AMERICAN PSYCHOLOGICAL ASSOCIATION

Division of Clinical Neuropsychology

Newsletter 40

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President's Corner

Dear SCN/Div 40 colleague.

I hope your new year is off to a good start.

When the Patient Protection and Affordable Care Act of 2010 (ACA) became law, there were key provisions for behavioral health that affected all of us in many ways professionally. Among its key provisions, the ACA mandated a national focus on prevention and health promotion. Thus, use of screening instruments has become a very important part of service by primary care providers. These screenings can be for depression, alcohol and drug use, developmental screening, and of course cognitive disorders. Thus, in light of this mandate it has become more important than ever to educate the healthcare community at large on the distinction between neuropsychological assessment performed by a clinical neuropsychologist versus cognitive screenings or testing performed by other professions or even by psychologists in general. Indeed, cognitive assessment is one of the tools shared among psychological specialties, but as pointed out by Boake and Block below in an important piece that addresses this issue, cognitive testing is not equivalent to neuropsychological assessment. Be prepared to become educated on this issue! It affects our future as a relevant specialty, as we will continue to see competition from briefer computerized platforms with claims of comparative effectiveness to comprehensive neuropsychological assessment.

With Best Regards,

Neil Pliskin, PhD, ABPP
President, Society for Clinical Neuropsychology (SCN)

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Newsletter 40 is the official publication of Division 40.
The Editor is:

Maya Yutsis, Ph.D., ABPP
Clinical Neuropsychologist
VA Palo Alto Health Care System
Polytrauma Transitional Rehabilitation Program
3801 Miranda Ave.
Palo Alto, CA 94304
650-493-5000, ext. 62525
Maya.Yutsis@va.gov

Division 40's website is: www.div40.org
Webmaster is Juliette Galindo

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/.

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 this edition we feature a new recurring column: The President's Corner. President Dr. Neil Pliskin will highlight the role of neuropsychological assessment in the context of the Patient Protection and Affordable Care Act of 2010 (ACA) and its focus on prevention and health promotion. We also have an important piece by Dr. Boake and Dr. Block to further highlight the role of neuropsychological assessment and its distinction from "Cognitive Testing." Dr. Heather Belanger has authored an exciting overview of the new online "Concussion Toolkit" designed and developed by the APA's Committee Divisions/APA Relations (CODAPAR) in collaboration with SCN/Division 40. You can also read about the ongoing accomplishments of our Scientific Advisory Committee, Division 40 representative to APA Council of Representatives, Publications and Communications Committee, Women in Neuropsychology (WIN) Committee, Education Advisory Committee, Membership Committee, and the Association of Neuropsychology Students in Training.

We also have several announcements of awards. Enjoy, and perhaps we will see you at the annual meeting of the International Neuropsychological Society in Denver!

Maya Yutsis, PhD, ABPP
Newsletter 40 Editor

How is Neuropsychological Assessment Different from Cognitive Testing?

By Corwin Boake, PhD, ABPP/CN and Cady Block, PhD

With an extensive educational, clinical, and research training background in brain-behavior relationships, neuropsychologists are uniquely qualified in the conceptualization and assessment of cognitive problems in persons with brain disorders. From this perspective, all cognitive abilities arise from neurocognitive functions and thus would appear to fall within the expertise of the neuropsychologist. However, most clinical cognitive testing is performed by professions other than neuropsychologists or even by psychologists in general. More cognitive assessments are performed by physicians, educators, and rehabilitation therapists than by neuropsychologists. Cognitive assessment for educational recommendations is a major contribution of psychologists to schools. But since these professionals use some of the same tests as do neuropsychologists, is it accurate for evaluations by these other professionals to be represented as neuropsychological assessment? What differentiates neuropsychological assessment from the cognitive testing conducted by these other professions?

The distinction between neuropsychological assessment performed by a clinical neuropsychologist and brief cognitive assessment as performed by physicians is formally recognized in the current revision of the Diagnostic and Statistical Manual of Mental Disorders. DSM-5 states that determination of cognitive impairment, as needed for the diagnoses of Mild and Major Neurocognitive Disorder, should be "preferably documented by standardized neuropsychological testing" (p. 602). According to DSM-5, a key advantage of neuropsychological assessment over other forms of cognitive testing is to provide "quantitative assessment of all relevant domains" (p. 610), a feature that is particularly useful for diagnosis and for detecting change.

Another area in which this distinction has been clearly made is in guidelines for management of sports concussion. A recent consensus statement (4th International Conference on Concussion in Sport, Zurich, November 2012; McCrory et al., 2013) states, "It is recognized, however, that abbreviated testing paradigms are designed for rapid concussion screening … and are not meant to replace comprehensive neuropsychological testing which should ideally be performed by trained neuropsychologists that are sensitive to subtle deficits that may exist beyond the acute episode; nor should they be used as a stand-alone tool for the ongoing management of sports concussions" (p. 90).

The distinction between neuropsychological assessment and cognitive evaluations by psychologists in other specialties is also clearly made in the documentation on user qualifications that accompany many neuropsychological tests. For example, the manual for the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) states that while other professionals "may engage in some initial interpretation of performance on RBANS, the test results should ultimately be interpreted only by individuals with appropriate professional training in neuropsychological assessment for diagnostic purposes" (Randolph, 2012, p. 9). Furthermore, the manual for Advanced Clinical Solutions for WAIS-IV and WMS-IV states that, "When ACS is to be used for a neuropsychological assessment, the examiner should have appropriate training in neuropsychology and neuropsychological assessment" (Pearson, p. 8). These test qualifications make clear that administering neuropsychological tests is not equivalent to

(Continued on page 4)

neuropsychological assessment. Specialized interpretation competencies are necessarily part of practicing neuropsychology.

These interpretation competencies are clearly outlined in the description of the clinical neuropsychology specialty published by the American Psychological Association Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP). The CRSPPP description (http://www.apa.org/ed/graduate/specialize/neuro.aspx) states that core competencies in clinical neuropsychology include not only the use of specialized neuropsychological assessment techniques, but also "the ability to integrate neuropsychological test findings with neurologic and other medical data, psychosocial and other behavioral data, and knowledge in the neurosciences," as well as "an appreciation of social, cultural and ethical issues."

For comparison, the CRSPPP description of the geropsychology specialty (http://www.apa.org/ed/graduate/specialize/gero.aspx) states that core competencies include "cognitive and functional performance testing, integration of interdisciplinary assessments (e.g., medical, neuropsychological, social service)." This description implies that cognitive testing, while listed as a competency of this specialty, is distinct from neuropsychological assessment.

Recognition of clinical neuropsychology as a professional psychology specialty, rather than as a proficiency, indicates that the specialty's core competencies should be practiced by psychologists who have undergone the education and training required of that specialty. The large and expanding knowledge base required of clinical neuropsychologists explains the need for specialized postdoctoral training for two years, as outlined by the Houston conference guidelines. Relevant areas of knowledge include (but are not limited to) neuropsychological assessment, psychometrics, diagnostic statistics, neuroanatomy and neurophysiology, brain-behavior relationships, and brain imaging.

The distinction between neuropsychological assessment and cognitive testing is commonly accepted and is consistent with the CRSPPP description. It follows that training of psychologists in other specialties, which may include exposure to neuropsychology, is not adequate preparation for practicing neuropsychological assessment. Yet this does not mean that practitioners in other psychological specialties should amend cognitive assessment from their scope of practice.

Practitioners in other specialties can continue to describe their assessments as cognitive assessment or cognitive evaluation (among many possible labels) while maintaining the existing scope of specialty practice. Cognitive assessment is one of the tools that may be shared among psychological specialties but it is not equivalent to neuropsychological assessment.

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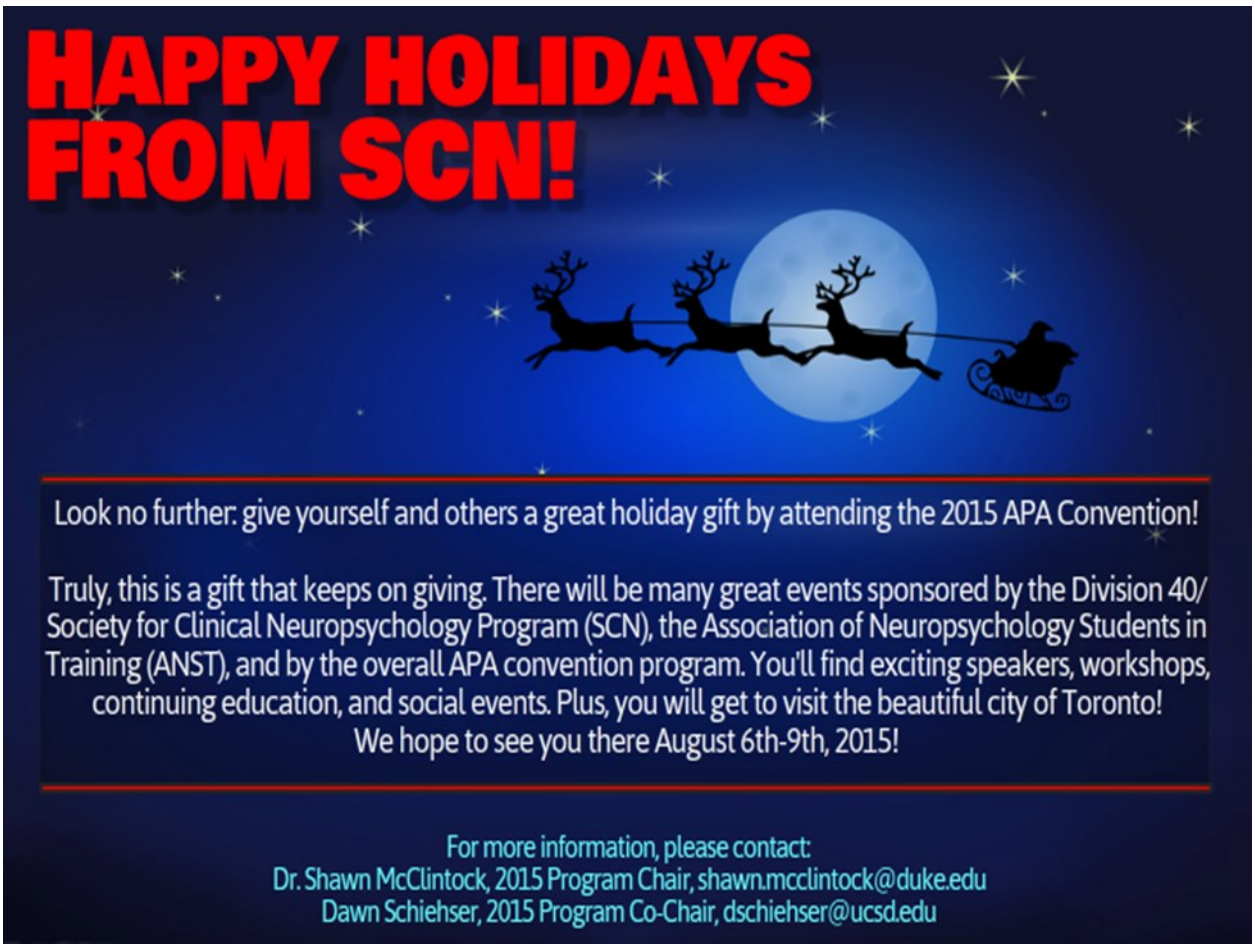
Authors:

Corwin Boake, PhD, ABPP/CN
Division 40 representative to APA Council of Representatives
Neuropsychologist, TIRR/Memorial Hermann, Houston, TX
Clinical Associate Professor, Dept. of Physical Medicine & Rehabilitation, University of Texas-Houston Medical School
corwin.boake@uth.tmc.edu

Cady Block, PhD
Chair, Association of Neuropsychology Students in Training (http://www.div40-anst.com/)
Clinical neuropsychology postdoctoral fellow, TIRR/Memorial Hermann and Dept. of Physical Medicine & Rehabilitation, Baylor College of Medicine, Houston, TX
cady.block@bcm.edu



SCN Leads Effort to Educate Psychologists about Concussion and Related Legislative Advocacy

By Heather Belanger, PhD, ABPP

The Society for Clinical Neuropsychology (SCN) recently partnered with several other divisions to create an on-line "Concussion Toolkit" designed to provide resources for psychologists and legislative advocates working in the field. As information related to concussion is being presented by the media at a historic rate (frequently with limited empirical backing), there is need for empirically-based information on the assessment and treatment of concussion-related sequelae. As increased knowledge about the effects of concussion(s) has become available, and as high-profile lawsuits related to concussions (e.g. National Football League) have surfaced in the media, resources and demand for concussion-related services have increased. Because signs and symptoms are nonspecific, diagnosis can be challenging, particularly long after injury, and because behavior can contribute to long-term sequelae of concussion, psychologists are well-poised to meet this increasing demand. Neuropsychologists are particularly poised to meet the increasing clinical/research demand, as they have produced much of the scientific literature on concussion. Nonetheless, legislation has been passed in some states which limit participation of neuropsychologists in concussion-related care.

The Concussion Toolkit provides a one-source repository of empirically-based general information on assessment and treatment, information on "lessons learned" with regard to legislation-based advocacy, and a state-by-state repository of concussion law. There are sections for psychologists working in military, sports, and Military/Veteran arenas.

The effort was sponsored by APA's Committee Divisions/APA Relations (CODAPAR). SCN/Div 40 would like to thank CODAPAR, as well as the other participating divisions: Division 19 (Military Psychology), Division 22 (Rehabilitation Psychology), Division 31 (State, Provincial and Territorial Affairs), and Division 47 (Sports Psychology).

The Concussion Toolkit can be found at: http://medschool.ucdenver.edu/concussion-toolkit/

Publications and Communications Committee

Brian Yochim, PhD, ABPP, Chair
National Jewish Health, Denver, Colorado

The Publications and Communications Committee oversees the Society for Clinical Neuropsychology (SCN) newsletter, website, social media, brochures, listserv, archives, and neuropsychology informational pamphlets. This has been a time of transitions and continued productivity for the Publications and Communications Committee. After the August APA convention, Dr. Michael Cole stepped down as Chair of the Committee after serving in this role since 2011, and Dr. Brian Yochim accepted the invitation to become Chair. Dr. Cole spearheaded many developments in this committee, including the creation of NeuroBlogs, the initiation of NeuroBlasts in your email, an active Facebook feed, and the creation of two new positions on this committee, which began in September. Juliette Galindo, Neuropsychology Intern at the South Texas VA Health Care System, has agreed to become our Webmaster. She has been tasked with completely overhauling our website in the coming year and has made significant progress toward this goal. Stay tuned for a fabulous new look for the SCN website in 2015! Dr. David Kaufman at Saint Louis University is our new Social Media editor, managing 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. Dr. Erica Kalkut, at Child & Family Psychological Services / Integrated Behavioral Associates in Norwood, MA, continues to serve as our Communications Liaison, creating our monthly NeuroBlasts, which update the membership on happenings in our Society. We welcome job postings to be distributed in the NeuroBlast. Job posting requests and other announcements to be sent to membership can be directed to societyclinicalneuropsychology@gmail.com Lastly, after serving as Newsletter Editor since 2009, Dr. Yochim has handed over this role to Dr. Maya Yutsis at VA Palo Alto Health Care System. If you have feedback or suggestions for our committee, please contact Dr. Yochim at yochimb@njhealth.org.

Welcome to Juliette, Dr. Kaufman, and Dr. Yutsis. We look forward to your contributions in the coming years!

National Institute on Aging (NIA) Strategic Directions

The Scientific Advisory Committee members who do research in the area of aging reviewed the proposed NIA strategic directions. These committee members were universally impressed with the comprehensiveness of the proposed strategic directions, ranging from bench to bedside to community dissemination. They also commented on the laudable goal of partnering with other institutes to form a collaborative framework (the Trans-NIH Geroscience Interest Group). Although the strategic directions are heavily weighted toward genetics and biological markers of normal and pathological aging, there was also an emphasis on non-biologic processes (e.g., economics of aging, disparities among different aging subgroups, etc.). Neuropsychologists may be particularly interested in initiatives in the following domains:

B-1: support research in cognition and emotion in normal aging
B-5: invest in research on more sensitive measures of functional disability to track changes with aging

C-1: develop tools for assessing cognition associated with safe driving
D-1: understand role of cognition and sleep in everyday functioning
D-3: improve neuropsychological assessment of cognitive function
D-4: support clinical trials, including non-pharmacological interventions

Suggestions from the committee included the following:

1. Improve methodology for clinical trial measurement of cognition. For example, dementia trials often rely on the MMSE for inclusion and the ADAS-Cog as an outcome measure. As trials move to earlier phases of dementia (e.g., MCI, biomarker positive but cognitively intact), these measures will not be sufficiently sensitive. Efforts to develop new and more sensitive screening and outcome measures will increase the chances of success of these trials. NIA calls neuropsychological assessment the "gold standard" for diagnostics; it should be the gold standard for clinical trial outcome measurement as well. The NIMH has adopted the MATRICS Consensus Cognitive Battery as a gold standard for schizophrenia cognition trials, and the NIA may want to develop a similar approach or endorse the use of the NIH Toolkit for neuropsychological assessment. Use of standardized outcome measures across trials will lead to better comparability of future studies.
2. More work is needed on methods to enrich samples for such trials. For example, many new trials are requiring biomarker positivity for inclusion (e.g., amyloid imaging). However, these methods result in high screen failure rates, which then results in high costs. Sensitive cognitive or functional measures would assist in identifying subjects most likely to meet these strict inclusion criteria.
3. More research is needed to understand pre-clinical stages of cognitive decline, in addition to normal and pathological aging.
4. More research is needed to understand the impact of psychiatric disease on an aging brain, or how aging and history of psychiatric illness interact with medical comorbidities to increase risk for neuro degenerative diseases and other health problems.

ANNOUNCEMENTS AND AWARDS

ANNOUNCEMENT

The Society of Clinical Neuropsychology regrets to announce the untimely death of one of our members, Timothy Fjordbak, PsyD. Dr. Fjordbak, age 63, was a member of the American Psychological Association for 25 years, and of our Division 40, the Society for Clinical Neuropsychology, for 18 years. According to news reports, he earned his doctoral degree from the University of Denver and had a successful private practice in Macon, Georgia, before joining the Veterans Affairs Health Care System. He was a licensed psychologist in three states, had served in the military in Iraq, and had recently earned a master's degree in psychopharmacology. Dr. Fjordbak was shot to death on January 6 at the El Paso Veterans Affairs Health Care System at Fort Bliss, where he was Chief of Psychology, according to news reports.

The Society of Clinical Neuropsychology wishes to extend our condolences to Dr. Fjordbak's family, friends, and colleagues. An *APA Monitor* article on Dr. Fjordbak's life and professional achievements is being prepared and will include tributes from his colleagues and APA leadership.

AWARD

The Winners of the 2014 APF Benton-Meier Neuropsychology Scholarships

The American Psychological Foundation (APF) is pleased to announce **Jacob Jones**, of the University of Florida, and **Victoria Merritt**, of the Pennsylvania State University, as the recipients of the **2014 APF Benton-Meier Neuropsychology Scholarships**. The Benton-Meier Scholarships provide $2,500 to support graduate student researchers who are pioneering the future of brain and behavioral sciences.

Jacob Jones is a fifth year doctoral student at the University of Florida, who will use his scholarship to examine the impact of cardiovascular risk factors and small vessel disease on cognitive functioning among Parkinson's disease patients and healthy elderly individuals. Mr. Jones is working under the mentorship of Dr. Dawn Bowers in the Cognitive Neuroscience Laboratory and in collaboration with faculty of the University of Florida's Center for Movement Disorders and Neurorestoration. To date, Jacob has published 7 peer-reviewed journal articles and 1 book chapter. His research primarily focuses on cognitive and emotional sequelae of Parkinson's disease and other neurodegenerative disorders.

Victoria C. Merritt, a doctoral student in Clinical Psychology at The Pennsylvania State University, will use the Benton-Meier Scholarship to begin her dissertation research related to genetic factors and neuropsychological outcomes following sports-related concussions. Ms. Merritt received her Bachelor's degree in psychology from the University of Minnesota in 2008. Following graduation, she worked as a Research Assistant for the Center for Neuroscience and Regenerative Medicine at Walter Reed Army Medical Center (WRAMC), and then as a Research Coordinator for the Defense and Veterans Brain Injury Center at WRAMC. She received her Master's Degree in 2013 from the Pennsylvania State University.

Since 1953, APF has been supporting innovative research and programs that launch careers and seed the knowledge base on critical issues around the globe. For more information, please visit the APF Web site at www.apa.org/apf.

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

On behalf of the Society of Clinical Neuropsychology,
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

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Congress Increases Graduate Psychology Education Program to $7.9 million in FY 2015

Dear Colleagues:

As the 113th Congress draws to a close, we wanted to share some good news. Yesterday, the President signed the Fiscal Year 2015 Consolidated and Further Appropriations Act (aka the Omnibus Resolution), which includes a $1 million increase to the Graduate Psychology Education (GPE) Program. Over the past two years, Congress has increased funding for GPE by $5 million−during a time of sequestration and severe budget constraints− thanks in large part to your ongoing engagement in our education advocacy

efforts. Your active participation in advocacy, whether in our annual visits to key appropriators, our GPE Hill Day during the Education Leadership Conference, or as part of the Federal Education Advocacy Grassroots Network has truly made a difference by increasing federal investments in the psychology workforce by more than $40 million since 2002.

In its accompanying report language, Congress directed the Health Resources and Services Administration (HRSA) to, "devote the increase to the Graduate Psychology Education Program for a special effort to focus additional grants on the inter-professional training of doctoral psychology graduate students and interns to address the psychological needs of military personnel, veterans and their families in civilian and community-based settings, including those in rural areas."

We will provide further information as we find out about how the Administration will implement the increase and will share that information as it becomes available.

A new Appointed Director of NICHD's National Center for Medical Rehabilitation Research

NICHD Director Alan E. Guttmacher announced that, after an extensive national search, Alison Cernich, Ph.D., has been selected as Director of the National Center for Medical Rehabilitation Research. Dr. Cernich is ***a first psychologist and a neuropsychologist*** to hold this post. She has served as the Deputy Director for the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury at the United States Department of Defense (DCoE).

"Dr. Cernich has extensive expertise in the relationship between mild traumatic brain injury and mental health conditions," Dr. Guttmacher said. "Besides her strengths as a scientist, she brings to her new role at NICHD a broad administrative background in research oversight, regulatory compliance, and portfolio management."

Through basic, translational, and clinical research, the National Center for Medical Rehabilitation Research fosters the development of scientific knowledge needed to enhance the health, productivity, independence, and quality-of-life of people with physical disabilities.

The DCoE seeks to improve the lives of our nation's service members, families and veterans by advancing excellence in psychological health and traumatic brain injury prevention and care. In her capacity as Deputy Director, Dr. Cernich was the senior liaison from the Department of Veterans Affairs to the Department of Defense on matters relating to psychological health and traumatic brain injury. In this role, she served on multiple interagency strategic planning committees and government oversight committees for major research initiatives in both Departments.

Previously, she was the Director of Neuropsychology and Director of the Polytrauma Support Clinical Team at the Veterans Affairs Maryland Health Care System (VAMHCS). She is also an Assistant Professor of Neurology and Psychiatry at the University of Maryland School of Medicine in Baltimore. Her research interests involve investigating the effects of aerobic exercise on cognition in individuals diagnosed with stroke, Parkinson's disease and other clinical populations.

Dr. Cernich received her doctoral degree in Clinical Psychology from Fairleigh Dickinson University (FDU) in 2002.

Women in Neuropsychology (WIN)

The WINners Box

Andreana Benitez, Ph.D., and Bonnie Sachs, Ph.D.
WIN Subcommittee Member and Chair

The Division 40 WIN subcommittee is pleased to honor **Julie Suhr, Ph.D.,** in this issue of the "WINners Box." Dr. Suhr completed her graduate training in clinical psychology at the University of Iowa in 1994. After finishing her clinical internship at Brown University, she completed a postdoctoral fellowship in clinical neuropsychology at the Department of Neurology of the University of Iowa College of Medicine. Her first academic appointment after fellowship was at the Department of Psychology of Ohio University, where she has remained and is now full Professor.

Since completing her training, Dr. Suhr has maintained an active and diverse research program. A topic of major interest in her laboratory is the effect of psychological variables on neuropsychological performance in persons with neurological conditions, and in persons who are neurologically normal but report cognitive problems. Some of these variables include malingering, premorbid expectations for performance "diagnosis threat," depression, and anxiety. She also studies the relationship of personality and other premorbid factors to executive functioning in individuals with substance use disorders or head injury. As Principal or Co-Investigator, Dr. Suhr has received research funding through Ohio University and the National Institutes of Health. She has authored more than 60 peer-reviewed publications and several chapters in books on malingering and secondary gain, which are frequently consulted resources in the field.

Among all her achievements, Dr. Suhr is most proud of her mentees, for whom she has served as a dedicated advisor, teacher, thesis and dissertation co-chair or committee member. Dr. Suhr serves as Associate Editor for *Psychological Assessment* and *Journal of Clinical and Experimental Neuropsychology,* and is a reviewer for premiere neuropsychology journals such as *Neuropsychology, Journal of the International Neuropsychological Society, the Clinical Neuropsychologist, Neuropsychology Review, Applied Neuropsychology,* and *Neuropsychologia*, as well as for numerous other journals in neuropsychiatry and health psychology. Dr. Suhr has consistently served on department, college, and university committees during her tenure at Ohio University. A unique area of Dr. Suhr's service is her contribution to the area of high-stakes testing; she is an Expert Consultant on exam accommodations for the MCATs and Pearson VUE, and is an item-writer for the EPPP.

As a mid-career neuropsychologist, Dr. Suhr has made substantial contributions in neuropsychological research, service, education, and training. It is with great pleasure that the WIN committee recognizes Dr. Suhr's many accomplishments and dedication to the field. We look forward to her future achievements.

If you would like to highlight your work or that of a colleague, please make your submission to Bonnie Sachs, Ph.D., WIN Subcommittee Chair, at sachs.bonnie@gmail.com

Membership Committee

Dear Members,

Thank you for your continued support of SCN. We continue to maintain our status as the largest division in the American Psychological Association, with 4,816 members at the end of the 2014 membership year.

A new membership year is upon us. We are very pleased to announce that there will be no change in membership fees for 2015. Our membership rates are very reasonable at $34 per year, with reduced rates for students and international affiliates ($5 per year) as well as for those who are in their first two years post-degree ($20 per year). You may recall that APA membership is not a requirement to join SCN.

Many thanks to those of you who have renewed your membership in SCN for 2015.

I would like to invite those of you who have not yet done so to please renew your membership today.

Benefits of membership include:

- Opportunity to keep abreast of the latest clinical practice and training issues, professional standards in neuropsychology and trends in scientific research.
- Professional networking; mentoring; opportunities for research presentations and committee involvements for graduate students, fellows, and early career psychologists; various division awards recognizing early career achievements and scholarly research, and scholarships for graduate students in neuropsychology.
- A student organization - the Association of Neuropsychology Students in Training (ANST) - with an interactive website that provides networking for students and numerous student resources, with opportunities to learn about science, practice, and professional issues.
- Access to four listserves.
- Newsletter that is published electronically twice yearly, in the Winter/Spring and Summer/Fall.
- Rich program of scientific, educational, and social activities at the annual APA meeting.

If you are an APA Member, Associate, or Fellow, you can renew your membership in both APA and SCN/Division 40 online at http://www.apa.org/membership/renew.aspx

If you are a Student Affiliate, International Affiliate, or do not have membership in APA, you can renew your membership in SCN/Division 40 online at http://memforms.apa.org/apa/cli/divapp/

New members can complete our membership application online at http://memforms.apa.org/apa/cli/divapp/. In addition, a hardcopy of our membership application may be found online at: http://www.div40.org/membership.html

If you are in your first two years post-degree, you are eligible for a reduced membership rate of $20 per year. Please complete our paper application (download at http://div40.org/membership.html) as these reduced membership fees cannot be processed electronically.

Please don't hesitate to contact me with any questions at Tanya.diver@childrens.harvard.edu.

SCN STUDENT COMMITTEE (ANST)
THE CHAIR'S CORNER

By Cady Block, ANST Chair

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" (below)t, 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 **890** student affiliates within SCN, and have **50** 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. All of our groups report high levels of activity to include hosting speakers, poster sessions, volunteering, and other events. Nova Southeastern University started an "Ice Bucket Challenge" in our Facebook group (calling out the ANST Chair first, no less!) and ended up raising several hundred dollars for ALS research. 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, we recently added two new Interest Groups – a warm welcome to all of these individuals! You can read about these in the "ANST Highlights & Welcome" box below.

ANST Highlights & Welcome

ANST Member Highlights:
Nick Bott, PGSP-Stanford Consortium
Billy Holcombe, Howard University

ANST Interest Group Highlights:
Ferkauf Graduate School of Psychology
Victor DelBene & Kristina Dumas

University of Florida
Kelsey Thomas & Jason Gravano

New Interest Groups:
University of Houston
Any Rosenblatt & Lee Wiegand

University of Memphis
Whitney Stubbs & Ben Brett

Communications Report: Our listserv also continues to be active, with a growing membership and regular features by our ANST officer committee as well as newly highlighted member-written features! Many thanks to **Victor DelBene, Saritha Teralandur, Channing Sofko, Keenan Walker, Michelle Capozzoli, Natalie Sandel, Allison O'Mara, Danielle Blinkoff, and Eric Watson** for their excellent contributions. Our contributor report that these provide a

ANST by the Numbers

Total Student Affiliates:	890
Number of Interest Groups:	50
Listserv Members:	1,201
Facebook Group Members:	601
LinkedIn Group Members:	17
Average Daily Website Hits:	273

2013-2016 ANST Committee

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

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 the latter part of 2014, and will be doing so again at the upcoming INS conference – stay tuned for details! 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. In addition, our Facebook member group continues to be a success and given its popularity our Facebook Internship Support Group was extended to include Postdoctoral applications this past year, too. ANST also just started a group on LinkedIn – check us out and submit a membership request!

Programming Report: ANST hosted several success events at the 2014 APA convention, including Death by PowerPoint to oratorical mastery: Effective communication in psychology with speakers including SCN's own Munro Cullum and Kenneth Adams. We also again hosted our successful Neuropsychology interviewing workshop: Practical advice and skill-building with the experts with advice and feedback provided by several esteemed pediatric and adult neuropsychologists. If you are applying for internship next year, mark this down in your calendar for APA 2015! We have several exciting events accepted for APA 2015, including our internship prep workshop, as well as Neuropsychology in the next generation: Future directions for research and clinical practice with current SCN President Neil Pliskin, and DSM-V: A lifespan neuropsychological perspective on the past, present, and future with Brad Roper, Corwin Boake, and Erica Kalkut as our speaker panel.

Liaison Report: ANST continues to think of new ways to offer information, resources, and support to our members. In November 2014, we co-hosted a live webinar on the postdoctoral fellowship application and interviewing process with SCN and the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). The event was considered a success with over 200 attendees. The video was subsequently posted as a private URL on YouTube and has since had 630+ views. A follow-up satisfaction survey was answered by 38 people, and their overall rating was 4.18/5.00. Follow-up webinars are definitely planned for the future, including one currently in development along with the SCN Ethnic Minority Affairs committee.

As you may see, ANST has been very busy these past several months on these and other numerous projects. As always, free to email us at d40anst@yahoo.com for more information on our organization. We sincerely hope that you will consider joining us, or consider renewing membership if you are already a member. The current membership fee for student affiliates is just $5! As always, please visit our website at http://www.div40-anst.com for more information.

SELF-CARE FOR TRAINEES

By Callie Dunn, ANST Membership Officer

Self-care is something that we often preach in assessment recommendations or to those we work with in therapy, but how well do we trainees put it into practice in our own lives? What role does self-care have in this period of training? Why is it even important to practice self-care in the first place? Recognizing self-care as a training issue may help us put self-care in proper perspective and encourage us to put that jog, weekend away, or cooking a nutritious meal higher up on our lengthy to-do lists.

Most importantly, self-care is our ethical responsibility. Norcross and Barnett (2008) remind us of Principle A from the APA Ethics Code regarding our obligation to "strive to be aware of the possible effect of [our] own physical and mental health on [our] ability to help those with whom [we] work" and Ethical Standard 2.06 describing our duty to be alert for, recognize early on, and intervene when personal problems may interfere with effectiveness in delivering care. ANST chapter representative **Allison O'Mara** noted: "As clinicians, it is important to develop good habits when it comes to taking care of ourselves so that we are able to be fully present for our patients."

As trainees, we establish habits and patterns that are likely to continue throughout our careers, and self-care is no exception. **Christina Eguizabal Love** noted: "I learned very early on in graduate school that taking care of myself, including getting enough rest and spending time with my family, was better for my productivity than any all-nighter I could pull. More importantly, I feel I am making improvements in my life now that I will carry with me through the internship match process and into the rest of my career." Some of us may be tempted to say, *I'll take care of myself after I match for internship,* but in all likelihood then find ourselves transitioning to *...after I get a post-doc/first job/ tenure,* and so on. Although the particular stressors and pressures in our lives may change as we progress in our careers, the patterns of how we manage those stressors will likely continue absent of concerted effort to change them.

As trainees, we all have supervisors. Additionally, many of us plan to take on those very roles ourselves as part of our future careers and need to form our own ideas of how best to support trainees. Our supervisors can provide a valuable source of encouragement for self-care among trainees, and often it is the supervisors who implicitly or explicitly set the standards of self-care. ANST chapter representative Patricia Rivera noted: "When supervisors or professors talk about their own reasons for self-care...I feel motivated to engage in my own self-care." **Danielle Ploetz** noted: "I have been fortunate (and blessed) to have some of the most caring and supportive mentors in my career thus far, and all have really made me see how the pressures being placed on me were more pliable than I thought. They have encouraged me to re-arrange my schedule to allow for self-care time and really took time out of their schedule to help me. They also modeled and reinforced positive self-care whilst being prolific in their fields." Establishing our own comfort with self-care will prepare the way for us to allow our own trainees to flourish under our supervision.

Outside of receiving self-care supervision from your mentor(s), there is a plethora of ways to take charge of your own self-care, including a healthy diet, regular exercise, good sleep hygiene, and engaging your social support system. Our ANST Facebook group and conference social events are excellent places to seek support from other neuropsychology trainees in particular. Here are some additional suggestions that

have worked for some of your fellow ANST members:

Patricia Rivera (Interest Group Representative, Carlos Albizu University): "Taking at least one day every other month to disengage from schoolwork and spend time with nature (i.e. walk trail at a nearby state or national park) has given me inspiration and energy!"

Octavio Santos (Liaison Officer, University of Wisconsin-Milwaukee): "I exercise at least 15 minutes a day. I love jogging, especially outdoors when the weather is nice. Otherwise, I do it at the gym and lift weights. I reward myself by going to the sauna after my workout. Since I started exercising, I noticed improvements in my mood, productivity, and quality of life."

Christina Eguizabal Love (Interest Group Representative, Florida Institute of Technology): "I recently took up running. Running gives you the most bang for your buck as far as I'm concerned. It helps me sleep better, elevates my mood, and improves my ability to focus. Not to mention all of the other health benefits!"

Danielle Ploetz (Member, Postdoctoral Fellow, Alberta Children's Hospital): "I think it's important to take one entire day to do something just for you. For me, I like to get away from any temptation to feel guilt for not working (i.e., all internet/computer access). I go to the beach (or the mountains nowadays) just for the day or go to the store to window shop, because, let's be honest, as trainees we can't afford to actually buy stuff we want."

Allison O'Mara (Interest Group Representative, The Chicago School of Professional Psychology): "I find it helpful to schedule in times for self-care to ensure that I set aside time. For example, I recently got back into horseback riding, an activity that I love, after a few years' absence. I schedule in lesson times which makes sure I set aside time for it in my schedule, and it gives me something to look forward to after a busy week!"