



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Division of Clinical Neuropsychology Newsletter 40

Volume 29, Number 2

Summer/Fall 2011

Division 40 Executive Committee 2010 - 2011

President	
H. Gerry Taylor	2010-2011
President Elect	
Bill Barr	2011-2012
Past President	
Celiane Rey-Casserly	2009-2010
Secretary	
Josette Harris	2009-2012
Treasurer	
Jacobus Donders	2006-2012
Members at Large	
Deborah Koltai Attix	2008-2011
Julie Bobholz	2010-2013
Monica Rivera-Mindt	2009-2012
Council Representatives	
Jennifer Manly	2007-2012
Joel Morgan	2007-2012
Robert Bilder	2011-2016
Corwin Boake	2011-2016
Deborah Weber Loftis	2011-2016
Chairs of Standing Committees	
Membership	
Tanya Diver	2011-2013
Fellows	
Doug Johnson-Greene	2010-2013
Program Chair	
Adam Brickman	2010-2011
Program Co-Chair	
Amy Jak	2010-2011
Elections	
Celiane Rey-Casserly	2010-2011
Conflicts of Interest	
Paula Shear	2009-2012
Chairs of Ad Hoc Committees	
APA Relations	
Jennifer Manly	2009-2012
Publications and Communication	
William Barr	2005-2011
Chairs of Umbrella Committees	
Education Advisory	
Cindy Cimino	2008-2011
Scientific Advisory	
John Lucas	2005-2011
Practice Advisory	
Mike Westerveld	2009-2012
Public Interest Advisory	
Shelley Heaton	2008-2011
Awards Committee	
Laura Flashman	2008-2011
Early Career Psychologists	
Lauren Ayr	2009-2012
ANST	
Erica Kalkut	2010-2013
Newsletter	
Brian Yochim	2009-2012

President's Message

Colleagues:

This is an exciting time of year for the division. Our Division 40 Program Committee chaired by Adam Brickman has put together an outstanding series of presentations, symposia, and workshops that I hope will draw many of you to the APA Convention in Washington, D.C., August 4-7. The Convention is a time to take advantage of new learning opportunities and reconnect with colleagues and friends. This year's program encompasses a wide range of topics from research presentations and clinical practice updates to sessions focusing on professional development. For members of the Division 40 Executive Committee the meeting is a time to take stock of our progress in working on your behalf, identify issues that need to be addressed, and chart a course to preserve and enhance your clinical practices and educational programs and promote the research foundation of the field. I urge even members who are not attending the Convention to look over the Division 40 Program as it will give you a snapshot of who we are and the unique role we play among neuropsychological organizations. I also urge you to pass along ideas about how we might further enhance the value of our division's program in meeting your professional needs and I invite members who belong to other divisions to suggest possibilities for cross-divisional symposia.

In my last message I emphasized several ways that the division supports our profession and would like to do so again with more recent examples. As a preface to these examples, I wish to thank all our members who have committed their time and energies in support of the division. These persons include our members on APA boards and committees, the APA Council of Representatives, and Division 40's executive and advisory committees. The contributions of these members have helped us become a highly respected APA division. One advantage of a good working relationship with our parent organization is the opportunity it provides to effectively advocate for your interests. Another benefit of this relationship is that we have "a place at the table" as participants in APA's broader initiatives. Recent illustrations of the ways in which APA has contributed to our well being as clinical neuropsychologists are listed below:

(Continued on page 3)

In This Issue	
President's Message	1
From The Editor	2
Summary of upcoming Division 40 program at APA convention	6
Science Advisory Committee	8
Public Interest Advisory Committee	10
Subcommittee, Women in Neuropsychology	10
Women in Neuropsychology (WINS)	11
Early Career Psychologist Committee	12
Association of Neuropsychology Students in Training (ANST) update	14
Nominations for Division 40 Fellows	15
Division 40 Fellows	16
Publications and Communications Committee	17
Interview with Marilyn S. Albert, Ph.D., on the recommendations from the National Institute on Aging and Alzheimer's Association workgroups on the diagnosis of Mild Cognitive Impairment due to Alzheimer's disease.	17
Request for Proposals	21
Gold Medal Awards	21
Research Mentoring Event for Students and Early Career Investigators	22
Newsletter 40 is the official publication of Division 40. The Editor is:	
Brian Yochim, Ph.D., ABPP Clinical Neuropsychologist VA Palo Alto Health Care System MIRECC (151 Y) 3801 Miranda Ave. Palo Alto, CA 94304 650-493-5000, ext. 68646 byochim@stanford.edu or Brian.Yochim@va.gov	
Division 40's website is: www.div40.org	

From the Editor

It is my pleasure to bring to you the Summer 2011 edition of the APA Division 40 Newsletter. This edition is full of exciting updates from various committees of our Division. I also had the opportunity to interview Dr. Marilyn Albert about the new diagnostic guidelines for MCI due to Alzheimer's disease and am pleased to share this with our readers. I wish to express my gratitude for Dr. Albert's time in this interview. This Newsletter is an excellent reminder of all the various developments undertaken by members of our Division. If you have suggestions to improve the newsletter or would like to contribute an article, please let me know.

Without further ado, please enjoy this edition of your Newsletter.

Best regards,

Brian Yochim, Ph.D., ABPP
VA Palo Alto Health Care System

Webmasters are William Barr, PhD, ABPP-CN and Michael Cole, PhD

Past issues of the Division 40 Newsletter and Division 40 Executive Committee meeting minutes are now available online at the Division 40 Website. The URL address is: <http://www.div40.org/>.

President's Message
(continued from page 1)

1. The APA Practice Directorate was successful in its campaign for parity for psychology services at the national level. The directorate also continues to promote inclusion of psychology services in Medicare Accountable Care Organizations, plans for integrated primary care services and the Medicaid Health Home option, and health care reform more generally.
2. As a member of APA's Educational Advisory Committee, our Past-President Celiane Rey-Casserly is working with APA to update training standards in a manner that maintains clinical neuropsychology a highly regarded and evidence-based area of specialty competence.
3. APA held a Scientific Leadership Conference this past year to develop strategies for enhancing the recognition of Psychology as a science-based profession. Bob Bilder, one of our Council representatives, attended on behalf of our division and contributed to plans for promoting our scientific foundations. These plans include activities to increase public and governmental awareness of the science of psychology, encourage development of more of an infrastructure for research training in psychology at the university level and of affiliations of psychology departments with other science-based disciplines, and highlight the role of psychology in solving important societal problems and as a key player in interdisciplinary research.
4. I attended the State Leadership Conference of the APA Practice Organization this past March. This conference brought together the leadership of the State and Provincial Psychological Associations for a program that provided valuable updates on issues facing our profession and recent activities of the Practice Organization. The conference also provided advocacy training and organized participants according state associations into lobbying groups. The groups were taught lobbying methods and then visited congressional and senate offices to request support for pending legislation. I found the experience enlightening. It convinced me of the need for psychologists to be involved in this way and for members of our division to work in close collaboration with their state psychological associations. To illustrate just how much work we have ahead of us, one of the three objectives of this year's lobbying efforts was to argue for inclusion of psychologists in the list of independent health care providers under Medicare. As the only doctoral level providers currently not included in the listing of independent providers, psychologists and neuropsychologists continue to require supervision by physicians in providing these services.

Division 40 also supports our profession by responding to issues that emerge at the divisional level rather than as part of agenda put forward by APA, though we take advantage of resources from APA and the Practice Directorate in doing so. Some recent examples of these activities are described below:

1. As many of you know, the State of New York currently prohibits the use of technicians in conducting neuropsychological assessments. We have joined with other neuropsychological associations in support of the efforts of our New York colleagues to remove this prohibition. Members of the Practice Directorate's Office of Legal & Regulatory Affairs have also joined in this effort.
2. A Medicare carrier in the Midwest has proposed policy changes that would restrict neuropsychological services to specific diagnostic categories and thus limit access to these services. The new policy also would designate a special role for physicians in providing feedback. Our Practice Advisory Committee, chaired by Mike Westerveld, will join forces with a cross-organizational task force that has been formed to advocate against these policy changes.

3. The Centers for Medicare & Medicaid Services (CMS) produced an informational brochure, the “Medicare Learning Network Publication on Mental Health Services,” that included neuropsychological services as among the duties that were considered appropriate for non-psychologist health practitioners. These privileges were extended (unbelievably) to “Clinical Nurse Widwives” among others equally unqualified to conduct neuropsychological evaluations. We contracted Elizabeth Winkelman of the Practice Directorate’s Legal & Regulatory Affairs Office for assistance and she was successful in getting CMS to consider revisions to the brochure. This is an example of the threats to our professional identity that we face and illustrates the need for us to be vigilant and to increase public awareness of what we do.
4. Several states, including Massachusetts, Florida, Rhode Island, Maine, Ohio, and New York, are currently considering laws regarding proper management of sports related head injuries/concussion. However, drafts of this legislation have uniformly omitted mention of neuropsychologists as practitioners who are qualified to assess and manage these injuries. This is despite the fact that neuropsychologists have published extensively on sports related head injuries and are considered by many as leaders in the field. Division 40 is working with other neuropsychological organizations to promote recognition of clinical neuropsychologists as independent providers in this area.
5. We have issued responses to numerous requests for information or feedback on proposals relevant to our specialty. These include requests from APA on topics such as revisions in the 1999 Standards for Educational and Psychological Tests, changes proposed by the APA Convention Task Force for enhancing the Convention, and an Accord between the Canadian Psychological Association and APA on Mutual Recognition of Accreditation/Quality Assurance for Doctoral and Internship Programs in Professional Psychology. Further examples include a request from the Institute of Medicine to clarify the nature and extent of neuropsychologists’ training in the epilepsies and Philip Fastenau’s participation as our representative in a federally-sponsored conference on the validity and uses of computerized testing.
6. The division surveyed the international activities of our membership to obtain data for inclusion in a special poster session at the upcoming APA Convention organized by the APA Office of International Affairs. I appreciate the time taken by many of you to complete this survey and have found your responses highly informative. Some of the highlights include documentation of the involvement of neuropsychologists in a wide range of clinical, research, and educational collaborations in countries all over the world. The survey reveals international participation in training programs and clinical supervision, clinical services to adult and pediatric populations, and research on a wide array of topics from dementia and HIV to clinical trials and autism. The respondents also provided useful suggestions for ways to promote our international collaborations.
7. A representative the Massachusetts Psychological Association has asked Division 40 for support in making a case for transparency in the criteria for “medical necessity” imposed by insurance carriers in that state. The argument for transparency is that it would put more pressure on the insurance industry to defend the basis of its denials.

Despite these activities, we face ongoing challenges to the viability of our training programs, clinical practices, and research foundations. To meet these challenges we have begun to develop a Strategic Plan that I believe is essential for our future growth and prosperity. Work on the plan began at Celiane Rey-Casserly’s suggestion and was the brain child of our Members-at-Large, Deborah Attix, Julie Bobholz, and Monica Rivera-Mindt. The plan has evolved over the last several months into four primary initiatives. The first of these initiatives (chaired by Monica) focuses on enhancing membership engagement and pub-

lic awareness of clinical neuropsychology; the second (chaired by Julie) on fostering divisional leadership; the third (chaired by Deborah) on the organizational effectiveness of our division; and the fourth (chaired by Jennifer Manly, one of our Council representatives and the current Chair of our APA Relations Committee) on promoting relations with APA. These several task forces are being assembled and action steps will be presented for discussion at our upcoming Executive Committee meeting at the APA Convention. Our major objectives in developing these plans are to: (a) communicate the value of membership within the division and develop clearer “branding” and more effective strategies for marketing of neuropsychology to other professionals and the public; (b) cultivate persons to assume positions of responsibility in the division and APA and facilitate transitions in leadership; (c) strengthen division organization and coordination; and (d) enhance our communication and networking with APA governance and with the directorates, as well as with other divisions and state and provincial psychological associations.

Finally, I would like to say how honored I have been to serve as your president. This is a special organization filled with individuals who devote their time without expecting anything other than to make clinical neuropsychology as good as it can be. The experience has raised my level of awareness of the enormity of the challenges that face us but has also assured me that we have the talent to remain a vital specialty competency within professional psychology. In that light, I welcome our incoming President Bill Barr and the newly elected members of the Executive Committee. These new members include C. Munro Cullum as President-Elect, Bradley N. Axelrod as Member-at-Large, Rob Paul as Chair of the Science Advisory Committee, Angela Jefferson as Chair of the Public Interest Advisory Committee, and Mike Cole as Chair of the Publications & Communications Committee.

Sincerely,

H. Gerry Taylor, Ph.D., ABPP-CN
President, APA Division 40

Summary of upcoming Division 40 program at APA convention

Thursday, August 4, 2011

- 8:00-10:50 Executive Committee Meeting (H. Gerry Taylor)
- 11:00-11:50 Invited Address, Marilyn Albert: *Early detection and diagnosis of Alzheimer's disease: New approaches to the continuum of disease*
- 12:00-12:50 Skill Building Session, Antonio E. Puente: *Common Mistakes in the Coding, billing, and documenting of neuropsychological testing*
- 1:00-1:50 Invited Address, Michael Chafetz: *Role of the psychologist in the psychological consultative examination for social security disability*
- 1:00-2:50 Symposium, Lawrence Weiss (Chair): *Evaluation of the efficacy of CogMed working memory training in children with developmental and medical conditions affecting working memory ability*
- 3:00-3:50 Invited Address, Risa Nakase-Richardson: *Early neurobehavioral recovery from impaired consciousness: Challenges and future directions*

Friday, August 5, 2011

- 8:00-8:50 Invited Address, E. Mark Mahone: *Development of late-onset problems with reading fluency and comprehension: Lessons learned from neuroimaging, electrophysiology, and assessment of executive and motor control assessment in children with ADHD*
- 8:00-8:50 Paper Session (Early Career Awards), Adam M. Brickman: *Using neuroimaging in the community to discover pathways to cognitive aging*
Monica Rivera Mindt: *Translational neuropsychology: Bridging science and community*
- 9:00-9:50 Paper Session (Junior Investigator Awards), Heather G. Belanger et al.: *Interventions for postconcussion symptoms in active duty, veteran, and civilian participants with a history of mTBI*
Farzin Irani et al.: *Impact of familiarity on amygdala response to threatening facial affect in schizophrenia*
- 9:00-10:50 Invited Symposium, Robert A. Stern, Alan Schwarz, and William B. Barr (Discussant): *Chronic traumatic encephalopathy: The synergy of science and journalism in creating culture change*
- 10:00-10:50 Invited Address, Jovier D. Evans and Laurie M. Ryan: *Opportunities for neuropsychological research at the National Institutes of Health*
- 11:00-11:50 Invited Address, Denise C. Park: *Fragile minds: Alzheimer's disease pathophysiology in apparently healthy older adults*
- 11:00-11:50 Skill Building Session Sponsored by Women in Neuropsychology (WIN), Andrea L. Zartman (Chair): *Speed mentoring for career development and transition: Quick advice from women in the field of neuropsychology.*
- 4:00-5:50 Symposium, Maria L. Goldman and Daniel Armstrong (Co-chairs): *Neuropsychological performance in pediatric chronic illness: Sickle cell disease, cancer, and perinatally acquired HIV/AIDS*
- 4:00-5:50 Paper Session (Blue Ribbon Award Winners), John W. DenBoer et al.: *Successful brain injury simulation on popular symptom validity tests*
Asenath LaRue et al.: *Primacy and recency effects in memory: Longitudinal findings for a middle-aged sample at risk for Alzheimer's disease*
Laura Daniels et al.: *Effects of prenatal cocaine exposure on executive functioning in early adolescence*
Maria A. Bergman et al.: *Fluid abilities and simple processing speed explain executive (complex) processing speed: A contextual analysis in a clinical sample*

Saturday, August 6, 2011

- 9:00-9:50 Skill Building Session **Sponsored by Association of Neuropsychology Students in Training (ANST)**, Cynthia R. Cimino and Erica Kalkut: *Neuroanatomy for the clinical psychologist: Understanding the brain in the clinical context.*
- 9:00-9:50 Invited Address, Kenneth M. Adams: *MTBI presentation after military deployment: Rediscovering accurate expectations*
- 9:00-10:50 Symposium, Daniel N. Allen and Gerald Goldstein (Co-chairs): *Recent applications of cluster analysis in neuropsychological research*
- 10:00-10:50 Poster Session
- 10:00-10:50 Invited Address, Jennifer J. Manly: *Cognitive aging among Caribbean Hispanic immigrants*
- 11:00-11:50 Paper Session, Pegah Touradji et al.: *Education, literacy, and diabetes-related executive functioning in urban African Americans*
Vala Burton et al.: *Tests of effort in normative, clinical, and forensic populations of Spanish-speaking individuals residing in the United States*
- 11:00-12:50 Symposium, John A. Lucas, Robert H. Paul, Michelle Braun, and Adam M. Brickman (Co-chairs): *Building a research career in neuropsychology and geropsychology: Practical advice from those who have been there. Sponsored by Division 40 Scientific Advisory Committee (SAC), APA Committee on Aging (CONA), and APA Committee on Early Career Psychologists (CECP)*
- 11:00-12:50 Fellows Address and Reception (Douglas Johnson-Greene), Philip S. Fastenau: *Cognitive and behavioral changes following childhood-onset epilepsy: Who, what when, why, and how can psychologists make a difference*
Robert L. Mapou : *Some things I have learned along the path from nursery school to learning disabilities*
- 1:00-1:50 Presidential Address, H. Gerry Taylor: *Multidimensional assessments of outcomes in extremely preterm children: Policy and practice implications*
- 4:00-4:50 Business Meeting (H. Gerry Taylor)
- 5:00-6:50 Joint Division 40/22 Social Hour and Student Poster Award Winners, Vanessa Compono et al.: *Relationships between ACTH levels and verbal memory scores in depressed patients and healthy controls*
Scott A. Sperling et al.: *Correlates of performance and paper-and-pencil measures of attention and functional impairment in patients with unilateral neglect*
Michael W. Williams et al.: *Incremental validity of neuropsychological evaluations and CT scans in predicting long-term outcomes for persons with traumatic brain injury*
Jesse R. Bashem et al.: *Suboptimal effort on Reliable Digit Span and the Medical Symptom Validity Test in traumatic brain injury*

Sunday August 7, 2011

- 8:00-8:50 Paper Session, Elizabeth B. Halper: *Nature of relationships among mental rotation, math, and language in deaf signers*
- 8:00-9:50 Symposium, Maia T. Schultheis (Chair): *The road to a career in neuropsychology: A panel discussion*
- 10:00-10:50 Poster Session
- 11:00-11:50 Paper Session, Mark L. Ettenhofer et al.: *Correlates of functional status among OEF/OIF veterans with traumatic brain injury*
Katie J. Finley et al.: *Associations among demographic characteristics and control measures in emotion perception*

**APA Division 40
Program Committee Members**

Adam M. Brickman, PhD (Chair)	Angela D. Eastvold, PhD	Marc A. Norman, PhD
Amy Jak, PhD (Co-chair)	Glen Getz, PhD	Lawrence H. Pick, PhD
	Tania Giovannetti, PhD	Emily D. Richardson, PhD
Tanya M. Brown, PhD	Melanie Greenaway, PhD	Joseph Sadek, PhD
Paul T. Cirino, PhD	Neelam Jain, PhD	Lynn A. Schaefer, PhD
Steve Correia, PhD	Tracy Kretzmer, PhD	Anita Sim, PhD
Stephanie Cosentino, PhD	Mohan Krishnan, PhD	Nikki Stricker, PhD
Lisa Delano-Wood, PhD	David Libon, PhD	Pegah Touradji, PhD
John DenBoer, PhD	Krista Lisdahl Medina, PhD	Ruth Yoash-Gantz, PsyD
Vonetta M. Dotson, PhD	Shawn M. McClintock, PhD	Molly E. Zimmerman, PhD

Science Advisory Committee

John A. Lucas, PhD, Chair

The Science Advisory Committee (SAC) facilitates the scientific mission of Division 40 (Div40) by communicating and promoting the integration of scientific goals within the Division, within APA, and across professions. Specific goals of the SAC include promoting the study and application of knowledge regarding brain-behavior relationships, advocating for the recognition of Div40 as a science division of APA, and recognizing/supporting student research in neuropsychology.

The following activities have been pursued by SAC over the past six months:

Student/Early Career Scientist Mentoring. The SAC, together with the APA Committee on Aging and APA Committee on Early Career Psychology, have developed a research mentoring session for the 2011 APA Convention in Washington, DC entitled: *Building a Research Career in Neuropsychology and Geropsychology: Practical advice from those who have been there.* (See the notice on page 22 in this edition of the Newsletter.) Students and junior investigators are invited to attend this interactive mentoring experience in which a panel of successful mentor-mentee pairs will share their perspectives on pursuing research career paths in neuropsychology and geropsychology. Afterwards, a cadre of mentors will be on hand to answer questions and offer guidance in informal small-group and one-on-one discussions on issues regarding the development and implementation of research programs. Drs. Robert Paul (SAC), Adam Brickman (CONA), and Michelle Braun (CECP) will serve as co-chairs for the session. Panelists include Drs. Robert Bilder (UCLA Neuropsychiatric Institute), Rachel Casas, (UCLA Neuropsychiatric Institute), H. Gerry Taylor (University Hospitals, Cleveland, OH), Lisa Schwartz (Children's Hospital of Philadelphia), Peter Lichtenberg (Institute of Gerontology, Wayne State University), and Brian Carpenter (Washington University). Mentors for the group discussion portion of the program will include senior neuropsychology and geropsychology investigators, as well as NIH program officers Molly Wagster (NIA) and Jovier Evans (NIMH).

FDA Workshop. In June 2011, a representative from SAC attended a workshop co-sponsored by The Food and Drug Administration, the American Academy of Neurology, the American Epilepsy Society and the National Academy of Neuropsychology on issues related to the use of packaged computer programs for cognitive evaluation and assessment of traumatic brain injury/sports concussion. Information gathered from this workshop will be reported to the Div40 Executive Committee at the annual meeting at APA in August.

Awards

Congratulations to the recipients of the following awards, as determined by the Awards Subcommittee (Laura Flashman, Chair) of the Science Advisory Committee.

2010 Junior Investigator Pilot Grants

Vidya Kamath, University of Pennsylvania, *Neuropsychological Probes of Orbitofrontal Dysfunction*

Jessica Foley, Boston VA, *Preferential white matter degeneration among individuals at genetic risk for Alzheimer's disease vs. Healthy Older Controls: A Diffusion Tensor Imaging study*

2011 Convention Awards.

SAC Award for excellence in applied neuropsychological research: Jesse R. Bashem, BA: *Suboptimal Effort on Reliable Digit Span and the Medical Symptom Validity Test in Traumatic Brain Injury*. Wayne State University

SAC Award for excellence in applied neuropsychological research: Scott A Sperling, MA: *Correlates of Performance on Psychophysical and Paper-and-Pencil Measures of Attention and Functional Impairment in Patients with Unilateral Neglect*, Jesse Brown VA Medical Center, Chicago, IL

Pearson/SAC Award: Vanessa Compono, BA: *Relationships between ACTH Levels and Verbal Memory Scores in Depressed Patients and Healthy Controls*, Pacific Graduate School of Psychology

Pearson/SAC Award: Michael W. Williams, BS: *Incremental validity of neuropsychological evaluations and CT scans in predicting long-term outcomes for persons with traumatic brain injury*, Wayne State University

2010 Robert A. and Phyllis Levitt Early Career Award

Monica Rivera Mindt, PhD, Associate Professor of Psychology, Fordham University.

2010 Benton-Meier Scholarships

Amanda Rabinowitz, Pennsylvania State University

Laura Zahodne, University of Florida

Succession Planning. We are pleased to announce that, following the 2011 APA Convention, Dr. Robert Paul will begin his term as SAC Chair and that Dr. Steven Paul Woods will assume the role of Awards subcommittee Chair.

Public Interest Advisory Committee
Shelley Heaton , PhD, Chair

The Div 40 Public Interest Advisory Committee (PIAC) is served by approximately 20 division members and continues to provide the umbrella structure for several important and vibrant division subcommittees, including Women in Neuropsychology (WIN), Ethnic Minority Affairs (EMA), and the Ethics Subcommittee (ES). PIAC also provides liaison representation at and monitoring of APA Committees and Boards whose missions and work are of particular relevance to our Div 40 membership. Division 40 membership should be on the lookout for activities and programs sponsored by these PIAC groups at APA Convention and throughout the year.

The main news for PIAC is that Shelley Heaton's 3 year term as Chair of PIAC is ending at the upcoming APA Convention. Shelley is pleased to announce that the PIAC Chair position will be filled by the very capable Angela Jefferson, who is an Associate Professor at Boston University and has served as a PIAC liaison to APA's Committee on Aging (CONA) for the past 5 years. As much as Shelley regrets seeing this end to her work with PIAC after 6 years of service (as Chair and prior liaison), she is thrilled to be handing the reins over to Angela and looks forward to future opportunities to serve the division.

Subcommittee, Women in Neuropsychology (WIN)
Chris Morrison, Ph.D., ABPP, Chair

During the past 6 months the committee has continued to promote the professional development of women in the field at all stages of their careers through a variety of educational and mentoring activities. A summary of the committee's activities and planned events follows:

1. Committee membership: WIN will be conducting a search for a new member. The term lasts three years and will begin 8/2011 at APA. If you are interested in being on the WIN committee, please send a CV and an email letter of interest to Chris Morrison, Ph.D., ABPP (chris.morrison@nyumc.org).
2. 2011 INS: WIN hosted a panel discussion entitled "Dealing with Toxic Situations in the Professional Setting: A discussion of situations and strategies for coping". The event was well attended.
3. 2011 APA Convention Plans: The committee will present a discussion hour entitled "Speed Mentoring for Career Development and Transition: Quick advice from women in the field of Neuropsychology". A panel of women with experience in various aspects of neuropsychology will present.

Women in Neuropsychology (WIN)

The WINners Box

Chris Morrison, Ph.D., ABPP, Chair

WIN would like to honor Dr. Monica Rivera-Mindt in this issue's "WINner's Box." Dr. Rivera-Mindt earned her doctoral degree from the University of Nebraska and was a postdoctoral fellow at the HIV Neurobehavioral Research Center of the University of California San Diego School of Medicine. She is currently an Assistant Clinical Professor in the Department of Pathology and Psychiatry at the Mount Sinai School of Medicine and is also an Associate Professor in the Departments of Psychology and Latino American and Latino Studies Institute at Fordham University.

Dr. Rivera-Mindt's accomplishments and accolades are many given that she is just over 10 years post-degree. She is extremely active in supervising student research, having chaired 19 theses and served on the committee of 36 additional student research projects in that time. She has been officially recognized by her students for her wonderful work with them (2005 Fordham Professor of the Year). Unofficially, I personally know many of the students who have worked in her lab and all hold her in high regard and have nothing but positive things to say. The quality of her students' research products and indirectly her supervision is clearly recognized as she has received several "Awards as Mentor" over the years. It is befitting that she serves on the Hispanic Neuropsychological Society's Mentoring Committee.

Dr. Rivera-Mindt's own program of research focuses on the neuropsychological correlates of HIV; medication compliance issues in this population; and the intersection of culture, language, and neuropsychological assessment. She has secured considerable grant funding from NIH, NIMH, and NIDA, as well from internal funding sources, during her career thus far. In fact, she has been continuously funded by various NIH divisions across several projects for the last 11 years. Dr. Rivera-Mindt has been invited to present her research extensively at regional, national, and international meetings.

Dr. Rivera-Mindt has been consistently recognized for the excellence of her work having received numerous awards and honors from a wide range of organizations and institutions. Most recently she was awarded the Early Career Service Award by the National Academy of Neuropsychology (2010) and the Early Career Award by Division 40 of APA (2011). Dr. Rivera-Mindt's contributions to neuropsychology extend well beyond her research and student supervisory activities. She serves on grant review committees, performs ad hoc journal reviews for seven publications, and is involved in our national organizations, as well as her own institutionally-based programs, serving in a range of capacities (e.g., boards, committees, and other governance activities).

Finally, Dr. Rivera-Mindt is also the mother of two delightful young children, and is thus a role model for women, showing how it is possible to bring together and successfully execute the responsibilities of career and family, in conjunction with her husband. Dr. Rivera-Mindt is highly regarded and greatly respected by her neuropsychology colleagues at all levels of the profession.

By Chris Morrison, Ph.D., ABPP

If you would like to highlight your work or that of a colleague, please make your submission to Chris Morrison, Ph.D., ABPP at chris.morrison@nyumc.org

Early Career Psychologist Committee
Lauren K. Ayr, Ph.D. - Chair

Division 40 currently has the highest number of Early Career Psychologists (ECPs) in APA, which defines ECPs as being within seven years of the receipt of their doctorate degree. We are still recruiting new members for this committee! Please contact me at laurenkayr@gmail.com if you are interested in becoming a committee member, finding out more about how you can be involved in Division 40, or sharing your thoughts and ideas for ECPs.

APA Convention News

The 2011 APA Annual Convention will be held in Washington, D.C. from August 4th – 7th. Programming organized by the Committee on Early Career Psychology (CECP) includes:

Friday, August 5

- 12:00- 12:50 p.m. **Achieving Balance: Psychologists Share Their Secrets:** Allison N. Ponce, PhD,
Finding a Home in APA: Connect, Network, and Grow Through Division Participation: Lawrence M. Zelnick, PhD, et al.,
- 1:00-2:50 p.m. **Money Matters: Financial Planning and Loan Repayment for ECPs:** Oksana Yakushko, PhD,
- 2:00-3:50 p.m. **Successfully Navigating the Tenure Process:** Michael C. Edwards, PhD,
3:00-3:50 p.m. **The Financial Nuts and Bolts of Practice for Early Career Psychologists:** Michelle Braun, PhD,
- 6:00–6:50 p.m. **Early Career Psychologist’s Social Hour:** Co-sponsored by the CECP and the APA Insurance Trust,

Saturday, August 6

- 2:00-2:50 p.m. **ECPs Making a Difference: On a Cutting Edge of Science and Practice:** Oksana Yakushko, PhD,
- 3:00-3:50 p.m. **Using Technology to Enhance Clinical Practice 1101:** Michelle Braun, PhD,
4:00-5:50 p.m. **Shaping the Future of APA: A Forum Discussion Hosted by the Committees on Early Career Psychologists and the Policy and Planning Board:** Christopher Loftis, PhD,

Additional Sessions with a focus on early career interests...

Thursday, August 4

- 8:00-8:50 a.m. **Career Entry and Mentoring:** Michael Woodward, PhD,
10:00-11:50 a.m. **The Developing Supervisor: Unique Challenges for Early Career Psychologists in the Supervisory Role:** Marla Vannucci, PhD,
10:00-11:50 a.m. **Young Researchers in Developmental Psychology: Selected Paper Symposium:** Marie Le, MA,
1:00-1:50 p.m. **Division 28 Early Career Psychologists Symposium:** Kristin N. Onorati, MS,
1:00-2:50 p.m. **If I Knew Then What I Know Now! Lessons for Early Career Psychologists:** Kathryn R. Wentzel, PhD,
2:00-3:50 p.m. **Advancing Contemporary Concepts to Enhance Performance: Integrating Coaching With Organizational-Level Diagnoses and Interventions:** Speaker TBA,
4:00-4:50 p.m. **Professional Development Issues for Early Career Quantitative Psychologists and Graduate Students:** Noel A. Card, PhD,

Friday, August 5

- 10:00-11:50 a.m. **Current Developments and Future Directions With Clinical Assessment Instruments:** Leslie Morey, PhD,
- 10:00-10:50 a.m. **2011 Award for Distinguished Contributions to Psychology in the Public Interest (Early Career):** Edward A. Delgado-Romero, PhD,
- 2:00-2:50 p.m. **Billing and Collecting for Your Mental Health Practice: Effective Strategies and Ethical Practice:** Steven Walfish, PhD,
- 2:00-2:50 p.m. **Early Career Psychologists: Yesterday, Today and Tomorrow:** Daniel Michalski, MPA,
- 4:00-5:50 p.m. **Contemporary and Future Directions in School Psychology Invited Addresses From the 2010 Award Recipients:** Cecil R. Reynolds, PhD,

Saturday, August 6

- 11:00-11:50 a.m. **The School of Hard Knocks: Avoiding the Pitfalls of Graduate School and Early Career Teaching:** Brienne Kohrt, MA,
- 2:00-2:50 p.m. **Building a Research Career in Neuropsychology and Geropsychology: Practical Advice From Those Who Have Been There:** Michelle Braun, PhD,
- 2:00-2:50 p.m. **PsycLINK: Resources and Tools for Your Busy Practice:** Karen Zager, PhD,
- 2:00-3:50 p.m. **Shaping the Future of APA:** Elena J. Eisman, EdD,
- 2:00-3:50 p.m. **Practice Guidelines in the Real World: Aspirations, Context, and Professional Judgment:** Lois O. Condie,
- 3:00-3:50 p.m. **Future Researchers and Educators in Psychology: Issues and Emerging Trends:** Brittany M. Hart, BA, AP,

CECP News: Call for Nominations!

The Committee on Early Career Psychologists (CECP) is seeking nominations for a representative to serve a three-year term (2012-2014) in the position of CECP Governance and Membership Representative. In this position, an ECP will:

- Serve as CECP liaison to the Membership Board and help advise the board on successful recruitment, retention, and engagement efforts aimed at early career professionals
- Serve as the point of contact for the membership representatives on all boards and committees within the APA governance structure
- Work closely with the CECP staff liaison to develop activities focused on early career membership and strategies for increasing recruitment, retention, and involvement of early career members, and provide feedback on early career initiatives and activities
- Work with CECP staff liaison to provide suggestions for social media initiatives and other electronic initiatives focused on the needs of early career members
- Promote and support activities, projects, and programs that foster early career membership and engagement in APA
- Responsible for submitting information for the monthly news box in the Monitor re CECP activities and highlighting best practices in early career member involvement
- Responsible for monitoring early career outreach communications via listservs, social media, and other electronic outlets and actively stimulating topics of discussions and conversations
- Write a report of activities for the consolidated meeting for distribution to the committee and inclusion in CECP's annual report
- Membership and or governance experience at the division or SPTA level is a plus

For more information, or to nominate yourself or a fellow ECP, go to: <http://www.apa.org/careers/early-career/committee/call-for-nominations.aspx>.

List Serve

You can join the CECP Early Career Listserv, a forum dedicated to the needs of early career psychologists that includes ECPs from across APA Divisions and the **State and Provincial Psychological Associations**. To subscribe to the list, send an email to listserv@lists.apa.org with the following text in the body of the message: **SUBSCRIBE EARLYCAREER** (example: SUBSCRIBE EARLYCAREER Robert Smith).

Association of Neuropsychology Students in Training (ANST) update

Erica Kalkut, PhD, ANST Chair

ANST serves as the student organization for Division 40, under the Education Advisory Committee. In 2011, the ANST officers (Erica Kalkut: Chair, Dalin Pulsipher: Programming Officer, Cady Block: Communications Officer, Rachel Fazio: Liaison Officer, Lauren Killeen and Kelly Crotty: Membership Officers) have continued their goal of increasing communication with students of neuropsychology through mechanisms such as the ANST listserv and website. In less than a year, ANST listserv membership has increased by almost 20% and continues to be a resource for list members on upcoming events, funding, professional, and other opportunities in neuropsychology. A new, updated ANST website was released in spring 2011, and within a short time has received over 1300 hits! Features of the new website include: ANST *In Focus* student highlight, Chapter Highlight, discussion forums, and information about neuropsychology training, board certification, conferences, funding, neuropsychology listservs, and more. The new website can be accessed at: <http://www.div40-anst.com>.

ANST has also continued to provide resources and information on neuropsychology training at conferences. In February 2011 at the International Neuropsychology Society meeting in Boston, ANST co-sponsored a well-attended seminar entitled: *The Road to Board Certification as a Clinical Neuropsychologist*, which covered graduate training, internship, postdoctoral fellowship, and the board certification process. The seminar was also sponsored by the Division 40 Education Advisory Committee and Early Career Psychologists, the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN), and the American Academy of Clinical Neuropsychology (AACN). At the AACN meeting in June 2011, ANST officers met with student representatives from other organizations to discuss how to better meet the needs of students in neuropsychology. At the upcoming APA convention in August 2011, ANST will be co-sponsoring a seminar with the Division 40 Education Advisory Committee entitled: *Neuropsychology for the Clinical Psychologist*. We hope to see you there, and please keep an eye out for ANST events at future conferences!

Within ANST, students have increased representation through the Chapter Representative Program and ANST *In Focus*. Our membership officers have been busy as the Chapter Representative program continues to grow, with twenty active chapters and representation in U.S.A. and Canada. The University of Alabama at Birmingham was the first ANST Chapter to be highlighted on the ANST website, and applications are being accepted for the next quarterly Chapter Highlight. We were also proud to present Susan Duvall of the University of New Mexico at Albuquerque as our first student highlight in the spring 2011 *In Focus* section of the website. We look forward to taking applications for the next *In Focus* student! For more information about ANST, the Chapter Representative Program, or ANST *In Focus*, contact us at d40anst@yahoo.com.

Nominations for Division 40 Fellows

APA Fellow status is an honor that recognizes evidence of unusual and outstanding contribution to or performance in the field of psychology that has had impact beyond a local, state, or regional level. We in Division 40 view election as a Fellow as an honor not only for the individual but for the Division as well, and we welcome the nomination of outstanding division members for this distinction.

Nominations of Initial Fellows: The nomination procedure for a Division 40 member applying for Fellowship requires the completion and submission of a "Uniform Fellow Blank," which is available on the Division 40 website as a downloadable pdf file. Individuals who are current APA Fellows and who can address the nominee's accomplishments in the area of Neuropsychology need to complete endorsement letters, written within the calendar year of nomination. A minimum of three (3) letters is required. Requisite supporting materials include a current vita, a listing of the nominee's publications with "R" for refereed indicated, and the nominee's self-statement setting forth the accomplishments that warrant Fellow status in Division 40. Division 40 strongly encourages women and minority members to apply for Fellowship.

Nominations of Current Fellows: APA Members who are already Fellows in other Divisions may also become Fellows in Division 40 through a streamlined process. Nominees are required to submit a current Curriculum Vita, a listing of the nominee's publications with "R" for refereed indicated, and the nominee's self-statement setting forth the accomplishments in neuropsychology that warrant Fellow status in Division 40. Once the Fellows Committee, Board of Directors, and Council of Representatives have approved an APA Member for Fellow status in one division, they do not need further approval from APA to become a Fellow in additional Divisions.

All nomination materials should be completed and submitted to the Division's Fellowship Committee (not APA Central Office) by **December 1, 2011**. Successful nominations are announced in August following the APA annual meeting. Nomination materials can be obtained online or from the Fellow's chair. All questions and completed materials should be directed to:

Doug Johnson-Greene, PhD., MPH, ABPP; Chair, D40 Fellows Committee; Associate Professor and Vice-Chairman of Rehab Medicine; Univ. of Miami-Miller School of Medicine 1120 NW 14th Street; Clinical Research Bldg Suite 954 Miami, FL 33136; TEL: (305) 243-8472 Email: djgreene@med.miami.edu

Announcement

The American Board of Clinical Neuropsychology (ABCN) is pleased to announce that it has now awarded board certification to more than 800 psychologists who specialize in the assessment and treatment of patients with brain disorders. The 800th board-certified neuropsychologist passed the oral examination held during April 2011 at Rush University Medical Center in Chicago. ABCN was incorporated in 1981 and is a member board of the American Board of Professional Psychology (ABPP), the organization that oversees board certification of professional psychologists. ABCN-certified neuropsychologists practice in 49 states and 4 provinces. About 40% provide services to pediatric patients. Similar to board certification in medical specialties, ABCN applicants must document appropriate education and training, and pass written and oral examinations. For applicants trained since 2005, a formal two-year post-doctoral residency is required. A directory of neuropsychologists who are board-certified by ABCN is available online at www.theaacn.org/diplomates/database/view.php.

For more information go to www.theabcn.org or contact ABCN at: (734) 936-8269

Division 40 Fellows
June 11, 2011

Kenneth M Adams	Adele D Diamond	Tatia Lee	Joseph H Ricker
Russell L Adams	Leonard Diller	Harvey S Levin	M Douglas Ris
Murray Alpert	Carl B Dodrill	Brian Levine	Gerald Rosenbaum
Rik D'Amato	Jacobus Donders	Muriel D Lezak	Leslie J Rothi
Lidia Artiola	Peter J Donovick	Jennifer Manly	Byron P Rourke
Bradley N Axelrod	Connie C Duncan	Robb Mapou	Ronald M Ruff
Ida S Baron	Ruben J Echemendia	Bernice Marcopulos	Elbert W Russell
William B Barr	Kimberly Espy	Ann C Marcotte	Joseph J Ryan
Jeffrey T Barth	Philip S Fastenau	James T Marsh	Paul Satz*
Michael Basso	Paul Fedio	Eileen M Martin	Bruce K Schefft
Russell M Bauer	Eileen B Fennell	Brian Levine	John Schinka
Arthur L. Benton*	Jack M Fletcher	Joseph D Matarazzo	Paula K Shear
Thomas L Bennett	Michael D Franzen	Ruth G Matarazzo	Mark Sherer
Stanley Berent	Daryl Fujii	Janet R Matthews	Cheryl Silver
Jane H Bernstein	Bruno J Giordani	Lee H Matthews	Glenn E Smith
Linas A Bieliauskas	Charles J Golden	Steven Mattis	Peter J Snyder
Laurence M Binder	Gerald Goldstein	Robert J McCaffrey	Esther H Strauss
Corwin Boake	Harold Goodglass*	A J McSweeny	Ann P Streissguth
Thomas J Boll	Manfred Greiffenstein	Manfred J. Meier*	Donald T Stuss
Mark W Bondi	Ruben C Gur	William P Milberg	Edith Sullivan
Kyle Brauer Boone	Kathleen Y Haaland	Scott R Millis	Jerry J Sweet
Robert A Bornstein	Thomas A Hammeke	Allan F Mirsky	Ralph E Tarter
Joan C Borod	H. Julia Hannay	Mortimer Mishkin	Daniel Tranel
Jason Brandt	Robert P Hart	Paul J Moberg	Alexandre I Tröster
Gregory G Brown	Robert K Heaton	Rosemarie S Moser	Barbara P Uzzell
Ronald T Brown	Robert L Heilbronner	Raymond K Mulhern	Wilfred G Van Gorp
Warren S Brown Jr	Bruce P Hermann	Richard I Naugle	Rodney D Vanderploeg
Leslie Burton	Diane Howieson	Darlyne G Nemeth	Mieke Verfaellie
Shane S Bush	George W Hynd	John E Obrzut	Sir Sidney Weinstein
Gordon J Chelune	Robert J Ivnik	Karl H Pribram	Michael Westerveld
Morris J Cohen	Doug Johnson-Greene	George P Prigatano	Roberta F White
Paul L Craig	Edith F Kaplan	Antonio E Puente	Allen E Willner
Bruce A Crosson	Pamela Keenan	Arnold D Purisch	Barbara C Wilson*
C. Munro Cullum	Hallgrim Klove	Stephen M Rao	Robert H Woody
Raymond S Dean	Glenn Larrabee	Lisa J Rapport	Keith O Yeates
John Deluca	Ronald Lazar	Ralph M Reitan	
Maureen F Dennis	Gregory P Lee	Celiane Rey-Casserly	

*Denotes Fellows who are deceased

Publications & Communications Committee
William B. Barr, Chair

Members of the P&C Committee wish to thank those involved in drafting Division 40's Strategic Plan Agenda for all the hard work they put in to place the division on an effective course for the future. Our committee is happy to play an integral role in the strategic plan including finding new ways to "brand" our division, enhancing communications within the division, and marketing ourselves to the larger community.

Keeping these goals in mind, I am happy to announce that Division 40 will soon be developing a social networking presence through activities on Facebook, Twitter, and other forms of digital communication. Members should look for Division 40's emergence in these networks in early September 2011. The committee is also exploring ways that we can take advantage of APA's new web hosting and redesign services for updating our division's website and other online activities. Members of Division 40 with experience in social networking, website development, newsletter preparation, and other aspects of communication are urged to contact us to get involved in our committee's activities.

At this point, I will be stepping down as the Chair of the P&C Committee in order to move on to other leadership activities within Division 40. The committee will now be in the capable hands of Michael Cole, who has served as Division 40's webmaster for the past several years. I wish to thank committee members Michael Cole, Brian Yochim, and Chris Morrison for their efforts and dedication to serving Division 40 through this participation on this committee. I also wish to thank other members who participated in the committee over the past six-years, including: Nancy Chiaravalloti, Bonny Forrest, and Mike McCrea for their efforts over the years. It is an exciting time for Division 40 and I know that the P&C Committee will continue to provide new and effective ways to enhance communication among division members.

Interview with Marilyn S. Albert, Ph.D., on the recommendations from the National Institute on Aging and Alzheimer's Association workgroups on the diagnosis of Mild Cognitive Impairment due to Alzheimer's disease.

Dr. Albert was the lead author on the recently published guidelines and agreed to be interviewed to discuss these guidelines for the Division 40 Newsletter. These guidelines can be found in:

Albert, M. S., DeKosky, S. T., Dickson, D., Dubois, B., Feldman, H. H., Fox, N. C. ... Phelps, C. H. (2011). The diagnosis of mild cognitive impairment due to Alzheimer's disease: Recommendations from the National Institute on Aging and Alzheimer's Association workgroup. *Alzheimer's and Dementia*, 7, 270-279. doi: 10.1016/j.jalz.2011.03.008

To start with, is there anything you'd like to say first for the readers of the Div 40 newsletter?

It would just be good to introduce how these criteria came about. The National Institute on Aging (NIA) first began by convening a group of senior people in the field by talking about whether or not it was time to revise the original 1984 NINCDS-ADRDA criteria, and the first author is Dr. McKhann, so sometimes they are referred to as the McKhann criteria. After this meeting at the NIA was over, there was consensus that it was time to revise the criteria. Then the NIA, working with the Alzheimer's Association, decided to convene three working groups. One would focus on dementia due to Alzheimer's

disease (AD), one would focus on people who have symptoms but do not have dementia (the symptomatic, pre-dementia phase), and one group would focus on people who were cognitively normal but had Alzheimer pathology in their brains. At the time that these three groups were convened, there were not actual titles for these entities. The chairs of the three committees are Dr. McKhann for dementia due to AD, I chaired the one on what has now become known as MCI due to AD, and Reisa Sperling chaired the one on what has come to be known as pre-clinical AD. We all worked independently with our working groups, and we prepared documents that were put online by the Alzheimer's Association last summer. There was an international meeting of AD last July, where there was a presentation by each of the working groups, and then subsequently the papers were put online for comment. That was left open until September, so comments were filed about two months. Then the working groups met again individually to try to incorporate the comments that were made. Then there was a phase we called "harmonization" where subgroups of the three committees met primarily to talk about the aspects of recommendations that had to do with biomarkers, and to be sure we were talking about them in a uniform manner, because there was a lot of consensus about what we ought to do but the terminology and the way they were organized was different in the different reports. That had been one of the concerns that had been voiced in the comment period that we should try to harmonize. Subsequently, there were three working group reports that were published and an introduction that was written by Clifford Jack in collaboration with the other chairs of the working groups. Those were published in May, so this has been a long process, representing two years of effort.

The working groups consisted of people across a broad range of disciplines: neurology, psychiatry, psychology, radiology, geriatrics, biostatistics, and pharmaceutical companies. The committees were international; there was a predominance of people from the United States, but there were representatives from other countries as well. We actually spent much time talking about individual words. That turned out to be the most challenging thing. In the end, there was broad consensus about the general concepts in the different reports. The only areas of some disagreement had to do with terminology, and we just reached a consensus about it. If the majority thought we should use a particular term, we went from there.

What do you think are some of the most important implications for researchers in the field of MCI and dementia?

The most important thing for researchers is that these criteria are saying that the use of biomarkers is coming of age. Many people have been working in this area for a long time, and these criteria reflect the fact that there is an enormous amount of accumulated knowledge and very good consensus that these biomarkers are useful for identifying levels of risk for the presence of underlying disease and also for likelihood of progression. We do not have a good enough handle on how much risk, and we do not have a good enough handle on what the cut points ought to be, or how informative they are if you start to combine them. There are still many things we need to know, but nevertheless what these criteria are saying is that what we have learned over the last 20 years is that these biomarkers are extremely useful, very valuable for early identification and at some point hopefully they will enable us to identify people at risk who should be treated.

What I should say in that context is that what I think these documents are saying is that we are thinking about AD in the same way that people have been talking about heart disease. In other words, there are stages of risk, and if we had better treatments we would want to intervene to prevent progression, at a very early stage. So, in the way that we treat people with high cholesterol or high blood pressure because we want to prevent stroke, that is where we would like to be in AD someday.

What do you think are some of the most important things for clinicians to know about these criteria?

I think the most important thing is that the clinical criteria are very similar to what has existed before. That is true for the criteria for dementia due to AD and the criteria for MCI due to AD. There are very slight differences; they are not major in any way. The concepts everybody has been dealing with are maintained in this new set of criteria. Because of that, we know that they can be applied in multiple settings. We know what some of the caveats are because they will be the same as what we have been dealing with all this time. That means that basically there is stability in our approach to this disorder.

I think the other point to emphasize is that what we are saying as a field is that Alzheimer pathology begins to develop in people who are cognitively normal, gets progressively worse in people who have MCI due to AD, and AD dementia is just the end product of the evolution of that underlying pathology. The reason that all of us felt it was so important to publish these three papers together and to revise the criteria at this moment in time is because we wanted to emphasize the spectrum of impairment that is associated with AD and we wanted to try to move the field toward earlier diagnosis. That is why the research criteria were included, because we think they are really critical for early diagnosis. We are not there yet, but we felt this was the first step that needed to be taken. I guess what has been somewhat confusing to people is that we tend to think of criteria as being things that are fixed, and we expect them to be fixed for a long time. The research criteria were really designed to push the field forward with the expectation that they would be evaluated and there would be parts of them that would be incorrect and would need to be changed.

How will these new criteria affect the future of clinical neuropsychology and the need for neuropsychologists?

Each of the reports talked at length about neuropsychological testing. For the clinical criteria that had to do with MCI and AD dementia, formal neuropsychological testing was not required, primarily because we saw the criteria as being potentially used worldwide, and there was sensitivity to the fact that there is a great deal of variety in availability of neuropsychological testing. Even in the United States, in primary care settings, there is a great deal of variability in the accessibility of neuropsychological testing. We wanted the clinical criteria to be ones that could be applied by clinicians in almost any setting and therefore we tried to make them as universally applicable as possible. Certainly there was a lot of discussion about the importance of neuropsychological testing and why it was important, and there was mention of particular kinds of tests that would be useful and why we were recommending them. When it comes to neuropsychology, it was very strongly recognized as being important in the diagnosis if at all possible. For example, in the MCI criteria we tried to explain what the different domains of cognition are to be evaluated and why. We explained how to do bedside testing that could be important, but we emphasized that it might have limited sensitivity and detailed neuropsychological testing obviously might be optimal.

Will “MCI due to AD” be in the next DSM?

No, I don't think so; the DSM process is a separate one. We had a member of the committee who is working on the DSM criteria in our working group. There have been various presentations about the working group recommendations at the Alzheimer's Centers Directors meetings. Those are meetings that take place twice a year and we have had several presentations about the working groups as they evolve and simultaneously with those presentations were people working on the DSM criteria. So I think the

wording will be different but I think the concepts will be similar. Keep in mind that we were focused on AD, and on the range of cognitive impairments that occur as a result of Alzheimer pathology, so we could afford for that to be front and center in the terminology. I think the DSM groups have been trying to come up with terminology that can be applied very broadly, and that actually has been the challenge for them.

Do you see one of the proposed biomarkers as showing the most promise for incorporation into clinical usage soon?

I think we do not have enough data. We certainly know that cerebrospinal fluid (CSF) data is the most informative in the sense that it gives you information about both the accumulation of the amyloid beta protein and evidence of neuronal injury via measurements of tau. You get both of those things from CSF and the research criteria in these working group documents talked about both of these aspects of biomarkers as being important. If you can get both of these measures from one thing, obviously that is good, but CSF collection has not been widely done in the United States, and it has been challenging to get people to accept it. I think that means that probably we will have to fall back on things that are more widely available. MRI of course is the most widely used right now, because it is done for other purposes. It can be done to rule out other disorders and to try to rule in neurodegenerative disease. We know that PET scans that measure amyloid are likely to be approved in the new future, but the challenge with those is the main challenge you have with CSF measures of amyloid beta, which is that people who are cognitively normal can have amyloid accumulation. So in and of itself it is not sufficient for diagnosis. So I think what will happen is that all these biomarkers are going to be evaluated individually and in combination. There is a lot more that we need to learn about them. There is a lot more standardization that we need, which is one of the reasons that the working groups were so cautious about these biomarkers in clinical practice now, because there is no standardization available for any of these measures right at the moment.

There was purposely no discussion of neuropathological criteria, and I'm curious why that was not incorporated into this. How advanced is this area compared to neuropsychological research and biomarker research?

There is actually a separate committee dealing with that as we speak. It has been formed and they are starting to meet and ultimately they are going to come up with neuropathological criteria.

The diagnostic criteria require a "concern regarding a change in cognition" which includes "from a skilled clinician observing the patient". If the patient and informant have no "concern", but there is objective evidence noted by a clinician, does that suffice for concern from a skilled clinician?

It does; there are some minor differences in the clinical criteria for MCI in comparison to the original criteria that Ron Petersen et al. first published, and that is one of them. Originally Petersen et al. said there needs to be a concern of the patient corroborated by an informant. In these criteria we say that the concern can come from anyone. It can come from the patient, it can come from an informant, or it can come from a clinician. Any of these sources would be sufficient to fulfill that criterion. This was decided easily by the group; there was consensus on this.

REQUESTS FOR PROPOSALS

American Psychological Foundation (APF) Mission and Funding

The APF provides financial support for innovative research and programs that enhance the power of psychology to elevate the human condition and advance human potential both now and in generations to come. It executes this mission through a broad range of scholarships and grants. For all of these, it encourages applications from individuals who represent diversity in race, ethnicity, gender, age, disability, and sexual orientation.

ELIZABETH MUNSTERBERG KOPPITZ FELLOWSHIP PROGRAM

This program provides fellowships and scholarships for graduate student research in the area of child psychology.

Submit a completed application online at <http://forms.apa.org/apf/grants/> by **November 15, 2011**.

For more information, please visit <http://www.apa.org/apf/funding/koppitz.aspx>

CHARLES L. BREWER DISTINGUISHED TEACHING OF PSYCHOLOGY AWARD

This program recognizes significant career of contributions of a psychologist who has a proven track record as an exceptional teacher of psychology.

Submit a completed application online at <http://forms.apa.org/apf/grants/> or mailed to the American Psychological Foundation, Distinguished Teaching Awards, 750 First Street, NE, Washington, DC 20002-4242 by **December 1, 2011**.

For more information, please visit <http://www.apa.org/apf/funding/brewer.aspx>

GOLD MEDAL AWARDS

The American Psychological Foundation (APF) invites nominations for the APF 2012 Gold Medal Awards. The awards include a mounted medallion and an all-expense-paid trip for the award winner and one guest to attend the 2012 American Psychological Association (APA) Convention in Orlando, FL, for two nights and three days (Coach round-trip airfare, reasonable expenses for accommodations, and meals for two individuals will be reimbursed).

The Gold Medal Awards recognize life achievement in and enduring contributions to psychology. Eligibility is limited to psychologists 65 years or older residing in North America. Awards are conferred in four categories: Science, Application, Public Interest, and Practice.

The deadline for receipt of nomination materials is **December 1, 2011**. Please mail materials to: American Psychological Foundation, Gold Medal Awards, 750 First Street, NE, Washington, DC 20002-4242.

For more information, please visit <http://www.apa.org/apf/funding/gold-medal.aspx>

RESEARCH MENTORING EVENT FOR STUDENTS AND EARLY CAREER INVESTIGATORS

“Building a Research Career in Neuropsychology and Geropsychology: Practical advice from those who have been there”

sponsored by

Division 40 (Clinical Neuropsychology) Science Advisory Committee APA Committee on Aging (CONA)
APA Committee on Early Career Psychologists (CECP)

119th APA Annual Convention

Saturday, August 6, 2011

11:00 AM – 12:50 PM

Renaissance Washington Hotel-- Congressional Hall A

Students and junior investigators are invited to attend this interactive mentoring experience. A panel of successful mentor-mentee pairs will share their perspectives on pursuing research career paths in neuropsychology and geropsychology. Then, senior investigators and NIH program representatives will be on hand to answer questions in informal small-group and one-on-one discussions on issues regarding the development and implementation of early career research programs.

Session Organizers

John Lucas, PhD, ABPP-CN: Chair, Div40 Science Advisory Committee
Robert H. Paul, PhD, ABPP-CN: Incoming Chair, Div40 Science Advisory Committee
Michelle Braun, PhD, ABPP-CN: APA Committee on Early Career Psychologists
Adam M. Brickman, PhD: APA Committee on Aging

Panelists

Robert Bilder, PhD, ABPP-CN & Rachel Casas, PhD, UCLA Neuropsychiatric Institute

H. Gerry Taylor, PhD, ABPP-CN, University Hospitals, Cleveland, OH & Lisa Schwartz, PhD, Childrens Hospital of Philadelphia

Peter Lichtenberg, PhD, Institute of Gerontology, Wayne State University & Brian Carpenter, PhD, Washington University

Participants

Jennifer Manly, PhD, Columbia University Healthcare System	Jennifer Vasterling, PhD, VA Boston
Paula Shear, PhD, University of Cincinnati University	Ramona Hopkins, PhD, Brigham Young
Molly Wagster, PhD, National Institute on Aging Healthcare	Jessica Chapin, PhD, Aurora Advanced
Jovier Evans, PhD, National Institute on Mental Health University	Neil H. Charness, PhD, Florida State
Toni C. Antonucci, PhD, University of Michigan	

Food will be provided

For additional information about this research mentoring program contact: jlucas@mayo.edu