This edition additionally recognizes APA’s strong and consistent voice for equal access to reproductive health services.
A LETTER FROM THE CHAIR OF COMMUNICATIONS

Dear members of the Society for Clinical Neuropsychology,

It is my privilege to bring you the Summer 2022 edition of the Division 40 Newsletter. In anticipation of APA’s annual convention in Minneapolis, we have included a schedule of events and presentations highlighting topics such as leadership, diversity, innovative technology, and training. We look forward to seeing you there, in person and online. In this issue you will also find information about committee activities, including the Strategic Committee, Awards Committee, and Women In Neuropsychology (WIN). This year’s winner of the Robert A. and Phyllis Levitt Early Career Award in Neuropsychology is an esteemed colleague that many of you will recognize, not only for her scholarship but also her work in neuropsychology training and governance.

This edition additionally recognizes APA’s strong and consistent voice for equal access to reproductive health services. The association has passed four policies or resolutions since 1969 affirming a woman’s right to choose and negating assertions regarding the alleged adverse psychological effects of abortion. APA has also filed 11 amicus curiae briefs in cases involving abortion, the most recent in February 2022. As we all navigate an ever-increasing list of professional challenges, it is our goal to keep you updated on the latest from APA across our communications platforms including social media, the listserv, and here in our biannual newsletter.

For questions or comments about communications and social media, you are welcome to email us at communications@scn40.org

Laura Boxley, PhD ABPP-CN
Communications Chair
The Society for Clinical Neuropsychology
# SCN Executive Committee

[https://www.scn40.org/](https://www.scn40.org/)

### Elected Officers

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Term</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>President</td>
<td>Cynthia Kubu</td>
<td>2021-22</td>
<td><a href="mailto:kubuc@ccf.org">kubuc@ccf.org</a></td>
</tr>
<tr>
<td>President Elect</td>
<td>Maggie Lanca</td>
<td>2021-22</td>
<td><a href="mailto:mlanca@challiance.org">mlanca@challiance.org</a></td>
</tr>
<tr>
<td>Past President</td>
<td>Heather Belanger</td>
<td>2021-22</td>
<td><a href="mailto:Heather.belanger.ctr@socom.mil">Heather.belanger.ctr@socom.mil</a></td>
</tr>
<tr>
<td>Secretary</td>
<td>Erica Kalkut</td>
<td>2021-24</td>
<td><a href="mailto:Erica.kalkut@lifestance.com">Erica.kalkut@lifestance.com</a></td>
</tr>
<tr>
<td>Treasurer</td>
<td>Tricia King</td>
<td>2021-24</td>
<td><a href="mailto:tzking@gsu.edu">tzking@gsu.edu</a></td>
</tr>
</tbody>
</table>

### Members At Large

<table>
<thead>
<tr>
<th>Name</th>
<th>Term</th>
<th>Email</th>
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<tbody>
<tr>
<td>Vonetta Dotson</td>
<td>2021-24</td>
<td><a href="mailto:vdotson1@gsu.edu">vdotson1@gsu.edu</a></td>
</tr>
<tr>
<td>Laura Flashman</td>
<td>2020-23</td>
<td><a href="mailto:lflashma@wakehealth.edu">lflashma@wakehealth.edu</a></td>
</tr>
<tr>
<td>Sara Weisenbach</td>
<td>2019-22</td>
<td><a href="mailto:Sara.Weisenbach@stonybrookmedicine.edu">Sara.Weisenbach@stonybrookmedicine.edu</a></td>
</tr>
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### Council Representatives

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Cady Block</td>
<td>2021-23</td>
<td><a href="mailto:Cady.block@gmail.com">Cady.block@gmail.com</a></td>
</tr>
<tr>
<td>Joanne Festa</td>
<td>2019-21</td>
<td><a href="mailto:Joanne.festa@mountsinai.org">Joanne.festa@mountsinai.org</a></td>
</tr>
<tr>
<td>Farzin Irani</td>
<td>2022-24</td>
<td><a href="mailto:firani@aaaneuropsych.com">firani@aaaneuropsych.com</a></td>
</tr>
<tr>
<td>Julie Suhr</td>
<td>2022-24</td>
<td><a href="mailto:jsuhr@ohio.edu">jsuhr@ohio.edu</a></td>
</tr>
<tr>
<td>Mike Basso</td>
<td>2019-21</td>
<td><a href="mailto:Basso.michael@mayo.edu">Basso.michael@mayo.edu</a></td>
</tr>
<tr>
<td>Veronica Bordes-Edgar</td>
<td>2022-24</td>
<td><a href="mailto:Veronica.BordesEdgar@utsouthwestern.edu">Veronica.BordesEdgar@utsouthwestern.edu</a></td>
</tr>
<tr>
<td>Kevin Duff</td>
<td>2020-22</td>
<td><a href="mailto:Kevin.duff@hsc.utah.edu">Kevin.duff@hsc.utah.edu</a></td>
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### Chairs of Standing Committees

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<tr>
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<th>Name</th>
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<tbody>
<tr>
<td>Membership</td>
<td>Eric Larson</td>
<td>2018-24</td>
<td><a href="mailto:eric.larson@va.gov">eric.larson@va.gov</a></td>
</tr>
<tr>
<td>Fellows</td>
<td>Dawn Bowers</td>
<td>2016-22</td>
<td><a href="mailto:dawnbowers@Phhp.ufl.edu">dawnbowers@Phhp.ufl.edu</a></td>
</tr>
<tr>
<td>Program Chair</td>
<td>Pamela Dean</td>
<td>2021-22</td>
<td><a href="mailto:pamela.m.dean@gmail.com">pamela.m.dean@gmail.com</a></td>
</tr>
<tr>
<td>Program Co-Chair</td>
<td>Cady Block</td>
<td>2021-22</td>
<td><a href="mailto:Cady.block@gmail.com">Cady.block@gmail.com</a></td>
</tr>
<tr>
<td>Elections</td>
<td>Heather Belanger</td>
<td>2021-22</td>
<td><a href="mailto:Heather.belanger.ctr@socom.mil">Heather.belanger.ctr@socom.mil</a></td>
</tr>
<tr>
<td>Conflicts of Interest</td>
<td>Gerry Taylor</td>
<td>2020-23</td>
<td><a href="mailto:Hudson.taylor@nationwidechildrens.org">Hudson.taylor@nationwidechildrens.org</a></td>
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</table>
## Chairs of Ad Hoc Committees

<table>
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<tr>
<th>Committee</th>
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<th>Term</th>
<th>Email</th>
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<tbody>
<tr>
<td><strong>APA Relations</strong></td>
<td>Rachel Keelan</td>
<td>2020-23</td>
<td><a href="mailto:Rach.e.kay@gmail.com">Rach.e.kay@gmail.com</a>; <a href="mailto:rkeelan@dmc.org">rkeelan@dmc.org</a></td>
</tr>
<tr>
<td><strong>Publications and Communications</strong></td>
<td>Laura Boxley</td>
<td>2021-</td>
<td><a href="mailto:laura.boxley@osumc.edu">laura.boxley@osumc.edu</a></td>
</tr>
<tr>
<td><strong>Finance Committee</strong></td>
<td>Tricia King</td>
<td>2021-24</td>
<td><a href="mailto:tzking@gsu.edu">tzking@gsu.edu</a></td>
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## Chairs of Umbrella Committees

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<th>Committee</th>
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<tbody>
<tr>
<td><strong>Education Advisory</strong></td>
<td>Pamela Dean</td>
<td>2020-23</td>
<td><a href="mailto:pamela.m.dean@gmail.com">pamela.m.dean@gmail.com</a></td>
</tr>
<tr>
<td><strong>Scientific Advisory</strong></td>
<td>Kati Pagulayan</td>
<td>2020-23</td>
<td><a href="mailto:farkat@u.washington.edu">farkat@u.washington.edu</a></td>
</tr>
<tr>
<td><strong>Practice Advisory</strong></td>
<td>Nancy Hebben</td>
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<td><a href="mailto:nancyhebbben@gmail.com">nancyhebbben@gmail.com</a></td>
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<tr>
<td><strong>Public Interest Advisory</strong></td>
<td>Michele Madore</td>
<td>2020-23</td>
<td><a href="mailto:madoremr@gmail.com">madoremr@gmail.com</a></td>
</tr>
<tr>
<td><strong>Women in Neuropsychology (WIN)</strong></td>
<td>Rachael Ellison</td>
<td>2020-23</td>
<td><a href="mailto:Rellison1@iit.edu">Rellison1@iit.edu</a></td>
</tr>
<tr>
<td><strong>Ethnic Minority Affairs (EMA)</strong></td>
<td>Lynette Abrams-Silva</td>
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<td><a href="mailto:lynetteas@unm.edu">lynetteas@unm.edu</a></td>
</tr>
<tr>
<td><strong>Awards</strong></td>
<td>Alicia Ford</td>
<td>2020-23</td>
<td><a href="mailto:Alicia.ford@okstate.edu">Alicia.ford@okstate.edu</a></td>
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<tr>
<td><strong>Early Career</strong></td>
<td>Amanda Gooding</td>
<td>2019-2022</td>
<td><a href="mailto:agooding@ucsd.edu">agooding@ucsd.edu</a></td>
</tr>
<tr>
<td><strong>Strategic Planning Co-Chair</strong></td>
<td>Lynette Abrams-Silva</td>
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</tr>
<tr>
<td><strong>Strategic Planning Co-Chair</strong></td>
<td>Scott Sperling</td>
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<td><a href="mailto:Sperlis@ccf.org">Sperlis@ccf.org</a></td>
</tr>
<tr>
<td><strong>Association of Neuropsychology Students in Training (ANST)</strong></td>
<td>Zach Resch</td>
<td>2021-23</td>
<td><a href="mailto:zresch2@uic.edu">zresch2@uic.edu</a></td>
</tr>
<tr>
<td><strong>Presidential Task Force Chair</strong></td>
<td>Julia Maietta</td>
<td>2021-</td>
<td><a href="mailto:jhuss325@gmail.com">jhuss325@gmail.com</a></td>
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<tr>
<td><strong>Information and Technology Consultant</strong></td>
<td>Rob Davis</td>
<td>2020-22</td>
<td><a href="mailto:robdavis@cerebralconsulting.net">robdavis@cerebralconsulting.net</a></td>
</tr>
<tr>
<td><strong>Communications Liaisons</strong></td>
<td>Claire Speelman</td>
<td>2021-</td>
<td><a href="mailto:wilkiscn@mail.uc.edu">wilkiscn@mail.uc.edu</a></td>
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<tr>
<td></td>
<td>Melissa Levy</td>
<td></td>
<td><a href="mailto:bzc4kc@virginia.edu">bzc4kc@virginia.edu</a></td>
</tr>
<tr>
<td></td>
<td>Brittany Crowley</td>
<td></td>
<td>Melissa.Levy@edu</td>
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<tr>
<td><strong>Presidential Task Force Members</strong></td>
<td>Molly Split</td>
<td>2021-</td>
<td><a href="mailto:mollysplit@gmail.com">mollysplit@gmail.com</a></td>
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<tr>
<td></td>
<td>Kara Eversole</td>
<td></td>
<td><a href="mailto:karaeversole@gmail.com">karaeversole@gmail.com</a></td>
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<tr>
<td></td>
<td>Nicholas Kavish</td>
<td></td>
<td><a href="mailto:nak012@shsu.edu">nak012@shsu.edu</a></td>
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<tr>
<td></td>
<td>Abel Mathew</td>
<td></td>
<td><a href="mailto:amathew@uwm.edu">amathew@uwm.edu</a></td>
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<tr>
<td></td>
<td>Stephanie Torres</td>
<td></td>
<td><a href="mailto:sttorres91@gmail.com">sttorres91@gmail.com</a></td>
</tr>
<tr>
<td><strong>Archivist</strong></td>
<td>William Barr</td>
<td></td>
<td><a href="mailto:William.barr@nyulangone.org">William.barr@nyulangone.org</a></td>
</tr>
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The facts about abortion and mental health

Looking forward

Q&A with David Sabsevitz
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Dear SCN Members,


These problems are real, complex, and interrelated. It is our responsibility, by dint of our privilege as highly educated members in society, to consider how to help.

“The mission of the Division of Clinical Neuropsychology of the American Psychological Association is to advance the specialty of clinical neuropsychology as a science and profession and as a means of enhancing human welfare. The Division addresses this mission by promoting excellence in clinical practice, scientific research, and professional education in the public interest. The goals derived from this mission are to be achieved in cooperation with the American Psychological Association, other professional organizations, and the general public.” Early in my tenure as President, I shared my theme for the upcoming year “The Future of Neuropsychology: Reflect, Re-Envision, and Re-Invent” in light of the 25 th anniversary of our designation as a subspecialty by APA. I emphasized the need for us to develop alternate service delivery models based on good data and good ethics to address disparities in clinical service delivery. I urged us to move toward truly modeling inclusive excellence in our science, clinical work, training, and professional organizations. The Strategic Planning Committee’s report revealed that members want us to increase our engagement in these critical societal issues. Stress, public policy, racism, food shortages, guns, COVID, the negative impact of climate change on health, women’s health (and the related impact on children and men), and tribalism directly affect our field since these factors can impact brain health, the scientific questions we study, the methods we use, patient care, and how we train the next generation.

So, what do we do?

First, tend to yourself. The cumulative effects of the stressors of the past few years take a toll on all of us, especially minoritized populations who have disproportionatly borne these burdens due to longstanding inequities. Sleep. Eat a healthy diet. Exercise. Nurture connections with family and friends. Be kind to yourself and others, especially those less fortunate.
Next, roll up your sleeves and get back to doing what we do best: blending the best of neuroscience knowledge, test theory, and a deep understanding of human behavior to help those we serve, educate our trainees, and contribute to scientific knowledge. This includes opening ourselves up to considering new ways to do our science, considering whose voices aren’t included at our tables, best methods to model inclusive excellence and our highest values for our trainees, and helping our patients and their families in ways that are meaningful.

I will discuss these themes in my Presidential Address at APA. The Program Committee has done an outstanding job this year and the hard work of the Program Chair Pamela Dean and Co-Chair Cady Block deserve our highest respect. I encourage all of you to tune in virtually or in person to connect, learn, open your minds to new ideas, and support SCN. I have been extremely fortunate to work with a very talented, dedicated, and patient (with me) Executive Committee over the past year. My gratitude list could extend for pages and pages. However, I do want to take this opportunity to also highlight the strong work of Zach Resch who is leading ANST as well as the Presidential Task Force on Marketing and Communication, under the leadership of Julia Maietta, and all the other student leaders and dedicated volunteers. During the Executive Meeting, I will acknowledge in more detail my genuine appreciation to all of those who serve SCN and the members who have reached out to me the past year.

SCN can positively impact the future of neuropsychology in bigger ways than we have previously imagined. The Strategic Planning Committee has done the preliminary work and their important work will continue with a newly approved ad hoc committee tasked with providing recommendations to help make the necessary changes to reinvent the next 25 years of SCN and neuropsychology. The future is in your hands. You have the scientific training balanced with compassion to make a positive impact. I am confident in you.

Cynthia S. Kubu, PhD, ABPP
President, SCN

References:
Looking Forward: A letter from the president-elect

Dear SCN members

This summer I will have the distinct privilege to begin my term as your President. I am enthusiastic about the opportunity to bring my organizational experience in advocating for neuropsychology to this role. As an introduction, I have held positions on multiple committees, boards, and organizations at the state and national level for the past 15 years. I held state and national leadership roles, serving both as President of the Massachusetts Psychological Association (MPA) and chair of the SCN Practice Advisory Committee. I am also Past-President of the Massachusetts Neuropsychological Association. These experiences have allowed me to coordinate state and national resources, forge relationships with the insurance industry, and lobby psychology interests on Capitol Hill. As an SCN board member and delegate to the IOPC for 6 years, I partnered with APA Legal affairs, Office of Health Care Financing, and leaders from the major national neuropsychology associations to provide advocacy, resources and guidance to neuropsychologists. I am also passionate about improving diversity, equity and inclusion (DEI), initiating a MPA Presidential Taskforce on DEI, which was awarded the APA SPTA Diversity Award in 2021. I look forward to leveraging these experiences to work with the many dedicated SCN members and committees to advance our society and neuropsychology.

As we transition from the pandemic to endemic stage of SARS-CoV-2, we will be managing the long-term effects of this global illness on the health of many citizens in our country. This pandemic has wreaked havoc on the lives of Americans, especially those from marginalized and underrepresented communities. The endemic phase will be focused on treating the post-acute SARS-CoV2 (PASC), and there will be a call for many neuropsychologists to assess and treat the cognitive effects of PASC. We will need to connect with our patients in marginalized communities and work towards more equitable access to neuropsychological assessment and treatment through population health management. One silver lining of the pandemic was our field’s quick pivot to tele-neuropsychology. The impact of this shift is still being understood, through research validating novel measures and new vehicles for provision of care. This pivot forced our profession to embrace greater technological advances, which was sorely overdue. There is much work ahead

As we transition from the pandemic to endemic stage of SARS-CoV-2, we will be managing the long-term effects of this global illness on the health of many citizens in our country.
and I am excited to help steer SCN to evolve our profession to one of further technological modernization, accessibility and reducing healthcare disparities which will be the theme of my presidency.

This coming year, we have the tremendous benefit of capitalizing upon the arduous work of the Strategic Planning Committee, co-chaired by Drs. Scott Sperling and Lynette Abrams-Silva which unveiled a myriad of findings from the national survey by over 1000 respondents (#SCNStrategicPlan2022). Our Strategic Planning Implementation group, together with our Executive Committee will focus on translating this critical feedback to shaping important initiatives in the new strategic plan for SCN. Some of the primary feedback from our respondents echo the themes of the coming year to improve accessibility to neuropsychology, penetration of our profession to wider audience, and critically improving diversity within our field. Increased professional diversity starts early in the training pipeline, and this year SCN will partake in updates to the Houston Conference Guidelines at the Minnesota 2022 Conference: Updating Education and Training Guidelines in Clinical Neuropsychology, marking a historic event to preparing future generations of neuropsychologists, and one which EDI will be at the cornerstone of planning.

I am truly honored to be President of our Society of Clinical Neuropsychology. I look forward to an invigorating and transformative time, working with and for you during this 2022-2023 governance year.

Sincerely,

Maggie Lanca, PhD.
President, Society for Clinical Neuropsychology
Division 40, APA
We are excited to announce SCN programming for APA 2022! Our At-a-Glance Schedule can be found below. Information on all SCN programs will be available in the APA Convention Agenda.

**Race-Based Norms & Its Impacts on BIPOC Groups: A Townhall Conversation**

Chairs: Courtney Ray, PhD; Veronica Bordes-Edgar, PhD, ABPP-CN.

Participants: Anthony Stringer, PhD, ABPP-CN; Nicholas Thaler, PhD, ABPP-CN

**Leadership & Advocacy as a Training Competency**

Chairs: Erin Kaseda, MS; Rachel Ellison, PhD.

Participants: Mary Fernandes, PhD; Julia Maietta, PhD

**Poster Session 1: Neuropsychiatric Conditions & Assessment**
We are excited to announce SCN programming for APA 2022! Our At-a-Glance Schedule can be found below. Information on all SCN programs will be available in the APA Convention Agenda.

**At-a-Glance Schedule**

Society for Clinical Neuropsychology

We are excited to announce SCN programming for APA 2022! Our At-a-Glance Schedule can be found below. Information on all SCN programs will be available in the APA Convention Agenda.

**THURSDAY, AUGUST 4TH, 2022**

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<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:00 am - 9:50 am</td>
<td><strong>Race-Based Norms &amp; Its Impacts on BIPOC Groups: A Townhall Conversation</strong>&lt;br&gt;Chairs: Courtney Ray, PhD; Veronica Bordes-Edgar, PhD, ABPP-CN. Participants: Anthony Stringer, PhD, ABPP-CN; Nicholas Thaler, PhD, ABPP-CN</td>
</tr>
<tr>
<td>10:00 am - 10:50 am</td>
<td><strong>Leadership &amp; Advocacy as a Training Competency</strong>&lt;br&gt;Chairs: Erin Kaseda, MS; Rachel Ellison, PhD. Participants: Mary Fernandes, PhD; Julia Maietta, PhD</td>
</tr>
<tr>
<td>10:00 am - 10:50 am</td>
<td><strong>Poster Session 1</strong>&lt;br&gt;Neuropsychiatric Conditions &amp; Assessment</td>
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THURSDAY, AUGUST 4TH, 2022 (continued)

1:00 pm - 1:50 pm  Financial Decision Making in Older Age: Neuropsychology, Neuroimaging, & Public Policy Considerations  
Duke Han, PhD, ABPP-CN

1:00 pm - 2:50 pm  WIN/JCEN Sneak Peak into the Special Issue on Mentoring in Neuropsychology  
Chair: Rachel Ellison, PhD. Participants: Johnelle Sparks, PhD; Farzin Irani, PhD, ABPP-CN; Dominique Chao, PhD; Erin Sullivan-Baca, PhD; Erika Pugh, PhD

4:00 pm - 4:50 pm  Advancing Neuropsychology Within an Emerging Framework of Public Health  
SCN President-Elect Maggie Lanca PhD, ABPP-CN

FRIDAY, AUGUST 5TH, 2022

8:00 am - 9:50 am  APA Assessment Awards Breakfast  
Cady Block, PhD (SCN/Division 40); Emily Shaw, PhD (Division 5); David McCord, PhD (Division 12)

9:00 am - 10:50 am  Where do I fit In? Competency-Driven Training Pathways for the Blended Rehabilitation & Neuropsychology Psychologist  
Beth Rush, PhD, ABPP-CN; Brigid Waldron-Perrine, PhD, ABPP-CN; Laurie Baker, PhD, ABPP-RP; Mark Barisa, PhD, ABPP-CN

1:00 pm - 2:50 pm  An Update from the SCN Strategic Planning Committee  
Lynette Abrams-Silva, PhD, ABPP-CN; Scott Sperling, PhD, ABPP-CN

3:00 pm - 3:50 pm  A New Era for Digital Technology in Neuropsychology  
Chairs: Laura Campbell, MS; Zachary Resch, PhD. Participants: Shifali Singh, PhD; Elena Tsoy; Robert Bilder, PhD, ABPP-CN; Geoffrey Tremont, PhD, ABPP-CN
### FRIDAY, AUGUST 5TH, 2022 (continued)

<table>
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<tr>
<th>Time</th>
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<tr>
<td>4:00 pm - 4:50 pm</td>
<td>The Future of Neuropsychology: Reflect, Re-Envision, Re-invent</td>
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<td></td>
<td>SCN President Cynthia Kubu PhD, ABPP-CN</td>
</tr>
<tr>
<td>5:00 pm - 5:50 pm</td>
<td>SCN Business Meeting</td>
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<tr>
<td></td>
<td>Open to everyone! Come hear all about what SCN is up to!</td>
</tr>
<tr>
<td>6:00 pm - 7:50 pm</td>
<td>SCN Social Hour</td>
</tr>
<tr>
<td></td>
<td>Open to everyone! Come enjoy drinks, snacks, and raffle prizes!</td>
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### SATURDAY, AUGUST 6TH, 2022

<table>
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<th>Event</th>
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<tbody>
<tr>
<td>8:00 am - 9:50 am</td>
<td>The Cultural Neuropsychology Council: Interorganizational Advocacy to Advance Practice</td>
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<tr>
<td></td>
<td>Chair: Christine Salinas, PsyD. Participants: Anny Reyes, PhD; David Lechuga, PhD; Connie Galietti, JD; Scott Sperling, PhD, ABPP-CN; Anthony Stringer, PhD, ABPP-CN</td>
</tr>
<tr>
<td>9:00 am - 9:50 am</td>
<td>Poster Session 2</td>
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<tr>
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<td>Neurological Illness &amp; Injury</td>
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<td>1:00 pm - 1:50 pm</td>
<td>Voices from Inside the Pipeline: Insights on Ethno-Racial Diversity and Goals from Mentors &amp; Mentees</td>
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<td>Chair: Lynette Abrams-Silva, PhD, ABPP-CN. Participants: Isabel Solis, MS; Santiago Palmer-Cancel, PsyD; Franchesca Arias, PhD; Billy Holcombe, PhD; Alexander Tan, PhD; Keith Yeates, PhD, ABPP-CN; Michele Madore, PhD</td>
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<td>2:00 pm - 2:50 pm</td>
<td>Maternal Immune Activation as a Primary Influence of the Developing Brain</td>
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<td>Marisa Spann, PhD</td>
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<td>3:00 pm - 3:50 pm</td>
<td>Focusing on the Provider to Re-envision &amp; Re-invent an Inclusive, Diversity-Responsive Practice</td>
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<td>Veronica Bordes-Edgar, PhD, ABPP-CN; Shawn McClintock, PhD</td>
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Why Not You?  
Advice for getting involved in professional service

Awarded annually by SCN, the Robert A. and Phyllis Levitt Early Career Award in Neuropsychology was created to recognize an APA member who, within the first ten years of receiving their doctoral degree, has made a distinguished contribution to neuropsychology in the areas of research and scholarship, teaching and service, and/or clinical work.

From an exceptional group of nominees, the Awards Committee selected Dr. Cady Block as the 2022 Levitt Early Career Award Winner.

Dr. Block is an Assistant Professor at Emory School of Medicine, Department of Neurology where she provides clinical services, oversees the student neuropsychology practicum training program, serves as a neuropsychology supervisor for Emory’s psychology internship program, and contributes to epilepsy and neuro-oncology research groups.

In addition to her clinical-academic work, Dr. Block has made a significant contribution to the field of neuropsychology through her service work and in particular, her work in advocacy, training, and mentorship for students, trainees, and early career psychologists. Dr. Block has given countless hours to service and leadership roles within APA and other professional organizations, including as past Chair for SCN’s Association of Neuropsychology Students & Trainees (ANST) and past Chair of the SCN Early Career Neuropsychologist Committee. She currently serves as SCN’s APA Council Representative, is the newsletter editor for INS, and will serve as a delegate to the upcoming Minnesota 2022 Conference to Update Education and Training Guidelines in Clinical Neuropsychology. She is one of the founding Executive Committee members of KnowNeuropsychology, which was formed to provide free neuropsychology didactics during the COVID-19 pandemic when universities and clinics were closed, and which continues as an open access educational resource that has been accessed by over 28,000 people in 107 countries.

Dr. Block was editor for the recently released book for students and trainees, The Neuropsychologist’s Roadmap: A Training and Career Guide and is currently working on a companion workbook, both published by APA Press.

I spoke with Dr. Block about her involvement in professional organizations and what advice she has for others who would like to get involved but may be unsure of how to start:

**Getting involved as a student, post-doc, or early career psychologist:**

Dr. Block got her start in service and leadership as a graduate student at University of Alabama-Birmingham when fellow student and friend Jacquelynn Copeland suggested they start a chapter of ANST on their campus. Enjoying the experience of connecting with neuropsychology students across the country and gaining knowledge about her future profession, she
was excited when a call for applications for the national ANST board was announced. However, she almost didn’t apply, thinking that she may not be experienced enough to be selected. After some days of self-debating, she ultimately decided, “Why not me?” and submitted her application. She was selected and served as Communications Officer, which led to later selection as ANST Chair, then Early Career Chair and further opportunities.

Students and early career psychologists may feel intimidated to take on roles within professional organizations or think that their perspective is not as needed as those in later career stages. Dr. Block says that she gives students the same advice that she gave herself early on, encouraging them to consider their interests and asking, “Why not you?” She also has found over the years that our professional organizations really do value the opinions and contributions of early career psychologists. She encourages early career neuropsychologists to participate because they will not only develop leadership experience but also can make a significant contribution to the profession.

Finding your place to contribute:
Dr. Block suggests that we “think broadly about professional service; involvement doesn’t have to be with a specific neuropsychology organization.” She suggests considering groups within your institution, at your state level and within broader APA, “those groups connect us to the wider field of Psychology and can enrich our neuropsychology work.”

If there is a group that you would like to become more involved in but haven’t seen an opening for what you might like to do, Dr. Block advises, “don’t be afraid to ask or to create an opportunity where you don’t see one. The worst thing that will happen is you may be told no, but the answer is more often yes”. Several years ago, having some experience in communications and wanting to get involved with INS, she recalls cold-emailing Dr. Jennifer Manly, Chair of the Membership committee at that time, and volunteering her skills. This led to her filling an unadvertised need handling social media for the organization and later becoming Editor for the newsletter.

It’s never too late to start:
Having served in professional organizations for over a decade now, Dr. Block believes that it is never too late to get involved. “Sometimes I hear people say that they missed out on their chance to get involved because they didn’t start as a student or post-doc. Having been involved with several different groups, I have seen how much work there always is to do, so there is likely a place to contribute for anyone who is interested.”

Benefits beyond the CV:
There can be a concern that volunteering for professional service can be too time-consuming to take on, but “there are usually roles of all sizes”, says Dr. Block. “I also try to remind myself and others to think about all of the things that you can get back from it.” There are the typically thought-of benefits, such as networking for jobs and gaining experience for career advancement. In addition to these, Dr. Block has found that her involvement has created a wide professional community, “I have made friends from across the country and even internationally. Working with them and seeing them at conferences, I have a strong sense of belonging and community.” She also notes that professional service is a great way of giving back, “we get a lot from our mentors, supervisors, and teachers over the years; this is a way of paying it forward.”

Applications for the 2023 Levitt Early Career Award will be due on October 31, 2022. See the Awards committee page on the SCN website for full details.

Alicia Ito Ford, PhD, Chair, SCN Awards Committee
Scientific research from around the world shows having an abortion is not linked to mental health issues but restricting access is found that obtaining a wanted abortion does not increase risk for depression, anxiety, or suicidal thoughts (The mental health impact of receiving vs. being denied an abortion, Advancing New Standards in Reproductive Health, 2018).

“It’s important for folks to know that abortion does not cause mental health problems,” said Debra Mollen, PhD, a professor of counseling psychology at Texas Woman’s University, who studies abortion and reproductive rights. “What’s harmful are the stigma surrounding abortion, the lack of knowledge about it, and the lack of access.”

Misconceptions about abortion are also linked to lower support for it—and people deserve to have accurate information so they can make informed decisions, Mollen said (Weibe, E. R., et al., Gynecology & Obstetrics, Vol. 5, No. 9, 2015).

Meanwhile, the same research shows getting a wanted abortion does not cause significant psychological problems, despite beliefs to the contrary. In a landmark study of more than 1,000 women across 21 states, those who were allowed to obtain an abortion were no more likely to report negative emotions, mental health symptoms, or suicidal thoughts than women who were denied an abortion.

Large longitudinal and international studies have
The Turnaway Study, a landmark analysis of abortion from Advancing New Standards in Reproductive Health (ANSIRH) at the University of California, San Francisco, served to debunk the belief that people who get abortions experience deep regret, grief, or even posttraumatic stress disorder. Instead, the most commonly felt emotion is relief (Rocca, C. H., et al., Social Science & Medicine, Vol. 248, 2020).

In the study, researchers followed nearly 1,000 women across 21 states for five years to examine the similarities and differences between those who wanted and received an abortion versus those who wanted but were denied an abortion. Five years after the procedure, women who had an abortion were no more likely to report negative emotions or suicidal thoughts than women who were denied an abortion, and more than 97% of those studied said that having the abortion was the right decision (Rocca, C. H., et al., Social Science & Medicine, Vol. 248, 2020).

In a review of the scientific literature on abortion published 10 years earlier, an APA task force reached a similar conclusion, especially in the case of unplanned pregnancy. The task force reported that women who had an abortion in the first trimester did not face a higher risk of mental health problems than women who continued with an unplanned pregnancy (Report of the APA Task Force on Mental Health and Abortion, 2008).

“In fact, the best predictor of a woman’s mental health after an abortion is her mental health before the abortion,” said Nancy Felipe Russo, PhD, an emeritus professor of psychology and women’s studies at Arizona State University who has spearheaded research on unwanted pregnancy, mental health, and abortion.

Another group of women—those who planned and wanted a pregnancy but terminated it during the second or third trimester because of a life-threatening birth defect—faced some psychological problems after the procedure. But those were comparable to mental health problems among women who miscarried or lost a newborn baby, and less severe than the distress among women who delivered babies with severe birth defects.

“The bottom line is that abortion in and of itself does not cause mental health issues,” said M. Antonia Biggs, PhD, a psychologist and researcher at ANSIRH and one of the leaders of the Turnaway Study.
The women in the Turnaway Study who were denied an abortion reported more anxiety symptoms and stress, lower self-esteem, and lower life satisfaction than those who received one (JAMA Psychiatry, Vol. 74, No. 2, 2017). Women who proceeded with an unwanted pregnancy also subsequently had more physical health problems, including two who died from childbirth complications (Ralph, L. J., et al., Annals of Internal Medicine, Vol. 171, No. 4, 2019).

They faced more economic hardships, including worse credit scores, more frequent bankruptcies and evictions, and a higher chance of living in poverty. After being denied an abortion, women were also more likely to stay linked to a violent partner or to raise children alone (The harms of denying a woman a wanted abortion, ANSIRH, 2020).

And people seeking abortions aren’t the only ones harmed when the procedure is banned.

“The children born as a result of abortion denial were not only more likely to live in poverty, but they were also more likely to experience poor bonding with their mothers,” Biggs said.

Other studies show that children born in such circumstances face a range of social, emotional, and mental health problems that continue into adulthood, including more psychiatric hospitalizations than their siblings or other children of planned pregnancies (David, H. P., Reproductive Health Matters, Vol. 14, No. 27, 2006; Dagg, P. K., American Journal of Psychiatry, Vol. 148, No. 5, 1991).

“Negative outcomes are not limited to minor problems that occur over a short span of time,” Russo said. “They can be severe outcomes of real concern.”
More stigma, barriers, and inequities

Given that the mental health impacts of denying abortion extend far beyond the procedure itself, it’s important to consider the issue in the larger context of society.

“Most people assume that if we’re talking about psychological ramifications, that’s about their feelings around having an abortion,” said Julie Bindeman, PsyD, a reproductive psychologist who cofounded and directs Integrative Therapy of Greater Washington, a private practice outside Washington, D.C. “But we really need to think about the compounding costs involved with even getting to that point.”

If a state bans abortions, a resident seeking one faces a new and significant set of barriers. They might incur additional costs for out-of-state travel, lodging, and childcare during the trip—all while missing wages at work. They might feel compelled to disclose the pregnancy to friends, family members, or coworkers from whom they’ve solicited help. They might be forced to wait longer for an appointment. All these challenges add up to more psychological stress.

Those new barriers could hinder anyone seeking an abortion, not just people in states restricting the procedure.

“Many people will be traveling to states with greater access to care, and that surge in demand for a limited number of appointments has the potential to impact everyone,” Biggs said.

Research has shown that people who face logistical barriers to accessing abortion care, including increased travel time or difficulty scheduling appointments, have more symptoms of stress, anxiety, and depression. A loss of autonomy—such as being forced to wait for an appointment or disclose a pregnancy—has the same effect (Contraception, Vol. 101, No. 5, 2020).

Banning the procedure also stigmatizes it, and stigma harms mental health, according to findings from the Turnaway Study. Women in the study who felt they would be looked down on by friends, family, and community members if they had an abortion were much more likely to report psychological distress years later (PLOS ONE, Vol. 15, No. 1, 2020).

Experts say the growing costs of obtaining an abortion will weigh much more heavily on those people with fewer economic resources.

“What we’re likely to see is an increased stratification, where those who have means and can travel will be able to obtain their abortions, and those who do not will face barriers upon barriers,” Bindeman said.

People who already struggle to pay for and access abortions—those living in poverty, people of color, people in rural areas, sexual and gender minorities, and young people, who are often bound by state-level parental consent and notification laws—are likely to be hardest hit by abortion bans.

“For all those reasons, this is a perfect storm of perpetuating continued inequities for people who are already marginalized,” said Bindeman.
Resources and support

While abortion isn’t linked to mental health problems, the challenges around obtaining one can be distressing. The following programs and organizations aid people who are seeking an abortion or want to talk about their experience.

Finding a credible health care provider
- Planned Parenthood partners with more than 600 sexual and reproductive health care centers nationwide.
- AbortionFinder.org offers a directory of verified abortion providers across the United States.
- The National Abortion Federation offers an online “Find a Provider” tool and a Referral Line to help patients locate abortion providers in their region.
- Avoid “crisis pregnancy centers,” which promote misinformation intended to dissuade people from obtaining abortions. One study found that 80% of crisis pregnancy center websites contained false or misleading information (Bryan, A. G., et al., Contraception, Vol. 90, No. 6, 2014).

Social and emotional support
- Exhale is a telephone hotline that offers informal counseling for people who have had abortions and their loved ones.
- Planned Parenthood’s local, state, and regional centers offer various programming and activities for patients.
- Sister Song, the National Black Women’s Reproductive Justice Agenda, and other organizations focus on supporting people of color.

Financial support
- The National Network of Abortion Funds works with more than 80 organizations to provide funding for abortion, transportation, childcare, and other services.
- The National Abortion Federation provides referrals, case management, and financial assistance for people seeking abortions.
- Funding is also available from numerous regional, state, and local grassroots organizations, such as Jane’s Due Process, the Texas Equal Access Fund, and the Mississippi Reproductive Freedom Fund.
APA RESOLUTION

FEBRUARY 2022

Affirming and Building on APA’s History of Support for Reproductive Rights
WHEREAS, in 1969 APA Council identified termination of pregnancy as a mental health and child welfare issue and a legitimate concern of APA, resolving that such termination should be considered a civil right of the pregnant woman, to be handled as other medical and surgical procedures in consultation with her physician, and in particular to be considered legal if performed by a licensed medical professional in a licensed medical facility.

WHEREAS, in 1989 APA Council adopted a resolution that decried misinformation and falsehoods in efforts to recriminalize abortion and to limit access to the full range of reproductive options; underscored and affirmed the preponderance of scientific data supporting the conclusion that freedom of choice and a woman’s control over her critical life decisions promotes psychological health, and resolved that APA undertake an immediate initiative to disseminate scientific information on reproductive freedom to policymakers, to the public, and to state psychological associations and APA divisions. WHEREAS, APA has a history of following up its declarations and resolutions with concrete social actions, including the development and dissemination of scientific and professional reports and papers, commentary on legislation such as the Hyde Amendment, and amicus briefs in a variety of cases (including Akron v. Akron Center for Reproductive Health; Harris v. McRae; Bowen v. Kendrick; Thornburgh v. American College of Obstetricians and Gynecologists).

WHEREAS, contemporary and historical violations of reproductive rights disproportionately target Black, Indigenous, and Women of Color (Borrero et al., 2009; Ceballo et al., 2015; Vamos et al., 2011), including coerced and forced sterilization against Black, Latina, and Indigenous women (Novak et al., 2018; Patel, 2017; Torpy 2000). WHEREAS, The body of evidence developed from a health equity perspective shows that the harms of abortion restrictions “fall hardest on communities already struggling to access basic health care—whether because of their lack of financial resources, young age, disability, immigration status or because they are Black, Indigenous or other people of color” and can include a risk of death (Arnold, 2014; Fried, 2013; Guttmacher Institute, 2021 para 4; Prather et al., 2018).

WHEREAS, reproductive justice, including abortion rights, is a human rights issue that links to social, structural, and cultural inequalities. A reproductive justice framework includes economic, health, environmental, and social justice issues that need to be considered within the scope of autonomy, agency, family planning, empowerment, and control (El Kotni & Singer, 2019; Fried, 2013; Gurr, 2011; Lopez, 2008; Luna, 2021 Price, 2021; Ross & Solinger, 2017). Longitudinal research shows that people restricted from abortions face increased psychological distress or anxiety in the short term (Biggs et al., 2016; Harris et al., 2014), life-threatening delivery complications, greater chronic pain, and economic insecurity (Chrisler, 2012; Foster, 2020; Russo, 2014; Russo & Steinberg, 2012). WHEREAS, consistent with APA Ethical Principles of Justice and Respect for People’s Rights and Dignity (APA, 2017), everyone should have the right to self-determination, which includes autonomy and agency over our own bodies.

WHEREAS, APA’s published research, reports, and public interest advocacy have identified a host of health inequities related to cumulative adversity of social determinants of physical and mental health in diverse populations and communities (APA, 2021; Forde et al., 2019; Major et al., 2009). APA has continued to discuss how negative social issues such as drugs, poverty, and exposure to violence do not cause someone to have an abortion or mental health problems, even if associations with such factors have been observed. The research points out design flaws in studies that cite mental health risks because they did not account for prior mental health diagnoses.
THEREFORE, BE IT RESOLVED THAT APA:

• reaffirms its denunciation of abortion restrictions and commitment to obtaining reproductive justice (e.g., including equal access to affordable contraception, comprehensive sex education, freedom from sexual violence, and surveillance and accountability of systems to prevent reproductive human rights abuses) for childbearing individuals with particular emphasis on individuals from marginalized communities;

• urges local, state, and federal policymakers to safeguard the reproductive rights of all women and implement reforms to address oppressive policies;

• encourages action to use the considerable psychological science that continues to support the 50-year-old Roe v. Wade precedent and that court’s holding of a woman’s fundamental, constitutional right to privacy that protects her right to choose, up to the point of fetal viability, whether to have an abortion;

• seeks out opportunities to develop amicus briefs related to abortion in upcoming cases; and

• supports and leads research, education, advocacy, intervention, prevention, and program development efforts that seek to advance behavioral health equity and reproductive justice, increase understanding of the role social determinants play in shaping behavioral health outcomes, and prevent deleterious behavioral health impacts of reproductive inequity in various populations.
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*Please keep in mind the guiding and operating principles, which can be found at https://www.apa.org/about/apa/strategic-plan
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We are excited to announce SCN programming for APA 2022! Our At-a-Glance Schedule can be found below. Information on all SCN programs will be available in the APA Convention Agenda.

Society for Clinical Neuropsychology

Race-Based Norms & Its Impacts on BIPOC Groups: A Townhall Conversation
Chairs: Courtney Ray, PhD; Veronica Bordes-Edgar, PhD, ABPP-CN.
Participants: Anthony Stringer, PhD, ABPP-CN; Nicholas Thaler, PhD, ABPP-CN

Leadership & Advocacy as a Training Competency
Chairs: Erin Kaseda, MS; Rachel Ellison, PhD.
Participants: Mary Fernandes, PhD; Julia Maietta, PhD

Poster Session 1
Neuropsychiatric Conditions & Assessment

At-a-Glance Schedule
August 4-6
Minneapolis, MN

THURSDAY, AUGUST 4TH, 2022
8:00 am - 9:50 am
10:00 am - 10:50 am

REGISTER AT CONVENTION.APA.ORG

No matter where you are, you can be here at APA 2022. Learn more about our virtual programs here:

Virtual Programs
Women in Neuropsychology (WIN)

The Division 40 WIN subcommittee is pleased to honor Shellie-Anne Levy, PhD, in this issue of the “WINners Box.” Dr. Levy completed her doctorate from Howard University in clinical psychology with a concentration in neuropsychology. Subsequently, she went on to complete her clinical internship and a postdoctoral fellowship in the Department of Clinical and Health Psychology at the University of Florida’s Health Science Center. Currently, as a Clinical Assistant Professor in Neuropsychology at the University of Florida, Dr. Levy is active in research, clinical practice, service, and advocacy.

Dr. Levy’s research program focuses on studying cognitive trajectories in older adults from underrepresented groups and the social, psychological, and economic factors that may influence their health and health-seeking behaviors. Her work aims to promote cognitive health equity by elucidating the relationships between cardiovascular health, cognition, and racial and ethnic diversity. Her work, which incorporates quantitative as well as qualitative techniques, has been published in national and international journals and she collaborates with well-established researchers across the country. Throughout her career, Dr. Levy has received funding from the National Institute of Health (2014), the Alzheimer’s Association (2017), and the Florida ADRC (2020). Currently, she is a co-investigator in a number of interdisciplinary grants examining the intersection of physical activity, cognition, and cardiovascular health in underrepresented adults. Clinically, Dr. Levy runs a successful outpatient clinic where she provides comprehensive neuropsychological services to older adults presenting with neurodegenerative conditions. Dr. Levy’s dedication to her trainees and her commitment to fostering cultural awareness have emerged at the forefront of her work as a licensed provider. She supervises trainees at all levels, including doctoral students, interns, and postdoctoral fellows. Her patient-centered
approach to care and her empathic and assertive supervision style makes her an effective supervisor, and trainees from the Graduate Program at the University of Florida rank her clinic as one of the most desirable rotations. Through her clinical work, she models cultural humility and has had the opportunity to shape the training experience of graduate trainees, in terms of their awareness about the racial and cultural factors relevant when interpreting neuropsychological protocols.

Dr. Levy’s involvement in Clinical Neuropsychology extends beyond her research and clinical work. In terms of service and advocacy, she was selected as a member of the American Psychological Association’s Task Force that recently updated the guidelines for the evaluation of dementia and age-related cognitive change. Notably, Dr. Levy is establishing herself as a leader in the field of community-oriented neuropsychology. Since 2018, she has been spearheading the University of Florida’s Free Neurocognitive Screening Initiative (NSI), where clinical neuropsychology services are provided to community-dwelling adults who are underinsured or uninsured. The NSI provides services afterhours, on a monthly basis, and at local clinics. As the first neuropsychology clinic of its kind at the University of Florida, the NSI provides a much-needed service to the community of Central Florida. Moreover, it offers unique practical, leadership and outreach opportunities for emerging professionals at different levels of their training (i.e., undergraduate, graduate, and postdoctoral fellows).

Overall, Dr. Levy’s passion for health equity, her creative out-of-the-box thinking style, as well as her commitment to her community make her an excellent clinician-scientist in our field. Dr. Franchesca Arias, a former trainee and colleague, nominated her for this award and views her work ethic, humility, and unwavering commitment to communities of color as an inspiration. Dr. Levy’s unsung community-based work, along with her dedication to students, make her worthy of this recognition.

If you would like to highlight your work or that of a colleague, please make your submission to the WIN Chair, Dr. Rachael Ellison, at rellison1@iit.edu.
Over the past year, you may have had the pleasure of catching one of Dr. Sabsevitz’s very popular online case conferences. We are big fans of his work, and jumped at the opportunity to talk to him about his training, functional neuroanatomy education, and the challenges of intraoperative mapping.

You are currently doing excellent work at Mayo Clinic Florida. Can you tell us about your training and preparation for students who may be interested in a career like yours? How did you first become involved in surgical mapping?

I remember back in high school taking my first clinical psychology course and being fascinated with psychopathology. After I saw the movie “Silence of the Lambs”, I was inspired by Jodi Foster’s character. I was convinced I would become a criminal profiler for the FBI. I never heard of Neuropsychology or knew what brain mapping was. In college, I majored in psychology and did some volunteer research work in an electrophysiology lab and then in a lab that was studying the effects of concussions on football players. These experiences resulted in me abandoning my “dreams” of becoming a criminal profiler so that I could embark on a fascinating, and incredibly rewarding journey into the field of Neuropsychology.

In graduate school I worked in a functional MRI lab and gained valuable experience in brain anatomy and studying the clinical applications of fMRI in epilepsy. Much of my early career was focused on epilepsy and functional brain imaging. Several years into my career I shifted my focus to neuro-oncology after my sister died from cancer. I developed a neuropsychology brain tumor clinic to evaluate patients who were about to start radiation. I followed them after treatment to monitor for neurotoxicity and disease progression. One day our brain tumor neurosurgeon approached me about an upcoming case and invited me into his operating room to watch. I watched the neurosurgeon apply electrical stimulation to the surface of the patient’s brain to delineate important motor and language areas around a tumor. Watching the patient’s arm move or speech arrest in association with focal stimulation reminded me of the old Frankenstein movie where they use lightening to reanimate Frankenstein. It was riveting. I shadowed that neurosurgeon on a regular basis and started to join him every time he met with the neuroradiologist to review an upcoming awake case. He included me on the discussion of surgical strategy and planning.

The first case I mapped was a very complex case with a occipital lobe glioma, encroaching on the fusiform gyrus. At that time, a nurse did all of the testing during surgery which mainly consisted of having the patient talk and name pictures being shown on a projector screen. I discussed the case with the neurosurgeon and after reviewing the imaging I suggested adding a reading task given the proximity of the tumor to an area known to be very important for reading (visual word form area). I ran back to my office and quickly adapted an auditory naming paradigm in which the patient reads a descriptor and then names the item being described. This method would efficiently monitor reading and lexical retrieval. I raced to the OR with
printed questions in hand and low and behold, we produced a selective disruption in word reading when stimulating the border of the tumor in the fusiform gyrus. This area of eloquence would have been missed with traditional methods. That pinnacle experience made me realize the potential contribution I could have in directing surgery and the impact that I could have in the outcome of a case involving eloquent tissue. As a result of a neuropsychologist’s guidance, the neurosurgeon knows exactly how much tissue he can resect. I was in unprecedented territory and to be honest a little nervous with having such responsibility. Yet, at the same time I was overwhelmed with excitement knowing that I was going to learn a ton. I knew then that neuropsychologists could actively contribute to neurosurgical teams, and that those contributions could impact patient outcomes and care.

About a year ago, you began the Neuropsychological Surgical Mapping Case Conference, which meets monthly and has been a unique training resource. What led you to start this conference, and where do you see it heading in the future?

Learning functional neuroanatomy can be very challenging. Experience in surgical mapping and learning about brain circuitry in awake brain surgery is not widely available to trainees. There was not an existing forum for clinicians with experience in this area to share their knowledge so we can learn from each other and advance the field. I wanted to create a didactic opportunity that would make learning functional neuroanatomy interesting, allow students and professionals at all levels of training to experience brain surgery and mapping, and facilitate sharing of knowledge and clinical experiences. That was the impetus for developing the Neuropsychological Surgical Mapping Case Conference. As the host, I carefully select and curate cases to cover a wide range of surgical and mapping scenarios with a focus on learning how to interpret the different sources of functional localization during the presurgical work-up (e.g., structural and advanced imaging, neuropsychological testing) to ultimately inform surgical planning. The conference also allows us to take a deep dive into functional neuroanatomy. The response has been very positive. We have several hundred attendees from all across the United States and even the world. Neuropsychologists, neurologists, neurosurgeons, neuroradiologists and speech pathologists attend.

Where do I see this heading in the future? I would like to continue giving these conferences and eventually write a book, Learning Functional Neuroanatomy Through Surgical Cases, based on the content of this conference. To be honest, this conference has been incredibly rewarding for me, especially hearing from trainees and practitioners about how they are being inspired to pursue surgical mapping in their careers.

As demonstrated in the case conference, intraoperative surgical mapping is a multidisciplinary approach where you work side by side with the neurosurgeon while in the OR. What piece of advice would you provide other neuropsychologists who would like to begin a similar program within their academic medical center/private hospital?

A multi-disciplinary approach to awake brain surgery is critical for success. At minimum, the multi-disciplinary team should include the neurosurgeon, neuroradiologist and neuropsychologist. All too often, individual specialists work alone where they evaluate the patient and send an interpretative report to the neurosurgeon to translate into a surgical plan. I think you lose something very important when you do not meet face-to-face to discuss cases and share expertise and educate each other. I believe that cross pollination when it comes to education and training is important for becoming better clinicians and delivering the best care to our patients. It is important that specialists understand each other’s language and vernacular. This helps to create effective communication between you and the neurosurgeon during surgery which is key to providing timely and relevant information to guide the surgery.

My advice to neuropsychologists who want to develop a practice in this area is to become an
expert in functional neuroanatomy. Study brain atlases. Learn the most up-to-date models on language and other cognitive processes. Fully understand the data that functional MRI and DTI studies provide as well as the interpretative limitations of these methods. Build strong relationships with the neurosurgeon and neuroradiologists by attending their didactics (e.g., neurosurgery grand rounds) and give lectures to show them your knowledge base and how you can contribute to the care of their patients. Attend multi-disciplinary epilepsy and neuro-oncology case conferences if your institution offers these, and making yourself readily available to see their patients. When you see outpatients in these specialty areas, write thoughtful reports that provide them with actionable information (e.g., anatomical risk models).

What are one or two pieces of advice you could share with trainees seeking intraoperative mapping experience?

Brain mapping requires a mastery of functional neuroanatomy (both cortical and subcortical white matter anatomy) and a detailed understanding of cognitive processing models. My advice is to do a lot of independent reading and studying, shadow a neuroradiologist to learn more about clinical imaging and anatomy, attend my monthly mapping conference if you are not doing so already, and perhaps visit and observe mapping at an institution that already has an established program. Ask your neurosurgeon if you can observe a few cases so you can understand the workflow in the operating room. Meet with your neurosurgeon to learn about their practice and how you might be able to contribute. Perhaps also get to know neurosurgery fellows who may be learning methods and anatomy at the same level you seek to learn.

You developed NeuroMapper, a tablet-based testing platform that allows mapping and monitoring brain functions during surgery, which has turned into a downloadable application for other clinicians to use. Looking back, did you ever envision yourself developing an extensive application, and how did you build your knowledge of the technological aspects of developing an application?

I never envisioned NeuroMapper being what it is today. NeuroMapper started out as an idea, almost a fantasy. The idea was born after watching a surgery and thinking “Wow, we can do so much better than just having a patient talk or naming laminated cards with pictures”. I started with making a list of all the limitations and challenges that a neuropsychologist faces when trying to do testing in an operating room environment, such as dealing with limited space where having a bunch of testing manuals is not feasible. I thought about factors that might limit acquisition of data such as the positioning of the patient during surgery, visual obstructions, and how to access a wide range of test stimuli in the operating room.
environment. I knew that test administration and data capture would have to be very efficient. I applied for an internal grant to fund the initial development of this platform and identified an application development team to work with me to bringing my vision to life. Working with a bunch of computer programmers who never set foot in an OR and had no knowledge of awake brain surgery was challenging but we met regularly and educated each other. These communications led to prototype development. With each release or version of NeuroMapper, I tried it out in the OR and then reported feedback to the programming team about ways to tweak the system. I figured out how to implement functionality that was not being used. I can not remember how many iterations we had of NeuroMapper but it took about two years to develop a platform that I felt comfortable releasing to other neuropsychologists to use. I started with a limited release or Beta test where several academic hospitals tried it out and reported back on their experiences and this led to further improvements in the software. Now, I think NeuroMapper is being used in close to 50 institutions across the United States and even internationally.

In a post-COVID world, has anything changed about how you approach clinical work, education, or your personal life?

COVID has been a huge challenge to delivering neuropsychological services and through it I have learned that testing does not have to be restricted to an office setting. Telemedicine can expand our reach and allow us to follow patients that we normally would not be able to follow due to distance or other challenges that limit return visits. I never used Zoom before COVID and only used video conferencing to catch-up with family and friends. Since COVID, I have embraced video conferencing to create unique educational opportunities for trainees not only at Mayo but all over the world. I have met hundreds of new students and professionals in my field and other fields through this work, I have also used video conferencing to develop research collaborations that I would never have been able to do so easily without video conferencing. I think COVID has taught (or better yet, forced) me to adapt and evolve.

Neuropsychology as a field has grown so much in our short history. What do you think our most significant challenges are for the future?

We live in an era of modern technology where technology permeates most aspects of daily life. I think Neuropsychology has struggled to incorporate this technological revolution into its practice. We are still using tests from decades ago and relying on paper-pencil/question and answer methods for data collection. Computers offer much better precision when it comes to data collection, allow for testing in environments that are not conducive to traditional data collection methods, and can allow for real-time very large data collection using cloud-based solutions to help with test development and test norming. Advances in augmented reality and virtual reality and wearable technology offer more naturalistic testing opportunities. We need to embrace technology in our day-to-day practice. We need to create an expanded repertoire of open source test development opportunities, and incorporate more updated knowledge of cognitive processes from the cognitive neuroscience literature into our clinical tests.

Lastly, do you have any resources you could share for others who want to learn more about surgical mapping and neuroanatomy?

Start by buying a good anatomy atlas. I personally recommend Duvernoy’s “The Human Brain” but any good atlas that contains gross/brain cut slides and MRI pictures would do. Try to find an atlas that shows 1 mm spacing between the MRI slices in all three planes (axial, coronal, sagittal) so you can match what you see in clinical imaging with what you see in the atlas. Try downloading a functional brain imaging package, such as AFNI, and use a dummy anatomical dataset where you can click around on different areas and see structures in all three dimensions or planes to better understand 3D anatomy. Read Blumenfeld’s “Neuroanatomy Through Clinical Cases” to gain a better understanding of behavioral neurology and localization. There are several research articles on the functional neuroanatomy of speech and language, and I recommend the book, “Neurobiology of Language” by Hickok and Small. Register for and attend my monthly Neuropsychology Surgical Mapping Conference and watch previously recorded conferences on my private YouTube channel (email me to request link). That should get you started.
In January, psychologist Jay Van Bavel, PhD, was the target of a coordinated misinformation attack. He received thousands of angry tweets, messages, and emails from conspiracy theorists who believed he was part of a massive cover-up of the so-called truth about COVID-19. Van Bavel, an associate professor of psychology and neural sciences at New York University (NYU) who studies group identity, had merely helped fact-check a false claim - that millions of Americans have been “hypnotized” into accepting mainstream messages about COVID-19, including the importance of vaccination, creating “mass formation psychosis.” The psychological phenomenon was described by Robert Malone, MD, on The Joe Rogan Experience podcast on Dec. 31, 2021. The only problem: mass formation psychosis is a bogus theory that lacks evidence - or even recognition by scientists. After Van Bavel joined a group of psychologists who debunked the theory via the Associated Press, Malone’s followers began harassing him on Twitter. Soon, another conspiracy theorist, Jack Posobiec - and many of his 1.5 million followers - followed suit. A 2017 study estimated that more - than 45,000 scientists are active on Twitter, with many more weighing in since the pandemic began (Ke, Q., et al., PLOS ONE, Vol. 12, No. 4, 2017). Presenting science through social platforms and mass media offers an opportunity to engage the public with the scientific process, but scholars who do so may also face trolling and harassment.

“For researchers, we’re now having to walk a very fine line in terms of how much we can communicate independently,” said Aleks Krotoski, PhD, a New York-based podcaster and social psychologist who studies how information spreads online. “Communicating our science is still really, really important, but it carries with it a perilous situation in which you could then become the center of a firestorm.”

In addition to a flood of insulting tweets and memes attacking his character and scientific credibility, Van Bavel received hateful emails and messages on other platforms, including Facebook, Instagram, and LinkedIn. Some trolls even tracked down and contacted his partner and employer, eventually prompting him to make his Twitter account private and remove his personal information from other sites.

Van Bavel and other scientists shared their thoughts about the nature of online harassment, how scientists can stay safe while communicating the facts, and what institutions can do to support them.

THE ANATOMY OF A MISINFORMATION ATTACK

Scientists who discuss hot-button topics on social media may find themselves in the middle of a firestorm. How can they stay safe while communicating the facts, and what can institutions do to support them?

BY ZARA ABRAMS
WHEN LOGIC DOESN’T MATTER

Misinformation and extreme ideas tend to spread faster online, and conversations can quickly become more hostile than in face-to-face interactions (Vosoughi, S., et al., Science, Vol. 359, No. 6380, 2018; Bor, A., & Petersen, M. B., American Political Science Review, Vol. 116, No. 1, 2022). In a Nature survey, nearly 60% of scientists who had commented publicly about COVID-19 online or in the media said they faced attacks to their credibility, and 15% said they received death threats (Nogrady, B., Nature, Vol. 598, 2021). And when trolls team up for a coordinated barrage, “it is truly overwhelming,” Van Bavel said.

At the heart of the problem is our hyper-moralized political culture, said psychologist Peter Ditto, PhD, of the University of California, Irvine. He, Van Bavel, and an interdisciplinary group of other scholars are using the term “political sectarianism” to describe what resembles a religious battle between two warring sects, with each side convinced they are right (Science, Vol. 370, No. 6516, 2020).

“When a scientist like Jay speaks out, he’s viewed not just as wrong but as sacrilegious and even evil,” Ditto said.

While the attacks surrounding vaccination, climate change, and other scientific findings may seem like a debate about what’s factually correct, the conversation is actually more of a moral one.

That can include harassing a scientist simply because of their ties to academia or because they conduct or comment on research relating to COVID-19. Online trolling also disproportionately affects members of nondominant identity groups, such as women, transgender people, and people of color (Vogels, E. A., “The State of Online Harassment,” Pew Research Center, 2021).

Online attacks often escalate when an influencer - someone like Joe Rogan or Jack Posobiec - goads their supporters to attack a perceived enemy. The psychological principle of “engaged followership” helps explain how people justify attacking others in service of a revered leader or ideology (Haslam, S. A., & Reicher, S. D., Annual Review of Law and Social Science, Vol. 13, 2017).

“No many cases, online trolls probably feel that what they’re doing is righteous,” said psychologist Gordon Pennycook, PhD, an assistant professor at the University of Regina in Saskatchewan, Canada, who was also harassed on Twitter after backing Van Bavel. “But the problem is that their reality is so miscalibrated that their behavior becomes irrational.”

“Pluralistic ignorance” describes a psychological phenomenon in which people make incorrect assumptions about the beliefs of others and adjust their behavior to align with that perceived group norm. For example, a listener may believe that fellow Joe Rogan Experience fans hold more extreme views and participate in an online attack because they (incorrectly) believe that their peers are enjoying it.

Krotoski and others have shown that this explains some aspects of online trolling, because users notice, amplify, and act on very subtle cues about group status (Lee, S. M., et al., Journal of Computer Information Systems, Vol. 48, No. 3, 2016). In the online space, it’s easier for people to feel united against a common enemy - and to harass that person or group simply because they see others doing so.
“Pluralistic ignorance has an extraordinary amplifying effect in the virtual environment,” Krotoški said. “Without some sort of reality check that we would often experience offline, we will very happily continue to escalate.”

**STAYING SAFE FROM TROLLS**

Experts stress that any scientist who discusses science on social media or in the popular press risks having their ideas challenged, their credibility questioned, and even their personal safety threatened.

“By participating in the conversation, it’s almost like you sign an unspoken contract, and you could potentially come under fire,” said Krotoski, who has spent 20 years broadcasting on gaming, psychological research, and other topics and has faced repeated online harassment.

Those who want to share their research on social media can take some steps to protect themselves, starting by creating a plan for how to respond if an attack does occur.

Familiarize yourself with privacy tools native to platforms, including how to mute, block, and report other users. Van Bavel also recommends reviewing any “lists” on Twitter that you’ve been added to, because trolls often curate lists of academics to facilitate harassment. Navigate to the “Lists” tab on Twitter and access “Lists you’re on” by clicking the three dots at the top.

External tools can help further protect against harassers. The Block Party app filters out unwanted posts and mentions from a Twitter feed, and the Twitter Block Chain browser extension for Chrome allows users to block trolls and their followers en masse.

Dr. Jay Van Bavel received thousands of angry tweets, messages, and emails after he helped fact-check a false claim about COVID-19.

If you are targeted, you can wait until the storm passes or address it head-on. Van Bavel chose to temporarily make his Twitter account private and hunker down until the trolls moved on. In some cases, a scholar who feels their findings or comments have been misrepresented may elect to release a video or written statement explaining their position.

“Whatever you do, just don’t feed the trolls” by retaliating at those who are attacking you, Krotoski said. When hundreds or thousands of people are attacking your character and credibility, responding to individual critics in an aggressive or defensive way will usually make things worse.

Researchers who anticipate pushback against a public statement, for instance about vaccination or another hot-button issue, may want to solicit support from colleagues before going public, suggested Heidi Tworek, PhD, an associate professor of public policy and global affairs and history at the University of British Columbia who studies online harassment of health communicators. For example, arrange to have several other scientists publicly validate your comments as soon as they are posted or released.

When the moment comes, set your plan in action and prepare to weather the storm. Though the deluge can feel intense, it typically doesn’t last very long, Pennycook said.
“Trolls are very reactionary and tend to move on quickly. It’s a lot really fast, and then the next thing happens,” he said.

Scientists in the public eye should also periodically audit their online footprint. For a small fee, DeleteMe delists personal information, such as addresses and phone numbers, from public databases. Tweet-Deleter and other services can periodically archive social media posts to cut down on fodder for trolls. Various guides also offer detailed instructions for removing personal information from websites frequently used by online attackers.

Other tips include making personal profiles - such as an Instagram account with family photos - private, applying for Twitter’s blue verification badge to minimize the risk of impostor accounts, and working with your institution to remove your contact information from its public directory.

SOCIAL AND INSTITUTIONAL SUPPORT
While individuals can take steps to enhance their personal safety, experts emphasize that institutions, governments, funding agencies, scientific societies, and media platforms are ultimately responsible for creating safer online spaces.

“A lot of this is about the ecosystem of the online world, and that cannot be solved by individuals,” Tworek said.

In particular, institutions that encourage researchers to engage with public audiences

“Without some sort of reality check that we would often experience offline, we will very happily continue to escalate.”
ALEKS KROTOSKI, PHD,
Conspiracy theories have spread rapidly online during the pandemic, such as microchip trackers being injected into humans via vaccines, which has also made it a very difficult time to share accurate information as a scientist.

should have systems in place to support those who face abuse when doing so, she said. For example, universities can form a safety office staffed with individuals trained to help academics block harassers on social media, report death threats to the police, or filter through hundreds of abusive emails and voicemails. A centralized office could also expedite the removal of contact information from university websites and connect anyone facing abuse with a counselor.

When conspiracy theorists emailed NYU’s administrative leaders to accuse Van Bavel of unethical behavior and of feeding propaganda to the media, he received a personal message of solidarity from the NYU provost. But he acknowledges that scientists in more precarious employment situations - including academics without tenure or clinicians in private practice who rely on online reviews - may fear serious reputational damage from such an attack.

For that reason, he emphasized the importance of supporting colleagues who find themselves in this situation. Support from those who are less likely to be attacked based on their gender, race, or academic status can be especially powerful.

“If you see another researcher being harassed, please step in or recommend another expert who’s comfortable doing so,” Van Bavel said. “This experience has underscored to me how critical that social support really is.”

BE PREPARED
HOW TO HANDLE AN ONLINE SIEGE

Discussing science on social media or in the press may be more important than ever, but it also carries a risk of backlash. Prepare yourself by following these steps if you frequently address the public.

Watch for signs that an online mob is forming.
• Has there been a surge of comments and messages?
• Is your post or topic suddenly trending on Twitter?
• What is the tone of mentions, comments, and private messages?
• Are users asking questions about the science or are they endorsing conspiracy theories, attacking your credibility, or threatening to harm you?
• Are messages starting to spill into other channels, such as phone calls, emails, or attempts to contact your family or employer?

Make a plan.
• Decide ahead of time how you want to handle the situation - you can either ignore attempts to contact you and temporarily shut down social media accounts or release a clarifying statement or video message.
• Use platform-native tools, including muting, blocking, and reporting harassers.
• If applicable, reach out to your institution’s leadership or safety office for additional support. In some cases, you may also choose to alert local law enforcement.
• Try to keep things in perspective. Trolls are aggressive and attention-seeking by nature, but they only represent a small fraction of your audience - and they tend to move on quickly.

Remove public information to stay one step ahead of the trolls.
• Use a service such as DeleteMe or manually remove your information from online databases.
• Consider choosing enhanced privacy settings for social profiles where you make personal posts.
• If necessary, work with your institution to remove your contact information from the internet or to change your email address so it can’t be easily guessed.
SCN Strategic Planning Committee Report

Background of SCN Strategic Planning Process
In late 2020, the Society for Clinical Neuropsychology’s (SCN) Executive Committee (EC) established an ad hoc Strategic Planning Committee (SPC) to assess the needs of its stakeholders in order to inform the development of a strategic plan. The SPC was comprised of SCN members with diverse cultural identities, regional locations, and areas of expertise, working in different settings and representing different career stages. The SPC began its work in October 2021 and met bi-weekly through the spring of 2022. The SCN EC made several commitments to the SPC at the onset of the strategic planning process. This included a stated willingness to 1) provide full outward transparency regarding the information learned through this process, 2) consider the information learned as a guide to inform the future direction of SCN, and 3) make significant structural changes to SCN, if required, based on the information learned.

At the outset, the SPC made a commitment to conducting this process in a manner that prioritizes EDI at every juncture. This included assuring that 1) outreach for feedback would extend beyond traditional circles and to those who may have been marginalized or excluded by SCN, 2) the information queried from stakeholders would specifically address equity, diversity, and inclusion (EDI), and 3) that there would be transparency and openness to sharing all learned information.

In the summer of 2021, consultants from the Middle Tennessee State University Center for Organizational and Human Resource Effectiveness (COHRE) completed a review of SCN’s historical data and conducted interviews with members of the SCN EC and focus groups with diverse stakeholders (i.e., students, early career psychologists, and representatives of other neuropsychological organizations).

The information learned from COHRE’s work became the foundation for the development of the SCN Strategic Planning Survey. The core goals of the survey were to assess diverse stakeholders’ opinions about the historical and current strengths and weaknesses of SCN, assess the degree to which individuals believed that they and their needs were represented by SCN, evaluate issues related to EDI within SCN, and to identify the areas SCN should prioritize when investing future efforts and resources. Survey data collection was completed in January 2022. Over 1000 people completed aspects of the survey, with well over 700 people responding to the majority of questions.
Survey respondents were diverse with respect to race/ethnicity, gender, sexual orientation, disability/impairment identification, career stage, work setting, and the type of work they were engaged in. The information collected included respondents’ perspectives on their satisfaction with SCN, EDI within SCN and neuropsychology, current and potential membership benefits, personally experienced professional challenges and challenges facing the specialty as a whole, and areas in which SCN should prioritize its efforts and resources.

In the spring of 2022, the SPC compiled, analyzed, and discussed the results of the interviews, focus groups, and strategic planning survey. In June 2022, the SPC presented the summative findings from their data collection and their recommendations for new strategic priorities to the SCN EC. The SPC also discussed the potential barriers for continued progress and made several requests of the SCN EC aimed at assuring the completion of the strategic planning process and outward transparency with respect to all findings and recommendations.

After extensive consideration, the SPC came to agreement that it was not in SCN’s best interests for the SPC to independently complete the remaining steps of the strategic planning process. Rather, it was believed that for SCN to undergo transformational change and best meet the needs of its stakeholders, members of the SCN EC would need to be directly involved in the next phases of the strategic planning process. The recommendation was therefore made to sunset the SPC and for the SCN EC to formally establish a new ad-hoc committee that would be responsible for completing the strategic plan and overseeing its initial implementation. The SPC recommended that this new committee be comprised of a student/trainee and early career representative, a representative with expertise in equity, diversity, and inclusion, two to three elected SCN EC members, and for continuity, the Co-Chairs of the SPC. In June 2022, the SCN EC voted to approve the creation of this ad-hoc committee. The committee was charged with evaluating SCN’s mission statement, defining SCN’s operating principles and guiding principles/values, and making recommendations to the SCN EC for structural, policy, procedural, and bylaw changes in order to meet the expressed needs of SCN’s stakeholders and increase its efficiency an impact.

Strategic Planning Committee Members:

- Scott Sperling, PsyD, ABPP (Co-Chair) – Cleveland Clinic
- Lynette Abrams-Silva, PhD, ABPP (Co-Chair) – University of New Mexico
- Emily Duggan, PhD – Johns Hopkins University
- Justin Karr, PhD – University of Kentucky
- David Lechuga, PhD, ABN, ABPP – Neurobehavioral Clinic & Counseling Center
- Shawn McClintock, PhD – UT Southwestern Medical School
- Becky Ready, PhD, ABPP – University of Massachusetts Amherst
- Paula Shear, PhD – University of Cincinnati College of Medicine
- Samantha Stern, PhD – Cleveland Clinic
- Anthony Stringer, PhD, ABPP – Emory University

Strategic Planning Results: Transparency and Opportunities for Discussion

The Co-Chairs of the SCN SPC, Drs. Scott Sperling and Lynette Abrams-Silva, will be delivering an invited address at the American Psychological Association Convention on Friday, August 5th, 2022 from 1:00pm – 2:50pm CST. All stakeholders are invited to attend and are encouraged to maintain engagement in the strategic planning process via their engagement during the session. The session will include an in-depth review of the Strategic Planning Committee’s findings, including their analyses of the key differences in the information provided between stakeholders of differing cultural, demographic, and professional identities. The recommended strategic priorities and next steps will also be shared and discussed. Significant opportunities for stakeholder feedback will be provided, with time allotted for Q&A.
We are happy to report a 63% increase in new members over the past year, and look forward to continued growth!

The SCN Membership Committee would like to thank members for their ongoing support.

Don’t forget to renew your memberships at scn40.org/join-now/
Growth in new members is up this year, and let them tell you why...

“SCN has facilitated networking and professional development opportunities that have been instrumental to my growth as a neuropsychology trainee.”

“Being a member of SCN has not only enriched my educational experiences and professional development in neuropsychology, but allowed me to feel part of a greater purpose.”

Click here to renew