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New CPT Codes for Health and Behavior Assessment and Intervention Debut

(information taken largely from 12-21-01 memo written by Marilyn Richmond and Russ Newman, Ph.D., J.D. from The Medicare Task Force and Medical Information Network)

The Current Procedures Terminology manual (CPT), which lists the codes used to document procedures for billing purposes, has been modified to include six new codes which will allow more precise characterization of assessment and intervention services provided to individuals without psychiatric diagnoses.

Particularly relevant to the fields of health psychology and neuropsychology, these new codes provide more flexibility and accuracy in documenting professional activities that vary from those of the stereotypical psychological practice. The new codes are as follows:

CPT Code	Service
96150	Health and behavior assessment
96151	Re-assessment
96152	Health and behavior intervention - individual
96153	Health and behavior intervention - group of 8
96154	Health and behavior intervention - family w/ patient
96155	Health and behavior intervention - family w/o patient

These codes are based on units of 15 minutes of service; thus, one would bill for three units for providing 45 minutes of service. This flexibility is particularly helpful in inpatient and rehabilitation settings, where the standard hourly billing convention often does not apply.

Also particularly relevant for neuropsychologists is the ability to bill for time spent with a patient's family. This interaction is often critical to address the referral or consultation question, as there are often instances in inpatient and medical settings that the referred individual is simply unable to interact or provide important information (e.g., aphasia, confusional states).

Federal reimbursement for these services will be drawn from funds from "medical" services rather than from funds for "psychiatric" services. This is an important recognition of the fact that many of the valuable services psychologists provide are not limited to individuals with psychiatric diagnoses.

Development and implementation of these codes took several years and involved the combined efforts of the Interdivisional Healthcare Committee and the Practice Directorate of the American Psychological Association. Dr. Antonio Puente and Dr. Jim Georgoulakis played important roles in

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guiding the changes through the final stages of approval.

As stated by Richmond and Newman in their memo, "the success of these new codes will depend in large part upon how frequently they are used by psychologists. Because CPT descriptors do not limit the services to any particular profession, other licensed health care professionals whose scope of practice allows them to perform services that fall within the descriptors may also bill these codes. Under the AMA's coding process, the specialty society for the health care profession that most frequently bills a code is considered the 'lead' organization and as such conducts any surveys of the codes and speaks on behalf of all others when the code is under review. As the specialty society that developed the health and behavior codes, APA has taken the lead on all activities involving these codes. In the future, however, APA will retain control only if the psychologists make use of the codes more frequently than other licensed health care professionals do.

The extent to which psychologists use these codes will also weigh heavily in determining future 'work values' which are the values assigned to reflect the health care professional's time and effort in providing the service. It is common for new codes to begin with relatively low work values but then have the values raised as more data are obtained about the services performed. The health and behavior codes have work values that are roughly 80% of psychotherapy, but these values can improve as the profession accumulates experience with their usage. Because psychologists' services are usually valued higher than those of other non-physician practitioners, the more psychologists use these codes, the greater the likelihood that higher values will be reflected in future surveys of professional work. Greater work values have clear implications for reimbursement rates."

There will undoubtedly be some "bumps in the road" as these codes are implemented;

for instance, one carrier has already misidentified these codes as for prevention only and therefore nonreimbursable. However, this carrier was notified of the mistake and is now working to correct it.

For more information about these and other coding issues, Leslie D. Rosenstein, Ph.D., Professional Affairs and Information Office, C/O The National Academy of Neuropsychology, 2121 South Oneida St., Ste. 550, Denver, CO 80224-2594.

NAN Web Address:

<http://www.NANonline.org>

From the President

Jim Hom, Ph.D.



More and more clinical neuropsychology practitioners are now in private practice settings. With this growing trend, there has been an ever-increasing need for a national focus on the

professional issues of the clinical neuropsychologist. The National Academy of Neuropsychology, as well as other neuropsychology organizations, has realized the professional issues facing the practitioner and has begun to address these needs in a proactive and positive manner.

For several years, the NAN Board of Directors (BOD) has been taking steps to specifically address issues of the practicing neuropsychologist as well as of the profession. We have developed various “white papers” that have been quite useful for many clinical neuropsychologists. Shortly, a “starter pack” of neuropsychological information for the patient will be available. Through NAN’s Grass Roots Organization, we are reaching out to our membership at the local level. Because of Tony Puente’s dedication, efforts, and association with NAN, clinical neuropsychology has not been gobbled up by the healthcare system as other professions unfortunately have.

Up to now, much of our work has been dependent on the dedication of a few highly motivated members of our organization. Funding for these activities has been basically on a shoestring. Realizing this, NAN has embarked on a path to ensure that these worthwhile endeavors as well as future endeavors can successfully be accomplished. If we as a profession want to “play with the big boys,” we need to take definite steps to make sure we are part of the game. The establishment of the Professional Affairs and Information Office (PAIO) is a forward-thinking and specific step in that direction. I am very excited and

honored to have the PAIO begin during my term in office. I am dedicated to making this office work.

We have received many positive comments regarding the PAIO and the additional emphasis on the clinical practitioner. Several of our members have been sparked to action and have offered their time and effort for these activities. As with any new endeavor, I expect some glitches. Apparently, the Special Assessment has surprised some members. I certainly appreciate this and will accept blame for any misunderstanding. I would have the same reaction if I were required to pay more for membership, not knowing exactly the reason for the additional monies. Although Presidents Uzzell and Ruff and their BODs have championed and have communicated these activities and NAN’s direction, we probably did not do an effective job of thoroughly letting everyone know of our intentions. Further, we probably did not give everyone an opportunity to comment. Hopefully, the detailed description of the PAIO that is included in this issue of the Bulletin will help. Regardless, we are taking steps to increase communication. Through the efforts of Phil Schatz, we will have begun establishing more convenient and direct links of communication. In particular, we are developing members-only list serves and have expanded the NAN website. In addition to the NAN Bulletin, we are planning timely communications and updates. If you have not done so, please visit the NAN website at www.nanonline.org. It is chockfull of important and informative material. I would recommend that you bookmark and regularly visit the website because it will be an important professional tool. Also, please let the NAN office know your current email address.

As a busy clinical practitioner, I welcome the

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Professional Affairs and Information Office (PAIO): An Introduction

The National Academy of Neuropsychology (NAN) is a member-driven organization that fosters the development of neuropsychology as a discipline, science and profession. NAN has established itself as a premier professional organization in neuropsychology through its educational programs, scientific publications, and research opportunities. Clinical practitioners make up the overwhelming majority of NAN. As practitioners, we are facing ever-increasing challenges in providing services to our patients and maintaining our profession as a viable, robust, and independent clinical entity. Unlike our colleagues in medicine and other professions, neuropsychology does not have an established organization to provide a collective voice dedicated solely to clinical neuropsychology to confront our unique professional challenges. NAN has attempted to address some of the professional challenges, and we have made some important but modest headway. Thus far, budget and personnel constraints and the lack of a centralized organization have hampered our progress. For over a dozen years, the Board of Directors (BOD) has been discussing how NAN could effectively meet the challenge. The BOD has realized that, if we intend to grow as a profession, we need to establish an office dedicated solely to professional issues. Therefore, the Professional Affairs and Information Office (PAIO) has been established as an extension of NAN's service to its membership.

Purpose of the Office

The PAIO is designed to address professional issues in neuropsychology. Its goals are professional advocacy and the provision of critical practice-related information to the NAN membership. The PAIO will be a powerful voice for practicing neuropsychologists. It will interact with

decision makers, health insurance companies, other health care professionals, both at the local and national levels, as well as with the general public to educate them regarding neuropsychology's role and contributions.

The PAIO will provide an open forum for the membership to discuss important professional issues, disseminate relevant information, and maintain a provider database for referrals. Specific activities will include providing information to NAN members regarding CPT, administration and billing practices, insurance carriers' practices, and relevant legislative actions. The PAIO will be integral in developing and disseminating NAN white papers and professional standards. We will be using the NAN web page, *NAN Bulletin*, the annual meeting, periodic mailings, and other forums to communicate with the membership. The PAIO is also in the process of developing accessible databases of carriers and reimbursement rates (where allowed by the carrier in regard to proprietary and copyright issues), and primers on various carriers and their relationships to Medicare, Medicaid, and BC/BS. Responses to common inquiries will be posted on the web page, and sample letters to carriers will be available in a downloadable format. Eventually, the PAIO information and downloads will be available to NAN members only.

One of the PAIO's initial projects will be to seek better reimbursement rates for neuropsychological services for Medicaid patients. In addition, we plan to contribute to ongoing efforts relating to professional status and RVU's for neuropsychological testing from the American Medical Association for Medicare patients (e.g., currently, 96117 is reimbursed as technical

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Breaking the Code: Background on the Potential “Unbundling” of 96117

Antonio Puente, Ph.D.

Recent telephone calls, e-mails and postings on neuropsychology listservs have indicated concern regarding two important issues regarding the neuropsychological testing code (96117). These are the lack of work value as well as the anticipated splitting of the code into a professional and a technical component. This article aims to provide some background and understanding of as well as working proposals to resolve these two issues.

Work Value

Almost all of the approximately 8,000 codes found in the American Medical Association's Current Procedural Terminology (CPT; fifth edition) have a relative value comprised of physician work, practice expenses, and the costs of professional liability (malpractice) insurance. Generally speaking, the relative aspects of the value should reflect the amount of resources, physical, financial, and cognitive that are required for a professional health activity or procedure. The physician component involves such factors as physician time, intensity, mental effort, technical support, as well as the effort associated with the delivery of that service.

Due to the fact that psychologists were not included into the Social Practice Act of 1989, the Health Care Financing Administration (now known as the Center for Medicare and Medicaid Services or CMS) does not consider psychologists as physicians. In essence then, psychologists are philosophically considered to be “incident to” physicians (as in the case of psychological testing). The net effect that procedural codes that are largely psychological in nature (such as the CNS assessment codes- i.e., 96100 to 96117) do not contain a physician work component.

CMS Staff realizes that this is not the case in clinical situations. As a consequence, they

are working with American Psychological Association to resolve this circumstance. However, barring the passing of Congressional law by amending the Social Security Practice Act (unlikely), some other pragmatic policy change may end this historical difficulty.

Professional vs. Technical Component

It is goal of both the American Medical Association and CMS for coding to reflect the service that is actually being performed. A portion of health services is sometimes “bundled” into the physician work component (e.g., taking of vital signs by a nurse as part of a physician's exam). The possibility exists that in the near future all services will be unbundled. In order to avoid this situation as well as other pending difficulties which are beyond the scope of an article of this sort, it is anticipated that splitting the professional from the technical activities for this code and at this point in time would be most appropriate. Such a change would reflect the actual service being provided and avoid eventual confusion for anticipated changes in reimbursement patterns.

Also, the possibility exists that the development of a new survey for testing (approved by the AMA Relative Value Committee in early February, 2002- pending approval of the AMA RUC Research Committee) will allow for the empirical validation of what is evident to all neuropsychologists: that is, that a significant amount of “physician work” occurs during neuropsychological evaluations. Furthermore, it is anticipated that the non-physician component will reflect the groups of neuropsychologists are “Doesn't this splitting of codes devalue testing even more?” and “But, if I do all my own testing, does this

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New Members of the NAN Board of Directors: The Bios

President: Jim Hom, Ph.D.

Dr. Hom earned his doctorate in Physiological Psychology and Clinical Neuropsychology from the University of Arizona in 1981 under the direction of Dr. Ralph M. Reitan. He also completed his post-doctoral clinical neuropsychological fellowship at the University of Arizona under Dr. Reitan's supervision. He is a diplomate of the American Board of Professional Neuropsychology and a Fellow in the National Academy of Neuropsychology and the American College of Professional Neuropsychology.

Dr. Hom established the Neuropsychology Laboratory at the University of Texas Southwestern Medical Center, and was director from 1982 to 1993. In 1993, he co-founded The Neuropsychology Center, P.C. He has been an elected official of the Coalition of Clinical Practitioners in Neuropsychology (CCPN), the American Board of Professional Neuropsychology (ABPN), Division 40, Clinical Neuropsychology, of the American Psychological Association (APA), and the National Academy of Neuropsychology (NAN).

Dr. Hom is the editor of the *Journal of Forensic Neuropsychology*. In addition, he is on the editorial board of the *Archives of Clinical Neuropsychology* and *Neuropsychology Review* and has been on the editorial board of *The Clinical Neuropsychologist*. He has been a faculty lecturer for the Reitan and Associates' Workshops in Clinical Neuropsychology and also teaches at the seminars offered by The Neuropsychology Center.

Dr. Hom has numerous scientific publications in the areas of Gulf War Syndrome, Alzheimer's Disease, stroke, brain tumor, and other topics involving the clinical application of the Halstead-Reitan Neuropsychological Battery.

Treasurer: Greta Wilkening, Psy.D.

Greta N. Wilkening, Psy.D. obtained her doctorate from the University of Denver. Subsequently, she attended the University of Nebraska College of Medicine where she completed a predoctoral internship and a postdoctoral fellowship in clinical neuropsychology. Dr. Wilkening earned the ABPP diploma in clinical neuropsychology in 1985. She established, and continues to be involved in, the neuropsychology program at The Children's Hospital of Denver, which is the pediatric training center for the University of Colorado Health Sciences Center. Dr. Wilkening was instrumental in developing the multidisciplinary neuro-oncology program, a follow-up program for cancer survivors, and the comprehensive epilepsy program at The Children's Hospital. She provides neuropsychological consultations to school districts and other community agencies.

In 1981, Dr. Wilkening became a member of what was then called the National Academy of Neuropsychologists, and was elected as a fellow of the Academy in 1984. She has in the past served NAN as secretary, chairperson of the ethics committee, program co-chair, and has presented at multiple meetings of NAN. She remembers when the national meeting was a small gathering, with nametags typed individually, and materials carried to the meeting site in just a few boxes. She has also served as the President of the Colorado Neuropsychological Society. Dr. Wilkening is an editorial reviewer for *The Clinical Neuropsychologist* and *The International Journal of Child Abuse and Neglect*.

Dr. Wilkening is married to a fellow Pediatric faculty member, and is the mother of 2 children, 14 year old Reid, and 7 year old Anya.

Member At Large: William Drew Gouvier, Ph.D.

Dr. Gouvier received his training in neuropsychology and clinical psychology at Memphis State University under the tutelage of Dr. Charles Long. He served his clinical residency at the University of Mississippi Medical Center, and worked for two years as an Instructor in Rehabilitation Medicine at the University of Alabama at Birmingham, where he was the co-director of the head trauma rehabilitation program at the Spain Rehabilitation Center. Since 1985, he has taught at Louisiana State University, and he currently directs the Psychological Services Center there. He is active in research, teaching, and clinical training, and also maintains a community based private practice specializing in neuropsychology. He has served as the NAN Conference Chair in 1995 and 1996, chaired the NAN Awards Committee in 1997, and is now the Editor of the *Archives of Clinical Neuropsychology*, the official journal of the National Academy of Neuropsychology.

2001 NAN Award

Recipients

The 2001 Distinguished Neuropsychologist Award was awarded to George P. Prigatano, Ph.D., who presented his address entitled, "Challenging Dogma in Neuropsychology and Related Disciplines," at the 21st Annual Meeting of NAN in San Francisco, California.

The 2001 Early Career Award was presented to Dr. Peter Snyder at the 21st Annual Meeting of NAN in San Francisco, California.

The Nelson Butters Award went to Christopher Higginson, Peter Arnett, & William Voss for their article, "The ecological validity of clinical tests of memory and attention in multiple sclerosis" which was published in the *Archives of Clinical Neuropsychology*, Volume 15

in 2000.

The second recipient of the Distinguished Service Award, presented at the 21st Annual Meeting of NAN, was Cecil Reynolds, Ph.D. The Distinguished Service Award was established by the NAN Board of Directors in May, 2000.

Student Award Winners were:

Ester Gonzalez-Aguado

Crossed cerebellar diaschisis and neuropsychological performance after subcortical stroke

R. B. Parkinson

White Matter Hyperintensities in Carbon Monoxide Poisoned Subjects

Marty Mrazik

A Proposed Guideline for Evaluating Concussions in Athletes

James Banos

Factor Structure of the CVLT in Epilepsy Patients: Relationship to Hippocampal Volume and Seizure Focus

Gerald T. Voelbel

Neuropsychological Deficits and Structural Brain Changes in Children with Aspergers Disorder and Bipolar Disorder.

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current activities of NAN. I consider the Special Assessment a worthwhile investment with ultimate benefits far exceeding my initial outlay. I would hope you also see the potential and benefits of the PAIO and other NAN activities. I am seeking your continued support. Also, I strongly encourage you to participate in NAN by volunteering for the various committees in the organization. As always, I sincerely invite your communication with me. Please don't hesitate to contact me at jhom@neuropsych.com. You can also reach me at (214) 373-3607.

Grand Rounds:

Frontal Lobe Syndromes Following Neurological Insult

Michael F. Martelli, Ph.D.
 Andrew W. Siegal, Ph.D.
 Nathan Zasler, MD.

Three distinct clinical syndromes have been discussed as occurring as sequelae of lesions of the frontal lobes (Cummings, 1985). The present paper focuses on two of these three syndromes. The “pseudopsychopathic syndrome”, characterized by impulsive, disinhibited behavior, in which inappropriate jocularity and phasically elevated mood fluctuations which are situationally inappropriate, has been described in association with orbitofrontal lesions (Blumer & Benson, 1975; Luria, 1966; Cummings, 1985; Goldberg, 2000). A “pseudodepressed syndrome”, characterized by “behavioral inertia”, with primary deficits in executive functions at the stage of “initiation”, is associated with lesions of the dorsolateral or lateral convexital surfaces of the frontal lobes. Both syndromes are associated with “losses of set” in which “loss of the abstract attitude” and subsequent “concreteness of thinking” (Goldstein, 1942), along with perseverative motoric performances (Luria, 1966; Goldstein, 1942; Cummings, 1985; Goldberg, 2000), are observed.

Case Study #1: “Pseudopsychopathic” / Disinhibited / Orbitofrontal Syndrome Following Traumatic Brain Injury

Background: Mr. OF is a 43-year-old white, right handed, married male, one year status post a head-on motor vehicle accident (MVA) with a “semi” truck in which he sustained a traumatic brain injury (TBI) which produced an initial Glasgow Coma Scale score of 12, associated retrograde amnesia of approximately 12 hours, and estimated anterograde amnesia of approximately 2 weeks. In addition to numerous limb and torso fractures, he showed lacerations of face, lip and nose, thus documenting frontal impact.

Assessment: OF was referred for neuropsychological evaluation following report of dramatic behavioral changes noted after his return to work. This gentleman, who has a Master’s Degree in Engineering and had previously earned security clearance as a high level defense industry engineer/ systems analyst, was reported to have had persistent and significant changes in personality and behavior that were underestimated by self report as compared to reports of his wife (Varney, 1999; Sbordone, Seyranian, & Ruff, 2000). These included excesses of joking, laughter, gregariousness and flirtation, sexual disinhibition and inappropriate behavior, and sudden mood changes. These were perhaps best exemplified by his wife’s report that coworkers would complain and query about why he was now so flippant, flirtatious, rude, excessively talkative and lacking in social graces.

Neuropsychologic test data demonstrated only minor abnormalities. The most striking single finding in this gentleman, who still showed above average intellectual abilities, was a release of inhibition noted on Luria’s competing motor programs test, a “go-no go task.” More important, however, was the quality of his behavioral presentation. Qualitatively, he showed silly behaviors and silly affect and inappropriate jocularity (“Witzelsucht”) throughout the testing. This intensified during tasks that were more challenging, sometimes making it difficult to determine the seriousness of his responses. Report of a hospital employee during the patient’s

lunch break revealed that he was observed ducking his head under a cafeteria tray-return area in order to see and talk inappropriately to dishwashers. During testing, OF openly flirted when the examination was conducted by a female post-doc, and he showed only minimal reduction with his wife present. His talkativeness required frequent redirection to complete several testing tasks. The dénouement of this patient's callous jocularity occurred when he called the first author, impersonated a Fire Marshall asking permission to kick in the door to gain entry to the author's fire stricken residence, only to apprise him of the joke as he was running home in acute panic.

Noteworthy was the consistency of the patient's inappropriate and disinhibited jocularity in social interactions. Objective personality assessment revealed a "Peak 6" MMPI profile that corroborated a significant self-reported complaint of feeling "very paranoid." These referential trends primarily reflected interpersonal sensitivity in reaction to perceptions that others were unfairly complaining about him to his wife and avoiding him. Notably, his inappropriate behavior clearly alienated others. Combined with reduced appreciation of the impact of his inappropriateness on others, he was unable to modify his behavior and was left prone to referential misinterpretations of slights and mistreatment, with associated fluctuations in anxiety and dysphoria.

Recommendations: Given that OF was in town only for assessment and that specific treatment recommendations were not requested, we did not specifically delineate our usual protocol for addressing disinhibition disorders (Martelli, 2000; Martelli, Liljedahl, & Zasler, 2000). Instead more general recommendations were offered to address neurobehavioral problems, with emphasis on cognitive-behavioral intervention toward the following goals: **I.** Improved self-awareness and self-control: (a) increased appreciation of his inappropriateness and impact in producing reactions from others; (b) assistance with increasing appreciation/an-

icipation of social cues and boundaries, and "reading" this information in order to deliberately modulate his social behaviors; (c) assistance with increasing appreciation of internal emotional state "red flags" as they relate to his social behavior, and incorporating this information to adjust or accommodate deliberate behavioral self control responses emitted very early in interpersonal situations; **II.** Interventive pharmacology for reducing arousal states and/or buttressing behavioral control/inhibitory mechanisms; **III.** Behavioral-ecological strategies designed to reduce arousal states and facilitate increased self-monitoring and behavioral self-control, in addition to resistance to distraction; **IV.** Medical, pharmacologic and behavioral interventions, used adjunctively with behavioral-ecological interventions aimed at (a) reducing levels of extraneous stimuli, (b) minimizing environmental complexity, and (c) reducing potentially catastrophic consequences for impulsive actions at home and at work.

Case Study #2: "Pseudodepressed" / Dorsolateral Syndrome Following Anterior Communicating Artery Stroke

Background: Dr. DL is 52y/o, doctoral level high school principle who sustained an Anterior Communicating Artery (ACoA) aneurysm rupture that produced three week coma and inability to return to work. Premorbidly, DL worked 50 - 55 hours per week, and engaged in activities with children, yard work, weekend activities, etc., and was reported to have a slightly above average activity level. He was seen 1.5 years status post aneurysm hemorrhage. By the time DL was seen, his wife was trying a virtual last ditch effort to avoid divorce. DL would not get out of bed until early afternoon and would return to bed after getting up and completing only one or two poorly executed grooming or washing tasks. He would not shave, cut his nails, or get a haircut. When queried about his behavior changes, he minimized his deficits by explaining "I got no get up and go...it's too hard...just let me sit here a while...".

Assessment: “Neuropsychological” assessment was performed at another facility just prior to treatment. The most compelling findings included significant impairments in word list generation and deficits in nonverbal concept formation, cognitive flexibility, and problem solving on Halstead’s Category test. As would be anticipated syndromally, reductions in motor speed and strength were observed.

Intervention and Results: The relevance of this case does not lie in the presence of any exotic neurobehavioral syndromes. DL presents a classic dorsolateral frontal lobe syndrome characterized by profound difficulties with initiation. The presence of an encephalopathic event, which involves a destructive lesion in the distribution of the anterior communicating artery, provides the expected neuroanatomic locus. What is indeed novel about this case was the salutary response shown to a potent neurobehavioral intervention plan consisting of two components. The first aspect of the intervention is design and implementation of a detailed task analysis reinforced by a contingency management behavioral program intended to reinforce a previously low rate of operant responding.

Subsequent to only slight noticeable improvement with Amantadine and intolerance to traditional psychostimulant side effects, the behavioral plan was initiated. A Task Analysis, represented as a poster checklist, was implemented. Dr. DL’s wife and family cued him to follow the steps. He showed almost immediate improvement given a structured task analysis. Within three weeks, he was able to complete the routine without fail, even without referring to the checklist. He quickly graduated from the initial requirement for supervision when getting out of bed to start the routine to setting and responding consistently to the alarm to independently initiate and complete the routine. Concurrently, a Contingency Management Plan was adopted, requiring the patient to rate the difficulty of tasks preferred by his wife, with his wife rating the desirability of these response. DL then rated the desirability of a few hard tasks to

identify motivating appetitive interest rewards. Only a few rewards could be identified at first: foot massage, home made chocolate cream pie, sex, etc. Over a couple months, a list of approximately 20 was identified, with increased activity being associated with identifying new motivating rewards. His wife rated the difficulty of providing rewards, and the results were compiled into a simple multiplication calculation (i.e., desirability X difficulty on 1-10 rating scale). This system produced points awarded for performed activities that could be exchanged for appetitive satisfaction. A sample Task Analysis and Contingency Management program is posted in the NAN website along with this issue of the Bulletin (www.nanonline.org).

A proliferation in the number of activities, increasing from an average of about 10 per week pre-program (with requirement of considerable effort and cueing) to an agreed quota of 50 per week, usually with minimal cueing, resulted after implementation. DL became semi-autonomous with activity completion, usually needing only minimal supervision from his wife (e.g., occasional calls, reminders about chores that could be completed). At times, more intense supervision, cues, and phone call reminders were required. Significantly, every change in routine (e.g., holidays) produced regression and return for a booster treatment session. As the behavioral management strategies were adopted by his family, a reduced need for formal intervention was noted. Eventually, his family devised a contingency wherein DL could ‘self-initiate’ by increasing activities back to quota to avoid hour long drives for neuropsychological appointments.

References:

- Blumer, D., & Benson, D.F. (1975). Personality changes with frontal and temporal lobe lesions. In D.F. Benson & D. Blumer (Eds.), *Psychiatric Aspects of Neurologic Disease*, 151-169. New York: Grune & Stratton.
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time, and there are indications that fees for testing will be cut in half). Other projects will be geared toward educating the public and potential referral sources (e.g., our medical colleagues, insurance companies) about the benefits and availability of neuropsychological services in patient care. Through these efforts, we expect increased benefits for our members and increased access by patients to neuropsychological services.

The PAIO began disseminating information to the NAN membership at an information booth at the annual meeting in San Francisco. We plan to increase our presence at the annual NAN meetings as well as other related meetings. At the next NAN annual meeting, four different related activities are envisioned; Puente's annual reimbursement talk (free of charge to registrants but this year with CE credit), followed by a town hall meeting with breakouts, as well as a grassroots meeting and the continuation of the PAIO information booth. In addition, the PAIO will develop educational presentations to inform important audiences regarding neuropsychological services and procedures. Moreover, the PAIO will be available to assist NAN members with professional issues (e.g., pre-authorization, CPT, etc.).

The NAN website will be an important vehicle for the dissemination of PAIO information and activities. In addition to the downloads and search engine discussed above, a PAIO web page will be available to NAN members to publish personal and professional information online for both the public and other NAN members.

Format

The PAIO is an Ad Hoc committee appointed by the Board of Directors of NAN. Drs. Antonio Puente and Leslie Rosenstein have been directing the PAIO. The PAIO will draw upon various NAN committees and task forces such as the Policy and Planning

Committee, the Managed Care Task Force, the Publications Committee, the Grass Roots Organization, the Executive Director's Office, and the Information Technology Committee. The PAIO will enlist the help of various consultants as well as individuals from the membership. Both electronic and traditional communication procedures will be used for information dissemination and interaction. In particular, the NAN website and associated web-based technology will serve as the primary communication vehicles. In addition, beginning in January 2002, Dr. Puente will be available for consultation on Wednesday (11 am – 1 pm, Eastern Time) at 910.962.3812. E-mail inquiries directed to Dr. Puente at puente@uncwil.edu will be responded to within one week of the inquiry.

Funding

The funding of the PAIO comes from a special assessment of the NAN membership to be levied for three years. Given its emphasis on professional advocacy, the PAIO assessment is taxable. The funds from the special assessment will be directly and exclusively allocated to the PAIO office and its activities. After the three-year period, the PAIO will be reviewed and evaluated by the Board of Directors. Members' feedback will serve an integral role in the review process.

The development of the PAIO represents a necessary and important step in the evolution of NAN as an organization that promotes the practice of clinical neuropsychology. The full support of the membership will ensure the PAIO's success, a vital and expanding role for NAN, and a future for the discipline of clinical neuropsychology.

Summary of Minutes, Board of Directors Meeting

Boulder, Colorado, May 4-5, 2001

PRESENT: Jeffrey Barth, Munro Cullum, Carl Dodrill, Ruben Echemendia, Robert Elliott, Charles Golden, Drew Gouvier, Josette Harris, Jim Horn, Elizabeth Kozora, Gregory Lee, Neil Pliskin, George Prigatano, Cecil Reynolds, Leslie Rosenstein, Ron Ruff, Philip Schatz, Alex Troster, Barbara Uzzell, Greta Wilkening, Penelope Zeifert, and Eric Zillmer

PRESIDENT'S REPORT (Ronald Ruff)

Ron Ruff called the meeting to order at 8:45 a.m. and welcomed everyone to Boulder, CO. Voting members were identified. Five key decisions to be addressed in this meeting include: (1) Professional Affairs and Information Office, (2) How to be advocates for our members, (3) NAN distanCE Project five-year program, (4) financial management of our resources with oversight, and (5) multi-year plan for our research endeavors and publication issues (Bulletin and ACN editor selection).

Houston Conference. A decision has been made to develop a Blue Ribbon Panel to present (Houston Conference Revisited) at the NAN Annual Convention in San Francisco. The Panel will design a presentation that will address the pluses and minuses and the impact of the Houston Conference. Ron Ruff proposed a summit meeting to discuss related issues with individuals from a variety of perspectives and individuals representing various organizations. Jeff Barth pointed out that another Houston Conference would be premature. Discussion of the issues and problems associated with the original document generated by the Houston Conference would be a focus of the Blue Ribbon Panel. Jeff Barth supports the development of the Blue Ribbon Panel. Concern was expressed about the ability of the Blue Ribbon Panel to pull the various participants together. Cecil Reynolds volunteered to assist in getting the participants to agree to participate in the Blue Ribbon Panel. Charles Golden emphasized that those involved in Psy.D. training programs need to be involved in the Blue Ribbon Panel. Charles Golden volunteered to participate. Eric Zillmer pointed out that 13% of NAN members have a Psy.D. degree.

SECRETARY'S REPORT (Bob Elliott)

Minutes from the November 2000 Board Meeting were discussed, amended and approved.

General Business Meeting. Bob Elliott introduced the topic of accepting motions from the floor during the NAN General Business meeting. Jim Horn recalled that the board had discussed this topic in prior years. There was discussion about the problems involved in accepting motions from the floor including determining whether there were the required number of authorized general members in attendance which would allow a vote to take place on any issue. Also, the format for making a motion from the floor was discussed.

Action Item: The Past President's Representative and the three new Members At Large will constitute a By-Laws Task Force (Charles Golden and three Members At Large). There was discussion of a By-Law change to address motions from the floor during the annual general business meeting. The Task Force will address the issue: should there be a change on how business is conducted during the general business meeting?

Transition of new board members. Bob Elliott proposed that all new board members be sent the most recently revised NAN Policy and Procedures Handbook before they take office.

Action Item. The NAN office will send all newly elected board members and appointed chairs, the most current NAN Policies and Procedures Handbook, as soon as possible after the member is notified of their election or appointment.

Board Website. Phil Schatz proposed that NAN develop a board website area. No action taken at this time.

POLICY AND PLANNING COMMITTEE (Neil Pliskin)

Managed Care Task Force (Tony Puente) CPT Issues(Tony Puente): There is no work value for CPT at this time. A practice expenses survey by HCFA will be conducted in 2002. HCFA plans on conducting a 5-year review of practice expense codes. A split of the technical

and professional codes will be a future discussion by HCFA. If APA were to agree to conduct a comprehensive survey they would probably take a long period of time to conduct the survey. APA will discuss such a survey next week with Tony Puente. Tony Puente recommends that NAN conduct a practice survey at the NAN Annual 2001 Conference in San Francisco if APA is unable to conduct such a survey in an expeditious manner. Cecil Reynolds pointed out that such a process will have a major impact on the practice of neuropsychology. Cecil Reynolds raised the issue of coordinating such a survey effort with selective practice divisions of APA. Tony Puente emphasized that if we do not act fast on practice expenses issue, neuropsychology's reimbursement rate may be devalued and the use of technicians may be impacted. CPT code 96117 is already used by 46 other practice specialties outside of neuropsychology.

Professional Affairs and Information Office (PAIO) development (Tony Puente): Purpose: The purpose of the PAIO would be to disseminate information to the NAN membership and to function as a clearing-house for lists of contractors and consultants.

Implementation: The proposed PAIO would be physically located in the NAN Denver home office site. There was discussion about who would coordinate the work efforts to establish the PAIO. The development of the PAIO will need to occur in phases: Phase I should be development of a website, Phase II would include the direct involvement of consultants (possibly Tony Puente and Leslie Rosenstein) and Phase III would involve identification and the physical location of a coordinator in the office.

Proposal: Tony Puente and Leslie Rosenstein propose the following steps be undertaken for development of the PAIO:

- (1) obtain information over the next 6 months focusing on grass roots issues (codes, model letters, names of insurance contacts, etc.) partly based on the practice survey,
- (2) during the second 6 months list on the NAN website information for the membership relevant to issues identified during the first six months, and
- (3) during the next 6 months hire a full time staff member who would be physically located in Washington, DC to coordinate this implementation effort.

Discussion: Jim Horn proposed a survey of the NAN membership about a special dues assessment for development of the PAIO. Tony Puente proposed that he and Leslie Rosenstein act as consultants for coordination of this activity. Leslie Rosenstein would focus her efforts on information exchange. Tony Puente would focus on advocacy issues. Funding would need to be generated. One suggested fund raising model to consider would be the APA model (special assessment of membership) with support by CCPN. The first 12 months would not require additional funding. Eventually, funding will need to be generated by an independent source.

Concern was expressed about using a bachelors level person in the NAN office as a NAN contact person to answer even routine questions. It was proposed that the individual in the office, who would disseminate/provide information, would need to be aware of the diversity of issues involved in all 50 states.

Cost to establish a PAIO was discussed. It was suggested that NAN could assume some tasks such as development of model letters, drafting of white papers, listing of CPT code activities, etc. as initiating activities. An opinion was expressed that because APA was not going to advocate for neuropsychology, neuropsychology will need to advocate for itself.

There was extended discussion about a special assessment of the NAN membership information. The NAN membership would need to be informed about the rationale and benefits of such as assessment. Additional discussion was held about hiring a staff person (Bachelors level) to coordinate Phase I.

Barbara Uzzell commented that the NAN board needs to have something tangible in place to present to the NAN membership at the November 2001 Annual Conference.

MOTION: Moved by Uzzell and Seconded by Gouvier that an initial plan be implemented for a Professional Affairs and Information Office (PAIO) which would include the following steps: (1)gather practice information via Tony Puente and Leslie Rosenstein for 6 months, (2) list

this practice information onto the NAN website and (3) hire a full time staff member to coordinate the PAIO. Motion passed.

MOTION: Moved by Gouvier and Seconded by Reynolds that a \$50 per year recurrent assessment be applied to all non-student members to fund the PAIO office, with explanations of the needs and benefits to members provided to the membership by Tony Puente and Leslie Rosenstein via the "Minding Your Practice" column and via an informative letter from Ronald Ruff to be included in the next scheduled NAN mailing. Motion passed with an Amendment.

Amendment: Moved by Prigatano and Seconded by Reynolds that a \$50 membership assessment be limited to three years. Any further assessment will require approval with a full membership vote. All funds will be dedicated to expenditures to support the PAIO. No other use of these funds will be allowed. Motion passed.

Amendment: Moved by Gouvier and Seconded by Prigatano that the PAIO membership assessment be limited to voting members of NAN. Failed to pass (5 opposed; 4 in favor).

Discussion: If only voting NAN general (Professional and Fellow) members are assessed \$50, \$96,500 in funds will be collected.

Action Item: Tony Puente and Leslie Rosenstein will initiate Phase I of the proposed model for development of the PAIO.

TREASURER'S REPORT (Greta Wilkening)

Financial Report. The Treasurer's Report was distributed. NAN revenues were less for 2000 than 1999 due in part to a significant increase in staff salaries. NAN is spending a substantial amount on printing related costs. Revenues for 2000 were \$758,1148. Expenses were \$729,038. Net income for 2000 was \$29,110 compared to a net income of \$62,233 for 1999.

Financial Planner. Jeff Barth led discussion about hiring a financial planner to handle NAN finances. Alan Culbertson of A.N. Culbertson & Company, Inc., of Charlottesville, Virginia, was discussed as one candidate to consider for fund manager. Culbertson's fee would be 1%, per year, of the funds he would manage. There was discussion about inviting three fund managers to present a proposed program at the November 2001 Board meeting.

Action Item: Ruff, Wilkening, Prigatano, Barth, and Lee will review potential fund managers. This task force will present their findings at the November, 2001 NAN meeting.

Dues Statements. George Prigatano led discussion about the date dues statements are sent to the NAN membership. He recommended that dues statements be sent out in June/July of each year. A change when dues statements are sent to the membership would be no problem for the NAN office process. No action at this time.

EXECUTIVE DIRECTOR'S REPORT (Josette Harris)

Recent Activities. The office has completed the transition to a new office location. We are in the second year of a three-year lease. NAN is operating as a Colorado business but is incorporated in Texas. Corporate taxes need to be filed in Texas. April Pope became a full-time employee in January 2001. Discussion regarding purchase of office property has never been finalized. The NAN office has been included in discussions involving introduction of technologies to committee work.

Action item: Josette Harris and Greta Wilkening will investigate status of filing/paying of Texas taxes.

Conference Update. Seattle will be the NAN Conference site for 2004. The room rate will be \$172. The NAN conference has been scheduled so as not to conflict with other NP organizational meetings. The NAN Conference site for 2005 will be Tampa. The NAN office has attempted to handle the logistics for the organization of the conference and has not become involved in program selection or topic selection.

Additional Item. Barbara Uzzell led discussion about the cost of printing incurred by the NAN office. There has been a substantial increase in both postage and printing costs during the last year. No action taken at this time.

PUBLICATIONS COMMITTEE (Gregory Lee)

Website Update. Philip Schatz led discussion about web-related activities. Phil Schatz recommended Lead Dog Digital as a website man-

agement organization. The organizations that were contacted estimated \$10-12,000 to provide the initial setup of a NAN website. Phil Schatz presented a demonstration of a Lead Dog Digital developed website.

Website Development. Philip Schatz recommended adoption of the following strategic 5-year Web/Technology plan:

Phase I (debut July, 2001): Re-design the NAN website, improve navigation and professional presence, improve support for NAN conference registration and new membership and renewals. Phase I estimated cost will be \$18,000.

Phase II (2002-2003): Move the site to a new host (external to its current home at Saint Joseph's University) or purchase a new server. Develop a web interface which allows members to choose mailing/web preference for all NAN-related transactions which currently occur solely through mailings.

Phase III (2004-2005): Re-evaluate entire NAN technological infrastructure, from the current internal database to the external website.

In November 2000, \$18,000 was approved and placed into the budget for this project.

Phil Schatz recommended adoption of Phase I and Phase II at this time. He also recommend that NAN undertake a web and paper-based survey of the membership prior to and at the 2001 Conference which would address technological issues and assess the current state of affairs of the membership as well as their present and future needs.

Discussion: The cost to NAN will be relatively inexpensive if a contract is signed with Lead Dog Digital in the near future. The Webmaster would be someone within the contractor site. NAN would need to provide a coordinator. The cost would be \$10-12,000 per year to maintain such a website.

MOTION: Moved by Gouvier and Seconded by Hom to proceed with the authorization approved in November 2000 board meeting for a Phase I website upgrade, and to contract with Lead Dog Digital, to put this into place, to a maximum of \$20,000 for the first year. Motion passed.

Action Item: Phil Schatz will initiate contract with Lead Dog. Josette Harris and the Publications committee will review the contract with Lead Dog.

NAN distance Project. Phil Schatz led discussion. Ethics and Neuroimaging courses are still in development. Both will be finished by summer, 2001. The budget for the project is \$20,000. A profit of \$10K is expected. The NAN distance Project is currently offering courses on TBI (15 participants) and neuroanatomy (25 participants). Most states have approved the NAN distance program for mandatory CE requirement. Exceptions to CE approval include Ontario and California who have not officially approved distance for mandatory CE. The development of distance courses for university credit may be considered in the future. For the near future the distance Project will continue to develop programs/topics of interest. A comment was made that the distance Project will need to generate enough income to continue to operate the program.

Action Item: The Publication Committee will present an update on the progress of the distance Project program during the NAN board meeting in November 2001.

Editor Search of Archives of Clinical Neuropsychology. The selection committee included Bruce Caplan, Andrew Saykin, Gregory Lee, Kathleen Welsh-Bohmer, Dan Marson and Julia Hannay. The top three applicants include Dan Tranel, Drew Gouvier, and Rodney Vandeploeg. The committee ranked the candidates as follows: Dan Tranel, Drew Gouvier and Rodney Vandeploeg. The Committee recommended Dan Tranel as the next editor of the Journal.

Closed Board Meeting: A closed board meeting took place at 2:15 p.m. to discuss the candidates in general and the specific strengths of each candidate. The Executive Board members and Gregory Lee participated in discussion during the closed meeting. Discussion during the closed meeting focused on the frequency of the Journal, the future direction of the Journal, the emphasis of the content in the Journal and input from previous editors regarding the selection of the next editor. There was discussion about use of Roberts Rules of Order for the voting process. It was decided during the closed meeting that the eligible board members would vote by secret ballot but the announcement of the winning editor candidate would be delayed until May 5, 2001, after it was determined who would be eligible to vote for the succeeding editor.

Full Board Reconvened: The full board and committee members re-

convened at 2:30 p.m..

It was announced that a secret board vote on the ACN editor was held in the closed executive board session but an announcement of the succeeding candidate would be delayed until May 5, 2001 after it was clarified whether the President would be eligible to vote on non-tie-breaking issues (i.e. selection of the ACN Journal editor). The Policies and Procedures Handbook will be reviewed tonight to determine if the President's voting rights are defined.

Assessment Journal. Ron Ruff has held informal discussions with Bob Smith, President of PAR and owner of Assessment about Assessment becoming a new NAN journal. Bob Smith is interested in broadening the distribution of the Assessment Journal. There would be a \$66,000 (\$20 per member) cost to NAN to distribute Assessment to the 3300 NAN membership if NAN were to adopt Assessment as a NAN journal.

Eric Zillmer led discussion about NAN adopting Assessment as a NAN journal. It was emphasized that Bob Smith is a friend of NAN and produces a serious journal. There was discussion about the number of journals that the membership currently receives. The board was unanimous that ACN remain the official NAN journal.

MOTION: Moved by Zillmer and Seconded by Cullum that NAN should adopt one journal as the official journal of NAN and that this journal should be Archives of Clinical Neuropsychology. The motion was tabled.

May 5, 2001

NOTATION: All minutes for May 5, 2001 were taken by Eric Zillmer in Bob Elliott's (Secretary) absence. Bob Elliott submitted a proxy authorizing Cecil Reynolds to represent him on all voting matters placed before the Board at the May 5, 2001 Board meeting.

PROGRAM COMMITTEE (2001-2002) Chair Report (Alex Troster)

2001 Conference. Alex Troster reviewed the details of the academic program for the 2001 San Francisco Annual Conference. Alex Troster reported that Phil Schatz coordinated the computer entry for the abstract sessions. Seventy-nine test sponsored special topics were submitted, as were over 400 abstracts. There will be four test-related workshops. Alex Troster reported that the program for the annual conference is well under way and shaping up to be a successful conference.

Neuropsychology Board Workshops. Alex Troster introduced the idea to move the Neuropsychology Board workshops, which are historically offered on Saturdays as half-day workshops, to the Special Topics section, thereby making them free to the membership and restricting the presentations to two hours. Presenters for Special Topic presentations are not provided a stipend.

Action Item: Schedule the Neuropsychology Board workshops to the Special Topics section for the Miami 2002 meeting. Ron Ruff will mail a letter to the leadership of the various Boards to inform them of this change.

Disclosure Statement. Alex Troster also introduced the idea of requiring each presenter to sign a disclosure statement (i.e., Conflict of Interest Declaration). The INS disclosure statement, which is required with the workshop information that presenters have to submit. The INS disclosure statement appears to be a reasonable model.

PUBLICATIONS COMMITTEE (Continued) (Gregory Lee)

Action Item: A motion that was offered and tabled on May 4, 2001 was reintroduced. The May 4, 2001 motion reads as follows:

MOTION: Moved by Zillmer and Seconded by Cullum that NAN should adopt one journal as the official journal of NAN and that this journal should be Archives of Clinical Neuropsychology.

Ron Ruff and George Prigatano discussed the notion of a vote without the editor of Neuropsychology Review (Tony Puente) present. Ron Ruff introduced the idea of appointing a committee to evaluate the quality of Neuropsychology Review (NR). Jim Hom reminded the Board that when Neuropsychology Review was adopted it was agreed that NR would be reviewed at this time. Monroe Cullum discussed the results from a survey, which was conducted 2 years ago, which suggested overall satisfaction with the NAN's journals.

MOTION: Motion passed.

Editor Search of ACN. (Continued from May 4, 2001) Ron Ruff announced that the new Editor of the Archives of Clinical Neuropsychology is Drew Gouvier.

Action Items: Drew Gouvier will assume Editorship responsibilities for the Archives of Clinical Neuropsychology.

Ron Ruff thanked Cecil Reynolds for his contribution to the Board and announced that Cecil Reynolds will receive the NAN Distinguished Service Award.

Journal Review Cycle. Gregory Lee proposed a two-year Journal review cycle which was summarized in the Publication Committee's report

MOTION: Moved by Cullum and Seconded by Prigatano that NAN adopt a two-year journal review cycle. Motion passed.

POLICY AND PLANNING COMMITTEE (Jeff Barth & Neil Pliskin)

Professional Practices Survey. Neil Pliskin updated the Board on the details of the Professional Practices Survey and indicated that he will report the results at this year's APA. The results will summarize beliefs about Medicare, salary data and other information pertinent to the professional practice of neuropsychologists. The cost to NAN for the survey was \$12,628. APA Division 40 also shared in the data collection and the financial burden, which was divided between the two organizations. Barbara Uzzell reminded the Board how important the information from this survey will be to NAN's membership.

NAN Informational Brochures. Neil Pliskin reported that the "Starter Set" has now been completed. The information was handed out to the NAN Board. The information is intended to be distributed to the membership for use in clinical practice. Cheryl Silver contributed to the project. Barbara Uzzell voiced concerns about downloading this information from the web, since it could then be easily altered.

Action Item: The NAN office will copyright the NAN informational brochure after it receives the complete information from Neil Pliskin. The NAN office will also manage the materials. Jim Hom will thank Tim Bennett on behalf of NAN for his original contribution to the project.

Clinical Neuropsychology Definition. Jeff Barth summarized the history of the white paper and rationale for creation of the Clinical Neuropsychology definition. The goal was to provide a NAN definition, inclusive, but with reasonable criteria, which reflected NAN membership.

Discussion: Jeff Barth reviewed the complex process by which the current copy of the definition was created. Jeff Barth distributed to the Board the most recent copy of the definition and reviewed the feedback he received from the membership related to the document. Jeff Barth also distributed input from The Reitan Society regarding neuropsychologist functions. There was a discussion about the similarities and differences between the Reitan Society described functions and the NAN definition. Jim Hom raised several concerns related to the footnote which is part of the definition and introduces a step-wise process deferring to previous definitions made on this issue which may, however, not have been officially approved by various organizations. Ruben Echemendia reminded the Board that APA Division 40 and APA definitions are only published and not endorsed by APA. Jim Hom voiced a concern about the historical mistakes that were made that are now, potentially, grandfathered by NAN. Ron Ruff opined that the exact wording of the entire footnote addresses Hom's concerns (2nd sentence footnote).

MOTION: Gouvier moved and Seconded by Cullum to approve the May 5, 2001 revised definition proposed by Jeff Barth as written. Motion passed.

Jeff Barth suggested an amendment to the footnote of the Definition of Neuropsychology.

MOTION: Cecil Reynolds moved and Seconded by Cullum to accept the revised definition which reads as follows:

"Individuals receiving training in clinical neuropsychology prior to this 2001 definition should be subject to the educational and experiential guidelines published by Division 40 of the American Psychological Association (APA, 1984; 1989). The 2001 definition should not be interpreted as negating the credentials of individuals whose education and experience predates the Division 40-APA definitions. Individuals meeting these prior criteria are and continue to be clinical neuropsychologists under this 2001 definition."

Motion passed.

Jeff Barth suggested that the Board-approved definition be mailed to the general membership for a vote.

Action Item: The NAN office will mail the Clinical Neuropsychology definition to the NAN general membership for a vote including the various positions of the majority and minority board and committee members.

NAN DEFINITION OF A CLINICAL NEUROPSYCHOLOGIST 2001 Official Position of the National Academy of Neuropsychology

This 2001 definition expands upon and modifies the 1989 definition by Division 40 of the American Psychological Association, which was used as the foundation for this updated document.

A clinical neuropsychologist is a professional within the field of psychology with special expertise in the applied science of brain-behavior relationships. Clinical neuropsychologists use this knowledge in the assessment, diagnosis, treatment, and/or rehabilitation of patients across the lifespan with neurological, medical, neurodevelopmental and psychiatric conditions, as well as other cognitive and learning disorders. The clinical neuropsychologist uses psychological, neurological, cognitive, behavioral, and physiological principles, techniques and tests to evaluate patient's neurocognitive, behavioral, and emotional strengths and weaknesses and their relationship to normal and abnormal central nervous system functioning. The clinical neuropsychologist uses this information and information provided by other medical/healthcare providers to identify and diagnose neurobehavioral disorders, and plan and implement intervention strategies. The specialty of clinical neuropsychology is recognized by the American Psychological Association and the Canadian Psychological Association. Clinical neuropsychologists are independent practitioners (healthcare providers) of clinical neuropsychology and psychology.

The clinical neuropsychologist (minimal criteria) has: A doctoral degree in psychology from an accredited university training program. An internship, or its equivalent, in a clinically relevant area of professional psychology. The equivalent of two (fulltime) years of experience and specialized training, at least one of which is at the post-doctoral level, in the study and practice of clinical neuropsychology and related neurosciences. These two years include supervision by a clinical neuropsychologist. A license in his or her state or province to practice psychology and/or clinical neuropsychology independently, or is employed as a neuropsychologist by an exempt agency.

At present, board certification is not required for practice in clinical neuropsychology. Board certification (through formal credential verification, written and oral examination, and peer review) in the specialty of clinical neuropsychology is further evidence of the above advanced training, supervision, and applied fund of knowledge in clinical neuropsychology.

References

Report of the Division 40/INS Joint Task Force on Education, Accreditation, and Credentialing (1984). *Division 40 Newsletter*, Vol.2, no. 2, pp. 3-8.

Definition of a Clinical Neuropsychologist, *The Clinical Neuropsychologist* 1989, Vol. 3, No. 1, pp.22.

Individuals receiving training in clinical neuropsychology prior to this 2001 definition should be subject to the educational and experiential guidelines published by Division 40 of the American Psychological Association (APA, 1984; 1989). The 2001 definition should not be interpreted as negating the credentials of individuals whose education and experience predates the Division 40-APA definitions. Individuals meeting these prior criteria are and continue to be clinical neuropsychologists under this 2001 definition.

Neuropsychology Grassroots. Neil Pliskin reported that there are now 76 members across 36 States and Canada who are active in the Grassroots movement. Their work is currently focused on collecting Medicaid and Medicare reimbursement patterns for the different states. Neil Pliskin indicated that the Grassroots network will work closely with the PAIO.

Cognitive Rehabilitation White Paper. Neil Pliskin introduced the Cognitive Rehabilitation White Paper which was distributed to the Board. The Board will review the White Paper in the future.

Educational Guidelines Task Force. Neil Pliskin introduced discussion

about the hand-out materials related to the Task Force on Educational Guidelines. Ron Ruff suggested that the Blue Ribbon Panel will discuss this issue and that the Task Force on Educational Guidelines will not be active at this time. Barbara Uzzell reminded the Board that NAN must monitor the developments of this issue and how it will affect the education of neuropsychologists.

Action Item: Joe Fishburne will be asked by Barbara Uzzell to represent NAN on APA's Committee on Accreditation. Ron Ruff thanked the Task Force on Educational Guidelines for their important work.

Cultural and Racial Diversity Task Force. Neil Pliskin reported on the work of the Cultural and Racial Diversity Task Force. The detailed report has short- and long-term goals related to organizational changes, education and assessment among other issues. Neil Pliskin suggested that the Task Force should develop a mission statement and should perhaps be considered a standing committee within NAN. Neil Pliskin also suggested a charge the Task Force to prioritize its goals and create a game plan.

Cecil Reynolds suggested that NAN focus on inclusion of more diverse members and representation within our membership and leadership, and not focus on issues of assessment, since this is a scientific issue. Ruben Echemendia suggested designating the Task Force as an ad hoc committee to give it authority and representation on the Board. Ruben Echemendia recommended consideration of the assessment issue as a topic for the NAN scientific book series. Jeff Barth concurred, as did Cecil Reynolds.

MOTION: Moved by Gouvier and Seconded by Uzzell to resolve to immediately appoint an ad hoc, 3 year committee on "DIVERSITY" chaired by Ruben Echemendia, and which reports to the Board on their agenda, to promote 1) education, research and CE training sensitive to diversity issues and 2) promote structural and organizational changes within NAN to make these changes systemic and pervasive. Motion passed.

Action Item: Ruben Echemendia will contact the Cultural and Diversity Task Force to thank them and inform them about the Board's decision to adopt the goals described in the Motion.

EDUCATION COMMITTEE (Penelope Zeifert)

Penelope Zeifert reported on the Continuing Education (CE) process. She suggested extending the CE program to physicians at a cost of \$500.00.

Action Item: Penelope Zeifert will initiate the CE program for physicians using the education system infrastructure of Stanford University.

FELLOWS COMMITTEE (Monroe Cullum)

Monroe Cullum reported that there were 51 applications, 29 of which were recommended to the Board for nomination to Fellow status.

MOTION: Moved by Gouvier and Seconded by Reynolds to accept the recommendation of the Fellows committee. Motion passed.

MEMBERSHIP COMMITTEE (Elizabeth Kozora)

NAN currently has 2,880 active paid members and 1,164 delinquent members. A second dues notice was mailed out last week. Elizabeth Kozora reported that NAN has a membership of approximate 3,600 members. Elizabeth Kozora reviewed the specific criteria for different levels of membership. She proposed to change some of the criteria for Student and Associate memberships to make them consistent with the actual criteria for membership.

MOTION: Moved by Zillmer and Seconded by Cullum to accept the recommendation of changes on membership forms and description of various membership classification. Motion passed.

NOMINATIONS COMMITTEE (Barbara Uzzell)

Nomination Submission Process. Barbara Uzzell raised the issue of a policy revision for nominations to make the nominations process similar to the voting process.

MOTION: Gouvier moved and Seconded by Prigatano that nomination ballots must have a validating signature to be accepted and counted. Motion passed.

The three candidates for the office of President-Elect: Eric Zillmer, Rick Naugle and Robert McCaffery were discussed. Eric Zillmer excused himself from the discussion. Eric Zillmer is automatically on the ballot by virtue of being a 1% nominee. Cecil Reynolds proposed listing all three candidates on the voting slate. Discussion ensued and a secret ballot process was used for the decision. Robert McCaffery won by a majority ballot count.

Action Item: Eric Zillmer and Robert McCaffery will be placed on the ballot for the office of President-Elect. Member-At-Large candidates placed on the ballot will be William Perry and Robert Sbordone.

AWARDS COMMITTEE (Ruben Echemendia)

Ruben Echemendia discussed the nomination process for the Distinguished Service Award. He suggested that nominations be solicited from the Board since the Board members are in a position to know individuals who are appropriate for the award.

PAST PRESIDENTS COMMITTEE (George Prigatano)

George Prigatano discussed the details of the Past President's Committee and the Book Series Report.

Book Series. George Prigatano reviewed the title and outline of the proposed book and promised a product of the highest quality. Sixty percent of the chapters are complete. George Prigatano requested a \$3,700 increase in the NAN Book Series budget for travel to facilitate the publication of the text. George Prigatano also reminded the Board that the book may generate royalties and CE income.

MOTION: Moved Cullum and Seconded by Wilkening to approve Prigatano's request for up to \$3,700 to support the NAN Book Series report. Motion passed.

George Prigatano suggested that NAN offer 15 CE credits for using the book in a CE format for \$125.00 for the entire book. Charles Golden suggested a chapter-by-chapter CE process.

Action item: The Board recommends proceeding on a chapter-by-chapter basis with a \$10.00 charge for each chapter and 1 CE credit for each chapter. California enrollees would be charged an additional surcharge.

GRANTS COMMITTEE (Carl Dodrill)

Carl Dodrill distributed the Grant's Committee's report and reviewed the committee's decision to not pursue standing committee status at the present time. Carl Dodrill received 17 applications, down from the previous year, and shared with the Board the awardees for this year. Carl Dodrill also reviewed the criteria for selection for a program grant. He commented that the clinical applications received more merit this year in the selection process. Two awardees were selected with one-third of the budget remaining unspent.

Carl Dodrill reported that the research lunch at the Annual Meeting was very successful with over 90 attendees. Carl Dodrill suggested charging for the research lunch. The Board agreed with the price of the lunch being set at \$5 to \$10. The budget for the lunch will come from the Clinical Research Committee for this year.

Ron Ruff reminded the Board that the topics of the research grant need to be aligned with the needs of the NAN membership which include specific clinical applications to neuropsychology, reimbursement issues and cultural diversity. Monroe Cullum agreed and suggested that an RFP approach may be appropriate. Charles Golden added that a step-wise approach in the application process might be appropriate. Barbara Uzzell recommended that the awarded grants add to the expertise of clinical applications to NAN's membership. Jim Hom suggested moving some of the management of the research grant to the NAN Foundation.

There was considerable discussion regarding the future of the program and its application to clinical neuropsychological services and how it is used in neuropsychological practice.

Action Item: Ron Ruff asked Charles Golden and Carl Dodrill to focus the proposals on specific content areas which are of interest to the general membership and consistent with the mission of NAN.

MEMBER-AT-LARGE REPORT (Cecil Reynolds, Drew Gouvier and Eric Zillmer)

Houston Conference model. Cecil Reynolds brought to the Board's attention one advertisement that refers to the Houston Conference model for clinical training in neuropsychology as part of its criteria for application. Cecil Reynolds insisted that the resolution that was tabled two meetings ago be discussed and voted upon.

Action Item: Since the resolution to be discussed cannot be reviewed at the Board's meeting (Secretary Bob Elliott not present), it was agreed

to bring this to the Board's attention via e-mail and have it discussed and voted upon in this manner after the Blue Ribbon discussion on the effects of the Houston conference on the clinical training of neuropsychologists.

PRESIDENT-ELECT REPORT (Jim Hom)

Annual Conference Exhibition Booth Rental. Jim Hom reviewed the costs for the NAN conference exhibition booths, particularly as they relate to non-profit organizations that wish to rent booths during the conference. Jim Hom suggested unbundling the package for space at the NAN exhibits or providing a discount. Josette Harris reviewed the history of setting fees for NAN exhibitors.

Action Item: The topic was tabled for the next meeting.

IMMEDIATE PAST PRESIDENT'S REPORT (Barbara Uzzell)

Executive Director Review. Barbara Uzzell introduced the topic of the Executive Director review. A preliminary form for rating the Executive Director's performance in a variety of areas was distributed. Discussion ensued regarding the process.

Action Items: (1) Monroe Cullum will review the form and provide feedback to Barbara Uzzell, (2) The Board including the Secretary (Bob Elliott) will review the form, (3) Discussion will take place via email, and (4) A revised form will be presented at the next Board meeting.

CCPN/NAN Joint meeting. A number of important issues were discussed at the November 2000 joint CCPN/NAN meeting. It pointed out that a lack of communication was at the center of discussions. Jim Hom reported that CCPN would continue, though he will be stepping down from CCPN's board this year (election pending). Barbara Uzzell reported that several NAN board members attended the CCPN meeting following the NAN conference last year. It was noted that interactions were favorable and a good sharing of information occurred.

APA Division 40 / NAN relations. NAN had an observer (Joe Fishburne) at last year's CAPS meeting. It was emphasized that this is an important meeting and that NAN should have a presence at that meeting. The issue of election to the CAPS committee was discussed as important. It was felt that we should attempt to get a neuropsychologist elected.

Action Item: The NAN President-Elect, Jim Hom, will coordinate the next NAN/Div. 40 meeting.

NEW BUSINESS

APA Ethics Code Revision. Monroe Cullum introduced discussion about whether NAN should comment on the request (printed in the APA Monitor) for input on the Ethics Code that APA is currently developing. Monroe Cullum suggested that all Board members read the proposed Ethics Code and provide written feedback to APA about the document.

Monroe Cullum suggested using Public Service Announcements for radio announcements.

Action Item: Use of public service announcements was discussed. It was agreed to further study this proposal.

Publications Committee. There was discussion about various Publication Committee issues.

MOTION: Moved by Cullum and Seconded by Gouvier to authorize Reynolds to sign a contract with Elsevier Publishing for Archives Clinical of Neuropsychology. Motion passed.

Ruff reviewed the Journal issues that were discussed including Assessment and on-line access to journals. A discussion ensued on the benefits of the electronic and paper copy benefits of *Neuropsychology Review* to its membership as well as the costs of *Neuropsychology Review*.

Action Item: Ron Ruff will discuss with Tony Puente the viability of keeping *Neuropsychology Review* as an official journal of NAN.

Action Item: Cecil Reynolds will discuss with Kluwer the cost of *Neuropsychology Review* and Ron Ruff will discuss with Tony Puente his interest in and commitment to *Neuropsychology Review*.

Foundation By-Laws. Ron Ruff introduced the By-Laws of the Foundation. Since Secretary, Bob Elliott, is not present the election of the officers will be tabled.

Action Item: Election of the Foundation officers will take place at the November 2001 Board meeting.

CE Certificate. Penelope Zeifert introduced discussion about gathering information on how to proceed with the actual paperwork of awarding the certificate of attendance for CE credit.

Action Item: Penelope Zeifert will introduce the issue involving awarding the CE certificate of attendance by e-mail with the Board members.

Cognitive Rehabilitation White Paper. Jeff Barth asked the Board to read the White Paper on Cognitive Rehabilitation and provide feedback, in the form of comments or suggestions, to him or Neil Pliskin.

MOTION: Moved and Seconded to adjourn the Board meeting.

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mean I will not be able to collect as much?" The answer to both of these questions is "No." Remember, 96117 exists today *as a technical code*. The goal of "code splitting" is not to devalue the technical code, but rather to add a professional code that would reflect our professional expenses over and above those incorporated into the technical code. As *no* professional expenses are incorporated into 96117 as it now exists, a professional code would presumably be reimbursed at a higher rate, whereas the technical code would remain constant.

Summary

The coding and reimbursement process is highly volatile and in a constant state of evolution. The American Psychological Association through its Practice Directorate and the National Academy of Neuropsychology through its Professional Affairs and Information Office are closely monitoring and working on these issues. As an example two separate meetings have been held with committees or panels of the AMA (with CMS representation) during the first week in February. One of the primary purposes of NAN's new office to provide monthly up-dates through its web site as to these and related developments. Information regarding individual, state, or regional shifts is always welcomed.

Meeting Announcements

2002 Annual Meeting of the National Academy of Neuropsychology

Loews Miami Beach Hotel, South Beach

October 9-12

Online submission available March 8 - May 6

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NAN Technologies Update:

NAN distanCE: CE Courses over the Internet

Mild Traumatic Brain Injury: (30 CE Credits), Course Instructors: Ron Ruff, Ph.D. & Jeffrey T. Barth, Ph.D. Next Offering April 2002; Registration: in Progress

Neuroanatomy and Medical Neuroscience: (30 CE Credits), Course Instructors: Philip Schatz, Ph.D. & Douglas L. Chute, Ph.D. Next Offering: April 2002; Registration: in Progress

Ethics in Neuropsychology: (15 CE Credits), Course Instructor: Joel Morgan, Ph.D, ABPP(CN), First Offering 2002; Registration: in Progress

NeuroImaging: Course Instructor: Paul Malloy, Ph.D. Course Development in Progress. Anticipated Start Date: Fall 2002.

NAN distanCE courses provide comprehensive post-doctoral training for professional psychologists. Courses incorporate asynchronous component, utilizing custom CD-ROM's containing teaching modules, movies, reprints, graphics, and all Internet-mediated content. The Internet is used synchronously to enhance communication through the use of e-mail, course-specific Message Boards, web-based Self-Testing, and Case Studies.

NAN Web Site Update:

- **On-line Member E-Mail Directory:** Voluntary posting of e-mail, contact, and practice information for NAN members. This is an excellent resource and marketing tool. NAN members can create a user account and choose to make their contact information publicly available or remain private. Please log on and create a user account.
 - **Employment Listings:** A resource to NAN members and the Neuropsychology Community. Post or browse position openings on-line.
 - **NAN Web Site User Survey:** An opportunity for the NAN Information Technology Committee to obtain crucial user information about Members' use of technology.
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For More Information:

info@nanonline.org <http://nanonline.org/>

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