—Generativity or Stagnation?

Based on a review by Dykens (2015) and this update, we have not yet moved beyond Stage 3. Although the research, increasingly, is worldwide, it is still more descriptive than hypothesis-testing, and involves mostly samples of convenience. To make progress and prevent stagnation we need programs of national/international collaboration that will provide resources for large and diverse samples, hypothesis-testing research designs that encompass family-based metrics, that is longitudinal in nature, and includes behavioral, biomarker, cultural, and macroeconomic variables. Such research will move beyond the status quo, be summative in nature, and is more likely to be replicable and applicable because of its comprehensive nature. We have come a long way, but we still have a long way to go.

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My Last Report From APA Council of Representatives

James A. Mulick, PhD
Division 33 Representative –The Ohio State University



My term as Division 33 Representative is over as of the end of 2015. At the end, I will have served as Council Representative for 12 of the last 15 years, and has filled in for previous representatives on a few occasions before those years. During that time I saw many changes and in the leadership of APA and in the way APA has been regarded by the general public, by the scientific community, and by the government agencies with which APA has always fruitfully interacted with its well-placed presence in Washington, D.C.

Over those years, APA has generally prospered. It has managed its assets well, especially the real estate holdings and other investments, and has made a reasonably effective transition of the massive APA publishing enterprise to the electronic age of research database archive management. APA style is the standard for academic publishing in many disciplines. Recently, APA has sought to decrease the dues burden for members, especially younger members.

There have been down-

sides as well, many coming to a head in my last Council term. The last session of Council for me was in August of this year when we met in Toronto, and that session saw to of the most important issues that have emerge over the last decade dominate the agenda. These two issues are still moving along in their own way, so all I can do here is provide a brief update. Members can, however, consult the APA website for additional information as the two very different processes unfold. In some ways the two issues have become interrelated in how they are unfolding, because one issue involves how APA will govern itself in the future, and the other arguably involves how it failed to govern itself properly in the past.

I have written about the Good Governance Project which was established three or four years ago to “streamline” the actions of APA so that it could be “nimble” in responding to the great issues facing American Psychology, our science, and our professional concerns. The Council, with a representative structure designed to provide a seat for every state and division based on the

number of members in those units, had grown “too large.” The real work of the Association was done by boards and committees and all that was left for Council to do in the twice-a-year meetings was to ratify their actions and approve the budget. The new structure was implemented last year as an “experiment” that Council could end with a vote to do so, even as it enacted bylaws amendments designed to offer the members a chance to vote them into permanence. We passed a few of the, with more to be offered in the next few meetings. We debated offering pro and con statements, with some members of Council so denigrating the voting membership as to say out loud that whenever pro and con statements were offered, the members always defeated attempts to amend the bylaws. We (not me) adopted an information-only statements format that would not argue in favor or against the new bylaws, but presumably just to make them clear as to their effect to the members, so as not to confuse them with any hint of advocacy. The new regime would allow the board of directors,

some of whom would be elected directly by the members instead of being drawn from Council, to have control of finances and all “internal governance,” such as publishing and staff matters. The council would be allocated policy matters affecting external issues, while funding for the possible fiscal implications for implementing these actions would be out of their hands. The Council would have a position on the board of directors, albeit small. Thus, the council could “do things” that “matter,” and “nimble,” without worrying about the mechanics of the Association.

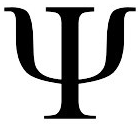
The new regime was partly implemented via “temporary delegation” to the present Board of Directors when the book by the famed investigative reporter James Risen ([Pay Any Price: Greed, Power, and Endless War](http://www.huffingtonpost.com/news/james-risen/)) hit the stands, in which he indicated that he had come into possession of evidence of “collusion” between agencies of the military and government and members of APA governance and executive staff had provided cover for the Bush Administration’s torture practices (see <http://www.huffingtonpost.com/news/james-risen/>). The Board responded eventually by hiring (by the hour) a team led by David Hoffman, a Chicago lawyer with the firm Sidley Austin to investigate the allegations. Hoffman presented his report

just before the Toronto Convention after a 7-month investigation. The 542-page report concluded that prominent psychologists worked with the C.I.A. to blunt dissent inside the agency over the interrogation program. It indicated further that officials at the American Psychological Association colluded with the Pentagon to make sure that the association’s ethics policies did not hinder the ability of psychologists to be involved in the interrogation program, thus providing cover in the form of the presence of “health professionals.” Hoffman presented a description of his work to Council in Toronto, and answered questions from the members. There were resignations and one major firing. The aftermath continues, including the need to pay Hoffman millions of dollars for his work, as well as to pay for the considerable collateral costs of the scandal to the Association. I made some back-of-the-envelope calculations as I added up the potential liabilities in my head based on what I was hearing around the meeting (which is not attributable to any specific person or budget discussion) and came up with an figure that approached \$9000 per page of the Hoffman Report when *all* is said and done over the next few months and years of this unbelievable blown cover up. I could be wrong. But one thing was stated clearly, the money would come from our assets

and investments, not from our operating budget or dues or ongoing income. APA has had a very reassuring set of assets, and while the net sum will take a smashing hit, we will still have a very respectable portfolio to weather any unforeseen financial storms, but the loss is still no laughing matter.

There was one major action taken by Council in Toronto in an effort to set a new course for APA in the aftermath of the scandal. The newly created “Council Leadership Team” was asked by APA Council to create a Work Group to review current conflict of interest policies and make recommendations for new policies “for each board/committee/- task force/Council member” and that would be signed off on an annual basis. This need arose in view of the Hoffman report’s finding that there had been significant conflict of interest (COI) practices within APA that were problematic.

The specific charge was: **H.(13A)** Council requests the development of a statement of principles regarding conflict of interest for each board/committee/task force/Council member to sign on an annual basis. A subgroup of members of Council, boards, committees, and the membership will be formed by the Council Leadership Team to create virtually such a statement which will be finalized at



My Last Report from APA Council Continued...

James A. Mulick, PhD

the February 2016 Council meeting.

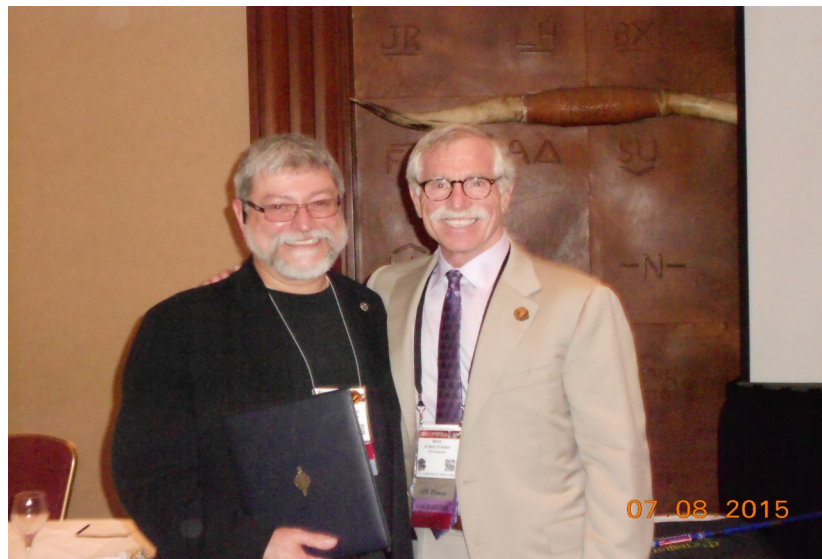
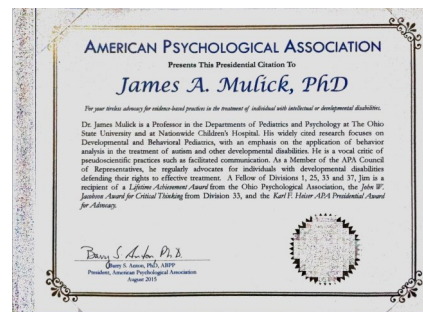
Dr. Eric Butter will be the new Council Representative for Division 33. He will help guide you all through the decisions to be made about APA governance, to represent the interests of Division members in whatever form you all allow governance to take, and to advance the science and practice of our specialty. My thought upon the end of a very long period of service is just this; the best example of Council acting *nimbly* in the past was in taking those actions which resulted in the PENS document that started the whole unseemly process in 2005 leading to the Hoffman Report and the resulting terrible cost to the Association and to our discipline. The PENS report was written over a single weekend and adopted by the Board as an emergency action and later accepted by the Council (and much later disavowed as people understood its flaws and implications). That seems to be an important lesson to my way of thinking.

Congratulations to Dr. James A. Mulick, PhD

Recipient of A Presidential Citation from APA

Presented by APA's Barry Anton, PhD

2015 APA Conference, Toronto, Canada



Division 33 Student Awards

Awarded to:

Allyson Davis, Loma Linda University

Caroline Leonczyk, University of Alabama

The Influence of the Five Facets of Mindfulness on Parental Distress and Satisfaction in Parents of Children with Developmental Delays

Allyson L. Davis, M.A.

Extensive research has shown that parents of children with developmental delays (DD) experience elevated levels of stress compared to parents of typically developing children (Baker et al., 2003; Neece, Green & Baker, 2012; Oelofsen & Richardson, 2006). Increased stress levels contribute to negative outcomes for both parents and their children (Crnic, Gaze, & Hoffman, 2005; Eisenhower, Baker, & Blacher, 2005; Hastings, Daley, Burns, & Beck, 2006). Parents in this population also report decreased parenting satisfaction, which impacts parenting practices that negatively affect child outcomes (Donenberg & Baker, 1993; Hassall, Rose, & McDonald, 2005; Holmbeck et al., 1997). Researchers have recently begun investigating Mindfulness-Based Stress Reduction (MBSR) for parents of children with DD and preliminary results indicate that it is effective for this population (Bazzano et al., 2013; Dykens et al., 2014; Neece, 2014). The construct of mindfulness has been operationalized to include five skills or components that appear to contribute to overall well-being, including to observe, describe, act with aware-

ness, remain nonjudgmental, and remain nonreactive (Baer et al., 2008; Cash & Whittingham, 2010).

In the current study, we utilized data from the Mindful Awareness for Parenting Stress (MAPS) Project to examine the relationship between the five facets of mindfulness and parenting stress and satisfaction at baseline and following an MBSR intervention. The study included 91 parents of children ages 2.5 to 5 years and diagnosed with DD. Parenting stress was measured using the Parenting Stress Index (Abidin, 1990), parenting satisfaction was measured with the Parenting Satisfaction Scale (Guidubaldi and Cleminshaw 1994), and mindfulness was measured using the Five Facets of Mindfulness Questionnaire (Baer et al., 2006). We found that higher initial abilities to act with awareness and to remain nonjudgmental were significantly correlated with lower baseline stress levels. Baseline levels of the five facets were not significantly related to initial levels of satisfaction with the parent-child relationship. However, higher levels of the abilities to remain nonjudgmental and nonreactive were associated with increased levels of satisfaction with parenting performance. Following the intervention, increases in all

five facets of mindfulness significantly predicted decreases in parenting stress. Similarly, increases in the abilities to observe, to describe, to act with awareness, and to remain nonreactive significantly predicted increases in satisfaction with the parent child relationship. Increases in all five facets also significantly predicted increases in satisfaction with parenting performance.

Based on the results of the current study, it appears that the broad construct of mindfulness is important, with all components contributing to positive outcomes. Parental stress and the parenting experience are challenges for this population and the results of this study show that this is a very effective intervention.

The study must be considered within the context of some limitations, including the fact that we were unable to use the wait-list control design due to the collection of the five facets data in the intervention groups. Additionally, all measures used were parent report. In the future, it would be beneficial to include physiological measures of stress and observational measures of the parent-child relationship in order to correct for potential reporter bias associated with

Division 33 Student Awards

only using parental report measures. Additionally, it will be interesting to examine the relationship between parents' mindfulness levels and child outcomes. Finally, as a long-term research goal, it may be useful to incorporate aspects of mindfulness that are particularly beneficial into other interventions for parents.

The Role of IQ in Autism Symptomatology Among Children Born Prematurely

Caroline Leonczyk, Fred Biasini,
and William Andrews
University of Alabama at Birmingham

Children born prematurely are at an increased risk for intellectual disability compared to their full-term peers. There is growing evidence that they are at an increased risk for autism spectrum disorders (ASD) as well. Among children born prematurely, degree of prematurity (i.e., shorter gestational age) is associated with lower IQ (e.g., Bhutta, et al., 2002) and higher autism symptomatology (e.g., Limperopoulos et al., 2008). Within the preterm population, high levels of autism symptomatology are more common among children with cognitive impairment (Johnson et al., 2011); however, the relationship between prematurity and autism symptomatology may persist even in children without cognitive impairment (Kuban et al.,

2009). To explore this relationship, our study examined whether IQ mediates the relationship between prematurity (gestational age) and autism symptomatology in a sample of children born prematurely.

Methods: The study included 231 mother-child dyads in which the child had been born very prematurely (<32 weeks gestation) at UAB Hospital between 1996-1999. Data at follow up ages 5 - 9 ($M = 6.85$) were collected via psychological assessment and parent report. Children were given either the Wechsler Intelligence Scale for Children, Fourth Edition or the Differential Ability Scales to measure their cognitive ability. Parents completed the Social Communication Questionnaire (SCQ) to screen for autism symptomatology. Six percent of this sample screened positive for ASD on the SCQ and 14 % had an intellectual disability. Simple linear regression analyses were used to test that the mediation model upheld the assumptions of mediation (Baron and Kenny, 1986). A subsequent hierarchical linear regression was used to test whether IQ mediated the relationship between gestational age and autism symptomatology.

Results: The data met the conditions for mediation. Specifically, gestational age significantly predicted autism symptomatology, $b = -.24$, $t(229) = -2.03$, $p < .05$; gestational age sig-

nificantly predicted IQ, $b = 1.97$, $t(222) = 4.7$, $p < .001$; and IQ significantly predicted autism symptomatology, $b = -.08$, $t(222) = -4.27$, $p < .001$. After controlling for IQ, gestational age was no longer a significant predictor of autism symptomatology.

Discussion: Within our preterm sample, the relationship between gestational age and autism symptomatology did not persist after controlling for IQ. This suggests that the autism symptoms in our sample may be related to more global cognitive impairment. Johnson and Marlow (2011) and others hypothesize that ASD in preterm children may result from different mechanisms than in the full-term population, with more of an emphasis on environmental factors. For example, they may be more likely to have abnormal brain development due to adverse perinatal events (e.g., brain hemorrhage), which often lead to more global impairment. While the SCQ has good diagnostic utility for identifying ASD in this population, children with other neurodevelopmental disabilities (e.g., intellectual disability) often have false positives (Johnson et al., 2010). The high rate of neurodevelopmental impairments in children born prematurely may cloud differential diagnosis in children born prematurely. Further study is needed to profile social communication deficits in this population in relation to cognitive ability and compared to full-term peers with ASD.

Looking for a fun Spring trip?

Join Division 33 members and other professionals at the **2016 Gatlinburg Conference**

March 9th—11th, 2016
Catamaran Resort, San Diego California

<http://www.ucdmc.ucdavis.edu/mindinstitute/gatlinburg/index.html>

Division 33 Membership Update

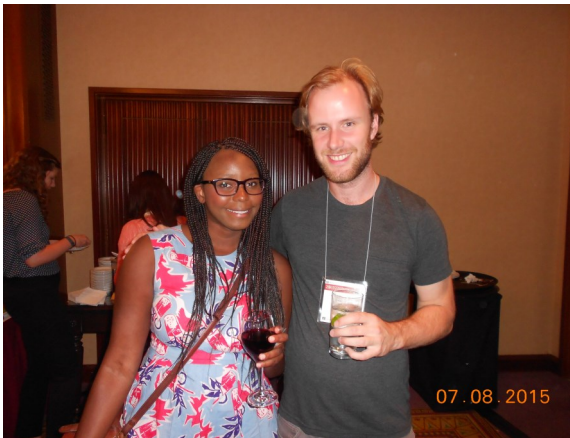
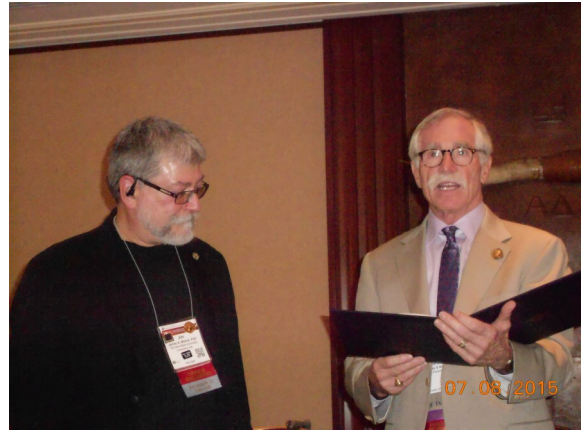
Eric Butter, PhD, Chair

Katy Mezher, PhD, Associate Chair

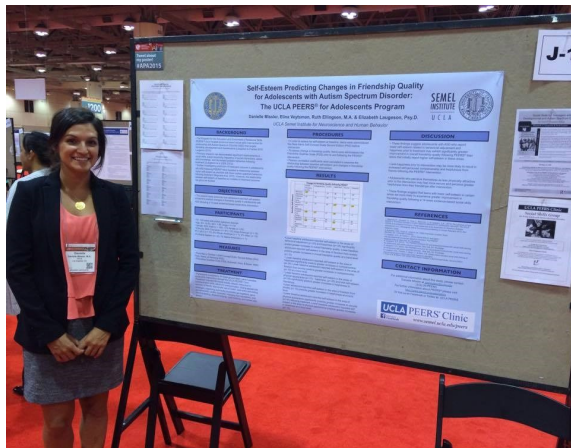
Current as of November 11th, 2015

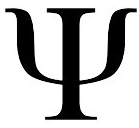
| Type | Number |
|-----------------------------|------------|
| Professional Affiliates | 8 |
| Students | 86 |
| Associate | 30 |
| Member | 424 |
| Total in Division 33 | 548 |
| Fellows (also members) | 78 |

Division 33 Photos!

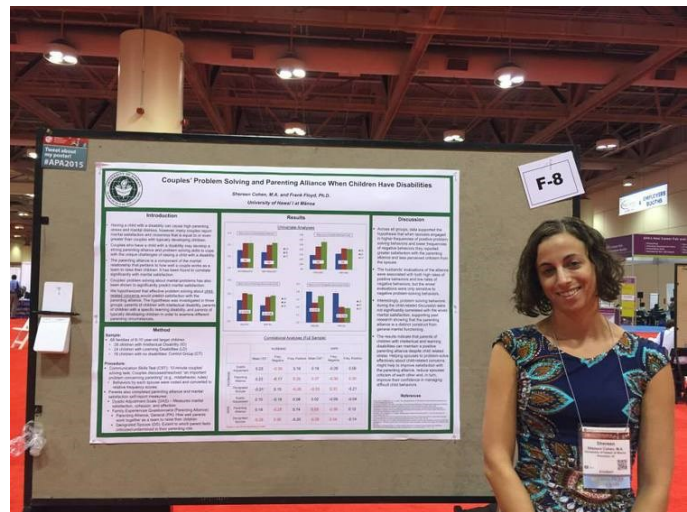


Division 33 Photos!





Division 33 Photos!



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!!



APA DIVISION 33: IDD/ASD

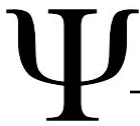
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The page has updates, information from APA, job/training opportunities, and more up-to-date news about the Division. Check it out!



| 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 Eymann | | |
| 1998 | Nancy Robinson | | |
| 1999 | Murray Sidman | | |
| 2000 | Todd Risley | | |
| 2001 | Don Routh | | |
| 2002 | Travis Thompson | | |
| 2003 | John Borkowski | | |
| 2004 | Gene P. "Jim" Sackett | | |
| 2005 | Robert Sprague | | |
| 2006 | Ann Streissguth | | |
| 2007 | Douglas K. Detterman | | Richard Foxx |
| 2008 | Michael Guralnick | Luc Lecavalier | |
| 2009 | Sara Sparrow | | James Mulick |
| 2010 | Bruce Baker | Laura Lee McIntyre | |
| 2011 | Michael Aman | | Stephen Greenspan |
| 2012 | Ann Kaiser | Anna Esbensen | |
| 2013 | Steve Warren | | Sally Rogers |
| 2014 | Wayne Silverman | James McPartland | |
| 2015 | Laraine Masters Glidden | | V. Mark Durand |

APA DIVISION 33 Fall/Winter 2015 VOLUME 41, NUMBER 2

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 until a new Newsletter Editor is selected. 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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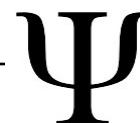
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AMERICAN PSYCHOLOGICAL ASSOCIATION -Division 33
Psychology in Intellectual and Developmental
Disabilities/Autism Spectrum Disorders
Applications for Membership

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

Please return your form to:

Checks are payable to :
"APA Division 33"

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

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



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