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Clinical Corner

Lujan-Fryns Syndrome: A Case Study

Jacobus Donders^{1,2}, Steven van Doornik², and Helga Toriello³

¹Mary Free Bed Hospital, Grand Rapids, MI

²Holland Community Hospital, Holland, MI

³DeVos Children's Hospital, Grand Rapids, MI

Lujan-Fryns syndrome is a rare X-linked condition that is characterized by Marfanoid features (i.e., tall and stooped posture with long, hyperextensible fingers and toes) and a distinct craniofacial appearance (Fryns, 1991; Fryns & Buttiens, 1987; Lujan, Carlis, & Lubs, 1984). The latter includes a large forehead, long and narrow face, maxillary hypoplasia, long nose with high and narrow nasal bridge, short and deep philtrum, thin upper lip, and highly arched palate.

More than two dozen cases have been described and the vast majority of them have been reported to have mental retardation as well as significant behavioral problems and/or psychotic features (Lacombe et al., 1993; Lalatta et al., 1991; Wittine, Josephson, & Williams, 1999). This presentation concerns a young man with all the physical characteristics of this syndrome. However, he had some outstanding cognitive strengths and a striking absence of significant psychiatric dysfunction. To our knowledge, this is the first case of Lujan-Fryns syndrome for which detailed neuropsychological test results have been described.

The patient was born by Cesarean section without complications. Early developmental milestones were delayed in all areas. For example, he did not walk until the age of two years, and he did not speak in multiple-word sentences until the age of four years. He received all of his schooling through special education. He was initially misdiagnosed with cerebral palsy at the age of three years. In early adolescence, the possibility of Tourette's syndrome was raised because of atypical social integration, but he never developed the tics or behavioral problems that are characteristic of this disorder. Although he demonstrated social isolation, this may have been due more to the gradual appearance of Marfanoid habitus. An EEG was normal at that time.

At the age of 18 years, the patient was seen for a neurological evaluation by the second author at the request of his mother because of temperature intolerance. Mild generalized hypotonia was present but

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Thank You - From The Editor

It is with sadness that I report to you that this is my last issue of the Division 40 newsletter as its Editor. However, when I look back six years ago when I first became Editor, I am proud of what I feel I have been able to accomplish in serving the Division 40 Neuropsychological community. The size of the newsletter has grown markedly from the earlier newsletters, as I believe has the quality. I was able to create standing columns such as the Clinical Corner and Science Scene. I wanted to have informative articles on major events within our Division and within clinical neuropsychology. We now have members of standing committees within the Executive Committee actively involved and contributing to such columns. I am proud of the memorial issues that have honored leaders of our field as they have past on. However, I am most proud of creating the column entitled "On the History of Neuropsychology", which outlines a history of our field through the eyes and experiences of our leaders. I am happy to say that I will remain part of the newsletter as the content editor for this column.

My goal for the newsletter was to create a line of communication from the Executive Committee to the membership and vice versa. I wanted this information to be available to all members of our division. As such, I made sure that even student members received a copy of the newsletter. Also during my tenure, with the help of many other dedicated people, we were able to create an online version of the newsletter, and we now have virtually all back issues of the newsletter available archivally either online or in hard copy through the Division 40 Archivist.

I would like to take this opportunity to thank the members of Division 40 for allowing me to serve you as newsletter Editor. It really has been an honor for me to do so. I would also like to thank the Division 40 Executive board for giving me the opportunity to become Editor, and provide me with the freedom to realize my vision for the newsletter. Most importantly, I would like to thank my Associate Editor Dr. Joel Morgan, who shared this vision with me, and was instrumental in making each

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Science Scene

Research On Learning Disabilities And Attention-Deficit /Hyperactivity Disorder In Adults

Robert L. Mapou, Ph.D., A.B.P.P. (CN)
Independent Practice, Silver Spring, MD
Clinical Associate Professor of Neurology (Psychology),
Georgetown University School of Medicine, Washington, DC
Research Associate Professor of Psychiatry and Research Assistant Professor of Neurology,
Uniformed Services University of the Health Sciences, Bethesda, MD

Contact Information: Robert L. Mapou, Ph.D., 8720 Georgia Avenue, Suite 300, Silver Spring, MD
20910 Phone (301) 565-0534, x64 E-mail: mapuna@earthlink.net

Neuropsychologists are seeing an increased number of adults referred for evaluation of learning disabilities (LDs) or attention-deficit/hyperactivity disorder (ADHD). Sometimes young adults diagnosed as children seek reevaluation, to update documentation needed for college or postgraduate education. In other instances, adults enter college or advanced education programs and find themselves struggling for the first time. Although evaluation referrals are made by other professionals, including educational support personnel, clinical psychologists, and psychiatrists, many are self-generated.

A series of events has led to increased public awareness of developmental learning disorders and, consequently, to larger numbers of students with LDs or ADHD in post-secondary education. Public Law 94-142, the Education for All Handicapped Children Act originally mandated services for learning disabled children in primary and secondary education. This law was subsequently amended by Public Law 101-476, the Individuals with Disabilities Education Act (IDEA). With these laws, children were increasingly identified as having LDs or ADHD, and supports were put in place to help them succeed in school (e.g., Individualized Education Plans). Although many of these children once would not have been considered “college material,” quite a few have been so successful as to be able to pursue post-secondary education. Two other laws, the Rehabilitation Act of 1973 and the 1990 Americans with Disabilities Act mandated, among other things, accommodations and services for students with disabilities in post-secondary education (for differences between the two former and the two latter laws, see Gordon & Keiser, 1998). Anecdotally, college disability support services report that the largest groups of students whom they serve are those with learning disabilities or ADHD (Ruth Fink, University of Colorado; Peggy Hayeslip, University of Maryland; Christy Willis, George Washington University, personal communications, 2001). Thus, early identification and intervention, combined with mandated support services at colleges and universities, have resulted in increasing numbers of students with LDs and ADHD completing post-secondary education. To address the need for documentation of these disorders, the Educational Testing Service and the Association on Higher Education and Disability have established guidelines for documentation, with which neuropsychologists should be familiar (Association on Higher Education and Disability, 1997; Educational Testing Service, 1998a; Educational Testing Service, 1998b)

Unfortunately, there are myths about LDs and ADHD in adults that even some neuropsychologists still hold. One is that these disorders “go away when you grow up.” Two recent symposia at the annual meetings of the International Neuropsychological Society (Mapou, 1999; Mapou, 2000) and two recent textbooks (Gregg, Hoy, and Gay, 1996; Nadeau, 1995; Wender, 1996) have summarized research showing that this is not the case. Other myths concern the cognitive features of LDs or ADHD. For example, many still believe that visual problems cause dyslexia (reading disability) when, in fact, many years of research have shown

that the core deficit is linguistic. Others believe that ADHD can be diagnosed by an abnormal performance on a continuous performance task or other neuropsychological measure when, in fact, individuals meeting diagnostic criteria for ADHD may perform perfectly normally on neuropsychological testing, due to the structure of the testing environment.

In this article, I will summarize some key research on adult LDs and ADHD, with which neuropsychologists should be familiar. Because this was prepared on short notice, the information is drawn from my most recent presentation on the topic (Mapou, 2000, August) and does not include more recent citations from the last year. Nonetheless, this will provide core information that can be used by neuropsychologists working with adults with LDs or ADHD.

Learning Disabilities in Adults

Prevalence

Estimates of the prevalence of LDs in adults have varied from 5 to 15 percent of the population (Gregg, Hoy, and Gay, 1996). A survey of college undergraduates in 1995 and 1996 indicated that 6% identified themselves as having a disability and, of these, 29% reported having a learning disability. In a 1998 survey of college freshmen, 9% reported having a disability and, of these, 41% reported having a learning disability. Therefore, between 2 and 4 percent of those attending college are likely to be identified as learning disabled (Henderson, 1999; Horn, Berkold, & Bobbit, 1999).

Research on Adult Learning Disabilities (ALD)

Although there is a large literature on ALD, much of the literature is descriptive, clinical, or theoretical. Empirical research is lacking; most of what has been reported relates to psychosocial outcomes of adults who were diagnosed as learning disabled as children. The vast majority of articles and research on ALD have been produced by educators, special educators, or other types of LD specialists and not by neuropsychologists. Most neuropsychological research on LDs has focused on children, and research on ALD has focused primarily on dyslexia. We do not know, for example, what the typical cognitive profiles of learning-disabled adults are. We do not know which tests are most sensitive

to detecting and to describing the cognitive weaknesses in ALD. Therefore, assessment of ALD continues to be clinically-based rather than based on empirical findings (as is the case for neurological disorders such as traumatic brain injury and the dementias). Much of the ALD literature is focused on college students and young adults, and very little is known about older adults with LDs. With these caveats in mind, the following are some key findings that have been reported.

Etiological Considerations and Cognitive Characteristics

As reported for many years (e.g., Geschwind and Galaburda, 1984), there is a genetic basis for LDs (Faraone et al. 1993). However, unlike many neurological disorders, we are far from understanding the specific genetic underpinnings. Neurobiological factors, including cerebral asymmetry, cellular and other structural anomalies, and metabolic abnormalities, have been linked to ALD (Beaton, 1997; Bigler, 1992; Bigler, Lajiness-O'Neill, & Howes, 1998; Riccio & Hynd, 1996). Nevertheless, the research in this area remains very limited, and most has been focused on language-based LDs, such as dyslexia. For example, dyslexic individuals do not display the typical pattern of leftward planum temporale asymmetry (Morgan & Hynd, 1998). There is also converging evidence that dyslexia involves dysfunction in cortical regions surrounding the left temporoparietal junction (Eden & Zeffiro, 1998). This may be why visual processing problems are so common in those with dyslexia, since both visual and linguistic pathways are found in this region.

The core deficit in dyslexia in children is believed to be linguistic, characterized by a deficit in auditory phonemic processing and phonological awareness (de Gelder & Vrooman, 1996; Elbro, 1998; Shaywitz et al., 1998). That is, children with dyslexia have a core deficit in their ability to detect, analyze, and synthesize the sounds that make up words. Research suggests that this core deficit is also found in dyslexic adults, although more specialized and sensitive testing (e.g., event-related potentials), may be needed to demonstrate this (Hugdahl, Helland, Færevaaag, Lyssand, & Asbjørnsen, 1995; Lovrich, Cheng, Velting, & Kazmerski, 1997). In normal adults reading

pseudowords, activation in the left hemisphere progresses from basal temporal regions to the angular gyrus and inferior frontal lobe, showing involvement of visual and auditory areas (Breier, Simos, Zouridakis, & Papnicolaou, 1999). Neuroimaging research, using functional MRI with dyslexic adults who performed phonological analysis tasks, has shown relative underactivation in posterior language areas of the brain and overactivation in anterior areas of the brain, thought to mediate the effort dyslexic adults must expend when reading (Shaywitz et al., 1998).

Despite the primacy of linguistic deficits, there is evidence that individuals with dyslexia show visual psychophysical abnormalities, suggesting impairment in the magnocellular visual pathway (Eden & Zeffiro, 1998). One study showed that adults with dyslexia were less able than controls to report the location of briefly-flashed visual stimuli (Graves, Frerichs, and Cook, 1999). Nonetheless, the relationship between visual processing deficits and reading difficulties has not been clearly established (Guenevere Eden, personal communication, 2000). Other studies have shown more problems reading irregular than regular words, suggesting a subset of children and adults who do not have phonological deficits (Chase & Birch, 2000, February). Adults with dyslexia also have associated deficits in naming, word retrieval, and sentence repetition (Isaki & Plante, 1997). Clinically, these problems slow access to word meaning when reading for comprehension and limit the amount of information that can be held in mind. This is why many adults with dyslexia report that they must reread material to comprehend and retain it. In a summary of research on dyslexia across the lifespan, Shaywitz (1996) reported that adults who were diagnosed as dyslexic as children, but who have learned to compensate, continue to be slow, inefficient readers. This is especially the case when they must read complex, technical material, as can be required in college or postgraduate studies. Yet, their single-word reading recognition and decoding skills can be average, because they compensate effectively when reading words individually. For neuropsychologists evaluating adults with reading difficulties, this means that assessment must include

measures of comprehension that are sufficiently challenging for adults in college (e.g., Nelson-Denny Reading Test, Scholastic Abilities Test for Adults) rather than simpler comprehension measures with a fill-in-the-blank format (e.g., Woodcock-Johnson-III Passage Comprehension; see Mapou, in press, for more on assessment).

As noted, there is far less research on non-language-based LDs in adults. Manoach, Weintraub, Daffner, & Scinto (1997) found that adults with developmental social-emotional processing disorder have abnormalities in visual attention, as measured by eye movements. Rourke (2000) followed a cohort of individuals identified as having nonverbal learning disabilities as children. He found that the pattern of deficits observed in childhood persisted into adulthood and that the gaps between strengths and deficits widened over time.

Psychosocial Factors. Clinical neuropsychologists must be familiar with sociocultural and emotional factors that affect outcome of adults diagnosed with LDs as children. Many learning-disabled adults are at increased risk for psychosocial difficulties (Gregg, Hoy, King, Moreland, & Jagota, 1992; Hooper & Olley, 1996; Hoy & Manglitz, 1996; Vogel & Forness, 1992). This is true for LDs that affect emotional processing (e.g., nonverbal LD; Cleaver & Whitman, 1998; Rourke, 2000), as well as those that do not. Low self-esteem related to academic failure can build over a lifetime and affect functioning as an adult. Consequently, counseling is often a crucial and helpful component of a treatment program. Sociocultural factors also must be considered. Studies have shown that family socioeconomic status and gender have an impact on college attendance and success, employment, and income (Ross-Gordon, 1996).

Outcome and Early Intervention. As noted, LDs persist into adulthood and, consequently, can affect college and vocational success (Adelman & Vogel, 1993; Gajar, 1992; Sitlington & Frank, 1993). Early intervention and support are critical for later success. Learning-disabled children who are identified early and have support from teachers and family appear to be the most successful (Gerber, Ginsberg, & Reiff, 1992). Transition from high school to college and

from college to work should be planned and not taken for granted (Sitlington, Frank, & Carson, 1993). Transition programs can improve success in college and in subsequent employment (Gajar & Smith, 1996; Minskoff, 1996; Posthill & Roffman, 1991; Sitlington, 1991). Therefore, neuropsychologists evaluating adolescents can play a crucial role by recommending transition programs for those who want to attend college. Several colleges, including Boston University, have summer programs that help learning-disabled students build study skills and ease into the college setting. Of course, vocational-technical training is another option to consider, particularly for those with a language-based LD (Evers, 1996). Transition programs also can help with making the transitions needed to assume everyday responsibilities of an adult (Blalock & Patton, 1996). The type of LD can affect outcome from vocational training and success in occupational placement (Dunham, Multon, & Koller, 1999). Factors related to employment success in learning disabled adults include gender, high school graduation, IQ, specific cognitive deficits, academic achievement, disability severity, social involvement and social skills, psychological adjustment, and high school job experience (Fourqurean, Meisgeier, Swank, & Williams, 1991; Minskoff, 1996).

ADHD in Adults

Prevalence

From 3 to 5 percent of children have been estimated to have ADHD. Of these, 10 to 67% percent continue to have symptoms as adults. Therefore, 0.3 to 3.4 percent adults have been estimated as meeting criteria for diagnosis of ADHD (Bellak & Black, 1992; Murphy, Barkley, & Bush, 2001; Nadeau, 1995; Shaffer, 1994).

Research on Adult ADHD

Research on adult ADHD is more advanced and well developed than research on ALD. Many more studies have been published on etiological issues, cognitive features, and outcome. In addition, much of it has been conducted by neuropsychologists, psychologists, and physicians. Nonetheless, researchers are only beginning to understand the nature of ADHD in adults, its biological underpinnings, and effective ways to treat it.

Because the research is clearer and more consistent, it can be summarized more briefly than that on ALD. Etiological Considerations and Characteristics. As with ALD, genetic factors are strongly suggested (Barkley, 1997). High rates of ADHD are found in children of parents who have been diagnosed with ADHD (Biederman et al., 1995). However, ADHD and LDs have different genetic origins and appear to be transmitted independently (Faraone et al., 1993). Structural and functional neuroimaging studies have implicated dysfunction in frontal and subcortical regions of the brain as contributing to ADHD symptoms (Barkley, 1997; Castellanos et al., 1994; Giedd et. al, 1994; Matochik et al., 1994; Monastra et al., 1999).

Cognitive impairment in adults with ADHD is similar what has been reported in children. Impairment has been found on measures of attention, information processing speed, executive functioning, learning, and memory (Buchsbaum et al., 1985; Epstein, Conners, Ehrhardt, March, & Swanson, 1997; Epstein, Conners, Sitarenios, & Erhardt, 1998; Jenkins, Cohen, Malloy, et al. 1998; Murphy, Barkley, & Bush, 2001; Seidman et al., 1997, 1998; Schreiber, Javorsky, Robinson, & Stern, 1999). One study has found a measure of auditory discrimination useful in differentiating ADHD adults from normal controls (Corbett & Stanczak, 1999). Nonetheless, tests alone are not sufficient to diagnose ADHD, since the structure of the testing setting can result in normal scores in those who meet DSM-IV diagnostic criteria (Barkley, Grodzinsky, & duPaul, 1992; Barkley & Grodzinsky, 1994; Barkley, 1998; Grodzinsky & Barkley, 1999). Although these results were found in children and adolescents, it is still important to consider when evaluating adults. Moreover, individuals with psychiatric disorders can show similar cognitive deficits to those with ADHD (Walker, Shores, Trollor, Lee, & Sachdev, 2000), again showing that cognitive testing alone is insufficient to make a diagnosis.

Psychosocial Factors, Outcome, and Co-Occurring Disorders. Longitudinal studies of children and studies of adults diagnosed with ADHD as children have shown lower academic achievement, more cognitive impairment, and lower occupational attainment in comparison with controls (Fischer,

Barkley, Edelbrock, & Smallish, 1990; Biederman et al., 1993; Lambert, 1988; Seidman et al., 1998). Adults with ADHD also are at risk for psychiatric disorders and substance abuse. There is considerable co-occurrence with mood disorders, anxiety disorders, and personality disorders (Biederman, Newcorn, & Sprich, 1991; Biederman et al., 1993; Carroll & Rounsaville, 1993; Herrero, Hechtman, & Weiss, 1994; Lambert, 1988; Mannuzza, Klein, Bessler, Malloy, & LaPadula, 1993; Wilens, Biederman, Spencer, & Francis, 1994). Young adults with ADHD are at higher risk for driving difficulties, including risky driving habits, moving violations, and collisions. Co-occurring personality disorders increase the risk further (Barkley, Guevremont, Anastopoulos, DuPaul, & Shelton, 1993).

Interestingly, women tend to be over-represented in adult ADHD samples, as compared with child and adolescent samples. They present with cognitive impairment and psychological difficulties that are similar to those found in men with ADHD (Biederman, Faraone, Spencer, Wilens, Mick, & Lapey, 1994). However, because their problems manifest differently in childhood (i.e., they tend to be less impulsive and less behaviorally disruptive), they tend to be diagnosed later than boys (Kathleen Nadeau, personal communication, 2001).

Treatment. Psychostimulants are the most effective treatment for adults with ADHD. In comparison with children, treatment is about 10% less effective, although the vast majority of adults with ADHD will respond to medication (Barkley, 1997, 1998; Nadeau, 1995; Spencer et al., 1996). Currently, four psychostimulants are the first choices for treatment: Ritalin, Concerta (a new form of sustained-release Ritalin), Adderall, and Dexedrine. If one medication is not effective, despite an adequate medication trial, then it is likely that one of the others will work (Jay Giedd, personal communication, 2000). Clinical trials, chart reviews, and case studies have shown efficacy of agents other than psychostimulants (Spencer et al., 1996). These include tricyclic antidepressants (Magee, Maier, & Reesal, 1992; Wilens, Biederman, Mick, & Spencer, 1995), SSRI antidepressants (Frankenburg & Kando, 1994), bupropion (Wender

& Reimherr, 1990), and noradrenergic agonists (Hunt, Arnsten, & Asbell, 1995). However, since these trials have been done, many physicians with whom I have spoken have been far less optimistic about the efficacy of medications other than the psychostimulants. Clinicians also must keep in mind that medication does not address educational issues nor ways to compensate for difficulties in everyday functioning. Although medication may make adults with ADHD more focused, organized, and available for learning, skills may still have to be built through tutoring or other psychoeducational interventions.

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Public Interest Advisory Committee (PIAC)

Deborah C. Koltai, Ph.D

Division 40 members should be aware that we now have two mentoring programs: one involving women in neuropsychology (WIN), and one under development involving Ethnic Minority Affairs. Contact Paula Shear, Ph.D. (shearpk@email.uc.edu/513-556-5577) for information about WIN, and look for an announcement about upcoming WIN events at APA in San Francisco. Members interested in the Ethnic Minority Affairs mentoring program should contact Jovier Evans, Ph.D. (jevans2@iupui.edu/317-274-2283).

A number of Division 40 members participated in APA's Spring Consolidated meetings in Washington DC. Consistent with the vision of many our most recent presidents and members, Division 40 was well represented and these meetings worked toward enhancing our relationship with APA. Specifically, the following APA Boards and Committees had Division 40 Members, Liaisons, or Observers at these meetings:

- Policy and Planning (Tony Puente, Ph.D.)
- Continuing Professional Education Committee (Mark Bondi, Ph.D.)
- Committee for the Advancement of Professional Practice (Glenn Smith, Ph.D. & Ida Sue Baron, Ph.D.)
- Board for the Advancement of Psychology in the Public Interest (Deborah Koltai, Ph.D.)
- Board of Educational Affairs (Sandra Koffler, Ph.D.)
- American Psychological Association of Graduate Students (Chris Loftis)
- Committee on Aging (Koltai for Bernice Marcopulos, Ph.D.)
- Committee on Disability Issues in Psychology (Koltai for Doug Johnson-Greene, Ph.D.)
- Committee on Ethnic Minority Affairs (Jovier Evans, Ph.D.)
- Committee on Division/APA Relations (Keith Yeates, Ph.D)

A great deal of good work came from these meetings and valuable information was shared that will be passed along to the Division 40 Executive Committee in the summer. The following items may

be of interest to the Division 40 membership:

Leslie Fried of the American Bar Association updated the Committee on Aging about a Medicare Advocacy Project being conducted by the ABA and Alzheimer's Association. Reimbursement decisions are generally handled by Local Medical Review Policies (LMRP). LMRPs vary by carrier, and over 8,000 policies exist on medical services. LMRPs have the most significant impact on coverage. Visit: www.lmrp.net to view these...it is helpful to use the search function with "mental health". This site contains valuable information, such as what ICD codes will not be reimbursed under what conditions (e.g., psychotherapy codes with 331.0 Alzheimer's disease; vague dementia codes that will not be reimbursed). LMRPs have limited review by Health Care Financing Administration (HCFA), but there is a new "open" process required. Through this process, carriers have to supply providers and the public with more information and the opportunity to comment on local practice and scientifically based evidence. Carriers now have to post draft changes to LMRPs, which can be found at: www.draftlmrp.net. Typically 45 days are given for feedback, so it is worth checking the page frequently. While LMRPs are supposed to reflect local practice and science, there is often a marked discrepancy between this intention and the actual policy. Feedback provided to LMRP drafts should specifically address local practice/scientific evidence, and while anyone may comment, feedback is likely to have a stronger impact if it reflects numerous providers or local advocacy coalitions (e.g., you, your colleagues, and your local Alzheimer's Assoc. chapter). Local psychologists in Connecticut were recently successful in modifying proposed policy through an organized effort during the feedback period.

The Committee on Disability Issues in Psychology (CDIP) and the Committee on Psychological Tests and Assessment (CPTA) have formed a joint working group to discuss mutual objectives regarding disability issues in testing and assessment. Broadly, these include concerns related to access to assessment materials by those with disabilities, training students with disabilities in the

use of psychological tests, administration of tests to persons with disabilities, and questions about validity when administration is altered for accommodations. At present, the CDIP-CPTA Working group is requesting input from psychologists with disabilities that have experience with altering testing materials or standard administration in any way to accommodate their disability. If any Div40 members with a disability have made such modifications, the Working group would like to gather information about the alteration, including perspectives regarding the effect of the modification on validity. Please forward any relevant information to koltai@duke.edu/919-416-5380.

The Division 40 PIAC continues to interface regularly with APA's Board for the Advancement of Psychology in the Public Interest and its many Committees. Brochures continue to be under development, and we welcome input from the membership on issues for the committee to pursue.

Thank You
continued from page 1

issue better than the previous one. I am extremely pleased to report that Dr. Morgan will continue as Editor beginning with the next issue. I am confident that he will be able bring our newsletter to the "next level" in terms of quality and success. I am also pleased to report that Dr. Nancy Chiaravalloti has agreed to serve as Associate Editor. I know that this "team" will do an outstanding job of continuing to improve our newsletter.

Thank you once again for six wonderful years of service. I leave with warm memories that will endure for the rest of my life.

Respectfully,
John DeLuca, Ph.D.

Program Committee Correspondence

Dear Colleagues,

It has been my privilege to chair the Division 40 Program Committee for this year's convention. In this edition of the Newsletter, we present the final version of the convention program. If you plan to attend the convention, it will be helpful to bring this summary with you to San Francisco. Please note that this final version supersedes the summary that was distributed in the Division 40 spring mailing, which did not include a few last-minute changes made by the Bureau of Convention Affairs. I would like to highlight a few new things that appear in the program this year. Our division has been invited for the first time to participate in the prestigious Focus on Science program that the APA Science Directorate organizes. You will notice that the program summary includes four Focus on Science poster sessions; each of these sessions includes work from Division 40 members. We are also co-sponsoring Focus on Science sessions presented by a number of prominent psychologists, many of which we have included in this program summary for your convenience.

I am pleased to congratulate the winners of this year's convention awards. The Division 40 Blue Ribbon Student award will go to Lori Miller and colleagues (Mary Free Bed Hospital, Grand Rapids, MI) for the paper "The Predictive Value of Pediatric Neuropsychological Test Instruments." The Blue Ribbon Awards for the three highest rated non-student papers will go to Jill Rich (York University, Toronto) and colleagues for "Format and Task Effects on Semantic Memory in Alzheimer's Disease," Milton Harris (Private Practice, Santa Rose, CA) and colleagues for "Expanded AVLT Recognition Trial Norms per the MOANS Database," and Max Trenerry and colleagues (Mayo Clinic, Rochester, MN) for "WMS-III, MRI Hippocampal Volumes, Wada Testing, and Temporal Lobectomy." Student awards for the best papers in the areas of cognitive neuroscience and applied clinical neuropsychology go to Michael Stevens and colleagues (University of Connecticut Health Center) for the paper "Altered Event-Related fMRI

Activity with Conduct Disorder" and to Erin Holker and colleagues for the paper "Do Stimulation Parameters Influence Word Fluency Performance Following Vim DBS?" In addition, we are pleased to announce that The Psychological Corporation has generously initiated an annual travel scholarship to the conference, to support the work of women and minority students. This award is given to the highest rated submission from among those submitted by women and minority graduate students and fellows. The Psychological Corporation Student Scholarship will go this year to Rowena Gomez (Washington University) for the paper "Strategies Used in Fluency Tasks in Normal Aging and Dementia."

This year, the Bureau of Convention Affairs offers a new **Personal Convention Scheduler and session search engine**, which will help you to create a personalized and updateable electronic record of the sessions you want to attend. You can access the Scheduler at www.apa.org/convention/

Finally, I would like to express my gratitude to all of our Program Committee members, whose names are listed in this issue, with special thanks to Rodney Vanderploeg, Ph.D. for his outstanding contribution as the Co-Chair of the committee.

I hope to see each of you in San Francisco.

Sincerely,

Paula K. Shear, Ph.D.

**Division 22 Program for the
2001 APA Annual Convention**

Saturday, August 25

- 8:00-10:50 am: Division 22 Business Meeting
(Chair: Timothy R. Elliott)
San Francisco Marriott Hotel-Pacific Conference Suite B
- 12:00-12:50 pm: Presidential Symposium: Innovation in Understanding and Assisting Families
Living with Disability (Chair: Timothy R. Elliott)
Moscone Center-South Building, Room 250
- 2:00-2:50 pm: Keynote Address: What Do We Talk About When We Talk About Disability?
(Speaker: Rhoda Olkin)
San Francisco Marriott Hotel-Nob Hill Rooms C and D
- 3:00-4:50 pm: Presidential Address and Rehabilitation Psychology Fellows
(Chair: Donald Kewman)
San Francisco Marriott Hotel-Nob Hill Rooms C and D
- 5:00-5:50 pm: Awards Presentation and Social Hour
(Chair: Kathleen Chwalisz)
San Francisco Marriott Hotel-Golden Gate Salon A1

Sunday, August 26

- 8:00-9:50 am: Psychological Challenges Encountered by Hearing Impaired Adults and Their
Families (Chair: Spencer Schein)
San Francisco Marriott Hotel-Golden Gate Salon A3
- 10:00-11:50 am: Caregivers of Children With Chronic Illness or Disability
(Co-chairs: Daniel L. Clay and Marilyn Stern)
San Francisco Marriott Hotel-Golden Gate Salon A3
- 1:00-1:50 pm: Leonard Diller Honorary Lecture
(Chair: Charles H. Bombardier; Speaker: Edward Taub)
San Francisco Marriott Hotel-Golden Gate Salon A3
- 2:00-3:50 pm: Neurologic and Non-Neurologic Factors in Outcome After Traumatic Brain Injury
(Chair: Mark Sherer)
San Francisco Marriott Hotel-Golden Gate Salon A3

Monday, August 27

- 8:00-8:50 am: Cerebellar Disease and Educational Program Planning
(Chair: Alan L. Goldberg)
Moscone Center-South Building, Room 262
- 9:00-9:50 am: Psychology's Efforts to Obtain GME Inclusion: An Update
(Chair: Robert G. Frank)
Moscone Center-South Building, Room 250
- 10:00-11:50 am: SSA's TWWIIA Legislation: Implications for Rehabilitation Psychology and
Practice (Chair: Susanne M. Bruyere)
Moscone Center-South Building, Room 250
- 12:00-12:50 pm: Rehabilitation Psychology Poster Session
(Chair: Kathleen Chwalisz)
Moscone Center-South Building, Exhibit Hall C
- 1:00-1:50 pm: Individual and Caregiver Rights: Ethical Challenges of Competency and
Confidentiality (Chair: Thomas Kerkhoff)
Moscone Center-South Building, Room 200
- 2:00-3:50 pm: Cultural Diversity in Rehabilitation
(Chair: Nina A. Nabors)
Moscone Center-South Building, Room 222

4:00 to 4:50 pm: Cognitive Function and Vocational Rehabilitation for Adolescents With HIV Disease (Chair: Amy M. Wisniewski)
Moscone Center-South Building, Room 224

Tuesday, August 28

8:00-8:50 am: Enhancing Emotional Control in Persons with Acquired Brain Damage (Chair: Dvorah Simon)
Moscone Center-South Building, Room 258/260

9:00-9:50 am: New Perspectives on Psychosocial Intervention in Multiple Sclerosis (MS) Rehabilitation (Chair: Robert T. Fraser)
Moscone Center-South Building, Room 208/210

10:00-11:50 am: Core TBI Memory Processes: Identifying and Tracking Change Across Time (Chair: Mitchell Rosenthal)
Moscone Center-South Building, Room 250

12:00-1:50 pm: Understanding Federal Reimbursement: Medicare, CPT Coding, and Current Payment Issues (Chair: Diane Pedulla)
Moscone Center-South Building, Room 200

2:00-2:50 pm: European Versus American Approaches in the Cochlear Implant Field (Chair: Robert Q. Pollard)
Moscone Center-South Building, Room 250

3:00-3:50 pm: Multicultural Competence in Rehabilitation (Chair: Nina A. Nabors)
Moscone Center-South Building, Room 250

4:00-4:50 pm: The Psychology of Assistive Technology (Chair: Jeffrey Jutai)
Moscone Center-South Building, Room 250

**Division 40 Program
2001 APA Convention Program Summary
(Continued from page 18)**

2:00 PM - 3:50 PM: "Poster Session: Memory, Cognition, and Emotion / Chair: Robert Elliott, Ph.D."
Moscone Center - South Building Exhibit Hall C

4:00 - 5:50 PM: "Symposium: Brain Imaging and Clinical Neurorehabilitation / Organizer: Steven L. Schandler, Ph.D."
Moscone Center - South Building Room 302

Tuesday 8/28/01

10:00 - 10:50 AM: "Symposium: School for Scandal: A Memoir of a Girl Disabled / Organizer: Gerald P. Koocher, Ph.D."
Moscone Center - South Building Rooms 208/210

**Division 40 Program
2001 APA Convention Program Summary**

The following information is current as of 5/1/2001 and supersedes any previous notices, including the one circulated in the Division 40 Spring Mailing.

Friday 8/24/01

- 8:00 - 8:50 AM: "Ethics Committee Meeting / Organizer: Richard I. Naugle, Ph.D."
SF Marriott Hotel Sierra Conference Suite E
- 8:00 - 10:50 AM: "Executive Committee Meeting / Organizer: Jason Brandt, Ph.D."
SF Marriott Hotel Sierra Conference Suite H
- 12:00- 12:50 PM: "Conversation Hour: Neuropsychology Networking
With APA / Organizer: Antonio E. Puente, Ph.D."
Moscone Center - South Building Room 200
- 1:00- 2:50 PM: "Workshop: Demystifying the Application And Funding Process
at NIA / Organizer: Elisabeth Koss, Ph.D."
Moscone Center - South Building Room 310
- 3:00- 3:50 PM: "Focus on Science Master Lecture: Michael Merzenich, Ph.D."
Location TBA
- 4:00 - 5:50 PM: "Poster Session: Lifespan Development / Chair: Jennifer Manly, Ph.D."
Moscone Center - South Building Exhibit Hall C
- 5:00 - 6:50 PM: Focus on Science Poster Session w/Social Hour
Location TBA

Saturday 8/25/01

- 8:00 - 8:50 AM: "Practice Advisory Committee Meeting / Organizer:
Christopher L. Grote, Ph.D."
SF Marriott Hotel / Pacific Conference Suite D
- 8:00 - 9:50 AM: Symposium: Integrating Neuroimaging and Neuropsychology:
"An Interdisciplinary Approach to Substance Abuse /
Organizer: Karen I. Bolla, Ph.D."
Moscone Center - South Building Room 302
- 9:00- 10:50 AM: Focus on Science Poster Session w/Coffee Service
Location TBA
- 10:00 - 10:50 AM: "Invited Address: Early Career Award in Neuropsychology /
Recipient: Joseph Ricker, Ph.D."
Moscone Center - South Building Rooms 228 and 230
- 11:00 - 11:50 AM: Focus on Science Plenary: Frans de Waal
Location TBA
- 12:00 - 12:50 PM: "Conversation Hour: Ethics in Clinical Neuropsychological Practice /
Organizer: Richard I. Naugle, Ph.D."
Moscone Center - South Building Room 308
- 1:00 - 2:50 PM Symposium: Curve Balls When Using the WAIS-III and WMS-III -- Interpreting
"Unstandardized Administrations / Organizers: David S. Tulsky, Ph.D. and
Donald Saklofske, Ph.D."
Moscone Center - South Building Room 307
- 1:00 - 2:50 PM: Focus on Science Poster Session w/Coffee Service
Location TBA
- 3:00 - 4:50 PM: Symposium: Initial Results From the Division 40/NAN Neuropsychological
Practice Survey
"Organizers: Jerry Sweet, Ph.D. and Ted Peck, Ph.D."
Moscone Center - South Building Room 305

Newsletter

5:00 - 5:50 PM: "Blue Ribbon Award Winners Paper Session / Organizer: Paula K. Shear, Ph.D."
Moscone Center - South Building Rooms 202/204/206

Sunday 8/26/01

8:00 - 8:50 AM: "Discussion Hour: Pediatric Neuropsychology Interest Group
Organizer: Keith O. Yeates, Ph.D."
Moscone Center - South Building Room 274

8:00 - 8:50 AM: "Education Advisory Committee Meeting / Organizer: Sandra Koffler, Ph.D."
SF Marriott Hotel Pacific Conference Suite G

8:00 - 8:50 AM: "Science Advisory Committee Meeting / Organizer: Michael Westerveld, Ph.D."
Location TBA

8:00 - 8:50 AM: "Women In Neuropsychology Mentoring Activity /
Organizer: Paula K. Shear, Ph.D."
Moscone Center - South Building Room 303

8:00 - 8:50 AM: "Procedure Codes Meeting (By Invitation) / Organizer: Antonio E. Puente, Ph.D. "
Moscone Center - South Building Room 302

9:00 - 10:50 AM: Symposium: Exploring the Clinical Utility of WAIS-III and WMS-III
"Organizers: David S. Tulsky, Ph.D. and Kathleen Y. Haaland, Ph.D."
Moscone Center - South Building Room 303

11:00- 11:50 AM: "Focus on Science Distinguished Scientific Contribution Award /
Recipient: Alan Baddeley, Ph.D."
Location TBA

12:00- 1:50 PM: "Symposium: Contributors to Developmental Outcomes in Children With NLD /
Organizer: Robert T. Ammerman, Ph.D."
Moscone Center - South Building Room 302

1:00 - 2:50 PM: "Poster Session: Intervention, Outcome, and Assessment /
Chair: John Lucas, Ph.D."
Moscone Center - South Building Exhibit Hall C

2:00 - 2:50 PM: "Benton Lecture: Donald T. Stuss, Ph.D."
Location TBA

3:00 - 3:50 PM: "Presidential Address: Jason Brandt, Ph.D."
SF Marriott Hotel Golden Gate Salon C2

4:00 - 4:50 PM: "Business Meeting / Organizer: Jason Brandt, Ph.D."
SF Marriott Hotel Golden Gate Salon C2

5:00 - 6:50 PM: Division 40 / Division 22 Social Hour
SF Marriott Hotel Golden Gate Salon C1

Monday 8/27/01

8:00 - 9:50 AM: "Symposium: Virtual Reality--Adding Reality to Neuropsychological Assessment /
Organizer: Maria T. Schultheis, Ph.D."
Moscone Center - South Building Room 304

9:00 -10:50 AM: Differential Characteristics of Forensic and Routine Neuropsychological Evidence
(Co-sponsored with Division 41)
"Organizers: Richard I. Naugle, Ph.D. and Richard Frederick, Ph.D."
Location TBA

12:00 - 12:50 PM: "Award Ceremony: Fellows Convocation / Organizer: Stanley Berent, Ph.D."
"Guest Presentation: Eileen Martin, Ph.D. ""Recent Developments in HIV and Addiction
Neuroscience""
Moscone Center - South Building Room 224

1:00 - 1:50 PM: "Symposium: Resolving Controversies in Mild TBI: Neuropsychological, Psychosocial, and
Psychiatric Outcome" "Organizer: Rodney D. Vanderploeg, Ph.D."
Moscone Center - South Building Rooms 252/254/256

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Lujan-Fryns Syndrome: A Case Study

Continued from page 1

there were no focal pathognomic signs. All laboratory tests were normal with the exception of an incidental finding of slightly elevated serum ammonia (37), which was normal (22) on repeat testing. A slight heart murmur was present, along with indications for decreased stamina. In light of the temperature intolerance, MRI of the brain was done to rule out a possible lesion compromising the pituitary-hypothalamic axis. The results did not suggest any intracranial abnormalities.

At the age of 19 years, the patient presented to the 3rd author for genetic consultation. Chromosome studies revealed a 46, XY normal male karyotype. Fragile X screening was negative. Secondary sexual development appeared normal. He demonstrated the physical characteristics that have been described for Lujan Fryns syndrome. Specifically, in addition to the general Marfanoid habitus, he had a relatively long second toe, a hypernasal voice, a long and narrow face and nose, a thin upper lip, an arched palate, and a recessed jaw.

The patient's mother then pursued neuropsychological assessment by the first author approximately 6 months later because of concerns about the absence of any clear educational or vocational direction. An extensive history, provided by the mother, and review of school records did not suggest any periods of significant behavioral problems, psychotic symptoms, or other psychiatric disturbance. Family history was non-contributory. The patient, who was 21 years of age at that time, was able to go to familiar places independently by means of public transportation. However, he could not use the stove or manage a bank account independently. His speech was fluent and coherent and free of any symptoms that might suggest disturbed form or content of thought. He demonstrated a broad range of affect and, although he was somewhat shy, he was consistently socially appropriate. These functional conversational and interpersonal skills argued against the presence of any type of autistic spectrum dysfunction. He was left-handed, which was not unusual in his family. Fine motor slowing was evident bilaterally, but there was no sign of any type of ataxia or dyspraxia.

There were no errors during finger agnosia examination, visual fields were full to confrontation, and there were no suppressions during bilateral simultaneous sensory stimulation. He was oriented in all spheres, could provide his own address and phone number, and was able to assent to formal psychometric evaluation.

The complete neuropsychological test results, with the exception of those from the Tactual Performance Test (which had to be discontinued due to fatigue that led to tachycardia) are presented in Table 1. Inspection of this table reveals a pattern of significant impairment (i.e., results 2 SD below the mean) in almost all areas, with the notable exception of his performance the Wisconsin Card Sorting Test (WCST), where he efficiently figured out all the 6 categories in 110 cards without ever failing to maintain set. Thus, despite multiple indications for significant impairment of cognitive and adaptive abilities, this young man demonstrated on a structured task the ability to figure out various possible solutions and to modify these strategies in response to succinct corrective feedback regarding the accuracy of answers. This patient's performance on the WCST was completely normal when compared to an age-stratified normative sample (Heaton et al., 1993), which suggests that he was definitely capable of new learning. Therefore, we supported placement in an outpatient training program that emphasized a combination of daily living skills (e.g., complex meal preparation, balancing a checkbook) and vocational skills (with due consideration of his limited stamina and motor slowness).

This patient demonstrates virtually all of the clinical features that have previously been associated with Lujan-Fryns syndrome. The fact that the Marfanoid habitus did not become fully evident until after the onset of puberty is compatible with the findings of others (Fryns & Van den Berghe, 1991). The normal MRI of the brain is also consistent with previous reports (Lacombe et al., 1993). In addition, the noted cardiac abnormalities are common with this condition (Wittine et al., 1999). However, his presentation is remarkable for two reasons. First, he did not display any of the psychiatric problems that have been reported in the vast majority of other

patients with this condition. Second, when psychometric evaluation went beyond the traditional IQ tests (which are largely the only scores reported in previous studies) it became apparent that this young man was able to master some new concrete concepts at a level that was indistinguishable from that of his peers. Temperature intolerance has not been previously reported for this condition, and a potential cause for this problem in our patient was never identified.

It is unclear why this young man performed well on the WCST, despite not having seen it before. Perhaps certain properties of the test facilitated his success. These included utilization of concrete visual support, no emphasis on speed of performance or recall of many details, and most importantly an interactive format. The consistent reinforcement of appropriate strategies, in combination with concise redirection when he started getting 'off track', appeared to provide him with the structure that he needed to successfully problem-solve. In light of his significant cognitive delays in other areas, it is likely that his learning on any new task will be slower and more task- or domain-specific than that of his peers. He may not spontaneously generalize newly learned skills to other situations. However, had we not performed any tests beyond the traditional IQ and achievement measures, we would have erroneously concluded that this young man simply had mental retardation or dementia and that he was not capable of learning any novel skills.

The normal performance on the WCST is also consistent with the absence of any psychotic features. Impaired performance on this test is very common in schizophrenia and related disorders (Heinrichs & Zakzanis, 1998; Park, 1997). Although such impairment has been considered by some to be indicative of selective frontal lobe dysfunction (Abbruzzese, Ferri, & Scarone, 1997; Berman et al., 1997), this association appears to be weak and non-specific (Groen, 1998; Zakzanis & Heinrichs, 1999). Instead, poor WCST performance in the presence of psychosis may reflect more generalized neuropsychological impairment (Dieci et al., 1997; Walker & Diforio, 1997). In this context, the neuropsychological profile of our

patient suggests that Lujan-Fryns syndrome is not necessarily associated with pervasive dysfunction in all neurobehavioral domains. Therefore, this condition should not be assumed to be equivalent to schizophrenia, mental retardation, or dementia.

The current findings obviously require independent replication. We suggest neither that neurobehavioral compromise in Lujan-Fryns syndrome is trivial, nor that intact WCST performance is an invariant characteristic. However, functional impairment may not always be as pervasive with this condition as previously assumed. Consequently, comprehensive neuropsychological evaluation of individuals with this diagnosis should be pursued routinely in clinical practice.

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Table 1. Results of Neuropsychological Evaluation in Standard Scores)

Test administered	Measure	Result
Kaufman Functional Academic Skills Test	Composite score	66
Vineland Adaptive Behavior Scales	Adaptive behavior composite	59
Wechsler Abbreviated Scale of Intelligence	Full scale IQ	60
Wechsler Adult Intelligence Scale—Third Edition	Processing speed index	57
Wechsler Memory Scale—Third Edition	General memory index	67
Wisconsin Card Sorting Test	Perseverative responses	94

**Report on the Council of Representatives Meeting
23-25 February 2001**

The CoR meeting was very well run by APA President Norine Johnson. Council moved through its agenda smoothly and efficiently and order was maintained throughout. All sessions started and ended on time and we finished up 1 ½ hours early on Sunday, 25 February 2001.

The highlights that are relevant to clinical neuropsychology are as follows.

A new version of the APA's Ethical Principles and Code of Conduct is out for comment. APA members may go to the APA web site and see the new document.

There are tables comparing the previous version with the new proposal. You can comment on any and all of the principles and standards. The first time you do this you will be asked to fill out identifying information. After you do this once, you do not have to fill in this information again. One item not addressed in the old version nor in the new proposal is the fraudulent use of specialty titles as applied to practitioners or a practitioner's work product.

Permanent status was given to two new divisions, the Division of Clinical Child Psychology #53 (for persons working in child psychiatry or psychology departments) and the Society of Pediatric Psychology #54 (for persons working in pediatrics departments).

The CoR voted down a resolution that would have required all members of an Accreditation Site Visiting Panel be limited to members of the APA.

The CoR referred to the APA governance boards the report of the Commission on Education and Training Leading to Licensure in Psychology (CETLLP). Division 40 was one among many voices that oppose the recommendation of the CETLLP. Division 40's position was derived from the deliberations of the Division 40 Education Advisory Committee on Saturday, 17 February 2001 which included the Division 40 President and representatives of clinical neuropsychology's three educational organizations as well as representatives of private practice. A list of 10 reasons to reject the CETLLP proposal was prepared and circulated for comment and then edited by the EAC prior to sending them to the Division's Council

Representatives before this meeting of the CoR. (This Top 10 list also was discussed and disseminated at some sort of meeting of the Association of State and Provincial Psychology Boards (ASPPB)-perhaps a caucus group-held in conjunction with this CoR meeting. Apparently they were well received.) The report of the Commission is now open for a time-limited period of public comment (until some time in April).

The CoR approved a resolution calling for investigation of the role of racial bias and stereotyping in racial profiling activities, research into the prevalence of such, and its effects on the practitioners and recipients of such. It will promote education about the issues involved. It will develop programs to present to law and security authorities.

By a close vote, the CoR approved a statement that said the APA neither approved nor disapproved of assisted suicide in terminally ill patients, but called for psychologist involvement in such decision making.

The APA mission statement was amended to include the word "health." This was intended to better establish that psychology is a health care profession, e.g., the Bureau of Labor Statistics refuses to list psychology in the category of the health care professions and, instead lists it as a social science.

Break out groups were used to generate and rank order lists of priorities for the APA. A master list was compiled across the breakout groups for the CoR to rank again. The results of this prioritization work will come out later this year.

The Board of Educational Affairs (BEA) distributed a draft of its manual for evaluating Practice Guidelines. A similar manual for Treatment Guidelines was approved by the CoR in August of 2000. Aside from these manuals, there are formal procedures to be followed for the generation, dissemination, review, and APA approval of guidelines.

The APA in conjunction with two other groups has developed a 30 second television promotional regarding ACT (adults and children together) Against Violence. The Advertising Council has

agree to run this on television (as a public service announcement). The main image is a nude infant over which are laid the sounds of sights of various forms of domestic and anti-social violence.

See:

http://www.adcouncil.org/PSAB/body_news_articles_janfeb01.html

Minutes

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submission to the *Journal of Head Trauma Rehabilitation*.

With regard to the *Interdivisional Healthcare Committee*, Dr. Cheryl Silver reported that the health and behavior CPT codes have been approved and will appear in the 2002 CPT revision. Although neuropsychologists have had assessment and rehabilitation codes available for some time, this expands the CPT codes that can be used in association with medical (rather than psychiatric) diagnoses. It is a significant development, especially for our colleagues in health psychology. The proposed HHS regulations to give General Medical Education funds to psychology internships have been written and are being reviewed at this time, although psychology will not be supported from medical residencies but will be supported as an allied health field. APA has received international recognition for developing a prototype of a procedural manual to implement the World Health Organization's revised classification system for disabilities and the resultant impairment in functioning, currently known as the ICDH-2. Rather than focusing on diagnosis, this system determines the difference between the ability to perform daily activities and an individual's actual performance. The purposes of the system will be to define the need for services, elucidate the focus of intervention, and document change.

19. Given the late time, the EC agreed to table for discussion until August 2001 discussion regarding the implementation of the Planning Committee recommendations. The EC will next meet in August 2001 in conjunction with the APA Annual Convention in San Francisco, CA.

The meeting was adjourned at 4:07 pm.

Respectfully Submitted,
Mark W. Bondi, Ph.D.
Secretary, Division 40

Announcement

An informal group of Women in Neuropsychology (WIN) has been formed to support the professional development of women at all levels of training. WIN is sponsoring a mentoring activity at the APA Convention, which will be held on Sunday August 26 from 8:00-8:50 AM in the Moscone Center South Building, Room 303. During this time, we will have a catered informal gathering, which everyone is welcome to attend, to foster discussion about women's issues in neuropsychology. You are invited to bring a copy of your CV to this session, so that you can participate in an individual discussion with one of several women who are well established in the field. These one-on-one sessions will focus on suggestions for specific types of experiences that would further enhance your career development, effective presentation of your credentials in the CV format, and techniques for marketing your training and experience in applications for internship programs, postdoctoral residencies and professional positions. It is not necessary to make an appointment in advance to participate in this session.

WIN has recently established a listserv, which you can join by sending e-mail to listserv@lists.apa.org. The subject line should be blank. The message should read

SUBSCRIBE DIV40WIN First Last [substitute your own first and last names]. If you would like more information about WIN or about the mentoring activity that will be held at APA, please contact Paula K. Shear, Ph.D. at paula.shear@uc.edu.

Announcement

Donald Stuss, Ph.D. will be giving the *Arthur Benton Lecture* at the APA convention. Dr. Stuss is scheduled to speak on August 26, 2001 from 2:00 to 2:50 PM at the convention. Norman Ables, Ph.D., will chair the session. Please check your convention guide for the room number.

Important Mobility Deadline

Do you think you might ever want to be licensed in another state?

Barbara Van Horne, Ph.D.

There are two avenues to ease licensure in another state, the Association of State and Provincial Psychology Boards (ASPPB) Agreement of Reciprocity and the Certificate of Professional Qualification (CPQ). Only ten states have been accepted into the Agreement of Reciprocity.

Therefore, the CPQ is the vehicle to ease the process for most psychologists who may want to be licensed in other jurisdictions. The CPQ program began in August 1998. Currently licensing boards in 12 jurisdictions are accepting the CPQ as evidence of having met the requirements for licensure. 14 more jurisdictions have voted to accept the CPQ and are in the process of changing their procedures to implement this decision. Many other jurisdictions are in various stages of exploring the CPQ as a licensing option.

There are currently two options for psychologists to obtain the CPQ. Application under Option 1 requires:

A psychology license based on a doctoral degree in psychology (related fields are not acceptable) from an institution that was regionally accredited at the time the degree was granted, AND that institution must also have been accredited by the APA, or designated by the ASPPB/NR Joint Designation Committee, or meet specific criteria.

Two years of supervised experience, verified by a form submitted by the supervisor(s).

Completion of the EPPP (national exam) with a score of 140 or 70% or above.

An oral examination or interview.

Five years of independent practice.

No history of disciplinary action.

Some deficiencies, such as the oral examination, are remediable. Psychologists who do not meet criteria 1 - 4, or would have difficulty providing evidence of having met these criteria should consider applying under Option 2.

Psychologists whose license or registration is based on receipt of a doctoral degree in psychology

from a regionally accredited institution of higher education **and** who meet criteria 5 & 6 and are listed in the National Register or Canadian Register can apply under a “grandparenting” provision (Option 2*) until **12/31/2001**. Option 2 will continue to be available for ABPP members after that date.

A psychologist who has the CPQ and wants to be licensed in another state or province which accepts the CPQ would only need to pay application fees, and possibly take an examination on local laws.

More information about the Certificate of Professional Qualification (CPQ), or the ASPPB Agreement of Reciprocity is available from ASPPB: ASPPB, P.O. Box 241245, Montgomery, AL 36124-1245 Or contact: www.asppb.org.

**APA President Norine G. Johnson, PhD,
Showcases Psychology's Role in Building a Healthy World.**

Join APA President Norine G. Johnson, PhD and the American Psychological Association in San Francisco, August 24 through August 28th for the 109th annual APA convention. Highlights of the meeting you won't want to miss include the Opening Session keynote address by Mary Pipher, PhD. and the 2001 Presidential Mini Convention, "Psychology Builds a Healthy World: New Markets, New Research." The Healthy World mini convention, which takes place in the Moscone Convention Center from Saturday August 25 through Monday, August 27, features three days of cutting-edge programs that showcase some of psychology's most distinguished scientists and practitioners.

Each day of the mini convention will focus on a special theme and feature a presidential invited speaker in addition to workshops, dialogues and roundtable discussions. Friday's theme will be Healthy Families and the invited speaker will be William Pollack, PhD, who will talk about "Real Boys, Real Girls, Real Parents: Preventing Violence through Family Connection." On Saturday, the theme will be Healthy Communities and the invited speaker will be Susan Pick, PhD, whose address will be "Healthy Sexuality for All: The Role of Psychology." James Campbell Quick, PhD, will be Monday's invited speaker. His presentation, "Working Together: Balancing Head and Heart", will kick off a day of programming on Healthy Workplaces.

This year, for the first time, APA will offer continuing education credits for attendance at the mini convention sessions. The CE credits are free and no pre-registration is required. However, attendance is limited to 350 people on a first-come, first-serve basis, so plan to arrive early.

Each session will include learning objectives, handouts, and information that attendees can take with them and use such as ideas to build their practices and ideas for new research challenges. Rather than providing broad overviews, the speakers will cover new information that addresses the needs of the general public as well as those of psychologists. Speakers in each session will show how psychology can help and will identify the

leading research and the most effective applications. They will also invite audience participation.

The mini convention program was developed by the APA Task Force on the 2001 Presidential Initiative on Health and its three dedicated co-chairs: Carol D. Goodheart, EdD, Rodney Hammond, PhD and Ronald H. Rozensky, PhD. The task force's mission is to identify core health needs of the public and the policy implications; to use the collective power of all psychology's constituencies to partner with other relevant organizations; and to translate psychology's intervention and prevention techniques back to the public in both visual and written products.

To learn more about the Psychology Builds a Healthy World mini convention, the 2001 presidential mini conventions on Expanding Opportunities in Science and Practice, and other 2001 presidential initiatives, visit the APA's president's web page www.apa.org/about/president. For more information about the APA convention, visit www.apa.org/convention.

**DIVISION 40 EXECUTIVE COMMITTEE
MEETING MINUTES**

Wednesday, February 14, 2001

**Chicago Hilton Hotel and Towers, Private
Dining Room 3
Chicago, Illinois**

Present: Axelrod, Baron, Bauer, Bondi, Brandt, Chelune, Craig, Fischer, Grote, Ivnik, Koffler, Koltai, Mirsky, Puente, Ricker, Shear, Westerveld, Yeates.

Absent: Berent, Boll, Hamsher, Vanderploeg.

1. The meeting was called to order by Dr. Brandt at 1:13 pm.

2. Secretary's Report: Dr. Bondi reported that the bylaws revision to the Division 40 mission statement was approved by a vote of 568-98. The Minutes of the Executive Committee (EC) meeting held in August 2000 were reviewed and approved without revisions.

3. Treasurer's Report: Dr. Fischer presented the Treasurer's Report for the fiscal year 2000. Dr. Fischer reported that the Division continues to be in an excellent financial state. As of December 2000, Division 40 had total assets of \$284,346.61 (\$278,997.84 cash on deposit at APA; \$5,348.77 advances/prepaid expenses). Dr. Fischer reviewed that Division 40 ended fiscal year 2000 favorably with respect to the budget by approximately \$15,000. Significant one-time expenses in FY2000 included a donation to the APA Legal Test Case; start-up expenses for the Committee on Empirically Supported Practice; partial funding of the joint NAN/Division 40 Practice Survey; and the May 2000 Strategic Planning Retreat.

Dr. Fischer presented a revised Fiscal Budget for 2001, which was formulated, distributed, and approved via email by the EC in December 2000. The Revised 2001 budget is comparable in overall amount to last year's final approved budget. A motion was made to approve the the 2001 Fiscal Budget as discussed, and the motion carried.

Dr. Fischer presented proposed reimbursement guidelines to include reasonable reimbursement for Committee Chairs who are asked to attend and present formal oral reports at EC meetings. Copies of the guidelines, with a proposed travel expense sheet, were circulated to the EC members for review. A motion was made to approve the proposed reimbursement guidelines, and the motion carried.

A second motion was made to incorporate the reimbursement guidelines into the policy and procedures manual, and the motion carried.

4. Council Representatives' Report: Dr. Adams reported that the mid-winter meeting of APA Council would take place on February 23-25, 2001 in Washington DC. There will be a number of initiatives being considered concerning topics as diverse as improving reimbursement from managed care and governmental sources, workplace violence, and future improvements to APA financial position via the highly successful real estate activities of the Association in the area contiguous to the Capitol. However, the most pressing Council issues are contained in a proposal to reduce the amount of supervised post degree time required for licensure and to supplant this with improved formalization of the practicum level activity that already occurs for many doctoral students on an extensive basis. This would have the prospect of making students more "licensable" at graduation but has serious barriers in terms of changing licensure laws and problems in relationship to specialties and the potential diminishment of Psychology's stature among health professions such as medicine

5. Membership: Dr. Axelrod presented the names of 215 applicants to the EC for membership in the Division (45 Members, 0 Associate Members, 170 Student Affiliates). The EC voted to accept all of the applicants. Given the consistent periodic requests of foreign psychologists inquiring about membership in the Division, Dr. Axelrod reported that the EC should consider establishing a new category of International Affiliate. This membership category is included in APA and, if approved by the Division, would allow international psychologists to affiliate with Division 40. A motion was made to create the membership category of International Affiliate and have it submitted to the membership for a vote, and the motion carried. Dr. Axelrod was asked to review the APA bylaws and fees regarding the addition of this new membership category and update the EC on this information at the August 2001 EC meeting.

6. Nominations: Dr. Chelune reported that, in the upcoming elections, the following positions will be open: President-elect, one Member-at-Large, and three Council of Representatives seats. A Call for Nominations was sent to all voting members in January 2000. It should be noted that no candidate received the necessary number of nominations (1% of the membership) to be automatically placed on the ballot. Hence, the Nominations Committee, Chaired by Dr. Chelune and including former Presidents, Drs.

Eileen Fennell and Carl Dodrill, considered all nominees and arrived at the following slate by unanimous agreement: Drs. Lloyd Cripe and Antonio Puente for President-Elect; Drs. Paula Shear and Cheryl Silver for Member-at-Large; Drs. Paul Craig, Eileen Fennell, Robert Heaton, Sandi Koffler, Joel Morgan, and Wilfred van Gorp for Council of Representatives (three to be elected). The EC voted to accept all of the candidates. Ballots will be mailed to members directly from APA on or around April 13, 2001.

7. Fellows: Dr. Berent reported that the Fellowship Committee received completed applications for Fellow from six members. The Committee is currently reviewing the applications and will send on their recommendations to APA by the February deadline. Dr. Berent also reported that idea of a "Fellows Convocation" at the APA convention should be arranged and that certificates will be made to honor Fellows within the Division. Dr. Brandt urged Dr. Berent to write letters to previous Fellows inviting them to the convocation at the APA convention in August 2001. Finally, Dr. Berent reminded the EC that this is his final year as chair of this committee.

8. Program: Dr. Shear presented the tentative 2001 Division 40 Program to be held in San Francisco, CA in conjunction with the Annual Convention of the APA, August 24 - 28, 2001. 147 submissions were received for review. Submissions were up from the previous year. Each submission was blindly rated by four members of the committee. The acceptance rate was 79%. The Program Committee was enlarged this year to include 21 members, and efforts were made to increase the diversity of the committee. Division 40 was invited for the first time to participate in the Focus on Science program, organized by the APA Science Directorate.

This year's Division 40 Blue Ribbon student award recipient will go to Lori Miller and colleagues (Mary Free Bed Hospital, Grand Rapids, MI) for the paper "The Predictive Value of Pediatric Neuropsychological Test Instruments." The Blue Ribbon Awards for the three highest rated non-student papers will go to Jill Rich (York University, Toronto) and colleagues for "Format and Task Effects on Semantic Memory in Alzheimer's Disease," Milton Harris (Private Practice, Santa Rose, CA) and colleagues for "Expanded AVLT Recognition Trial Norms per the MOANS Database," and Max Trenerry and colleagues (Mayo Clinic, Rochester, MN) for "WMS-III, MRI Hippocampal Volumes, Wada Testing, and Temporal

L o b e c t o m y . "

At the time of this report, information was not yet available about the Benton Lecture, the Early Career Award, or the three student awards made by the Science Advisory Committee (best cognitive paper, best applied paper and the new The Psychological Corporation travel award for women and minorities). A Social Hour will be held with Division 22 on Sunday of the Convention, and is likely to be sponsored in part by Psychological Assessment Resources, The Psychological Corporation and American Guidance Services.

Dr. Brandt announced that APA will be creating a new Division Cluster Representative to the APA Convention Program Committee. This newly created position will allow Divisions to develop programs for the convention (starting in 2002) that are truly interdisciplinary. An individual will be asked to be designated by March 2000.

Finally, Dr. Brandt commended and thanked Dr. Shear for her excellent work as Program Chair.

9. Education Advisory Committee (EAC): Dr. Koffler reported that the Education Advisory Committee changed its Student Reception Hour to the INS North American Meeting given the low attendance at this event during APA in the past. Dr. Koffler discussed that the EAC will be preparing recommendations to the EC on the merits of the Division becoming an APA-approved CE sponsor. The EAC will also be focusing on developing CE workshops for the APA conventions. There is also a need for bringing the *Training Program Listing* up to date as there have been many changes within programs that are not reflected in the current publication. Funds have been provided for this purpose and the EAC will be discussing how we can facilitate Dr. Cripe's efforts. The listing can be accessed through the division's webpage (www.div40.org). The EAC will also be sponsoring a luncheon meeting with representatives from ADECN, APPCN, and from the private practice sector to discuss current issues in education and training in clinical neuropsychology.

Finally, Dr. Brandt asked the EAC to review a letter drafted by Dr. Ralph Reitan criticizing the Division's prior endorsement of the Houston Conference Report and make a recommendation to the EC about the letter and the Division's possible response(s) to it.

10. Science Advisory Committee (SAC): Dr.

Westerveld reported that the SAC will be presenting three student awards. Two are continuing awards funded from the Division 40 budget to the highest rated student submissions in the area of applied Clinical Neuropsychology (1 award) and Cognitive Neuroscience (1 award). Beginning with the 2001 APA convention, the Psychological Corporation will be supporting a third student award, given to the highest rated submission from women and minority students. As of the time of this report, the ratings are still being compiled. A fourth award, also to be funded by the Psychological Corporation, is under development. Award areas under consideration are in the area of assessment, in particular assessment issues related to ethnic/minority populations.

The Committee on Empirically Supported Practice (COESP) developed guidelines for the review of relevant areas of the literature, and made arrangements with *The Clinical Neuropsychologist* for "streamlined" review and eventual publication of COESP approved manuscripts. A second call for proposals was sent to all members of Division 40 with the Fall mailing. Dr. Heaton reports that two proposals have been received, but there have been no requests for funding received.

Dr. Westerveld reported that Dr. Howieson has selected the new composition of the Awards subcommittee. New members are: Drs. Erin Bigler, Sandra Weintraub, Gregory Lee, and Laura Flashman. The committee is reviewing two candidates for the Early Career award, with the winner to be announced later in February. Candidates for the Benton Lecturer at the APA Convention in San Francisco are being considered.

The SAC worked closely with the Program Committee this year to increase submissions. The SAC contacted authors of all neuropsychology-oriented posters, papers, and symposia that were not part of the Division 40 program and asked them to consider submitting to Division 40 this year. The response was favorable, with a number of new submissions coming directly from this effort.

11. Practice Advisory Committee (PAC): Dr. Grote summarized the activities of PAC since August 2000. Drs. Jill Fischer, Ron Lazar and Robb Mapou rotated off the committee. They were thanked for their years of service. The new PAC members are Drs. Alice Medalia, Julia Ramos-Grenier and Jack Spector. PAC reviewed the draft document *Training Guidelines for Practice in Clinical Geropsychology*. PAC has continued to work with the NAN Policy and Planning Committee (chaired by Dr. Neil Pliskin) on

the *Grassroots Neuropsychology Network*. This network is designed to collect and promulgate information, particularly that related to regulatory and insurance issues relevant to the practice of neuropsychology. The Medicare Carrier spreadsheet was updated. This file contains the available information on website addresses for each Medicare carrier's homepage, as well as their policy on reimbursement for neuropsychological services.

A number of individuals/committees were asked to report their activities through PAC, including:

A) Federal Advocacy Coordinator: Dr. Steve Honor has been appointed as the new FAC.

B) Business of Practice Networks: Dr. Wilma Rosen has recently been appointed to this new position.

C) Dr. Puente reported on the work of the CPT subcommittee. Recent activities include 1) the development of a new set of codes (presently being valued) for health and behavior assessment and management (information provided in the APA Monitor, etc); 2) the re-evaluation of the cognitive rehabilitation code (RUC value); 3) the ongoing development of an APA wide CPT committee; 4) the continued focus by HCFA on fraud and abuse (and documentation); 5) ongoing discussions with HCFA regarding the limited value of the testing codes. Dr. Puente has been invited to join, accepted, and has participated in HCFA's Medicare Coverage Advisory Committee (only psychologist on this panel of about 60 health care professionals).

D) Drs. Paul Craig and Ida Sue Baron had been alternating in their attendance as observers to *Committee for the Advancement of Professional Psychology* at the APA meetings, although Dr. Craig has recently resigned as CAPP observer given his recent election to the APA Finance Committee.

12. Public Interest Advisory Committee: Dr. Koltai reported on the many activities the Public Interest Advisory Committee (PIAC) has initiated since she took over as Chair of the Committee in February 2000. General activities of the PIAC have included responses to two calls through the APA Media Referral Service and the drafting of informational brochures. The *Clinical Neuropsychology* (for consumers) brochure has been completed. After revision incorporating EC input (obtained August 2000), it underwent final revision and is now ready for publication. A motion was made to approve the brochure for publication and dissemination, and the motion was carried. A second brochure, the *Pediatric Neuropsychology* brochure (for consumers) has been drafted and revised, and was distributed at the EC meeting for input. Dr. Brandt

asked Dr. Koltai to verify any copyright issues with APA prior to publication of the brochures. Dr. Koltai also reported that contact was established with the National Academy of Neuropsychology (NAN) to share information regarding brochure development. Dr. Koltai reported that she will be attending the Spring 2001 Consolidated meeting at APA through her role on the APA Relations committee.

Dr. Koltai presented updates from several Division 40 PIAC subcommittees and liaisons/monitors with missions focused on public interest matters next presented reports. Dr. Shear attended the *Committee on Women in Psychology* (CWP) Network meeting at the 2000 APA Convention. A number of methods of increasing participation, representation by, and mentoring of women were discussed. Nominations were submitted that included women and minorities in response to APA's request for participation in the Valuing Diversity project. A letter of recommendation was sent to the CWP and Women's Caucus to request backing of Dr. Ann Marcotte's candidacy on the slate for the Board of Professional Affairs. Dr. Shear developed an e-mail list of women interested in enhancing the role of women in neuropsychology (WIN). Nominations of potential women candidates for Division 40 offices were solicited, and the WIN list and other sources were utilized to increase write-in nominations of the potential candidates. A letter was sent to Dr. Puente thanking him for asking in particular for women and minorities to apply to review manuscripts for *Neuropsychology Review*, and forwarded this information to women on the WIN list. Dr. Shear helped to establish The Psychology Corporation travel scholarship for women and minorities, which will be awarded for the first time at the 2001 APA Convention. This scholarship was publicized to Div40 members and all neuropsychology training directors (doctoral and postdoctoral) in conjunction with Program Committee mailings. Dr. Shear Initiated a mentoring system for women through WIN.

Dr. Koltai reported that Dr. Jovier Evans has been established as the liaison to the APA *Minority Affairs Office*. He awaits notes from that office to be forwarded to him. Dr. Evans solicited a nomination from Tony Strickland to serve on the Valuing Diversity program sponsored through APA.

Dr. Scott Hunter is now established as the monitor to the APA *Office on AIDS*. In his report to Dr. Koltai, he introduced the HOPE program, which is a federally funded program that facilitates training of clinicians and consultants on the psychosocial and

neurocognitive aspects of HIV/AIDS. The director of the *Office on AIDS*, Dr. Anderson, indicated that there would be a positive response to clinical neuropsychologists becoming part of the team working with trainers concerning the neurocognitive aspects of HIV. Information about this program can be obtained through the APA website. The *Office on AIDS* is also working on an issue involving a recent report made to the APA Board of Directors concerning assisted suicide and end-of-life decisions. There are specific concerns about ensuring that individuals who are well-versed in issues related to neurocognitive changes with aging and disease in the elderly are involved in consultation and direct care. The Committee's report can be found at: <http://www.apa.org/pi/aseolf.html>.

Dr. Gerry Gioia is established as the monitor for the APA *Children, Youth and Families* (CYF) Committee and reported on Head Start's Fifth National Research Conference which met in June 2000 to discuss "developmental and contextual transitions affecting the health and well being of young children" including the "embeddeness of brain development within child development and education. APA has received funding for a project to reduce child and adolescent mortality and morbidity associated by illness and trauma. The input of pediatric neuropsychology would be very useful in terms of information related to the sequelae of acquired brain injuries. Input into the development of an education system for Emergency Room/EMT staff and a surveillance system for parents and schools regarding neuropsychological sequelae could be very useful. A School Completion Task Force has been working on issues to reduce drop-outs. Neuropsychology could potentially contribute to the goals of this task force, particularly in terms of providing information/expertise regarding neuropsychological factors associated with disabilities that increase risk for drop-out. Dr. Gioia also commented that Division 40 may want to address the utility of further education and training of school, clinical, child and counseling psychologists regarding brain-behavior issues.

Dr. Doug Johnson-Greene has been established as the monitor to the APA *Committee on Disability Issues in Psychology* (CDIP) and reported that CDIP met with the *Committee on Psychological Tests and Assessments* (CPTA; Dr. Wilfred van Gorp, Chair) to look at collaborative issues relating to testing and disability. The committees agreed to form a working group to set priorities and outline an agenda for future activities. The working group will gather materials to produce a common set of knowledge

and establish a listserv. CDIP has drafted correspondence to the Working Group on Assisted Suicide and End-of-Life Decisions and will send a representative to their meetings to address disability issues. A pilot mentor program in CDIP was established to increase involvement of psychology students with disabilities.

Dr. Bernice Marcopulous has been established as the monitor to the APA *Committee on Aging*. She awaits notes from that office to be forwarded to her.

Dr. Herfkens is established as the monitor to the APA *Committee on Lesbian, Gay, & Bisexual Concerns*. There were no recent committee activities directly relevant to Division 40. However, Dr. Herfkens will consider contributing a piece to the newsletter about issues relevant to this population and neuropsychological practice.

Dr. Richard Naugle is established as the Division 40 monitor to the APA *Ethics Committee*. Dr. Naugle has been in touch with the Ethics Code Task Force (ECTF) regarding revision of the ethics code, and is awaiting their response to the subcommittee's letter expressing concern about some of the proposed revisions. Those concerns will be discussed at the next ECTF meeting in June 2001. Two new members were added: Drs. Daniel Tranel and Shane Bush.

Dr. Richard Salamone is established as the liaison to the APA *Committee on Rural Health* (CRH). There were no recent committee activities directly relevant to Division 40. However, many of the areas of focus of this committee (e.g., lack of sufficient mental health providers in rural areas) apply to neuropsychology as much as general clinical psychology).

Dr. Hunter is now established as the monitor to the *Committee on Urban Initiatives*. There are two projects currently in development that may have relevance to Division 40: a committee examining workplace violence and its antecedents and effects, and a committee that is examining issues of school reform.

13. Publications and Communications Committee (PACC): Dr. Bauer reported that the PACC has been in negotiations with APA (Gary VandenBos, Editor) regarding the possibility of making *Neuropsychology* the official Division journal. These negotiations have resulted in a proposal for action by the EC. Discussion ensued about the relationship the Division will be able to develop with

the Editor of *Neuropsychology*, and Dr. Bauer suggested that the Editor be made a member of the EC. A motion was made to invite comments from the membership about the proposal, and the motion carried. Dr. Bauer offered to draft a survey for the membership to complete, which will be included in the Spring mailing.

The latest issue of the *Newsletter 40* has been completed and has been sent to APA for printing and mailing. It is available on the Division 40 website. The Newsletter is a record 48 pages and reflects excellence in design and content. The deadline for material for the next issue is May 1, 2001. The next issue will be the last issue under the Editorship of John DeLuca. Dr. DeLuca recommends that the EC should appoint Dr. Morgan as the new Editor. It is also recommended that we follow a format similar to that used for appointing the D40 Program Chair, in that an associate editor is selected during the last year of the Editor's term for the express purpose of working with the outgoing editor to become knowledgeable in Newsletter procedures. Dr. DeLuca proposes to stay on with the Newsletter and to edit the column "On the History of Neuropsychology". Several interviews have already been collected which can form the basis of this column. Dr. DeLuca is grateful for the opportunity to serve the Division as the Newsletter Editor for the past six years. Dr. Brandt thanked Dr. DeLuca, and Dr. Morgan, for their leadership in advancing the Newsletter to new heights of impact and quality.

Dr. Nemeth, Division 40 Archivist, reported that the archives continue to grow and now are available online at the following URL: <http://www.lib.lsu.edu/special/findaid/a4745.html>. They are now all keyword searchable, and now contain a history of the Society. Prior difficulties in accessing the archives stemmed from an error in the URL posted on the Division 40 Website. This has been corrected. Tara Zachary, Assistant Curator for Manuscripts, Special Collections, of the LSU Libraries is overseeing the maintenance of the Archives in Baton Rouge, LA.

The Division 40 website continues to be expertly maintained by Dr. Lloyd Cripe. Comments and suggestions for improving the website are invited from EC members and the general membership. It should be noted that the new organizational structure of the EC is not fully implemented in the "officers" section of the website, and that the Divisional Archives are not easily accessible. Appropriate updates will be undertaken. It is proposed that the link to the Archives should be included in the main

menu, rather than under “announcements”.

14. Committee on APA Relations: Dr. Puente reported that this newly formed committee has begun to set its agenda for 2001 with two immediate goals: (a) to increase communication channels between APA, especially the Practice Directorate, and Division 40, and (b) to increase representation of clinical neuropsychologists on APA committees and boards. The Committee consists of Drs. Puente (Chair), Grote, Koltai, Koffler, and Westerveld.

15. Committee on Inter-organizational Relations (CIOR): Dr. Ricker reported on this newly formed committee’s activities. He reported that Dr. Lidia Artiola i Fortuny attended the meeting of the *APA Committee on International Relations in Psychology (CIRP)*. She conveyed to the Committee was that she was transitioning to her current position as Division 40 Liaison to CIRP. She also provided details to CIRP on international programs and listed the following WebSite: <http://www.ILC-INS.com/> This site has a link to be Division 40 WebSite. CIRP was particularly interested in our database of training programs and possible sources of financial support.

The Committee asked that Dr. Artiola i Fortuny investigate the current need for assessment of brain injury and treatment of torture victims in the Balkans. She has been in contact with Uwe Jacobs, PhD and Tatjana Novakovic-Agopian, PhD (a psychologist and native of the former Yugoslavia), both located in San Francisco.

With regard to the *Division 40/NAN Interorganizational Committee*, Dr. Chelune reported that a total of 5,791 Professional Practice surveys were mailed, with an estimated non-redundant number of professional level surveys of 5,000. To date, about 1,500 useable responses have been returned. Deadline for final receipt of surveys will be December 31st. By February 2001 it is hoped that tables of results will be ready for review and discussion by the NAN-Division 40 IOC. It is hoped that each organization will provide a forum to present the results to its membership. An invoice of expenses incurred thus far (\$6773) was presented by Dr. Sweet for payment, with Division 40’s portion (\$3705) to be forwarded to Jill Fischer by Gordon Chelune.

NAN’s Policy and Planning Committee is coordinating with Division 40 Federal Advocacy Committee (Steve Honor) and PAC. To date, 42 confirmed individuals from 25 states interested and willing to participate in grassroots efforts. A

meeting is to occur with Neil Pliskin and Tony Puente at NAN.

NAN’s Policy and Planning Committee has formulated a “minimal” Definition of a Clinical Neuropsychologist. NAN invites Division 40s feedback and comments regarding this definition, which is intended to identify the minimal level of qualification for identifying oneself as a neuropsychologist. Their intent was to have a document that is broadly applicable and encompassing current practitioners and one that can be used to negotiate with managed care companies. It is written at the consumer level.

NAN is planning to come up with a “set” of informational brochures and has been coordinating with Deborah Koltai of Division 40 PIAC who is nearing completion on Division 40 first brochure for patient consumers. NAN is developing a Professional Affairs and Information Office to serve as a clearinghouse of professional information for practitioners (a mini practice directorate). Dr. Joe Fishburne reported on his attendance at CAPP as NAN’s observer. He calls for a “neuropsychological agenda” to be advanced. Discussion ensued as how best to do this and the need to coordinate efforts by both organizations on behalf of the field. Communication between the leaderships of both organizations was seen as essential.

With regard to the *ASHA/Division 40 Task Force*, Dr. Ricker reported that new directions for the ASHA/Division 40 Committee on Interprofessional Relations were presented, including 1) the development of joint educational programs to be presented at national and international meetings (particularly those that would attract students and international professionals); and, 2) broadening the committee’s membership to include international members and reflect diversity within the fields. The ASHA/Division 40 document, “Referral and Collaborative Approaches” received endorsement from the ASHA and Division 40 Executive Committees. In order to capture a broad audience of potential referral sources, and to present the document to an audience of non-neuropsychologists and speech-language pathologists, the document has been submitted to the *Archives of Physical Medicine and Rehabilitation* for publication. Another ASHA/Division 40 document, “Interdisciplinary Approaches to Cognitive Rehabilitation,” is under final editing by the committee representative from ASHA (Audrey Holland). Although the document is generally broad in content, its focus is acquired brain injury, thus this document is being prepared for

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Newsletter

Newsletter 40 is the official publication of Division 40. The Editor is John DeLuca, and the Associate Editor is Joel Morgan.

Dr. DeLuca's address is
Neuropsychology and Neuroscience Laboratory,
Kessler Medical Rehabilitation Research and Education
Corporation,
1199 Pleasant Valley Way, West Orange, NJ 07052.

Dr. Morgan's address is
UMDNJ - New Jersey Medical School
Department of Neurosciences
12 Main Street

Madison, NJ 07940-1818
Division 40's Website is: www.div40.org.
Webmaster is Dr. Lloyd Cripe.

Newsletter
