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Message from the President

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New York State Institute for Basic Research in Developmental Disabilities



The annual meeting of the American Psychological Association will be August 5-9, 2009 in Toronto. I do hope that you are planning to attend the convention this year because

Greg Olley (Program Chair) and Phil Icard (Co-Chair) have organized a fantastic schedule for Division 33. There is something for everyone among the scheduled events. The Division's scientific program includes a number of outstanding symposia and paper sessions and two large poster sessions featuring nearly 60 separate entries. There is a nice balance of presentations by students and senior investigators in the field. Of course, we have our famous Saturday five-hour stretch of award talks, business meetings and the internationally famous Division 33 "not to be missed" social hour.

The Division's highest honor, the Edgar A. Doll Award, will be presented to Dr. Sara Sparrow of Yale University. The Doll Award represents the Division's highest recognition for outstanding scientific contributions to the field of intellectual and developmental disabilities, and carries a \$1,000 honorarium. When one refers to Sara, however, one should consider this award the APA's highest recognition for outstanding contributions to the field of

psychology. Her speech is aptly titled, "Adaptive Behavior Past and Present: A Tribute to Edgar A. Doll."

The second award, a bittersweet one due to his premature death, is the John W. Jacobson Award for Critical Thinking. John was taken from us much too soon, but his alter ego, Jim Mulick, has been keeping the faith. Therefore, there could be no more fitting recipient of this award than Dr. James Mulick. Jim's talk is entitled "Some Questions Still Remain." I am sure that Jim will fill us in regarding what they are, and I am even more certain that he will have some of the answers. This award also carries a \$1,000 honorarium. We look forward to reading the published versions of both papers next fall in "Psychology in Intellectual and Developmental Disabilities."

Following these presentations will be the Presidential Address entitled, "Dementia in Down Syndrome: What we have Learned in Over 20 Years of Research," and the presentation of two awards to students for their outstanding presentations at the conference.

The results of the 2009 elections are in. Congratulations to John R. Lutzker, Ph.D. for his election to the position of President-Elect-Designate. John, you have now begun a process that never ends. (We are hard at work devising positions for our past-past-past-past-past-past-past-past-past President.) Our new Secretary-Treasurer is Susan M. Heimlich, Ph.D. Susan, I wish you good luck as we reside now in the depths of the worst recession in 50

years. Our new Member-at-Large is Jamie C. McPartland, Ph.D., and our new Division Representative to the APA Council is James A. Mulick, Ph.D. Congratulations to you all, may you

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have a year filled with successes and happiness.

All members should have received a copy of our present constitution with the amendments clearly indicated via regular mail in July. There a few minor changes, mostly involving renumbering and obsolete language. To repeat what Steve Warren said last year, "Thanks go to Stan Lunde, our semi-permanent chair of our Constitution and By-Laws Committee, for keeping

us legal (constitutionally speaking) as we evolve and change." This "new" Constitution will be voted on at the business meeting in August together with any other business at hand.

If time permits at the business meeting, it would be good if we could hear from Alice Carter about the "Summit on Crisis in Health Care" and from Jim Mulick about the "Future of Psychology Practice Meeting." As my year as President of Division 33 draws to a close I would

like to thank several people for their valuable assistance throughout the year: Steve Warren, for answering my many, many emails about the proper procedures to follow, Laura Lee McIntyre, without whose help many of this year's activities could not have been accomplished, including her fabulous work as the Membership Chair, Bill MacLean, for his patience in waiting for my columns, and of course, Wayne Silverman, my personal crisis counselor. ☞

Early Career Research Award presented at the Annual Meeting of the American Psychological Association August, 2008

Autism spectrum disorders: When diagnosis and taxonomy intersect with data

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In this short article, I summarize a few points from an address I delivered at last year's annual meeting in Boston. The presentation was a discussion of selected issues related to the measurement and classification of autism spectrum disorders (ASDs). Several studies using both categorical and dimensional perspectives on the diagnosis of ASDs and the structure of the phenotype were presented. My aim was to raise awareness of the importance of continued research on these topics. My contention is that, as a field, we are limited by our classification systems and measurement technologies. I also presented studies on psychopathology in children with ASDs, but in this article I focus on diagnosis and structure of the ASD phenotype.

First, it is important to acknowledge the tremendous progress that has been made in diagnosis and classification of the syndrome since its original description. We now conceptualize autism as a heterogeneous disorder belonging to a group of similar conditions, and we realize that it is much more prevalent than once believed (Fombonne, 2005). We now view the different ASDs (Autism, Asperger's Disorder, and PDD-NOS) as a set of related disorders that exist along a hypothetical continuum bounded by severe autism on one end and near-normality at the other.

Despite not understanding their precise causes, a substantial body of work supports the diagnostic validity of ASDs. In fact, autism is one of the most reliably-diagnosed disorders in child psychiatry (Volkmar & Klin, 2005).

The current DSM diagnostic criteria for autism reflect three core domains described in more detail than in previous DSM editions (see Volkmar & Klin, 2005). They are designed to capture the full range of syndromal expression, which is no easy task given the changing nature of symptoms (with age and IQ) and broad range of cognitive and language deficits associated with the disorders. Accommodating the tremendous variability in syndrome presentation remains a huge challenge. Diagnostic decisions are much more complicated at the extremes of the syndrome expression. Currently, the same criteria are used across the lifespan and developmental levels. This is problematic in younger children or individuals with severe developmental delays as some criteria do not apply to them.

The three-domain model (social relatedness, communication and repetitive/restricted behaviors and interests) used to describe and conceptualize ASDs in current diagnostic systems is not without controversy. Although inconclusive, empirical studies have challenged

this conceptualization (see Snow, Lecavalier, Houts, 2009). For instance, social and communication symptoms seem to cluster together (not occur separately, as diagnostic schema suggest), and repetitive/restricted behaviors and interests can be fractioned into more narrow constructs. Quantitatively-derived endophenotypes seem to hold more promise than categorical diagnoses in clarifying the relationship between susceptibility genes and the ASD phenotype. After all, why would our genes follow DSM nosology? In a recent factor analytic study of ASD symptoms (Lecavalier, Gadow, DeVincent, Houts, & Edwards, in press), we showed that fit indices varied according to the rater (parent or teacher), child's age, ASD subtype, and IQ. The different instruments (which define the phenotype) and statistical procedures also impact results. This is a complex problem.

We know much more about autism than the other ASDs despite the fact that it represents only about a third of diagnosed ASDs (Fombonne, 2005). The definition of autism directly impacts the other ASDs as essentially the same set of criteria is used across subtypes. This has led to controversies and confusion. For instance, Asperger's disorder has been diagnosed multiple ways in the literature (Klin, Pauls, Schultz, & Volkmar, 2005). The picture is even

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more muddled for PDDNOS. It is the most frequently diagnosed subtype, but the least well characterized and studied. The DSM recognizes PDDNOS as a clinical entity but offers only a description without operational criteria. Studies have shown that expert clinicians have no difficulties distinguishing autism from non-ASD cases, but reliability decreased significantly when differentiating autism with other ASD subtypes (e.g., Mahoney et al., 1998).

We recently examined the validity of ASD subtypes (Witwer & Lecavalier, 2008). Twenty-two studies post DSM-IV comparing subtypes on core features, prevalence, demographic characteristics, cognitive and motor functioning, psychiatric comorbidity, family history and prognosis were reviewed. We did not find any consistent patterns of differences across subgroups. We concluded that the differences observed across subtypes might be better explained by IQ and that, based on current DSM criteria, studies did not support the difference between Asperger's and autism. In other words, there is currently little support for distinctions across subtypes. In fact, studies have revealed similarities between subtypes and underscored the connection among them.

The fundamental goal of classification systems like the DSM is to operationalize complex conditions to enhance communication between researchers, clinicians, and administrators (all of whom have very different needs). Without well-established biological markers or a well-founded grasp of etiology, ASDs will continue to be defined behaviorally by clinical judgment and other imperfect methods. The complexity resides partly in the fact that a categorical system is needed to address dimensional phenomenon. ASDs highlight the challenges in capturing individual differences within a categorical system. After all, more than half of the individuals fall in a category labeled "not otherwise specified."

Establishing the validity of a psychiatric nosology is a cyclical process where research knowledge is used to develop diagnostic algorithms, which are then used to develop additional knowledge to

refine algorithms (Kraemer, Shrout, & Rubio-Stipec, 2007). Of course, labels are not explanations and are only part of the diagnostic process. The idea is that, through the delineation of clinical phenotypes, we will be able to identify the variables involved in the pathogenesis of ASD symptoms and those that moderate treatment response.

At the most recent International Meeting for Autism Research, Dr. Catherine Lord presented ideas being considered for the next edition of the DSM (Lord, 2009). ASD subtypes could be collapsed into one spectrum of autistic disorders where individuals would receive dimensional severity estimates on two domains: social/communication, and restricted and repetitive behaviors. In addition, criteria could be operationalized according to age and verbal level and qualifiers could be added to denote ID, language delays, and genetic etiologies. This seems like a step in the right direction and exemplifies the cyclical process described by Kraemer and colleagues. These are exciting times. ☩

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Evidence-Based Practices for Persons with Intellectual and Developmental Disabilities

Laura Lee McIntyre
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Providing the best available supports and services to individuals with intellectual and developmental disabilities is at the heart of the evidence-based practice movement in psychology. According to the 2005 Policy Statement on Evidence-Based Practice in Psychology set forth by APA, "Evidence-based practice in psychology (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (p. 1). Thus, an underlying assumption is that we, as a field, have surveyed the literature to identify the best available literature and research to guide our practices.


The Executive Committee of Division 33 recently appointed an ad-hoc committee on evidence-based practice in intellectual and developmental disabilities (IDD). Ann Kaiser of Vanderbilt University and I are co-chairing the committee and have been responsible for organizing several symposia at APA conventions surrounding topics germane to evidence-based practice in the IDD field. Unlike the field of medicine where randomized controlled trials (RCTs) are the rule rather than the exception, research in the field of IDD is often quasi-experimental, correlational, or single-case in design. Using traditional criteria (e.g., gold standard RCTs) to evaluate evidence in the IDD field may limit the utility of the evidence-based practice framework in the IDD field. Thus, the activities of the evidence-based practice in IDD ad-hoc committee have centered around several special topics rather than solely focusing on conducting exhaustive reviews or meta-analyses of current practices. At last year's APA convention we focused on the use of correlational designs to inform the evidence base in the field of IDD. Bruce Baker (UCLA), Alice Carter (UMass Boston), Paul Yoder (Vanderbilt), and Pat Snyder (University of Florida) discussed contemporary standards for evaluating evidence derived from correlational design in relation to making evidence-

based recommendation for practice.

This year in Toronto we focus on contemporary challenges in the use of single-case research in evidence-based practices with individuals with IDD. There is a long tradition of the use of single-case designs in research involving individuals with intellectual disabilities. While single-case designs can yield evidence with acceptable internal and external validity, there are a number of challenges in evaluating the findings from single-case research in the context of contemporary standards for evidence-based practices. This session will focus on the key features of single-case research, methodological challenges in the determination of effects across participants and aggregation of data in order to estimate the magnitude of effects within and across studies. In addition, specific examples of innovative applications of single-case designs in research with individuals with intellectual disabilities will be discussed. Ann Kaiser and I will chair the session with Craig Kennedy, Mark Wolery, and Rebecca Lieberman (all of Vanderbilt University) presenting papers. Please join us for this event (Thursday 8/6/09, 10:00 – 11:50 am) and come ready for discussion with our panel members.

Finally, I would like to highlight a series of special sections on evidence-based practice that are planned for the *American Journal of Intellectual and Developmental Disabilities* (formerly *AJMR*). The Special Section on Evidence-Based Practices will include papers that are (a) original reviews of literature that critique, evaluate, and summarize the effects of interventions using quantitative evaluation and synthesis strategies (e.g., coded data describing the features of individual studies, application of contemporary standards for evaluating design and measurement, aggregation of data across studies); (b) meta-analyses of the effects of interventions; (c) discussions of standards for research design, methods, and evidence synthesis that relate to the evaluation of evidence-based practices; and (d)

discussions of standards for practices directly linked to research evidence. We anticipate publishing one or two additional special sections on this topic in each of the next 3 years, with first special section occurring late 2009 or early 2010. Inquires about guidelines and submissions may be addressed to Ann Kaiser (Ann.Kaiser@Vanderbilt.edu) and Laura Lee McIntyre (llmcinty@uoregon.edu).

Future work of the ad-hoc committee on evidence-based practices in IDD will focus primarily on written products (journal articles and newsletter contributions), in addition to panel discussions and symposia at the annual APA convention. Current Division 33 members who are interested in serving on the Evidence-Based Practice in IDD ad-hoc committee should contact Ann Kaiser or Laura Lee McIntyre. We welcome your contributions. 

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Update on the Committee on Mental Retardation and the Death Penalty

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In 2005 Division 33 created an *ad hoc* Committee on Mental Retardation and the Death Penalty as the Division's response to the challenges brought about by the U.S. Supreme Court's 2002 *Atkins v. Virginia* decision. In this decision, the Supreme Court ruled that the execution of people with mental retardation (now widely referred to as intellectual disability) violated their 8th Amendment rights to be free of cruel and unusual punishment. Although the court described its legal rationale for its decision, and it cited the then-current definition of the American Association on Mental Retardation (1992), it gave the states very little guidance on how to implement this decision. The goals of the Division 33 Committee (described more fully in Olley, Greenspan & Switzky, 2006) are to achieve greater clarity regarding the roles of psychologists in hearings to determine whether the defendant in a capital case has mental retardation (so-called *Atkins* hearings) and to promote research that will clarify matters of disagreement in such hearings.

Since its inception, the Committee has reported annually to the Division 33 Executive Council regarding Committee activities. The original members of the Committee were Harvey Switzky, Steve Greenspan, and Greg Olley (Chair). The Executive Counsel has gradually expanded the Committee to eight members, each of whom brings specific expertise. The additional members are Caroline Everington, Karen Salekin, Sol Fulero, Gary Siperstein, and Keith Widaman. Most members of the Committee are also members of Division 41 (American Psychology-Law Society) in order to coordinate efforts with that division.

Committee members have been engaged in a wide variety of activities. They have published journal articles and book chapters, spoken at conferences and conducted evaluations of defendants about which they provided court testimony. The Committee members have attempted to engage a variety of professionals who are involved in the *Atkins* process. The Division 33 program at the annual APA convention has included a symposium on *Atkins* for the past several years. These symposia have attempted to engage and inform psychologists and have included speakers with varying viewpoints and backgrounds. This year, members also participated in a symposium at the Gatlinburg Conference on Research and Theory in Intellectual and Developmental Disabilities in order to inform and encourage researchers in the field to address some of the challenging questions that require an empirical solution.

Members have also presented papers and offered a workshop at meetings of the American Psychology-Law Society (Division 41) in order to encourage exchange of information between forensic psychologists and psychologists with a background primarily in developmental disabilities. This exchange is very important, because there are few psychologists with formal training in both forensic psychology and developmental disabilities.

Last year APA awarded a small Interdivisional Grant to Division 33 to conduct a survey of practices in *Atkins* proceedings and to sponsor a meeting at the 2008 APA convention. In that meeting, invited participants who had published on the subject and had given testimony in *Atkins* hearings reviewed the survey results

and made recommendations for practice. The draft summary of that meeting is currently being revised and will receive further comment and revision from the participants. The meeting resulted in areas of consensus and areas of disagreement. It is unlikely that standard procedures for the diagnosis of mental retardation in *Atkins* hearings will result soon. However, this process of exchange of information is very valuable in moving toward validated methods for psychologists in *Atkins* proceedings.

The group agreed that procedures used in *Atkins* hearings should be guided by standard practices in the field, such as those espoused by the American Association on Intellectual and Developmental Disabilities (2007; AAMR, 2002), the American Psychiatric Association (2000), and the APA (Jacobson & Mulick, 1996). However, the translation of accepted clinical practice to the courts is not always straightforward. Most courts have accepted the definitions of the AAIDD (AAMR, 2002) and the American Psychiatric Association (2000), but the interpretations of those definitions for the purpose of diagnosis in *Atkins* vary widely.

The challenges in the interpretation of *Atkins* described by Olley et al. (2006) are still the subjects of differences in expert testimony and differences in court decisions. For instance, some states and court jurisdictions recognize that an IQ score should be interpreted in the context of its standard error of measurement. In other courts, the IQ cutoff is a firm 70. In some courts, IQ scores from older tests are interpreted with consideration of the Flynn effect, while in other courts the data on the

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Flynn effect are not considered.

Information on adaptive behavior can be even more challenging. Many capital cases are appealed several times. As a result, the *Atkins* hearing may take place many years after the crime for which the defendant is charged. Courts vary in their interpretation of the appropriate time in the defendant's life when impaired functioning must be demonstrated. Is it childhood? The time of the crime? The present time? Gathering evidence of impaired functioning that occurred many years ago depends upon the existence of valid records and information from individuals who knew the defendant years ago. For many cases, that information is very limited. Typically the defense has the responsibility to show that evidence for mental retardation exists, and the challenges of retrospective diagnosis are greater than the challenges of assessing current functioning in a person living in his or her community.

These examples are only a few of those facing psychologists who testify as expert witnesses in *Atkins* proceedings. The Committee continues to work in many ways to resolve these issues. For example, Caroline Everington has been elected President of the Legal Process and Advocacy Division of AAIDD. She will be working closely with Division 33 in this capacity. Steve Greenspan edited the current issue of the journal *Applied Neuropsychology*, which features several articles on *Atkins*. Steve has certainly achieved the greatest media visibility of anyone in the Division through his recent book, *Annals of gullibility: Why we are duped and how to avoid it*, published by Praeger/Greenwood. He has appeared on National Public Radio and written an article on this topic for the Wall Street Journal. Steve has taken his concept of "foolish action," which he earlier applied to people with intellectual disability, and applied it to the foolish actions of many people in everyday life. More information is on his Web site at <http://www.stephen-greenspan.com/index.html>.


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Diagnostic Manual-Intellectual Disability: A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability (DM-ID)

Edited by Robert Fletcher (Chief Editor), Earl Loschen, Chrissoula Stravrakaki and Michael First (2007)

Reviewed by William E. MacLean, Jr.
University of Wyoming

Our field has long recognized the difficulty in establishing accurate diagnoses of mental disorders in persons with intellectual disability (Stark, Menolascino, Albarelli & Gray, 1988). Psychiatric classification systems such as the *Diagnostic and Statistical Manual (DSM; American Psychiatric Association, 2000)* were developed for people with average intelligence, not people with intellectual disability (Sovner, 1986). Adaptations of prevailing diagnostic criteria were believed necessary - particularly for persons functioning in the severe to profound range of intellectual disability who have limited expressive and receptive language skills (Stark et al. 1988). Initial efforts to adapt *DSM* diagnostic criteria were limited in scope and not generally supported by empirical research. The newly published *Diagnostic Manual-Intellectual Disability (ID)* provides a comprehensive diagnostic system, supported by expert consensus and evidenced-based methods, which can be easily applied to all people with intellectual disability.

The *DM-ID* was produced by the National Association of the Dually Diagnosed (NADD) in association with the American Psychiatric Association. The editors indicate that the *DM-ID* is "designed to be an adaptation of the *DSM-IV-TR*" for persons with intellectual disability. They are to be congratulated for enlisting the efforts of an international cast of recognized experts on dual diagnosis. The development of *DM-ID*, supported by the Joseph P. Kennedy Foundation, involved 26 work groups (ranging in membership from 2-8 experts), a 10 member advisory committee, 7 external peer reviewers, and more than 70 field trial participants from 11 different countries. This was an ambitious undertaking but the contributors were clearly up to the challenge.

The *DM-ID* is primarily a textbook of psychopathology for

persons with intellectual disability. In that regard, the volume begins with chapters on the conceptual basis for the *DM-ID* and an overview of assessment and diagnostic procedures relevant for persons with ID. The third chapter addresses the behavioral phenotypes of various genetic disorders. I thought this chapter was very informative for two reasons. First, the authors review the current knowledge base regarding the behavioral phenotypes of 12 well-known genetic disorders. Second they also provide a thoughtful discussion of the conceptual issues inherent in establishing behavioral phenotypes. This is an area of intense investigation in the field and it will be interesting to see how the proposed criteria for these 12 particular syndromes hold up to further empirical study. Following a brief chapter on the nature of intellectual disability, the remaining 24 chapters are devoted to the mental disorders contained in *DSM-IV TR*. Most of the chapters cover a group of disorders (i.e., anxiety disorders, mood disorders), while other chapters are each devoted to a single disorder (i.e., obsessive-compulsive disorder, posttraumatic stress disorder). Whatever the particular coverage each chapter has a similar structure, thus enhancing its readability and the use of the *DM-ID* as a diagnostic manual. Each chapter begins with a review of the current *DSM-IV TR* criteria for a particular diagnostic category. The following sections consider issues related to this diagnosis in people with ID and a critical review of the application of the *DSM-IV-TR* diagnostic criteria to people with ID. The final section of each chapter proposes diagnostic adaptations for people with mild-moderate or severe-profound intellectual disability, following the general belief that *DSM* criteria are more generally appropriate for people with mild-moderate ID and that


adaptation is frequently necessary for persons with more severe intellectual disability. Where appropriate, the authors consider specific diagnostic issues for children and adolescents as well as adults.

A unique feature of the *DM-ID* is that the Cochrane method is used to rate the strength of evidence for each conclusion reached by the authors of each chapter. In an earlier review of the *DM-ID*, Oswald (2008) noted that a by-product of using the Cochrane system is that the reader can gain a sense of the overall empirical strength of the literature. Accordingly, Oswald observed that, "many of the findings cited are based on Type V evidence, that is, 'expert opinion, influential reports, and studies.' A smaller number of findings cite Type IV evidence ('well designed observation studies') and citations of stronger evidence of Types I, II, and III are rarely to be found." Oswald concludes that, "while this text represents an important step forward in supporting improved diagnosis among people with ID, the scientific basis for the work is underdeveloped." Although that conclusion may be valid in the short run, current efforts represented by the development of the *DM-ID* and the creation of a new scientific journal devoted to dual diagnosis (*Journal of Mental Health Research in Intellectual Disabilities*) signal that the field is maturing and its most significant contributions lie ahead.

In summary, clinicians and researchers in the field of dual diagnosis should have this volume on their bookshelf. It is a valuable reference regarding the diagnosis of mental disorders in people with ID. Readers will challenge some of the conclusions presented in the *DM-ID*. That is to be expected given the ambitious goal of adapting the *DSM-IV-TR* for use with all people

continued on page 8



with intellectual disability. The *DM-ID* is clearly a work in progress that will require periodic updating as we gain experience with the proposed adaptations. Perhaps the one aspect of this volume that we can all agree with is its dedication to our colleague, John Jacobson. I cannot imagine a more appropriate way to honor John's many conceptual and scientific contributions to the field of dual diagnosis. 

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PSYCHOLOGY IN INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

APA DIVISION 33

SUMMER 2009

VOLUME 35, NUMBER 1

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 news and comment concerning all aspects of service, research, dissemination, and teaching in psychology and intellectual and developmental disabilities. Brief articles about policy issues in psychology and intellectual and developmental disabilities, 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: maclean@uwyo.edu. Address hardcopy correspondence to: William E. MacLean, Jr., Ph.D., Editor, *Psychology in Intellectual and Developmental Disabilities*, University of Wyoming, Department of Psychology,

Dept. 3415, 1000 E. University Ave., Laramie, WY 82071. 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 September 15, Fall; March 1, Spring; June 1, Summer.



Slightly random take-away from the February American Psychological Association Council of Potential Interest to Division 33 Members

Alice S. Carter

University of Massachusetts Boston

Science Agenda pre-council meeting

Prior to Council's meeting there was a meeting for members interested in promoting the science agenda within the American Psychological Association (organized by Kurt Salzinger, Division 5). The goals of this meeting were to develop strategies to promote psychological science as a discipline; and promote American Psychological Association (APA) as a science-based organization. Although most people within the organization agree that the science agenda is important, the discussion focused on concrete steps that can be taken to highlight psychology as a scientific discipline. At the end of the meeting it was revealed that a previous group had been tasked with a similar agenda and had developed similar suggestions, which included:

- 1) Working to optimize scientific training in psychology at both the undergraduate and graduate level, possibly by identifying and recommending a set of agreed upon outcome objectives and methods for teaching scientific principles within psychology.
- 2) Publishing an article in the APA Monitor or American Psychologist that traces the history of the split between the APA and American Psychological Society (APS) in an effort to forge a reconciliation.
- 3) Devoting thematic sessions at the APA annual meetings that highlight a particular issue in psychology and demonstrate the interdisciplinary approaches within psychology to addressing the topic. As more scientists attend "boutique" meetings the value of the APA annual meeting is diminished. Becoming aware of related work in a given area could generate interest

among scientifically oriented psychologists.

- 4) Inviting a graduate student advisory council to the science directorate, which could be organized by identifying a subgroup of students who currently belong to APAGS and would have an interest in pursuing the science agenda.
- 5) Working to ensure that psychology is uniformly recognized as a "science, technology, education and mathematics" STEM discipline, which opens up many opportunities for funding. Currently psychology as STEM is inconsistently applied.
- 6) Recognizing the need for the APA Board of Scientific Affairs to work with council members to get science friendly initiatives onto the agenda.

There is currently a movement by some psychologists (who do not practice clinically) to give up their full membership in APA and take affiliate membership. The group was uniformly opposed to this direction as it further dilutes the role of science in APA.

Council Meeting

The most significant issue raised at council was the impact of the economy on the APA budget. Not surprisingly, APA's investments suffered a significant decline resulting in the need to scale back anticipated expenditures. A second major focus over the past few sessions has been the development of a new strategic plan for APA. As part of this, Council approved both a mission and a vision statement. One of the issues the strategic plan addresses is increasing recruitment of the next generation of psychologists given the demographic shift toward older membership in APA. Over the past

year, Council voted to approve several committee reports that may be of interest to Division 33 Members. These include: *Reports from the Task Force on Evidence-Based Practice with Children and Adolescents* as amended (<http://www.apa.org/pi/cyf/evidence.html>), the *Task Force on Resilience and Strength in Black Children and Adolescents* (<http://www.apa.org/pi/cyf/resilience.html>), and the *Task Force on Mental Health and Abortion* (<http://www.apa.org/pi/wpo>). In addition, APA adopted a new *Resolution on Transgender and Gender Identity and Gender Expression Non-Discrimination* (See <http://www.apa.org/pi/lgbcpolicy/transgender.html>). Also new is the use of personal handheld devices so that each Council member's vote can be recorded. Finally, the issue of psychologists' involvement in government sponsored interrogation and "ethical torture" has been a serious topic of discussion during Council meetings and on the Council listserv. I encourage the membership to read recent statements from the American Psychological Association on this topic, as some allegations aired in the media include false information. I have personally been very disappointed that APA Council has not taken a stronger stance on this issue.



Division Announcements and News

CALL FOR NOMINATIONS FOR FELLOW

If you know of a member of Division 33 who is not a Fellow of the division, and you believe that he or she has demonstrated significant “evidence of unusual and outstanding contributions” to the field of intellectual and developmental disabilities, then please submit that name to:

Laraine M. Glidden, Ph.D.
Chair, Division 33 Fellows Committee
Psychology and Human Development
St. Mary’s College of Maryland
18952 E. Fisher Road
St. Mary’s City, MD 20686
lmglidden@smcm.edu

Please note that, in addition to “outstanding and unusual contributions,” the nominee must also: (a) have been a member of Division 33 for at least 1 year, (b) have at least 5 years of post-doctoral experience in the area, (c) be actively engaged in the advancement of psychology, (d) have a doctoral degree based in part on a psychological dissertation, (e) ultimately be sponsored and supported by at least 3 APA Fellows, at least one of whom is a Division 33 Fellow.

At this point, all you have to do is submit the name. Of course you are welcome to nominate yourself!

For additional information, please contact Dr. Glidden at the above address. Note that completed applications are due by **OCTOBER 31, 2009**. It is highly recommended that interested people submit names as early as possible to allow for sufficient time to complete the application process.

AMERICAN PSYCHOLOGICAL ASSOCIATION DIVISION 33

Psychology in Intellectual and Developmental Disabilities

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APA Division 33 Convention Program Schedule

August 5-9, 2009

Toronto, Ontario CANADA

	Wednesday	Thursday	Friday	Saturday	Sunday
Time	8/5/2009	8/6/2009	8/7/2009	8/8/2009	8/9/2009
8:00-9:00			Symposium: Maltreatment of Individuals with DD - Prevalence, Resilience & Policy <i>Convention Centre Meeting Room 205A</i>		Symposium: Examining Services and Treatments for Children with Dual Diagnosis Problems - ASD/DD and MH <i>Convention Centre Meeting Room 103B</i>
9:00-10:00		Symposium: Development of Social Competence in Children with ID <i>Convention Centre Meeting Room 707</i>		Symposium: Effectiveness of Communication Interventions <i>Convention Centre Meeting 803B</i>	
10:00- 11:00		Symposium: Contemporary Challenges in Single Case Research - Evidence- Based Practice Considerations <i>Convention Centre Meeting Room 706</i>		Paper Session: Current Research on Autism <i>Convention Centre Meeting Room 803A</i>	Paper Session: Current Research on Autism and Related Developmental Disabilities <i>Convention Centre Meeting Room 103B</i>
11:00- Noon				Invited Address: Aging in Adults with ID <i>Convention Centre Meeting Room 715B</i>	
Noon -1:00					
1:00-2:00					
2:00-3:00			Symposium: Death Penalty Court Decisions and Mental Retardation Classification and Research <i>Convention Centre Meeting Room 202B</i>	Invited Address: Edgar A. Doll Award <i>Toronto Centre Hotel Caledon Room</i>	
3:00-4:00		Poster Session I <i>Convention Centre Exhibit Halls D & E</i>		Invited Address: Jacobson Award <i>Toronto Centre Hotel Caledon Room</i>	
4:00-5:00			Poster Session II <i>Convention Centre Exhibit Halls D & E</i>	Presidential Address and Business Meeting <i>Toronto Centre Hotel Caledon Room</i>	
5:00-6:00	Division 33 Executive Committee Meeting <i>Intercontinental Toronto Centre Hotel Humber Room</i>			Social Hour Intercontinental <i>Toronto Centre Hotel Caledon Room</i>	
6:00-7:00					



**PSYCHOLOGY IN
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**OFFICIAL PUBLICATION OF
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**Division 33
Psychology in Intellectual and
Developmental Disabilities
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Name: _____

Home Address: _____

Work Address: _____

Telephone: _____

Home (_____) _____

Work (_____) _____

APA Membership Status:

- Affiliate
- Associate
- Member
- Fellow

Interest Area(s): _____

Return to:

Laura Lee McIntyre, Ph.D.
Department of Special Education and Clinical Studies
5208 University of Oregon
Eugene, OR 97403-5208

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Laramie, WY 82071

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ASSOCIATION**

**Division 33
Application for Student Membership
Membership is open to Student Members of
APA in good standing.**

Name: _____

Home Address: _____

Affiliation: _____

Telephone: _____

Home (_____) _____

Work (_____) _____

Student Member of APA: () Yes () No

Faculty Endorsement: The student named
above is enrolled as a student in a course
of study which is primarily psychological in
nature.

Signature: _____

Affiliation: _____

Please return the completed form with a check
in the amount of \$15.00 made out to "**APA
Division 33 Students**" to:

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Department of Special Education and Clinical Studies
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