As communications chair, I am committed finding ways to amplify the voices of membership as we move collectively towards a re-envisioned professional future.
Dear members of the Society for Clinical Neuropsychology,

It is my pleasure to bring you the Winter edition of the Division 40 Newsletter. As the new chair of communications for our division, my goal has been to translate Dr. Cynthia Kubu’s presidential theme into action. To reflect, re-envision, and re-invent communications, we have started with updating our communications tools. You may have already noticed that the Neuroblast and Newsletter look a little different this year. In an increasingly online post-COVID world, our visual communications and online presence will be an important aspect of our relationship with members. As we evolve, we hope that you will join with us. For example, our communications and marketing teams have been working hard on our social media presence, which you can read more about later in the Newsletter. We hope that you have enjoyed the updates to Neuroblast this year, and you can expect more functional interactivity in the future. For those who prefer our other established communication tools, the SCN Listserv and mailings remain a reliable method of connection. However you prefer to engage with SCN, we are glad to have you. We are also looking forward to receiving survey results from the Strategic Planning Committee to learn about how we can best serve membership in the future.

Over the past 2 years a lot of things have changed. Many of us have altered our clinical practice, teaching, and research in ways that we could not have predicted before the pandemic. Many of us have paid a personal cost and are still coping with the repercussions to our friends, family, and personal well-being. As we have all evolved, our professional needs have as well. As communications chair, I am committed finding ways to amplify the voices of membership as we move collectively towards a re-envisioned professional future. This summer we are excited to come together in Minneapolis for convention and I look forward to seeing you all there. Over the next few months, we will be sharing exciting programming notes and opportunities for social engagement. Whether you prefer your socializing in person or followed by a hashtag, there will be something for everyone.

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/

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Past President
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Chairs of Standing Committees

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Eric Larson  2018-24  eric.larson@va.gov

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Program Co-Chair
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Elections
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Conflicts of Interest
Gerry Taylor  2020-23  Hudson.taylor@nationwidechildrens.org
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<td><strong>Presidential Task Force Members</strong></td>
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<td>Molly Split</td>
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<td>Kara Eversole</td>
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<td>Nicholas Kavish</td>
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<td>Abel Mathew</td>
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<td>Stephanie Torres</td>
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<td><strong>Archivist</strong></td>
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Winter/Spring 2022
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Dear SCN Members,

I want to take this opportunity to thank you for your support of and commitment to SCN. A major theme for my upcoming Presidential year is communication. As such, you will be hearing from me more regularly via a variety of different sources (i.e., Twitter, email, Facebook, SCN Neuroblast). I encourage those of you not already on Twitter to join the growing number of our colleagues on #NeuropsychTwitter.

I view this as an exciting year for SCN. We are celebrating the 25th anniversary of our designation as a specialty by APA and we have developed a logo to celebrate that milestone. The Strategic Planning Committee, co-chaired by Drs Scott Sperling and Lynette Abrams-Silva, has already accomplished a tremendous amount of work as they finalize a survey and put together recommendations for our future. The Strategic Planning Committee was formed August 2020 and tasked with surveying the membership and key stakeholders, reviewing and revising (if necessary) the existing SCN structure and mission, and developing a strategic plan to address short- and longer-term goals. In addition to the above, the COVID pandemic has highlighted the urgent need for neuropsychology to develop alternate service delivery models based on good data and good ethics to address disparities in clinical services exacerbated by the pandemic. Finally, we are at an important inflection point with respect to diversity and truly modeling inclusive excellence in our science, clinical work, professional organizations, and behavior. The confluence of all of these factors – looking ahead to the next 25 years of our specialty, learning from the Strategic Planning committee’s recommendations as we plan for the future of SCN, innovating clinical practices to address the public’s need, and moving the field forward with attention to inclusive excellence – led to the theme for my Presidential term: The Future of Neuropsychology: Reflect, Re-Envision, and Re-Invent.

To facilitate communication, the SCN Executive Committee approved the establishment of a Presidential Task Force on Marketing SCN in August 2021 chaired by Julia Maietta. Committee members include: Kara Eversole, Nick Kavish, Abel Mathew, Molly Split, and Stephanie Torres. The goal of this Task Force is to help market and communicate the work of the SCN Strategic Planning Committee in close collaboration with Dr. Laura Boxley (Chair, Communications and Publications Committee) and Dr. Rob Davis (Information & Technology Consultant).

Communication goes both ways. I am open and eager to hear from all of you. The Strategic Planning Committee survey will be launching soon and it is critical that we hear everyone’s voice. I also request that all of you leverage your professional networks, inside of SCN and in the broader neuropsychology community, to highlight our work, encourage our colleagues to participate in the SCN survey, and submit abstracts for the upcoming Convention.

As we look back on the last 25 years, I want to reflect upon and honor the past accomplishments in our field and use those insights to look forward to the next 25 years. I am honored, humbled, and excited to lead us in Re-Envisioning SCN’s future. We have some exciting work on the horizon so please be sure to stay connected with us. You are essential to SCN’s success and I am genuinely grateful for your commitment to the field. I look forward to connecting on Twitter @ CynthiaKubuPhD and #NeuropsychTwitter.

Warmly, Cindy

Division
President
Cynthia Kubu
Meet the New Division 40 Fellows

Division 40 is pleased to recognize eleven new distinguished APA Fellows who have made laudatory contributions to the field of clinical neuropsychology. Our new Fellows include 7 women and 4 men from across the lifespan. Their contributions are varied and range from seminal research, advocacy, educational/training, and/or service efforts.

There are many paths which are represented by these new additions to our cadre of distinguished Division 40 Fellows.

Dr. Brenda Milner, Ph.D.
Professor in Neurology at McGill University and the Montreal Neurologic Institute. Her career spans more than 70 years – 60 as a member of the McGill/Neuro community, where she directed the neuropsychology laboratory. She has been a pioneer in the study of recent memory including her work with the famous patient HM. Her contributions revolutionized our understanding of how brain structures govern recent memory and language functions. She has been recipient of numerous prestigious awards & honors (National Academy of Sciences, Balzan Prize, NAS Award in Neuroscience). Footnote: Yes, it is surprising that Dr. Milner had not been previously honored as a Fellow by Division 40. We are happy to have remedied this and note that at 103, she is the oldest individual to become a Fellow in Division 40.

Dr. Allen Yozawitz, Ph.D., ABPP-CN. Associate Professor in Department of Psychiatry at SUNY-Syracuse and in private practice. During course of his 43-year career, Dr. Yozawitz has made pivotal contributions to the profession of clinical neuropsychology. One of his early studies provided the rationale for using anticonvulsants as mood stabilizers that led to their accepted use with bipolar disorder. His advocacy efforts, along with those of Manfred Meier, led to the recognition of ‘clinical neuropsychology’ as the 4th specialty area within clinical psychology and the creation of Division 40, APA and eventually board certification. He established early educational guidelines for training clinical neuropsychologists, which were later supplemented by the Houston Conference guidelines.

Dr. Julie Bobholz, Ph.D., ABPP-CN, Clinical Professor (adjunct) in the Neuropsychology Division of Medical College of Wisconsin. Dr. Bobholz has been an outstanding steward for neuropsychology at the national level via her leadership roles across the majority of scientific and professional neuropsychology organizations (INS, Division 40 APA, ABCN, AACN). Many of the committees she has chaired have developed standards of practice for clinical neuropsychology (e.g., fact finding and practice sample standards for ABPP-CN). Her early research in the area of fMRI resulted in principles for standards of practice by clinical neuropsychologists and CPT billing codes. A task force she chaired for Division 40 resulted in two publications that continue to represent the Division’s official position.
Dr. Laura Zahodne, Ph.D.,
Assistant Professor at University of Michigan. A sophisticated and prolific researcher, Dr. Zahodne’s research has refined theoretical models and employed rigorous statistical methods for advancing the study of cognitive reserve and racial ethnic disparities. She was first to empirically demonstrate the role of discrimination and external locus of control as mediators of inequalities, independent of SES and health risk factors. She has held leadership positions in Division 20 and 40, including the Scientific Advisory Committee. For her contributions, she has received numerous early career awards from Divisions 40 & 20 of APA, INS, APS, and the Gerontological Society of America.

Dr. Jason Soble, Ph.D.,
ABPP-CN, Assistant Professor in Psychiatry and Neurology at the University of Chicago College of Medicine. His critical contributions include the extension of traditional performance validity testing (PVT) beyond traditional forensic practice to clinical populations with genuine cognitive impairment, the provision of normative data for the Neurobehavioral Symptom Inventory, and a critical examination of the “danger” of big data algorithms to clinical neuropsychology. Additional contributions include his educational efforts via clinical training as well as ongoing commitment to undergraduate teaching, for which he has received numerous accolades.

Dr. Alice A. Holland, Ph.D.,
ABPP-CN, Associate Professor at UF-Southwestern and Neuropsychology Research Director at Children’s Medical Center. Among her most significant contributions are those related to leadership in the advocacy for the practice of neuropsychology at the state and national levels. As Chair of NAN’s Legislative Action and Advocacy Committee, she instituted a nationwide legislative tracking program that helps NAN monitor legislation at both the state and national levels. Her leadership in Texas, via competency, set precedent for doctoral level title protections throughout the United States. For these contributions, Dr. Holland has received numerous early career awards including those from APA (Achievement), NAN, and the American Board of Professional Psychology.

Dr. Duke Han, Ph.D.,
ABPP-CN, Professor in Family Medicine and Neurology at the University of Southern California. Dr. Han’s most critical research contributions involve the bases and consequences of poor financial decision making by older adults and risk factors for financial abuse, using innovative neuropsychological and neuroimaging methods. Most recently he has extended this work to racial differences in decision making. Dr. Han has held leadership positions across multiple organizations (NAN, INS, ABCN, APA) and his work has been recognized beyond academia, including the US Department of Justice, PBS, NPR, and The World Today (Australia).
Dr. Christina Wierenga, Ph.D.,

Professor of Psychiatry in residence at University of California-San Diego. Dr. Wierenga is a leader in the application of neuropsychological and neurophysiological models to the assessment and treatment of anorexia nervosa and bulimia nervosa. Her work in eating disorders has been recognized at the international level as seminal, innovative, and ground-breaking. She has been continuously grant funded over the course of her career, participates in NIH review committees, and serves on multiple editorial boards (Neuropsychology, Eating Disorders). She is associate editor for Frontiers in Nutrition.

Dr. Sara Swanson, Ph.D.,

ABPP-CN, Professor in the Department of Neurology, Neuropsychology Division at the Medical College of Wisconsin. Her contributions to the field of neuropsychology span clinical research, service, and educational-mentoring over the past 30 years. Her work in the field of epilepsy has helped set standards for non-invasive determination of language lateralization using fMRI. She has trained over 200 individuals including those who are current leaders in the field and current APA fellows. She has held leadership positions across multiple organizations including American Board of Clinical Neuropsychology and the American Academy of Clinical Neuropsychology.

Dr. Ryan Schroeder, Psy.D.,

ABPP-CN, Associate Professor in the Departments of Psychiatry and Behavioral Sciences at the University of Kansas. Dr. Schroeder has made nationally-recognized contributions to the practice of clinical neuropsychology including publications that advance knowledge on symptom and performance validity testing. This includes a recent book titled, Validity Assessment in Clinical Neuropsychological Practice. Additional contributions include professional service across multiple neuropsychology organizations including APA Division 40, ABCN, INS, NAN, and AACN. For his efforts, he has received numerous early career awards including those from NAN and APA, along with doctoral mentoring awards for his clinical training activities within his home institution.

Dr. Amy Heffelfinger, Ph.D.,

ABPP-CN, Professor, Director of Training in Neuropsychology at Medical College of Wisconsin. Her contributions at the national level include the development of competency guidelines for post-doctoral training in the field of clinical neuropsychology via her work within APPCN, where she has held leadership positions for over 10 years, including President. She led a workgroup, which resulted in publication of detailed competency based assessment procedures and tools for fellowship training (The Clinical Neuropsychologist, 2020). Her clinical work and research in typical and atypical development has contributed to the understanding of early brain abnormalities and neuropsychological development.
Honoring Women in Neuropsychology

In the last few months, our field lost two incredible and influential female neuropsychologists, Drs. Muriel Lezak and Cindy Cimino. Both of these women contributed so much to the field of neuropsychology, touched so many lives, and were recently memorialized in tributes and warm memories across multiple listservs.

Muriel Lezak, PhD (8/26/1927 - 10/6/2021) has been described as one of the most influential neuropsychologists of our time. She is perhaps best known for her book, Neuropsychological Assessment, which lines many of our shelves and provides an excellent source of information for trainees and more established neuropsychologists, alike. Dr. Lezak was Professor Emeritus of Neurology, Psychiatry and Neurosurgery at the Oregon Health & Science University, where she worked as a clinician, educator, and collaborator in research. She also trained interns at the nearby VA Portland Health Care Center.

Dr. Lezak has been credited with shaping the field of Neuropsychology into what it is today. She instilled a sense of inquisitiveness regarding the process of neuropsychological evaluation and test results, particularly relating to the complicated concept of IQ. She placed significant value on observations of patient behavior so that evaluations could be individually tailored. She also advocated for the involvement of neuropsychologists in treatment, not just assessment.

Dr. Lezak’s former trainees and colleagues fondly referred to her as being “gracious and unassuming,” as well as “approachable, open, and very generous with her time.” She was considered to have a significant zest for life.

Cynthia “Cindy” Cimino, PhD (5/11/1958 - 11/5/2021) was considered an early pioneer of educational and training standards in clinical neuropsychology. She attended the Houston Conference for Specialty Training in Neuropsychology that helped shape fundamental training expectations for all practitioners in the field. Dr. Cimino was Professor of Psychology and Neurology at the University of South Florida. She also served on the Division 40 Education Advisory Committee for approximately two decades.

Much like Dr. Lezak, Dr. Cimino emphasized looking beyond test scores in order to more fully conceptualize each patient. Indeed, she encouraged critical thinking in all applications of neuropsychology. She was described as someone who gave “so much to others through her dedication to her students,” as well as to the organizations in which she was involved.

On a personal level, Dr. Cimino was described as “one of the most delightful people” in a personal communication. She was known for her great smile and “wicked”/“killer” sense of humor.

“When you’ve worked hard, and done well, and walked through that doorway of opportunity... you do not slam it shut behind you... You reach back, and you give other folks the same chances that helped you succeed.”

- Michelle Obama
The careers of these women are humbling yet inspiring. These two neuropsychologists stand out not only because of how dedicated they were to the field, but also because of how much they cared about their colleagues and trainees. Importantly, they persevered in contributing to the transformation of what used to be a male-dominated field that has been described as historically challenging for women to navigate at times.

The following quote from Michelle Obama comes to mind when thinking why these women were so influential: “When you’ve worked hard, and done well, and walked through that doorway of opportunity... you do not slam it shut behind you... You reach back, and you give other folks the same chances that helped you succeed.”

Many of us at all stages of our careers will be forever grateful for the guidance and support of the many strong women in our field. They serve as educators, clinicians, and researchers. Some of these women may not appreciate how powerful they are, yet they will leave their own legacies in terms of both professional accomplishments and the strong positive impacts they have or will have on the careers of other neuropsychologists. The legacy of Drs. Lezak and Cimino, and the collective Women in Neuropsychology (WIN) workforce, is a testament to the transformational power women hold to advance clinical science and improve lives through innovative thinking. The SCN WIN Committee honors the legacy of exceptional women in our field through its mission to provide a forum to actively support women through educational and advocacy programs, provision of leadership opportunities and intellectual and financial resources, and development of a diverse student pipeline via mentorship and sponsorship programs. WIN espouses a vision of inclusive excellence and acknowledges the importance of intersecting identities in its mission to elevate historically disenfranchised BIPOC cis-/trans-women and non-binary individuals within our field. Science is stronger with diversity, and we are confident that the WIN community will be at the forefront of advancing innovative and equitable neuropsychological training, research, and practice.

Written by Erica Dawson, PhD, ABPP-CN, Rachel Ellison, Ph.D and Zanjbeel Mahmood, MS

Acknowledgements:
We wish to thank Kathleen Y. Haaland, PhD, ABPP-CN; Heather Belanger, PhD, ABPP-CN; Catherine Mateer, PhD; London Butterfield, PhD and others for their comments shared on professional listservs about these women. We also want to thank John McSweeney, PhD, ABPP-CN; Roberta “Bobbie” White, PhD, ABPP-CN; Julija Stelmokas, PsyD, ABPP-CN; Diane Howieson, PhD; Allan Yozawitz, PhD, ABPP-CN, and Munro Cullum, PhD, ABPP-CN for their contributions to this piece via personal communication.
Equity, Diversity, and Inclusion

INCLUSIVE LANGUAGE GUIDELINES
FOREWORD

For the first time, APA is systematically and institutionally examining, acknowledging, and charting a path forward to address its role in racism and other forms of destructive social hierarchies including, but not limited to, sexism, ableism, ageism, heterosexism, classism, and religious bigotry. The organization is assessing the harms and is committing to true change. This requires avoiding language that perpetuates harm or offense toward members of marginalized communities through our communications. As we strive to further infuse principles of equity, diversity, and inclusion (EDI) into the fabric of society, those committed to effecting change must acknowledge language as a powerful tool that can draw us closer together or drive us further apart. Simply put, words matter. The words we use are key to creating psychologically safe, inclusive, respectful, and welcoming environments.

These guidelines aim to raise awareness, guide learning, and support the use of culturally sensitive terms and phrases that center the voices and perspectives of those who are often marginalized or stereotyped. They also explain the origins for problematic terms and phrases and offer suitable alternatives or more contemporary replacements. This document will be flexible and iterative in nature, continuing to evolve as new terminology emerges or current language becomes obsolete. By embracing inclusive language and encouraging others to do the same, we firmly believe that we will not only communicate effectively with more people, but also better adapt to a diversifying society and globe.

Maysa Akbar, PhD, ABPP
Chief Diversity Officer
Authors who write about identity are encouraged to use terms and descriptions that both honor and explain person-first and identity-first perspectives.

**Person-first versus Identity-first language**

The discussion of person-first versus identity-first language was first applied to issues regarding people with disabilities. However, the language has been broadened to refer to other identity groups. Authors who write about identity are encouraged to use terms and descriptions that both honor and explain person-first and identity-first perspectives. Language should be selected with the understanding that the individual’s preference supersedes matters of style. In person-first language, the person is emphasized, not the disability or chronic condition. In identity-first language, the disability becomes the focus, which allows the individual to claim the disability or the chronic condition and choose their identity rather than permitting others (e.g., authors, educators, researchers) to name it or to select terms with negative implications. It is often used as an expression of cultural pride and a reclamation of a disability or chronic condition that once conferred a negative identity. It is permissible to use either approach or to mix person-first and identity-first language unless or until you know that a group clearly prefers one approach, in which case, you should use the preferred approach (APA, 2020b).

Person-first language may also be appropriate in the following scenarios (Brandeis University PARC, n.d.):

<table>
<thead>
<tr>
<th>TERM TO AVOID</th>
<th>SUGGESTED ALTERNATIVE</th>
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<tbody>
<tr>
<td>victim, survivor</td>
<td>person who has experienced...</td>
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<tr>
<td></td>
<td>person who has been impacted by...</td>
</tr>
<tr>
<td>wheelchair-bound</td>
<td>person who uses a wheelchair</td>
</tr>
<tr>
<td>mentally ill</td>
<td>person living with a mental health condition</td>
</tr>
<tr>
<td></td>
<td>person with a mental disorder</td>
</tr>
<tr>
<td></td>
<td>person with a mental illness</td>
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<tr>
<td>abusive relationship</td>
<td>relationship with a person who is abusive</td>
</tr>
<tr>
<td>addict</td>
<td>person with a substance use disorder</td>
</tr>
<tr>
<td>homeless person</td>
<td>person without housing</td>
</tr>
<tr>
<td>prostitute</td>
<td>person who engages in sex work</td>
</tr>
<tr>
<td>prisoner, convict</td>
<td>person who is/has been incarcerated</td>
</tr>
<tr>
<td>slave</td>
<td>person who is/was enslaved</td>
</tr>
</tbody>
</table>

For more information on person-first and identity-first language, please refer to the APA bias-free language guidelines for writing about disability (APA, 2020b).
IDENTITY-RELATED TERMS

Age

**Ageism**

Stereotyping and discrimination against individuals or groups based on their age. Ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs (APA, 2020a). Reverse ageism literature also indicates that young employees—broadly defined as people under 40—comprise a socially disadvantaged group that is likely to be exposed to workplace discrimination stemming from reverse-ageist ideologies (Kessler et al., 1999; Raymer et al., 2017).

Avoid using terms such as “seniors,” “elderly,” “the aged,” “aging dependents,” and similar “othering” terms because they connote a stereotype and suggest that members of the group are not part of society but rather a group apart (see Lundebjerg et al., 2017; Sweetland et al., 2017).

<table>
<thead>
<tr>
<th>TERM TO AVOID</th>
<th>SUGGESTED ALTERNATIVE</th>
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<tr>
<td>the elderly</td>
<td>older adults</td>
</tr>
<tr>
<td>elderly people</td>
<td>older people</td>
</tr>
<tr>
<td>the aged</td>
<td>persons 65 years and older</td>
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<tr>
<td>aging dependents</td>
<td></td>
</tr>
<tr>
<td>seniors</td>
<td></td>
</tr>
<tr>
<td>senior citizens</td>
<td>the older population</td>
</tr>
</tbody>
</table>

For more information on problematic and preferred language use related to age, please refer to the APA bias-free language guidelines for writing about age (APA, 2020b).
Disability Status

ableism
Stereotyping, prejudicial attitudes, discriminatory behavior, and social oppression toward people with disabilities to inhibit the rights and well-being of people with disabilities, which is currently the largest minority group in the United States (APA, 2021b; Bogart & Dunn, 2019).

Understanding the concept of ableism, and how it manifests in language choices, is critical for researchers who focus on marginalized groups such as the autistic community (Bottema-Beutel et al., 2021).

TERM TO AVOID  SUGGESTED ALTERNATIVE

Use of person-first and identity-first language rather than condescending terms

<table>
<thead>
<tr>
<th>TERM TO AVOID</th>
<th>SUGGESTED ALTERNATIVE</th>
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<tr>
<td>special needs</td>
<td>person with a disability</td>
</tr>
<tr>
<td>physically challenged</td>
<td>person who has a disability</td>
</tr>
<tr>
<td>mentally challenged</td>
<td>disabled person</td>
</tr>
<tr>
<td>mentally retarded</td>
<td>people with intellectual disabilities</td>
</tr>
<tr>
<td>handi-capable</td>
<td>child with a congenital disability</td>
</tr>
<tr>
<td>mentally ill</td>
<td>child with a birth impairment</td>
</tr>
<tr>
<td>physically disabled person</td>
<td>physically disabled person</td>
</tr>
<tr>
<td>person with a physical disability</td>
<td>person with a physical disability</td>
</tr>
</tbody>
</table>

Description of Deaf or hard-of-hearing people

<table>
<thead>
<tr>
<th>TERM TO AVOID</th>
<th>SUGGESTED ALTERNATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>person with deafness</td>
<td>hearing-impaired person</td>
</tr>
<tr>
<td>person who is deaf</td>
<td>person who is hearing impaired</td>
</tr>
<tr>
<td>person with hearing loss</td>
<td>person with hearing loss</td>
</tr>
<tr>
<td>hearing-impaired person</td>
<td>hard-of-hearing person</td>
</tr>
<tr>
<td>person who is hearing impaired</td>
<td>person who is hard-of-hearing</td>
</tr>
<tr>
<td>person with hearing loss</td>
<td></td>
</tr>
<tr>
<td>person with deafness and blindness</td>
<td>Deaf-Blind person</td>
</tr>
</tbody>
</table>

COMMENT
Use person-first or identity-first language as is appropriate for the community or person being discussed. The language used should be selected with the understanding that disabled people's expressed preferences regarding identification supersede matters of style. Avoid terms that are condescending or patronizing.

COMMENT
Most Deaf or Deaf-Blind individuals culturally prefer to be called Deaf or Deaf-Blind (capitalized) rather than “hearing-impaired,” “people with hearing loss,” and so forth.
disability
Can be broadly defined as the interaction of physical, psychological, intellectual, and socioemotional differences or impairments with the social environment (World Health Organization, 2001). The members of some groups of people with disabilities—effectively subcultures within the larger culture of disability—have ways of referring to themselves that they would prefer others to adopt. The overall principle for using disability language is to maintain the integrity (worth and dignity) of all individuals as human beings (APA, 2020b).

neurodiversity
A term that evolved from the advocacy movement on behalf of individuals with autism spectrum disorders (ASD) and has been embraced by other groups of individuals with neurologically based disabilities (e.g., learning disabilities [LDs]). Neurodiversity suggests that these disabilities are a natural variation in brain differences and that the workplace should adapt to them (Sumner & Brown, 2015).
Race, Ethnicity, and Culture

Acculturation
The processes by which groups or individuals adjust the social and cultural values, ideas, beliefs, and behavioral patterns of their culture of origin to those of a different culture. Psychological acculturation is an individual’s attitudinal and behavioral adjustment to another culture, which typically varies with regard to degree and type (APA, n.d.).

African American/Black
African American and Black are not always interchangeable. “African American” should not be used as an umbrella term for people of African ancestry worldwide because it obscures other ethnicities or national origins, such as Nigerian, Kenyan, Jamaican, Bahamian, Puerto Rican, or Panamanian; in these cases, use “Black.” The terms “Negro,” “colored,” and “Afro-American” are outdated; therefore, their use is generally inappropriate (APA, 2020b).

American Arab, Middle Eastern, and North African (AMENA)
There is no standard definition, the Middle Eastern racialized group includes people with ancestry from countries or territories such as Jordan, Iran, and Palestine; and North African includes people with ancestry from countries such as Algeria, Egypt, and Libya. People from AMENA countries have been racialized in the United States, especially after 9/11, so much so that the U.S. Census Bureau recommended the inclusion of AMENA as a category in the 2020 census (APA, 2019b; Krogstad, 2014), though ultimately this category was not used.

Asian/Asian American
When writing about people of Asian ancestry from Asia, the term “Asian” is appropriate; for people of Asian descent from the United States or Canada, the appropriate term is “Asian American” or “Asian Canadian,” respectively. It is problematic to group “Asian” and “Asian American” as if they are synonymous. This usage reinforces the idea that Asian Americans are perpetual foreigners. “Asian” refers to Asians in Asia, not in the United States, and should not be used to refer to Asian Americans. The outdated term “Oriental” is primarily used to refer to cultural objects such as carpets and is pejorative when used to refer to people. To provide more specificity, “Asian origin” may be divided regionally, for example, into South Asia. The term “East Asian” can be used; however, refer to the specific nation or region of origin when possible (APA, 2020b).

BIPOC (Black, Indigenous, and people of color)
People use the term BIPOC to acknowledge that not all people of color face equal levels of injustice. The construction of the term “BIPOC” recognizes that Black and Indigenous people are severely impacted by systemic racial injustices (Merriam-Webster, n.d.-a). The term BIPOC is still considered by many to indicate a hierarchy among communities of color. Instead of BIPOC, the preferred term(s) to use are “people/persons of color” and “communities of color.”
color-blind beliefs
Refer to the denial or minimization of race or racism in society (i.e., “not see [skin] color”; Bonilla-Silva, 2010; Neville et al., 2013). Color-blind beliefs in a racial sense purportedly are based on the assumption that acknowledgement of race reifies racial divisions in society. People who endorse color-blind beliefs believe that individual effort is sufficient for achievement in a meritocracy predicated on the assumption that everyone has equal opportunity for life success. People who hold color-blind attitudes believe that doing so reduces racial and ethnic prejudice and that acknowledging racial and ethnic differences promotes racial division. Research evidence shows that holding color-blind beliefs allows racial and ethnic prejudice to fester (Pahlke et al., 2012; Richeson & Nussbaum, 2004).

color-blind policies
Institutional policies that are race-neutral in language and tone and yet have a disproportionate and harmful impact on people of color (Apfelbaum et al., 2012; Block, 2016; Castro-Atwater, 2016; Penner & Dovidio, 2016). Research indicates that the United States is not a meritocracy (Farkas, 2003; Gale et al., 2017; Pearson et al., 2009). Color-blind belief systems undergird color-blind policies. Moreover, color-blind policies operate to maintain disparities and do not lead to equitable treatment across groups (APA, 2019b; Helms, 2008; Neville et al., 2016, 2000).

culture
The values, beliefs, language, rituals, traditions, and other behaviors that are passed from one generation to another within any social group. Broad definitions include any socially definable group with its own set of values, behaviors, and beliefs. Accordingly, cultural groups could include groups based on shared identities such as ethnicity (e.g., German American, Blackfoot, Algerian American), gender (e.g., women, men, transgender, gender-nonconforming), sexual orientation (e.g., gay, lesbian, bisexual), and socioeconomic class (e.g., poor, working class, middle class, wealthy; APA, 2019b).

culture

enculturation
First introduced by anthropologist Melville Herskovits (1948), the term enculturation is defined as “the process by which individuals learn and adopt the ways and manners of their culture” (Matsumoto, 2004, p. 156). Enculturation emphasizes socialization to, or maintenance of, one’s culture of ethnic or familial ethnic origin (APA, 2012; Kim & Abreu, 2001; Zhang & Moradi, 2013). This process considers how, for example, U.S.-born or highly U.S.-acculturated individuals may be more actively learning their ethnic origin culture, rather than maintaining it (APA, 2019b).

ethnic bias
Differential treatment toward individuals based on their ethnic group, often resulting in inequities in such areas as education, employment, health care, and housing. With regards to testing and measurement, ethnic bias refers to contamination or deficiency in an instrument that differentially affects the scores of those from different ethnic groups. Ideally, researchers strive to create culture-fair tests (APA, n.d.).

ethnic identity
An individual’s sense of being a person who is defined, in part, by membership in a specific ethnic group. This sense is usually considered to be a complex construct involving shared social, cultural, linguistic, religious, and often racial factors but identical with none of them (APA, n.d.).

ethnicity
A characterization of people based on having a shared culture (e.g., language, food, music, dress, values, and beliefs) related to common ancestry and shared history (APA, 2021b).
Hispanic, Latin(a/o), Latinx
When writing about people who identify as Hispanic, Latino or Latinx, Chicano, or another related designation, authors should consult with their participants to determine the appropriate choice. Note that “Hispanic” is not necessarily an all-encompassing term, and the labels “Hispanic” and “Latinx” have different connotations. The term “Latinx” (and its related forms) might be preferred by those originating from Latin America, including Brazil. Some use the word “Hispanic” to refer to those who speak Spanish; however, not every group in Latin America speaks Spanish (e.g., in Brazil, the official language is Portuguese). The word “Latino” is gendered (i.e., “Latino” is masculine and “Latina” is feminine). “Latinx” can also be used as a gender-neutral or nonbinary term inclusive of all genders. There are compelling reasons to use any of the terms “Latino,” “Latina,” “Latino/a,” and/or “Latinx” (see de Onís, 2017), and various groups advocate for the use of different forms. Use the term(s) your participants or population uses; if you are not working directly with this population but it is a focus of your research, it may be helpful to explain why you chose the term you used or to choose a more inclusive term like “Latinx.” In general, naming a nation or region of origin is preferred (e.g., Bolivian, Salvadoran, or Costa Rican is more specific than Latino, Latinx, Latin American, or Hispanic; APA, 2020b).

Indigenous
Although an official definition of “Indigenous” is not agreed on, the United Nations has developed an understanding of the term based on self-identification; historical continuity to precolonial and/or presettler societies; links to territories and resources; distinct social, economic, and political systems; and possession of distinct languages, cultures, and beliefs (Native American Journalists Association, n.d.). Per the APA Publication Manual, Seventh Edition, capitalize “Indigenous” and “Indigenous People” when referring to a specific group but use lowercase for “people” when describing specific persons who are Indigenous. For more information, see Section 5.7 of the Publication Manual (APA, 2020b).

Indigenous Peoples around the world
When writing about Indigenous Peoples, use the names that they call themselves. In general, refer to an Indigenous group as a “people” or “nation” rather than as a “tribe.” For information on citing the Traditional Knowledge or Oral Traditions of Indigenous Peoples as well as the capitalization of terms related to Indigenous Peoples, see Section 5.7 of the Publication Manual (APA, 2020b).

Indigenous land acknowledgment
Indigenous land acknowledgment is an effort to recognize the Indigenous past, present, and future of a particular location and to understand our own place within that relationship. Usually, land acknowledgments take the form of written and/or oral statements. It is becoming more and more common to see land acknowledgments delivered at conferences, community gatherings, places of worship, concerts, festivals, and so forth (Native Governance Center, n.d.).

people of color
This term represents a shift from the terms minority or colored people to refer to individuals from diverse racial and ethnic backgrounds. Instead, use people of color or communities of color when referring to groups from diverse backgrounds. When appropriate, you may use the terms underserved, underrepresented, or marginalized to describe populations; however, use the specific group title whenever possible. For example: LGBTQ+ students, Black students, undocumented students, etc. (APA, 2020b)

people of European origin
When writing about people of European ancestry, the terms “White” and “European American” are acceptable. Adjust the latter term as needed for location, for example, “European,” “European American,” and “European Australian” for people of European descent living in Europe, the United States, and Australia, respectively. The use of the term “Caucasian” as an alternative to “White” or “European” is discouraged because it originated as a way of classifying White people as a race to be favorably compared with other races. As with all discussions of race and ethnicity, it is preferable to be more specific about regional (e.g., Southern European, Scandinavian) or national (e.g., Italian, Irish, Swedish, French, Polish) origin when possible (APA, 2020b).
race
The social construction and categorization of people based on perceived shared physical traits that result in the maintenance of a sociopolitical hierarchy (APA, 2021b).

racial identity
An individual’s sense of being defined, in part, by membership in a particular racial group. The strength of this sense depends on the extent to which an individual has processed and internalized the psychological, sociopolitical, cultural, and other contextual factors related to membership in the group. Given the socially constructed nature of racial categories, racial identifications can change over time in different contexts (APA, n.d.). Worrell (2015) argued that culture can be and is used interchangeably with racial and ethnic identity and contended that these are the psychosocial manifestations of race and ethnicity, respectively.

racial and ethnocultural justice
Applies social justice meanings (Prilleltensky, 2012) specifically to inequities affecting people of color. Thus, it explicitly attends to the ways that race and ethnicity have affected the inequitable distribution of resources and opportunities for equitable participation, power, and influence (e.g., distributive, procedural, retributive, relational, and cultural justice; Prilleltensky, 2012). Racial and ethnocultural justice within psychology also attends to the ways that oppression and marginalization have shaped the psychological, relational, and practical experiences of people of color; psychologists aspiring for racial and ethnocultural justice strive to apply this understanding to develop their professional activities in ways that address the negative effects of injustice and challenge the existence and maintenance of racial and ethnic oppression (APA, 2019b).

racial privilege or White privilege
Unearned power that is afforded to White people based on status rather than earned merit that protects White people from the consequences of being racist and benefitting from systemic racism; such power may come in the form of rights, benefits, social comforts, opportunities, or the ability to define what is normative or valued. As White people are dominant in the U.S. racial hierarchy, racial privilege in the United States is a benefit of being White. This does not mean that White people seek to be privileged, only that they inherently benefit from being dominant in a biased system (APA, 2019b; Goodman, 2011).

racial socialization
Refers to the developmental process by which race-related messages about the meaning of race and racism are transmitted by parents and extended families intergenerationally. It consists of various kinds of parental messages, activities, and behaviors; teaching children about their racial–ethnic heritage and history and promoting racial pride (racial pride/cultural socialization); highlighting the existence of inequalities between groups and preparing youth to cope with discrimination (racial barriers/preparation for bias); emphasizing individual character traits such as hard work over racial or ethnic group membership (egalitarianism); focus on the necessity of individual excellence and the development of positive character traits (self-development); promoting feelings of individual worth within the broader context of the child’s race or ethnicity (self-worth messages); emphasizing negative characteristics associated with their racial identity (negative messages); conveying distrust in interracial communications (promotion of mistrust); engaging in race-related activities and behaviors (socialization behaviors); and avoiding mention of issues pertaining to race or ethnicity (silence about race; Hughes et al., 2006; Neblett et al., 2012; Scottham et al., 2006). Together, these multiple aspects of racial socialization are thought to combine to provide youth of color with a view of both the significance and meaning of race (and ethnicity) in U.S. society (Neblett et al., 2016).

racial/racialized/race-based trauma
A form of race-based stress, referring to people of color and Indigenous individuals’ reactions to dangerous events and real or perceived experiences of racial discrimination. Such experiences may include threats of harm and injury, humiliating and shaming events, and witnessing racial discrimination toward other people of color. Although similar to posttraumatic stress disorder, racial trauma is unique in that it involves ongoing individual and collective injuries due to exposure and reexposure to race-based stress (Comas-Díaz et al., 2019; Kniffley, 2018; Mosley et al., 2020).
racism
A system of structuring opportunity and assigning value based on phenotypic properties (e.g., skin color and hair texture associated with “race” in the United States). This “system”—which ranges from daily interpersonal interactions shaped by race to racialized opportunities for good education, housing, employment, and so forth—unfairly disadvantages people belonging to marginalized racial groups and damages their physical and mental health, unfairly advantages individuals belonging to socially and politically dominant racial groups, and “ultimately undermines the full potential of the whole society” (APA, 2021a; Jones, 2002). The following more specific forms of racism also exist:

• **structural racism**
  Results from laws, policies, and practices that produce cumulative, durable, and race-based inequalities and includes the failure to correct previous laws and practices that were explicitly or effectively racist.

• **institutional racism**
  Results from policies, practices, and procedures of institutions—such as school, health care, law enforcement, and criminal justice systems—that marginalize diverse racial groups.

• **interpersonal racism**
  Occurs when individuals from socially and politically dominant racial groups behave in ways that diminish and harm people who belong to other racial groups. Interpersonal racism is therefore distinct from bigotry (negative attitudes about an outgroup, not necessarily tied to race) or prejudice (a preconceived opinion that is not based on reason or actual experience).

• **internalized racism**
  Refers to the acceptance by diverse racial populations of the negative societal beliefs and stereotypes about themselves—including negative stereotypes and beliefs about complexion and color (i.e., colorism) that reinforce the superiority of Whites and can lead to the perception of themselves as devalued, worthless, and powerless (APA, 2021a).

White supremacy
The ideological belief that biological and cultural Whiteness is superior, as well as normal and healthy, is a pervasive ideology that continues to polarize the United States and undergird racism (APA, 2021b). For more information, see also White privilege.

For more information on problematic and preferred language use related to race and ethnicity, please refer to the APA bias-free language guidelines for writing about racial and ethnic identity (APA, 2020b).
WIN Inclusion, Diversity, Equity & Advocacy (IDEA) Award

We were again truly overwhelmed by the large number of spectacular candidates who demonstrated passionate and exemplary service in Inclusion, Diversity, Equity, or Advocacy across settings, but one applicant stood out above the rest. We are excited to announce the winner of this year’s WIN Inclusion, Diversity, Equity & Advocacy (IDEA) Award: Shana Harris! Congratulations! Thank you Shana for your passion and commitment to diversity, Equity & Advocacy. See below (and attached) to read Shana’s bio and learn more about her interests and achievements.

Of note, it was honestly a very difficult process to evaluate and rank such an extraordinary and large candidate pool. We were so impressed with a large number of applications, and would also like to feature two additional amazing women: Marina Nakhla, and Nicole Evangelista. See below (and attached) for their bios to learn more about these spectacular women.

We sincerely appreciate the time and effort that many WIN members spent to apply to our IDEA Award. There were many other amazing WIN women who we did not feature today. We are excited to see much wonderful energy put into IDEA projects and involvement in SCN/WIN.

Sincerely,
Chair:
Rachael Ellison, PhD (Term: 2020-2023)
Members:
Shana Harris, M.A., is a doctoral candidate and Lulu Merle Johnson Fellow at the University of Iowa. Her research focuses on disparities in health and neuropsychological outcomes of Black patients with neurological disorders (e.g., Parkinson’s disease). She serves as the student representative on the Psychology and Brain Science DEI committee, aiding in the development of initiatives and curricula to improve recruitment of historically excluded groups and multicultural training. She is a founder of two DEI programs, Bridging the Gap in Psyience (BGP) and Gateway to Psyience (GP), aimed at the retention of BIPOC graduate and postdoctoral students through fellowship (BGP) and the recruitment of high school students into the sciences through mentorship with graduate students (GP), within the Psychology, Neuroscience, and Counseling departments.

In the community, she serves as the Vice President of Iowa City’s graduate chapter of Alpha Kappa Alpha Sorority, Incorporated, where she chairs programs aimed at advocating for physical and mental health awareness in women and youth from minoritized backgrounds, providing support for refugee populations, and the development of scholarships for Black students matriculating to Historically Black Colleges and Universities.
2021 WIN Inclusion, Diversity, Equity & Advocacy (IDEA) Honorable Mentions

Marina Zaher Nakhla

Marina Zaher Nakhla is a Ph.D. student in the SDSU/UC San Diego Joint Doctoral Program in Clinical Psychology, with an emphasis in neuropsychology. Marina identifies as a child of immigrants, Egyptian Christian, first graduate student in her family, and bilateral above-knee amputee. Her strong identification with the multiple communities of which she belongs to has fueled her passion to take the initiative for several advocacy activities. She spearheaded efforts to establish the first honor society for students with disabilities on the UC San Diego campus, Delta Alpha Pi (DApi) and currently serves as the first president. She has also provided mental health resources to the limb loss and Coptic communities, blogged for various organizations, and has been featured on several platforms [e.g., NIH NIGMS Blog, Mission Unstoppable] for her advocacy activities.

Nicole Evangelista

Nicole Evangelista is currently a fourth year clinical & health psychology doctoral student at the University of Florida (UF). She has helped lead efforts to facilitate change across areas of research, clinical work, community service, and training opportunities. She is a founding and active member of UF Clinical & Health Psychology Health Equity, Anti-Racism, and Diversity (HEARD) committee, which is comprised of subcommittees dedicated to advocating for departmental change and growth. Nicole is also largely focused on helping create and maintain a safe space for trainees of diverse backgrounds, which has involved developing and presenting findings from a student survey regarding departmental climate as it relates to components of culture and identity, spearheading departmental letters motivating anti-Asian hate and anti-racism efforts, increasing awareness of and action against antisemitism, and helping create social support groups of Asian American/Pacific Islander descent and for Jewish trainees.
The Practice Advisory Committee (PAC) of the Society for Clinical Neuropsychology (SCN) congratulates Dr. Maggie Lanca on becoming President Elect for SCN! We are very grateful for Dr. Lanca’s leadership after six years of service as PAC Chair. The PAC is now being led by two Co-Chairs: Dr. Nancy Hebben and Dr. Darrin Aase. Dr. Hebben is a board-certified clinical neuropsychologist new to PAC; she is in private practice and an Assistant Professor of Psychology, Part-time, in the Department of Psychiatry at Harvard Medical School. Dr. Aase is a board-certified clinical neuropsychologist and Co-Director of the Neurobehavior Program at The Ohio State University Wexner Medical Center, and has served as a PAC member for the past 8 years. Both of us are honored to serve SCN practitioners as we navigate this protracted pandemic and the challenges that it has caused for clinical neuropsychologists around the world.

Dr. Hebben has become SCN’s Liaison to the Inter Organizational Practice Committee (IOPC), and during her first term, and will be rotating to serve a term as Chair of IOPC in January 2022. Dr. Aase will be serving as one of SCN’s liaisons to the APA Interdivisional Healthcare Committee (IHC) along with other PAC committee members. The PAC has also been fortunate to have amazing trainees serving on PAC from APA’s Student Leadership Development Program, Palak Singh and Jessica Blair. Palak and Jessica have been hard at work for over a year now on several projects relevant to SCN members, such as developing material for OpenNotes, and assisting with the IOPC gathering information regarding State Payers and their Telehealth Policies. Presently, Palak and Jessica are helping to gather new emerging literature regarding the practice of tele-NP to assist the PAC in generating a response to CMS’s decision not to include neuropsychological testing codes on the permanent list of Medicare’s telehealth services.

Along with numerous ongoing activities related to reimbursement and CMS, IOPC initiatives, and working with APA governing bodies to effectively advocate for the interests of SCN members, the PAC wants to hear from YOU! Please reach out to us with practice-relevant ideas, comments, questions, and concerns. We are currently discussing a wide variety of agenda items that impact the practices of our membership, and want to know what issues are impacting your work and how we can utilize the expertise of PAC members to make a positive impact in areas that matter the most. We are also interested in new PAC members that have a background in advocacy for matters relevant to private practice and forensic work.

Please contact your PAC leadership (Dr. Hebben at nhebben@fas.harvard.edu; Dr. Aase at Darrin.aase@osumc.edu) and we are honored to be of service.
Having a Professional Social Media Presence

Many individuals consider the idea of creating an academic Twitter, but find themselves unsure of how to start and the benefits an account can provide. The option of starting a Twitter account has been especially prevalent during the COVID-19 pandemic, as the social platform Twitter provides has been remarkably helpful for sharing information, providing resources, and supporting others in the field. Twitter is not a one size fits all opportunity, but can benefit individuals regardless of their career stage. One general advantage that is available to all users includes increasing visibility of your work and accomplishments, whether as a research assistant prior to graduate school training or as an early career neuropsychologist. For example, Twitter allows you to include keywords in your profile or bio and will suggest connections with users who share similar interests. This simple function can optimize networking opportunities and set the stage for collaborations that may not have otherwise been possible without the use of Twitter. In addition to increasing visibility and establishing connections with users with similar interests, having a Twitter presence allows you to post professional development (e.g., ideas on how to craft a personal statement for PhD applications), clinical (e.g., tips on how to improve normative data opportunities for a given assessment), and research related questions (e.g., tips on how to begin an NIH grant submission), and receive direct messages from other users who may have insights into these particular topics. We are also seeing institutions list job opportunities on Twitter, which grants immediate access to positions of interest and direct communication to the institution via the messaging function. Many users engage with Twitter at different frequencies and activity levels. Regardless of your career stage, “tweet” volume or frequency, and engagement with other users, Twitter has incredible opportunities and may serve as a useful tool for advancing your career to the next level. If interested but unsure of how to begin, please visit the following resources:

- Twitter guide
- APA Academic Twitter

“Twitter has incredible opportunities and may serve as a useful tool for advancing your career to the next level.”
Scn Academic Twitter Guide
Do's and Don'ts for Professional Tweeting

Be your professional self

1. Tweets are forever
2. Determine your professional presence
3. Tweet consistently
4. Retweet & Like posts that are professional
5. Follow colleagues with similar interests #NeuropsychTwitter
6. Share your research

Research articles shared on Twitter are 11x more likely to be cited

3,800 SCN's Twitter has over 3,800 followers. Join the community!

Follow us @APADivision40
Obituary

Dr. Mortimer Mishkin
Dear Friends and Colleagues,

it is with great sorrow I inform you of the death of Dr. Mortimer Mishkin, one of the founders of the Laboratory of Neuropsychology (LN) and one of NIMH’s preeminent cognitive neuroscientists. Mort died at home on Saturday, October 2, 2021.

Mortimer (Mort) Mishkin studied brain-behavior relationships in humans and nonhuman primates. He began his graduate work in 1947 at McGill University under D.O. Hebb, with whom he did his Master’s thesis on word perception in the left and right visual fields. In 1949 he moved to Yale University, where, mentored by H.E. Rosvold and K.H. Pribram, he conducted his Ph.D. thesis for McGill on the effects of temporal lobe lesions in monkeys on visual discrimination learning. From 1951 to 1955 he was a postdoctoral fellow with Pribram at a primate neurobehavioral research laboratory at the Institute of Living in Hartford, Connecticut; during this same period he visited the New York University-Bellevue Medical Center biweekly to work with H.L. Teuber on the cognitive effects of brain injuries in wounded war veterans. In 1955, Mort moved to the National Institute of Mental Health (NIMH), Bethesda, Maryland to rejoin Rosvold who had just established a neuropsychology section within the Laboratory of Psychology. The section later gained the status of a laboratory, the Laboratory of Neuropsychology (LN), and Mishkin became its chief in 1980 when Rosvold retired. Mort was Chief of the Section on Cognitive Neuroscience within the LN. Mort stepped down from his position as Chief, LN, in 2015 and retired in late 2016.

Mort was president of the Division of Physiological and Comparative Psychology of the American Psychological Association in 1969, and of the Society for Neuroscience in 1986. He is a member of the National Academy of Sciences, the Institute of Medicine, and the American Academy of Arts and Sciences. He is the recipient of numerous awards including the William James Award from the American Psychological Association, the Lashley Award from the American Philosophical Society, and the National Academy Award in Neurosciences. In 2010, he received the U.S. National Medal of Science for his work on the neural circuits underlying perception and memory in primates. The National Medal of Science is an honor bestowed by the President of the United States to individuals in science and engineering who have made important contributions to the advancement of knowledge in the fields of behavioral and social sciences, biology, chemistry, engineering, mathematics and physics.

Although Mort may be best known for his work on visual functions of the inferior temporal cortex, the two visual systems in spatial and object processing (together with Leslie Ungerleider), and the neural bases of declarative memory, he also studied auditory and somatosensory system perception and memory, and was a pioneer in studying the cognitive functions of the prefrontal cortex and amygdala. The neural circuits underlying these functions was always at the forefront of his thinking, and the emphasis on neuroanatomical connections evident in the work emerging from LN today is in large part a legacy of Mort.

Mort was a wonderful mentor to many of us. We benefitted from his broad knowledge in systems neuroscience and encouragement of our work. And many of those who had the good fortune to work with Mort have gone on to establish successful and productive laboratories of their own, both inside and outside the NIH. Mort was forever eager to discuss the latest research findings emerging in the lab. He always had a smile and enjoyed talking to new members of the lab. His support and advocacy of the research conducted in LN is legendary. He will be sorely missed.

Betsy Murray, Ph.D.
Chief, Section on Neurobiology of Learning and Memory (SNLM)
National Institute of Mental Health
Dear colleagues,
As the Strategic Planning Survey data gathering draws to a close, the Strategic Planning Committee would like to thank you for your time, effort, and attention in providing input and visions for the future direction of the Society for Clinical Neuropsychology. It has been a long journey, spanning over a year so far, seeking the perspectives from diverse stakeholders within and outside of SCN, with the goal to ensure that all people, irrespective of their identities or positionality, have the opportunity to have their voices heard. The journey isn’t over yet, and we intend to make the most of the feedback you have given us. Your input will provide the foundation for SCN’s new strategic plan, now better positioned to address your needs and move us all into the future, whatever lies ahead.

As of this writing, we have received just over 500 completed surveys, with hopes that this number will continue to grow over the final weeks of survey availability. This volume of feedback prognosticates success for the next steps of the Strategic Planning Committee, which include examining survey data and using your feedback to inform specific changes, actions, and goals in the mission, vision, and values of SCN. We remain committed to incorporating all feedback you so graciously provided, and to our promise of transparency throughout the process, until the Strategic Planning Committee’s job is complete. Thank you for taking part in this endeavor to re-envision our direction as a community.

With respect and gratitude,
The Society for Clinical Neuropsychology Strategic Planning Committee

Scott A. Sperling, PsyD, ABPP (Co-Chair) Lynette Abrams-Silva, PhD, ABPP (Co-Chair) Samantha Stern, PhD David Lechuga, PhD, ABN, ABPP Emily Duggan, PhD Becky Ready, PhD, ABPP Shawn McClintock, PhD Anthony Stringer, PhD, ABPP Justin Karr, PhD Paula Shear, PhD
Background Information about the SCN Strategic Planning Process

The Strategic Planning Committee is comprised of SCN members with diverse cultural identities and areas of expertise, who work in different settings and represent different career stages. The SPC began its work in October 2021 and has been meeting bi-weekly over this time. It was charged with collecting information from SCN stakeholders and using that information to inform the development of a new strategic plan. The 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) let the information learned dictate the future direction of SCN, and 3) make significant structural changes to SCN if required given the information learned. The SPC made a commitment to conducting this process in a manner that prioritizes EDI at every juncture. This has included assuring that 1) our outreach for feedback extends beyond traditional circles and to those who may have been marginalized or excluded by SCN, 2) the information queried from stakeholders specifically addresses EDI, and 3) that we maintain transparency and openness to sharing all learned information.

We hired a nationally renowned consultants from the Middle Tennessee State University Center for Organizational and Human Resource Effectiveness to review historical data and conduct interviews and focus groups with diverse stakeholders. Several important themes emerged from this process, which was completed in June 2021. The information learned guided the development of the survey that is now being distributed. The success of the strategic planning process now hinges upon the willingness of our colleagues to share their experiences, perspectives, and wisdom via completion of the survey. In order to develop the mission, vision, values, and strategic goals of SCN in a manner that is truly aligned with the collective desire of our stakeholders, we are asking folks to accept our invitation to provide this feedback. The information learned will fundamentally shape the future of SCN, including the types of resources that will be provided to members, decisions related to where and how human and financial resources will be allocated, which initiatives will be undertaken, where collaborations need to be established, to what extent changes in its governance structure and operating procedures are warranted, and ultimately, its value to members and society.
The Scientific Advisory Committee oversees the Society for Clinical Neuropsychology (SCN) Early Career Pilot Awards and highlights cutting edge research being conducted by SCN members in the monthly Neuroblast publication. The deadline for the next round of Early Career Pilot Awards is February 25, 2022.

Early Career Pilot Award Information:
Up to two one-year grants of up to $15,000 each (including $1,500 to support travel to the APA Convention) are available for innovative pilot research investigations by early-career neuropsychologists in a basic science or clinical area relevant to neuropsychology and the mission of the SCN. Funding period for grants funded this cycle would be July 1, 2022 – June 30, 2023.

The primary goal of the early career pilot study award is to facilitate collection of preliminary data, which could then be used to secure additional external funding for sustained research within the specified area of clinical neuropsychology.

ELIGIBILITY REQUIREMENTS
The Award is intended for investigators who are within 10 years of having completed their doctoral degree and who demonstrate a commitment to basic or clinical research in the field of neuropsychology.

Candidates must:
• Be a member (or student affiliate) of SCN.
• Develop a research project that is innovative, feasible within the context of the one-year grant period, and has demonstrable potential to leverage additional external funding for continuing work in basic or applied neuropsychology.
• Commit to completing data collection within one year of the award date.
• Commit to presenting findings of the awarded research project at the annual APA convention within two calendar years of the award date.
• Commit to acknowledge SCN support in all presentations of data from this project as follows: “American Psychological Association Society for Clinical Neuropsychology (Division 40) 2018 Early Career Pilot Study Award.”
• Commit to participate in the activities of a relevant SCN Committee (e.g., Awards, Science, Practice, Public Interest, Education)
• Identify a mentor(s) who will help facilitate the mentee’s success with the project.
• In the spirit of an early career award, associate professors or investigators with large independent federal awards (e.g., NIH R01) will not be considered.
When you join the **Society for Clinical Neuropsychology (SCN)** as a student or trainee, you automatically become a member of SCN’s **Association for Neuropsychology Students & Trainees (ANST)!**

There is **NO** separate membership to ANST. That’s because ANST is a subcommittee of SCN’s Educational Advisory Committee (EAC). The benefits of being an ANST member is access to many opportunities to learn about and become more involved with the larger issues impacting our professional and scientific interests, as well as access to SCN resources.

**Student affiliate membership is affordable at just $10!** Individuals in their first two years post-degree are eligible for reduced membership fees of $20 per year. Eligible individuals are invited to complete the Division 40 application. We highly recommend that trainees join APA/APAGS because of the many benefits conferred by membership in these organizations; however, membership is in these groups is not required in order to join SCN and ANST. If you’re already a member of APA, you can join SCN and ANST online at the APA Division Application Website.
The American Psychological Association (APA) is seeking proposals for sessions, CE workshops, and more for APA 2022 in Minneapolis, MN (August 4-6, 2022).

More details can be found at https://convention.apa.org/proposals. Proposals must be submitted online by 5:00 p.m. ET on the dates listed below.

Monday, January 10, 2022
Continuing Education Workshops: 4- and 7- hour CE workshops are offered on a full range of topics across the discipline and profession of psychology. An emphasis is placed on interactive workshops that actively engage participants in a variety of learning modes.
If you are a trainee who holds a leadership role in a national or regional neuropsychology organization, and would like your organization to join the CNTF please feel free to email clinical-neuropsychology-trainee-forum@googlegroups.com.

Find out more about what's involved and what CNTF aspires to at https://scn40.org/anst/the-clinical-neuropsychology-trainee-forum/.

What is the Clinical Neuropsychology Trainee Forum?
The Clinical Neuropsychology Trainee Forum (CNTF) is a virtual forum held three times yearly in which student/trainee leaders from neuropsychology organizations can exchange information and seek common ground in projects of inter-organizational interest. It also serves as a resource to engage in inclusive and impactful student advocacy. Informational exchange and advocacy efforts facilitate the coordination of trainee-related advocacy among its member organizations and helps provide consistent information to students while avoiding inefficient duplication that may waste resources.

Current Organizational Members
Asian Neuropsychological Association (ANA) Student Committee
American Academy of Clinical Neuropsychology (AACN) and AACN Relevance 2050
Hispanic Neuropsychological Society (HNS) Student Association
International Neuropsychological Society Student Liaison Committee (INS-SLC)
National Academy of Neuropsychology Student & post-Doctoral Resident Committee (NANSRC)
Society for Black Neuropsychology (SBN)
Society for Clinical Neuropsychology’s Association of Neuropsychology Students & Trainees (SCN’s ANST)
Queer Neuropsychological Society (QNS)
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