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President's Message

A Presidential Agenda for APA's Division of Clinical Neuropsychology: 2002-2003

Antonio E. Puente, Ph.D.
President, Division 40, APA

Approximately 25 years ago a group of far-sighted psychologists decided to establish an organization outside of the International Neuropsychological Society but within the American Psychological Association (APA) to serve the needs of clinical neuropsychology. For better or worse, I have been given stewardship of this organization. This situation represents somewhat of a shift in leadership, both in terms of goals and personality. In using this forum, please consider this as an introduction to those issues.

First and foremost is the fact that the division is in a particularly strong position, in general, and within the American Psychological Association (APA). The Division's history has been well chronicled in a recent published chapter by Puente and Marcotte (2001) and is available in our Divisional Archives (www.div40.org). It is my intention to make certain that we continue the tradition of excellence in scholarship, professionalism, and organizational activity. However, it is also my intention to improve the tradition substantially.

Here is a list of the activities I look forward to pursuing:

1. Revamping of committee and task force composition and activity.
2. Expand the representation of women and ethnic-minorities as Fellows.
3. Expand the involvement of younger and less involved individuals into the organizational structure of the Division.
4. Revamping of procedures for Board meetings and e-mail business.
5. Development of quarterly conference calls with key Board members.
6. Establishment of a list-serve for recent and recently elected Presidents of the Division.
7. Study and expand the Division's Archives.
8. Study the possibility of an Executive Director's position.
9. Continue the excellence found in the recent editions of the Newsletter.
10. Expand the scope and quality of the annual conference, including

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Back issues of the division 40 Newsletter are now available on line at the Division 40 Archives website at Louisiana State University.
 The URL address is:
<http://www.lib.lsu.edu/special/findaid/apa/print.html>

From The Editor

It seems that time is moving so quickly.....Its hard to believe that another year is upon us - and another edition of Newsletter40 as well. I hope you all had a pleasant holiday season and that you will enjoy this edition. We are pleased to present an outstanding and timely dementia paper by Dr. Caccappolo-van Vliet and colleagues of Columbia University, elucidating the nature of CBD. I am also pleased to present selected abstracts from Child Neuropsychology and wish to thank Drs. Donders and Westerveld, the journal editors, and Swets and Zeitlinger, Publishers, for arranging this 'literary liaison.' Child neuropsychology, as a field and journal, clearly deserve much more emphasis - but that is my bias. Our new Division 40 President, Dr. Puente, presents his agenda for our division, and we have an interesting interview regarding Alexander Luria, as well. Other usual announcements, meeting minutes, and reports from division committees - rounds out this edition. As ever, I am particularly indebted to our contributors, collaborators, and division members for their assistance and collegiality.

Best wishes to all.
 Joel E. Morgan, Ph.D.
 Editor, Newsletter40

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Clinical Corner

A Case Comparison of Corticobasal Ganglionic Degeneration and Alzheimer's Disease

Elise Caccappolo-van Vliet, Ph.D., Yaakov Stern, Ph.D., and Larry S. Honig, MD, Ph.D.
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First reported in 1968 (Rebeiz, Kolodny & Richardson, 1968), corticobasal degeneration (CBD) is a relatively uncommon neurodegenerative disorder characterized by asymmetric subcortical (parkinsonism) and cortical features. The parkinsonian features initially include unilateral rigidity and bradykinesia, but a festinating gait disorder and tremor are uncommon. Other movement disorders such as dystonia and myoclonus are common. These symptoms typically present asymmetrically, eventually spreading bilaterally with disease progression. Symptoms of cortical dysfunction are common including dyspraxias, particularly involving the limbs, alien limb, cortical sensory loss, aphasia, and dementia. Other neurologic features may include pyramidal signs, supranuclear gaze abnormalities, dysarthria, and cerebellar signs (Gibb, Luthert & Marsden, 1989; Riley et al, 1990; Kompoliti et al, 1998).

Early interest in CBD tended to focus on the asymmetrical extrapyramidal features of the disease; consequently, this focus led to the assumption that CBD was primarily a movement disorder, and that dementia was a relatively rare symptom (Rebeiz et al, 1968; Riley et al, 1990). Recent studies of CBD, however, reveal that behavioral and cognitive changes occur frequently throughout the course of the disease. Grimes, Lang & Bergeron (1999) reported that 84% of their studied CBD patients eventually displayed both cognitive and movement disorder symptoms. Neuropsychological changes may include executive dysfunction (Pillon et al, 1994), as well as impaired sustained attention/motor control, verbal fluency and naming (Fratalli et al, 2000; Massman et al, 1996). Patients with CBD have also been found to demonstrate neuropsychiatric features including depression, apathy, irritability and agitation (Litvan, Cummings & Mega, 1998). The clinical overlap with other neurological disorders in terms of parkinsonian and cortical features makes CBD a frequently underdiagnosed or incorrectly diagnosed disorder (Litvan et al, 1997). Particularly in its early stages, CBD may be difficult to differentiate from Parkinson's disease and other "Parkinson's plus" syndromes such as Progressive Supranuclear Palsy (PSP), Multi-System Atrophy (MSA), or Striatonigral Degeneration (SND). Due to its cortical signs, CBD may be confused with primary progressive aphasia, Pick's disease and Alzheimer's disease (AD), both with or without extrapyramidal features.

Neuroradiologic imaging techniques may improve the accuracy of diagnosing CBD. Magnetic resonance imaging (MRI) typically reveals cerebral atrophy that may be symmetrical but is usually asymmetrical, involving the frontoparietal region contralateral to the side most affected (Riley et al, 1990; Grisoli et al, 1995). Positron emission tomography (PET) techniques typically show decreased asymmetrical fluorodopa uptake in the basal ganglia and asymmetric decreased metabolism in the superior and posterior temporal, and inferior parietal association cortices (Sawle et al, 1991). Single photon emission tomography (SPECT) studies typically show asymmetric hypoperfusion, most notably affecting the posterior frontal and anterior parietal lobes, as well as often affecting basal ganglia and thalamus, particularly on the side contralateral to the affected side (Markus et al, 1995). The neuropathology of CBGD is characterized by similar, circumscribed parietal or frontoparietal atrophy, degeneration of basal ganglia, including the substantia nigra, and achromatic neural inclusion in the cortex, thalamus, subthalamus nucleus, red nucleus, and substantia nigra (Eidelberg et al, 1991). Swollen achromatic neurons (ballooned neurons) may be found in all cortical layers.

Neuropsychological testing can increase diagnostic accuracy when CBD is involved in the differential diagnosis, given the syndrome's pattern of cortical and subcortical involvement. The involvement of

cortical features may result in symptoms such as expressive language difficulties and visuospatial and constructional impairments, while subcortical features may be reflected as cognitive slowing and poor recall with intact recognition. Executive dysfunction and poor retrieval signal frontoparietal cortex and striatum involvement, while relatively spared learning and retention can be attributed to the lack of hippocampal damage.

Because AD is the most common form of dementia in the elderly and therefore represents a large proportion of diagnoses made in neuropsychological evaluations of the elderly, the likelihood that CBD would be misdiagnosed as AD is significant. Alzheimer's disease and CBD both represent progressive neurodegenerative disorders that more commonly affect patients over age 55. While both disorders may include cortical and subcortical involvement, the neuropathology of AD differs from that of CBD; AD involves medial temporal lobe and basal forebrain areas, while CBD involves the frontoparietal cortex, thalamus, striatum, and substantia nigra. Nonetheless, AD patients may present with a number of features similar to those seen in CBD, including ideomotor apraxia, extrapyramidal features, and myoclonus (later in the disease) (Litvan et al, 1997). Likewise, patients with CBD may present symptoms more typically associated with AD, such as deficient learning and language abilities. We compare the clinical signs and neuropsychological test results of a CBD patient to those of a patient with AD, with the goal of highlighting the similarities and differences between the two disorders as an adjunct to differential diagnosis.

Case 1

Background Information

A 74-year old, right-handed female with 16 years of education presented with a two-year history of progressively worsening motor and cognitive difficulties. Motor changes included clumsiness of the left arm and left leg, reflected initially as imbalance while dancing and difficulty with cutlery when eating. Cognitive changes included declines in memory, language, and arithmetic over 18 months. In particular, she experienced episodes of misplacing

items, difficulty finding the correct word and peoples' names when speaking, and difficulty writing checks and managing her checkbook. She also complained of visual difficulties; she couldn't see things on the left side of her plate while eating, and tended to move to the side of the road when driving. The patient denied subjective feelings of depression but admitted experiencing decreased energy level and increased irritability.

Medical history was significant for mitral valve prolapse, atrial fibrillation, skin cancer, and bilateral cataracts. Family history revealed possible ALS at age 89 in her mother.

Neurological Evaluation

Cranial nerve examination showed impaired perception in the left visual field and mild oculomotor apraxia. Motor examination revealed mild rigidity of the left arm and leg, decreased left arm swing, abnormal left arm posture, apparent left arm neglect, and left alien limb. Myoclonus was present in both arms, but more so on the left. Fine finger movements and rapid alternating movements were impaired bilaterally, greater so on the left than the right. Sensory examination revealed preserved primary sensation, but impaired cortical sensation on the left. Reflexes were hyperactive throughout with a positive left Babinski sign.

Neuropsychological Evaluation

The patient was administered a standard neuropsychological battery (see Table 1). The results revealed that at the time of testing she was performing within the average range of general verbal intellectual functioning, consistent with her estimated premorbid level of verbal functioning. Performance was in the above average range for vocabulary and social judgment skills and in the average range for verbal abstract reasoning and concept formation and general fund of knowledge. Immediate memory span for digits was in the low average range. On nonverbal tasks, performance was, at best, in the borderline range for attention to visual detail and in the defective range for planning and sequencing of visual stimuli and visuospatial organization and construction of geometric designs.

Immediate verbal memory for narrative prose

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It's A Whole New World; Or is it? Reflections on the New APA Ethics Code

Kenneth M. Adams, Ph.D., ABPP
Division 40 Delegate, APA Council of Representatives

On August 21, 2002, the APA Council ratified the revision of the Ethical Principles of Psychologists and Code of Conduct, last revised in 1992. The new code is actually briefer than the old one by about 20% and it has many elements important for neuropsychologists to understand and for us to reflect on how we can achieve compliance with both the letter and the spirit of the new code. As with the previous code, there are lodestar “General Principles”, followed by more operational “Ethical Standards”

It is important to point out that the process of reviewing and revising the code was as extensive, inclusive, and as deliberative as could be desired by any reasonable psychologist not actually afflicted with OCD. APA arranged for external ethics consultants from universities and other professions to give us perspective, obtained continued and careful legal review, and saw that the Ethics Code Task Force (ECTF) read and considered in a meaningful way more than 1,300 comments, suggestions, and communications leading up to the finalization of Draft 7 of the code. The code itself was placed on the web for most of the life of the ECTF, and revisions were conveniently placed along beside the changed language so that readers could ponder the effects of new changes. Any psychologist with something to say about the code has had an open invitation to weigh in on what was there and what they thought might be improvements. Finally, you were ably represented by Rich Naugle, who monitored the process as the Division liaison, and who was watchful for clinical neuropsychology's concerns.

The code is not perfect, but it has come to an equilibrium. Two things are true of a code revision like this, and this one was no exception. First, not everyone gets everything said that they feel needs saying, and nobody gets everything “their way”. At the very end of the approval process in Council, there was a flurry of proposed amendments proposed by some Council members who felt that they “hadn't been heard”, but their ideas had indeed been heard and there were good reasons to not incorporate them. This news goes down hard for those who feel that their perspective is the only correct one, but democracy is like that.

The present code is also a snapshot in time, and we will probably see ways that it will need improvement in the future because times have changed, just as has been true for the last nine codes going back to the first one offered by APA in 1953.

For neuropsychologists, there are several mandates. First, the new code “raises the bar” concerning the need for evidence-based practice and a need for a wider basis for the definition of “competence” in the provision of services. We are charged with understanding an array of factors influencing our services that can be seen as stretching the entire waterfront of diversity. We are also cautioned to pay close attention to the limits of our training and to be careful with “new techniques”.

Another significant change to the code reflects a greater integration of informed consent, disclosure concerning referral relationships, and limits of confidentiality. Neuropsychologists will want to look carefully at the new sections on Human Relations as well as Privacy and Confidentiality to ensure that their practices meet these standards and can be seen by others to meet them.

The Research section of the code is reasonable, and does not contain dramatic changes, but it would behoove neuropsychologists to examine this set of requirements to see if they harmonize with the policies of the local institutional review board(s) (IRB). Those neuropsychologists involved with research know all too well that the level of scrutiny and regulation of the research enterprise has been increased by several orders of magnitude and the revised psychology code on research looks rather tame when compared to what has happened to the “Common Rule” and 45 CFR 46 governing research promulgated by the Federal Government.

The Assessment portion of the new code is much improved. The limits of consultation and record review are more clearly spelled out. That is, there is a class of inferences about patients that can come only from a psychologist's own examination of a patient, but comments from record reviews or consultative exercises have their own value as long as carefully explained and qualified as such. Attorneys gleefully accusing neuropsychologists of being unethical for not conducting an examination of a patient that the very same attorney obstructed and prevented from occurring will have to be an activity based in the future on something other than Psychology's ethical code.

As it is throughout the new code, evidence-based practice suffuses this Assessment section, and neuropsychologists need to be prepared to explain not just what they are doing, but why. Artsy-craftsy explanations of practice will be fair game when this code becomes disseminated, and those who cannot show in an empirical way why they are doing things will be faced with the code's implication that they do not know what they are doing, and that they are not holding up the profession's standards.

With respect to release of records and raw data, the new code is a real step forward. Gone is the vexing language regarding release of raw data only to "qualified" persons that spawned a decade of doubt, strife, and silly suggestions to us for compliance like hanging around courthouses waiting to obtain protective orders on our data. Faced with a legitimate mandate or release from a patient to release our data, we probably can now do so without a perceived breach of our own ethical code.

The new code separates release of reports and raw data into two sections, one dealing with release and the other involving "reasonable" efforts to protect test security. With respect to the release portion, the process requires a patient consent or release but specifies that what most would call "raw data" can be released. This section also explicitly recognizes the primacy of law in the release of such data. It is a certainty that many of us will be unhappy with this rendering, but one saving grace is that we will no longer be placed at odds with "qualified" legal requests for information wherein we had little of hope of prevailing in preventing disclosure, but

were code-bound to fight the good fight.

On test security, those among us advocating that we hole up Waco-style to prevent Vocabulary items from seeing the light of day can continue to do so, but the rest of us can continue to adhere to our best efforts to secure tests, realizing the makers of the tests themselves have the same ethical standards as gun dealers when it comes to selling to non-psychologists. With respect to intellectual property, I will gladly let the copyright owners take the lead in the protection of their interests.

It is very noteworthy that the new code still allows us to refrain from releasing information that we think would cause harm to patients, but the definition and standard for harm is likely to be a stringent one when measured against HIPAA.

Perhaps best of all, the new code dissolves the "Forensic" portion of the previous code and makes neuropsychology practice uniformly accountable to the code, whether the use is (or becomes) forensic or not. The new code recognizes that any special interface of Psychology with society should be governed by good generic guidance. We need not develop "boutique" or subspecialty ethical codes within the profession's own main code for law, education, or homeland security. Again, careful reading of the informed consent, disclosure, and relationship elements of this code will allow neuropsychologists to steer clear of trouble that is self-inflicted.

For entertainment value, the new code continues the Therapy section prohibition on sexual intimacies with current patients, but then goes on to describe a "two-year" rule which grudgingly permits eventual intimacies provided that a series of factors are considered. The language is cautionary, but no real deterrent to the sexually determined (can most recall a sitting President leading a discussion of what the word "is" means?). Mercifully, phone sex and other recent innovations that might help one weather the two-year period are not covered. In my own view, the simple failure of our profession to demand that we keep our hands off our patients and students for good remains something short of ethical, but a rich source for those wanting to hold us up to ridicule.

All in all the new code is shorter, tightens our

Child Neuropsychology: A field and a journal

Jacobus Donders

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The Editor of the Division 40 Newsletter has invited me to collaborate on a child neuropsychology section. This I am very pleased to do. I must admit from the onset that I am not free of bias in this regard, being the current co-editor of *Child Neuropsychology*, a peer-reviewed journal that is currently in its eighth year of publication. What I would like to do is to give a very brief overview of recent trends in the field and then give some examples of papers that have recently been published or accepted for publication in *Child Neuropsychology*.

Pediatric neuropsychology is a specialty that deals with brain-behavior relationships in children. This field has seen tremendous growth over the past decade. Gone are the days when it was acceptable to simply give watered-down 'adult' tests to children without consideration of the construct and ecological validity of such measures. Similarly, 'lesion guessing' has become less of an emphasis with advances in neuroimaging. Pediatric neuropsychologists have become much more involved with the delineation of the impact of cerebral dysfunction on children's executive and adaptive skills (Culhane-Shelburne, Chapieski, Hiscock, & Glaze, 2002; Gioia, Isquith, Guy, & Kenworthy, 2000), and with the provision data that can assist in improving prediction of outcomes (Miller & Donders, in press). Increasing attention is also being paid to the psychosocial aspects of neurodevelopmental disorders (Tsatsanis, Fuerst, & Rourke, 1997), pragmatic behaviors in daily life (Dennis & Barnes, 2000), and the role of family environment and other demographic characteristics (Taylor et al., 2001).

The growth of the field has been evidenced in the publication and clinical validation of tests that were specifically designed for children. A good example is the NEPSY (Kirk, Korkman, & Kemp, 1997); a group of tasks that was put together from a specific developmental point of view and that filled an important void in the assessment arsenal for younger children. Similarly, several recent textbooks have emerged that give thorough and up-to-date reviews of recent advances with commonly encountered pediatric conditions (e.g., Yeates, Ris, & Taylor, 2000) or comprehensive normative data for a wide range of neuropsychological tests that can be used with children (Baron, in press). The Pediatric Neuropsychology Interest Group was formed in 1995 as an informal discussion group and now has its own online newsletter (<http://psy-svr1.bsd.uchicago.edu/pnig/index.html/fall-2002.html>). In addition, there has been a steady growth in the number of residencies that are members of the Association of Postdoctoral Programs in Clinical Neuropsychology that have a strong pediatric emphasis (<http://www.appcn.org>). The American Board of Clinical Neuropsychology (<http://www.theABCN.org>) also allows and encourages applicants for board certification to request examiners with specific pediatric expertise for work sample review and oral examination.

Child Neuropsychology is a peer-reviewed journal that was initially founded by Byron Rourke, Sara Sparrow, and Harry van der Vlugt in 1995. Mike Westerveld and I have been the editors since the spring of 2001. The primary purpose of *Child Neuropsychology* is to publish original empirical research pertaining to neuropsychological aspects of normal and abnormal development in childhood and adolescence. In this context, promotion of the integration of scientific method, developmental framework, and clinical application is a priority. Theoretical and methodological papers, well-designed case studies, comprehensive topical reviews, and book and test reviews are also included on a regular basis. *Child Neuropsychology* is indexed in Medline, Psychological Abstracts, PsychInfo and all other major journal index systems. The list of abstracts provided below may provide an example of the type of papers that have recently been published in *Child Neuropsychology*, and of exciting papers that will be appear in upcoming issues.

Interested readers may request a free sample copy by sending an e-mail message to sample@swets.nl. *Child Neuropsychology* uses an online submission and peer review system, which can be accessed at <http://neuropsychology.manuscriptcentral.com>. Questions regarding manuscript submissions may be sent to the editorial office at submissions@swets.nl.

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Culhane-Shelburne, K., Chapieski, L., Hiscock, M., & Glaze, D. (2002). Executive functions in children with frontal and temporal lobe epilepsy. *Journal of the International Neuropsychological Society*, 8, 623-632.

Dennis, M., & Barnes, M. A. (2000). Speech acts after mild or severe childhood head injury. *Aphasiology*, 14, 391-405.

Gioia, G. A., Isquith, P. K., Guy, S. C., & Kenworthy, L. (2000). *Behavior Rating Inventory of Executive Function*. Odessa, FL: Psychological Assessment Resources.

Miller, L. J., & Donders, J. (in press). Prediction of educational outcome after pediatric traumatic brain injury. *Rehabilitation Psychology*.

Taylor, H. G., Yeates, K. O., Wade, S. L., Drotar, D., Stancin, T., & Burant, C. (2001). Bidirectional child-family influences on outcomes of traumatic brain injury in children. *Journal of the International Neuropsychological Society*, 7, 755-767.

Tsatsanis, K. D., Fuerst, D. R., & Rourke, B. P. (1997). Psychosocial dimensions of learning disabilities: External validation and relationships with age and academic functioning. *Journal of Learning Disabilities*, 30, 490-502.

Yeates, K. O., Ris, M. D., & Taylor, H. G. (2000). *Pediatric neuropsychology: Research, theory, and practice*. New York: Guilford.

Selected Abstracts

Anderson, V., Anderson, P., Northam, E., Jacobs, R., & Mikiewicz, O. (in press). Relationships between cognitive and behavioral measures of executive function in children with brain disease. *Child Neuropsychology*.

This study addressed the clinical and construct

validity of the Behavior Rating Inventory of Executive Function. (BRIEF: Gioia, Isquith, Guy, & Kenworthy, 2000), a questionnaire designed to tap behavioral aspects of executive functions in children. BRIEF profiles in early treated phenylketonuria (PKU) (n = 44), early treated hydrocephalus (n = 45), frontal focal lesions (n = 20) and controls (n = 80) were examined. Clinical validity was supported through significant between-group comparisons, especially between the frontal focal lesion group and other groups. To examine construct validity, raw scores on cognitive executive function measures including the Contingency Naming Test (CNT), Rey Complex Figure (RCF), Tower of London (TOL), and Verbal Fluency test (VFT), were correlated with BRIEF scale scores. Few significant correlations were found, indicating cognitive and behavioral measures appear to tap different constructs within the executive function domain. A dissociation was found between behavioral and cognitive impairments in the frontal as opposed to PKU and hydrocephalus groups. This is discussed in relation to underlying pathology, the cognitive measures used, and possible limitations in the BRIEF's usefulness for measuring behavioral executive dysfunction in groups only mildly affected by neurological compromise.

Booth, J. R., Burman, D. D., VanSanten, F. W., Harasaki, Y., Gitelman, D. R., Parrish, T.B., & Mesulam, M. M. (2001). The development of specialized brain systems in reading and oral language. *Child Neuropsychology*, 7, 119-141.

Functional magnetic resonance imaging (fMRI) was used to examine differences between children (9-12 years) and adults (21-31 years) in the distribution of brain activation during word processing. Orthographic, phonologic, semantic, and syntactic tasks were used in both the auditory and visual modalities. Our two principal results were consistent with the hypothesis that development is characterized by increasing specialization. Our first analysis compared activation in children versus adults separately for each modality. Adults showed more activation than children in the unimodal visual areas of middle

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Reflections on Alexander Luria

An interview with Drs. Elkhonon Goldberg and Allan Mirsky

held on April 19th, 2002 in Bethesda, MD.

The interviewer is Dr. Ingrid Farreras of the National Institutes of Health History Office.

Goldberg: Well, I'm delighted to have this occasion to honor my mentor, friend and teacher, Alexander Romanovich Luria, truly a great neuropsychologist, and to use the vernacular of the day, a cognitive neuroscientist, even though this phrase had not been coined in his time. I am honored to have this event being conducted under the auspices of the National Institutes of Health. I think that this alone is a tribute to Alexander Luria.

Farreras: I'm Ingrid Farreras and I'm a historian of psychology in the NIH History Office.

Mirsky: I am Allan Mirsky, currently chief of the Section on Clinical and Experimental Neuropsychology in the National Institute of Mental Health, and I am honored and delighted to be able to participate in this tribute to Professor Luria and to share with you some of my experiences with him and the impact that his work had on my career.

Goldberg: And I'm Elkhonon Goldberg. I am clinical professor of neurology at New York University School of Medicine and director of the Institute of Neuropsychology and Cognitive Performance in New York.

Farreras: You were just now mentioning that much of the tribute to Alexander Luria is usually based on his other work in developmental and cross-cultural psychology. Would you like to address some of those areas and segue into what it is that you would like to emphasize here?

Goldberg: Well, Luria's contribution to neuropsychology and to science in general is nothing short of astounding. He really contributed to many, many fields. He started out as a developmental psychologist and a cross-cultural psychologist and left an indelible mark on these fields. But then, somewhat later in his career, he turned toward neuropsychology, which in those days did not even exist as a well-articulated discipline, and was one of the few people who are credited with actually creating this field of neuropsychology. To that end, his contribution was unique because he was both a psychologist and a physician by training, the latter degree having been obtained somewhat later in his career. Psychology was his first calling and medicine his second. That allowed him to really converge and integrate in a unique and unparalleled way insights into the biology of the brain with the insights into the structure and nature of cognition. This is what makes his contribution so seminal.

Farreras: You had mentioned the other day some of the early cross-cultural work with the Uzbeks and some of the political reasons why he had to change his research to one oriented more toward Neuropsychology. Would either of you care to...

Mirsky: Well, Elkhonon, could speak more to the issue of the incredible balancing act. From my perspective, Luria engaged in activities during his years when free inquiry in the Soviet Union was not really appreciated, and one had to hue the party line very carefully for fear of

losing life and limb. He was able to do this and to make his monumental contributions to the field under extraordinary conditions. I think it was clear that some of his contributions to developmental and cross-cultural psychology could not be published for many years after the original work had been done because it just would not have been political, to say the least. Amazing, amazing career. I don't know that others would be able to duplicate that kind of effort. My particular contact with Luria, if I could begin that, was roughly in 1958, right here at the National Institutes of Health.

Goldberg: That was well before my original contact with Alexander Luria.

Mirsky: Yes. He was visiting the United States as part of a tour of research facilities, and one of the laboratories that he visited was the Laboratory of Psychology, and Haldor Rosvold was at that time chief of the Section on Animal Behavior, as it was called. It was called Animal Behavior for probably political reasons rather than scientific reasons. In any event, Luria toured the various groups in the laboratory, and he came to see me. Rosvold, I recall, brought him into my office and left the two of us alone. I was obviously in great awe of this monumental figure, but he was as sweet as he could be. I, at that time, was studying absence epilepsy and the relationship between various EEG phenomena and behavior. I showed him a recording that I had done recently in a patient with absence or *petit mal* epilepsy. I had a particularly striking example of the effect of a particular sort of EEG pattern on behavior and he looked at it, immediately understood the point of what I was doing and said to me, "And people say there is no relationship between the brain and behavior. Look at your data." Of course, that stuck with me forever, and 45 years later I still remember his benign and warm comments to me. In this and other contexts he has made the point that psychophysiological investigation was a significant part of neuropsychology, and there are many examples in his written work about the incorporation of psychophysiological measurement. This experience was an important stimulus for me and a reinforcement that what I was trying to do as a

neuropsychologist was within the mainstream and was appreciated. The fact that it came from a towering figure like Luria had a tremendous impact on me and my career.

Goldberg: My original encounter with Luria took place much later and under totally different circumstances. I was a student of his, first an undergraduate, then a graduate student, then a postgraduate student of his. At some point I came to the United States, and the one thing which left me in awe was the awareness of the degree to which he was known and respected here, because familiarity breeds casual attitude. While I was his student and his associate, and we used to work together on a daily basis, this perspective was absent of his impact on science worldwide. When I came here, the magnitude of this impact became very obvious. At the risk of offending, possibly, other people, let me just say that of all the Soviet psychological luminaries of the time, he was the only one well known in the West. He was certainly better known than anybody else and probably the only one who was revered in the West. Now, more than a quarter of a century later, I remain awed by his impact, by watching the influence of his ideas grow rather than recede. That is as much as any scientist can hope for, to have his ideas and his theories continue to exert impact well beyond his physical, biological life span, and for Luria's, this is clearly the case.

Keep in mind that Luria made his mark in the day when the science of the mind, psychology, and the science of the brain, neuroscience, were totally divorced from each other. These were the days when professors of psychology used to pride themselves of not only not knowing anything about the brain but not even caring to know anything about the brain. At the same time, biologists, neurobiologists included, used to frown upon psychologists, people concerned with cognition, as being outside the pale of science. Much later, with the union of these two disciplines into what today is called cognitive neuroscience – and it wouldn't be much of a stretch to say that today almost all of psychology has become cognitive neuroscience – Luria would be way ahead of his time in seeing both sides of the coin, the brain side and the

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Clinical Corner
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was performed in the below average range, while delayed recall and recognition were in the average range. Immediate and delayed recall on a task of word pair learning was in the average range, and immediate and delayed visual reproduction of simple geometric designs was performed in the defective range with normal retention after a 30-minute delay. Impairments were found in verbal list learning and delayed recall of the list, yet recognition ability was normal. Overall, there was some evidence for a greater difficulty with initial encoding than retrieval but with a prominent consolidation effect and robust recognition.

Language functioning revealed confrontation naming performance to be in the average range. Performance on verbal fluency for both letters and categories was below average. Repetition performance was normal. Performance on a measure of visuospatial organization was impaired, demonstrating inadequate integration of visual stimuli. Visuoconstruction of geometric designs appeared severely impaired and included stimulus-bound behavior. Finally, a delayed forced-choice matching task of geometric designs appeared severely impaired. On measures of attention and executive functioning, a task requiring abstract reasoning revealed borderline performance. A cancellation task of shapes appeared slow and included a high number of errors of omission. A cancellation task of letter trigrams appeared intact for speed but also included omission errors. Performance was normal on a test of depression.

Other Tests

Brain SPECT scan revealed markedly asymmetric bilateral cortical hypoperfusion, right greater than left, with severe decreased perfusion in the frontal and posterior portion of the right parietal lobe and basal ganglia, and relative sparing of temporal regions. Brain MRI examinations, on two occasions, revealed severe bilateral atrophy, which was however somewhat more marked on the right. Neither MRI provided evidence of strokes, inflammation, infection, significant vessel abnormalities, or abnormalities upon contrast agent

delivery. See Figure 1.

Based on her clinical symptoms, neuropsychological testing, and neuroradiological findings, the patient was given a clinical diagnosis of probable CBD. The sensitivity and specificity of a clinical diagnosis of CBD is controversial (Litvan et al, 1997) and neuropathological confirmation remains the gold standard. The present diagnosis has not been confirmed by pathology as the patient is still living; therefore, we cannot exclude the possibility that other neurodegenerative diseases or syndromes should be considered in the differential for this patient. Nonetheless, the present case represents a rather typical presentation of presumed CBD, with characteristic motor symptoms including left-sided dysfacility and alien limb, as well as memory and other cognitive deficits.

Case 2

Background Information

A 69 year old, right-handed male with 20 years of education, employed as a dentist presented to our Memory clinic with a four year history of forgetfulness and changes in mood as noted by his office manager, friends, and doctors as well as his wife. The patient's wife stated that he frequently repeated himself and was often disoriented to the day and date. He also misplaced items and seemed to have marked difficulty coming up with names. She stated that he would forget to eat on occasion. He reportedly had become less outgoing, did not care to socialize, and did not initiate conversations. Previously active, his activity level had declined to the point where he did little more than sit in a chair and weave with wire. His wife also described him as more moody and tearful. He recently sold his dental practice but continued to see patients three days a week, reportedly without difficulty but with assistance.

The patient's medical history included childhood thyroid dysfunction, long-standing bundle branch block, mild hearing loss, peptic ulcer disease, osteoporosis, hypercortisolemia, multiple episodes of pneumonia and hepatitis. His medications included Fosamax and glucosamine. Family history revealed that his mother died at age 85 with probable Alzheimer's disease. His father died at age 88 with

a hip fracture from an MVA after driving through a stop sign; he had a history of alcoholism and some cognitive decline.

Neurological Evaluation

Cranial nerve examination showed full visual fields, normal extraocular movements, no nystagmus, no facial weakness, and otherwise normal cranial nerves 5-12 except for slight bilateral hearing loss. Motor strength was normal bilaterally and tone examination revealed no rigidity. Fine finger movements were intact bilaterally. There was no dysmetria or dysidiadokokinesia. Sensory examination was normal for both primary and cortical modalities (pain, temperature, light touch, proprioception and stereognosia). Reflexes were symmetric, and mildly brisk throughout.

Neuropsychological Evaluation

The neuropsychological results revealed that the patient was performing in the average range of general intellectual functioning. On verbal tasks, performance was in the above average range for vocabulary, immediate memory span for digits, general fund of knowledge, and social judgment skills. Verbal abstract reasoning was performed in the average range. On nonverbal tasks he performed in the average range for attention to visual detail and graphomotor speed. Tasks requiring planning and sequencing of visual stimuli and visuospatial organization and construction of geometric designs using blocks were performed in the low average range.

Immediate verbal memory of narrative prose was performed in the average range while delayed recall and recognition of the stories fell to the borderline range. A test of word pair learning was discontinued after three trials as the patient was unable to learn any of the words. Immediate visual reproduction of simple geometric designs was performed in the average range but delayed recall fell to the defective range with borderline retention after a 30-minute delay. Acquisition and delayed recall of a word list appeared impaired, although recognition was within normal limits. Overall, memory performance was consistent with encoding (acquisition) deficits and a rapid rate of forgetting of newly acquired information.

Language functioning revealed that

confrontation naming performance was in the lower limits of the below average range. Verbal fluency for letters was performed in the lower limits of the average range and semantic verbal fluency was in the below average range. Repetition performance was normal. Visuospatial ability as assessed by a forced-choice matching task of geometric designs and a test of construction ability was within normal limits. Measures of attention and executive functioning revealed intact performance on a measure of abstract reasoning. A cancellation task of shapes appeared intact for speed and included eight errors of omission. A cancellation task of letter trigrams appeared intact for speed and accuracy. A measure of depression did not reveal any evidence for the presence of a clinical depression.

Other Tests

Brain SPECT scan revealed globally severe hypoperfusion in bilateral temporal, parietal and frontal areas, with preserved flow in sensorimotor and occipital cortex, basal ganglia, and cerebellum. There was only mild asymmetry. MRI of the brain with and without gadolinium revealed diffuse brain atrophy involving the temporal lobes, marginally left greater than right, without evidence of strokes, inflammation, infection or significant vessel abnormalities. Mild asymmetric features in imaging and/or neuropsychological performance are not uncommon in AD. See Figure 2.

The pattern of neuropsychological deficits, including a moderate generalized memory disorder, impaired category fluency and evidence for slowed speed of information processing, combined with the patient's reported gradual decline in functioning over the last four to five years, appears most consistent with the presence of a progressive dementing disorder. The patient was diagnosed with probable Alzheimer's disease. As with the first case, the present diagnosis has not been confirmed postmortem as the patient is still living.

Discussion

We compared the clinical, neuropsychological and neuroradiologic signs and symptoms of two patients with clinically diagnosed neurodegenerative disorders. The purpose of this study was not to

provide scores that could be taken as representative of either CBD or AD; instead, our goal was to highlight the overlap of cognitive symptoms between the two disorders. The patients differed in clinical presentation in that motor impairment played a large role in the CBD patient's presentation, yet both presented with progressive cognitive decline.

Thorough neuropsychological testing allowed us to examine the cognitive symptoms in more detail. Memory testing revealed that despite lower initial acquisition on the WMS-III Logical Memory test, the CBD patient demonstrated more intact delayed recall and recognition for the stories and a prominent consolidation effect. The CBD patient also performed better on both immediate and delayed recall of the WMS-III Verbal Paired Associates. The CBD patient performed somewhat lower on total and delayed recall on a verbal list learning task, yet demonstrated higher recognition of the list. Performance was also lower on immediate recall of the WMS-III Visual Reproduction test, but in contrast to the AD patient, the information that was learned by the CBD patient was retained. This pattern of memory performance by the CBD patient reflects relatively spared temporal regions, i.e., a 'subcortical' pattern, whereas the memory pattern in AD is one consistent with reduced acquisition and rapid forgetting of information initially learned, i.e., a 'cortical' pattern.

Language testing revealed equally poor confrontation naming performance and category fluency for both patients. The CBD patient demonstrated slightly lower word generation on letter fluency. This finding is in line with previous reports of low performance on letter fluency in mildly demented patients with subcortical dementia in comparison to mildly demented AD patients (Monsch et al, 1992). The CBD patient demonstrated much lower construction ability as a result of her impaired motor and visuospatial abilities. On tests of attention and executive function, the CBD patient demonstrated attentional difficulties and slowing on the Cancellation tasks and Digit Span test, as well as lower performance on a measure of abstract reasoning, particularly in comparison to the AD patient. These difficulties most likely reflect frontoparietal and subcortical,

basal ganglia, involvement. Our case comparison of two progressive neurodegenerative disorders provides an illustration of the clinical and neuropsychological features that distinguish each.

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Table 2. Neuropsychological scores for both patients.

Test	Range	CBD	AD
Modified Mini Mental Exam	0-57	38	55
WAIS-III Vocabulary	0-19	12	13
WAIS-III Similarities	0-19	10	9
WAIS-III Digit Span	0-19	8	12
WAIS-III Information	0-19	11	12
WAIS-III Comprehension	0-19	12	12
WAIS-III Picture Completion	0-19	5	9
WAIS-III Picture Arrangement	0-19	3	8
WAIS-III Block Design	0-19	1	8
WAIS-III Digit Symbol Coding	0-19	N/A	9
WAIS-III Matrix Reasoning	0-19	N/A	9
WMS-III Logical Memory I	0-19	6	10
WMS-III Logical Memory II	0-19	10	6
WMS-III Logical Memory Recog	0-19	10	5
WMS-III Verbal Paired Associates I	0-19	9	4
WMS-III Verbal Paired Associates II	0-19	9	5
WMS-III Visual Reproduction I	1-100	2 nd %ile	52 nd %ile
WMS-III Visual Reproduction II	1-100	6 th %ile	5 th %ile
WMS-III Visual Repro % retention	1-100	60%	19%
Selective Reminding Test Total Recall	0-72	26	32
Selective Reminding Test Delay	0-12	1	3
Selective Reminding Test Recog	0-12	11	8
BVRT Recognition	0-10	2	10
Boston Naming Test	0-60	52	53
Verbal Fluency (CFL) Mean	N/A	7.7	9.7
Category Fluency Mean	N/A	12.7	12.3
BDAE Repetition of Phrases	0-16	15	16
BVRT Matching	0-10	N/A	8
Hooper Visual Organization Test	0-30	11.5	N/A
Rosen Drawing	0-15	5	13
Identities/ Oddities	0-16	13	16
Cancellation (Shape time in seconds)	20-240	183"	68"
Cancellation (Shape omits)	0-20	17	8
Cancellation (TMX time in seconds)	20-240	134"	66"
Cancellation (TMX omits)	0-20	14	0
Geriatric Depression Scale	0 - 30	4	0

WAIS-III and WMS-III scores are age-scaled

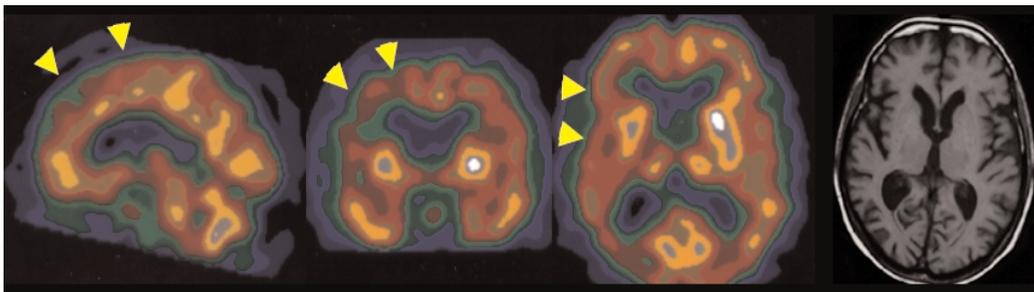


Figure 1. SPECT and MRI for CBD patient

SPECT images show prominent asymmetry, with left greater than right hypoperfusion in frontal and parietal areas (arrowheads), with involvement of left basal ganglion. Temporal lobes are relatively spared. In contrast to these prominent deficits in perfusion pattern, the anatomic MRI image shows only mild diffuse atrophy, with somewhat asymmetric right greater than left dilatation of ventricles.

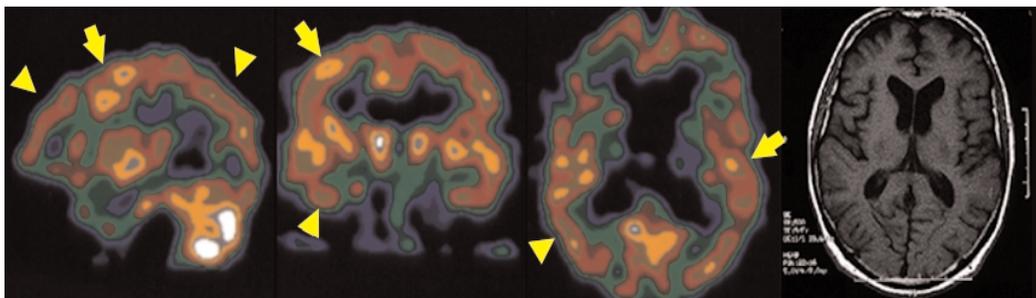


Figure 2. SPECT and MRI for AD patient

SPECT images reveal relatively preserved flow in occipital and sensorimotor cortex (arrows), basal ganglia, and cerebellum. Hypoperfusion is evident in bilateral temporal, parietal and frontal areas (arrowheads). There is some mild asymmetry (left decreased more than right), but not as prominent as in the CBD case. This pattern of perfusion deficits is different from that of CBD, but reveals functional deficits that are not evident in the MRI image, which shows only mild atrophy, slightly asymmetric only in the temporal lobes (not shown).

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President's Message

Continued from page 1

the addition of Continuing Education Credits.

11. Expand the excellent website and consider the establishment of a list serve for members.
12. Reaffirm and expand our working relationships with all Directorates of APA, especially the Practice and Science ones.
13. Expand our representation of Division members within the governance of APA.

In terms of style, here is a brief list of approaches to governance that you should expect:

1. Do not expect conflict, especially for the sake of conflict. Indeed, the opposite will be true. Expect congruence and forward movement. Those not interested in cooperating will be encouraged to take a very long vacation in Cuba.
2. Communication is the key to avoiding misunderstanding. Hence, expect the Board to increase communication with each other and, in turn, the Board to its members.
3. Expect products such as an excellent newsletter, a revamped convention program, wider dissemination of our brochures, and so forth.
4. Expect an appreciation for both intellectual and demographic diversity. After all, in a Division that is about as homogenous as a division can get, you have elected your first ethnic-minority President. Having studied and worked in Russia, Europe, and Latin America, I realize that the world of clinical neuropsychology should and does extend to geographical and intellectual boundaries beyond North America.
5. Expect a more relaxed, less formal (yet productive) leadership.

If you have either suggestions for Divisional activities or would like to become more involved, please do not hesitate to contact me at punte@uncw.edu. Thank you for the opportunity to serve as President the Division of Clinical Neuropsychology.

Child Neuropsychology

Continued from page 8

temporal gyrus and fusiform gyrus for processing written word forms and in the unimodal auditory areas of superior temporal gyrus for processing spoken word forms. Children showed more activation than adults for written word forms in posterior heteromodal regions (Wernicke's area), presumably for the integration of orthographic and phonologic word forms. Our second analysis compared activation in the visual versus auditory modality separately for children and adults. Children showed primarily overlap of activation in brain regions for the visual and auditory tasks. Adults showed selective activation in the unimodal auditory areas of superior temporal gyrus when processing spoken word forms and selective activation in the unimodal visual areas of middle temporal gyrus and fusiform gyrus when processing written word forms.

Coscia, J. M., Ris, M. D., Succop, P. A., & Dietrich, K. N. (in press). *Cognitive development of lead exposed children from ages 6 to 15 years: An application of growth curve analysis.* *Child Neuropsychology.*

The effect of lead exposure on cognitive growth patterns was assessed in a longitudinal study of 196 children. Performances on tests of verbal comprehension and perceptual organization (Vocabulary & Block Design, Wechsler Intelligence Scales for Children) were measured at ages 6.5, 11 and 15 years. Growth curve analyses revealed that the quadratic model best described the relationship between test scores and age. Children with higher lead levels, as measured at age 15 years, demonstrated lower verbal comprehension scores over time and greater decline in their rate of Vocabulary development at age 15 years, as compared to children with lower lead levels. Lead exposure was not significantly associated with growth in perceptual organization test scores. Socioeconomic status and maternal intelligence were statistically significantly associated with growth patterns for both test scores, independent of the effects of lead. The findings suggest that lead negatively impacts the developmental progression of

specific cognitive skills from childhood through adolescence.

Kerns, K., & Price, K. J. (2001). *An investigation of prospective memory in children with ADHD.* *Child Neuropsychology, 7, 162-171.*

Prospective memory, defined as the ability to follow through on an intended behavior, is believed to be subserved by a number of neuroanatomical substrates, but particularly dependent, at least in part, on the frontal lobes. Children with Attention-Deficit Hyperactivity Disorder (ADHD) traditionally have difficulty on tasks dependent on frontal lobe structures. The present study attempted to determine whether children with ADHD are impaired in prospective memory function. Two studies are described that use a new measure of time-based prospective memory, the Cyber Cruiser (Kerns, 2000), to compare children with ADHD to a control group consisting of participants who were matched in respect to age, gender, and IQ. The results document prospective memory deficits in ADHD. Prospective memory performance correlated significantly with clinical measures of ADHD as assessed by the Conners Parent Rating Scale (Conners, 1990) Hyperactivity Index, but was unrelated to intellectual ability. Though psychometric measures of attention correlated with prospective memory performance, they did not account for the differences in prospective memory that were observed between the ADHD and control groups.

Taylor, H. G., Burant, C. J., Holding, P. A., Klein, N., & Hack, M. (in press). *Sources of variability in sequelae of very low birth weight.* *Child Neuropsychology.*

Few investigations have examined the specificity of sequelae of very low birth weight (VLBW, <1500 g) or sources of variability in outcome. To better understand the nature and determinants of outcome, we assessed neuropsychological and achievement skills at mean age 11 years in 62 children with <750 g birth weight, 54 with 750-1499 g birth weight, and 66 term-born controls. Distinct cognitive constructs were identified by factor analysis, and the three birthweight groups were compared on these constructs and on composite measures of

achievement. Although the group with <750 g birth weight performed less well on all tests than term-born controls, group differences in a perceptual planning factor and in mathematics remained even when IQ was controlled, and deficits were more pronounced in mathematics than in reading. Results from structural equation modeling were consistent with the hypothesis that neuropsychological skills mediated the relationship between birth weight and achievement. The findings confirm the differential deficit hypothesis, support the need to consider multiple sources of variability in VLBW outcomes, and highlight the importance of neuropsychological constructs in developing an explanatory framework.

Williams, J., Philips, T., Griebel, M. L., Sharp, G. B., Lange, B., Edgar, T., & Simpson, P. (2001). Patterns of memory performance in children with controlled epilepsy on the CVLT-C. *Child Neuropsychology*, 7, 15-20.

Decreased memory skills have been reported in children with epilepsy. However, standardized instruments to evaluate learning and memory in children have been unavailable until recently. The present study was designed to assess memory patterns in children with epilepsy based on the California Verbal Learning Test-Children's version (CVLT-C). The test was administered to 44 children with complex partial seizures and 21 children with generalized seizures between 8 and 13 years of age. Children in the study had been treated for epilepsy for at least 6 months, had well-controlled seizures on monotherapy, and had no evidence of anticonvulsant toxicity. Children with head injuries, learning disabilities, or hyperactivity were excluded. Test results did not reflect differences in memory performance based on seizure type. Scores for the entire sample indicated intact new learning, decreased intrusions and perseverative responses, and better short-term than long-term delayed recall. Recognition skills were stronger than long-term delayed recall skills, and suggested that memory performance may be improved for these children when a multiple-choice format is available in academic settings.

Ethics Code

Continued from page 6

definition of competence, expands the ways in which we must watch out for others and consider their uniquenesses, and enjoins us to make our practices more equitable and transparent. In reading the code in detail, neuropsychologists will actually see in the code numerous places to improve what they do and how they do it. Our relationships are made more rational and clear both within our profession and in relationship to interested parties and stakeholders.

There is no doubt that we will find elements of the code wanting or imperfect when the new package is "road tested", but it is hard to imagine what one might do to anticipate that given this document. The process and the product reflect enormous credit on the ECTF and the Association.

Reflections

Continued from page 10

mind side, and integrating them into one cohesive theory and approach. And so it comes as no surprise that some of the people who are credited today in this country with being the founding fathers of cognitive science, like Jerome Bruner, count themselves among Luria's disciples, and truly so.

Of course, a totally different contribution that he made is one of the romantic sciences, to use his own turn of phrase, where in addition to his very systematic and theoretically driven neuropsychology research, he also engaged in these very humane, almost poetic explorations of individual cases. There too, he was well ahead of his time. Today we see a whole panoply of books devoted to the genre. But he was clearly the originator. And so, again, it comes as no surprise that people like Oliver Sacks, who is probably the single best-known representative of the genre, counts himself as a disciple of Luria's.

And then yet another contribution that he made is in the area of neuropsychological assessment. After the years of infatuation with the strictly psychometric quantitative approach, there has been a surge of interest in this country in the so-called process approach or qualitative approach. Again at the risk of possibly offending some people, I think I would suggest that while the idea of the "process" approach is not revolutionary, Edith Kaplan and her students really extended Luria's notions.

Mirsky: Right. It is unfortunate that his estate does not share in some of the revenue from the tests that are marketed, essentially based on his approach in the assessment of patients.

It may be appropriate to talk a little bit about that, the assessment. Possibly more people know of the Luria-Nebraska so-called evaluation that was developed in his name. I'm sure that Luria himself had nothing to do with it. And it represented in some ways the exact opposite, of what he had proposed, namely a flexible but thorough clinical evaluation rather than a forced questionnaire coming up with numbers which may or may not have any meaning.

I have this personal recollection of a patient we evaluated in our laboratory who had two prefrontal lobotomies so that she had no frontal lobes. Nothing

in front of the central sulcus was visible either on a PET scan or a CT scan. She was administered the Luria-Nebraska by a competent practitioner and the conclusion was that she was normal, without brain injury. That was the end of my association with the Luria-Nebraska, not with Luria, obviously. So in his name, there have been certain – again, at the risk of offending certain parties – tests developed based on a partial grasping of what it is that he did and what he represented. I think it is true that Edith Kaplan has made a contribution using some of Luria's ideas in newer versions of the Wechsler scales that are called "process."

Goldberg: Yes, and they did a good job of it but one should be cognizant of the literature.

Mirsky: Of where it came from. If I could just stray a little bit. The Wisconsin Card Sorting Test is marketed by many companies now and is usually associated with the name of Robert Heaton, who developed a particular way of scoring it. This test was originally published by Grant and Berg around 1949 and is based on the work of Kurt Goldstein. It is Goldstein's principle, his notion of the impairment of the abstract attitude, which led to the development of the instrument, and that has been lost. Somehow we hope that Luria's contribution, his way of approaching patients, his analysis of deficit based on a theory that he had developed, should be given the recognition that it deserves and should not be lost in history, which sometimes happens.

Goldberg: Right. But, fortunately, I think that Luria's place in the history of science is quite secure, and so we are very pleased that you are helping make it even more secure.

Farreras: My pleasure. I want to back up to something you said earlier about how much of his work wasn't published for many, many years. In the history of psychology, you often hear of the Americans who went to Europe to study with Wundt and then brought back and continued a lot of that work in the United States. Was there a similar process involved with Luria and his laboratory? When you were talking about Luria's work and

influence here, was that before his work was published in Russian or once it was translated into English?

Goldberg: You see, Luria's circumstances were very different from the circumstances of these European psychologists that you are alluding to. He was operating under this oppressive regime. In those circumstances, neuropsychology was one of the few fields which were allowed to blossom, at least relatively, because it was so ideologically agnostic and so ideologically neutral. He moved AWAY from the ideological minefields. So I don't think that his work in neuropsychology was stifled in the Soviet Union, and his original Russian monographs were translated into English right away, more or less. So the neuropsychological aspect of his career was being introduced to the West more or less in real time, as it was unfolding in Russia.

Where his work had been stifled pertains to some other interests of his, in fact, earlier interests of his, his interest in cross-cultural psychology. And that was so embedded in these ideological minefields that he was prevented from continuing this work and prevented from publishing his own results. These results were published with a huge delay, a delay measured in decades, not even in years.

It is interesting – and it is a bit of a personal vignette – how one of his very first and most seminal essays on the relationship between the brain and culture, which he wrote together with Lev Vygotsky, his friend and his mentor, was available in English before it became available in Russian. It wasn't until many years later that finally, after many years of oblivion and ostracism, Vygotsky was embraced again in the Soviet Union in the late '60s as one of the great psychologists. A decision was made at that time to publish a multi-volume edition of his writings. Now, Luria, who was in a very noble and honorable way always very faithful to the memory of his friend, continued to be faithful to his memory despite the dangers associated with it. So when this ban was finally lifted, Luria and Vygotsky's widow, Rosa Vygotsky, embarked on this project of preparing his published and unpublished works for this multi-volume edition.

Luria looked for a paper which he and Vygotsky

had done many years prior, sometime in the late '20s. It was in an embryonic form, and it sort of stated and foreshadowed virtually all of their subsequent theoretical developments. It was a kind of theoretical manifesto written by these two young men at the time as a blueprint for a lifelong research project in psychology. To his dismay, he found out that the Russian original had been lost, and he could not find it. What he found instead was the English translation of this paper, which the two of them had prepared for a meeting to have been held in New Haven, Connecticut, sometime in the late '20s, but never actually delivered. The translation had been made in anticipation of this trip, which never took place. So he summoned me and in his businesslike fashion told me, "Listen, translate it back into Russian. Make it sound like Vygotsky. Just make it simple," which I did. This innocent kind of forgery has been published and passed for Vygotsky's original manuscript in the first volume of this multi-volume edition.

Farreras: When you talk about the work that Luria and Vygotsky were doing together and the fact that they were actually going to leave the country in order to go to conferences abroad to talk about their work...were they allowed to do this as long as they discussed their neuropsychological work, as opposed to some of their work in other areas?

Goldberg: Well, their fates diverged. Vygotsky died very young. Vygotsky died around 1935, being 37 or 38 at the time of his death.

Mirsky: Was it tuberculosis?

Goldberg: Yes. In fact, I recall a conversation that I had with his widow many years later, in the mid-'60s, as I was assisting them with the preparation of these manuscripts, and she said something that first struck me as being totally insane. Then on the second thought, it made a lot of sense. She said, "My husband died so young, and thank God," at which point my jaw dropped, and then she continued, "because otherwise, had he lived a year or two later, he would have been slaughtered in the labor camp," which probably would have been the

case.

Luria lived a long life, unlike Vygotsky, and times had changed considerably during Luria's lifetime. I don't know whether Vygotsky had been able to travel during the early years of the Soviet Union. The political climate changed there considerably more than once. Right after the 1917 revolution, there was a period of about a decade of relative freedom, and, in fact, some degree of intellectual and cultural ferment, and people were able to travel. Then all the screws were tightened and borders were sealed, and for many years it was no longer possible to travel. Gradually, in the '60s, maybe beginning even in the late '50s and certainly into the '60s and on, there was a certain political thaw that came. Some limited, highly controlled opportunities for travel emerged. Luria was able to travel. By that time he was already a world-renowned figure in psychology, a world-renowned scientist. People like that were allowed to travel as part of the Soviet window dressing, if you will, but in a highly controlled way. For instance, Luria kept mentioning, sort of with annoyance, that it was never possible for him to travel with his wife. They always kept a hostage behind. You see what I'm saying? His wife was a prominent scientist in her own right, an oncologist, and also author of books and was a highly regarded scientist. She attended scientific conferences, and he attended scientific conferences, but they were never allowed to travel together. So even to the extent that this relative freedom took place, the emphasis should be on relative. It was a highly controlled situation, highly restrictive, a highly oppressive, but less oppressive than during the '30s or '40s.

Mirsky: Well, I think it was the Soviet recognition of his eminence that allowed him to travel. I can recall attending an international conference in 1964 and having met a very bright and charming young Russian psychiatrist named Lapin. I suggested that he come to the NIH to discuss collaboration. I think he tried for at least 10 or 15 years to get permission to travel to the United States and never got permission. I don't know whether it was because he was a Jew or a psychiatrist or just didn't have the eminence that...

Goldberg: Well, Luria was also Jewish...

Mirsky: Yes, but his position was sort of beyond...

Goldberg: Luria was an extraordinarily well-established person. He was a member of the Academy of Pedagogical Sciences.

Mirsky: His prominence, I think, was what enabled him to travel, and lesser, younger persons just wouldn't have that opportunity during those years. I think that probably changed in the '90s. After the breakup of the former Soviet Union, things changed considerably, I would imagine. You yourself have returned to Russia on more than one occasion.

Goldberg: That depends on what you count as Russia. I went once to Riga, my hometown, which is no longer part of the Soviet Union. There is no more Soviet Union. I also went to Moscow once.

Mirsky: But I think that's a sign of the fact that things are different now, that you felt comfortable enough to return.

Goldberg: Correct. Moreover, I plan to go there tentatively in September to attend this Luria memorial conference in Moscow.

Farreras: You talked about how by the late '50s and early '60s, when he was considered to be such an eminent person, he was allowed to travel to the United States and to Europe. Could we back up and talk about what *led* to that eminence, what type of work he was doing, the progress in his research, what he was doing that led him to become known?

Goldberg: Right. Well, to proceed chronologically, if one were to write a Luria retrospective with the benefit of an aerial view, then one would say that he's recognized universally as someone who contributed, probably more than anyone else, to the design of a comprehensive theory of brain behavior relations, which tied together both the biological and the cultural and cognitive aspects. That is an aerial view and a retrospective one. If you follow his

career chronologically and in real time, then his first important neuropsychological contribution was a huge monograph titled Traumatic Aphasia, which was based on the studies of penetrating gunshot wounds to describe various ways in which language may be impaired. He utilized this material to compile a comprehensive theory and understanding of the brain mechanisms of language. I think that this book was translated into English and had a very important impact in this country, while establishing him in the West as a preeminent figure in neuropsychology.

Again, a little aside. To the embarrassment of our field even today, there are almost as many taxonomies of aphasia, a language disorder, as there are aphasiologists. So there is no uniformity in the field, unfortunately. And in this country, the taxonomy of aphasia as proposed by Norman Geschwind, the late great American behavioral neurologist, is very prominent, probably more prominent than others. Luria's taxonomy was different. Again, it sort of highlighted his background and his uniqueness, because unlike most taxonomies, which are very often based on some presumed, often speculative hypothesized anatomical mechanisms underlying these aphasias, Luria's taxonomy of aphasia was closer to the content area. It was based on cognition. It was first spelled out in that book. Then, of course, he wrote another book, Higher Cortical Functions, which, if my memory doesn't fail me, was published first in Moscow, in Russia, in 1962 or thereabouts. I think it was virtually immediately translated into English. It was published here in 1966 or thereabouts. To this day, even though it's almost half a century later, it is regarded as one of the most influential volumes in neuropsychology.

That book was, I would say, the first monograph ever attempting to present a well-articulated, comprehensive theory of brain-behavior relations.

Mirsky: I would just add that after it was published in 1966, and I think Karl Pribram was very influential in getting it translated and published by Basic Books, I was asked by a journal to review it, and reading it was an amazing experience. He had left nothing out. It was comprehensive and detailed

and provided a framework for all kinds of neuropsychological speculation and assessment. I think that after his book was published in English, it was the one that probably brought him into most prominence in the United States.

Goldberg: I agree completely, and it established him as the preeminent figure in neuropsychology. Again, it was unique in that he somehow integrated both theory and practical material and offered a roadmap both to the neuropsychological theory of brain behavioral relations, or what later sort of blossomed into cognitive neuroscience, and to neuropsychological assessment because he described all these various phenomena and syndromes. That provided a foundation for a very comprehensive and sound neuropsychological assessment.

Then there were other books: The Working Brain, which is like a digest version of The Higher Cortical Functions, slightly condensed, slightly abbreviated, slightly toned down in terms of intellectual rigor, a student version of this book, which also to this day remains popular and highly regarded. I think that I agree with Allan completely that he really established himself in terms of his preeminence with his book, Higher Cortical Functions.

Farreras: Once these books were translated into English and then published in the United States, was Luria aware of how they were received here?

Goldberg: Very much so.

Farreras: In terms of students or scientists going to work with him or in terms of changing the existing approach to neuropsychology here?

Goldberg: Absolutely, and it took many forms. First of all, as his writings were becoming increasingly well known here, they were making an increasingly great impact on the evolution of American neuropsychology and Western neuropsychology in general, so his physical presence was not even needed, so to speak. His work was being increasingly recognized and was becoming

increasingly influential. But there was also an exchange. He was allowed to come here, as we discussed earlier, so he traveled frequently all over the world and made a personal impact with his lectures and personal charisma. He was very charismatic, very articulate, multilingual, spoke English well, and a very good German. German was his second childhood language. English was not, but still he spoke English and French very well. So he was really very much attuned with the West and the Western culture, he was not an oddity. He was perceived by the Westerners as one of them in terms of his demeanor, his linguistic skills, etc.

Mirsky: Or the reverse. We hoped that we would be considered one of his.

Goldberg: Right, right. And then he was developing ties with and personal, close personal friendships and sort of intellectual collaborations with a number of eminent North American scientists like Jerome Bruner, Karl Pribram, and Michael Cole. So there was a constant flow of visitors. I mentioned just some of the most prominent ones, but there were dozens of others – less renowned but nonetheless serious and credible and well-respected scientists – who visited Luria’s lab in Moscow and then came back influenced by him. Anna-Lise Christensen was a Danish psychologist, who owing to Luria’s influence, became a Danish neuropsychologist, and who contributed a great deal to making Luria’s clinical work and clinical diagnostic approaches known in the West, a very highly regarded person who has been knighted by her queen. So a number of people, scientists who became very important influences in the West, were to a considerable extent shaped by Luria.

Mirsky: I have a couple of observations to add. I had occasion some time ago to look at some of the writings of the psychologists who worked with Penfield in terms of assessing his neurosurgical cases. One sees that the evaluation of these patients was based on something like the Rorschach and the Bender Gestalt. Those were the tests that were used and there were a series of signs that you looked for. If you had about seven of these signs, then you had

brain damage, and if you had six, then you didn’t. That was actually the approach. Whereas, with Luria, you had, rather than this strange empirical approach, a systematic review of the patient’s symptoms and behaviors on the basis of an overarching theory of how the brain was organized. That was a revolution in American neuropsychology. You had to assess the person in terms of this conception as to the way the brain functioned, taking into account the patient’s symptoms rather than this a blind approach based on one or two tests. That is a debt that we owe to Luria.

Today we have a whole panoply of these popular and semi-popular books about the brain which go beyond dry statistics and the usual formal scientific presentation and try to fuse it with human insight and personal stories. Well, we have a number of very successful authors in this vein. Damasio, Schachter, and of course, Oliver Sacks would be the preeminent, and in the English language, the first author who developed the genre. Luria, in fact, wrote two little books, The Mind of the Mnemonist and The Man with the Shattered World, which prefigured this whole genre many decades prior. So Oliver Sacks, who today, of course, is a world-renowned author and thinker and is credited with developing this whole literary genre, if you will, of human neuroscience and humanistic neuroscience and popular neuroscience, traces his intellectual lineage to Luria, and rightly so.

Farreras: Going back to what you said about his seminal works in the 60s and how different his approach was to the standard projective tests available at the time, would you say there was any friction or resistance to these new ideas which would have required a shift in the way of thinking about neuropsychology?

Goldberg: Since in those days I was still very much part of Luria’s entourage in Moscow, Allan is in a much better position to give the Western perspective of that here.

Mirsky: Well, we’re talking about the ‘50s and early ‘60s. There basically was no clinical neuropsychology in this country. There was

physiological psychology, experimental psychology, and clinical psychology. For most clinical psychologists, an appreciation for the central nervous system was absent. In experimental psychology, generally speaking, you did not talk about attention. This was a concept that you couldn't measure, and therefore it wasn't the proper subject of scientific psychology.

So the behaviorists had certain rules as to what you could study and what you couldn't study. The notion that you would be interested in persons with brain damage wasn't part of psychology. That was neurology or medicine, and psychologists shouldn't be studying that. They should be studying the laws of learning and how many trials it takes for a rat to traverse a maze in an errorless manner and so forth, so that neuropsychology as we know it today just didn't exist.

I recall when I came to the Laboratory of Psychology in 1954, the chief of the laboratory was a very eminent clinical psychologist, David Shakow, who stated publicly that he thought that psychology's interest in investigating the black box, meaning the brain, was premature, and this was really not our role nor the kind of thing that we should be spending time doing. Of course, for a young, budding neuropsychologist, before I was called that, this was very disappointing and disheartening.

Goldberg: Of course, that was Freud's position, too, who started as a neurologist but felt that science was not ready to tackle the mysteries of the brain and so got involved with the mysteries of the soul instead - for better or worse.

Mirsky: Yes. But, nevertheless, for whatever reasons, Shakow did provide support for the Section on Animal Behavior, which was a small part of the whole Laboratory of Psychology at that time. And, of course, now it's completely reversed and it is the Laboratory of Brain and Cognition, and the rest of psychology is relegated to a very small part of the intramural research program, if it exists at all. So there has certainly been a revolution in terms of what the proper study of psychology should be, and over the last 50 years you can see the amazing change. To

bring it back full circle, it's the kind of amazing and substantive contribution that Luria's work provided that helped make this beneficial change. In terms of training students in neuropsychology, one has to expose them in a very systematic way to the writings and teachings of men like Luria and Goldstein, who actually studied people with brain injuries and tried to understand the way in which they were coping with the world. There is no proper neuropsychological training now without very intensive education into the work of such men as Luria, and one cannot identify oneself as a neuropsychologist without the appropriate credentials.

Farreras: When would you say that the emergence of a more psychometric approach, competing with this more qualitative, clinical approach occurred?

Goldberg: Well, the Luria-Nebraska is a much, much later invention. And as Allan said, the whole enterprise of neuropsychological assessment is based on the assumption that the brain is a very heterogeneous and diverse organ where different parts do different things. One must assess cognition in a systematic way, looking separately at distinct aspects of cognition, and by inference, by so doing, assessing the functional integrity of various brain structures. This whole proposition had not been there before the introduction of a comprehensive brain-behavioral theory. Up to that point, as Allan rightly said, the whole psychological assessment was based on a tacit assumption that one variable can compress and incorporate all the knowledge about cognition, which of course is silly. So regardless of how neuropsychological assessment diverged into various specific traditions, the fundamental premise that one must assess cognition systematically, have separate measures for separate aspects of cognition, and select these measures based on a comprehensive neuropsychological theory owes its existence, to a very large extent, to Luria's work.

To go back again to the prescient quality of his work in terms of more theoretical, more recent developments in the field - again, at the risk of offending somebody but none of those sitting here - if Gall were the intellectual forefather of this

modularity fad in neuroscience, then Luria can be viewed as one, at least, of the intellectual forefathers of this different approach based on the assumption of distributed, parallel, interactive processing. This is because his notion of the functional system basically prefigured these understandings of parallel distributed processing, as opposed to processing by modules. Lately, after this misguided, in my opinion, infatuation with this modular approach to brain organization, we are seeing a shift away from that, and toward this more dynamic parallel, distributed, interactive approach, which, again, had been prefigured in Luria's work in his concept of the dynamic functional system many, many years ago.

Farreras: Has there been any impact in terms of the advance in technology since the time when Luria did his research? I'm thinking of a 70s paper of his with Majovski where he's talking about CAT scans but we've seen results from PET scans and MRIs and now fMRIs... Do you see technological advances as having changed his contributions in any way?

Goldberg: Well, this is a very interesting question. There has been an ongoing debate in the field of history of science, on what drives what. Do concepts drive technology or does technology drive concepts. I don't know. But, of course, the distinction is a bit circular, and what is a concept in one field becomes technology in another field.

Of course, the advent of these tools has changed our field dramatically. I imagine – and I was privileged to know Luria quite well – that had he been alive now, he would have embraced all of these technologies. He was not at all averse to technology, to gadgets. He liked that. I'm sure that he would have welcomed them. He was NOT an armchair, pure-thought-experiment type of person. He was a hands-on scientist. He would have been very pleased had these technologies been available to him, and he would have found good use for them.

Mirsky: Sure. His writings are full of references to psychophysiological experiments that he encouraged and engaged in, and that are enormously full of new gadgets. I think he probably would have been very excited by, say, the 120 EEG-electrode

technology now. That would have been something that would have appealed to him, and he would have written about it.

Goldberg: And these technologies, particularly functional neuroimaging, are particularly resonant with his approaches, which are dynamic. This whole notion of dynamic-functional-systems organization versus modules, and the cultural influences on functional neuroanatomy, how function is mapped into the brain, had to remain hypothetical and maybe even speculative. But it's precisely the advent of these technologies, like PET, like fMRI, like SPECT, like various forms of electrophysiological analysis, which allow one to test and develop such hypotheses directly, so he would have embraced these technologies with great enthusiasm, I'm sure.

Farreras: You had mentioned that Luria is also known for his work in other areas, specifically developmental and cross-cultural psychology, and that you wanted to emphasize the neuropsychological contributions of his career. Is there anything more either of you want to add?

Goldberg: Well, basically, I think that from a global scientific perspective, the emphases are where they should be. He's certainly recognized as a cross-cultural psychologist, he's recognized as a developmental psychologist, but he's particularly recognized as a neuropsychologist, and at least in my opinion – and, of course, I am biased, being myself a neuropsychologist – his contribution to neuropsychology is the cornerstone of his overall reputation.

But, as I said, one of the reasons why his neuropsychology was so influential and so powerful is precisely because it was informed by all these other things...by cultural considerations, by developmental considerations. There are very few people capable of producing this kind of a synthesis, and he was one of these few. So one should not consider these various contributions of his as separate expressions of multiple personalities. It was one personality where these various interests were integrated and cross-fertilized one another.

As a neuropsychologist, he contributed to

virtually every topic of neuropsychology. He was particularly well known for his grand design of a general neuropsychological theory. But as I said earlier, his contribution to the understanding of language mechanisms and language representation in the brain and aphasia is very influential. He was one of the first people, with Goldstein and a few others, who recognized the importance of the frontal lobes and put them on the neuropsychological map, and that work, toward the latter part of his career, became one of the important fields in his work.

And he studied memory. He published, a few years before his death, in fact, a two-volume monograph titled The Neuropsychology of Memory, which I think has been translated into English. Somehow it's not as well known in this country as his other monographs, but it was also a very interesting contribution. Toward the end of his life he became interested in the contribution of the right hemisphere. Had he lived five or seven years longer, that probably would have been the next theme of his agenda. So he touched every important topic in neuropsychology.

And he influenced people. He created the school, influenced personal and professional and scientific careers of many people. It's as important as anything else. He shaped careers of many people and helped shape careers of many people, from people as prominent in their own right as Oliver Sacks and Jerome Bruner, to many more who are less visible but are also important, credible and worthwhile contributors who continue teaching other people and other people and other people. So his legacy survives not only through his writings but also through his personal impact on many people.

Farreras: You mentioned earlier how you thought that the entire field of psychology had become cognitive neuroscience – and indeed, if you look at jobs, there seem to be more openings for such positions than for the traditional fields within psychology. Do you think that's because of his comprehensive theory, where he was able to blend not only brain studies but developmental, cross-cultural, and cognitive studies in a more interdisciplinary approach for psychology?

Goldberg: Well, I think so. I think that the whole phrase coined to refer to this new science, cognitive neuroscience, implies this kind of synthesis. Of course, it's interdisciplinary by definition in that sense. And one can argue that he contributed to the coalescence of a synthesis more than most.

Mirsky: I would agree.

Farreras: Is there anything else you'd like to address or cover?

Mirsky: Our field wouldn't exist if it hadn't been for him. And you know what Vygotsky's widow said, that it was better that he had died when he did than die in a labor camp? In a sense it's good for our field that he was discouraged from continuing his work in cross-cultural psychology.

Goldberg: In that twisted kind of way, it's absolutely true, because that's a very ironic and astute thought. Had Luria lived in a normal environment, he probably would have never become a neuropsychologist.

Mirsky: Right.

Goldberg: He would have continued to pursue happily his interests in cross-cultural psychology, developmental psychology, psychoanalysis – he corresponded with Freud – and he probably would have been so busy and so gratified doing all these things that he would not have turned to neuropsychology.

Mirsky: Well, maybe that would be a good note on which to conclude. Thank you very much.

Farreras: My pleasure, I want to thank you both for coming and being so generous with your time.

Goldberg: Thank you for receiving us.

Association for Neuropsychology Students in Training (ANST) Update

Michael Cole (ANST Chair-Elect) and Chris Loftis (ANST Chair, APAGS Chair)

ANST is a recently formed student organization within American Psychological Association Division 40 that was created to respond to the needs of neuropsychology students in training. One of our major goals is to provide a student-focused listserv for students and professionals to come together to discuss important training, practice, and research issues in neuropsychology. While the primary audience for the list is students who are interested in or currently enrolled in graduate, internship, or post-doctoral programs offering specialty training in neuropsychology, this listserv is not limited to students, and in fact, we invite regular participation and contribution from professional and academic neuropsychologists. To subscribe to this list, send an email to LISTSERV@LISTS.APA.ORG and, in the body of your message (not the subject line), type: SUBSCRIBE DIV40ANST <Your> <Name> (e.g., SUBSCRIBE DIV40ANST Chris Loftis).

Another area of focus for ANST is to provide informational resources and services for aspiring clinical neuropsychologists. The ANST website is one major avenue by which we will do this. Although not fully completed yet, the ANST website already offers numerous resources (<http://www.hp.ufl.edu/anst>). Another route by which we hope to disseminate information is through conferences. ANST was present at recent conferences for APA in Chicago and NAN in Miami. Keep an eye out for ANST activities at future neuropsychology related conferences by checking our website frequently, as we hope to initiate annual programs and continue social gatherings and networking opportunities for students.

Lastly, ANST hopes to promote leadership development in order to communicate and advocate for the concerns of students within Division 40. Efforts to this end have already begun by the presence of ANST committee members at the annual Division 40 Executive Committee meetings at APA and INS. In addition, we are establishing a network of local ANST chapters that will extend the activities of the APA Division 40 and ANST into local training programs. Each chapter will work with ANST to:

- 1) Inform students in their department about training and professional issues relevant to the field of Neuropsychology;
- 2) Ensure reciprocal communication between graduate students and ANST/APA Division 40;
- 3) Assess the needs of students in programs and forward questions and concerns to ANST and Division 40;
- 4) Serve as a resource for information about legislative issues affecting Neuropsychology and the field of psychology; and
- 5) Encourage participation in ANST governance and programming activities.

ANST is now recruiting students and faculty to serve as campus representatives to facilitate these local chapters. If you are interested in being a campus representative, please email us at anst@hp.ufl.edu to sign up and request a copy of the chapter materials.

There is a strong student presence among the membership of Division 40 and in the next couple of years we hope ANST will serve to congeal this presence as well as begin to serve as an invaluable resource to neuropsychology students as they proceed through their training. Look for opportunities on the ANST website and discussion listserv to serve on the ANST executive committee and be involved with our programming activities. If you are interested in participating in ANST or have any questions, please let us know by emailing us at anst@hp.ufl.edu. We look forward to hearing from you on the new listserv!

Professional Affairs and Information Office
National Academy of Neuropsychology (NAN)

The NAN Professional Affairs and Information Office (PAIO) was developed by the NAN Board of Directors (BOD) to address professional issues in neuropsychology. The PAIO's goals are to provide practice-related information to neuropsychologists as well as to provide professional advocacy on behalf of clinical neuropsychology and our patients. Specific objectives to meet these goals include acquiring and providing practice-related information and resources to neuropsychologists and our colleagues, promoting the profession of clinical neuropsychology by interacting with local and national organizations that directly impact the profession of neuropsychology (e.g., health insurance companies, other health care professionals, and state and national organizations representing psychologists, etc.), as well as educating the general public regarding Neuropsychology's role in health care.

The NAN-PAIO is now officially operating, having been funded by a recent dues assessment. Payment of the assessment allows members access to the PAIO section of their website and consultation services. Leslie Rosenstein, Ph.D. of Austin, Texas is currently co-directing PAIO activities with assistance from a network of advisors and volunteers, and with Antonio Puente, Ph.D. of Wilmington, North Carolina serving as the first Special Advisor and Liaison. In the near future, a second director, of Professional Advocacy, will be added to the office. Neil Pliskin, Ph.D. as Vice Chair of NAN's Policy and Planning Committee functions as the liaison and has been the co-director of PAIO during these early months.

The PAIO has had a productive first half-year. In addition to addressing Medicaid and Medicare reimbursement issues, the PAIO is initiating advocacy activities on behalf of neuropsychologists and their patients. The office coordinated and published a BCBS Primer by Shanna Kurth, Ph.D., as well as an article summarizing recent court cases involving expert testimony by neuropsychologists, written by Elaine Hanson, PsyD, JD. Additional insurance primers are in the development stage. The office has also constructed an online database of carrier information, which will soon be posted on the NAN web page, www.NANonline.org, along with various online resources for neuropsychologists and our patients. Informational papers for patients, parents, and doctors, as well as position papers and the NAN brochure are also now available in the PAIO section of the NAN web page. In 2003, the PAIO will offer members the opportunity to post individual web pages with practice information, curriculum vitae, and contact data. The office is also providing consultation to neuropsychologists regarding reimbursement and related issues. Dr. Puente's office hours are Wednesdays, 11 a.m. - 1 p.m. Eastern Time at 910-962-3812. The office is also available to respond to inquiries at PAIO@nanonline.org.

**DIVISION 40 EXECUTIVE COMMITTEE
MEETING MINUTES
Thursday, August 22nd 2002
Hilton Hotel and Towers, 4th Floor Conference
Room 4C Chicago, Illinois**

Present: Drs. Adams, Axelrod, Bieliauskas, Bondi, Brandt, Fennell, Fischer, Grote, Haaland, Heaton, Ivnik, Koffler, Manly, Mirsky, Morgan, Naugle, Puente, Ricker, Shear, Smith, Vanderploeg, van Gorp, Westerveld, Yeates.

Invited Guests: Virginia Holt (APA Science Directorate), Pat Kobor (APA Public Policy Office), and Randy Phelps (APA Practice Directorate), Christopher Loftis (APAGS).

1.) The meeting was called to order by Dr. Allan Mirsky at 8:12 am. He thanked the Division 40 Executive Committee (EC) members for attending this early morning meeting and for all their hard work over this past year.

2.) Secretary's Report: The Minutes of the EC meeting held in February 2002 were reviewed and approved with two minor revisions. Under item 5, the term "Student Affiliates" was modified to "Affiliates" and, under item 8, the convention city of San Francisco was replaced with Chicago.

3.) Treasurer's Report: Dr. Jill Fischer presented the Treasurer's Report. Division 40 remains on solid financial ground. Based on final income and expense figures, we had a fund balance of \$221,342.98 at the end of FY2001, reflecting a net gain of \$5,142.27 (2.4%) over FY2000. As for FY2002, our fund balance at the mid-year point (6/30/02) was \$255,051.41, consistent with our fund balance last year at this time (\$254,000.10). Thus, we have sufficient funds to cover even unanticipated expenses during the remainder of FY2002.

As of July 31 2002, expenses for most line items were either at budget or favorable to budget (based on reimbursement requests processed by the Treasurer). Consequently, we are likely to end the year favorable to budget, as we normally do. Notably under budget are the Practice Advisory Committee (23% of budget); Fellows Committee (0%); and the Committee on APA Relations (0%). In contrast, the Publications Committee is likely to be over budget (largely due to increasing newsletter costs). As for our one-time initiatives for FY2002: 1) PIAC brochures are significantly over budget due to unanticipated demand; 2) the APPIC donation was made at the anticipated amount (\$2500); and 3) no expenses have yet been incurred for three initiatives (COESP; Outreach; and the graduate student organization, ATNS).

Dr. Fischer proposed a FY2003 budget in the amount of \$120,800, representing a 3.5% decrease from our FY2002 budget. This was achieved by reducing budgets by 10-15% for administrative line items for which expenses are consistently below budget (e.g., elected officer travel, etc.), while maintaining budgets for Advisory Committees at FY2002 levels or slightly above and increasing budgets for items of direct benefit to members (Program and Publications). Discussion ensued concerning increasing the PIAC budget to continue to provide coverage of all printing and mailing costs

for free copies of the "Clinical Neuropsychology" and "Pediatric Neuropsychology" brochures to the membership. A motion to amend the budget line item of the PIAC from \$3,500.00 to \$8,700.00 was made, seconded, and approved. A motion was then made to approve the FY2003 budget as amended, and the motion unanimously carried.

Dr. Fischer concluded by stating that a Long Term Financial Planning subcommittee will be formed with the charge of investigating investment options and will provide a report to the EC at the next (mid-winter) Executive Committee meeting.

4.) Council of Representatives: Drs. Adams, Fennell, Heaton, and van Gorp reported that Council will meet over two separate days later during the APA Convention. They gave a verbal report that the Association continues to contend with lean financial times. Membership in APA has been level, or mildly declining, since 1997, which has resulted in no increase in net income for APA. Nevertheless, the fiscal tightening at APA has brought it back to equilibrium. Future efforts will center on re-financing of the APA building at lower interest rates. They also reported a \$10 dues increase will take effect in 2003, and a final version of the revised Ethics Code that incorporated the needs of HIPAA requirements was passed.

5.) Membership: Dr. Bradley Axelrod reported that, since the February 2002 EC meeting, over 1,350 requests for Division information have been processed by Division Services.

In addition, Division information was also sent--at no cost to Division 40--to APA members in related divisions (e.g. Rehabilitation Psychology). He also stated that, as of January 1, 2002, the Division received applications and accrued 286 new Members and 0 Associates. Current membership numbers are: 87 Fellows, 3,543 Members, 76 Associates, and 741 Affiliates. Thus, the total membership tally represents an 8% increase in affiliation over last year.

Letters were sent to 80 former Division 40 Members who resigned from the Division. The letter served as a reminder that they would have to pay dues to be reinstated. It also requested feedback regarding decisions to resign. Although some resigned accidentally through nonpayment of dues, most did so because they were resigning from APA altogether.

Dr. Axelrod reminded the EC that Division Services of APA currently processes all applications for Division 40. Applications that are received undergo validation with the APA Membership Office to confirm APA membership status before being entered into the Division 40 database. There exists some concern that this new procedure results in applicants being accepted into Division 40 without review by our membership. However, because our Division is an interest group and no credential review is performed, confirmed membership in APA should be sufficient to join the Division.

6) Election Results: Dr. Jason Brandt reported the following individuals were elected to office: President-Elect: Dr. Kathleen Y. Haaland; and Member-at-Large: Dr. Keith Owen Yeates. Results were posted on the Division webpage in accordance with Division 40 policy. The Elections/Nominations Committee thanked all the candidates

for their selflessness and willingness to serve the Division.

7.) Fellows: Dr. Eileen Fennell reported that the Fellowship Committee recommended three members for Fellow status in APA. APA Council will vote on these recommendations later in the Convention, and Dr. Fennell will announce the results at the mid-winter EC meeting. For the second year, there is a New Fellow paper session at the Convention. Division 40 Fellows elected last year are recognized and one was selected, Dr. Gregory G. Brown, this year to present on a topic of his/her choosing.

8.) Program: Drs. Rodney Vanderploeg and Jennifer Manly reported that the Convention program is underway and going smoothly. Dr. Vanderploeg thanked his program committee members for their excellent work in reviewing the submissions and their responsiveness to the rapid turnaround time necessary for review of submissions this year. Special acknowledgements were given to Dr. Jennifer Manly for an outstanding job as Co-Chair of the committee and to Dr. Heather Belanger, whose work as post-doctoral program assistant to the chair was invaluable. Dr. Jennifer Manly will Chair the 2003 Program Committee. The incoming Co-Chair is Dr. Robert Elliott. Several new committee members will need to be appointed to three-year terms beginning in 2003 to replace those who are rotating off of the committee this year.

Dr. Mirsky thanked Drs. Vanderploeg and Manly for their extraordinary work, and particularly for their dedicated efforts in working with the myriad changes necessitated by the modified format of the 2002 APA Convention.

9.) Public Interest Advisory Committee (PIAC): Dr. Deborah Koltai-Attix, PIAC Chair, could not attend and Dr. Shear reported on the activities of the PIAC, its subcommittees, liaisons, and monitors, in her stead. The PIAC Chair continues to serve in the role of liaison to the Board for the Advancement of Psychology in the Public Interest (BAPPI). The PIAC responded to one call through the APA Media Referral Service.

The brochures, "Clinical Neuropsychology: A Guide for Patients and Their Families" and "Pediatric Neuropsychology: A Guide for Parents" were distributed to the membership with great success. Early in 2002, we printed 15,000 of each brochure. Pre-orders from the EC and PIAC used close to 2,000, and 5,000 were distributed in the spring mailing announcing the printing. The remaining brochures were depleted through requests within the first week of distribution. As a result of the depletion, 20,000 each were re-ordered in May 2002. This supply was depleted within two months, and another 20,000 each were re-ordered in July 2002. As discussed in the Treasurer's report, a motion to increase the PIAC budget for FY2003 was made and approved; thus \$5,200 was added to help continue this service to the membership free of charge. One option discussed for the future would be to make the brochures available via other mechanisms, specifically, a PDF format that could be downloaded for those with the capability. Dr. Koltai-Attix reminded the Committee that when considering various options and concerns, it is important to keep in mind that they have arisen because of a successful Division 40 endeavor! This is obviously a service the membership values, and the EC must decide the most useful

and cost effective way to manage it.

Dr. Richard Naugle is the Division 40's monitor to the APA Ethics Committee, although August 2002 marks the end of Dr. Naugle's tenure as the Division 40 Ethic Subcommittee Chair. Dr. Mirsky applauded Dr. Naugle for his excellent leadership of this important Division 40 subcommittee. Effective August 2002, Dr. Michele Macartney-Filgate will assume the Chair of the Ethics Subcommittee.

Dr. Scott Hunter is the Division's monitor of the APA Office on AIDS and 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. Paula Shear reviewed mail and e-mail notices from APA's Committee on Women in Psychology (CWP). She has forwarded several notices to appropriate members of the Division 40 EC describing positions that CWP was trying to fill with women and minorities, to solicit possible Division 40 nominations. In keeping with requests from CWP, Dr. Shear has notified them of these instances in which women were nominated for committees as the direct result of their notices. Dr. Shear will attend the annual CWP Network meeting at the APA Convention and will disseminate the information provided to the appropriate individuals within the Division. Dr. Shear has been in contact with the CWP and with members of the CWP Network about our Women in Neuropsychology (WIN) activities. In April 2001, a listserv was established for WIN, which is provided by APA at no cost to Div40. The listserv currently has 246 subscribers. Interested individuals may join the listserv by sending e-mail to listserv@lists.apa.org. The subject line should be blank. The message should read SUBSCRIBE DIV40WIN First Last [substitute your own first and last names]. This list has been used primarily as a forum for group discussion of WIN activities, correspondence about questions and concerns that individuals have raised about professional development, dissemination of information from CWP and other sources about requests for nominations and position opportunities. WIN activities have also been publicized in the division's fall mailing and the newsletter.

The Subcommittee also discussed plans to prepare for a transition in the leadership of WIN when Dr. Shear's term as Division 40 liaison to the CWP ends in August 2003. It is the recommendation of the WIN Steering Committee to Dr. Koltai-Attix that there be a formal policy within the PIAC for the CWP liaison to also be the chair of WIN. Dr. Koltai-Attix is in agreement with this proposed policy, and will consider it formally implemented. If implemented, the Subcommittee would also like to request that the WIN membership and the PIAC chair be permitted to provide input into the selection of the new liaison. The outgoing CWP liaison and current PIAC chair would communicate their recommendations to the Division President.

Dr. Richard Salamone reported activities germane to the Committee on Rural Health (CRH). In particular, Dr. Gil Hill,

Director of the Office of Rural Health/Substance Abuse at APA announced his retirement, effective August 2002. In August, there will be a meeting to discuss the CRH activities, strategic plan, and other items.

Dr. Bernice Marcopulos continues to actively monitor APA's Committee on Aging (CONA). In addition, Dr. Koltai-Attix was able to attend portions of the CONA meeting during the 2002 Spring Consolidated Meetings. Finally, Dr. Brandt has been working with Practice Directorate and Office on Aging to address 2001 reports of the Office of the Inspector General that are directly relevant to and have strong implications for the delivery of psychological services to Medicare recipients in nursing homes and outpatient settings.

Dr. Gerry Gioia continues to liaison with Children, Youth and Families Committee (CYF). He attended the 2002 APA Spring Consolidated meetings in Virginia to strengthen this newly established position with CYF. Some of the following items were covered during that meeting: (1) Individuals with Disabilities Education (IDEA) act are in the process of reauthorization; (2) APA Working Group on Children's Mental Health; (3) Early Mental Health Interventions Working Group; and (4) National Conference on Child Abuse and Neglect.

Dr. Jovier Evans is established as liaison to the Minority Affairs Office. The Subcommittee held an organizational meeting to implement an ethnic minority mentoring program at the INS meeting in Toronto in February 2002. Program planning, goals, and organizational philosophy were discussed. A Division 40 Ethnic and Minority Affairs (EMA) subcommittee steering committee has been formed. The Division 40 EMA set up an APA listserv to help foster discussion and information regarding training and career development opportunities.

Dr. Doug Johnson-Greene continues to monitor the Committee on Disability Issues in Psychology. Concerns from the committee about the accreditation process was discussed, specifically, diversity of the site visitor pool, membership on the Committee on Accreditation, program accreditation guidelines, and discrimination against students based on gender, sexual orientation, and disability.

Dr. Kris Herfkens continues to monitor the APA Committee on Lesbian, Gay, & Bisexual Concerns, and Dr. Artiola serves as liaison to the activities of the APA Committee in International Relations in Psychology.

10.) Education Advisory Committee (EAC): Dr. Sandra Koffler provided a report of the activities of the EAC. The EAC and Chairs of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN), the Association for Internship Training in Clinical Neuropsychology (AITCN), and the Association for Doctoral Education in Clinical Neuropsychology (ADECN) met in February 2002 at which time there was a discussion regarding recommendations and guidelines for neuropsychology training in doctoral and internship programs. It was agreed that the membership of ADECN and AITCN would be polled regarding minimal requirements for programs that held themselves out to offer this type of education and training. The following proposal was drafted and sent via email to all the members (internship

directors) of AITCN regarding internship programs that claim to offer education and training in clinical neuropsychology: (1) that the program be accredited by either APA or CPA; (2) that the program devote at least 50% time to offer neuropsychological activities related to medical and psychiatric populations; (3) that the program offers seminars/educational activities devoted to the clinical neuroscience; and (4) that the program provide supervision by a clinical neuropsychologist. There were a small number of responses with divided opinions regarding the role of the internship in the training of neuropsychologists. Opinions ranged from full agreement with the proposal to question whether an APA internship accredited in professional psychology can be identified as a neuropsychology internship. Dr. Koffler further noted that it is the role of the EAC to facilitate these important discussions among the member groups, to provide whatever support is needed for communication between members, and to provide a forum for the interchange of ideas among the groups.

The Division website will have an updated listing of doctoral, internship and postdoctoral programs from a survey supported by the EAC budget. Other additions to the website will be a report by the APA Board of Educational Affairs (BEA) liaison of the meetings and activities of the BEA. Other Division liaisons to outside groups will be encouraged to submit updates as well. Division 40 members of APA Council, the CoA, CoS, and CNS will be asked for updates on the activities of these groups to be put on the website. Dr. John DeLuca volunteered to be the EAC liaison to the web to help co-ordinate some of these activities.

A member of the leadership of the newly formed Association for Training Neuropsychology Students (ATNS) will be invited to attend the meetings of the EAC. Specific activities will include having a member of ATNS address students at the student luncheon at the annual meeting of the National Academy of Neuropsychology (NAN). An ATNS table will also be set up at the NAN internship/residency conversation hour. Plans for ATNS activities at the International Neuropsychological Society meeting in February 2003 will be forthcoming.

The purpose of the upcoming APA "Competencies" meeting (scheduled for November 2002) is to identify core and specialized competencies, to provide models for training the next generation of psychologists with respect to professional competencies and to propose strategies for evaluating competencies. In addition to Division 40, ten other Divisions have contributed to this conference. At least four Division 40 members will be attending, each representing other groups. Specialties and proficiencies will be on the agenda. Implications for accreditation and licensure will be examined.

11.) Science Advisory Committee (SAC): Dr. Michael Westerveld reported on the activities of the SAC. The SAC will be developing a bibliography of articles that support the validity and utility of neuropsychological assessment. The committee hopes to make this available to the membership for use when dealing with insurance companies.

The Science Advisory Committee once again thanks the Psychological Corporation for their generous support in

funding two student scholarship awards. Each award carries a \$1000.00 stipend along with registration for the APA Convention. This year's Psychological Corporation Scholarship award winners are: Melissa A. Friedman, "Hopkins Verbal Learning Test-Revised: Norms for Elderly African Americans"; and Euriel E. Merrick, "Validity of the WCST-64 after Traumatic Brain Injury."

In addition, the SAC selected the following submissions for the Division 40 Cognitive Neuroscience and Applied Clinical Neuropsychology awards, respectively: Jo Cara Pendergrass "Neural Regions Involved in Processing Dimensions of Emotion in Women"; and Danielle Barry "Neuropsychological Test Norms Based on Multiple Normative Samples."

Dr. Diane Howieson, Awards Subcommittee Chair, announced the recipients of APA Division 40 awards in 2002. The Division 40 Early Career Award went to Jennifer J. Manly, Ph.D., Assistant Professor at Columbia University. The Arthur Benton Lectureship at the APA Convention, a joint award from Division 40 and the American Psychological Foundation, was awarded to Marilyn S. Albert, Ph.D., Professor of Psychiatry and Neurology at Harvard Medical School.

The student awards have been tentatively selected. However, the selections are unofficial as of the date of this report. The name and affiliations of the Hecaen and Meier award winners will be announced when they are approved by the APF Board of Trustees at the board meeting.

Dr. Robert Heaton reported on the activities of the Committee on Empirically Supported Practices (COESP). There are now two completed and accepted manuscripts. The first is by Mark Sherer, Tom Novak, Angelle Sander, Margaret Struchen, Amy Alderson and Risa Nakase Thompson, and is entitled "Neuropsychological assessment and employment income after traumatic brain injury: A review". The second completed paper is by Cynthia Riccio and Christine French, and is entitled "The status of empirical support for treatments of attention deficits". Both are accepted for publication and will be published in *The Clinical Neuropsychologist*. COESP will continue to solicit proposals.

Dr. Lidia Artiola I Fortuny submitted a preliminary report on her activities with respect to the Torture Victims Outreach Project approved by the EC at the 2000 meeting. She will be traveling to Kosovo in September to carry out preliminary assessments, with a final report to follow.

The Committee is considering several proposals for the Epilepsy Outreach Project, including the possibility of providing support for a proposal to collaborate on an ILAE initiative to develop a position paper regarding neuropsychological assessment in epilepsy, and the possibility of collaborating with a Hong Kong neuropsychology group regarding cross-cultural issues in neuropsychology.

12.) Practice Advisory Committee (PAC): Dr. Christopher Grote summarized the activities of the PAC. The activities of those committees whose work is to be reported through PAC was also summarized. PAC provided feedback to Dr. Mirsky regarding "national standards" on the education and training of psychometricians. This issue was raised because the state of

Arkansas had recently proposed legislation requiring psychometricians in that state to have a Masters-level degree. Our letter pointed out that this legislation would be at odds with national standards in the United States. Previously published Division 40 policy statements, and published surveys of practicing psychometricians, clearly indicate that Bachelor's-level education is sufficient for one to be a psychometrician.

Dr. Steve Honor, Federal Advocacy Coordinator, continued to distribute Action Alerts from the APA Practice Directorate to the PAC Chair and Officers of the EC. Dr. Puente reported on the work of the CPT subcommittee. 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 reported that: APA is having fiscal difficulty and is making across-the-board cuts (15%); Division 12 said they no longer have money to send any representatives to APA committees; licensing of Master's level psychologists by states is occurring; managed care companies are removing psychologists (with doctoral degrees) from their rolls in a number of places; only one-third of the APAGS (psychology graduate students part of APA) complete their doctoral degrees. The IG 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 their work. The IG suggested that CAPP/APA look at other professions (including medicine) to examine this issue further. Also, 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.

Dr. Wilma Rosen reported the following from the Business of Practice Networks (BOPN):

The BOPN meeting was held as part of the larger State Leadership Conference meeting sponsored by APA. The meeting this year had several components. Initially, the representatives attended the Plenary Session for all attendees at the conference during which the New Practitioner Portal was previewed. This portal will be an interactive website available to all APA members who pay the assessment fee for the Practice Directorate. It looks especially promising and has the potential to revolutionize the way we access information from APA and APA disseminates information to psychologists.

Dr. Grote expressed his thanks to the current and two most recent Division 40 Presidents (Drs. Mirsky, Brandt and Chelune) and the Executive Committee for allowing him to serve as PAC chair these last three years. He also gave special thanks to PAC members Ken Perrine, Rod Vanderploeg and Robert Jones who are now also rotating off PAC after each serving nine or more years. Dr. Mirsky thanked Dr. Grote for his excellent service to the Division as PAC Chair over the past three years. Dr. Neil Pliskin will serve as the new PAC Chair.

13.) Publications and Communications Committee (PACC): Dr. Russell Bauer was not able to attend the EC meeting but provided his report and discussed the action items via conference call. He reported that the latest edition of the Division 40 Newsletter was published on time and was 32 pages. Dr. Morgan continues to receive correspondence from Division members indicating that interest and approval in general remain quite positive. Several times a year, an individual, organization, or company approaches Dr. Morgan about advertising in Newsletter 40. Dr. Bauer stated that we have never accepted advertisements in the Newsletter, but it may be time to revisit the issue.

Dr. Lloyd Cripe will resign as Webmaster and as coordinator of the Training Site List at the end of Dr. Mirsky's term as President. On behalf of the EC and the membership, Dr. Mirsky thanked Dr. Cripe for his enormous contributions to the Division for more than a decade. The President and EC gave a standing ovation to Dr. Cripe.

The PACC has begun to negotiate with a local website development company to begin its stewardship of the Website and to entertain redesigning it. Dr. Bauer offered that the redesign should proceed with input from EC, Dr. Cripe, and other members. On the advice of Dr. Mirsky and approval of the EC, Dr. Bauer was charged with contacting Dr. Brian Fantie from American University, given his experience with website design work. The redesign should incorporate features such as: director-initiated training-program updates, user-friendly forms for membership and contact information, a link to the student organization website, document retrieval for Divisional documents, a public section for information and links about clinical neuropsychology, a members-only section with practice and professional information of importance to members, and other features of importance to the EC and the membership. The Committee hopes to have an initial proposal, along with URLs that will serve as examples, for presentation at the mid-winter EC meeting in February 2003.

The APA Publications Office has submitted a proposal for making Neuropsychology the official journal of APA Division 40. The proposal is attached to this report as P&C Appendix 1. The proposal indicates that APA will provide Neuropsychology and Neuropsychology Abstracts to D40 Members for a \$21/member price beginning in 2003. Two key items within the proposal are: (1) the Divisional information (e.g., abstracts, Presidential Address, etc.) will be published as a separate, to be bundled with the July issue of Neuropsychology, and (2) the Division will need to provide an electronic file for Divisional material by April 25 for the separate (or a camera-ready file by no later than May 15).

Dr. Bauer recommended that the EC approve this proposal for an initial 3-year period, provided that either or both parties may terminate the agreement or elect to continue it for an additional three-year period. The motion was made, seconded, discussed, and approved by a majority vote of the EC (8 yes, 3 no, 1 absent).

Dr. Darlyne Nemeth reported on a proposal by Ellen Smyth of the Louisiana State University Archives that we considered in February 2002. Dr. Nemeth recommended that we should decide favorably on the proposal to provide additional digitization of Division 40 files. In outlining some of the history of the Archives in support of her argument, she mentioned that the material provided to LSU becomes the property of LSU Special Collections. This came as a surprise

to many EC members. Dr. Bauer recommended that the EC approve Option 2 of the LSU proposal, which would require the submission of all new documents in electronic (text files) AND paper format. Discussion ensued over the ownership issue and it was determined that further inquiry was needed-particularly with former Division members involved in these initial negotiations with LSU-prior to any vote by the EC.

14.) Committee on Interorganizational Relations (CIOR): Dr. Joseph Ricker reported on the activities of the CIOR. To provide an educational tool to assist the practicing psychologist, the APA Practice Directorate is working on a document to announce and explain the CPT coding to the membership. A draft of this announcement was brought to the Interdivisional Healthcare Committee (IHC) meeting, and considerable time was spent revising this document to make it as informative as possible. The Practice Directorate also plans to develop a version for hospital CFOs and billing administrators. The next step is to encourage psychologists to use the codes to establish good professional work values for them. If possible, a session at the August APA convention will be scheduled to provide a "how to use" program for attendees.

Last year, the IHC wrote a letter to the APA Board of Directors, describing the growing interest in complementary and alternative medicine, and requesting that psychologists take this opportunity to become involved. The BOD responded, and a Work Group was established. A status report on the Complementary and Alternative Medicine Work Group was presented at this IHC meeting. The full report is scheduled for presentation to the BOD in February 2002. The Work Group plans to return to the IHC a further charge after this presentation.

Progress on the national Ticket-to-Work program (TWIIA) has been slow. 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." After the final rules were released in December of 2001, the program began in an initial set of thirteen states. We await news from the psychologists in those thirteen states.

The IHC was provided with general information about national healthcare policy development from Dr. Suzanne Bennett Johnson. Dr. Johnson is currently on a Robert Wood Johnson Foundation Fellowship on Healthcare Policy in Washington, D.C., only the 4th psychologist ever to hold this position in a history of 29 years of the fellowship's existence. She heartily encourages more psychologists to apply for this fellowship, as a mechanism for professional education and advocacy.

The 2002 Call for Nominations for APA Boards and Committees was discussed. Potential nominees from the divisions represented in the IHC also were discussed, and IHC members were instructed to remind the Division presidents to send in their nominations before the deadline.

Dr. Harley, liaison of the Brain Injury Special Interest Group (BI-ISIG) of ACRM, reported that The Long-Term Issues in TBI Task Force is completing a survey (300+ completed & returned) of the impact of aging upon individuals with brain injuries. He also stated that the Integrated Community Treatment Task Force is involved in a collaborative research project with Spaulding Rehabilitation Hospital in Boston investigating post-acute treatment programs. Lastly, he reported that the Cognitive Rehabilitation

Task Force is in the process of updating its evidence-based guidelines.

Dr. Ricker, liaison for the American Speech-Language Hearing Association / APA Division 40 Committee on Interprofessional Relations, reported that the committee document that was submitted for publication at the time of the last EC meeting has been published. The citation is: Ylvisaker M, Hanks R, & Johnson-Greene D. (2002). Perspectives on rehabilitation of individuals with cognitive impairment after brain injury: A rationale for reconsideration of theoretical paradigms. *Journal of Head Trauma Rehabilitation*, 17(3), 191-209.

The committee is continuing its dissemination efforts through formal presentations.

Dr. Keith Yeates raised the issue of the National Association of School Psychologists' (NASP) effort to promulgate the practice of neuropsychology in the schools at the Master's degree level. Given the seriousness of this NASP initiative, a motion was made to form a CIOR subcommittee and gather specific information regarding this initiative and to report back to the EC. The motion was seconded and unanimously approved.

15.) The APA Science Directorate representatives met briefly with the EC. Dr. Virginia Holt (Assistant Executive Director of Science Directorate) and Patricia Kobor (from the APA Public Policy Office) provided the EC with an overview of APA's science advocacy initiatives, possible re-organization of NIH, and construction of a booklet of best practices with institutional review boards.

16.) The EC was visited by Dr. Randy Phelps of the APA Practice Directorate. He provided updates on the Directorate's current activities. In particular, he conceded that we are in fiscally tight times, which has resulted in a slowdown of projects at the Practice Directorate due to a 32% vacancy rate in staff. Nevertheless, Dr. Phelps announced the launching of a Practitioner web portal for information on the Practice Directorate. In addition, the Practice Directorate continues its activities on the legal and regulatory fronts.

17.) Dr. Mirsky reported on the invitation from Dr. Agnes Chan of the Chinese University of Hong Kong to have Division 40 be a co-sponsoring organization to their upcoming International Conference on Neuropsychology: Advances in the East and West, to be held in Hong Kong on May 20-23, 2003. Dr. Mirsky moved to have Division 40 be an official co-organizer of this conference. The motion carried.

18.) The EC will next meet in February 2003 in conjunction with the annual meeting of the International Neuropsychological Society to be held in Honolulu, Hawaii.

There being no other business to discuss, the meeting was adjourned at 11:03 am.

Respectfully submitted,

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

ATNS Report for August 2002 Division 40 Executive Board Meeting

Chris Loftis, M.S.
ATNS Chair

Mike Cole, M.S.
ATNS Chair-Appointee

Newsletter: We received numerous responses from the recent ATNS article in the Division 40 NL. The article summarized the mission and planned activities of the ATNS. Please see attached article in Appendix A.

Website: Development of a prototype for the website was the major focus of our activities over the past year. We recently hired a local web designer to make final changes and add more sophisticated web technology (e.g. interactive web forums, polling pages, etc.) to improve the quality of the website. Simultaneous with the launch of our ATNS Chapter initiative in Spring 2003 (see below), we would like to recruit prominent neuropsychologists to host monthly topical forums on this website. The address is www.hp.ufl.edu/atns.

Conference programming: An ATNS focus group at the 2002 INS meeting, hosted by John J. McGinley, Ph.D., and Larry G. Knauss, M.A., was held to encourage involvement and to receive feedback on the goals and activities of ATNS. Please see Appendix B for full summary of student feedback at INS. The feedback session yielded tremendous data about the needs and interests of Neuropsychology students and provided great support for the formation of ATNS. A similar event is planned at NAN this fall and it is hoped that an ATNS social will occur annually at INS, NAN, and APA.

ATNS Chapter Program: This program will coordinate communication between ATNS and graduate students across the country. It was created in response to the prevalent concern expressed by students at the 2002 INS meeting that they need more discussion of training and professional issues, particularly the training trajectory of neuropsychology (see Appendix B). We are in the process of formalizing ATNS Chapter documentation (e.g. Chapter Guidelines, Suggested Activities, Duties of Chapter Faculty and Student representatives), with the hope that we will be able to mail these materials along with an introductory flier to graduate, internship, and post-doc neuropsychology programs in late fall 2002.

In addition to cultivating an identity with professional neuropsychological organizations, our ultimate goal is to facilitate discussion through monthly topical seminars at local universities, while also providing interactive links and forums on the ATNS website allowing students to dialogue about professional issues with each other and professionals on both the local and national level.

These chapters will also serve as our vehicle for soliciting candidates to run for election on the ATNS board and nominations for our planned Award Program (e.g. Awards in recognition of superior Mentorship, Professional Contribution to the field, Research Award, Neuropsychology Program of the Year, etc.). (ATNS is now the official name of the organization.)

2002 Budget Update:
Total Budgeted is \$2500

To Date:

\$ 500 Spent for Website Development (\$25 for 20 hours)

Projected expenses in fall

\$1250 Development of Flier and photocopying of Chapter Materials

\$ 100 Flyers for distribution at NAN

2003 Projected Budget:

\$1500 Website Maintenance (\$25/hour for 5 hours per month for 12 months).

\$ 480 Gift Baskets given to Hosts of Web Forum (\$40 for one basket per month)

\$ 240 Quarterly Monthly Conference Calls (Four individuals at \$20 per hour per person, which is the APA Chorus Call rate)

Questions for Feedback from the Board:

1. How do we implement elections for students?

Student terms in professional associations typically follow an academic year, which will require elections to be conducted in the spring and results notified in the early summer. We would like to initiate the elections in late spring of 2003, following the establishment of the local ATNS chapters in January 2003 to allow time to cultivate an identity and strong desire to participate in the association. An active student body will be critical in order to ensure that ATNS is a viable and lasting organization.

2. After 2003, the current chair (Chris Loftis) will no longer be subsidized to attend APA Convention through his other APA activities. We believe it is critical to have student representation at the Division 40 EC meeting, particularly the elected ATNS chair. Will it be possible to include a separate budget item to ensure that students are represented at this meeting? (As an aside, there is precedent for this from other divisions that have students on the Executive Board, including Division 16, 31, 42, and 55).

3. Is there an existing distribution mechanism for mailing ATNS materials? We would like to distribute Chapter materials with a brochure detailing the ATNS Mission and Activities. The Chapter materials contain specific suggestions for activities and requirements for ATNS chapter affiliation.

4. ATNS would like to solicit guidance and suggestions from the Board on how to best recruit hosts for the web forums?

Newsletter

Newsletter 40 is the official publication of Division 40. The Editor is Joel E. Morgan. The Associate Editor is Nancy Chiaravalloti. Dr. Morgan's address is UMDNJ-New Jersey Medical School, 12 Main Street, Suite 2, Madison, NJ 07940. Email: joelmor@comcast.net. Dr. Chiaravalloti's address is: Neuropsychology Laboratory, Kessler Medical Research Rehabilitation and Education Corporation, 1199 Pleasant Valley Way, West Orange, NJ 07052. Email: nchiaravalloti@kmrrec.org. Division 40's Website is: www.div40.org. Webmaster is Dr. Lloyd Cripe.

Newsletter
