



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Division of Clinical Neuropsychology Newsletter 40

Volume 31, Number 2

Summer/Fall 2013

Division 40 Executive Committee 2012 - 2013

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William Barr	2012-2013
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Lauren Ayr	2009-2012
ANST	
Cady K. Block	2010-2013
Newsletter	
Brian Yochim	2009-2015
Communications Officer	
Erica Kalkut	2013-2015



President's Message

It has indeed been a busy and productive year for our Society, and hard to believe that another APA convention is already upon us! In reflecting on some of the Division's accomplishments over the past year, we have certainly made progress in many areas, and I only have room to outline a few of these here. We are fortunate to have a highly dedicated Executive Committee, and I would like to thank all of these talented people for their support and input over the past year.

Please take a moment to check out the Society for Clinical Neuropsychology website (www.div40.org/officers.html) for a list of these individuals who make time from their busy schedules to work on your behalf in support of our Division as well as our profession. There are also dozens of volunteers who serve on our various committees and workgroups, and without whom we would see no progress. I have been impressed and inspired by all of these hardworking individuals, and this makes it easy to be proud of our organization. Here is a partial list of completed and ongoing projects and accomplishments, in no particular order:

- Planning & carrying out a wonderful conference at APA in Honolulu! Our Division offerings include a nice variety of science-, practice-, and education- oriented offerings, in addition to topics for early career psychologists and trainees at all levels. The next few years will see greater encouragement of inter-divisional collaborations and programming, and we have reached out to a number of divisions with overlapping interests, with good response. The topic of neuropsychological function and dysfunction is relevant to so many other APA divisions and to anyone working with neurobehavioral disorders, our Society is well-positioned to partner with other groups in the educational, clinical, and research arenas.
- In 2013 we changed the name of the Division to the Society for Clinical Neuropsychology as an early stage in our ongoing "branding" and PR efforts (stay tuned - a new logo is under development, too). This name change has allowed us greater flexibility in communications, interactions with other organizations, and greater clarity for the public. The name change was

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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/>.

From the Editor

Aloha, colleagues! It is my pleasure to bring you another edition of the newsletter. This issue features updates from our President and other committee chairs, describing the ongoing accomplishments of the Society of Clinical Neuropsychology. A listing of the exciting APA program is presented. We also have a description of a thriving interprofessional practice submitted by Dr. Barry Anton, as a possible template for others to follow. Lastly, I have written a brief introduction of the Neurocognitive Disorders in the recently-published DSM-5. Enjoy, and we hope to see you in Hawai’i for the convention!

Brian Yochim, Ph.D., ABPP

Publications & Communications Committee

Michael A. Cole, Ph.D. - Chair

The Publications & Communications (P&C) Committee oversees the Society for Clinical Neuropsychology’s (SCN) publications and communications including the newsletter, website, social media, brochures and pamphlets. There have been two exciting recent developments in the P&C Committee. One is the establishing of a new position by SCN, the Communication Liaison, which was formed to better help inform the membership of all of the important work being done in SCN. Erica Kalkut, Ph.D. is serving in this role after recently transitioning from chairing the SCN student organization (Association of Neuropsychology Students in Training). Also, SCN has a newly established blog: SCN NeuroBlog (scndiv40.blogspot.com). The inaugural blog is provided by Robert Bilder, Ph.D., ABPP, a great 'must-read' piece on Positive Applied Clinical Neuropsychology.

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supported not only by a majority of members but also by APA media representatives. As a result, you may see the "Society for Clinical Neuropsychology" or "Society for Clinical Neuropsychology: Division 40 of the APA," as well as the traditional "Division 40" used in various communications.

- Enhanced presence in social media, including Facebook and Twitter ("like" and "follow" us and check in often!). This will be an increasingly important outlet for us to share information to members, in addition to email communications. The Directorates of the APA also offer useful updates about national and regional news and legislative actions important to members, so making sure you receive these communications is also important.
- Development of new email "neuroblast" communications and enhancements to the Society Newsletter. Everyone receives so much email these days, and we are attempting to make good, yet sparing use of mass emails from the Society to its members. Timely and newsworthy announcements will be made on a regular basis, but some information will be shared via our other social media venues.
- Witnessed continued growth in membership as we work to offer more benefits to members and affiliates and publicize the many benefits of APA membership. We should continue to encourage our trainees to join and become involved with APA early-on, as APA works on our behalf to foster the profession in so many direct ways.
- Development and involvement in the Interorganizational Practice Committee (IOPC), which includes a terrific website (<http://neuropsychologytoolkit.com/>) that has a plethora (yes, that many!) of important information, resources, and materials. This is truly an amazing resource and the result of much time and dedication, reflecting the true collaborative nature of the prominent organizations in neuropsychology.
- Continuing to serve as a source of information and support for a variety of local and state initiatives relevant to neuropsychology. This includes ongoing support for the efforts of the New York State Association of Neuropsychology (NYSAN) in their continuing battle to allow the use of technicians by neuropsychologists.
- Achieving greater visibility within APA through our Science, Practice, Education, news, and outreach efforts. We have strong, prominent leaders heading up each of these areas, and we are poised to increase our presence, visibility, and influence within APA.
- Worked with APA to develop several neuropsychology-related news stories for the APA website (the first of a number we have planned) and enhance the visibility of neuropsychology on the APA website. So much of the practice area website has focused on psychotherapies for mental illness, we must push to raise the neuropsychology banner and encourage more inclusion of assessment and intervention topics for patients with neurocognitive disorders as well. We are working to increase the number of relevant stories, tools, and information more directly germane to neuropsychology.
- Increased representation of D40 members on APA committees. We must continue to expand the number of neuropsychologists becoming involved in all aspects and levels of APA. There are many committee opportunities through our Division as well as through APA directly and through other divisions, and it is vital to our profession a leading science-practice division to ensure the visibility and voice of neuropsychology.

Election Update:

It is also my pleasure to announce that our Society will be under excellent stewardship by our incoming and recently elected leaders. Our incoming President is Paula Shear for the 2013-2014 year that begins at the end of the Hawaii meeting in August, and we recently received the 2013 election results for incoming officers. I am pleased to announce that Dr. Neil Pliskin is the President-Elect of the Society and will be

...serving as President for the 2014-15 term. Dr. Cynthia Kubu was elected Member-at-Large. Drs. Kenneth Adams, Corwin Boake, and Celiane Rey-Casserly were elected as Representatives to APA Council.

Congratulations to our newly elected leaders, and rest assured that our Society will be in the best of hands as we continue to address the many issues and opportunities that face clinical neuropsychology.

In closing, it has been an honor to follow in the footsteps of the leaders in our field who have had the opportunity to hold the helm of this great organization. As the son of a sea captain, I am acutely aware of the importance of the role of every single member of the organization, and I would like to see our membership continue to grow, along with our involvement and opportunities for furthering our cause within the larger context of the APA. I hope that you agree that the Society for Clinical Neuropsychology is on the right track and addressing areas of importance to our diverse membership. We are uniquely positioned within the largest and most active psychological organization in the world, and as the largest Division within the APA, we must continue to develop and enhance our involvement in the many activities of APA that benefit not only its members, but the public and our patients as well. I am certainly encouraged by our accomplishments and the receptivity and support shown by the manifold components of the APA toward our unique discipline. As healthcare, research, and educational funding challenges continue to evolve, it will be all the more important for us to pull together and capitalize on our role within the APA to pursue our goals.

CONVENTION PROGRAM UPDATE

Marc Norman

Join the Society for Clinical Neuropsychology for the 121st Annual APA Convention in Honolulu, Hawaii. The half-day format will allow you time to start your path to becoming a world-class surfer while learning cutting edge neuropsychology research and practice. Between hulas we will enjoy national leaders in sports concussion and lifespan topics from novel approaches to pediatric assessment to the latest diagnostic considerations with Alzheimer’s disease. Aloha!!!

APA 121st ANNUAL CONVENTION

Society for Clinical Neuropsychology / Division 40 Programming Schedule

Day/Time, Facility/ Room	Event, Title, and People
7/31 Wednesday	
8:00 AM - 10:50 AM	Executive Committee Meeting
10:00 AM - 10:50 AM	*Invited Address: Robert M. Bilder: <i>Positive Applied Neuropsychology</i>
11:00 AM - 12:50 PM	*Fellows Address and Reception Jennifer J. Vasterling: <i>War, Stress, and Cognition</i> Monica Rivera Mindt: <i>Sociocultural, Functional, and Public Health Implications of HIV-Associated Neurocognitive Disorders in Ethnically Diverse Populations</i>

8/1 Thursday

- 8:00 AM - 8:50 AM Early Career Award : Laura Howe, PhD, JD: *Advocacy 101: The Sky IS Falling, and It's Time to Get Involved ---An Introduction to Advocacy*
- 9:00 AM - 9:50 AM *Invited Address: Mark Bondi: *Revisions to the Criteria for Diagnosis of Alzheimer's Disease and Mild Cognitive Impairment*
- 9:00 AM - 9:50 AM Paper Session: Blue Ribbon Awards
 David G. Wall et al. : North American Adult Reading Test Performance in Young Adult Simulators
 Andy V. Pham, et al. : Gender Differences in Behavioral Ratings of ADHD and Reading Comprehension
 Jodene G. Fine, et al. : Differences in the Corpus Callosum Among Children With Asperger's, ADHD, NVLD, and Neurotypicals
 Umesh M. Venkatesan, et al. : Dynamics in Goal Directed and Default Mode Networks During New Learning After Moderate or Severe TBI
- 10:00 AM - 10:50 AM Poster Session #1
- 11:00 AM - 11:50 AM *Invited Address: Robert L. Conder: *Sports Neuropsychology: An Emerging Subspecialty*
- 11:00 AM - 11:50 AM Paper Session (S): Junior Investigator Award: Alison E. Pritchard: *Accommodations for ADHD: Are They Effective?*

8/2 Friday

- 8:00 AM - 8:50 AM Symposium: Shelly Peery and Lawrence H. Pick (co-Chairs) : Practical Considerations for the Assessment of Culturally and Linguistically Diverse People
- 8:00 AM - 9:50 AM Breakfast for the Assessment Community
- 9:00 AM - 9:50 AM *Invited Address: Erin D. Bigler, PhD : *Neuropsychological Assessment, Neuroimaging, Neural Pathways, and Networks: Cognition and Brain Connectivity*
- 12:00 PM - 12:50 PM Invited Address: John DeLuca, PhD: *Cognitive Rehabilitation in Multiple Sclerosis: It's About Time!*
- 1:00 PM - 1:50 PM *Invited Address: John Hart, MD : *Neuropsychological and Neuroimaging Markers of Cognitive Decline and Depression in Retired NFL Players*

8/3 Saturday

- 8:00 AM - 9:50 AM *Symposium: Celiane Rey-Casserly (Chair) : Innovations in Pediatric Psychological and Neuropsychological Assessment---The Impact of Emerging Health Care Models That Focus on the Identification of Risk and Prevention Across the Life Span
- 9:00 AM - 9:50 AM *Invited Address: Antonio Puente, PhD : *Effects of Recent Changes to the CPT System and National Health Care Legislation on the Practice of Neuropsychology*
- 10:00 AM - 10:50 AM *Invited Address: Karen Postal, PhD and Kira Armstrong, PhD: *Feedback That Sticks: The Art of Effectively Communicating Complex Neuropsychological Assessment Results*
- 11:00 AM - 11:50 AM *Invited Address: Krista M. Lisdahl, PhD: Chronic Marijuana and Binge Drinking Effects on Neurocognition in Youth
- 12:00 PM - 12:50 PM Poster Session #2
- 3:00 PM - 3:50 PM Presidential Address: C. Munro Cullum, PhD
- 4:00 PM - 4:50 PM Business Meeting
- 5:00 PM - 6:50 PM Social Hour

8/4 Sunday

- 8:00 AM - 8:50 AM Conversation Hour: Lynn Schaefer and Melissa T. Buelow (Co-Chairs): Strategies for Becoming an Effective Leader---Critical Issues for Women in Psychology
- 8:00 AM - 9:50 AM *Symposium: Karen Postal and Timothy F. Wynkoop (Co-Chairs): 360-Degree Advocacy for Health Care Reform in Neuropsychology
- 9:00 AM - 9:50 AM *Symposium: Monica Rivera Mindt (Chair) : Challenges and Advances in NeuroAIDS Research Within Aging and Complex Cohorts
- 10:00 AM - 10:50 AM *Symposium: April D. Thames (Chair): Establishing and Maintaining a Successful Mentee--Mentor Relationship---Words From the Wise
- 11:00 AM - 12:50 PM Symposium: Jennifer J. Vasterling (Chair) Traumatic Brain Injury in Military Populations---Clinical Outcomes and Interventions
- 12:00 PM - 1:50 PM Skill-Building Session: Cady K. Block and Erica Kalkut (Co-Chairs) Neuropsychology Mock Internship Workshop---Practice Makes a Perfect Interview

* Sessions offering CE credit have been approved by the American Psychological Association's Office of Continuing Education in Psychology (CEP) and the Continuing Education Committee (CEC) to offer CE credit for psychologists. The CEP Office and the CEC maintain responsibility for the delivery of the programs.

Membership Committee

Tanya Diver, PhD

Greetings Members!

CONGRATULATIONS: You may recall that earlier this year we offered a drawing for a chance to win one of five **free 2014 memberships** for individuals who joined or renewed their memberships in the Society for Clinical Neuropsychology by February 28, 2013. I would like to offer my congratulations to the following winners who were selected at random by staff in the APA Division Services Office:

John Ball

Elaine Fletcher-Janzen

Katherine Goethe

Burton Grodnitzky

Larry Vais

Thank you to all who joined or renewed your memberships and help to support the Society for Clinical Neuropsychology!

NEWS: Effective for the 2014 membership year, individuals who are in their first two years post-degree are eligible for reduced membership fees of **\$20 per year**. Eligible individuals are invited to complete our paper application (download at <http://div40.org/membership.html>) as these reduced membership fees cannot be processed electronically.

REMINDER: I would like to invite those who have not already done so to renew your 2013 membership in the Society for Clinical Neuropsychology today. Membership in our Division is very reasonably priced at **\$34 per year** (\$5 for Student and International Affiliates). You may also recall that **membership in APA is no longer a requirement** to join the Society for Clinical Neuropsychology.

If you are an APA Member, Associate, or Fellow, you can **renew your membership in both APA and Division 40** online at <http://www.apa.org/membership/renew.aspx>

If you are a Student Affiliate, International Affiliate, or do not have membership in APA, you can **renew your membership in Division 40** online at <http://memforms.apa.org/apa/cli/divapp/>
A hardcopy of our membership application may be obtained at <http://div40.org/membership.html>

I also encourage you to invite your colleagues to join our Division and support the Society for Clinical Neuropsychology! New members can complete our membership application online at <http://memforms.apa.org/apa/cli/divapp/>

Please don't hesitate to contact me at Tanya.diver@childrens.harvard.edu with any questions.

Early Career Psychologist Committee

Lauren K. Ayr, Ph.D., Chair

ECP Committee

APA defines Early Career Psychologists (ECPs) as being within seven years of the receipt of their doctorate degree. This includes the year(s) spent in a postdoctoral program. We are looking for some new committee members, especially those within the first three years of obtaining their doctoral degree. Please contact me at laurenkayr@gmail.com if you are interested in becoming a committee member.

APA Convention News

The 2013 APA Annual Convention will be held in Honolulu, Hawaii from July 31st – August 4th. Register online for this year's convention and you can be entered to win a **FREE** trip to the 2014 convention in Washington, D.C.! The trip includes airfare, three nights hotel accommodations, and registration fee for the convention. Use your username (APA membership number) and password to access the MyAPA convention log-in page and enter promotion code CM039.

If you are attending the convention, please join us for the **Speed Mentoring for Budding Geropsychology and Neuropsychology Careers** on Saturday August 3rd from 12:00-1:50 p.m. All are welcome! You can also visit the ECP booth located in the Member Resources Area outside of the exhibit hall for information about the convention, CECP, and additional ECP resources. On Saturday August 3rd meet the members of the CECP as they host a free coffee and pastry hour for early career attendees at the ECP booth (10:00-11:50 a.m.). Or enjoy hors d'oeuvres and beverages as you mingle with other ECPs at the CECP social hour (Saturday August 8th at 6:00 p.m.). This year's convention ECP programming includes:

Wednesday July 31

- **Novel Approaches to Professional Training and Dissemination: Trauma Psychology-** Elana Newman, Ph.D. et al, 9:00-9:50 a.m.

Thursday, August 1

- **Positioning Yourself for the New Era of Health Care: Tips for Early Career Psychologists in Academic Health Centers-** Ronald T. Brown, Ph.D. et al, 8:00-8:50 a.m.
- **Making Graduate and Continuing Ethics Training Engaging, Relevant, and Inspiring-** Elizabeth R. Welfel, Ph.D., et al, 9:00-10:50 a.m.
- **What We Would Change and What We Wouldn't: Advice for Early Career Psychologists and Graduate Students-** Carrie M. Brown, Ph.D. et al, 10:00-10:50 a.m.

Friday, August 2

- **Psychologist and Parent: Seeking Healthy Balance-** Sarah M. Honaker, Ph.D., et al, 10:00-10:50 a.m.

- **Money Talks: Loan Repayment and Financial Planning Options for Early Career Psychologists-** Darryl S. Salvador, Psy.D., 10:00-11:50 a.m.
- **Developing a Successful Private Practice: Internal and External Barriers-** Steven Walfish, Ph.D. 11:00-11:50 a.m.
- **How to Publish Papers That Matter-** Daniel G. Morrow, Ph.D., et al., 12:00-1:50 p.m.

Saturday, August 3

- **Tips on How to Succeed in Child-Related Careers-** Amy Green, Ph.D. and Amy Damashek Ph.D., et al, 11:00-11:50 a.m.
- **From Students to Early Career Psychologists- Marginalized Groups in Transition Science, Practice, and Professional Engagement-** Ayse Ciftci, Ph.D. et al, 12:00-1:50 p.m.
- **Pathways to Leadership for Early Career Psychologists: APA Insider Tips-** Erlanger Turner, Ph.D., 1:00-1:50 p.m.

Sunday, August 4

- **Strategies for Becoming an Effective Leader: Critical Issues for Women in Psychology-** Lynn Schaefer, Ph.D. and Melissa T. Buelow, Ph.D. et al, 8:00-8:50 a.m.
- **Why Would You Say Such a Thing? Evaluating What a Psychotherapist Actually Says During a Session-** Stevan L. Nielsen, Ph.D. et al, 10:00-11:50 a.m.
- **Sport Psychology and Executive Coaching: Beg, Borrow, and Steal- What Can We Learn From Each Other?-** Allen Cornelius, Ph.D. et al, 11:00-11:50 a.m.
- **Nuts and Bolts of Successful Practice: Early Career Options-** Michael E. Schwartz, Psy.D. et al, 12:00-1:50 p.m.

CECP News: Call for Nominations

APA's Committee on Early Career psychologists (CECP) is seeking nominations for two representatives to serve a three-year term (2014-2016). The first position is for an **Education Representative**, an individual with experience working as an educator and in promoting education and training of students. They are also looking for someone who can represent ECPs to the education community and has experience initiating and implementing projects. The second position is for a **State, Provincial and Territorial Psychological Associations (SPTA) Representative**. This position co-directs a network of ECP representatives from SPTA and APA Divisions, and facilitates activities, projects and programs that foster joint membership and participation of ECPs between APA and SPTAs. More information can be found on the CECP homepage at <http://www.apa.org/careers/early-career/index.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).

Women in Neuropsychology (WIN)

The WINners Box

Bonnie Sachs, Ph.D.

WIN Subcommittee Chair

The Division 40 WIN subcommittee is pleased to honor **Angela Jefferson, Ph.D.** in this issue of the “WINners Box.” Dr. Jefferson completed her graduate training in neuropsychology at Drexel University in 2003. After finishing her clinical internship at Brown University, she completed postdoctoral training at both Brown University and Boston University. She later served as the director for pre-and postdoctoral training at Boston University’s Alzheimer’s Disease Center, and as the Associate Director of the Alzheimer’s Disease Center. Currently, she is an Associate Professor of Neurology at Vanderbilt University, with joint appointments in the departments of Psychology and Psychiatry. She is the founding director of Vanderbilt’s Memory and Alzheimer’s Center, as well as director of the Jefferson Laboratory of Cognitive Aging.

Dr. Jefferson is a prolific researcher; her main research interests are in the areas of cognitive aging, mild cognitive impairment, and Alzheimer’s disease. She is particularly interested in studying the role of vascular risk factors in cognitive decline and dementia in older adults. Dr. Jefferson’s research program has been funded by numerous sources including the National Heart Lung & Blood Institute, the National Institute on Aging, the American Federation for Aging Research, the John Hartford Foundation, and the Alzheimer’s Association. She currently serves as the Principal Investigator on multiple grants, and is the recipient of two R01 awards. She also received the 2012 Early Career Awards from the National Academy of Neuropsychology (NAN) and Division 40 of the American Psychological Association (APA), in recognition for her contributions to the field of neuropsychology. Dr. Jefferson has authored more than 70 peer-reviewed publications and book chapters.

Dr. Jefferson has made numerous contributions to the field of neuropsychology through involvement with governance and service. She served as liaison to APA’s Committee on Aging and is the current Chair of Division 40’s Public Interest Advisory Committee (PIAC). She is a member of NAN’s Clinical Research Grants Committee, and has served on advisory boards for the Alzheimer’s Association, the American Bar Association, and APA. She is an Associate Editor for the *Journal of Alzheimer’s Disease*, a member of the editorial board for *Archives of Clinical Neuropsychology* and a reviewer for the *Journal of Clinical and Experimental Neuropsychology*, *Journal of the International Neuropsychological Society*, *Neurology*, and *Alzheimer’s Disease and Associated Disorders*.

She is also a dedicated teacher and mentor. Over the past eight years, she has provided research mentorship to dozens of undergraduate, graduate, and medical students, in addition to seven postdoctoral fellows, and a number of junior faculty members.

As an early career neuropsychologist, Dr. Jefferson has made substantial contributions in neuropsychological research, service, and education and training. It is with great pleasure that the WIN committee recognizes Dr. Jefferson’s many accomplishments and dedication to the field.

If you would like to highlight your work or that of a colleague, please make your submission to Bonnie Sachs, Ph.D., WIN Subcommittee Chair, at bsachs@vcu.edu

Fellows Committee

Doug Johnson-Greene, PhD., MPH, ABPP

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. To become a fellow of Division 40, these contributions must have been within the field of clinical neuropsychology. Currently, the division has 162 psychologists who have been honored with the distinction of fellow from among approximately 4,500 members of the division. This year an additional 12 applicants are under review and results are we are expecting APA to make an announcement in August.

The committee will be chaired in August 2013 by Dr. John McSweeney. Other committee members include Drs. Doug Johnson-Greene and Rodney Vanderploeg. The committee has been active this year in making contact with members and encouraging them to apply for fellowship. The committee is particularly interested in receiving applications from women and ethnic minorities, and the committee has benefited from a working alliance with the D40 Woman in Neuropsychology (WIN) and Ethnic Minority Affairs (EMA) Committees who have been active in nominating members from underrepresented groups. Completed fellow applications are due each year by December 1st.

Association of Neuropsychology Students in Training (ANST)

Cady K. Block, M.S.

Hello all – and greetings as the ANST Chair-Elect! I look forward to serving our members for the next several years, and helping ANST continue to expand into exciting new areas. I am proud to report that our organization continues to experience new growth. We welcomed 89 **new** members this past year, and membership renewals have increased by 45%. On the communications front, this past year we revamped the ANST website to improve content and access. Since then, our daily hits have increased by an average of 100% from 75 to 150 hits per day. Additionally, ANST continues to highlight the work of our impressive members and chapters in our *Member Central* section of the website, which most recently included James Mahoney of the University of Houston, and our chapter at Ball State University – headed by representatives Jesse Piehl and Chris Drapeau. Our listserv has seen a substantial increase in membership – and is quickly nearing the 1,000-member mark. Finally, our 300-member strong Facebook group has been a great success, and has been particularly beneficial in providing members with real-time updates during conferences. Our programming team has been busy as well this past year, with events including: 1) *INS 2013*: an annual seminar in which several neuropsychologists provided tips and advice on training from the graduate level to board certification; and 2) *APA 2013*: a skills-building workshop approved for the upcoming APA convention wherein attendees can receive real-time feedback on their interviewing skills, in addition to several conference social events. On a special final note, ANST is saying goodbye to the current roster of officers: Dalin Pulsipher, Lauren Killeen, Kelly Coulehan, Rachel Fazio, and the outgoing chair, Erica Kalkut. As the outgoing communications officer, I had a wonderful experience working with these individuals and wish them all the best! I am looking forward to the upcoming ANST officer elections for five *new* positions: communications, liaison, membership, programming, and networking officer positions are all open. These positions will involve a 3-year commitment and are open to all Division 40 student affiliate members who also possess current APA/APAGS membership. Stay tuned for the election announcement, and I will keep an eye out for *your* application!

Feature Article:

The DSM-5 Neurocognitive Disorders

Brian Yochim, PhD, ABPP

The DMS-5 was released in May, and the Neurocognitive Disorders (NCDs) section, which is most relevant to neuropsychologists, has undergone substantial change. These changes are based on the enormous amount of research that has been conducted in this area since the DSM-IV was published in 1994, and are intended to better reflect the realistic presentation of these disorders. There are many changes worthy of note:

1. Neuropsychological testing is considered “part of the standard evaluation of NCDs and is particularly critical in the evaluation of mild NCD” (p. 607). The manual also acknowledges that neuropsychological assessment is not available in many settings and describes less formalized ways of assessing cognitive domains.
2. The DSM-5 describes six cognitive domains that are to be assessed in the evaluation of neurocognitive disorders: complex attention, executive function, learning and memory, language, perceptual-motor abilities, and social cognition. Everyday examples of symptoms in these domains are provided, in addition to ways of assessing these domains.
3. The term “dementia” has been replaced with “neurocognitive disorders”. This change was made for a few reasons. First, the term “dementia” has been associated with cognitive disorders of old age, but “neurocognitive disorders” reflects the reality that these disorders can occur in adults of any age. This also reflects how a neurocognitive disorder may progressively get worse, as in Alzheimer’s disease, or may remain stable over many years, as in neurocognitive disorder due to a Traumatic Brain Injury (TBI). Also, the term is more inclusive, containing conditions such as Mild Cognitive Impairment or more serious conditions like what has been called dementia.
4. All NCDs are categorized as Mild or Major, with the key difference being that Major NCD involves interference with independence in daily activities and Mild NCD does not. Corresponding percentiles on neuropsychological measures are provided in the DSM-5; scores in the 4th to 15th percentile are consistent with mild NCD and scores at the 3rd percentile or below are consistent with Major NCD.
5. New causes of NCDs are included, such as frontotemporal lobar degeneration and Lewy bodies.
6. Neurocognitive Disorder due to TBI now has its own diagnostic category, with specific criteria for what constitutes mild, moderate, or severe TBI. It is also made clear that the severity of the neurocognitive disorder is not directly related to the severity of the TBI itself.
7. One can have impairment in only one domain but still be diagnosed with a Major NCD if the impairment interferes with daily living activities. The major exception for this is NCD associated with Alzheimer’s disease, which requires impairment in two cognitive domains.
8. In addition to being classified as Major or Mild, NCDs due to Alzheimer’s disease, frontotemporal lobar degeneration, Lewy body disease, vascular disease, and Parkinson’s disease are also classified as due to a Probable or Possible disease (e.g., Alzheimer’s disease).
9. Major NCD due to Probable Alzheimer’s disease requires either 1) genetic evidence of AD, or 2) a typical pattern of AD, consisting of a) clear evidence of decline in memory/learning and at least one other cognitive domain, b) progressive, gradual decline in cognitive functioning, and c) no evidence of mixed etiology. If either 1) or 2) are not present, it is listed as Major NCD due to Possible Alzheimer’s disease.

This is meant to provide a brief introduction to the many substantial changes in the DSM diagnostic system.

Feature Article

**Psychology Practice in the Health Care Reform Era:
Developing and thriving in an interprofessional practice**

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Multidisciplinary, interdisciplinary, transdisciplinary, multispecialty, integrated, interrelated, interprofessional, and collaborative. These terms connote health care teams offering comprehensive, quality, affordable health care. "The concept of medicine as a single discipline concerned with only the restoration of individual health from the diseased state should be replaced by the concept of 'health professions' working in concert to maintain and increase the health of society as well as the individual." (Coggeshall, 1965; Mills, 1966).

APA's recently published "Core competencies for Interprofessional collaborative practice." (APA, 2009) defines "interprofessional" or "interprofessionality" as "The process by which professionals reflect on and develop ways of practicing that provides an integrated and cohesive answer to the needs of the client/family/population... [I]t involves continuous interaction and knowledge sharing between professionals, organized to solve or explore a variety of education and care issues all while seeking to optimize the patient's participation. Interprofessionality requires a paradigm shift, since interprofessional practice has unique characteristics in terms of values, codes of conduct, and ways of working."

What are barriers to interprofessionalism?

Although the need for collaborative approaches to health care delivery is clear, barriers exist which hinder implementation. One barrier is the critical shortage of treatment capacity. Currently, 55% of US counties have no practicing psychologists, psychiatrists or social workers. (NAMI, 2011). Another barrier is legislative. The Corporate Practice of Medicine Doctrine holds that physicians should make medical decisions autonomously. The Doctrine prohibited "lesser licensed" providers from controlling health care. This limitation is onerous in an era of technological advances including electronic health records, computerization and the need for business capital. Twenty-two states allow differently licensed health care providers to form corporate entities, while five jurisdictions have some flexibility. The remaining states prohibit these entities (Nessman, 2011). Other barriers to interprofessional practice include: hierarchical attitudes, differential and declining reimbursement rates, misunderstanding of the advantages of interprofessional care, fear of change, and entrepreneurial risk aversion. These challenges, coupled with little business training, hinder psychologists transitioning to interprofessional mental health care delivery. According to an APA Practice Survey of Practitioners (2011) with over 2500 respondents, fewer than 12% reported working in a group practice, while 49% were solo practitioners. Solo practitioners with established or niche practices, will likely thrive as health care reform unfolds, while other psychologists will join groups with interprofessional practice opportunities. Early Career Psychologists will be challenged to

compete in a crowded and confusing marketplace.

The Interprofessional Practice Turnkey Model: Rainier Behavioral Health, PLLC.

Rainier Behavioral Health was established in 1985 as an interprofessional mental health clinic. Approximately 18,000 patient visits with almost two thousand yearly new cases are seen. Initially configured as a partnership due to Corporate Practice of Medicine Doctrine laws preventing a psychologist and psychiatrist from incorporating, the partnership had extensive liability exposure. In 1995 the Washington State Psychological Association lobbied successfully to repeal the Corporate Practice of Medicine Doctrine. As interprofessional care became acknowledged as an effective approach to mental health provision, the clinic evolved into its current complement of 17 therapists, including four physicians, a pediatric ARNP, eight psychologists and four social workers. The practice is incorporated as a Professional Limited Liability Company (PLLC).

Organizational Structure of Rainier Behavioral Health

There are eight full time and two part time support staff. Two full time staff handle triage, insurance verification, and scheduling. Front desk staff are responsible for patient check in, rescheduling, co-payment collection, phone calls, faxing, and file management. Billing staff handle billing issues and insurance submission, while the bookkeeper manages accounts payable, payroll, tax filing, and benefit management. Prescription refills, supplies, equipment maintenance contracts, repairs and support staff management are handled by the office manager.

Therapist and staff benefits include: health insurance, a flex benefit plan, retirement plan access, life, disability and accidental death and dismemberment insurance, optional dental and vision coverage, vacation and sick leave. Employees are W-2 employees. The practice pays malpractice, a continuing education allowance, Social Security, Medicare, unemployment and other taxes, furniture, office supplies, Internet and telephone access, utilities, and maintenance. Our philosophy is that Rainier Associates hires well trained, quality therapists who work as an interprofessional team. Our motto is: "Quality is Economy." Each therapist who joins the group qualifies as a member of our contracted insurance panels, as we have clinic status. Early career psychologists have an advantage as panels include them as part of our group. Therapists are paid a percentage of collections, with more revenue yielding a higher percentage. There are no fixed working hours, no set vacation periods, no micromanaging. While we hope for high productivity, (defined as 20-25 weekly billable hours), we understand that life happens, and that productivity varies. Because we are a large group, when a therapist is away, we provide coverage, maintain referral, scheduling, billing, and continuity of care. Insurance companies have one tax ID number, one point person for credentialing, and one payment to the group. Insurance companies are businesses too, and efficiencies of scale matter.

Group practices can provide a viable model for interprofessional practice. This article briefly describes Rainier Behavioral Health's turnkey model. Rainier Behavioral Health does not have rigid controls on productivity, a competitive work environment, or the lowest overhead costs. What Rainier Behavioral Health offers, however, is a collegial interprofessional mental health clinic model that maximizes the therapists' skills, while benefitting from larger scale in both insurance collections and the value of support staff.

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