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Clinical Corner

Williams Syndrome and Brain-Behavior Relationships

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Neurodevelopmental syndromes, especially syndromes with a clear genetic basis, present unique opportunities for understanding brain-behavior and gene-behavior relationships. Among the genetically defined neurodevelopmental disorders, perhaps none presents as compelling a case for the functional independence of select abilities as does Williams syndrome (WS). The neuropsychological profile in WS is remarkable because of the magnitude of the disparity between cognitive strengths and weaknesses, a disparity that is thought to be rooted in the functional integrity of different neural networks (Bellugi et al., 1999). In addition, WS has a striking social-emotional phenotype that includes unusually high sociability and empathy, and a strong attraction to music because of emotional factors (Jones et al., 2001). Large differences among abilities and the presence of splinter skills argue for a high degree of functional independence in underlying neural systems, and elucidation of these systems can help characterize more precisely the modular organization of large scale networks in the brain. Thus, WS is often held as a model disorder that can teach us about the nature of parallel functional networks within the brain, and the manner by which these are instantiated by genetic processes during neurodevelopment.

Williams syndrome is a genetic disorder caused by a hemizygous "microdeletion" on the long arm of chromosome 7 (7q.11.23) affecting multiple organ systems (Pober and Dykens, 1996). The syndrome was first characterized in the early 1960's by cardiologists who noted a particular constellation of abnormalities. These included supravalvular aortic stenosis, distinctive facial features, and cognitive impairment. Over the subsequent decades, the full clinical manifestations of the disorder were well described, but it was not until the early 1990s that the genetic deletion responsible for WS was discovered. Current research shows that the WS deletion spans a 1.5 megabase chromosomal segment, and codes for an estimated 17 genes, including elastin (ELN) and four genes that are highly expressed in the brain (FZD9, STXIA, LIMK1, CYLN2). WS occurs at a rate of about 1 in 20,000 and the mechanism thought to cause the deletion is unequal

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http://www.lib.lsu.edu/special/findaid/apa/print.html

From The Editor

Welcome to the Spring-Summer Edition of Newsletter40. We are pleased to present our new section on Educational Issues in neuropsychology and announce the formation of the neuropsychology graduate student association (ATNS), as well as an announcement concerning neuropsychology internship programs (AITCN). We hope this will become a regular section in Newsletter40. We have two interesting articles – one on Williams Syndrome and another on Virtual Reality, an important new technology. Thanks to all of our authors for their submissions; they are appreciated. This being the Spring issue, of course we also have the Divisions 40 and 22 APA Programs, both of which look exceptional. And we have some of our regular columns and announcements, as well. We hope to see you in Chicago and best wishes to division members for a peaceful and enjoyable summer. Please let us hear from you at any time.

Joel E. Morgan, Ph.D.
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Science Scene

New Directions in Neuropsychology: Virtual Reality Technology

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Virtual reality (VR) is an emerging technology that holds a variety of potential benefits for many aspects of neuropsychological assessment, rehabilitation, and research. Through its capacity to allow the creation and control of dynamic three-dimensional, ecologically-valid stimulus environments, within which all behavioral responding can be recorded and measured, VR offers clinical assessment and rehabilitation options that are not available using traditional methods. Initial applications of VR in other aspects of medicine and psychology have yielded encouraging results. For example, VR is being used in the training of surgical procedures (Satava, 1996), the education of patients and medical students (e.g. Medical Readiness Trainer Team, 2000) and the treatment of psychological dysfunction including phobias (Rothbaum, Hodges, Kooper, Opdyke, Williford & North, 1995), post-traumatic stress disorder (Rothbaum, Hodges, Alarcon, Ready, Shahar, Graap, et. al., 1999), and eating and body image disorders (Riva & Melis, 1997). Pain management methods integrating VR to distract patients' attention from uncomfortable procedures, such as dental work, chemotherapy, and burn wound care have also produced encouraging results (Buckert-Donelson, 1995; Hoffman, Doctor, Patterson, Carrougher, & Furness, 2000; Oshuga, Tatsuno, Shimono, Hirasawa, Oyama & Okamura , 1998). Additionally, a number of researchers have integrated VR into the assessment and rehabilitation of cognitive processes, such as visual perception and executive functions (Pugnetti, Mendozzi, Attree, Barbieri, Brooks, Cazzullo, et. al., 1998; Rizzo, Buckwalter, Neumann, Chua, Van Rooyan, Larson, Kratz, Kessleman, Thiebaux & Humphrey, 1999) and for training instrumental activities of daily living, such as the use of public transportation (Brown, Kerr, & Bayon, 1998) and meal preparation (Christiansen, Abreu, Ottenbacher, Huffman, Masel & Culpepper, 1998).

These initial studies have yielded provocative results, which suggest that VR may offer a variety of new possibilities for the field of neuropsychology. These include the potential to objectively measure behavior in challenging, ecologically valid environment, while assuring patient safety and maintaining experimental control over stimulus delivery and measurement. VR also offers the capacity to individualize treatment needs, while providing increased standardization of assessment and re-training protocols. On a national level, the potential of VR has been recognized by such organizations as the National Institute on Disability and Rehabilitation Research (NIDRR), which recently stated in their Long Range Research Plan, "….The benefits of combining virtual reality with rehabilitation interventions are potentially extensive" and specifically called for research "….to determine the efficacy of virtual reality techniques in both rehabilitation medicine and in applications that directly affect the lives of persons with disabilities." (http://gcs.ed.gov/fedreg/announcement.html).

What is Virtual Reality?

Virtual reality has been generally defined as "...a way for humans to visualize, manipulate, and interact with computers and extremely complex data." (Aukstakalnis & Blatner, 1992, p.7). More specifically, VR can be viewed as an advanced form of human-computer interface that allows the user to "interact" with and become "immersed" in a computer generated environment in a naturalistic fashion. By analogy, much like an aircraft simulator serves to test and train piloting ability, computer generated virtual environments (VEs) can be created to assess and rehabilitate cognitive and functional abilities, providing interactive scenarios designed to target client needs via exposure to simulated "real world" and/or analog tasks.

Interaction in three dimensions (3D) is a key characteristic that distinguishes a VR experience from watching a movie. The believability of the virtual experience (or "sense of presence") is fostered by employing such specialized technology as head-mounted displays (HMDs), tracking systems, earphones, gesture-sensing gloves, and sometimes haptic-feedback devices. For example, a HMD is an image display system worn on the head (like a diving mask) that remains optically-coupled to the user's eyes as he/she turns and moves. A tracking system (Meyer, Applewhite, & Biocca, 1992) senses the position and orientation of the user's head (and HMD) and reports that information to a computer that updates (in real time) the images for display in the HMD. In most cases full-color stereo image-pairs are produced and earphones may also deliver relevant 3D sound. The combination of a HMD and tracking system allows the computer to generate images and sounds in any computer-modeled (virtual) scene that corresponds to what the user would see and hear from their current position if the scene were real. The user may walk and turn around to survey a virtual landscape, or inspect a virtual object by moving towards it and peering around its sides or back. While HMDs are most commonly associated with VR, other methods incorporating 3D projection walls and rooms (known as CAVES), as well as basic flatscreen computer systems have been used to create interactive scenarios of value for rehabilitative purposes. Methods for navigation and interaction such as data gloves, joysticks and some high-end "force feedback" mechanisms which can provide tactile feedback, are also available and can be used to further enhance realism and the "suspension of disbelief" required to generate the sense of presence within a VR environment.

What are the advantages of applying VR?

Earlier discussions of VR technology in other application areas suggest a number of assets for its use (Rizzo, Buckwalter, & Neumann, 1997;Schultheis & Rizzo, 2001). Among these are several advantages that are directly relevant to neuropsychological assessment, treatment, and research.

One key benefit of applying VR protocols in the assessment of cognitive skills and abilities, is its more naturalistic or "real-life" testing environment, that may serve to address one of the most commonly noted limitations of traditional neuropsychological measures (Wilson, 1993). That is, VEs may be especially well suited to improve *ecological* validity, or the degree of relevance or similarity that a test has

relative to the "real" world (Neisser, 1978). This asset would allow for human cognitive/functional performance to be tested in simulated "real-world" VE scenarios. In this way, the complexity of stimulus challenges found in naturalistic settings could be delivered while still maintaining the experimental control required for rigorous scientific analysis. Results would have greater clinical relevance and could have direct implications for the development of more effective functional rehabilitation approaches.

Full control over stimulus presentation and response measurement is another asset offered through the use of VR technology. This results from the capacity of VEs to better support the creation of highly controllable environments based on the specifications of the clinician or researcher. Specifically, the use of VR protocols permits such factors as the number, speed and/or order of stimulus presentation to be effortlessly manipulated while maintaining an objective means of data collection on relevant target responses. This could serve to enhance current neuropsychological assessment procedures by allowing the objective assessment of behaviors within functionally relevant environments. In addition, the relative flexibility of stimulus presentation in a VE can allow gradual increments of difficulty and challenge to be presented to the individual. This could allow for individualization of assessment and treatment, while still maintaining consistency in desired outcome measures. As such, VR technology could be used to supplement existing neuropsychological assessment procedures that traditionally rely mainly on pencil and paper tests and behavioral observation, potentially leading to improvements in psychometric reliability and validity and promoting the independent replication of research findings needed for scientific progress in this field.

Another unique asset of VR for neuropsychological assessment, is the opportunity to evaluate cognitive functions within dynamic interactions and environments. That is, while traditional measures can provide information regarding component cognitive functions and potentially predict how deficits may translate into the "real world", VR offers a medium to examine this relationship directly and allow for the evaluation of complex cognitive behaviors. For example, while traditional measures may separately asses different systems of memory functioning (i.e., visual memory, verbal memory), within a VE, clinicians and researchers can evaluate how these two systems may or may not be used concomitantly by individuals during "real life" tasks. Furthermore, such evaluations could serve to better identify the particular compensatory strategies initiated by individuals during these tasks, potentially resulting into more applicable and usable neuropsychological recommendations.

In summary, the various assets offered by VR, including increased ecological validity and objectivity, in the presence of an interactive, functionally relevant assessment, could support a number of opportunities for applications in both the clinical and research domains of neuropsychology.

Examples of VR Scenarios

In recent years, a growing number of researchers have begun the initial work of exploring the use of VR technology for neuropsychological assessment with populations having central nervous system dysfunction. Although the breadth of this clinical literature pales by comparison to VR research in the testing and training area with normal populations, the initial efforts using VR designed for impaired clinical groups are encouraging. Examples of some relevant studies that have applied VR to the evaluation of specific cognitive functions and neuropsychological rehabilitation are provided below:

Examining Attention with the Virtual Classroom: Rizzo et al. (1999), have designed a VR classroom environment to begin to examine the different aspects of attention in children with ADHD using VR. The "Virtual Classroom" is a HMD VR system which consists of a standard rectangular classroom environment containing desks, a female teacher, a blackboard across the front wall, a side wall with a large window looking out onto a playground and street with moving vehicles, and on each end of the opposite wall, a pair of doorways through which activity occurs. Within this scenario, children's attention performance is assessed while a

series of typical classroom distracters (i.e., ambient classroom noise, activity occurring outside the window, etc.) are systematically controlled and manipulated within the virtual environment. The child sits at a virtual desk within the virtual classroom and on-task attention can be measured in terms of reaction time performance and error profiles on a variety of attention challenge tasks that are delivered visually using the blackboard or auditorily via the teacher's voice.

In the user-centered design phase, twenty non-diagnosed children (ages 6-12) were tested on basic selective and alternating attention tasks. Feedback pertaining to aesthetics and usability of the VE was solicited and incorporated into the iterative design-evaluate-redesign cycle. Overall results indicated little difficulty in adapting to use of the HMD, no self-reported occurrence of side effects determined by post-test interviews using the Simulator Sickness Questionnaire (Kennedy et al, 1993) and excellent performance on the stimulus tracking challenges. Following this phase, a clinical trial that compared nine physician-referred ADHD males (age 6-12) with ten non-diagnosed children was conducted. The attention testing involved a continuous performance task delivered on the blackboard that required the participants to hit a response button whenever they saw the letter "X" preceded by the letter "A". Two 10-minute conditions were presented to participants: one without distraction and one with distractions (pure audio, pure visual and mixed A/V). VR performance was also compared with results from standard neuropsychological testing. Preliminary findings from this first study revealed significant differences in omission and commission error performance between ADHD children and non-diagnosed children, with the children with ADHD making more omission errors in the distracting condition. Additionally, measures of motor movement were also found to be significantly higher in children with ADHD (tracked from head, arm and leg). These initial findings suggest that performance in the "Virtual Classroom" could serve to help discriminate and diagnose the various factors of ADHD among children. As such, the "VR Classroom" may have potential as an efficient, cost-effective and scalable tool for conducting attention performance measurement beyond what exists using traditional methodologies.

Examining Driving with the VR-Driving System: Virtual environments that target driving ability have also been tested with TBI and elderly populations. Liu, Miyazaki, & Watson (1999) reported that a HMD driving scenario successfully discriminated between the TBI and an unimpaired group and that age effects were also detected with this system. More recently, researchers have examined the use of VR Driving Assessment System for determining driving capacity following acquired brain injury (stroke, TBI)(Schultheis & Mourant,

2001). The study compares a VR-based driving assessment (VRDS) protocol to the current "gold standard" of driving assessment, the "behind-the-wheel evaluation". Specifically, the VRDS program consists of three driving environment scenarios. The first scenario was selected to allow direct comparison between driving performance on the behind-the-wheel (BTW) evaluation and a VR

analog of this BTW route. The additional two driving scenarios were selected to allow examination of challenging factors on driving ability, including the addition of nighttime driving and "stressful" driving (i.e. congested traffic, pedestrian and emergency situations). Given the paucity of studies with clinical populations in these environments, the current study also examines the effects of participation in a VRDS. That is, factors such as incidence of simulator sickness, usability of the technology and evaluation of factors contributing to performance (i.e., computer experience) are being examined. The pilot phase of the study is currently underway, and early observations suggestion good usability of the technology with this clinical population.

On a more specific level, investigation into the relationship between divided attention and driving has been conducted by Lengenfelder, Schulthies, DeLuca and Mourant (2001). Using a simple task, these investigators compared performance on a divided attention measure between individuals with traumatic brain injury and healthy controls. The VE consisted of a driving course, in which the primary task was to "drive a car" and the secondary task required the correct identification of a 4 digit number which was presented during the driving course. For the secondary task, the numbers were presented on the "windshield" of the "vehicle" (i.e., computer screen), with varying location (always in same place vs. random placement) and rate of presentation (2.4 vs. 0.6 ms) to define simple and complex divided attention. For example, the simple attention condition, required the subject to "drive" through the course (primary task) and identify the four digit number (secondary task) that repeatedly appeared in the center of the screen at a slow rate. By contrast the complex condition, required the subject to "drive" through the course (primary task) and identify the four digit number (secondary task) which appeared randomly on the screen at a very fast rate. Performance measures included driving speed and correct number of stimuli identification. Pilot data indicated no differences between the TBI and HC groups in speed management, across both simple and complex tasks. Interestingly, both the TBI and HC group demonstrated a higher speed when stimuli presentation was at a faster rate. The findings also suggested that the participants who had suffered a traumatic brain injury had greater difficulty completing the secondary task than healthy controls. Early evidence for the validity of this VE as a measure of divided attention was provided via the correlation between performance on the VR task and on traditional neuropsychological measures of divided attention.

Considerations in the use of VR

While initial findings may be provocative, analysis of the application of VR technology is needed to better determine precisely how VR may optimize rehabilitation outcomes. While a detailed analysis of basic "cost-benefit" questions are detailed in other writings (Rizzo, Schultheis, Rothbaum, 2002), some key items deserve highlighting.

One consideration is cost and availability (Jones, 1998; Korpela, 1998; Wilson, Foreman & Standon, 1997). However, the development of software packages and PC-based desktop systems have contributed to the lowering of costs of VR, resulting in basic VR systems that are within the budgets of many rehabilitation centers. Another consideration relates to the "fit" of VR with the needs of rehabilitation populations. Studies that have included persons with neurological impairments (e.g., traumatic brain injury, dementia) remain sparse and little is known about potential adverse side effects. Also, the selection of cognitive, physical, and/or functional tasks that are best addressed using VR with clinical populations remains to be explored. Furthermore, the VR experience is, in part, a function of individual differences in the user (Wann, 2000); studies examining the impact of participant-related variables (e.g., claustrophobia, suggestibility) could help identify those users who will demonstrate the greatest benefit from VR.

Finally, ethical considerations will need to be clarified, as new applications of this technology continue to evolve. For example, while VEs may be developed for clinically justifiable purposes (e.g. phobia treatment), it must be considered that the VR experiences presented to subjects, carries with it the capacity to influence maladaptive or negative

behavioral responses (for a review of these issues, see Whalley, 1995). Along these same line, a number of authors have acknowledged potential difficulties with the use of VE's by individuals with certain types of psychopathology (Bloom, 1997; Ring, 1998; Rothbaum, Hodges, &. Kooper, 1994)(i.e., psychosis, bipolar or paranoid disorder, substance abuse) and other disorders where reality testing and identity problems are evident. As such, an ethically-based screening procedure is necessary to minimize the possibility of inducing harmful psychological consequences on the client via a VE approach. For example, in the application of a VE designed to address Post Traumatic Stress Disorder (PTSD) in Vietnam veterans, clients are exposed to various battlefield scenarios that include intense visual and auditory stimuli. As with non-VE approaches using various forms of media, imagined, and in vivo techniques, this type of "therapeutic" exposure in a VE is expected to be of value in the treatment of this disorder and the client can be expected to experience considerable stress. The group that is developing this VE approach has prudently implemented a procedure to screen out "at risk" clients. In essence, the ethical principles that serve as guidelines for the standard practice of conventional therapy must be stringently applied for VE applications.

Conclusions

Like many emerging computer and information technologies, VR potentially offers numerous advantages and solutions to the current limitations in rehabilitation. Clearly, an affordable tool that offers consistent, yet modifiable, ecologically valid testing and training environments tailored to the individual's needs, could provide significant benefits to individuals with disabilities. The technology (for both hardware and software) continues to move forward and work with clinical populations remains to be done. As such, the field is at a turning point where much of the nascent efforts that hint at the potential of this technology need to be further explored in order to fully determine VR's contribution in the area of rehabilitation. Effective application of VR will require the collaborative efforts of rehabilitation specialists, computer scientists and engineers, and it is only through the integrated expertise of multiple fields that the potential benefits of VR can be fully realized. In particular, rehabilitation psychologists who are commonly charged with many of the tasks discussed throughout this article (e.g. assessment of cognitive ability, family education), may benefit from the application of VR within both clinical and research domains.

Women in Neuropsychology

The Women in Neuropsychology (WIN) group is dedicated to furthering professional development and leadership opportunities for women in the field. WIN offers mentoring to women at all levels of training and professional development. We have already provided individual mentors to women seeking information about careers in neuropsychology, graduate training, internship and fellowship opportunities, ABPP certification, development of funded research programs, and clinical practice. We welcome anyone to participate who is either seeking a mentor or interested in serving as a mentor. WIN offered a well-attended session at the 2002 INS meeting, which was a panel discussion about ways that women have balanced work and personal commitments, as well as a social hour. We will be offering a program about research development at the upcoming APA meeting, and details will be forthcoming.

If you would like to join the WIN listserv, please send 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 general information about WIN activities, please contact Paula K. Shear, Ph.D. at paula.shear@uc.edu or (513) 556-5577

Williams Syndrome and Brain-Behavior Relationships
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recombination during meiosis.

WS is associated with distinctive physical characteristics, including unique facial features that may include a stellate iris, periorbital fullness, full nasal tip and flattened nasal bridge, wide mouth with full lips, long philtrum, full cheeks and a small jaw. Facial appearance can change dramatically with age. Other physical manifestations of the disorder include short stature, dental malocclusion, hypercalcemia, hyperacusis, lower-extremity hyperreflexia, a premature and abbreviated pubertal growth spurt, and cardiovascular abnormalities, especially supravalvular aortic stenosis (Lenhoff et al., 1997). The deletion of the ELN gene is believed to cause the cardiac abnormalities and possibly some of the connective tissue problems, such as lax joints, premature aging of the skin, joint contractures, a hoarse voice, and hernias (Morris et al., 1988).

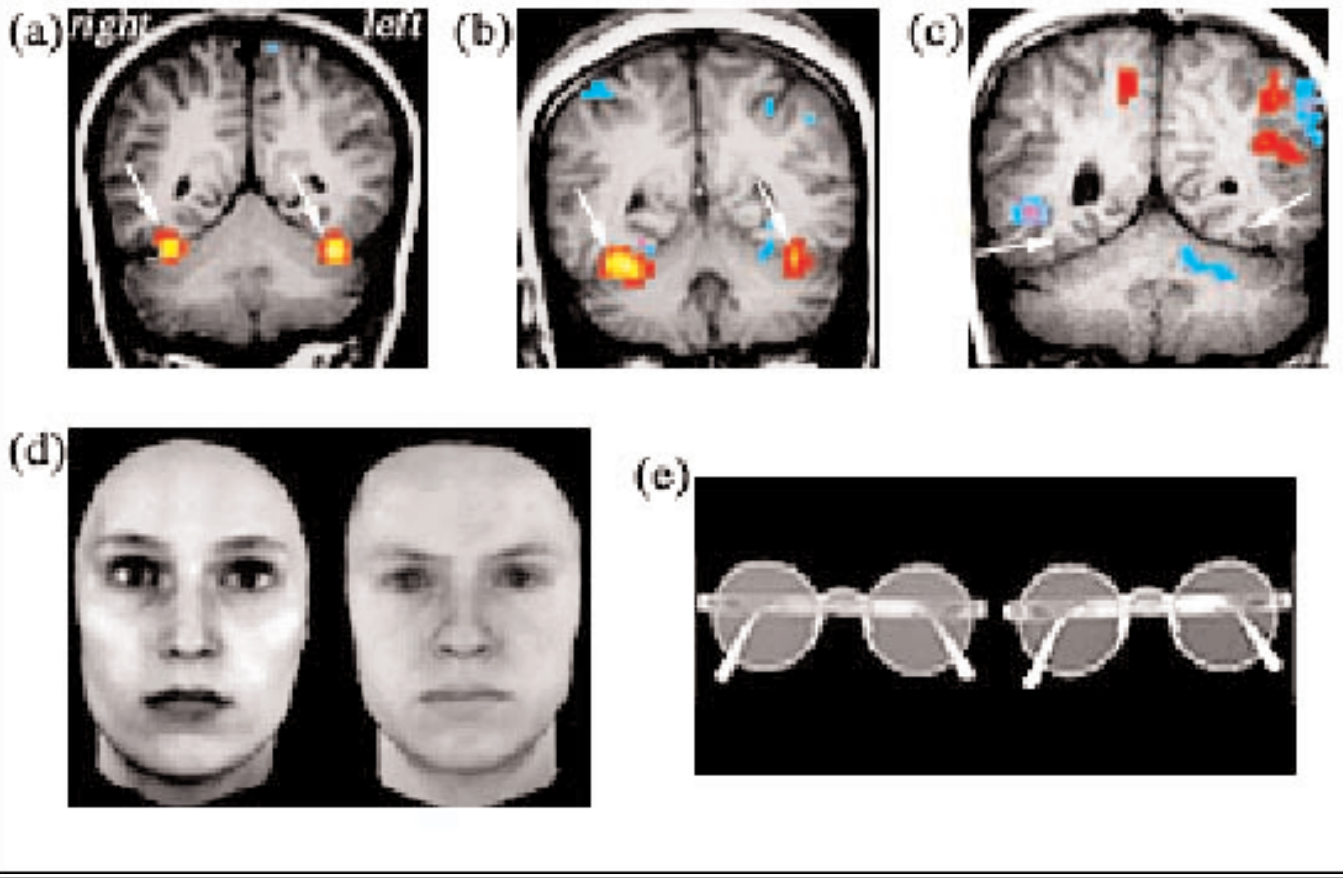
One of the more intriguing features of WS is its distinct social-affective profile. WS is associated with an engaging personality and excessive sociability with strangers, an increased frequency of affective prosody, strengths in face perception and face recognition memory, and an increased interest in music, especially the rhythm and emotional flavor of the music (Jones et al., 2001). Most individuals with WS function in the mild range of mental retardation, with IQs averaging about 60. A modest percentage of cases have IQs greater than 70, with an upper limit of perhaps 100 (Howlin, Davies, & Udwin, 1998). Against this backdrop of mild mental retardation, persons with WS have a distinctive neuropsychological profile that includes strengths in face perception, affective attunement, short term auditory memory and select aspects of language, along with weaknesses in visuospatial, motor, visuomotor integration, and arithmetic skills. The differences between peak and trough in the WS neuropsychological profile can be extreme, and, therefore, this syndrome offers unique leverage for better understanding the modular nature of neurocognitive and neuroaffective systems within the brain (Mervis, Robinson, Bertrand, Morris, Klein-Tasman, & Armstrong, 2000).

Recent MRI morphometric evidence provides a possible physiological basis for strengths in language and also for the heightened interest in music and, in some cases, savant-like musical skill. Despite having whole brain volumes that are about 15% smaller than normal, the superior temporal gyrus, an area that encompasses primary auditory cortex and association regions important for the elaboration of auditory inputs necessary for both language and music processing, is of approximately normal volume in WS (Reiss et al., 2000). In addition, preliminary structural MRI evidence suggests an exaggerated leftward asymmetry of the planum temporale, a cortical region buried in the depth of the sylvian fissure along the posterior aspect of the superior temporal gyrus. A leftward asymmetry of the planum temporale has been linked to normal hemispheric dominance for language, and in musicians with perfect pitch there appears to be even more pronounced asymmetry of this region than is typical. The associations between language, music and superior aspects of the temporal lobe may be just one of many examples of this nature in the brains of people with WS. A more general hypothesis is that variations in the integrity of diverse brain regions, each with discrete functions within larger networks, provide the physiological bases for the specific strengths and weaknesses in WS.

In addition to areas of preserved skill, WS is associated with profound visuospatial weaknesses. Scores on tasks requiring judgments of positional relationships between lines or objects are frequently several standard deviations below IQ. Most individuals with WS have profound difficulties visualizing the spatial relationships between objects – their distances and overall configuration, skills critical for movement in a 3-dimensional world (Mervis, 1999). Moreover, some evidence has linked the spatial deficits in WS to one of the four brain-expressed genes in the deleted region. An association between deletion of LIMK1 and deficits in visuospatial abilities was reported in the mid 1990s in a family with a smaller than typical deletion involving only LIMK1 and ELN. Affected members were noted to be of average IQ but with select deficits in spatial abilities. More recently, this association has been challenged by several cases

with similar small deletions involving LIMK1 but intact spatial abilities (Tassabehji et al., 1999). It may be that no one gene acts alone to influence spatial functions, but rather specific combinations are important. While more work is needed to clarify this problem, these case studies highlight the potential power that rare deletions in the WS critical region have for elucidating specific gene-behavior associations.

Much is known about functional segregation of visual processes in the brain. Processing split by visual domain (visuospatial vs. visuofeature) into a dorsal stream that connects the occipital cortices and the parietal lobe (the "where pathway"), and a ventral stream of information flow from the occipital to the temporal cortices (the "what pathway"). The large skill difference in the perception of faces and spatial material seen in WS suggests that these two pathways are quite dissimilar in their functionality, and perhaps also their neuroanatomical integrity. However, there have been no direct neuroimaging assessments of this functional discontinuity. A group



Functional MRIs t-Maps of the Brain During Face Perception. The fusiform face area is shown in red/yellow (arrows) in (a) a young adult with WS and (b) a matched normal control. In both persons, there is a clear focus of face-related activation bilaterally in the fusiform gyrus along the ventral surface of the temporal lobe. Images are in a coronal orientation, with right and left hemisphere reversed by convention, and functional data is superimposed on anatomical images for localization. Note the normal intensity and size of the fusiform face area in WS referenced to the control subject. For contrast, (c) note the lack of activiation in the fusiform gyrus in a young adult with autism. fMRI data are from a blocked experiment comparing (d) face perception to (e) non-face object perception during a "same/different" discrimination task on a 1.5 Tesla system, the threshold for displaying activations is set at t = 1.5. Object specific areas are shown in blue on the fMRI maps.

of investigators at the Salk Institute led by Ursula Bellugi have reported in a small sample of patients that the posterior width of the brain is reduced in WS, and more recently that the total gray matter volume in the occipital cortex may be disproportionately reduced in WS (Reiss et al., 2000). This could have relevance to the duality in functioning in "face and space" in WS.

The processing of objects and faces has been extensively studied in typically developing individuals with functional methodologies. Indeed, one region on the underside of the temporal lobes, the fusiform gyrus (FG), has a specific role in face perception (Sergent, Ohta, & MacDonald, 1992; Haxby et al., 1991; Haxby et al., 1994; Kanwisher, Tong, & Nakayama, 1998; McCarthy, Puce, Gore, & Allison, 1997). It is likely that face perception and related functions such as understanding the emotional states of others through facial cues are closely tied to social cognitive skills and the ability to form and maintain social relationships. The presence of anatomical connections between the FG and limbic areas of the brain that are responsible for many emotional processes supports this conjecture. Thus, workers in this field have been eager to relate the perceptual expertise for faces seen in WS to their hyper-sociability and prosocial orientation.

A similar comparison is frequently made in the study of an unrelated disorder – autism. In many ways, autism is the polar opposite of WS. Whereas autism is defined by low sociability, lessened empathy and deficits in face recognition and nonverbal aspects of communication (prosody and pragmatic aspects of language), these are all areas of strength in WS. Studies by our group have shown that persons with autism spectrum conditions fail to engage the FG during face perception tasks (Schultz et al., 2000), perhaps because of their unique developmental history marked by the lack of interest in social relationships. We have not yet extended this work to a sample of persons with WS. The figure provided demonstrates the neuroanatomical differences between (a) a young adult with WS, (b) a healthy control, and (c) an individual with autism. Close inspection will reveal the similarity in FG activation to faces in a person with WS and a matched control. However, a typical person with autism demonstrates no activation of this region at this threshold level. Preliminary results such as these suggest that individuals with WS are normal in their use of the FG for face perception. Moreover, we believe that levels of FG activation can be related to levels of social relatedness. Thus, similar to the connection between language and intact superior temporal gyrus morphology, our initial results are showing intact face recognition representation in the temporal cortex in the context of intact social relatedness.

There is converging evidence to suggest that the WS brain is a mosaic of spared and affected systems, and that the pattern of spared and affected brain networks will correlate and predict the WS cognitive and social-affective profile. This serves not only as a model for understanding the functional and structural independence of discrete brain systems, but as more is learned about the functions of genes in the WS critical region, there is the promise of being able to delineate the ontological progression of genes, to brain organization, to phenotypic function.

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The Forensic Arena:
A Setback for Neuropsychology in Virginia

Division 40 members who engage in forensic neuropsychological practice should be informed of the following somewhat distressing news. In March of this year, the Supreme Court of Virginia excluded the testimony of a licensed psychologist who opined at trial that his patient had sustained a mild traumatic brain injury. Agreeing with the lower court's ruling, and sustaining the insurance company's (defendant) objection to the admissibility of a psychologist's testimony regarding traumatic brain injury, the state Supreme Court held that,

"...an opinion concerning the causation of a particular physical human injury is a component of a diagnosis, which is part of the practice of medicine. Dr. --- was a licensed psychologist, not a medical doctor. Therefore, since he was not a medical doctor, he was not qualified to state an expert medical opinion regarding plaintiff's injury."

The particulars of this case are relevant for the practices of division members. In this case, the licensed psychologist concluded that the plaintiff had sustained a mild traumatic brain injury not on the basis of his/her own testing, but the diagnostic conclusion was based on the QEEG results of the plaintiff in a QEEG examination done by another professional. On the basis of that QEEG result and the reported symptoms of the plaintiff, the psychologist concluded that the plaintiff had a mild TBI.

Although the decision by the Supreme Court of Virginia is clearly a setback for organized neuropsychology, we may also recognize that the psychologist in this particular case may not have exercised prudent professional judgment and caution. From a forensic neuropsychological perspective, we must be well grounded on the scientific credibility and merit of our data and evidence leading to diagnostic conclusions. It is not merely an academic or incidental question to ask what might the trial judge have done had the psychologist's opinion been based on evidence meeting the standards set forth in Daubert, i.e., a comprehensive neuropsychological examination consisting of scientifically validated testing and other assessment measures, etc., rather than data of questionable scientific validity and mere self-report of the client. Clearly, ethical issues are also involved here, as well.

While we continue to make strides in some areas and in some jurisdictions, we sometimes lose ground in others. These are lessons for our profession and hopefully we are in the upswing of a learning curve on these and related matters. Should one of our division members find her/himself in such a situation, it is advisable to contact APA's practice directorate for guidance and advise.

Division 40 Highlights for the 2002 APA Annual Convention

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 Chicago. 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 APA Bureau of Convention Affairs.

This year Division 40 chose to highlight two thematic areas: (1.) the intersection between neuropsychology and genetics, and (2.) neuropsychological studies of underserved or minority populations. We have three symposia related to the first theme: (a.) Neurocognitive and Brain Abnormalities: Endophenotypes in Schizophrenia, ADHD and Epilepsy? Chair: Allan F. Mirsky, Ph.D., (b.) Intersection of Neuropsychology and Genetics: APOE, Cognition, and Alzheimer's Disease. Chair: John A. Schinka, Ph.D., and (c.) Genetics, Imaging, and Neuropsychologic Contributions to the Prediction of Dementia. Chairs: Mark Bondi, Ph.D. & Kathleen Haaland, Ph.D.

Related to the second theme will be the Early Career Award presentation by Jennifer Manly, Ph.D. entitled "Looking Beyond Race in Cross-Cultural Neuropsychology." In addition, two of the Div. 40 award winning papers are related to this theme: (a.) Desiree Byrd, Ph.D. and colleagues for "Effects of Ethnic Group on Cancellation Test Performance," and (b.) Melissa Friedman and colleagues for "Hopkin's Verbal Learning Test - Revised: Norms for Elderly African Americans." Finally, in the Lifespan Neuropsychological Development poster session there are a number of additional papers presenting elderly African American normative information on other commonly used neuropsychological tests.

I am also pleased to congratulate the other winners of this year's Division 40 awards. The two other Blue Ribbon Awards for highest rated non-student papers will go to: (a.) Mark Bondi, Ph.D. and colleagues for "Neuropsychologic Deficits in Alzheimer's Disease: Comparisons by Age and ApoE," and (b.) Kimberly Espy, Ph.D. and colleagues for "Delayed Response-Type Task Problem-Solving Strategies in Preschool Children." The Division 40 Blue Ribbon Student award will go to Elizabeth Letsch and colleagues for the paper "Postconcussion Syndrome: When is a Syndrome not a Syndrome?." Student awards from the Div. 40 Scientific Advisory Committee for the best papers in the areas of cognitive neuroscience and applied clinical neuropsychology go to: (a.) Jo Cara Pendergrass and colleagues for the paper "Neural Regions Involved in Processing Dimensions of Emotion in Women" and to (b.) Danielle Barry and colleagues for "Neuropsychological Test Norms Based on Multiple Normal Samples."

The Psychological Corporation will be presenting two student awards as well. One of these will go to Melissa Friedman and colleagues for "Hopkin's Verbal Learning Test - Revised: Norms for Elderly African Americans" mentioned above, and the other to Euriel Merrick and colleagues for "Validity of the WCST-64 After Traumatic Brain Injury."

At this convention will be many additional fine symposia, papers, and posters that help highlight the breath and depth of neuropsychological research and services.

Finally, I would like to express my gratitude to all of our Program Committee members, with special thanks to Jennifer Manly, Ph.D. for her outstanding contribution as the Co-Chair of the committee.

Rodney D. Vanderploeg, Ph.D.
Div. 40 Program Chair

Division 40 Program for the
2002 APA Annual Convention

Thursday, 8-22-02

8:00 - 10:50 Executive Committee Meeting
Chair: Allan F. Mirsky, Ph.D
Hilton Chicago and Towers, 4th Floor, Conf. Rm 4C

9:00 - 10:50 Poster Session: Cognition, Emotion, and Memory
Chair: Glenn Curtiss, Ph.D
McCormick Place, Lakeside Center-Level 3, Hall D1

9:00 - 10:50 Symposium: Research and Clinical Advances in Multiple Sclerosis
Chair: Maria T. Schultheis, Ph.D
McCormick Place, South Building-Level 4, Mtg Rm S403a

Friday, 8-23-02

8:00 - 8:50 Symposium: Neurocognitive and Brain Abnormalities: Endophenotypes in Schizophrenia, ADHD and Epilepsy?
Chair: Allan F. Mirsky, Ph.D
McCormick Place, Lakeside Center-Level 3, Mtg. Rm E353b

8:00 - 8:50 Scientific Advisory Committee Meeting
Chair: Michael Westerveld, Ph.D
Hyatt Regency McCormick Place Hotel, Second Floor, Board Rm 1

9:00 - 9:50 Symposium: Intersection of Neuropsychology and Genetics: APOE, Cognition, and Alzheimer's Disease
Chair: John A. Schinka, Ph.D
McCormick Place, South Building-Level 4, Mtg Rm S401a

10:00 - 11:50 Conversation Hour: Women in Neuropsychology
Chair: Paula Shear, Ph.D
McCormick Place, Lakeside Center-Level 2, Mtg Rm E271b

12:00-12:50 Practice Advisory Committee Meeting
Chair: Christopher Grote, Ph.D
Hyatt Regency McCormick Place Hotel, Second Floor, Board Rm 1

12:00 - 1:50 Poster Session: Life Span Neuropsychological Development
Chair: John Lucas, Ph.D
McCormick Place, Lakeside Center-Level 3, Hall D1

1:00 - 1:50 Paper Session: Blue Ribbon Award Winners
Chair: Rodney D. Vanderploeg, Ph.D.
McCormick Place, South Building-Level 4, Mtg Rm S401a

2:00 - 2:50 Conversation Hour: Neuropsychology's Role in the Evaluation and Management of ADHD
Chair: Allan Mirsky, Ph.D
McCormick Place, South Building-Level 4, Mtg Rm S405b

2:00 - 2:50 Fellow Paper Session
Chair: Eileen Fennell, Ph.D. Presenter: Gregory Brown, Ph.D
McCormick Place, South Building-Level 4, Mtg Rm S401d

5:00 - 5:50 Div. 40 Presidential Address. Allan Mirsky, Ph.D
Hyatt Regency McCormick Place Hotel Conference Center, First Floor, Room CC10B

6:00 - 6:50 Business Meeting
Chair: Allan Mirsky, Ph.D
Hyatt Regency McCormick Place Hotel Conference Center, First Floor, Room CC10B

Saturday, 8-24-02

7:30 - 9:00 Educational Advisory Committee Meeting
Chair: Sandra Koffler, Ph.D
(TBA: meet on their own)

10:00 - 10:50 Benton Award. Recipient: Marilyn Albert, Ph.D
Chair: Normal Abeles, Ph.D
McCormick Place, Lakeside Center-Level 2, Mtg Rm E270

1:00 - 2:50 Poster Session: Neuropsychological Assessment
Chair: Cheryl Luis, Ph.D
McCormick Place, Lakeside Center-Level 3, Hall D1

1:00 - 2:50 Symposium: The Evolution of Assessment Procedures: The Future of Cognitive Testing
Chairs: David Tulsky, Ph.D. and Gordon J. Chelune, Ph.D
McCormick Place, Lakeside Center-Level 2, Mtg. Rm E259

2:00 - 2:50 Invited Address: Early Career Award
Recipient: Jennifer Manly, Ph.D. Chair: Eileen Martin, Ph.D
McCormick Place, South Building-Level 1, Mtg Rm S104b

5:00 - 6:50 Div. 40/22 Social Hour
Hilton Chicago and Towers, 3rd Floor, Joliet Room

Sunday, 8-25-02

8:00 - 9:50 Symposium: The New CPT Health and Behavior Codes: Implementation and Reimbursement
Chair: Diane Pedulla, JD, APA Practice Directorate
McCormick Place, South Building-Level 5, Mtg Rm S504c

10:00 - 11:50 Symposium: Genetic, Imaging, and Neuropsychologic Contributions to the Prediction of Dementia
Chairs: Mark Bondi, Ph.D. & Kathleen Haaland, Ph.D
McCormick Place, Lakeside Center-Level 4, Mtg. Rm. E451a

11:00 - 11:50 Paper Session: Student Award Winners
Chair: Rodney D. Vanderploeg, Ph.D
McCormick Place, Lakeside Center-Level 3, Mtg. Rm. E353c

12:00 - 1:50 Symposium: Introducing the WISC-IV: Assessing Child Intelligence in the 21st Century
Chair: Don Saklofske, Ph.D
McCormick Place, South Building-Level 1, Mtg Rm S101b

Division 22 Program for the 2002 APA Annual Convention

Thursday, 8-22-02

9:00 - 10:50 Symposium: Violently Acquired Spinal Cord Injury-Scope and Intervention
Fabricio Balcazar, PhD, Chair
McCormick Place; South Building-Level 4, Meeting Room S401d

Friday, 8-23-02

9:00 - 10:50 Symposium: Emerging Issues for Psychologists Working in Geriatric Rehabilitation
Peter A. Lichtenberg, PhD, Bruce Rybarczyk, PhD, Cochairs
McCormick Place; South Building-Level 4, Meeting Room S405b

11:00 - 11:50
Symposium: Major Depressive Disorder and Neurological Conditions-Opportunities and Challenges
Charles H. Bombardier, PhD, Chair
McCormick Place; South Building-Level 4, Meeting Room S405b

12:00 - 12:50 Symposium: Rehabilitation Issues for Women With Visible and Invisible Disabilities
Martha E. Banks, PhD, Chair
McCormick Place; South Building-Level 1, Meeting Room S101a

1:00 - 1:50 Workshop: Applying Statistical Process Control Techniques to Rehabilitation Outcome Assessment
Charles D. Callahan, PhD, Mark T. Barisa, PhD, Participants
McCormick Place; South Building-Level 5, Meeting Room S503b

2:00 - 2:50 Invited Address: Leonard Diller Honorary Lecture
John Corrigan, PhD, Chair
Bridging Rehabilitation Psychology and Neuropsychology to Achieve Optimal Outcomes in Brain Injury Rehabilitation
Mitchell Rosenthal, PhD, Participant
McCormick Place; South Building-Level 5, Meeting Room S504bc

3:00 - 4:50 Fellows Addresses: Presidential and Rehabilitation Psychology Fellows' Addresses
Allen W. Heinemann, PhD, Chair
Rehabilitation Psychology: An Evolving Specialty
John Corrigan, PhD, President

My Evolution As a Rehabilitation Psychologist: A Circuitous Path Less Traveled
Lester Butt, PhD, Fellow

Benefits of Participatory Action Research
Mary R. Hibbard, PhD, Fellow

Hyatt Regency McCormick Place Hotel
Conference Center-First Floor, Room CC10C

5:30 - 7:30 Social Hours: Social Hour and Awards Reception
Allan W. Heinemann, PhD, Chair
Rehabilitation Institute of Chicago; Second Floor, Heyworth Room

Saturday, 8-24-02

9:00 - 11:50 Executive Committee Meeting
John Corrigan, PhD, President
Hyatt Regency McCormick Place Hotel; 2nd Floor, Regency Ballroom E

1:00 - 2:50 Poster Session: Rehabilitation Psychology
Allen W. Heinemann, PhD, Chair
McCormick Place
Lakeside Center-Level 3, Hall D1

Sunday, 8-25-02

8:00 - 8:50 Workshop: Training Models in Rehabilitation Psychology
William Stiers, PhD, Kirk Stucky, PsyD, Participants
McCormick Place
North Building-Level 4, Meeting Room N426a

9:00 - 9:50 Symposium: Inpatient Rehabilitation Prospective Payment System-
Implications for Consumers and Providers
Donald Kewman, PhD, Chair
McCormick Place
North Building-Level 4, Meeting Room N426a

10:00 - 11:50 Symposium: Psychology's Efforts to Obtain GME Inclusion-An Update
Robert G. Frank, PhD, Chair
McCormick Place
North Building-Level 4
Meeting Room N426a

12:00 - 1:50 Symposium: Science and Politics of Rehabilitation Psychology Outcome Measurement
Bernie J. Mermis, PhD, Chair
McCormick Place
South Building-Level 4, Meeting Room S405b

Education News

Announcing the Formation of the First Neuropsychology Student Organization: ATNS

Michael Cole (ATNS Chair-Elect) and Chris Loftis (ATNS Chair)

Clinical neuropsychology is a rapidly expanding profession such that today it is one of the largest specialty groups within psychology. The number of graduate students training to enter the field of clinical neuropsychology has grown substantially. In response to this rapid growth and to the needs of neuropsychology students, Division 40 has created the first neuropsychology student organization: Association for Training Neuropsychology Students (ATNS). The primary goals of ATNS are to 1) provide informational resources and services for aspiring clinical neuropsychologists, 2) provide a forum where students and professionals can come together to discuss training issues , and 3) promote leadership development in order to communicate and advocate for the concerns of students within Division 40. ATNS is open to all students and post-docs interested in clinical neuropsychology training and professional careers.

Although formed less than a year ago, ATNS has already made substantial progress in developing a graduate student association that will lead, support, and advocate for students. Below are some highlights of these activities:

- The ATNS website is very near completion (http://www.hp.ufl.edu/atns/). It is content-rich, providing critical professional development information and resources to students interested in careers in clinical neuropsychology, and will serve as the central location where members can keep appraised of and become involved in the many ATNS activities. Some features of the website include (or will include) a directory of members, a forum to discuss important issues in clinical neuropsychology such as training, practice, research and career opportunities, and most importantly, extensive informational resources that hopefully will serve as the premier source for individuals who are interested in a career in clinical neuropsychology to find thorough and accurate information about training in clinical neuropsychology.
- The ATNS Newsletter, which will be published on-line, seeks to inform students and post-docs about emerging and timely professional, practice, training and scientific issues in clinical neuropsychology in addition to providing a means for members to express their opinions and share ideas.
- Articles, links, and other resources on special topics of interest to graduate and undergraduate students included, or are planned to be developed, are: selecting a graduate program that fits your needs and interests, mentoring, diversity, accreditation, internship (preparation, application, and completion), legislative advocacy, dissertation management, handling conflict with peers and faculty, job seeking and interviewing skills, how to evaluate research and practica supervision, preparing for licensure, student wellness, and many others. Students, post-docs, and clinical neuropsychologists alike are encouraged to submit their ideas and work for publication consideration to: atns@hp.ufl.edu.
- Letting people know about ATNS is clearly another major priority. Out of the 408 new Division members last year, 240, or 59%, were students! This represents a substantial student interest in clinical neuropsychology. Our goal is to get them involved with ATNS as well, informing them about ATNS, what it has to offer, and how they can participate. Vehicles by which to do this include our website, announcements at all pertinent society and association meetings such as APA, INS, SFN, etc., and our regular column here in the Newsletter 40.

- ATNS has begun to establish networks of communication between ATNS and schools, universities, training centers, institutions and other members of the clinical neuropsychological community. If you would like to become a local chapter of ATNS, please email us at atns@hp.ufl.edu.
- ATNS will be involved in the creation of special convention programming where students and professionals will collaborate in discussions of training and related issues, including how to be an active consumer of graduate and post-doctoral training in order to insure productive and appropriate experiences, how to get the most out of professional conferences, discussions of career opportunities in clinical neuropsychology, workshops on how to prepare for and set up a private practice, etc.
- ATNS has established an organizational structure that will provide many opportunities for students to develop skills in advocacy, leadership, and professional networking. Committee positions in ATNS include Chair, Chair-Elect, Communications Chair, Secretary, and Convention Membership Chair. The ATNS Chair will attend the yearly Division 40 Executive Committee Meeting.
- ATNS plans to create discussion listservs, which will serve as national forums where students can pose questions and provide announcements while obtaining support and receiving accurate information in a safe environment.
- ATNS aspires to create an award program that will recognize exemplary research and student activities. Some awards in consideration are the Student Ethics Paper, Most Distinguished Scientist-Practitioner Student, Most Distinguished Application of Neuropsychological Research to Clinical Patients, and Neuropsychology Program of the Year.

As one can see from all of the above, ATNS already has a lot of activities taking place, which we hope will significantly benefit and bring together clinical neuropsychologists in training. Anyone who is interested in participating in any of these activities is strongly encouraged to contact us at atns@hp.ufl.edu. Additionally, further suggestions of activities that ATNS might undertake are also welcome. We look forward to hearing from you.

Public Interest Advisory Committee
Deborah Koltai Attix, Ph.D. Chair, PIAC

Brochures

As you know, the Public Interest Advisory Committee (PIAC) of Division 40 recently announced the publication of two brochures, "Clinical Neuropsychology" and "Pediatric Neuropsychology". We have been pleased by the overwhelmingly positive response of the membership. We have received many inquiries related to publication, some of which are addressed below for general information:

- Can the brochures be Xerox copied? Yes, even though the brochures are copyrighted, the Executive Committee has approved Xerox copies being run.
- Can the brochures be printed at my own institution? Can we translate the brochures? Not at present. These requests will be brought to the Executive Committee shortly.
- Will you be printing other brochures, such as Geriatric Neuropsychology? Additional brochures have been and will continue to be considered, and we welcome your ideas. However, other PIAC efforts (eg, mentoring programs, PIAC web area) will be our next immediate priorities.
- Will the brochures be available on the web? Eventually they may be. Over the next year, the PIAC will work on developing an area on the Division 40 website dedicated to public interest information.

Once again, at present Division 40 is able to offer a limited number of additional copies to the membership at no cost. Requests for additional copies should be directed to Keith Cooke of APA's Division Services. Please be sure to specify your mailing address. At times distribution may be slightly delayed due to the amount of requests received or the need for additional printing. Please do not send requests to Dr. Attix.

Kcooke@apa.org OR Keith Cooke
Division Services Office, APA
750 1st Street NE
Washington, DC 20002-4242

Neuropsychology Internships AITCN

The Association for Internship Training in Clinical Neuropsychology (AITCN) was established to aid communication and collaboration between internship training sites that offer specific training in neuropsychology. The organization was founded in response to Clinical Neuropsychology obtaining specialty status within APA, and the need to establish basic training guidelines. We are represented within the Clinical Neuropsychology Synarchy, which organized the Houston Conference. The official mission of AITCN is to advocate for and promote the concerns of internship training in clinical neuropsychology and to inform psychologists in clinical neuropsychology, other areas of psychology, members of related disciplines, and members of the general public about internship training and related activities in clinical neuropsychology. There are currently 22 member sites. Membership is open to all internship programs that offer specific training in clinical neuropsychology. There are no restrictions on the intensity of training. The current membership can be reviewed on the on AITCN's website: http://www.neuropsychiatry.com/AITCN/. Meetings are held annually during the North American INS meeting in February of each year. Applications for membership can be obtained from the website, or I can be contacted directly at The Center for Neuropsychological Services North Shore University Hospital, 300 Community Drive, Manhasset, NY 11030 (516-562-3054). There is a yearly dues of $10.00.

Paul Mattis, Ph.D., ABPP(cn)

Ethnic Minority Affairs

The Division 40 Ethnic Minority Affairs committee met at INS in Toronto earlier this year. A Div40 EMA listserv has been established to facilitate development and organization. The goals of the Div40 EMA are 1)To provide a supportive environment for the establishment of a mentoring program for ethnic minorities interested in clinical neuropsychology, 2) To provide a forum to facilitate regular communication among those interested in concerns related to ethnic minorities in neuropsychology, and 3) To facilitate interactions among experienced neuropsychologists and trainees among this group.

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* TO JOIN THE LIST *
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Write to LISTSERV@LISTS.APA.ORG and, in the text of your message (not the subject line), write: SUBSCRIBE DIV40EMA

We will also plan to meet at the APA convention in Chicago. In the interim, please contact Jovier D. Evans, Ph.D. at (317) 274-2283 or e-mail jevans2@iupui.edu if you have any questions about EMA.

DIVISION 40 EXECUTIVE COMMITTEE MEETING MINUTES
Wednesday, February 13, 2002
Royal York Hotel "Confederation 5" Conference Room
Toronto, Ontario, Canada

Present: Axelrod, Baron, Bauer, Bondi, Brandt, Fennell, Fischer, Grote, Heaton, Ivnik, Koffler, Koltai-Attix, Manly, Mirsky, Morgan, Puente, Ricker, Shear, Westerveld, van Gorp, Vanderploeg, Yeates.

1. The meeting was called to order by Dr. Mirsky at 1:08 pm.

2. Secretary's Report: Dr. Bondi reported that the revision to the membership categories of Division 40 Bylaws was approved by a vote of 267-16. The Minutes of the Executive Committee (EC) meeting held in August 2001 were reviewed and approved without revisions.

3. Treasurer's Report: Dr. Fischer presented the Treasurer's Report for the fiscal year (FY) 2001. Division 40 occupies an enviable financial position. According to preliminary year-end statements from APA, our assets on deposit with APA at the end of FY2001 totaled $280,807.08. Our year-end fund balance (i.e., after allowing for liabilities [dues collected in advance and reimbursements in process] was $222,099.54, nearly $6,000 ahead of our fund balance at the outset of the fiscal year. These cash reserves are more than sufficient to cover our FY2002 budget, as well as any unanticipated expenses.

Division 40 ended the fiscal year favorable to budget (i.e., final approved FY2001 budget) by nearly $30,000. Most line items came in under budget, often significantly so. Items significantly over budget included the joint NAN/Division 40 Practice Survey (which was largely offset by conservative spending by the Practice Committee for other activities); Education Committee (primarily due to expanded liaison activities with APA); Program Committee (offset by contributions for the Social Hour); and Publications/Communications (due to increased production and mailing costs for the newsletter).

The FY2002 budget was reviewed and approved with revisions at the August 2001 Executive Committee meeting. The total approved budget for FY2002 is $125,150.00, approximately 15% larger than the effective FY2001 budget. The FY2002 budget includes decreases in the Secretary's Office and Membership Committee (reflecting lower-than-anticipated administrative expenses), increases in several Advisory Committee budgets to allow for expanded activities, and increases in the Program Committee and Publications Committee budgets to allow for increased costs associated with the APA Convention and newsletter production. The FY2002 budget also includes several one-time expenses: 1) support of two outreach projects (under Science Advisory Committee); 2) a donation to the APPIC conference (under Education Advisory); 3) start-up of a graduate student organization (Education Advisory); and 4) publication of two brochures (Public Interest Advisory).

Dr. Fischer also reported that interest rates on our interest-bearing checking account at APA have dropped from 5.5% in January 2001 to 1.8% in December 2001. She highlighted that we currently have cash reserves of approximately 2 to 2-1/2 times our annual expenses and could easily place a portion of our cash reserves in accounts with higher interest rates but less liquidity. In an effort to maximize our revenues and maintain dues at a reasonable rate in the future, the EC recommended that Dr. Fischer explore better interest bearing accounts that are also highly secure. The EC charged Dr. Fischer to convene a task force to explore these options and report back to the EC in August 2002 with recommendations.

4. Council Representatives' Report: Dr. Adams reported that the mid-winter meeting of APA

Council would take place at the end of February 2002 in Washington DC. One of the issues raised at Council was that APA has been hit hard financially over the past year, and there is the expectation that lean times are ahead. Another issue is 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. Dr. Zimbardo reported to Council that efforts will be made during his presidency to increase public dissemination of evidence-based treatments in psychology. There was also a proposal to streamline the accreditation process by allowing training programs (doctoral and internship) to undergo simultaneous site visits for their accreditation.

5. Membership: Dr. Axelrod presented the names of 126 applicants to the EC for membership in the Division (37 Members, 2 Associate Members, 87 Student Affiliates). The EC voted to accept all of the applicants, whose membership status begins in January 2002.

Recommended revisions to the Division 40 Bylaws were proposed and submitted to the membership for a vote in the Fall 2001 Mailing, which was passed by a wide margin. To recap, Student Affiliate status was never incorporated into the Divisional Bylaws. The intent of the revision was to correct that omission and create a single category of Affiliates that would allow for students, high school teachers, and international affiliates to be associated with Division 40. The Division's prior membership categories made no provision for international affiliates, high school teachers, or students.

6. Nominations: Dr. Brandt reported that, in the upcoming elections, the following positions will be open: President-elect, and one Member-at-Large. A Call for Nominations was sent to all voting members in January 2001. It should be noted that no candidate received the necessary number of nomintions (1% of the membership) to be automatically placed on the ballot. Hence, the Nominations Committee, Chaired by Dr. Brandt and includng former Presidents, Drs. Linus Bieliauskas, and Gordon Chelune, considered all nominees and arrived at the following slate by unanimous agreement: Drs. Stanley Berent and Kathleen Haaland for President-Elect; and Drs. Pamela Keenan and Keith Yeates for Member-at-Large. The EC voted to accept the candidates. Ballots will be mailed to members directly from APA on or around April 15, 2002.

7. Fellows: Dr. Fennell reported that the Fellowship Committee sent out approximately 25 requests for applications and received completed applications for Fellow from three members. The Committee is currently reviewng the applications and will send on their recommendations to APA by the February deadline. Dr. Fennell also reported that a "Fellows Convocation" at the APA convention will take place and that certificates will be made to honor Fellows within the Division.

Program: Dr. Vanderploeg presented the tentative 2002 Division 40 Program to be held in San Francisco, CA in conjunction with the Annual Convention of the APA, August 22 - 25, 2002. 98 submissions were received for review. Submissions were down from the preiovus year, but were about that same as in year 2000 (104 submissions). Each submission was blindly rated by four members of the committee. The acceptance rate was 73%, which was somewhat less than in the previous year (79%). The Program Committee retained its cadre of 21 members, and efforts were made to increase the diversity of the committee.

The Blue Ribbon Awards for the three highest rated non-student papers will go to: (a) Mark W. Bondi, Ph.D. (VA San Diego Healthcare System, San Diego, CA) and colleagues for "Neuropsychologic Deficits in Alzheimer's Disease: Comparisons by Age and ApoE," (b) Desiree Byrd, Ph.D. (Sergievsky Center, Columbia University, NY, NY) and colleagues for "Effects of Ethnic Group on Cancellation Test Performance," and (c) Kimberly Espy, Ph.D. (Southern Illinois University, Carbondale, IL) and colleagues for "Delayed Response-Type Task Problem-Solving Strategies in Preschool Children." The Division 40 Blue

Ribbon Student award will go to Elizabeth Letsch and colleagues (Tampa VAMC, Tampa, FL) for the paper "Postconcussion Syndrome: When is a Syndrome not a Syndrome?."

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

Finally, Dr. Mirsky commended and thanked Dr. Vanderploeg for his excellent work as Program Chair.

9. Education Advisory Commitee (EAC): Dr. Koffler reported that the Education Advisory Committee has participated in the APPIC conference and discussed the next steps in education and training, including the implementation of the Houston Conference guidelines. In October 2001 the APA Board of Educational Affairs met and discussed (a) guidelines and principles for accreditation of programs, (b) psychologists as primary health care providers, (c) support for conference on competencies, and (d) the upcoming call for nominations to BEA.

Finally, the EAC, along with the EC, drafted a response to a letter forwarded by Dr. Ralph Reitan criticizing the Division's prior endorsement of the Houston Conference Report. In short, the EC re-affirmed its endorsement of the Houston Conference Report.

10. Science Advisory Commitee (SAC): Dr. Westerveld reported on the activities of the SAC. Division 40 responded to a request from William Howell to participate in the Coalition for Academic, Scientific, and Applied Psychology (CASAP) initiative to help elect science oriented nominees to governance positions within APA. The SAC submitted the names of Drs. Eileen Fennell, Allan Mirsky and Paul Craig for the nominee roster. Additions to the nominee slate will be ongoing. The SAC respectfully requested that the EC of division 40 consider potential nominees and forward their names to the SAC chair who will then contact the nominee to inquire about their willingness and areas of interest.

Dr. Howieson, Awards Subcommittee Chair, reported that Dr. Marilyn Albert agreed to give the Arthur Benton Lecture at APA this year. It is scheduled for August 24th from 10:00 to 10:50 AM. Her talk will be "Preclinical Prediction of Alzheimer's Disease." The SAC will support Dr. Albert's travel with a $500.00 supplement.

One proposal was funded through the Committee on Empirically Supported Practices (COESP) this year ($500.00). There was one additional new proposal that was not funded. No other activity has been noted. The committee will meet to reconsider the goals of the COESP and how to best utilize remaining funds.

Under the SAC, the International Relations in Psychology subcommittee was provided with $3,500 in seed money to explore the possibility of conducting two studies: 1) A neuropsychological study of torture victims in the Balkans, and 2) A neuropsychological study of survivors in the San Francisco Bay area. Dr. Mirsky moved that the Division provide this subcommittee with an additional amount of money to be drawn from the FY2003 budget in order to continue these two respective research proposals. Discussion ensued that no updates have been provided to the EC on the progress made to date on either project. The motion did not pass.

Other activities included The Psychological Corporation's funding support for two student scholarships this year, an increase over last year. Each scholarship will carry a $1000.00 award plus registration to the 2002 APA conference in Chicago. The abstracts have been received and the top rated student submissions from the program committee

have been forwarded to the SAC for selection of the award winners. The Division 40 Student scholarships ($500.00 each) will also be selected from this group.

11. Practice Advisory Committee (PAC): Dr. Grote summarized the activities of PAC since August 2001. PAC provided feedback to Dr. Mirsky regarding which "level of supervision", as defined by HCFA/CMS, should be recommended for psychologists who supervise technicians and trainees. We recommended that "General Supervision" be referred to, which states that "the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under general supervision, the training of the nonphysician personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician". PAC agreed that a supervising psychologist is not required during the performance of the procedure, but that the psychologist should be available for consultation, at all times, with the technician or trainee.

The chair (Dr. Grote) and PAC provided input to Dr. Puente and others regarding the "Splitting of Codes" issue, with particular emphasis on how any changes would affect neuropsychologists who do not use a psychometrician to administer tests.

Dr. Grote was asked to answer queries from members of Division 40 on regulatory issues. These included the use of technicians in hospital settings, and proposed legislation/regulatory changes in Texas regarding the definition and coverage of acquired brain injury.

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

A) Federal Advocacy Coordinator: Dr. Steve Honor continued to distribute Action Alerts from the APA Practice Directorate to the PAC chair and officers of the Executive Committee.

B) Dr. Puente reported on the work of the CPT subcommittee. The new health and behavior assessment and intervention codes went into effect January 1, 2002. They were initially considered preventative; editorial changes were made over the holidays on an emergency basis; new language emphasized that these codes are for active disease processes; working on documentation suggestions and on the number of hours per day and per illness bout. Second, work continues on the testing codes. Specifically, the subcommittee is working on the issue of practice expense for all these codes, and presenting through APA a request to survey these codes.

C) Drs. Glenn Smith and Ida Sue Baron are alternating in their attendance as observers to the Committee on the Advancement of Professional Psychology (CAPP). Dr. Baron is also a member of the Integration Group of CAPP. Dr. Baron recently attended a meeting of the Integration Group (IG), and suggested that APA publicize the broad range of services that psychologists can provide in response to a disaster; such services may be more diverse than "therapy" in the traditional sense. A question was also raised as to finding an appropriate balance between psychologists volunteering their services and being appropriately compensated for this. The IG suggested that CAPP/APA look at other professions (including medicine) to examine this further. Finally, the IG recommended that CAPP/IPA highlight the Disaster Response Network and its relationship with the Red Cross by publicizing a project initiated by the Utah Psychological Association to coordinate responses during the 2002 Winter Olympics.

12. Public Interest Advisory Committee: Dr. Koltai-Attix reported on the many activities the Public Interest Advisory Committee (PIAC). General activities have included: (a) the chair continues to serve in the role of liaison to the Board for the Advancement of Psychology in the Public Interest (BAPPI); (b) the PIAC responded to calls through the APA Media Referral Service; (c) Two brochures have been printed! The EC approved literature has at long last gone to press, and Division Services will be handling distribution through the upcoming spring mailing, and will also handle any orders that come in over time; (d) the PIAC compiled a list of Division 40 experts in the area of childhood development for the Executive Director of the Education Directorate.

This directorate is in close contact with the Senior Advisor to the US Secretary of Education, and attempts to highlight the expertise that psychologists can lend to critical national policy discussions and to underscore the role of psychology as it relates to education. The directorate is working to establish an ongoing relationship with the Department of Education, to ensure that APA will be involved in providing input on policy. Drs. Shapiro, Yeates, Westerveld, Espy, and Fletcher responded to our invitation/request to be an expert listed with the Education Directorate, and forwarded their information to establish this; (e) the chair receives regular correspondence from the Practice Directorate on the Public Education Campaign, "Warning Signs". We will continue to monitor the program for areas of interest to Div40; (f) the PIAC helped to compile the information sent by Dr. Mirsky in our fall mailing regarding possible avenues for Division 40 members to be of assistance in response to the September 11th attacks. This information was also distributed on the Neuropsychology listserv out of the Medical College of Georgia; and (g) our next efforts will focus on development of a PIAC area on our website. This is essential, as our brochures refer people to the Div40 homepage. A summary of activities related to fostering diversity in our field was requested for publication in the Diplomate (AACN newsletter). A copy of our fall mailing update discussing WIN and the ethnic minority mentoring program under development was forwarded.

The Ethics Subcommittee continues to monitor the proceedings of the Ethics Code Task Force (ECTF), which is currently revising the ethics code. The ECTF expects to conclude its work and submit the revised code to Council for review and vote at its August meeting. Members of the subcommittee are considering papers regarding the ethical considerations associated with the electronic submission of patient-related information and the distribution of the results of psychological tests.

Dr. Evans of the Minority Affairs Subcommittee has set up a organizational meeting to implement an ethnic minority mentoring program to be held at the upcoming INS meeting in Toronto. Planning items, organizational philosophy and goals for the program will be discussed and evaluated. Dr. Evans has contributed to our mailings to alert the membership to the development of the ethnic minority mentoring program.

Dr. Shear reviewed mail and e-mail notices from Committee on Women in Psychology (CWP) and forwarded several notices to appropriate members of the Division 40 EC that had information about positions that CWP was trying to fill with women and minorities, to solicit possible nominations. These efforts have resulted in one woman from Division 40 who has been nominated for the position of editor of two different APA journals, and a second who is seeking Division 40 backing for a nomination to the Bureau of Education Affairs. Dr. Shear attended the annual CWP Network meeting at the APA Convention and disseminated the information that was provided to the appropriate individuals within the Division. A listserv was established for Women in Neuropsychology (WIN) in April 2001, which is provided by APA at no cost to Division 40. The listserv is quite active and currently has 177 subscribers. Interested individuals may join the listserv by sending e-mail to listserv@lists.apa.org.

A steering committee has been formed for WIN, and includes the following members: Ann Marcotte, Eileen Martin, Cynthia Kubu, Pamela Keenan, Monica Rivera Mindt (student member) and Paula Shear. The steering committee met for the first time during the August 2001 APA Convention to set goals for the coming year. To summarize, the primary goals for WIN this year are to 1) increase the number of Fellow applications from women in Division 40, 2) facilitate the election of women to Division 40 offices, 3) continue development of our mentoring program for women, and 4) provide activities at APA and INS that are oriented to the special needs and interests of women in the field.

Dr. Salamone reported that there was no APA Committee on Rural Health Meeting as scheduled this fall owing to the WTC tragedy. Dr. Salamone reported on a number of resources available to all practitioners. These include: APA maintains a website http://www.apa.org.rural/ as a resource

center for behavioral healthcare providers. APA also publishes a number of pamphlets and handbooks, as well as sponsoring a Rural Health Forum at the Annual Convention. APA also continues to be a co-sponsor of the annual meeting of the National Rural Health Association with a goal of increasing the focus on behavioral healthcare and participation by psychologists.

The Committee on Rural Health has reviewed and commented on aspects of the proposed APA Ethics Code revision that may have disproportional impact on rural practice such as dual relationships. APA's Office of Rural Health participated in the Rural Mental and Behavioral Health: Policy and Action Agenda for the federal Office of Rural Health Policy. APA's Office of Rural Health was a participant in the 2000 NIMH meeting to identify a research agenda regarding rural mental health services. As with APA in general, the Office of Rural Health has a goal of pursuit of prescriptive authority for properly trained psychologists. With regard to future efforts, among that noted above, APA's Office of Rural Health will promote telehealth delivery systems to rural citizen, distance education models for rural training, and improved systems/infrastructure for the recruitment and retention of psychologists in rural and frontier areas.

Dr. Marcopulos continues to monitor the activities of the APA Committee on Aging (CONA). During their most recent meeting, Susan Hurt, JD, PhD Candidate and Office on Aging contractor reported on her findings from her review of all the Local Medical Review Policies (LMRPs) from across the country. She noted that the LMRPs are strongly rooted in a medical model. She noted that a few states have favorable LMRPs regarding treatment for dementia. For instance, New York recognizes that dementia is a multi-stage process and that interventions can slow progression. NY recognizes that family therapy can be helpful. Minnesota and Connecticut recognize that dementia co-exists with other treatable conditions. Clearly, psychology, especially Geropsychology, needs to have input into the LMRPs so they become more function oriented and allow psychological intervention. The CONA decided on two courses of action: They will be working with Diane Padulla and the Practice Directorate to provide geropsychological input at the local level with the LMRPs as well as the federal level with the CMS, OIG and GAO. The second course of action is to prepare a "tool kit" to encourage grass roots advocacy. Dr. Forest Scogin agreed to work on this task. The tool kit will contain information on the LMRP policy establishment process, instruction on how to provide input into this process, provide language taken from other states with "psychology friendly" policies as examples, and provide documentation of efficacy of treated modalities.

Dr. Gioia continues to liaison with APA's Children, Youth and Families (CYF) Committee. The CYF committee has actively liaisoned with the following groups: (a) the APA Working Group on Children's Mental Health (WGCMH), (b) the Early Mental Health Interventions Working Group (EMHI), (c) the Headstart National Research Conference, (d) the National Conference on Child Abuse and Neglect, and (e) Emergency Medical Services for Children (EMSC).

Dr. Hunter continues to monitor the Committee on Urban Initiatives (CUI). Neuropsychologists interested in contributing their talents to committees concerning Welfare to Work initiatives and program development for creating changes in public, urban-located school systems can contact the Office of Urban Initiatives at urban@apa.org. Dr. Hunter also continues to monitor the APA Office on AIDS. The HOPE Program continues to seek interested clinical psychologists seeking involvement, either in providing or receiving appropriate training for working with persons impacted with AIDS. Interested individuals can e-mail HOPE at hope@apa.org. Dr. Johnson-Greene has not received minutes from APA's Committee on Disability Issues (CDIP). However, CDIP continues to examine issues relating to assessment of persons with disabilities. Dr. Johnson-Greene will continue to monitor CDIP's activities. In addition, Dr. van Gorp is a part of the CPTA and may be able to represent Division 40's interests. Dr. Herfkens is established as the monitor to the APA Committee on Lesbian, Gay, & Bisexual Concerns. Because of the September 11th attacks,

no meeting has been held since the last EC meeting.

Dr. Artiola serves as liaison to the activities of the APA Committee in International Relations in Psychology (CIRP). No minutes of the September 2001 meeting have been received. However, during the September 2000 meeting CIRP inquired as to current involvement of neuropsychologists in the assessment and treatment of torture victims worldwide. Currently Dr. Artiola, with the assistance of Dr. Novakovic-Agopian, is planning a visit to areas of the Balkans to begin addressing this question.

13. Publications and Communications Committee (PACC): Dr. Russell Bauer reported on the activities of the PACC since August 2001. Dr. Joel Morgan, the *Newsletter 40* Editor, reports that the latest Division 40 Newsletter has been mailed and is a record 52 pages, consisting almost entirely of scientific and professional issues matters. The Newsletter continues to flourish under Dr. Morgan's leadership.

Dr. Bauer presented a proposal from Elaine B. Smyth, Curator of Special Collections of the LSU Libraries (esymth@lsu.edu) setting forth what is needed for additional digitization of the Division 40 Archives, should the Division wish to pursue this. The advantage of digitization is that the archives would be website available and searchable. The original agreement between LSU and Division 40 is, in this proposal, described as a trial phase. Briefly, Division 40 agreed with LSU in 1998 for the LSU Special Collections (LSU-SC) to serve as a repository of the Division 40 archives, originally at a price of $200 per year, and now $400 per year. In February 2001 and November 2001, Dr. Marcotte transferred an additional 1,983 pages to the LSU SC. LSU has arranged and preserved these documents, and provides on-site access to them as part of the overall archive.

In 1999, the LSU libraries digitized records available to date as part of the trial project, and received $1,500 from Division 40 to help defray costs. In 2000, these files were moved to the LSU server, where they are available by link from the Division 40 website. Accessing the records from the link has at times been problematic, but it is currently working and is listed as follows: http://www.lib.lsu.edu/special/findaid/a4745.html.

The proposal then details options available for provision of electronic access to Division 40 records. Option 1 would have library staff scan documents and make images of these documents available via the web at $5.00/***page***. This option would cost the Division $9915 for scanning and cataloguing just the records already provided. Option 2 would have Division 40 provide electronic text files for documents it wants to be web-accessible, which are marked up (made keyword searchable) by library staff for $5.00/***file*** regardless of the number of pages contained in the archives. This option would cost $500, assuming 100 files provided electronically.

Regarding future submissions, LSU-SC requests that both paper and electronic files be forwarded for archiving. The paper submissions will be archived for $400/year (subject to review of actual costs) and the electronic files will be made web-available/searchable for an additional $5.00/file (subject to a review of actual costs. The remainder of the proposal details methods by which LSU-SC would invoice the Division. Basically, the costs of adding electronic files the previous year would be disclosed to the Division at the midwinter meeting, with final invoicing in September.

Dr. Bauer commented that he believes that the Division needs and wants to maintain an electronic archive that is keyword searchable. Discussion with the EC focused on whether our needs are being served by this method as opposed to the approach taken by other divisions (Akron). The EC recommended that Dr. Bauer gather information regarding this latter approach before a decision be reached regarding the LSU proposal.

Dr. Lloyd Cripe, the Division's Webmaster, was not present to comment on updates regarding the Division 40 Website. The EC generated discussion that website designs are increasingly elaborate and sophisticated, and perhaps our Website could benefit from such a "re-modeling." The EC recommended

that Dr. Bauer discuss with appropriate members of AACN regarding their recent website modifications.

Dr. Bauer updated the EC that contact has been made with the APA Journals Executive Office (Gary VandenBos), though we do not have a firm agreement in place. Division 40 Abstracts for the 2002 APA meeting will continue to be published by The Clinical Neuropsychologist. A final proposal for the EC to consider will be accomplished within the next two months, and should be addressed via e-mail discussion and vote. We are likely to secure paper and electronic access to Neuropsychology, and electronic access to Neuropsychology Abstracts for about $18-$20. In order to firm up negotiations, guidance is requested on three points:

The EC commented that its position remains one in which pagination for abstracts, Presidential addresses, and divisional business be included as part of the regular content of the journal. An alternative position, likely the one to be advocated by APA, is to publish a yearly supplement with S-based numbering. In either case, Dr. Bauer highlighted that we must secure assurances that the abstracts will be available to members prior to the meeting without significant change in the paper submission process.

Dr. Bauer also queried the EC's position with respect to editorial control over journal content. This question pertains not only to the divisional content of the journal, but also to the overall content. Dr. Bauer recommended that the Neuropsychology editor become part of the P&C subcommittee, and this has met with general agreement from APA.

Finally, Dr. Bauer queried the EC regarding whether Division members who wish to take Neuropsychology as their journal credit be allowed to do so? If so, then we would need to figure an additional cost (for just these members) of the Neuropsychology Abstracts package, since the entire package would be required of all Division members. The EC agreed that Division members should be allowed to do so.

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-Attix, Koffler, and Westerveld.

15. Committee on Inter-organizational Relations (CIOR): Dr. Ricker reported on the activities of the CIOR. Dr. Silver provided a report on the Interdivisional Healthcare Committee. APA's involvement continues on the procedural manual to implement the World Health Organization's revised classification system for disabilities and the resultant impairment in functioning. This was formerly known as the ICIDH-2, and will be known as the International Classification of Functioning, Disability, and Health (ICF). Rather than focusing on diagnosis, this system focuses on the ability to perform daily activities, which seems to welcome rather than exclude non-physicians from the healthcare process. Information can be found at: www.who.int/icidh. Concern was expressed about the fact that this classification system is only relevant for adults, and we were told that the issue was somewhat complex in terms of how this next step would be approached. We will be receiving reports as developments occur.

Work continues on the issue of the lack of reimbursement for professional services related to assessment, since there is no work value assigned to them. APA has a task force trying to develop vignettes that will illustrate the kinds of activities typical and necessary to complete a good evaluation, aside from the simple testing activities.

Regarding the new health and behavior CPT codes, concern was expressed about proper use of the codes so that we will have continuing success with reimbursement. The IHC will be devoting time to the development of educational materials after relative value units are assigned to these new codes. The educational materials will be distributed to

Divisions participating in the IHC, to help with appropriate use of the codes. The success of these new codes depends, in part, upon how frequently they are used by psychologists.

Last year the IHC wrote a letter to the APA Board of Directors, illuminating the growing interest in complementary and alternative medicine, and requesting that psychologists take this opportunity to become involved. To further the understanding of the role of psychological treatments for patients with medical conditions (the mind/body connection), an APA task force on Complementary and Alternative Medicine will be assembled. Funding has been identified for this task force.

The national Ticket-to-Work program (TWIIA) has begun in an initial set of thirteen states. Remember that the TWIIA program provides funds, managed on a state level, for clinicians to provide clinical/rehabilitation services to individuals with disabilities through the mechanism of "employment networks." The IHC sees this as an excellent opportunity for psychologists, and we are awaiting news from the psychologists in those thirteen states.

Dr. Harley, Division 40 Liaison to the Brain Injury Special Interest Group (BI-SIG) of the American Congress of Rehabilitation Medicine, would like to remind Division 40 that the BI-SIG's publication, "Evidence-based cognitive rehabilitation: recommendations for clinical practice" is available on the American Congress of Rehabilitation Medicine web site at www.ACRM.org. To further the dissemination of this paper on cognitive rehabilitation, ACRM encourages Division 40 to add this link its web site. This publication should have wide interest and appeal to the Division 40 membership.

Dr. Ricker reported that the American Speech-Language Hearing Association / APA Division 40 Committee on Interprofessional Relations is continuing its dissemination efforts through formal presentations. First, a symposium organized by committee member Robin Hanks will be presented at the 2002 INS meeting (Friday, February 16, 11-12:30). The title of the symposium is "Perspectives on Rehabilitation of Individuals with Cognitive Impairment after Brain Injury: Where Are We 20 Years after the Debate Began?" The participants who have agreed to present are Leslie Gonzales-Rothi, Mark Ylvisaker, Barbara Wilson (U.K.), Catherine Mateer, and Ken Adams. Second, on March 14, 2002, Diane Paul-Brown (committee member, and ASHA Director of Clinical Issues), and Joseph Ricker (chair of the committee) will present a symposium to the Medical Health Forum of the Social Security Administration, in Baltimore. The title of this presentation is "Speech-Language Pathology and Neuropsychology: Collaborative Roles in Assessment of Communicative and Cognitive Impairments," and is based on the position paper developed by the two presenters and the ASHA/Div40 committee. The committee is also developing additional topics for presentation at future meetings.

19. New business: The EC discussed the necessity of posting the specific vote tallies following Divisional elections, given that any member who wishes to inquire about the specific tallies can access this information directly through either APA or the Division Secretary's office. Thus, a motion was made to continue posting the results of Divisional elections but delete the specific vote tallies associated with each election. The motion was passed by a unanimous vote.

20. Dr. Puente encouraged members of the EC to participate in the process of inviting applications and nominations regarding the nationwide search for the position of Chief Executive Officer of APA.

21. The EC will next meet in August 2002 in conjunction with the APA Annual Convention in Chicago, IL.

There being no other business to discuss, the meeting was adjourned at 4:25 pm.

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

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Newsletter