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Message from the President

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Center for Healthy Development, Georgia State University



As my term of President began at the end of the 2011 American Psychological Association (APA) convention in Wash-

ington, DC, with Len Abbeduto handing me the gavel, I realized what an honor and responsibility it is. My future responsibilities were a constant thought in the two years preceding my ascension to the position as President (i.e., as President-Elect-Designate and President-Elect), but what most struck me was the importance of keeping a dedicated group of colleagues engaged and still proud of and involved in Division 33. This was driven home by what a strong program we had and how much we have to offer APA with the talent apparent throughout the Division. I attended every presentation and was struck that there was not one remotely weak one. We have all been to more presentations than we can count that have been disappointing or downright bad. Not the case with our 2011 program. Each was timely, relevant, and well presented. Besides the heuristic value for me of attending each presentation, I wanted to get a complete sense of attendance. Thus, I counted the number of attendees in the audience about ½ hour into each program. After the convention, I created a spreadsheet to see if there were any trends depending on time of day, day of week, and content divided into autism or other. Here are some of the data: range of attendance: 14-62; daily means: Thursday, 29; Friday, 39; Saturday, 44; Sunday, 18; Topics: autism, 48; other, 42. Thus, autism draws

well and slightly more than other topics, but the value of our breadth still shows up well. It is always difficult to draw well on Sunday, this year being no exception. If an especially well known scientist is scheduled to present on Sunday with the goal of increasing attendance, I think there is a risk that attendance will be disappointing. I am afraid that travel schedules preclude large attendance on Sundays.

We experimented with some scheduling changes this year. In recent years, the Executive Council (EC) has met on Wednesday night and the awards addresses, presidential address, business meeting, and social hour were on Saturday. This year, we had the EC meeting on Thursday night and the awards and so forth on Friday. The EC was polled regarding their preferences for next year and it was decided to keep the EC meeting on Thursday night and move the other big events back to Saturday.

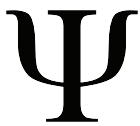
Again, I thank the program committee: Jamie McPartland, Anna Esbensen, Julie Jabaley, Laura Lee McIntyre, and Janice Warfield. Our symposia covered the death penalty, individual supports needs assessment, parenting youth with ID, advocacy for children with ID/DD, EBP for individuals with ASD, dementia and mild cognitive impairment with adults with ID, and sexual justice in disabilities. What breadth! The Jacobson Award went to Stephen Greenspan, who presented a charming paper with some good humor. The Doll Award went to Michael Aman who was able to capture 30 years of his work in pharmacological research. The student awards went to Tessa Hesse and Victoria Piazza, each of whom was remarkably polished. I am quite proud of

members of the EC who were able to solicit contributions from publishers for some of our awards. This helped defray the costs to the Division of putting on the program.

Photos in this edition of the Newsletter are thanks, as always, to Susan Heimlich, our Secretary-Treasurer, who keeps us on our toes. Thanks, Susan. This is the first of our e-Newsletters. Doing it this way is at once green and cost saving. Mark your calendars for the Orlando Convention 2012. If you have kids or grandkids, you will obtain nice hotel rooms for substantially less than for a typical Disney World excursion. I plan to bring my grandkids. The program is in the able hands of Alice Carter, our President-Elect. Finally, big thanks to Warren Zigman, a Past-President, who has taken on the editorship of the Newsletter.

In This Issue

Message from The President	
John Lutzker.....	1
President's Address – Behavioral Phenotypes, Genetic Syndromes, and Intellectual Disabilities: Past, Present, and Future	
Len Abbeduto	2
Jacobson Award - How Do We Know When It's Raining Out? Why Existing Conceptions of Intellectual Disability Are All (or Mostly) Wet	
Stephen Greenspan	4
Award Nomination Information	
Editorial Policy	10
Special Editorial from President Lutzker	11
Division 33 Seeks students' Involvement	11
Minutes of the EC Meeting, August 4, 2011	12
Doll Award - Thirty Years of Pharmacological Research: Lessons Learned	
Michael Aman	14
Memories from Washington, DC	
2011 Convention	15
Gatlinburg Conference Save the Date	17



Division 33
President's Address
Presented at the Annual
Meeting of the American
Psychological Association
August, 2011

Behavioral Phenotypes, Genetic Syndromes, and Intellectual Disabilities: Past, Present, and Future

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People with intellectual disabilities are heterogeneous as a group. There are differences in severity of impairment as reflected, for example, in differences in IQ. Differences also exist in the profile of impairments, with some people displaying challenging behaviors more often or intensely than other people, as another example. In this address, I would like to explore the contribution of one approach to parsing this within-condition heterogeneity; namely, a genetic syndromes approach. In doing so, I will focus primarily on research on language development in persons with intellectual disabilities, with an emphasis on the work conducted by our laboratory over the past decade. Although the contributions and limitations of a syndrome-based approach are nicely illustrated by language research, the conclusions are largely generalizable to other domains of inquiry in the behavioral science of intellectual disability.

Frameworks for studying

heterogeneity. In the 1960s and into the 1970s, etiology was not typically considered to be an important source of behavioral variability among people with intellectual disabilities. Instead, the approach to parsing the heterogeneity was really drawn from work on intelligence and individual differences more broadly defined. It was assumed that an intellectual disability arises from deficits in a small number of basic components of the human information processing system. On this view, individual differences were assumed to be quantitative rather than qualitative, with intellectual disability being a disorder of development with differences limited to rate and endpoint. Although etiology in a deeper sense (e.g., biology) mattered to some theorists, its effects were also assumed to be largely quantitative (i.e., limited to differences in degree, rate of development, or final level of achievement). Moreover,

the etiological distinctions discussed or studied were quite broad (e.g., organic versus cultural-familial or psychosocial). See Hodapp (1998) for an excellent review of these approaches. In the late 1980s and continuing to this day, advances in molecular genetics and related disciplines have led to increasingly finer, more nuanced, etiological distinctions. Indeed, today, approximately 1,000 specific genetic causes of intellectual disability have been identified. Even cases of mild intellectual disability, which were previously thought to result from "natural" polygenic variation, have been linked to specific genetic anomalies (Dykens, Hodapp, & Finuace, 2000).

Among behavioral scientists, Elisabeth Dykens and Robert Hodapp were among the most articulate and persuasive early-champions of using a genetic syndromes approach to explaining behavioral heterogeneity among people with intellectual disabilities (Hodapp & Dykens, 1994). Such an approach entails a search for the behavioral phenotype that maps onto a particular genetic anomaly. They conceptualized the behavioral phenotype as being a profile of strengths, weaknesses, and comorbid conditions that is more likely to be displayed by people with the genetic anomaly than without it. The syndrome approach has three potential advantages over previous approaches to parsing heterogeneity in intellectual disabilities. First, reliance on a multidimensional profile is likely to improve explanation relative to a simple (largely unidimensional) quantitative difference account. Second, starting with a genetic anomaly provides a more constrained hypothesis space and opens the possibility of a mechanistic account of variability that simply is not possible on a strictly psychological account. Third, the syndrome approach raises the possibility of more individualized approaches to intervention and treatment.

Contributions of a syndrome approach to language development.

Studies of language and intellectual disabilities lend themselves to a genetic syndrome approach in that core assumptions about the nature of language development make the possibility of differences in profiles of language impairments across syndromes not only possible, but likely. Three core assumptions are particularly relevant (Abbeduto et al., 2006). First, language is not a unitary ability, but a set of component abilities that depend on overlapping but nonidentical skills and learning mechanisms (e.g., vocabulary, syntactic, pragmatic and phonological skills) and thus, different components can be impaired in different ways or to different degrees. Second, language is embedded in, and dependent on, other social, cognitive, and motor activities and thus, different profiles of impairments across those domains may lead to different language profiles. Third, language development is shaped by genetic and environmental factors and thus, again, etiological differences of genetic origin may lead to different language profiles. In our research, we have focused on Down syndrome (DS) and fragile X syndrome (FXS), the two leading genetic causes of intellectual disability, and uncovered a number of differences in language development across the two conditions. Although individuals with either condition typically do not meet age expectations on any aspect of language, the extent of their impairments vary across different aspects of language. In a study of adolescents and young adults, for example, we found that although individuals with FXS and those with DS did not differ in the extent of their vocabulary impairments, the latter individuals were more impaired in their receptive and expressive syntactic skills (Abbeduto et al., 2003; Finestack & Abbeduto, 2010). In the pragmatic domain (i.e., the ability to use language for

social ends) syndrome differences emerged as well; for example, youth with FXS were more inconsistent in their descriptions of recurring referents thereby increasing the listener's burden, whereas youth with DS provided less scaffolding for the listener in their referential descriptions (Abbeduto et al., 2006). Of course, there were also commonalities across the syndromes; for example, both were less able to monitor their comprehension to resolve misunderstandings than were younger, mental age-matched typically developing children (Abbeduto et al., 2008). Such findings further validate the core assumptions about language development outlined previously and document the value of agenetic syndromes approach.

Limitations of a syndrome approach to language development. At the same time, however, language development research has also highlighted some of the limitations of the syndrome approach to behavioral heterogeneity at least as it has been implemented to date. First, much of the research has not taken a developmental approach; thus, the possibility that a behavioral phenotype may emerge only gradually with age or even be transformed over time has not been considered. As in our research, the approach has most often involved a simple comparison of two syndromes groups, each of which is comprised of individuals varying sometimes quite dramatically in age. A more fruitful, albeit expensive approach, would be to conduct longitudinal studies in which age-related multidimensional behavioral trajectories are compared. Such studies are beginning to emerge (e.g., McDuffie et al., 2010), but they remain the exception.

Second, the syndrome approach, perhaps understandably, has been dominated by the search for biological mechanisms, with environmental contributions to the development of behavioral phenotypes being largely ignored. In fact, it is likely that environmental variations may have more profound effects on the development of individuals with fewer "resources" to combat adverse experiences and circumstances, such as those

with an intellectual disability. Moreover, there is increasing evidence that an individual's characteristics, strengths, and weaknesses actually shape his or her environments (Murphy & Abbeduto, 2005). Thus, the experiences of people with different syndromes may actually function to increase their differences and divergence from normative trajectories over time. Indeed, maternal depression is linked to syndrome-related differences in challenging behavior (Abbeduto et al., 2004) and may contribute to differences in maternal responsivity to the child (Warren et al., 2010). Again, such possibilities will require greater reliance on measurement of the environment and prospective, longitudinal designs.

Third, there have been very few attempts to create syndrome-specific behavioral or educational interventions and treatments. Indeed, this was perhaps the greatest promise of the syndrome-based approach, but it has been largely unrealized. This state of affairs may be changing, however. In our own research, we are testing a parent-mediated intervention that is shaped in large measure by the syndrome-specific characteristics of the parent-child dyad (e.g., Venker et al., in press).

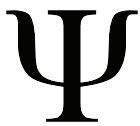
Conclusions. It is worth reiterating that although I have focused my remarks largely on language development, a similar state of affairs is characteristic of work on other behavioral domains. In general, I believe that the genetic syndrome approach has significantly advanced our understanding of the causes of variability among people with intellectual disabilities. The full potential of the approach, however, has yet to be realized. What is needed as we go forward is greater use of longitudinal designs; more attention to the complex interplay of genetics and environments, including the active role of the individual with an intellectual disability in shaping those interactions; and more interventions and treatments that are designed to target syndrome-specific impairments and leverage syndrome-specific strengths.

And finally, I would like to provide a

word of caution. Although the genetic syndrome approach emphasizes behavioral differences between syndromes, it is also important that the commonalities be appreciated. In fact, it is no doubt true that on average the behavioral commonalities among syndromes are more impressive than the differences. Studying these commonalities is likely to yield insight into the constraints on development that operate across all humans and at all levels of analysis.

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Division 33
Jacobson Award for
Critical Thinking
Presented at the Annual Meeting
of the American
Psychological Association

How Do We Know When It's Raining Out? **Why Existing Conceptions of Intellectual Disability** **Are All (or Mostly) Wet**

Stephen Greenspan, Ph.D.

Introduction

At a Division 33 symposium chaired by John Jacobson a number of years ago, I told a story about the time a colleague and I were looking out the window. I mentioned to my colleague that it seemed to be raining really hard, to which he replied "no it isn't raining." I asked him why he thought that was the case and he replied "for one thing, that guy who just walked by is not wearing a hat or carrying an umbrella. For another thing, today's forecast did not call for rain." I pointed out to him that I thought two better and more direct criteria were that one could observe rain drops falling in a puddle and that when one stuck a hand out the window one could feel raindrops. I used this story in my talk to argue against what I felt was the over-reliance by Intellectual Disability (ID) practitioners on IQ scores, which provide very indirect indicators of academic competence, and are even more indirect predictors of functioning in the everyday world. In other words, relying on IQ to tell if someone has ID is analogous to relying on a forecast, or whether someone is wearing a hat, to tell if it is raining.

When the session ended, John came up to me and said "you know Sid Bijou

would agree with everything you just said." That surprised me, as I had never thought of myself as having a behaviorist orientation. John made me realize that like the Molière character who found out he had been speaking prose all his life, maybe I had been thinking like a behaviorist without knowing it. It also confirmed something I already knew, which is just how insightful and generous a person John Jacobson was.

As is generally known, I am more of a theorist than a data collector, and that is one reason I am a little surprised to receive this honor. Unlike physics, where theorists are held in higher esteem than experimentalists, in psychology the opposite is assuredly the case, and my bent toward theorizing has sometimes been held against me. I have noted that psychologists, with their love of the IQ score, seem to have a case of "physics envy" but that they do not understand that much of the best experimentation in physics is largely observational and descriptive in nature. Actually, I think I have collected data, although my idea of "data" was influenced by my earlier graduate training in history and also by the fact that my Developmental Psychology doctoral program, at the University of Rochester, was heavily Piagetian in its orientation. Historians, and Piagetians, have a somewhat

broader definition of data and of how to integrate it with theory.

Development of a "Static" **Conceptualization of ID**

My earliest exposure to ID (aside from living with a brother with severe autism) came when I was a graduate student at the University of Rochester and I was lucky enough to do a pre-doctoral internship in the Pediatrics Department with Rune Simeonsson (Monson, Greenspan & Simeonsson, 1979). I later went on to do a post-doc in Developmental Disabilities at UCLA's Neuropsychiatric Institute, in what became the Tarjan Center. From these experiences, I was able to build on my earlier research at Rochester with Michael Chandler (Chandler, Greenspan & Barenboim, 1974) regarding the contribution that social cognition makes to the effective functioning of at-risk children and youth. Realizing that deficits in social cognition (which I reframed as "social intelligence") were a major impediment to the successful community adaptation of individuals with ID, I published a review article on social intelligence (Greenspan, 1979) in the second edition of Norman Ellis' *Handbook of Mental Deficiency*. My ideas about

social intelligence were updated in the third edition of Ellis' *Handbook* (Greenspan & Love, 1997). A feature of the updated chapter was an exploration of the competence model for addressing definitional questions not just in ID but in autism and Learning Disabilities. This interest in classification continues to characterize my work, and was first stimulated by Steve Forness during my post-doc year at UCLA.

A branch of ID where my ideas about social intelligence and social competence took special root was in vocational rehabilitation, particularly in the emerging field of "supported employment." This involves a shift from facility-based programs such as sheltered workshops to more normalized settings such as competitive employment, but with individualized supports provided as needed. My interest in the practicalities of ID services was fostered by several years spent in Nebraska at the Boys Town Research Center and the University of Nebraska. While at Boys Town, I did a study with Bonnie Shoultz which resulted in maybe my most-cited paper (Greenspan & Shoultz, 1981), in which we looked at the reasons why adults with ID get fired from competitive jobs. What we found is that contrary to the general belief that it is all about whether one could master the intricacies of job tasks, the main problem was a failure to master the unwritten social rules of the workplace, whether it is not walking in on work meetings or not masturbating in the restroom. My favorite example of such socially naïve behavior was a chambermaid who, eager to finish her daily allotment of rooms, would knock on the door of any guest who was sleeping in to tell them to "get your ass out of bed." A consequence of this paper was a shift from seeing social competence as peripheral to seeing it as central to the kinds of supports needed to help people with ID to succeed in the workplace.

Another area where social intelligence impairment seemed to contribute to adaptive functioning failure was in

parenting by mothers and fathers who themselves have ID. Research with Karen Budd (Budd & Greenspan, 1984; Greenspan & Budd, 1986) showed that parenting failure (as in losing child custody) was often a function of failing to understand how negatively certain behaviors (such as not keeping to a visitation schedule) would be viewed by authority figures, such as child protection workers and judges.

The most important, or at least the most-cited, application of my personal competence model was as a guiding framework for current models and measures of adaptive behavior. This is an area where there has been a fair amount of empirical investigation. For example, there was a considerable program of research at the University of Minnesota, and the general findings were quite supportive of the model, both in terms of the confirmatory factor structure but also in terms of its utility in capturing the essence of the ID behavioral phenotype (Greenspan & McGrew, 1996; McGrew, Bruininks, & Johnson, 1996).

A problem with the adaptive behavior construct, pointed out by me in several publications (Greenspan, 1997; Greenspan, 1999a; Greenspan, Switzky & Granfield, 1996) is that it was adopted as the second diagnostic criterion for ID before there was an adequate theory or understanding of what it is. The 1992 AAMR manual cited my tripartite intelligence framework in its theoretical chapter, but then in the later implementation chapters adopted a non-theoretical (2 out of 10) skills approach in its actual adaptive behavior approach. The one place where my ideas were adopted in the 1992 manual (and in DSM 4 and 4TR which was based on the 1992 manual) was in dropping the assumption that maladaptive behavior (externalizing or internalizing psychopathology) was another word for low social competence. Thus, there was now a better understanding that while people with ID could have maladaptive behaviors, it should not be a defining characteristic of the disorder. An example of this came in a study

(Greenspan & Delaney, 1983) in which it was shown that, in line with the (unfortunately-named) "happy puppy" stereotype, adults with Down syndrome have relatively good mental health, but are just as impaired in social intelligence as are IQ-matched adults with ID who do not have Down syndrome.

My tripartite model of intelligence was more fully implemented in the 2002 (10th) and 2010 (11th) editions of the AAMR/AAIDD diagnostic manuals. Those manuals utilize what is termed the "tripartite model of adaptive behavior," with three domains of Conceptual, Practical and Social adaptive skills. This, of course, is not really what I had in mind (Greenspan, 2006). My original idea had been that the tripartite model of intelligences (what I had termed "adaptive intelligence") would replace the dual criteria model of IQ and adaptive behavior. In the process, the artificial and poorly defined construct of adaptive behavior would disappear. Instead, the definition of ID would again be grounded in the natural and central construct of intelligence, but an intelligence much broader than IQ, which measures mainly what Robert Sternberg termed "academic intelligence". However, the ID field (and the broader public) was, and still is, just so wedded to IQ and IQ tests that my proposal posed too great a challenge to the status quo, especially given the absence of established measures of non-IQ aspects of intelligence. In what Schalock (1999) termed a "Hegelian Synthesis" (but I see as a Hegelian distortion), the tripartite model of adaptive intelligence morphed into the tripartite model of adaptive behavior, which served to: (a) keep IQ as the only accepted measure of intelligence, and (b) keep the second prong in a position as distinctly less central to the diagnosis of ID (by containing items unrelated to the ID phenotype, such as "has pleasant breath," an item on the ABAS-2). This might be acceptable if the definition of ID were just an abstract academic exercise (what Herman Hesse termed a "glass bead game"), but in the age of

“Atkins” (death penalty exemption) it has very profound and unfortunate real-world implications.

My Still-Evolving “Dynamic” Conceptualization of ID

Around 1995, my thinking about ID and personal competence went through a transformation, from what philosopher Stephen Pepper (1942) termed a “formist” (i.e., static) to what he termed a “contextualist” (i.e., dynamic) world view. A metaphor for formism is the toolmaker’s dye or shoemaker’s last, while a metaphor for contextualism is the historian’s attempt to understand and explain past events. (It is perhaps not irrelevant that I studied history before I became a psychologist). I felt, and still feel, that a static model of personal competence—with a superior set of factorial boxes (such as I believe my earlier work provided)—would be an improvement on the current conceptually messy diagnostic and definitional framework for ID. Javel and Greenspan (1983) provide an illustration of how such a “dimensional” classification approach might work. However, I am convinced that a dynamic approach is much more likely to contribute to a better understanding of how aspects of competence affect outcomes and, thus, of what it really means to have an ID.

The critical experience that moved me in a dynamic direction was my involvement in a well-known case of false confession to murder, involving Richard Lapointe, a man with a congenital brain malformation: Dandy-Walker syndrome (Greenspan, 1998). In studying him and trying to understand why he would falsely confess to a murder no objective person believes he committed, I discovered that he had a lifelong history of being tricked and duped. I also learned that an interrogation session is basically a long string of deceptions and pressures, which when applied to a cognitively-impaired person could easily trigger a gullible response. I discovered that gullibility was emphasized in the 19th century literature on ID (Ireland,

1877), but had largely disappeared from the scholarly literature and was not to be found in any of the 20th century diagnostic manuals. With encouragement from Laraine Glidden and Harvey Switzky, I wrote a number of papers (Greenspan, Loughlin & Black, 2003; Greenspan, 2004) relating to gullibility, culminating in a book on the topic (Greenspan, 2009a, b). This has had some influence on the ID field, as reflected in the fact that gullibility items are beginning to be included in adaptive behavior measures, such as AAIDD’s forthcoming Diagnostic Adaptive Behavior Scale (DABS).

Spurred on by urging from Switzky (1997) to add a motivational operator to my model of social competence, I adopted a modified version of Martin Ford’s (1992) multidimensional explanatory scheme. My dynamic model incorporated the major elements of my static model but put them together not as fixed traits but as combinatory contributors to discrete behaviors. In this model, a gullible (or non-gullible) act is seen as resulting from the interface of four factors: (a) Situation, (b) Cognition, (c) Personality, and (d) Affect/State. This model explains behavior in all people, whether or not they have ID, as in my much-cited *Wall Street Journal* essay explaining the gullibility of Madoff victims such as, unfortunately, myself (Greenspan, 2009b). However, people with ID are more likely to behave gullibly because they lack the practical and social intelligence to recognize social risk and also because of secondary personality adaptations such as extreme trust and a tendency to cover up their limitations by following the lead of more competent persons. In this, my thinking agrees with that of Edward Zigler (1999), whose “whole person” theory argued that people with ID cannot be understood solely in terms of their IQ scores. Instead, people with ID are subject to the same set of personality and motivational forces that affect all people, even if some of these forces are stronger or weaker than average because of experiences and adaptations that are associated with a history

of cognitive incompetence.

A consequence of my exploration of gullibility is that it sensitized me to what I think is an essential, but under-emphasized, core aspect of ID, which is risk. Currently we live in an era where there has been a rejection within the ID field of paternalism, and consequently of the implied incompetence on which paternalism is based. As a result, one will find little discussion today of the fact that people with ID are much more likely to put themselves in dangerous situations, or of the fact that protective arrangements are needed primarily to reduce those dangers. In our field there is much discussion of supports and support needs, but little discussion of perhaps the main reason why supports are needed, namely to protect individuals with ID from the increased likelihood that their actions might put them at risk. These actions are risky for various reasons but the main one is because individuals with ID lack the cognitively-mediated ability to recognize (and hence avoid) danger. This danger can take various forms, which can be grouped into social and practical (physical) sub-categories. One implication for ID definition and assessment is that there should be content in adaptive behavior instruments reflecting risk-awareness and risk-avoidance. In fact, one will find little such content, except in narrow areas, such as using electrical outlets safely.

My interest in risk-unawareness, particularly the social risk-unawareness (or wariness deficit) associated with gullibility, led me to rethink ID as a relative propensity for “foolish” behavior (Greenspan, 2009c) or, to state it differently, as a relative absence of “common sense.” (I define foolishness as “unawareness of obvious risk” and common sense as “awareness of obvious risk”.) Clearly, the term foolishness is politically incorrect when applied to ID, given the early and longstanding pejorative use of the term “fool” (e.g., Goddard invented the term moron because it meant fool in Greek). For that reason, I prefer to

describe people with ID as behaving with a lack of common sense rather than as behaving with a prevalence of foolishness. The emphasis on risk and risk-awareness also has implications for the equally muddled construct of “wisdom,” which one can redefine as an “ability to recognize subtle and hidden risk.” Thus, one can posit a developmental continuum from foolishness (an inability to recognize obvious risk) to common sense (an ability to recognize obvious risk) to wisdom (an ability to recognize subtle and hidden risk). Using this approach, I now describe ID as a “common sense deficit disorder” (Greenspan, Switzky & Woods, 2011). That is, it is a disability characterized by a need for supports intended to reduce to tolerable levels risk stemming mainly from inability to recognize and weigh social or physical danger.

Because of the unpredictability of foolish behavior, especially in people of above-average intelligence, the most useful statistical framework for explaining or studying risk-oblivious behavior is likely a non-linear mathematics such as bifurcation geometry, also known as catastrophe theory (Castrigiano & Hayes, 2004). The name does not refer to actual catastrophe but rather dramatic state shifts in dynamic systems caused by small input changes. However, as applied to foolishness, especially in people with ID, the term catastrophe is in fact very apt for describing life-altering or life-ending outcomes that can and do flow from risk-unaware conduct.

Current Work in Criminal Justice: Insights About Organicity and ID-Equivalence

In the few years since my retirement from teaching, I have developed a second career as a psychological consultant in criminal cases, mostly involving defendants who are facing the possibility of being executed. Robert Perske had a lot to do with stimulating my interest in the criminal justice system, through our joint efforts in seeking: (a) a new trial for Richard Lapointe, (b) a posthumous pardon for the wrongly-executed Joe Arridy

(Greenspan, 2011a), and (c) an increased general awareness of how their naïve trust makes individuals with ID more likely to give false confessions in spite of possibly being factually innocent (Greenspan, 1995). As a forensic expert in *Atkins v. Virginia* cases, I am obligated to be a neutral truth-seeker, but advocacy comes into play not in calling for a particular judicial outcome but in calling for a fair and scientifically-grounded approach to understanding the individual being examined.

Unfortunately, the typical Atkins hearing is less a quest for the truth about individuals than it is a quest for the truth about IQ or adaptive behavior test scores. This is not a new concern, but the much higher stakes in capital cases bring the inadequacies in defining and diagnosing ID into greater relief. Unfortunately, the “physics emulation” phenomenon seems to be getting worse rather than better, in part because the same “scientistic” (superficial embrace of scientific trappings) emphasis on SD-based cutting scores that has characterized prong one (intelligence) now seems to have taken over prong two (adaptive functioning), as reflected in new wording in both AAIDD-11 and in a DSM-5 draft. Concern about the need for a more responsible approach to testifying in Atkins cases has brought about efforts by myself and colleagues about how ID should and should not be evaluated in criminal proceedings (Greenspan, 2009d, 2011b).

Experience as a forensic consultant has given me a deeper appreciation of the need for alternate pathways to the ID diagnosis, especially for individuals with obvious brain-based impairments. This insight can be traced to my involvement with Richard Lapointe, a man with Dandy-Walker malformation: the second leading cause of congenital hydrocephalus, and a disorder associated with extreme limitations in processing of “social discourse” (Dennis, 1998). Lapointe’s marked gullibility (which trig-

gered my interest in the topic) and pervasive adaptive limitations, caused everyone who knew him to assume that his IQ (in the 80’s) was much lower than it actually turned out to be. Lapointe, like most people with congenital brain damage, did in fact have many areas of prong one (intellectual) impairment; however, as is often the case with brain damage syndromes, these were found less in his full-scale IQ score than in a pattern of severe deficits in executive functioning—such as the ability to reflect, plan and deliberate—that have more connection to the notion of criminal culpability (and, for that matter, to the operational definition of intelligence provided in the AAIDD manual) than does full-scale IQ, a measure now being given decreasing weight by intelligence scholars.

In a paper with Harvey Switzky published a year after the Atkins decision (Greenspan & Switzky, 2003), we used the Lapointe case to argue for a more flexible approach to diagnosing ID in forensic settings. Our point was that where there is a clear brain malformation, a developmental history of practical and social vulnerability, and significant limitations in cognitive functioning (Lapointe was held back three or four time and encouraged to drop out of school), then there is something wrong with having a mitigation hearing hinge (as was the case when a judge decided against suppressing his flawed “confession”) mainly on one’s full-scale IQ score. This concern has been fleshed out and deepened for me in cases involving defendants with Fetal Alcohol Spectrum Disorders (FASD; estimated to affect as many as 20% of incarcerated offenders). FASD is the largest known biological cause of ID but the typical IQ score for individuals with FASD is 10 or more points above the arbitrary 70-75 ceiling for ID.

In collaboration with others, I have argued for the use in criminal proceedings of a “ID-equivalence” subcategory of ID to cover persons with FASD or other established brain ab-

normalities combined with severe adaptive behavior deficits (Edwards & Greenspan, 2011; Woods, Greenspan & Agharkar, 2011). Such an “IQ-ceiling waiver” for individuals with known organic syndromes and who function in the world exactly as if they have ID, is already commonplace in many state or provincial service eligibility statutes, but unfortunately is not yet reflected in criminal proceedings or clinical standards. Continued obeisance to “King IQ” is what makes prevailing conceptions of ID all (or mostly) wet. My hope is that our field will eventually come up with a more direct and valid way of determining whether or not it is raining out (i.e., whether someone has ID). Equally exciting to me is the possibility that the quest for a better way of defining and diagnosing ID (which, ironically, was the engine driving the original development of intelligence tests) will lead to the development of a better approach to the equally muddled concept of mitigation of moral culpability for the large percentage of criminal offenders who are cognitively challenged.

This paper is based on remarks given when accepting Division 33’s John Jacobson Award in August, 2011. It has been cut substantially because of space considerations; write me if to wish to receive the longer version. The paper is dedicated to my former doctoral student James Granfield, who at the time of his death exactly one year earlier was Dean of Education at Southern Connecticut State University. In addition to Jim, I wish to express my appreciation to many other colleagues, including the late John Jacobson, who encouraged and helped me over the course of my career.

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Laraine Glidden, Chair

Membership

Laura Lee McIntyre, Chair

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Program

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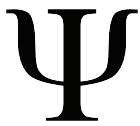
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Dear Division 33 Member:

The Awards Committee of the APA Division 33 – Psychology of Intellectual and Developmental Disabilities, welcomes nominations for the 2012 *Doll Award* and the 2012 *Sara Sparrow Early Career Research Award*.

Award Criteria

The *Doll Award of Division 33* is a career award that honors an individual for his or her substantial contributions to the understanding of intellectual or developmental disabilities throughout their career. The award is presented annually.

The *Sara Sparrow Early Career Research Award of Division 33* will be presented to an individual who has made substantial contributions to the understanding of intellectual or developmental disabilities as reflected in his or her published and presented works. The recipient must be a member of Division 33, must have received his or her doctoral degree no more than 10 years prior to the award decision, and cannot be more than two years post-tenure. To receive the award the recipient must agree to attend the APA convention and give a brief talk.

Nominations for these awards will be sought from the full membership of the division. The Division Awards Committee will select the honoree. A list of previous award winners is presented.

Application Procedure

1. Nominations should include the following: a) a letter of nomination; b) complete vita; c) two letters of recommendation. One of these letters must be from a Division 33 member and should address the contributions of the nominee relevant to intellectual and developmental disabilities.
2. Nominations should be sent directly to Warren B. Zigman via email at warren.zigman@opwdd.ny.gov. Dr. Zigman serves as chair of the Division Awards Committee.
3. Nominations can be made anytime, but must be received no later than March 2nd, 2012.
4. Nominees will be notified of the award committee's decision by on or about April 15, 2012.
5. The award winners will receive a \$1,000 honorarium.
6. Any questions about the award or application procedure should be sent via email to Warren B. Zigman.

Edgar A. Doll Award (est. 1980)

1981	Sam Kirk
1982	Gershon Berkson
1983	Marie S. Crissey
1984	Sidney Bijou
1985	no award
1986	Norman Ellis
1987	Ed Zigler
1988	H. Carl Haywood
1989	Donald MacMillan
1990	Henry Leland
1991	Alfred Baumeister
1992	Earl Butterfield
1993	Brian Iwata
1994	Ivar Lovaas
1995	Stephen Schroeder
1996	Donald Baer
1997	Richard Eyman
1998	Nancy Robinson
1999	Murray Sidman
2000	Todd Risley
2001	Don Routh
2002	Travis Thompson
2003	John Borkowski
2004	Gene P. "Jim" Sackett
2005	Robert Sprague
2006	Ann Streissguth
2007	Douglas K. Detterman
2008	Michael Guralnick
2009	Sara Sparrow
2010	Bruce Baker
2011	Michael Aman
2012	?

Sara Sparrow Early Career Research Award (est. 2008)

Luc Lecavalier
Laura Lee McIntyre
?

Jacobson Award (est. 2007)

Richard Fox
James Mulick
Stephen Greenspan

APA DIVISION 33

WINTER 2012

VOLUME 37, NUMBER 2

PSYCHOLOGY IN INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Editorial Policy

Psychology in Intellectual and Developmental Disabilities is an official publication of Division 33 of the **American Psychological Association**. It is devoted to keeping members informed about the activities of Division 33 and to present news and comment concerning all aspects of service, research, dissemination, and teaching in psychology and 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: warren.zigman@opwdd.ny.gov. Address hardcopy correspondence to: Warren B. Zigman, Ph.D., Editor, *Psychology in Intellectual and Developmental Disabilities*, New York State Institute for Basic Research in Developmental Disabilities, Department of Psychology, 1050 Forest Hill Road, Staten Island, NY 10314. Books, films, videotapes, and other material also may be submitted to the Editor for possible review. Unless stated otherwise, opinions expressed are those of the author and do not necessarily represent official positions of Division 33. Issue deadlines are November 15, Fall/Winter issue; May 15, Summer issue.



**SPECIAL EDITORIAL FROM
JOHN R. LUTZKER, PRESIDENT
DIVISION 33**


GEORGIA STATE UNIVERSITY

First and foremost among the issues that I care to highlight during my tenure is to continue to make every effort at attracting students and early career professionals (ECPs) to the Division. APA is an aging organization. The mean age of a Division 33 member is over 60. Younger members tend not to join divisions; it is incumbent on individual Divisions to make themselves as attractive as possible to ECPs. We need to continue to attract more ECPs to the Executive Council (EC) and in other Division activities. If you consider yourself an ECP, please let Alice Carter alice.carter@umb.edu or me jlutzker@gsu.edu know. We will absolutely engage you in Division 33 activities. In addition, we are making a stronger effort at attracting students (see article below). This issue contains a new student corner. Our student representatives, Lisa.Jacola@gmail.com and Britt Butler (Butler.591@osu.edu) are making efforts to engage students. Please contact them if you would like a role or have suggestions.

As mentioned in my "Message", this is the first of our electronic newsletters. If there is any new type of content that you would like to be added to the Newsletter, please contact Warren Zigman at: waren.zigman@opwdd.ny.gov


Recently, APA National contacted Len Abbeduto and me to see if the Division would be interested in having its own journal. We discussed the proposition at the EC meeting (President, Past-President, President-Elect), and Johannes Rojahn further discussed the issue. I met with Michael Roberts, President-Elect of Division 37, who is also considering a journal to discuss any advantages there would be to jointly publishing a journal. He will be bringing it up at their EC meeting in January. In the meantime, you will receive a "survey monkey" from us asking some of your thoughts and

soliciting some directed responses from you.

Finally, over the past couple of years, we have looked into the advantages and disadvantages of becoming a society rather than staying as a division. One of the advantages of the former is that it attracts members who are otherwise not members of APA. Please let us know if you have any thoughts about that or any other matters. 

Division 33 seeks to increase the involvement of students

Britt Butler
Lisa Jacola

Division 33 is overwhelmingly in support of increasing the involvement of students and ECPs in the activities of our organization. To this end, Council representatives have identified several areas where students and ECPs can be more involved, and are seeking to include articles emphasizing issues of importance to these individuals. Articles highlighting research-related activities of students and ECPs, or pieces discussing topics related to career development in the field of intellectual and developmental disability, are just some possibilities, but we would like to hear from you! If you would like to volunteer to write an article, want to nominate someone to write an article, or have an idea for an article topic, please contact your Division 33 Student Representatives, Britt Butler (Butler.591@osu.edu) or Lisa Jacola (Lisa.Jacola@gmail.com). Students and ECPs are highly encouraged to submit their work. 

Div 33 New Members:

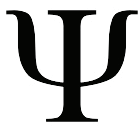
Nicole Beurkens
Allyson Gilles
Michael Griffin
Elizabeth Laugeson
Pamela Lemerand
Marilee Martens
Nancy Miodrag
Casey Nelson
Yvette Tazeau

Div 33 New Students:

Charles Albright
Sara Boyd
Breanne Byiers
Rebecca Doggett
Kristina Dumas
Jennifer Frey
Alan H. Gerber
Megan Griffin
Kat Houghton
Gordon E. Jablonski
Leslie Markowitz
Margaret Mehling
Joanna Mussey
Deni Napier
Leigh Ann Tipton
Elizabeth Stratis

Div 33 New Affiliates

Michael D DiFrancesco



**Minutes of the American
Psychological Association
Division 33 Executive
Council Meeting,
August 04, 2011
(Washington, D.C.)**

Current Executive Council Members
Attending: Len Abbeduto (LA), President; John Lutzker (JL), President-Elect and Program Chair; Alice Carter (AC), President-Elect Designate; Greg Olley, (GO) Past President and Chair MR/Death Penalty Ad Hoc Committee; Laura Lee McIntyre, (LLM) Membership Chair; Lisa Jacola, (LJ) Student Representative; Sharon Krinsky-McHale, (SKM) Member-at-Large; James McPartland, (JM) Member-at-Large; Laraine Glidden, (LG) Chair of Fellows Committee; Anna Esbensen, (AE) Representative to Women in Psychology; James Mulick, (JM) Representative to APA Council; Susan Heimlich, (SH) Secretary-Treasurer.

Guests: Jan Blacher (JB), Incoming President-Elect Designate; Eric Butler, (EB) Incoming Member-at-Large; Britt Butler, (BB) Incoming Student Representative; Johannes Rojahn (JR); Wayne Fisher (WF).

1. LA called the meeting to order at 5:12 pm and welcomed those present. Minutes of Executive Council meeting held 3/03/11 at the Gatlinburg Conference in San Antonio, TX, taken by LLM were passed without objection. Agenda approved as amended (to add the APA Council Report and Reappointments).
2. Guest WF was introduced. He and Travis Thompson co-chair a committee looking into billing and credentialing of providers for psychology services. They are proposing a revision of the CPT codes for behavior analytic services. To get APA support, it was suggested they ask Divisions 25 and 33 to write

letters in support of their plan to the APA Practice Directorate. Mulick spoke in favor of this internal endorsement and said that the Division 25 Executive Committee had already unanimously supported it. There was discussion of whether this would lead to billing by subdoctoral level staff using the proposed CPT codes, and it was agreed that clearly APA would oppose this, as would state psychological associations. Rather, the proposal was seen as a way to bill for services under the supervision of a licensed psychologist for services now given for which there is no reimbursement mechanism. Codes are being proposed for professional assessment, day treatment, behavior consultation, and team meetings. Promulgation of the new codes would help dispel the false notion that behavior analysis is an "experimental" as in "unconfirmed" approach.

AC moved, LG seconded, that we send a letter endorsing the CPT code proposal recommended by the Association of Behavior Analysis International to Randy Phelps and Katherine Nordal of the APA Practice Directorate. Passed unanimously.

AC recommended someone speak with people at Autism Speaks to reinforce the importance of the role of the licensed psychologist. EB will pursue this.

3. Secretary-Treasurer's Report (written report received). We have new letterhead stationery, which will be updated to include our new officers. With regard to our assets, SH reported a drop in assets by the end of June 2011, to \$64,861.27, despite the receipt of sponsorship for some of our awards, as we not only give awards but also reimburse expenses for our student representatives and invited

speakers, and we host a social hour for our members at the annual meeting. Discussion that followed concerned our interest in stimulating student involvement and in retaining members. It was agreed that student members of the EC are expected to play an active role at the APA meeting and throughout the year. There was also discussion of how to stay in touch with mobile student members and to retain them, as they become professionals in the field. JM proposed, LG seconded that the membership chair propose a procedure to the EC for transferring student membership to full membership. Passed unanimously.

With regard to emailed newsletters, there was some concern about the accuracy of email addresses. It was decided to send a postcard to members prior to the next newsletter distribution, which will be electronic. The postcard will inform members of how to get access to the newsletter and will prompt them to share current email addresses. LA will make our new newsletter editor, Warren Zigman (WZ), aware of the discussion and of the sense of the Executive Council.

GO stated that most of our expenses are at the discretion of the President and not constitutionally mandated, and it was recommended that there be consultation before money is promised. JM noted that reimbursement for invited speakers has recently been raised to \$500.

Also related to monies, JM reminded the group that in the past rather than have a meeting room for our Executive Council, our Annual Business Meetings, and our social hour, the President got a suite, which also served as the division's hospitality suite, open daily

for a few hours. GO stated that APA provides us with the rooms, and our only expense is the food for these activities. LA suggested that shopping in a strange city might not be a good use of our time. SH was directed to look into relative costs and benefits.

4. Report of Nominations and Elections Committee, chair GO (written report submitted): JB is the President-Elect-Designate. EB will be the Member-at-Large, serving a 2-year term. These positions take effect at the end of the Annual Business Meeting. SH is to send the Constitution and updated Handbook to the new members.

5. Fellows Committee Report, chair LG (written report submitted): This year Sally Rogers, Marc Tasse, and Michael Wehmeyer have all been approved by APA as new Fellows of Division 33. Four other Division 33 members have been invited to apply this year: LA, Betsey Benson, AC, and Penny Hauser-Cram. In the future, much of the application process will be electronic, making it a bit smoother.

6. Membership Report, chair LLM (written report submitted): LLM reported that our membership has shown a slight decline. She suggested additional members of her committee to assist with outreach, and LJ and JM expressed interest. LLM described some problems with retention, as APA is expensive, and not all members are seeing value in full membership. AE recommended more use of electronic outreach. LJ mentioned that for younger members, the APA conference could be intimidating and that our presence at Gatlinburg is a good idea.

7. JM reported on the first day of the APA Council. It is projected that our APA Conference Division time

will be cut by 6 hours, and that the meeting will be shorter. The Council is hoping for programs sponsored by multiple divisions. Although the APA budget is in the black 2.7 million, this is because of staff cuts and no raises. Their budget is based on a 3-year running average. Revenue from electronic publications has helped the organization. Apparently, about half of the APA members are not in any division. There is a plan to cut the full member dues but to end reduced dues for some seniors and Canadians (who instead of getting discounted full membership might choose to join as foreign affiliates and not vote). There is an APA Guidelines Committee for Treatment and JM recommended we participate on it.

8. President-Elect JL on APA Program activities (written report received). There are two invited speakers and two award winners with a full program this year, "from death to sex."

9. Student representatives: The role of the student representatives was discussed. LA suggested a committee headed by EB to recommend what requirements there should be for the student representatives. AC suggested this could be codified in our Handbook.

10. Gatlinburg support: LA led a discussion of whether or not to continue to support a student to attend the Gatlinburg conference. AC suggested there be a requirement that it be a Division 33 member and that we evaluate the posters or papers being submitted. This year LA reviewed the abstracts to make the selection. LLM said that the student must apply specifically for the Division 33 award to emphasize our role in the award. LA recommended the abstracts go to the Nominations and


Elections Committee for review. The award for 2012 will be \$400.00.

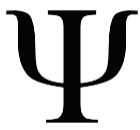
11. Division 33 Journal: JL, LA, and AC were approached by Skip Maier about a Division 33 Journal. According to JL, he met with Maier and learned there are 20 division journals, 6 started within the last 5 years. They are all co-owned by the division and APA, such that APA fronts the money and supports it until it makes money, then there is a 50/50 net share of the profits. There is money for an editor and for an editing team. However, it would add about \$20 to division membership fees. JL suggested we consider a journal directed to policy and/or one directed to the implementation of science to practice. AC and JR were both interested in participating on a committee to consider the possibility.

12. Reappointment of Committees: LA reappointed all standing committees. GO requested specific authorization of the Ad Hoc Committee on the Death Penalty, and this was done.

13. Miscellaneous: Next June the AAIDD meeting will be in Charlotte, SC. Next August, APA will be in Orlando.

Meeting adjourned at 7:50 pm

*Submitted by Susan Heimlich,
Secretary-Treasurer* 



**Division 33
Doll Award**

*Presented at the Annual
Meeting of the American Psy-
chological Association
August 2011*

Thirty years of Pharmacological Research: Lessons Learned

Michael Aman, Ph.D.
Ohio State University

Michael Aman, Ph.D., presented "Thirty Years of Pharmacological Research: Lessons Learned," in accepting the Edgar A. Doll Award at APA. Aman began his talk by presenting a graphic slide that broke the term, "psychopharmacology," into its roots. Under the root term "psycho," appeared the following: (a) the need for pharmacological treatment (abnormality present), (b) assessment of change, (c) the use of adjunctive psychosocial treatments, (d) patient attitudes to therapy, and (e) environmental factors that influence therapy. Under "pharmacology," the following elements were nested: (a) physical contradictions to treatment, (b) monitoring of side effects, (c) drug-drug and food-drug interactions, (d) monitoring of blood concentrations of drugs, and (e) neuroscience. Aman concluded that it is obvious from this conceptual breakdown that the science of psychology and psychologist-researchers have much to offer to the psychopharmacology field. Link to Dr. Aman's full slide presentation can be found at <http://www.apa.org/divisions/div33/docs/Aman-slides.pdf>

Dr. Aman presented a number of his early studies, which were conducted in children and adolescents with intellectual disability (ID). These included investigations of thioridazine (Mellaril), haloperidol (Haldol), methylphenidate (Ritalin, others), and fenfluramine (Pondimin, withdrawn from market because of cardiac abnormalities). For the most part, these trials were characterized by very modest effect sizes and a relatively small percentage of outcome variables that showed treatment effects. Aman's dose study with colleague, Nirbhay Singh Ph.D., revealed that low doses of thioridazine were just as effective as much higher doses previously being prescribed to the participants. It also indicated the need for an appropriate rating scale specific to the ID field, and this eventually led Aman and Singh to develop the Aberrant Behavior Checklist (ABC).

Several of the later studies that were presented were done in collaboration with the NIMH-funded Research Units on Pediatric

Psychopharmacology (RUPPs). The RUPPs' first investigation involved a comparison of placebo and risperidone (Risperdal, others) in children with autism and high Irritability subscale scores on the ABC. An acute, 8-week comparison showed a very large effect of risperidone in suppressing Irritability subscale scores (57% and 14% declines for risperidone and placebo, respectively; effect size = 1.20). A discontinuation study, following 6 months of risperidone treatment, revealed that 62.5% of participants relapsed when risperidone was blindly replaced with placebo as compared with a 12.5% relapse rate when risperidone was maintained. A 2-year follow-up study of these children indicated that those who continued to take risperidone showed ongoing benefits in hyperactive, irritable, and social behavior as compared with those who stopped the drug. However, continued risperidone treatment was also associated with bed-wetting.

Another RUPP investigation involved a clinical trial of methylphenidate in children with autism spectrum disorders (ASDs) and ADHD symptoms. In all, 49% of subjects responded positively, whereas 18% had intolerable side effects. Aman contrasted this with the findings with typically developing children and ADHD from the MTA (Multimodal Treatment Study of Children with Attention Deficit/ Hyperactivity Disorder) Study. The latter found a clinical response rate of 74% and an intolerable side effect rate of only 4%, *which suggests both quantitative and qualitative differences in how the clinical groups responded to medication*. Dr. Aman then briefly surveyed the clinical drug research that has been done in ID samples by DSM condition. With the possible exception of stimulant drugs in ADHD and antipsychotics in disruptive behavior disorders, very little drug research has been done with respect to DSM disorders in people with ID. Thus, most treatment in the ID field has to be done "by inference," generally relying on findings from the general population.

Aman briefly commented on some of the social validity studies with which he was associated. When participating families were asked about their experiences following study participation, nearly 90% indicated that they would rejoin the studies if they had the decision to make again and similar numbers indicated that they would recommend the studies to other families. Thus, study participation was a positive experience for most families.

Dr. Aman finished his talk with what he called the "take home points" with respect to developmental disabilities drug research. Some of these follow: (a) other than for ADHD and disruptive behavior disorders, there is little research within the IDD field on most medications in relation to DSM conditions; (b) if drug research is done correctly, participants and their families seem to appreciate and even enjoy the experience; (c) most clinical treatment in ID is by inference, with respect to successful psychiatric treatment in the general population; (d) as shown in a large survey in the field, even ID expert clinicians are not confident about their ability to diagnose psychiatric disorders accurately in clients with IDD. Therefore, clinicians and researchers have an extra burden to be very data based in this field. Otherwise, we may not be warranted in believing that we have the most appropriate combination of diagnoses and treatments; (e) numerous clinical standardized rating scales, interviews, and other techniques have become available to us in the DD field over the last several years; (f) for optimal treatment, we must use these tools to conduct appropriate risk-benefit analyses among our clientele; (g) although "drug" is a four-letter word, it is true that drugs are not intrinsically bad or good and (h) it is clear that medicines can be *part* of the answer in addressing significant psychiatric and psychological issues in people with IDD. At the same time, it is also clear that they are *not* the whole answer, and the challenge often becomes how to integrate psychosocial and medication interventions for optimal effect.

Memories from Washington, DC – 2011 Convention

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SYMPOSIA



Drs. Krinsky McHale, Silverman & Zigman presenting a symposium on dementia in adults with Down syndrome.

AWARDS



President Len Abbeduto
passes the gavel to incoming President
John Lutzker



President Len Abbeduto
presents the Edgar A. Doll Award
to Michael Aman for his
substantial contributions
to the understanding of intellectual or
developmental disabilities
throughout his career.



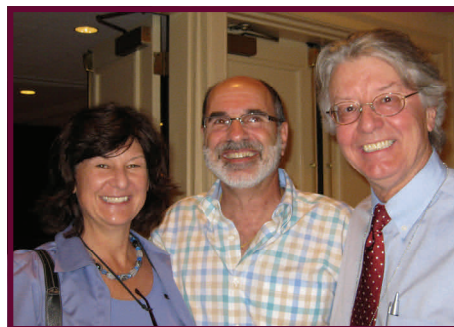
President Len Abbeduto presents the
Jacobson Award for Critical Thinking to
Stephen Greenspan an individual who has
made meritorious contributions to the field of
intellectual and developmental disabilities.

Memories from Washington, DC – 2011 Convention

SOCIAL HOUR



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



Save the Date

The 45th Annual Gatlinburg Conference

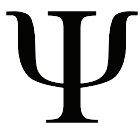
The 45th Annual Gatlinburg Conference continues its tradition as one of the premier conferences in the United States for behavioral scientists conducting research in intellectual and related developmental disabilities.

Date: March 7 - 9, 2012

Location: Loews Annapolis Hotel, Annapolis

Theme: Rare and Neglected ID

Disorders: A Case Study in 15q



Memories from Washington, DC – 2011 Convention

Poster Presenters

B-1

Should Medication for Children with ASD be Monitored using Mc Data? Preliminary Findings from a Teacher S

Anna M. Krasno, Lynn K. Koegel, Howard Taras, Robert L. Koegel, Koegel Autism Center, University of California, Santa Barbara

Introduction

Medication prevalence of children with ASD is high and has been found to be associated with higher rates of social and communication deficits. However, the effectiveness of medication in improving social and communication skills is not well understood. The purpose of this study was to examine the effectiveness of medication in improving social and communication skills in children with ASD. The study was conducted in a classroom setting and involved 10 children with ASD. The children were divided into two groups: a control group and an experimental group. The experimental group received medication for 12 weeks. The children were then assessed on a variety of social and communication skills. The results of the study showed that the experimental group showed significant improvement in social and communication skills compared to the control group. The study suggests that medication may be effective in improving social and communication skills in children with ASD. However, further research is needed to confirm these findings.

Method

The study was conducted in a classroom setting and involved 10 children with ASD. The children were divided into two groups: a control group and an experimental group. The experimental group received medication for 12 weeks. The children were then assessed on a variety of social and communication skills. The results of the study showed that the experimental group showed significant improvement in social and communication skills compared to the control group. The study suggests that medication may be effective in improving social and communication skills in children with ASD. However, further research is needed to confirm these findings.

Results

The results of the study showed that the experimental group showed significant improvement in social and communication skills compared to the control group. The study suggests that medication may be effective in improving social and communication skills in children with ASD. However, further research is needed to confirm these findings.

Conclusion

The study suggests that medication may be effective in improving social and communication skills in children with ASD. However, further research is needed to confirm these findings.

Treating Restrictive Repetitive Behaviors Among Children with an Autism Spectrum Disorder: A Longitudinal Study

Andrew Campbell¹, Anthony Claro¹, Sara Quirk¹, Eric Fombonne² & ASD Pathways Research Team¹
¹McGill University, ²McGill University Health Centre

Introduction

Restrictive and repetitive behaviors (RRBs) are a core symptom of Autism Spectrum Disorder (ASD). These behaviors can significantly impact the quality of life for individuals with ASD and their families. The purpose of this study was to examine the effectiveness of a treatment program in reducing RRBs in children with ASD. The study was conducted in a clinical setting and involved 20 children with ASD. The children were divided into two groups: a control group and an experimental group. The experimental group received a treatment program for 12 weeks. The children were then assessed on a variety of RRBs. The results of the study showed that the experimental group showed significant reduction in RRBs compared to the control group. The study suggests that the treatment program may be effective in reducing RRBs in children with ASD. However, further research is needed to confirm these findings.

Method

The study was conducted in a clinical setting and involved 20 children with ASD. The children were divided into two groups: a control group and an experimental group. The experimental group received a treatment program for 12 weeks. The children were then assessed on a variety of RRBs. The results of the study showed that the experimental group showed significant reduction in RRBs compared to the control group. The study suggests that the treatment program may be effective in reducing RRBs in children with ASD. However, further research is needed to confirm these findings.

Results

The results of the study showed that the experimental group showed significant reduction in RRBs compared to the control group. The study suggests that the treatment program may be effective in reducing RRBs in children with ASD. However, further research is needed to confirm these findings.

Conclusion

The study suggests that the treatment program may be effective in reducing RRBs in children with ASD. However, further research is needed to confirm these findings.

Examining the Cognitive Profile of School-Aged Children with an Autism Spectrum Disorder

Irena Morin, M.S., Barbara Garcia-Lavin, Ph.D., Angela Yeh, Psy.D., & James Parr, Ph.D.

Introduction

The intellectual profile of individuals with Autism Spectrum Disorder (ASD) has typically been characterized by a higher nonverbal than verbal IQ (Fuchs, 1998; Gillberg, 1992; Rapin, 1997). However, more recent studies have found that the cognitive profile of individuals with ASD is more heterogeneous than previously thought. The purpose of this study was to examine the cognitive profile of school-aged children with ASD. The study was conducted in a clinical setting and involved 20 children with ASD. The children were divided into two groups: a control group and an experimental group. The experimental group received a treatment program for 12 weeks. The children were then assessed on a variety of cognitive skills. The results of the study showed that the experimental group showed significant improvement in cognitive skills compared to the control group. The study suggests that the treatment program may be effective in improving cognitive skills in children with ASD. However, further research is needed to confirm these findings.

Method

The study was conducted in a clinical setting and involved 20 children with ASD. The children were divided into two groups: a control group and an experimental group. The experimental group received a treatment program for 12 weeks. The children were then assessed on a variety of cognitive skills. The results of the study showed that the experimental group showed significant improvement in cognitive skills compared to the control group. The study suggests that the treatment program may be effective in improving cognitive skills in children with ASD. However, further research is needed to confirm these findings.

Results

The results of the study showed that the experimental group showed significant improvement in cognitive skills compared to the control group. The study suggests that the treatment program may be effective in improving cognitive skills in children with ASD. However, further research is needed to confirm these findings.

Conclusion

The study suggests that the treatment program may be effective in improving cognitive skills in children with ASD. However, further research is needed to confirm these findings.

Early Identification and Treatment of Young Children with Autism Spectrum Disorders

Erika M. Tsutsui, BA, Mallory A. Brown, BS & Laura Lee McIntyre, PhD
University of Oregon

Introduction

Early identification and treatment of young children with Autism Spectrum Disorders (ASD) is crucial for improving outcomes. The purpose of this study was to examine the effectiveness of an early identification and treatment program in young children with ASD. The study was conducted in a clinical setting and involved 20 children with ASD. The children were divided into two groups: a control group and an experimental group. The experimental group received an early identification and treatment program for 12 weeks. The children were then assessed on a variety of cognitive and communication skills. The results of the study showed that the experimental group showed significant improvement in cognitive and communication skills compared to the control group. The study suggests that the early identification and treatment program may be effective in improving outcomes in young children with ASD. However, further research is needed to confirm these findings.

Method

The study was conducted in a clinical setting and involved 20 children with ASD. The children were divided into two groups: a control group and an experimental group. The experimental group received an early identification and treatment program for 12 weeks. The children were then assessed on a variety of cognitive and communication skills. The results of the study showed that the experimental group showed significant improvement in cognitive and communication skills compared to the control group. The study suggests that the early identification and treatment program may be effective in improving outcomes in young children with ASD. However, further research is needed to confirm these findings.

Results

The results of the study showed that the experimental group showed significant improvement in cognitive and communication skills compared to the control group. The study suggests that the early identification and treatment program may be effective in improving outcomes in young children with ASD. However, further research is needed to confirm these findings.

Conclusion

The study suggests that the early identification and treatment program may be effective in improving outcomes in young children with ASD. However, further research is needed to confirm these findings.

Siblings of Children with Autism: Predictors of Sibling Adjustment

Tessa Huse, B.A., Christina Danks, M.A., & Karen Budd, Ph.D.
DePaul University

Introduction

Siblings of children with Autism Spectrum Disorder (ASD) often experience challenges in their adjustment. The purpose of this study was to examine the predictors of sibling adjustment in children with ASD. The study was conducted in a clinical setting and involved 20 children with ASD. The children were divided into two groups: a control group and an experimental group. The experimental group received a treatment program for 12 weeks. The children were then assessed on a variety of adjustment factors. The results of the study showed that the experimental group showed significant improvement in adjustment factors compared to the control group. The study suggests that the treatment program may be effective in improving adjustment in children with ASD. However, further research is needed to confirm these findings.

Method

The study was conducted in a clinical setting and involved 20 children with ASD. The children were divided into two groups: a control group and an experimental group. The experimental group received a treatment program for 12 weeks. The children were then assessed on a variety of adjustment factors. The results of the study showed that the experimental group showed significant improvement in adjustment factors compared to the control group. The study suggests that the treatment program may be effective in improving adjustment in children with ASD. However, further research is needed to confirm these findings.

Results

The results of the study showed that the experimental group showed significant improvement in adjustment factors compared to the control group. The study suggests that the treatment program may be effective in improving adjustment in children with ASD. However, further research is needed to confirm these findings.

Conclusion

The study suggests that the treatment program may be effective in improving adjustment in children with ASD. However, further research is needed to confirm these findings.

Expressions of Pride During Toddlerhood in Children with Autism Spectrum Disorder

Sara D. Rosenblum, M.A., Laurel Wainwright, Ph.D.
Department of Psychology, University of Oregon

Introduction

Pride is a self-conscious emotion that emerges during toddlerhood (18-24 months) in most children. The purpose of this study was to examine the expressions of pride in children with Autism Spectrum Disorder (ASD). The study was conducted in a clinical setting and involved 20 children with ASD. The children were divided into two groups: a control group and an experimental group. The experimental group received a treatment program for 12 weeks. The children were then assessed on a variety of pride expressions. The results of the study showed that the experimental group showed significant improvement in pride expressions compared to the control group. The study suggests that the treatment program may be effective in improving pride expressions in children with ASD. However, further research is needed to confirm these findings.

Method

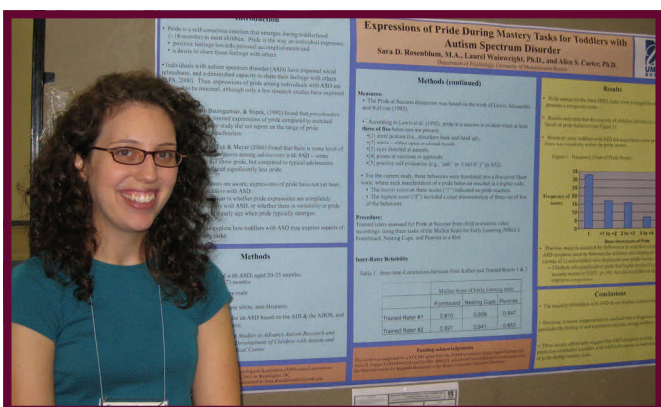
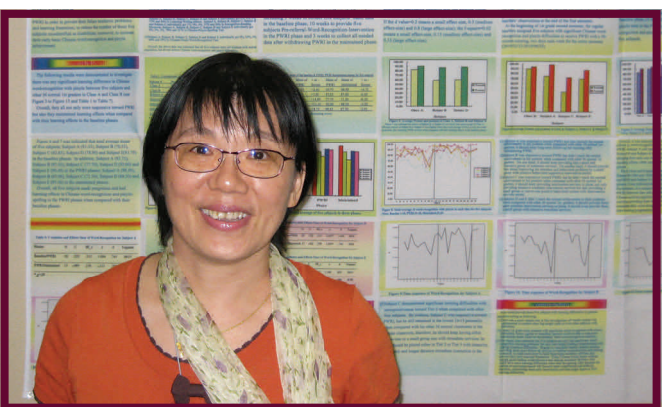
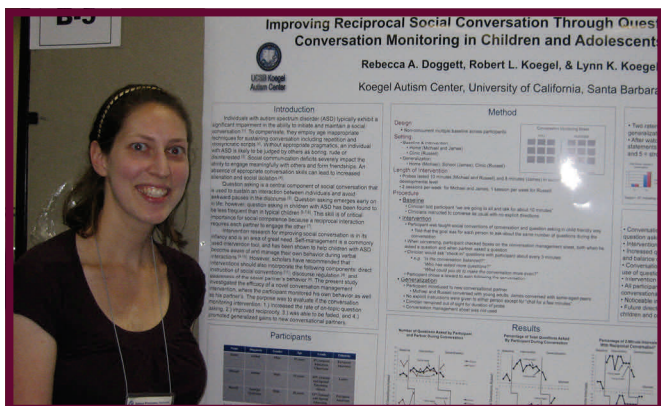
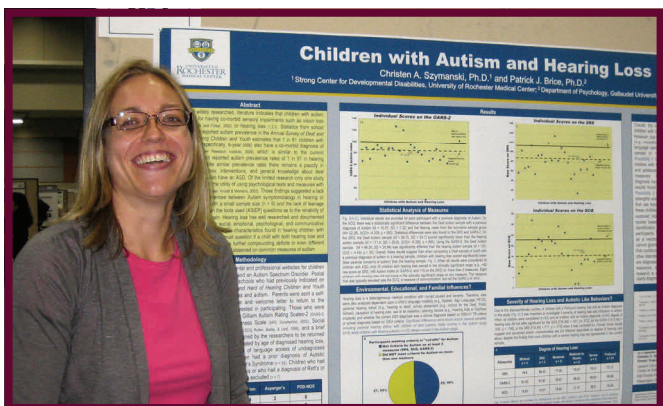
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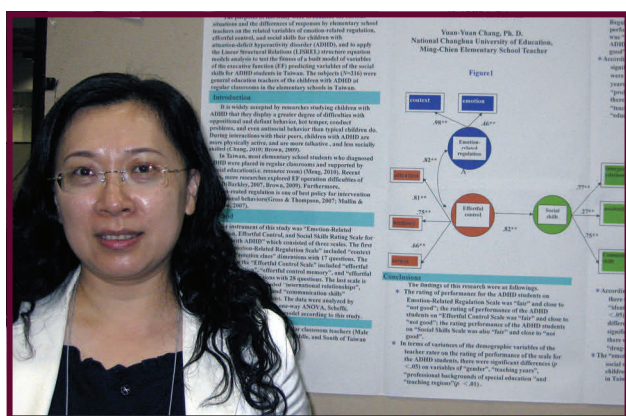
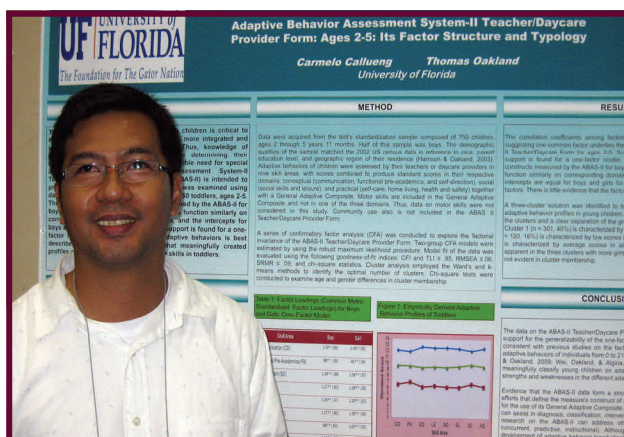
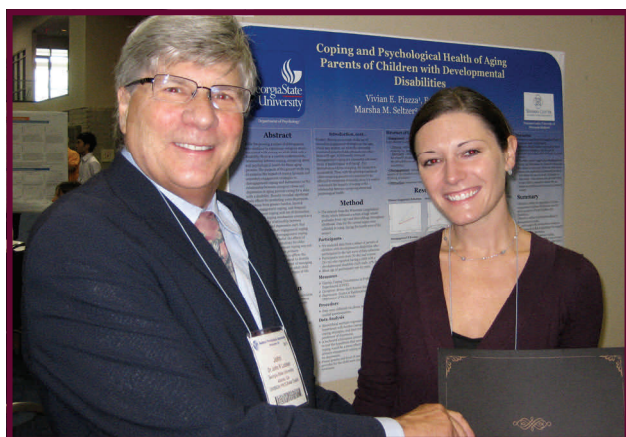
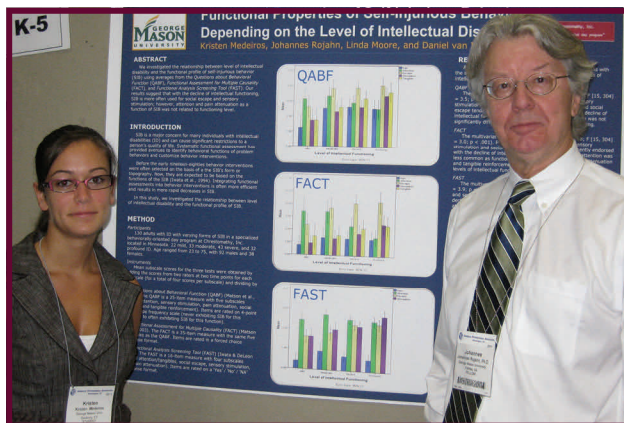
Results

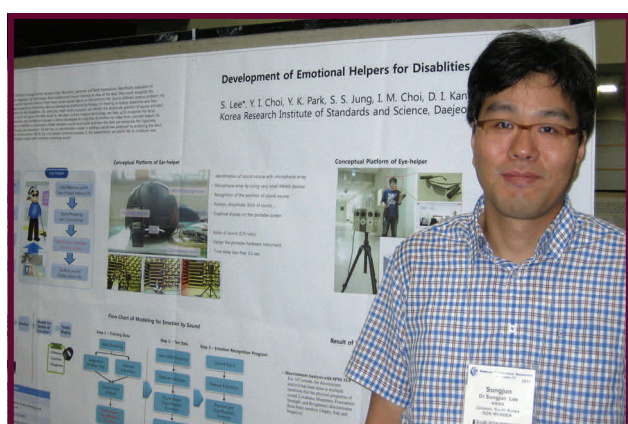
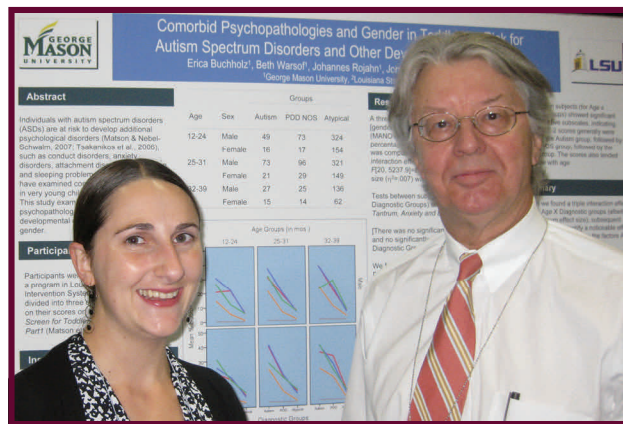
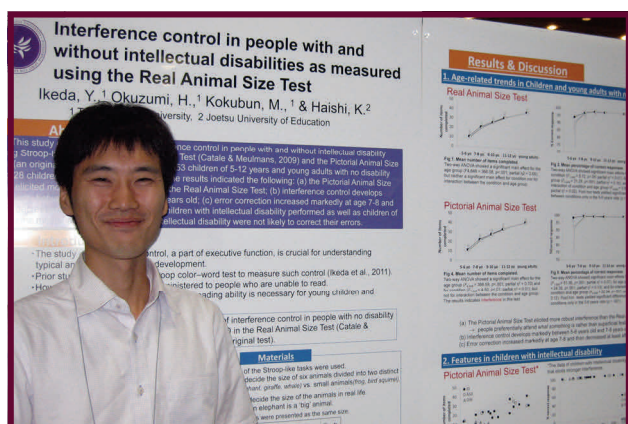
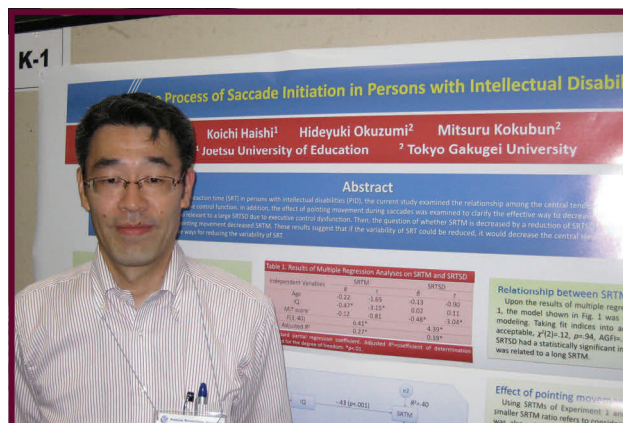
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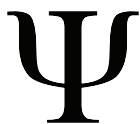
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