THE SOCIETY FOR
CLINICAL NEUROPSYCHOLOGY
Division 40 of the American Psychological Association

Volume 33, Number 2 Summer/Fall 2015

President's Corner

Dear SCN/40 Colleague,

I hope you are enjoying your summer. These are challenging times to be a psychologist in the American Psychological Association as we all attempt to cope with the realization that representatives of our parent organization engaged in activity that facilitated the use of enhanced interrogation techniques by the United States in the war on terror. As a profession and organization, we will all face significant criticism and rightly so. The Executive Committee of SCN/40 will go through our own examination process and will report back to you after the upcoming board meeting at the APA convention. In the meantime, as we all try to grasp the enormity of these circumstances (not to mention deal with our own feelings of shame, disgust and embarrassment for our profession), I want to remind you of the many honorable individuals in our organization and especially our Division who continue to work tirelessly for the betterment of our profession. For them and for profession, the work of SCN/40 needs to continue. Allow me to highlight a few ongoing projects this year:

* The "Models of Integrated Service Delivery that include Neuropsychology Task Force" (***Cynthia Kubu, Joanne Festa, Rebecca Ready***) have done outstanding work in creating and distributing a survey earlier this year on the topic, and developing a white paper that highlights the role of neuropsychology in integrated care. The task force will be presenting a draft of their White Paper at the upcoming board meeting prior to publication.

* I am very excited to share with you the progress being made on what is known as the **Neuropsychology Outcome Satisfaction Initiative (NOSI)**, our national project to gather outcome and satisfaction data. The NOSI survey is now being piloted at five institutions: University of California San Diego (***Lisa Delano-Wood***), University of Florida (***Dawn Bowers, Catherine Price***), Florida Hospital (***Michael Westerveld***), Drexel University (***David Libon***), and University of Illinois Chicago (*Neil Pliskin)*. I believe that in the years to come our field will benefit from having these outcome and satisfaction data, which can hopefully be used for everything from public relations to justifications for inclusion in new payment models and systems. In the next phase, the survey project will expand to all interested North American institutions. You can view the survey at www.neuropsychsurvey.com.

* SCN/40 is in solid financial condition with significant reserves (see the minutes in this newsletter for more details). Our treasurer, ***Kevin Duff***, is chairing a finance subcommittee that has been investigating different options for safely investing some of SCN/40's reserves, and a plan will be discussed at the upcoming board meeting.

* Please check out our new "www.SCN40.org" website, and all the outstanding work being done by the Engagement Task Force (chaired by ***Tanya Diver***), our webmaster (***Juliette Galindo***) and our outstanding communications team (***Brian Yochim, Erica Kalkut, David Kaufman, Maya Yutsis***). Our training program database has been updated and there are many new features and sections to explore.

*There are many more exciting things happening within SCN/40 related to promoting our science (***Elizabeth Twamley***), practice (***Michael Westerveld***), public interest (***Rebecca Ready***) and education (***Brad Roper***) initiatives, not the least of which is the tremendous neuropsychology programming within the APA convention itself organized by ***Shawn McClintock*** and the program committee. I have long maintained that there is as much or more neuropsychology-relevant programming at the APA convention as takes place at some of our neuropsychology-specific conferences.

*Please remember that our division supports the candidacy of ***Tony Puente*** for President of the American Psychological Association. Please vote for Tony. We need his leadership and experience now more than ever.

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Past issues of the Division 40 Newsletter and Division 40 Executive Committee meeting minutes are now available online at the Division 40 Website. The URL address is: http://www.div40.org/.

(Continued from page 1)

Finally, neuropsychology colleagues, as a division our mission is to "advance the specialty of clinical neuropsychology as a science and profession and as a means of enhancing human welfare". In this regard, nothing has changed. We have to move forward as the world of healthcare transforms around us or we will be left behind.

With very best wishes,
Neil Pliskin, PhD
President
Society for Clinical Neuropsychology/
Division 40 of the American Psychological Association

From the Editor

Dear members of the Society for Clinical Neuropsychology,

It is my pleasure to bring you the latest edition of the Newsletter for our Society. In the President's Column, Dr. Neil Pliskin will provide the latest updates for the Society of Clinical Neuropsychology and its newest initiative including the "Models of Integrated Service Delivery that include Neuropsychology Task Force" and Neuropsychology Outcome Satisfaction Initiative (NOSI). July was the 25th anniversary of signing of the Americans with Disabilities Act (ADA). As Psychologists and Clinical Neuropsychologists, we try to promote equal opportunities for persons with disabilities, in order to increase our clients' quality of life, independence, and ability to participate meaningfully in a wide range of desired activities. As such, to celebrate this anniversary, several members of the Society of Clinical Neuropsychology had agreed to highlight important aspects of our work that relate to the ADA act. Thank you Dr. Kim Marshman, Dr. Brad Roper, Dr. Robb Mapou, and Dr. Rebecca Ready for your amazing contributions. The 2015 APA Convention will take place from August 6 – 9, 2015 in Toronto, Canada. Society of Clinical Neuropsychology (Division 40) has created a fully loaded program for all members and you can find the highlight of this year's programming in this newsletter edition. You can also read about the ongoing accomplishments of our Publications and Communications Committee and the Association of Neuropsychology Students in Training. We also have several announcements.

Finally, we wanted to summarize the ongoing projects that SCN is currently focusing on. As such, we are including the minutes from the Winter 2015 APA Division 40 Executive Committee Meeting in this newsletter edition.

Enjoy, and perhaps we will see you at the annual meeting of the American Psychological Association in Toronto, Canada. Do not forget your passports!

Maya Yutsis, PhD, ABPP
Newsletter 40 Editor

SCN Executive Committee
2013 - 2014

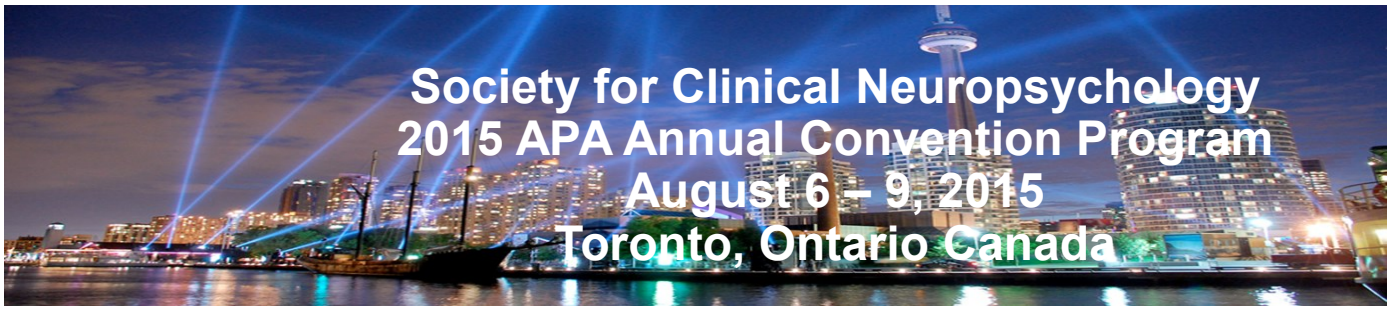
President	
Neil Pliskin	2014-2015
President Elect	
Jennifer Vasterling	2014-2015
Past President	
Paula Shear	2014-2015
Secretary	
Heather Belanger	2012-2015
Treasurer	
Kevin Duff	2012-2015
Members at Large	
Joanne Festa	2014-2017
Cynthia Kubu	2013-2016
Monica Rivera-Mindt	2009-2015*
Council Representatives	
Celiane Rey-Casserly	2014-2016
Corky Boake	2011-2015*
Ken Adams	2014-2016
Paul Craig	2013-2015
Robb Mapou	2015-2017
Chairs of Standing Committees	
Membership	
Tanya Diver	2010-2016*
Fellows	
John McSweeny	2013-2016
Program Chair	
Shawn McClintock	2014-2015
Program Co-Chair	
Dawn Schiehser	2014-2016
Elections	
Paula Shear	2014-2015
Conflicts of Interest	
Marc Norman	2014-2015
Chairs of Ad Hoc Committees	
APA Relations	
Doug Johnson-Greene	2012-2018
Publications and Communication	
Brian Yochim	2014-2017
Chairs of Umbrella Committees	
Education Advisory	
Brad Roper	2014-2017
Scientific Advisory	
Beth Twamley	2014-2017
Practice Advisory	
Mike Westerveld	2009-2015*
Public Interest Advisory	
Becky Ready	2014-2017
Awards Committee	
Mark Brasso	2014-2017
Early Career Psychologists	
Lauren Ayr	2009-2015*
ANST	
Cady Block	2013-2016
Newsletter	
Maya Yutsis	2014-2017
Communications Officer	
Erica Kalkut	2013-2016
Social Media Editor	
David Kaufman	2014-2017
Webmaster	
Juliette Galindo	2014-2017

* Serving a second term

ANNOUNCEMENT

IN MEMORIUM

The Society of Clinical Neuropsychology regrets to announce the untimely death of one of our members, Raymond S. Dean, PhD, ABPP and wishes to extend our condolences to Dr. Dean's family, friends, and colleagues. Dr. Dean was the George and Frances Ball Distinguished Professor of Neuropsychology at Ball State University. Amongst his many professional accomplishments, Dr. Dean was elected Fellow of the American Psychological Association (Divisions: Clinical, Educational, School and Clinical Neuropsychology), the National Academy of Neuropsychology, and the American Psychopathological Association. Dr. Dean was a Diplomat of the American Board of Professional Psychology, the American Board of Professional Neuropsychology, and the American Board of Pediatric Neuropsychology. He was also a Past President of APA Division 40 and the National Academy of Neuropsychology and served as Editor of the Archives of Clinical Neuropsychology and the Bulletin of the National Academy of Neuropsychology. His publication record in neuropsychology is extensive. For Dr. Dean, more important than all of this was his relationship with his students at Ball State University, where he oversaw the neuropsychology training since 1984. He will be dearly missed.



To register for the 2015 APA Convention, visit the following website:

http://www.apa.org/convention/index.aspx

The 2015 APA Convention will take place from August 6 – 9, 2015 in Toronto, Canada. There will be many amazing sessions, lots of activities, and opportunities for unlimited CE credits!

Please note some important dates and times for unique programming:

Wednesday, August 5: The APA Committee on Aging (CONA) and the Office on Continuing Education will offer two, half -day preconvention workshops on Wednesday, August 5th: #001: Expanding Your Practice to Include Work With Older Adults (4 CEUs, To register: http://www.apa.org/convention/ce/001.aspx) and #004: Behavioral Strategies for Dementia Prevention (4 CEUs, To register: http://www.apa.org/convention/ce/004.aspx)

Thursday, August 6: Dr. Gregory Lamberty will give this year's SCN Fellows address from 12:00- 12:50pm in Room 201-D of the Toronto Convention Centre. The title of Dr. Lamberty's talk will be "Struggling with Ambiguity and Staying Busy in Neuropsychology Practice. " In addition to Dr. Lamberty, two fellows from 2014, Carol L. Armstrong, PhD and L. Stephen Miller, PhD will also be recognized. A buffet lunch will be provided.

Every year, the Office on Aging prepares a compilation of *Sessions on Aging Issues at the APA Convention*. It is now available online at: http://www.apa.org/convention/aging-sessions.pdf . This year, if a session offers CEs that is also noted.

Friday, August 7:

1) **Dr. Glenn Larrabee** will give the invited address as a recipient of the **2015 APA Award for Distinguished Professional Contributions to Independent Practice from 2-2:50pm at the** Convention Centre Room 206B. Presentation Title: The Multiple Validities of Neuropsychological Assessment.
2) **Dr. Glenn Smith** is giving a plenary session on dementia on Friday, 3:00-3:50 pm in Convention Center, Room 714A

   Can We Prevent Dementia? Progress & Changes
   Newer dementia diagnostic criteria engender more opportunities for prevention. Behavioral interventions can limit cognitive and functional decline and enhance quality of life. The session notes approaches to and increasing evidence for dementia prevention
3) **The SCN/Division 40 Presidential Address (4pm-5pm)** and **Business Meeting (5pm-6pm)** will take place at the Fairmont York Hotel Algonquin Room.
4) The **SCN/Division 40 Social (6pm-8pm)** will take place in the Fairmont York Hotel the Quebec Room.
5) **The SCN Women In Neuropsychology Event (8-8:50am)** Women's Marginalization in a Male-Dominated Work Place: Applications for Women Psychologists will take place at the Convention Centre Room 203D.
6) With CONA and Division 20, the SCN SAC has organized a **2-hour interactive early career mentoring** workshop centering on building research careers in neuropsychology and geropsychology. Dr. Sara Weisenbach has served as the SCN SAC representative in workshop planning, assisted by Dr. Melissa Lamar. The workshop will be held **Friday, August 7 from 9am – 10:50am** in the Convention Center (Room 717B) and includes a didactic component and an interactive mentoring component. The two didactic presentations will focus on how to succeed with your first grant and how to choose a mentor. The speakers are Dr. Suzanne Corkin, Professor of Neuroscience, Emerita at Massachusetts Institute of Technology and Dr. C. Munro Cullum, Professor of Psychology, Psychiatry, and Neurotherapeutics at UT Southwestern. The workshop additionally features small group and individual mentoring by a group of senior mentors including: Lisa Brown, Suzanne Corkin, Munro Cullum, Joseph Gaugler, Karen Hooker, Peter Lichtenberg, Victor Molinari, Neil Pliskin, Rebecca Ready, and Donald Stuss. These SCN representatives will be joined by mentors nominated by Div 20 and CONA.

Saturday, August 8:

1) CONA chair, Glenn Smith, PhD, ABPP-CN will host the annual CONA Conversation Hour at 5-5:30 pm in the Fairmont Royal York Hotel, Library. The conversation topic is "Aging Across Boundaries."
2) At the onset of the Hour, the 2015 CONA Award for the Advancement of Psychology and Aging will be presented to **Victor Molinari, PhD, ABPP** for his extraordinary leadership across the domains of education, practice, organizational development, and research in geropsychology.

DIVISION 40 FULL PROGRAM

Division 40 has created a fully loaded program for all members including students, early career, mid-career, senior career, etc. Please see attached the Division 40 program at a glance that highlights the sessions, speakers, dates/time, and room location. This is your one stop source for all Division 40 sponsored sessions!

Thursday, August 6th

Time	Session	Location
7:30am – 11:00am	**Division 40 – Executive Committee Meeting**	IH
8am – 9:50am	**Ethics in Testing and Assessment – Forensic, Neuropsychological, and General Practice Perspectives** Mary Connell, Andrea Barnes, Shane Bush, Lindsay Childress-Beatty, Linda Knauss	CC-104D
9am – 9:50am	**Poster Session 1 – Neurologic Illnesses**	CC-Exhibit Hall
9am – 9:50am	**Invited Address: Psychotherapy and the Process of Coping with a Brain Disorder** George Prigatano	CC-206F
10am – 10:50am	**Invited Address: Neuropsychology of Parkinson Disease: Cherry Picking from 30 years of Research** Suzanne Corkin	CC-205A
10am – 11:50am	**High School Athletes and Concussion – From Assessment to Management and Prevention** Anthony Kontos, C. Munro Cullum, Martin Mrazik, Craig Cypher	CC-104A
12pm – 12:50pm	**Fellows Address: Struggling with Ambiguity and Staying Busy in Neuropsychology Practice** Greg J. Lamberty	CC-201D
1pm – 2:50pm	**Neuropsychology in the Next Generation – Future Directions for Research and Clinical Practice** Katie Eichstaedt, Brad Roper, Neil Pliskin, Jared Bruce, Cady Block, Mike Schoenberg	CC-717A
3pm – 3:50pm	**Division 40 Awards Ceremony** Michael Basso	CC-705

CC=Convention Centre; IH=Intercontinental Toronto Centre Hotel – Ontario Room

Friday, August 7th

Time	Session	Location
8am – 8:50am	**Women's Marginalisation in a Male-Dominated Work Place – Applications for Women Psychologists** Bonnie Sachs, Melissa Buelow, Carmen Poulin	CC-203D
9am – 10:50am	**Getting Funded – How to Succeed with Your First Grant: From Dissertation to Independent Investigator** Sara Weisenbach, Melissa Lamar	CC-717B
9am – 10:50am	**Veterans with TBI – Vocational Issues, Rehabilitation Needs, and Accommodations** Jennifer Sanchez, Dawn Schiehser, Jennifer Vasterling, Shawn Powell, Phillip Rumrill	CC-703
10am – 10:50am	**Invited Address: Hippocampal Contributions to Memory and Nonmemory Functions** Morris Moscovitch	CC-205B

CC=Convention Centre, FH-A=Fairmont Royal York Hotel – Algonquin Room, FH-Q=Fairmont Royal York Hotel – Quebec Room

Friday, August 7th (continued)

Time	Session	Location
10am – 11:50am	**Pediatric Sport Concussion – Current Knowledge and Directions for Future Research** David Ellemberg, Robert Moore, Michelle Keightley, Philippe Fait, Carol Dematteo	CC-204
10am – 11:50am	**Mass Screening in Clinical Settings – Is There Evidence?** Heather Belanger, Rodney Vanderploeg, Maureen Lacy, Brett Thombs, Nina Sayer	CC-716A
11am – 11:50am	**Invited Address: An Integrated Neuroscience Approach to Maximize Clinical Application** Donald Stuss	CC-201D
4pm – 4:50pm	**Presidential Address: Neuropsychology in the Next Generation: Of Silos, Handhelds, and CPT Codes** Neil Pliskin	FH-A
5pm – 5:50pm	**Division 40 – Business Meeting**	FH-A
6pm – 7:50pm	**Division 40 – Social Hour**	FH-Q

CC=Convention Centre, FH-A=Fairmont Royal York Hotel – Algonquin Room, FH-Q=Fairmont Royal York Hotel – Quebec Room

Saturday, August 8th

Time	Session	Location
8am – 9:50am	**DSM-5: A Lifespan Neuropsychological Perspective on the Past, Present, and Future** Cady Block, Brad Roper, Corwin Boake, Erica Kalkut	CC-205A
10am – 10:50am	**Invited Address: Dementia in a Global Context: The Role of Neuropsychology** Kathie Welsh-Bohmer	CC-206B
9am – 10:50am	**Negotiation Skills for Psychology Leaders in Academic Health Centers and Health Systems** Helen Coons, Nadine Kaslow, Kathleen Brown, Parinda Khatri, Robin Henderson	CC-105
9am – 10:50am	**Realizing the Promise of Brain Training and Consulting – Beyond Rehabilitation** Mark Sirkin, Michael Merzenich, Jimmy Choi, Elkhonon Goldberg	CC-711
9am – 10:50am	**Connecting the Lines – Fostering Cultural Competency at the Intersection of Diversities** April Thames, L Suzuki, L Mona, S Andreski, Kimberly Smith, Xaviar Cagigas, Duke Han	CC-714B
11am – 12:50pm	**Paper Session: Hot and Emerging Topics in Clinical Neuropsychology** Duke Han, Farzin Irani, Jimmy Choi, Justin Karr, Mark Ledbetter, Sarah Lageman, Lauren Bennett	CC-203A
12pm – 1:50pm	**Fear of Harm – A Novel Behavioral Phenotype** Demitri Papolos, Steven Mattis	CC-715B
1pm – 1:50pm	**Collaborative Therapeutic Neuropsychological Assessment – Developments and Applications** Tad Gorske	CC-205D
1pm – 1:50pm	**Teaching Public Policy at the Graduate Level in the Changing Health Care Environment** Patrick DeLeon, Omni Cassidy, Randy Phelps, Le Ondra Clark Harvey, Christine Kasper, Joanna Selis	CC-714A

CC=Convention Centre

Sunday, August 9th

Time	Session	Location
8am – 9:50am	**Exploring Future Directions for PTSD Research in Military Populations** Douglas Johnson-Greene, Kenneth Adams, Jennifer Vasterling, Denise Sloan, Michael Freed, Nnamdi Pole, David Riggs, Brian Marx	CC-714A
8am – 9:50am	**Internship Prep Workshop for Rehabilitation, Health, and Neuropsychology Students** Katie Eichstaedt, Brad Roper, Glenn Curtiss, Lori Waxenberg, Cellane Rey-Casserly, Justin Nash, Cady Block	CC-105
9am – 9:50am	**Poster Session 2 – Neuropsychiatric Illnesses and Test Development**	CC-Exhibit Hall
9am – 9:50am	**Invited Address: Fatigue in Traumatic Brain Injury: A Revived Perspective** Dawn Schiehser	CC-204
11am – 12:50pm	**Effective Consultation with Medical Staff – Considerations for Integrated Health Care Delivery Models** Kimberly Monden, Robert Karol, Ann Landes, Lauren Schwarz	CC-713B
10am – 10:50am	**Invited Address: Memory Changes in Normal Aging and Mild Cognitive Impairment: Characteristics and Implications** Angela Troyer	CC-205D
10am – 11:50am	**Determining Decisional Capacity in Older Adults – Medical, Legal and Psychological Perspectives** Lynn Schaefer, Damir Huremovic, Marc Bekerman, Glenn Smith	CC-104D

CC=Convention Centre

HAPPY 25th BIRTHDAY!!!
THE AMERICANS with DISABILITIES ACT (ADA).

The View From Here: The American's with Disabilities Act (ADA) turns 25 years old.

Kim Marshman, Ph.D.
Clinical Neuropsychologist
VA Tennessee Valley Healthcare System

By the time the Americans with Disabilities Act (ADA) passed in 1990, I had been a member of the group to which it applied for 8 years. I wasn't born into that club and, frankly, wasn't thrilled to have been forced to join it in the middle of my sophomore year in high school, but life is funny that way. While I wasn't very emotionally attached to my high school, I wasn't too keen on having to change schools in midstream and leave behind some of the people I had known since grade school in order to go to a physically accessible school across town, not to mention having to ride the "little bus!" However, since this was before the ADA, there were few options and the idea of "reasonable accommodations" was sporadically embraced, at best.

One of my early recollections of being illogically categorized based upon one characteristic – my use of a wheelchair – was when I was placed in a "handicapped class" in that new accessible high school. The "class" encompassed a range of people, grouped solely on the basis of having a physical disability, with some of the members also having both physical and mental or intellectual disabilities. For me, the bizarre part of this was that this "class" took up two of the six class periods of the day and prevented me from taking any college-prep classes, such as Algebra-II or Physics. My parents had no idea at that time what an IEP was or, more importantly, that they could have input in it, disagree with it, or throw it back at the paternalistic jerk who all but patted me on the head and said, "Trust me. This is in your best interests." But, I digress. The point is, there were other disability-related laws that preceded the ADA, but they were generally limited to a specific area (e.g., education, physical accessibility of federal buildings) and were not comprehensive civil rights legislation, as was the ADA.

I imagine that my parents and I were like many people at the time in that we had no idea that we had a choice in what types of classes I was assigned or what options I might have had, and in that way, the disability rights movement was very similar to the civil rights one that tried to address race-based discrimination. That is, people who had grown up in a racially-segregated system were accustomed to it being the status quo, whether or not they agreed with it. To buck the system was beyond the realm of possibility for many, and the underlying message was to "be happy with what you've got" and "don't bite the hand that feeds you." To do otherwise was risky, especially when there was very little support and a lot to lose.

Fast forward a few years, and by the late summer of 1990, I had completed Bachelor's and Master's degrees, was newly married, and had just started a new job in a new city. Honestly, I didn't pay much attention to the ADA, other than to wonder how the man who was using a powered wheelchair got up on the platform next to the President. I guess it didn't seem all that notable, since I had successfully completed half of high school and attended three different colleges in the pre-ADA era. It wasn't without any difficulty, of course, but I considered myself fortunate because even at that time, strides had already been made to make some parts of college campuses accessible, physically at least, although it certainly was far from perfect. Bathrooms often still lagged behind in basic accessibility, and some buildings still didn't have one. But, in the vein of "when life gives you lemons, make lemonade" mindset, I was grateful because at least I had access to an elevator in *most* buildings. It's funny to think about it now, but to use that elevator, I had to have a key; to get it, I had to register with the college's Office of Disabilities, a registration that required that I divulge a lot of personal health information, much of which was irrelevant to the need to use the elevator.

I was grateful, though, that I even had the option. At that college, I met students who were using wheelchairs and had,

only a year earlier, just one option if they wanted to go to a class that was held on the second floor; they had to get a few strong fellow students to carry them and their wheelchairs up the stairs and then back down again. If one of those good Samaritans didn't show up that day, the wheelchair user would be left sitting at the base of the stairs looking up at the wheelchair equivalent of Mount Everest. It was these kinds of barriers, and the mental/prejudicial ones, that the ADA was attempting to address more comprehensively.

A few years later, I discovered the field of neuropsychology and finally knew what I wanted to be when I grew up…at the ripe old age of 30! By that time, the ADA was six-years-old and the effects were starting to become more noticeable, more widespread. Colleges and universities, because of their receipt of federal funds, were already implementing some of the physical accessibility provisions but were still a long way from being all-inclusive. I discovered the slow pace of change as a second-year doctoral student in Psychology. I was teaching an undergraduate course in Communications and wanted to use the testing lab's computer scoring of the ScanTron bubble sheets, so I could see the distribution of scores and find test items that might be outliers. When I got to the building, I discovered that there was no way I could access it. As I sat at the base of the beautiful, architecturally-pleasing, wide-sweeping staircase, all I could think about was that they might as well have put the testing lab on the moon, which was as equally beautiful and inaccessible to me. Finally, an employee came out and explained that it's not accessible because "it only houses the administrative offices." Oh, well, now that you explain it that way…. Silly me, what was I thinking, wanting to actually use science and statistics?! Everyone knows that people who use wheelchairs don't do those kinds of things!

Fortunately, despite those attitudes and barriers, I was able to go to a university, obtain a doctorate, and pursue my occupational goal, without nearly as many prejudice-based barriers and policies telling me it couldn't be done "because you're in a wheelchair." That doesn't mean it was easy. I still had challenges, such as figuring out a way to maneuver myself and a patient into a small neuropsych testing room and, my favorite, coming up with a way to cover my wheels in a way that was comparable to shoe covers (wrapping them in cellophane was the solution). So, even with the ADA in place, some barriers associated with having a disability still exist, and the ADA can't fix them all. For example, I wasn't able to go into the operating room to observe brain surgery close-up because of the tight quarters, but I did get to see it through the observation window. The reality is that there are still some things that can't be overcome, and that is also the beauty of the ADA; it recognizes that there are times when a disability really does inherently prevent a person from doing the "essential duties" of that job and that there is not a "reasonable accommodation" for everything. No matter how much I might want to do it, I will never be able to climb a ladder and rescue someone from a burning building. There just is no reasonable accommodation for a firetruck's extension ladder, and that's okay! That's being reasonable. What is unreasonable is the assumption that I can't interview a patient and administer neuropsychological testing from a seated position.

Over the years, as I've grown into the role of being a neuropsychology intern supervisor, my experience of being someone with a disability has certainly helped me to be sensitive to the needs of interns with visible and sometimes invisible challenges. At the same time, it is important for me to say that I, too, am sometimes just as concerned about what to say and what not to say, and how to correctly implement the ADA, as everyone else; I do not have a corner on the market of knowledge about disability laws and rules, just because I happen to have one. I do, though, know enough to seek guidance and to use some common sense. It's okay to not know all the answers to questions about what constitutes a "reasonable accommodation." That's why we have the EEO, HR and legal counsel to help us implement the ADA when there are gray areas, and there are plenty of them! Even though I've been training pre-doctoral interns for the last 12 years, I, too, am still learning the ins and outs of training a person who has a disability. While the ADA is a grand roadmap for helping me do this, it is still a road sometimes filled with detours, wrong-turns and potholes. So far, open communication has been the best tool for finding a way around these issues, but even knowing how to open that dialog without causing problems can be a daunting task. Overall, though, it is "a good problem to have." The ADA now affords us, as psychologists and neuropsychologists, the opportunity to open up these dialogs, and even when it becomes a tough conversation, as it will sometimes, it is important to keep in mind that it was not too long ago that the very people who are the focus of the ADA had no place at the table and no voice in the conversation. And, it is also important to realize that 25 years is not a long time to change a long-ingrained ignorance, bias, and even prejudice, so we all need to be patient with ourselves and others, and strive to do the best we can while we continue to learn in the process.

To borrow a phrase from the feminist movement, "We've come a long way, baby!" Looking back, it's clear that we have much to celebrate. Looking forward, there is still much progress yet to be made. Now, if you'll excuse me, I've got to go prepare for another thing that used to be verboten for a PWD, finalizing the paperwork to purchase a house. Gasp! They let people like me do such a thing? What is this world coming to?! [That's a joke, people. It's okay to laugh!]

Happy Birthday, American's with Disabilities Act!

Comment from Brad L. Roper, Education Advisory Committee Chair: I was honored to have Kim as an intern and fellow at the Memphis VAMC. One of the joys of training is how we are constantly learning as supervisors, and I can't imagine a better person than Kim to help me learn more about the challenges that physical disabilities can bring, and to help us develop solutions to those challenges. Our efforts as supervisors were far from perfect, but fifteen years later I fondly remember the openness, creativity, and wit that Kim showed in our joint training endeavor. She made "reasonable" accommodations "memorable" indeed.

Laws, Regulations, and Guidelines Relevant for Documentation of Learning Disabilities (LDs) and Attention-Deficit/Hyperactivity Disorder (ADHD) Related to the 1990 Americans with Disabilities Act

Robert L. Mapou, Ph.D., ABPP
The Stixrud Group, Silver Spring, MD

The 1990 Americans with Disabilities Act (ADA) was initially designed with visible disabilities in mind. But, it quickly came apparent that, within secondary and postsecondary education settings, students with LDs and ADHD were applying for accommodations and disability support in numbers far higher than those with physical disabilities. Initially, these requests were often notes from physicians, psychologists, and other treatment providers requesting accommodations on the basis of a disability, without any supporting documentation. However, as the volume of requests increased in the early and mid-1990s, organizations came together and developed guidelines documenting these disorders. The first guidelines for documenting LDs in postsecondary education settings were established by the Association on Higher Education and Disability (AHEAD), an advocacy organization for postsecondary education students with disabilities, in 1997. This was quickly followed by similar guidelines from the Educational Testing Service (ETS) in 1998 for LDs and in 1999 for ADHD. The ETS, which oversees accommodations for the College Board and other entrance and professional exams, has continued to take a leading role in this effort, with their most recent revisions for LDs in 2007 and ADHD in 2008. Their website (www.ets.org) contains all of their guidelines. Universities and other testing agencies have established similar guidelines that are posted on their websites.

Despite what seems to be a straightforward process, determining whether an LD or ADHD causes the level of impairment required by the ADA can be difficult. For example, the term "learning disabilities" was originally conceptual and did not establish a quantitative level of disability. In contrast, although the ADA does not reference specific disabilities, it defines the degree of impairment necessary for one to be considered disabled. Specifically, the ADA states that:

- A disability is "a physical or mental impairment that substantially limits one or more of the major life activities of [an] individual."
- A person is considered disabled if "the individual's important life activities are restricted as to the conditions, manner, or duration under which they can be performed in comparison to most people."

Based on this definition, it is not sufficient to have academic difficulties and to show cognitive weaknesses on neuropsychological testing that are consistent with this. Rather, the LD or ADHD must cause a significant functional limitation in a major life activity. It is here where the debate lies. Some have interpreted this to mean that the skills of the affected person must fall below those of the "average" individual, otherwise known as the "average person standard." With this definition, requests for accommodations may be denied, because students who are having difficulty in high school, college, or postgraduate education, do not have any scores that are below average (i.e., less than a standard score of 90).

However, since the beginning of this millennium, there are recent changes in the law regarding documentation. These changes began following the decision by now-Supreme Court Justice Sonia Sotomayor in Bartlett v. the New York State Board of Law Examiners. In her ruling, she concluded that the "average person standard" did not refer to average scores on tests, but instead, to the ability to complete tasks "in the way that most people do." She ruled that not only test scores, but the process of how the person achieved those scores, needed to be considered (think Edith Kaplan's process approach; Mapou, 2013). Despite this decision, most subsequent court precedents continued to uphold the "average" person standard and that average scores indicated no disability.

In 2001, the College Board settled a lawsuit and agreed to stop flagging accommodated test scores with an asterisk. This was important, because one intent of the ADA was to reduce stigma related to disabilities, and flagging was thought to unfairly identify and stigmatize those who received accommodations. Shortly after that, the College Board established stricter guidelines for determining whether an individual was disabled and eligible for accommo-

dations. Similar to testing agencies overseeing entrance examinations for law school, medical school, and professional licensing examinations, the College Board required a disability to cause a significant functional limitation, as defined by the ADA. However, unlike the other organizations, the College Board, has been willing to consider gifted students whose weakest scores are average, if the functional limitation is effectively documented through grades and other standardized test scores. Also, in recent years, the College Board has granted 50 percent extended liberally as an accommodation, if a school indicated that documentation was on file and the student had been receiving the accommodation for a full year. However, any other accommodation required submission of a recent evaluation. Also, the ACT did not follow suit and continues to require submission of an evaluation.

In subsequent years and in response to court decisions upholding the "average person standard," many in the disability advocacy community began to argue that the ADA was not designed to address "invisible" and milder disabilities, such as LDs and ADHD, and advocated changes to the law. This led to passage of the ADA Amendments Act of 2008 (ADAAA). Among the issues addressed, the law stated that mitigating factors, such as medication or the use of compensatory strategies, do not negate the presence of a disability and that a disability that is cyclical and that may wax and wane (e.g., multiple sclerosis, seizure disorder) is still a disability. More relevant to LDs and ADHD, the law added additional major life activities, which included reading, concentrating, thinking, learning, communicating, and working. Finally, the law stated that there does not have to be a history of accommodations to establish a disability and that a disability no longer has to "significantly limit" or "severely restrict" functioning, as prior court decisions had established. However, the comparison group was still "most people" or "the average person."

The interpretation of this law has continued to evolve. Two reports to Congress from the U.S. Government Accountability Office (GA), one in October 2009 and a second in November 2011, were critical of how testing agencies and universities were responding to the needs of individuals with disabilities and proposed changes to address these. Also, the first regulations to implement the ADAAA were published by the Equal Employment Opportunity Commission in March 2011. These regulations noted that neither extensive analysis nor scientific data (i.e., a neuropsychological or other quantitative evaluation) were needed to document a disability.

In response to the GAO criticisms and the regulations, in April 2012, AHEAD issued *Guidance on Documentation Practices* for accommodations in postsecondary education. The primary implication of this guidance was that updated documentation of a disability should not be required when a student had a history of disability documentation and accommodation, even if an evaluation was completed when the student was a young child. AHEAD noted that the ADAAA was designed "to make it easier for individuals with disabilities to obtain protection under the ADA" and that no legislation or regulation specified the type of documentation necessary to obtain accommodations. Instead, they advised postsecondary education disability support personnel to rely on the student's self-report as "primary documentation" of a disability, the staff member's interaction with and observation of the student during their interaction as "secondary documentation," and information from external or third party sources, such as previous evaluations, an IEP, or a 504 Plan, as "tertiary documentation." AHEAD characterized the process as one that involved an individual review, would not be a burden to the student (i.e., substantial expense and time for an updated evaluation), would still provide current and relevant information, and would be based on a "commonsense standard," similar to the standard used to evaluate a visible physical, medical, or sensory disability.

Disability support service professionals, in a May 2012 teleconference on the *Guidance*, expressed concern that they were being asked to become "armchair psychologists." Most were also concerned that without current documentation, they would not be able to determine adequately the nature of a student's disability and what accommodations, if any, were needed. Neuropsychologists, learning of this development, became concerned. Problems with not requiring updated documentation included the following. First, early identification and intervention might have ameliorated, if not eliminated the problem. If so, continued accommodations would not be fair to other students. Second, the initial documentation may have been poor, and a person may have been unjustifiably granted support and accommodations. Third, even without intervention, brains change and mature over time, and cognitive problems can lessen. Fourth, and of concern, given recent research on performance and symptom validity, self-report can be motivated by secondary gain, and disabilities could be feigned or the level of disability could be exaggerated.

I subsequently spoke with Scott Lissner, then-President of AHEAD, to discuss these concerns in November 2012. Mr. Lissner responded that the *Guidance* was not designed for evaluators but, rather, to help make the documentation process easier for students and disability

support staff, noting that most AHEAD members were disability support professionals and not psychologists. He noted that staff often had to rely on limited documentation, students did not have the financial resources to obtain an updated evaluation, and students were not good advocates for themselves. He saw this new process as a way for students to become more informed about their disability, by obtaining and reviewing their documentation. Finally, he said that the *Guidance* was not intended to eliminate the need for *any* written documentation, including evaluations. In my experience since 2012, most colleges have continued to require as documentation a neuropsychological or psychoeducational evaluation completed within a few years of college matriculation, rather than relying on a student's self-report.

There was another significant development in September 2012. The U.S. Department of Justice (DOJ) joined a class action lawsuit against the Law School Admission Council (LSAC), filed by applicants who claimed to have been unfairly turned down for accommodations on the Law School Admission Test (LSAT). Many of these students requested accommodations on the basis of an LD or ADHD. Over the next 18 months, this case worked its way through the legal system. The next development was a Notice of Proposed Rule Making by the DOJ in early 2014 to further solidify the regulations under the 2008 ADAAA regarding the type of documentation that is sufficient, especially for high-stakes tests. These regulations proposed that the definition of a disability "should not demand extensive analysis," that "impairments" that may not affect functioning are not distinguished from "disabilities" that do, that "substantially limits" should not be a "demanding standard," and that an updated evaluation should not be required if there is history of documentation, regardless of the nature of that documentation. As of this writing, a final decision of these regulations had not been issued.

In May 2014, the class action lawsuit against the LSAC was settled with a Consent Decree. The DOJ concluded that the LSAC had engaged in "widespread and systematic discrimination in violation of the ADA." In the settlement, the LSAC agreed to the following. First, LSAT scores would no longer be flagged when accommodations were provided. Notably, the flagging for extended time and associated written interpretive cautions were considered stigmatizing and were very different from accommodations for a physical disability. This change was permanent. Second, over the following three years, the LSAC agreed to automatically grant accommodations to applicants who had previously been given the same accommodations on a college entrance examination, a GED exam, or any other high-stakes test. However, if a different accommodation was being requested, then updated documentation would need to be submitted. Third, the LSAC established a compensation fund of $7.8 million for the applicants denied accommodations. Finally, the LSAC established an expert panel to develop "best practices" for reviewing accommodation requests, which were to be reviewed by a judge, to ensure that the recommendations conformed to the law and to the provisions of the Consent Decree. The LSAC also would be monitored for a period of time, to ensure it was implementing the recommendations and the terms of the Consent Decree.

In January 2015, the Best Practices panel issued their recommendations. The panel included one neuropsychologist, Charles Golden, Ph.D. The panel recommended an expanded group of reviewers for LSAT accommodation requests and an expanded appeals process when accommodations were denied. They also recommended that LSAC accept documentation from as early as age 13 without needing an updated evaluation, for those requesting the same accommodations on the LSAT as they had received previously. These Best Practice recommendations were sent for judicial review. The LSAC and others, including the Inter Organizational Practice Committee, of which SCN is a member, submitted comments to the judge. The comment period closed in early June 2015 and, as of this writing, a hearing before a Magistrate Judge was scheduled for July 31.

In summary, the law, regulations, and guidelines in this area continue to evolve. Neuropsychologists who evaluate secondary and postsecondary education students for LDs and ADHD should stay up-to-date on these developments, so that they can write reports that comply with the legal and documentation requirements.

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Scientific Contributions of Neuropsychology: Understanding and Treating Neurocognitive Symptoms Associated with Disability

Rebecca E. Ready, Ph.D.

Many neurologic and psychiatric disorders have symptoms that confer disability, such as impairments in cognition and mobility. For example, neurocognitive function is associated with employment status across a range of disorders, such as traumatic brain injury (TBI) (Sherer et al., 2002), multiple sclerosis (MS) (Baughman, Basso, Sinclair, Combs, & Roper, in press), human immunodeficiency virus (Chernoff, Martin, Schrock, & Huy, 2010), and bipolar disorder (Tse, Chan, Ng, & Yatham, 2014). Neuropsychologists make important contributions to disability research that identifies and remediates symptoms that confer disability. This work helps clinicians, patients, and family make decisions about seeking appropriate accommodations and making plans to return to work or school. Two examples of cutting-edge neuropsychological research relevant to persons with disabilities are described below.

Multiple Sclerosis, Neuropsychological Impairment, and Employment

There is a high rate of disability in MS but there are few data that indicate when an individual with MS might want to reduce work, seek workplace accommodations, or resign. Previous research suggests that physical impairment is the primary reason for seeking disability status in MS but new data indicate that neurocognitive impairment, even in the absence of physical disability, may lead to negative work performance ratings (Baughman, et al., in press). In 44 participants with MS who were employed, Baughman and colleagues collected job performance ratings from supervisors and participants. Employers reported worse occupational performance in participants with more severe cognitive impairment, relative to less impaired counterparts. Results indicated that cognitive impairment should be considered in employment decisions, in addition to physical impairment. Even physically asymptomatic individuals may want to seek disability status based on impairment on neuropsychological measures. Along these lines, Strober and colleagues conducted important work to identify specific neuropsychological measures and constructs are the strongest predictors of employment status in MS (Strober, Chiarvalloti, Moore, & Deluca, 2014). More work is needed to identify neurocognitive constructs that should be monitored in persons with MS who are employed.

Cognitive Rehabilitation in Veterans with TBI: CogSMART

Evidence-supported interventions to improve cognition and function are needed for Veterans who suffered mild to moderate TBI. Many Veterans with TBI have neurocognitive symptoms that continue months to years after injury and yet despite these symptoms, this population is likely to return to work. There is little evidence-based guidance as to how to reduce symptoms and maximize success in employment settings in Veterans with TBI. Twamley and colleagues addressed this gap in the literature by developing a 12-week multimodel cognitive training intervention for persons with mild to moderate TBI (Twamely et al., 2014). Cognitive Symptom Management and Rehabilitation Therapy (CogSMART) utilizes habit learning and compensatory strategies to improve prospective memory, attention, learning and memory, and executive functioning. In a 12-week intervention, provided concurrently during an evidence-supported employment program, 50 Veterans were randomized to CogSMART or a robust control condition that involved additional supported employment sessions. Relative to controls, persons who participated in CogSMART reported fewer postconcussive symptoms and better quality of life at follow-up; they also improved in prospective memory performance. Treatment gains were medium to large and tended to increase over the 12-month follow-up period.

CogSMART can be delivered in an individual or group format and is described as “brief, practical, low-tech, engaging to clients, and portable,” (Twamley, Vella, Burton, Heaton, & Jeste, 2012)[p. 1212]. It can be adapted to different patient populations and settings. For example, when combined with standard pharmacotherapy, results of a randomized clinical trial indicated that CogSMART improved attention and memory in persons diagnosed with Schizophrenia and Schiaoaffective disorder. Functional capacity, negative symptom severity, and quality of life also were improved in the treatment group in this randomized study, relative to persons who received standard pharmacotherapy alone.

As this work demonstrates, neuropsychologists are uniquely skilled to determine how a broad range of symptoms

impact function in persons with disability. Neuropsychological research provides valuable evidence to identify and treat neurocognitive and affective symptoms associated with functional impairment and to improve quality of life for persons with disability.

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NEUROPSYCHOLOGY AND DISABILITIES ISSUES: Resources

The ADA Legacy Project: Celebration, mentorship, education, and advocacy
http://www.adalegacy.com/ada25
APA General Resources:
APA DisABILITY Resource Toolbox (DART): Information and guidance for psychology faculty, administrators, and internship directors to support students with disabilities:
http://www.apa.org/pi/disability/dart/
APA's Spotlight on Disability Newsletter:
http://www.apa.org/pi/disability/resources/publications/newsletter/index.aspx
Training & Education:
http://www.apa.org/pi/disability/resources/internship-directors.aspx
http://www.apa.org/pi/disability/resources/interviewing.aspx
http://www.apa.org/pi/disability/resources/supervising-trainees.aspx
http://www.apa.org/pi/disability/resources/reasonable.aspx
http://www.apa.org/pi/disability/resources/students.aspx
http://www.apa.org/pi/disability/resources/writing.aspx
http://www.apa.org/pi/disability/resources/publications/resource-guide.aspx
Research:
http://www.apastyle.org/manual/related/nonhandicapping-language.aspx
Practice Resources:
http://www.apa.org/pi/disability/resources/assessment-disabilities.aspx
http://www.apa.org/pi/disability/
http://www.who.int/classifications/icf/whodasii/en/
http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/DCCAssessmentTool.pdf
http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1001&context=edicollect

SCN COMMITTEE UPDATES

Publications and Communications Committee
Brian Yochim, PhD, ABPP, Chair
July 2015

The Publications and Communications Committee oversees the Society for Clinical Neuropsychology (SCN) newsletter, website, NeuroBlasts, social media, brochures, listserv, archives, and neuropsychology informational pamphlets. Juliette Galindo has made significant progress on the development of our website, https://www.scn40.org/ . The old website has been taken down and the new website is now running. Domains including DIV40.org, SCN40.org, and societyforclinicalneuropsychology.org, have been directed to the new site. In the last few months, the training directory has been moved and incorporated into the larger site, we have continued to work on updating content, and we have been collaborating with Association of Neuropsychology Students in Training (ANST) to update their color scheme to match the new division website. Finally, we are working on developing a members-only section of the website, including exclusive resources and a database of presentations.

Dr. Erica Kalkut has continued to put together monthly Neuroblasts which are sent out over the listserv. In spring a new NeuroBlast format was created, using the APA Newsletter templates. Dr. Kalkut welcomes content from SCN committees and members, including job postings, to include in the NeuroBlasts. Job posting requests and other announcements to be sent to membership can be directed to societyclinicalneuropsychology@gmail.com.

Our committee has also continued to collaborate with the SCN Engagement Task Force (ETF) in the development of our website, NeuroBlasts, and other media outlets.

Dr. Maya Yutsis has taken charge of the Newsletter and we are grateful to everyone who has submitted articles to include. Dr. David Kaufman, social media editor, manages our Facebook, Twitter, and LinkedIn feeds. If you are on Facebook, be sure to "like" the SCN and you will receive SCN updates in your feed. Doing so will also spread the word about clinical neuropsychology to all your acquaintances.

If you have feedback or suggestions for the Publications and Communications committee, please contact Dr. Yochim at YochimB@NJHealth.org .

SCN LEADERSHIP CHANGES

1. After two terms, **Dr. Lauren Ayr** is rotating off as chair of the Early Career Psychologist Committee.Thank you Lauren for your dedication and all the work that you did to encourage ECPs to become SCN members!
2. All of us know **Dr. Cady Block** for her stellar work as chair of ANST. Please welcome Dr. Block to her soon to be new role as chair of the ECP committee! Congratulations Cady and thank you! We know that you will take what you've learned in ANST and translate it to the ECP committee.
3. We are pleased to introduce **Ms. Katie Osborn, MA** (formerly Eichstaedt) as the new incoming ANST Chair. Katie is a doctoral student at Argosy University, Tampa.

SCN STUDENT COMMITTEE (ANST)
THE CHAIR'S CORNER

By Cady Block, ANST Chair

Christopher Howard educating young minds

Hello all – and greetings from the ANST Chair! As you may already know, the Association of Neuropsychology Students in Training (ANST) is the trainee organization for the Society for Clinical Neuropsychology (SCN) and falls under the supervision and guidance of SCN's Educational Advisory Committee (EAC). I am proud to report that our organization only continues to grow! Check out "ANST by the Numbers" to the right, and read on below for more exciting details.

Membership Report: We welcomed many new and returning members this past year. We are now currently at **793** student affiliates within SCN, and have **58** Interest Groups around the country. These groups offer a chance for trainees to get connected to SCN and to neuropsychology opportunities within their graduate program and the community. Many of our Interest Groups have even started their own websites! We like to feature the hard work of our members and Interest Groups through our ANST Highlight program. Congratulations to all of these individuals and Interest Groups for their exemplary work! Additionally, welcome to our **6** new Interest Groups!

Communications Report: Our listserv also continues to be active, with regular features written by our own members. Many thanks to **Eric Watson, Victor Del Bene, Alison Masey, Alexandra Stephenson, Sean Coad, Joseph Babione, Elaine Lacson, Saritha Teralandur, Anny Reyes, Eva Keatley, Ciaran Considine, Channing Sofko, Michelle Capozzoli,** and **Shanna Cooper** for their excellent contributions. Our contributors report that these provide a great opportunity for writing development, as well as increased visibility amongst fellow ANST members. Listserv members report high levels of enjoyment of these regular features.

Networking Report: I am also proud to report that our social networking and social programming have been going strong. ANST hosted several successful representative and member socials at APA and NAN in 2014 and at INS and AACN thus far in 2015. It is important for us as students/trainees to get connected with others in the field, and these events provide a casual and fun way to do so. ANST also just started a group on LinkedIn – check us out online!

2013-2016 ANST Committee

Cady Block……....Chair
Katie Eichstaedt……...Programming
Octavio Santos……...Liaison
Juliette Galindo……..Communications
Melissa Lancaster……....Networking
Kelly Coulehan……..Membership
Callie Dunn…….....Membership

ANST by the Numbers

Total Student Affiliates:	783
Number of Interest Groups:	58
Average Daily Website Hits:	250
Listserv Members:	1,246
Facebook Group Members:	722
LinkedIn Group Members:	33

ANST Member Highlights:

Billy Holcombe, Howard University
Victor Del Bene, Yeshiva University

ANST Interest Group Highlights:
University of Florida
Janelle Letzen, Amanda Garcia

San Diego State University/UCSD
Kaitlin Casaletto, Lisa Obermeit

Welcome to the following new ANST Interest Groups:
Chatham University
Chestnut Hill College
Central Michigan University
City University of New York
La Salle University
University of Colorado at CO Springs

Programming Report: If you are applying for internship next year, mark this down in your calendar for APA 2015: We have several exciting events scheduled, including our internship prep workshop, as well as *Neuropsychology in the next generation: Future directions for research and clinical practice* with current ANST Chair Cady Block and SCN President Neil Pliskin, and *DSM-V: A lifespan neuropsychological perspective on the past, present, and future* featuring Brad Roper, Corwin Boake, and Erica Kalkut.

Liaison Report: ANST continues to think of new ways to offer information, resources, and support to our members. In May 2015, we co-hosted a live webinar on the internship application and interviewing process with SCN Education Advisory Committee and the Association of Internship Training in Clinical Neuropsychology (AITCN). The event was considered a success! The video was subsequently posted as a private URL on YouTube and has since had hundreds of views. If you missed this or previous webinars, please visit: http://www.div40-anst.com/webinars.html and provide us with feedback by filling out our very brief surveys. Stay tuned for more events…coming soon!

ANST: Training the Next Generation of Disability Advocates in Neuropsychology

ANST Chair Cady Block, PhD: *Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.* When thinking about how to approach this article, I reflected back on this favorite quote of mine by Margaret Mead. While the Americans with Disabilities Act (ADA) was signed into national law with pomp and circumstance, its birthright is actually owed to groups of dedicated citizens who challenged the societal norms and barriers excluding persons with disabilities from meaningful participation and self-determination within the community. The years since have seen gains for the disability community, but it nonetheless continues to deserve our advocacy. Clinical neuropsychology can play a significant role in educating and training the next generation of skilled scientist-practitioners who serve to meet the needs of individuals with disabilities. As the current chair the Association of Neuropsychology Students in Training, I felt that the most appropriate way to honor this anniversary was to highlight the experiences and work of our wonderful members.

Disability Practice in Action: Rachel Kavanaugh & Maria Loizos: As graduate students in a combined school-clinical program and clinical psychology with health emphasis program, much of our training has focused on working with a diverse patient population, including children and adolescents with neurodevelopmental disabilities. As students of neuropsychology, we have gained experience in the assessment and diagnosis of such disorders, while also being exposed to the therapeutic and treatment side of these disabilities. These aspects can seem starkly different, but understanding both sides of the clinical picture is immensely important for patient care. As neuropsychology students, learning both the diagnostic and intervention side of such disabilities allows us to become highly qualified in working with diverse patient populations while keeping in mind the role of the brain. Understanding neuropsychology from a lifespan standpoint can provide a helpful framework and perspective for the clinician working with an adult patient because we can apply what we know about brain development and how neurodevelopmental disabilities manifest over the developmental timeline. Working with this population within a neuropsychological context is extremely rewarding. Perhaps most importantly, students should always remember that children with disabilities are still that—children. Though they may not express or present themselves in ways we assume to be "normal," they still find their own way to function and communicate their needs that we must understand and consider. Their brains may work a little differently, which makes them present to us with atypical or idiosyncratic behaviors, however, that does not mean we should treat them differently.

Disability Science in Action: Katie Davis. As a post-doctoral fellow at the Brooklyn Learning Center, my clinical

work and research focus on the wide range of neurocognitive, behavioral, and emotional deficits that are implicit in learning disorders (LDs). I have contributed to a longitudinal research study investigating the effects of environmental exposures on the development of LDs over the lifespan. I have also worked with clients with LDs via a neuropsychological treatment modality that integrates psychotherapy with cognitive remediation and special education services. I have learned to take into account learners' neuropsychological profiles in order to capitalize on students' strengths that, when tapped, can help overcome neurodevelopmental weaknesses.

Interest Groups in Action: Ferkauf Graduate School of Psychology. Developed not long ago by student representatives **Kristina Dumas** and **Victor DelBene**, the Ferkauf ANST Interest Group has already recognized the need for increased public awareness about disability and its relationship to improved patient care and resource availability as well as reduced stigmatization. This past year, our group has focused on disability awareness through participating in fundraising events such as the NYC National Multiple Sclerosis Society, Into the Light Epilepsy Foundation of Metropolitan NY, YAI Central Park Challenge, and Walk to End Alzheimer's. Our group met for a screening of the film *Still Alice*, and attended a symposium on dyslexia. Though we are still a relatively new Interest Group, we are continuously and consciously looking for ways to increase our knowledge and awareness about disability.

Members in Action: Yvette Malamud Ozer. In honor of the ADA anniversary and as a predoctoral intern with a visible disability, I'd like to talk about how ADA has provided opportunities for me to pursue graduate education and shaped my research and clinical interests. Without protections under the ADA, I would never have been able to attend graduate school. My interests are in the area of neuropsychological assessment of children with neurodevelopmental disabilities (NDDs), but I am interested in all aspects of pediatric neuropsychology. My own experiences with disability have given me unique insight and compassion into the experiences of children with disabilities. I hope that combining that insight and compassion with my training will allow me to provide compassionate, effective, and meaningful services to children with disabilities and their families.

This brings me to one issue at hand: how do I balance my passion for neuropsychology and training/educational obligations with my self-care and personal needs? One of the most important things for me is to have a life outside of graduate school, and to have activities that keep me balanced. For me, balance means playing viola in a community orchestra. Playing music renews my spirit. I also intersperse educational obligations and professional development activities with social and family activities. I take time to read books, watch movies, and get involved in community events. Now that I have defended my dissertation, I have more time to focus on other activities related to my research. Although I would like my career to go in a certain direction, I also need to be able to let go of specific outcomes. I have several ideas for where my path may take me in terms of a career. As long as I remain interested in learning, passionate about the work I'm doing, and feel that I'm making a difference in my community, I feel that I am on the right path…wherever that leads.

AWARDS

2015 American Psychological Association Award for Distinguished Professional Contributions to Independent Practice

We congratulate Dr. Glenn J. Larrabee, PhD, ABPP has been chosen as a recipient of the prestigious 2015 American Psychological Association Award for Distinguished Professional Contributions to Independent Practice

Congratulations to Dr. Quiroz-NIH Director's Early Independence Award Winner

Dr. Quiroz completed her Ph.D. training in clinical psychology at Boston University and a post-doctoral fellowship at Massachusetts General Hospital. For the past 15 years, Dr. Quiroz and a group of Colombian researchers have been studying a large family that carries a genetic mutation that causes Alzheimer's disease. This large extended family lives in small hilltop villages in the Andes Mountains several hours from Medellin, Colombia, a sprawling clan of some 5,000 people that is the world's largest known to suffer from this condition. For those who inherit the mutation, memory wavers in the mid-30s, and by the mid- to late-40s, full-blown Alzheimer's strikes, mirroring the late-onset form of the disease.

By applying her efforts to this family, Dr. Quiroz's research has focused on characterizing brain changes that may

predispose individuals to develop memory loss or dementia later in life. Her work has already provided evidence of brain abnormalities in cognitively-intact individuals at risk for Alzheimer decades before their clinical onset. Her findings have helped the field to re-conceptualize Alzheimer as a sequence of changes that begin decades before cognitive decline, and which may be targeted by promising disease-slowing treatments at a time in which they might have their most profound effect. Her research work has resulted in several publications that have generated considerable discussion in the field, and has achieved recognition by colleagues at the regional, national, and international level.

Dr. Quiroz, now a researcher at Massachusetts General Hospital/Harvard Medical School, recently received one of the highly selective and prestigious NIH Director's Early Independence Awards– a five year "R01 equivalent" award, specifically designed for very promising investigators, and launched her own lab where she is seeking out early biomarkers of Alzheimer's. With these markers she intends to contribute to the early detection and prevention of Alzheimer's disease. Dr. Quiroz and her research were recently featured on the NIH Director's Blog http://directorsblog.

APA DIVISION 40 EXECUTIVE COMMITTEE MEETING MINUTES

Winter Meeting
Denver, CO
Wednesday, February 4, 2015

Present: Drs. Ken Adams, Lauren Ayr, Heather Belanger, Cady Block, Corky Boake, Dawn Bowers (for John McSweeny), Brad Roper, Paul Craig, Brian Yochim, Tanya Diver, Kevin Duff, Becky Ready, Doug Johnson-Greene, Neil Pliskin, Celiane Rey-Casserly (with Adam Cassidy), Paula Shear, Jennifer Vasterling, Shawn McClintock, Cynthia Kubu, Juliette Galindo, David Kaufman, Maya Yutsis, Robb Mapou, Beth Twamley, Mike Westerveld (via Skype)

1. The meeting was called to order by Dr. Neil Pliskin at 7:30 AM.
2. Dr. Pliskin introduced himself and reviewed the mission of SCN.
3. Conflict of Interest –The policy asks people to declare their interests. Dr. Norman distributed annual COI forms prior to the meeting. Dr. Belanger requested that people declare their COI.
4. Announcements:
    a) From Dr. Shear: COA standards of accreditation changes were approved.
    b) Dr. Kalkut is looking for a schedule for neuroblast emails. Need more input from EC.
    c) Rehab Psych CRSPP application – we need more input from EC. Will send around one more time so please share your comments.
    d) Dr. Shawn McClintock presented some slides to review the upcoming program at APA.

5. Dr. Gordon Chelune, INS Executive Director, visited to discuss our new MOU with INS. INS tries to steer clear of training issues that are US-centric issues. Their focus is international and they are trying to cultivate their own identity with an international focus. Dr. Chelune discussed and reviewed some of the points in the MOU and encouraged us to check with INS staff with any questions. Dr. Ready wants clarification on the branding issue in the MOU.

Action Item: Dr. Ready will seek further clarification as needed.

6. Our professional Practice Survey is underway; you should be getting an email in a few weeks.
7. We are soliciting candidates for APA boards and committees with a deadline of 2/28. Dr. Johnson-Greene is leading this charge.
8. Dr. Belanger submitted the minutes from our annual meeting. One correction was suggested and has been made (i.e., to change Roper to Axelrod on page 15). The amended minutes were ***unanimously approved.***
9. Upcoming elections: Dr. Shear is seeking nominations for several positions including the secretary and treasurer. Slate is due next week to APA.
10. Dr. Pliskin spoke about how we can help young neuropsychologists prepare for their Careers in a changing healthcare environment? Drs. Kubu, Festa and Ready took the lead on a survey and white paper initiative to inquire about how neuropsychologists practice in integrated care settings. Dr. Kubu defined

integrated care and discussed how the Patient Protection and Affordable Care Act will impact practice. Goals of the committee are to understand how the legislation will impact neuropsychology and identify different roles neuropsychologists serve in integrated settings and how to better prepare for the future. A survey was mailed to our members on 11/14/14. Approximately 50% work in integrated settings. Another goal is a pragmatic paper to summarize the survey findings, as well as potentially a publication for the broader medical community. She also presented the timeline for these goals. It was suggested that SAC might participate in collection of scientific evidence. There are many different models of integrated care (e.g., PACT, medical home, etc) and all are elaborations of integrated care so it was suggested that all models be included to enhance buy-in with the article. It was suggested that someone talk to the current APA President about this issue. Possible venues for dissemination were discussed (APA Monitor, JAMA, NEJM, American Psychologist). It was suggested that the authors look at a prior article as a model (1993?).

Action Item: Drs. Kubu, Festa, and Ready will follow up on these suggestions and discuss next steps and progress at our next meeting.

11. Treasurer Report: Dr. Duff reported that we don't yet have the 4th quarter report from APA on our budget. We took in about $116k and spent about $102k. We almost never spend our whole budget. The FY15 budget is $168k. In addition, three specific budget proposals were discussed:

    -PIAC increase of $2,000 to support travel for WIN and EMA for APA meetings

    -SAC: $8,000 to increase pilot grant awards

    -Past Pres/Pres Elect: $2,000 to support travel

    All three **motions**/proposals were ***unanimously approved.***.

    We have agreed to contribute money to support Dr. Sweet's salary survey (about $17,000).This would come out of our reserves. We have a budget that is bigger thanwhat we spend and what we take in so Dr. Duff will be asking more pointed questions of committee chairs about their specific budgets moving forward.

    Dr. Duff talked about division investment and planning. There are various questions such as how much should we invest if we do invest and how should we make investments decisions? Should we get advice? Our membership is aging. Almost ¾ of our members are over 50. Dr. Duff has surveyed other organizations to see what they do. He discussed the idea of having a financial committee to work on these questions and proposed a potential committee composition (president, president-elect, treasurer, and a few other members of EC), use of an advisor, short-versus-long term investment, and risk management. Years ago it was decided that we needed 3 or 4 years' worth of budget in cash which is about what we have now.

Motion: We initiate an ad hoc finance committee with staggering terms and amend our P&P accordingly to assist the treasurer with long-term financial planning. It will include at least President, President-Elect, Treasurer and one EC member with additional members to be decided. The motion was ***unanimously approved.***

Action Item: The secretary will amend the P&P accordingly. The treasurer and new finance committee will draft an investment policy proposal.

12. Membership Committee Report: Dr. Diver reported that we have 4,330 members, which is a 2% decline from this time last year. This may be an underestimate because this number has not been recently updated by APA. We maintain our status as the largest division. Dr. Diver discussed the importance of branding and that we need to more consistently hear from all committees about what they're doing. She also discussed what a members-only section of our website might look like.

    There was also discussion about member retention, both with our division and APA. We make it easy to join for $34 but once you're established in your job, how can we capture and transition people to full APA membership? The goal of the affiliate status was to hold onto them as they move through their career. Survey results do identify that our uniqueness is that we're connected to APA. There was extensive discussion about the importance of illustrating to members what we do for them, how to do that, etc. Some suggestions included: targeting emails to specific groups (e.g., ECPs), indoctrinating our students better and producing material to be

used by training programs to discuss the importance of belonging to professional organizations, getting ECPs to participate in our message rather than just pushing information to them, show what our members are doing on Boards and Committees, population-specific review process of information APA sends as well as interpretation and re-frame (re: neuropsychology), survey our student members, demonstrating the relative cost of membership, doing a webinar on PQRS, and highlighting senior members and having them discuss why APA/SCN membership has been important to them/their career.

It was proposed that the Engagement Task Force (ETF) be reinvigorated such that they come up with a strategic plan for engaging ECP, making SCN/APA relevant to members, and sustain long-term membership in SCN. This effort will be led by Dr. Diver with representation from ECP, P&C, ANST, MAL, and the Program Committee. The treasurer further requested that they propose a budget.

Motion: was ***unanimously approved.***

13. ETF and Communications/Publications Report: Dr. Ayr discussed the purpose of EFT and noted some accomplishments: changed our name, conducted a survey, created the communication liaison position, and re-branding the division. ETF and the Communication/Publication Committee are currently working on our new logo and consistency of our marketing materials. She showed the new logo and new seal. Drs. Yochim and Galindo unveiled our new website. Dr. Yochim presented the decision-making process with regard to managing the website ourselves versus having APA do it. They opted to keep it in-house for now, rather than having APA do it. Dr. Roper noted that the training listing is one of the most popular parts of our website. He would like to meet with Dr. Galindo to discuss how to update this best. Cost to the Division is under $600 for the year for the website. We may have a new domain name (related to SCN) if we wish. Do we need to copyright our logo?

Motion: To replace the current website with this new model and acquire scn40.org or a similar domain name if possible. The motion was ***unanimously approved.*** APA will be notified that we decided against using their web services.

Action Items: Dr. Galindo will continue with development of the new website. A members-only section will be assembled but won't be closed and we will discuss it at our August meeting. The Publications and Communications Committee will investigate whether we need to copyright our logo and obtain a domain name. The Publications and Communications Committee will also notify APA of our decision to not use their web-hosting services and the rationale.

14. Dr. Pliskin discussed his presidential initiative of the division-based outcome and satisfaction survey project. The Department of Health and Human Services aims to tie 30% of Medicare fee-for-service payments to alternative payment models and 85% to quality or value by 2016 and the plan calls for these proportions to increase to 50% and 90% respectively by 2018. In other words, "I'm giving you this amount of money to manage this patient." Money will be allocated based on the quality of work as reflected by satisfaction and whether patients are healthier for having joined this accountable care organization. AACN Foundation grant projects are targeting costs but a gap in our field is data on patient satisfaction and outcomes.

    He proposed that we organize and conduct a national effort to systematically gather patient/ caregiver satisfaction and outcome information in the form of a pilot project that will be owned by SCN. He presented two specific plans and timelines, including starting with 2 adult and 2 pediatric sites.

    It was noted that consideration should be 'who is the consumer'? Because we are primarily assessment-driven, we don't fit well into a treatment -based model as the referral source is often our consumer. There was discussion about the need for and extent of IRB involvement in such projects. Could we partner with another division with expertise in program evaluation? What about partnering with PROMIS? Discussion suggested that we're not ready and we want to ensure that the data don't do more harm than good to our field.

Action Item: Dr. Pliskin will further investigate some of these issues and will send out both versions of his plan for further consideration.

15. A **motion** was made that we reaffirm our endorsement of Tony Puente for APA President which was ***unanimously approved***.
16. The meeting was adjourned at 11:30 a.m.

Respectfully submitted,
Heather G. Belanger, Ph.D., ABPP
Secretary, Society for Clinical Neuropsychology (Division 40 of APA)