

**National Academy of Neuropsychology  
32nd Annual Conference  
November 7-10, 2012**

**Gaylord Opryland Resort | Nashville, Tennessee**



**Nashville**  
MUSIC CITY



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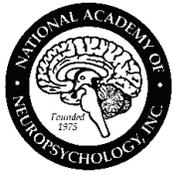
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THE NATIONAL ACADEMY OF NEUROPSYCHOLOGY WOULD LIKE TO ACKNOWLEDGE AND THANK ITS EXHIBITORS FOR THEIR SUPPORT OF THE 2012 NAN CONFERENCE. (THIS IS NOT A COMPLETE LIST OF THOSE WHO WILL BE EXHIBITING, RATHER IT IS A LIST OF THOSE ORGANIZATIONS WHO HAVE SIGNED UP AS OF OUR PRINT DEADLINE.)



## NATIONAL ACADEMY OF NEUROPSYCHOLOGY

**Karin J.M. McCoy, Ph.D., ABPP**

*2012 NAN Program Chair*  
 Director, Neuropsychology Consult Service  
 Director, Neuropsychology Postdoctoral Residency  
 South Texas Veterans Health Care System  
 San Antonio, Texas

Welcome to the 32<sup>nd</sup> Annual Conference of the National Academy of Neuropsychology! On behalf of the NAN Board of Directors and the 2012 Program Committee, I invite you to join us November 7 – 10 in Nashville, Tennessee.

The Program Committee has prepared a comprehensive and compelling program, showcasing innovations in clinical science and practice, while also providing excellent opportunities for professional networking, and leaving a few hours each day to enjoy the Nashville music scene! The 2012 Conference will emphasize groundbreaking science and state-of-the-art clinical procedures at the intersection of neuropsychological practice and medicine. It is our intention that conference attendees will gain unique insights into emerging trends in clinical science which will directly influence their day-to-day clinical work.

To establish the tone of the Conference, we are honored to have Dr. Igor Grant for our Keynote speaker. Dr. Grant, an internationally-renowned neuropsychiatrist will explore the "new frontier of neuropsychology." He will speak to the interplay of brain-behavior interactions and medicine and he will stimulate and inspire us regarding the scientific and clinical contributions neuropsychology can make in this area in the future. Additionally, NAN will honor Dr. Kathleen Haaland, who will give this year's Distinguished Lifetime Contribution to Neuropsychology address.

A major focus of this year's conference is on the neuropsychology of neuropsychiatric and neuromedical disorders. The delineation and remediation of the cognitive and psychosocial outcomes of such disorders is a fundamental aspect of our jobs as clinical neuropsychologists, requiring thorough knowledge of the newest scientific discoveries in complimentary fields. To put these complex issues in perspective and relate current research findings to clinical work, we will offer workshops on diagnostic standards and interventions for sleep disorders (Dr. Paul Ingmundson), spina bifida (Dr. Maureen Dennis), mild cognitive impairment (Dr. Melanie Greenaway), delirium in the ICU (Dr. James Jackson), and disorders of motor control (Dr. David Tupper). Dr. Ralph Tarter will provide us with insights to the neuroscience of substance abuse and co-occurring medical, nutritional, and psychiatric disorders.

In addition, we have assembled a diverse series of workshops led by established and emerging scientific leaders in the field to serve as guides across a wide-range of topical issues in neuropsychology, including clinical neuroscience, everyday functioning, traumatic brain injury, ethics, and forensics. For example, we are offering workshops on the neurological exam (Dr. Lola Morgan), neuroanatomy of ADHD (Dr. Leonard Koziol), in-home assessment of functional change (Drs. Jeffrey Kaye and Katherine Wild), managing pediatric TBI (Dr. Michael Kirkwood), treating persistent post-concussive symptoms (Drs. Douglas Cooper and Jon Grizzle), and involving families and caretakers in the treatment of moderate to severe TBI (Dr. Jeffrey Kreutzer). Professional development issues include a timely presentation on the implications of health care reform, co-hosted by NAN's Legislative Action and Advocacy Committee and Professional Affairs and Information Committee. In addition to the Hispanic Neuropsychological Society's sponsored talk on assessment of bilingual children, we will have opportunities to learn about the neuroscience of bilingualism (Dr. Judith Kroll), and the ethics of cross cultural assessment (sponsored by NAN's Cultural and Diversity Committee). New this year, we have scheduled a slate of presentations in a "student/trainee track." In addition to the annual student luncheon on clinical research careers (Dr. Steven Paul Woods), these introductory talks on pediatric neuropsychology, sports psychology, interviewing skills, manuscript preparation and submission, training pathways, and practical advice and tips for the next step in training will provide a full slate for graduate students, interns, and postdoctoral trainees. This brief tour highlights just a few elements of the conference program, which also includes our annual Grand Rounds, special topics series and test-focused workshops, plus the annual Women in Leadership event featuring Dr. Pauline Maki.

Our host for this year's Conference is the unique and stunning Gaylord Opryland Resort and Convention Center, which is located just a few miles from the Nashville airport in close proximity to the Grand Ole Opry (a once-in-a-lifetime experience regardless of your musical preferences). Specific information about the hotel and the Opry can be found at <http://www.gaylordhotels.com/gaylord-opryland/>. Conference registration information and travel and tourism details are provided online at [www.nanonline.org](http://www.nanonline.org).

This year's program would not be possible without the support of NAN President Dr. Robin Hilsabeck, the Board of Directors, Executive Director Dr. William Perry, Education Committee Chair Dr. Pat Bach, Poster Chair Dr. Jared Bruce, the Student Volunteers (Student Chair Chelsea Morse and Chair-Elect Josh McKeever), and the 2012 Program Committee. I would also like to extend my appreciation to the NAN Office Staff, NAN Director of Operations, Heather Santos and Membership and Educational Services Coordinator, Nicole Orfanakis. Most importantly, this conference would not exist if not for the expertise, creativity, dedication, and perseverance of NAN's newest team member, Meeting and Events Manager, Allison Mendrys, CMP. Please introduce yourself and say welcome and thanks to Allison at the conference!

We all look forward to seeing you in Nashville in November!

Karin J.M. McCoy, Ph.D.  
 2012 Program Chair



## 2012 NAN Board of Directors

Representing our members with pride and dedication

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## 2012 NAN Conference Committees

Your dedicated conference organizers

### **2012 NAN PROGRAM COMMITTEE**

Karin McCoy, Ph.D. (Chair)  
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Steven P. Woods, Psy.D. (Past Program Chair)  
Doyle Patton, Ph.D.  
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Robert Fallows, Psy.D.  
Tara Spevack, Ph.D.  
Anthony DeMarco, Psy.D.  
Robin Heinrichs, Ph.D.

### **CONTINUING EDUCATION (EDUCATION COMMITTEE)**

Patricia Latham Bach, Psy.D., RN (Chair)  
Donna Broshek, Ph.D. (Board Liaison)  
Stephen Moelter, Ph.D. (Past Chair)  
Benjamin M. Hampstead, Ph.D.  
Lawrence Pick, Ph.D.  
Lenora Brown, Ph.D.  
Wendy Marquart, Ph.D.  
Sarah Viamonte, Ph.D., MSPH

### **POSTERS & STUDENT AWARDS**

Jared Bruce, Ph.D. (Poster Chair)  
Andrea Zartman, Ph.D. (Poster Chair-Elect)  
Rael Lange, Ph.D. (Past Poster Chair)

### **STUDENT VOLUNTEER COORDINATORS**

Chelsea Morse, M.A.  
Josh McKeever, M.S.

### **NAN OFFICE**

Allison Mendrys, CMP  
Meetings & Events Manager

Nicole Orfanakis  
Membership & Education Coordinator

Heather Santos  
Director of Operations

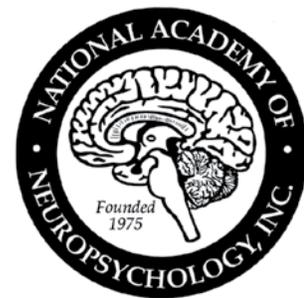
# Save the Date!

The NAN Women in Leadership Committee  
invites you to  
**Networking in Nashville**

Wednesday, November 7, 2012  
7:30 pm to 9:30 pm

Pre-registration is highly advised as space is limited.

Networking, Camaraderie, and Light Food



Featuring:

## “How Estrogen Affects Our Brain and Careers”

Pauline M. Maki, Ph.D.  
Professor of Psychiatry and Psychology  
University of Illinois at Chicago



# PROGRAM-AT-A-GLANCE

November 7 - 10, 2012 | Gaylord Opryland Resort | Nashville, Tennessee

## Wednesday, November 7

### Special Topic (No CE)

- 7:00 am - 9:00 am
- 1. Bielauskas - ABCN Test Prep

### Continental Breakfast

7:30 am - 9:00 am

### CE Workshops (3 CE)

- 9:00 am - 12:00 pm
- 2. Drane & Loring - SVT Failure Assessing Functional Change
- 3. Kaye & Wild - Pervasive Computing for Assessing Functional Change
- 4. Kroll - The Bilingual Mind
- 5. Schneider & Dombrov - TBI/Stroke Meds
- 6. Tupper - Disorders of Motor Control

### Student Lunch

- 12:00 pm - 1:30 pm
- 7. Woods & Weber - Research Careers

### CE Workshops (3 CE)

- 1:30 pm - 4:30 pm
- 8. Bielauskas & Howieson - ABCN
- 9. Bowden & Loring - Critically Appraised with Patient Needs
- 10. Koziol - Paradox of ADHD
- 11. Masten Hoese, et al. - Ethics & Diversity
- 12. Weiner - Use of Psychoactive Drugs in the Cognitively Impaired

### Welcome

5:00 pm - 5:15 pm

### President's Address

5:15 pm - 6:15 pm

### NAN Business Meeting

6:15 pm - 7:00 pm

### Women in Leadership

### Networking Event

7:30 pm - 9:30 pm

## Thursday, November 8

### Continental Breakfast

7:30 am - 9:00 am

### CE Workshops (3 CE)

- 8:30 am - 11:30 am
- 13. Boone - Multiple SVTs
- 14. Dennis - Spina Bifida
- 15. Morgan - Neurological Exam
- 16. Jackson - ICU Delirium
- 17. Tarter - Substance Abuse

### Student/Trainee Track

8:30 am - 10:00 am

- 18. Spevack - Intro to Peds NP
- 19. Barth - Sports Neuropsychology

### Exhibit Hall Open

11:30 am - 1:30 pm

### Poster Session A

12:00 pm - 1:30 pm

### Special Topics (No CE)

- 1:30 pm - 3:30 pm
- 20. Fastenau - Pediatric Grand Rounds
- 21. Naugle - Adult Grand Rounds
- 22. Raymond, et al. - ABN Test Prep
- 23. Howe, et al. - LAAC: Advocacy
- 24. Thames, et al. - Stereotypes and Neuropsychological Test Performance

### Test Workshop (2 CE)

1:30 pm - 3:30 pm

- 25. Roid & Koch - Leiter-3: Nonverbal Assessment

### Exhibit Hall Open

3:30 pm - 5:00 pm

### Keynote Address (1 CE)

5:00 pm - 6:00 pm

- 26. Grant - Medicine, Brain, and Behavior

### President's Reception

### Poster Session B

### Exhibit Hall Open

6:30 pm - 8:00 pm

## Friday, November 9

### Continental Breakfast

7:30 am - 9:00 am

### CE Workshops (3 CE)

- 8:30 am - 11:30 am
- 27. Greenaway - MCI Treatment
- 28. Ingmundson - Sleep Medicine
- 29. Kirkwood - Pediatric TBI
- 30. Lee - Neuroanatomy
- 31. Wynkoop, et al. - Adv Reimbursement

### Student/Trainee Track

8:30 am - 10:00 am

- 32. Broshek, et al. - Practical Advice
- 33. Bullard & Griss - Interview & Feedback

### Exhibit Hall Open

11:30 am - 4:00 pm

### Poster Session C

12:00 pm - 1:30 pm

### Special Topics (No CE)

- 1:30 pm - 3:30 pm
- 34. Masten Hoese - Diversity Grand Rounds
- 35. Denney - Forensic Grand Rounds
- 36. Dodzik, et al. - ABPdN Test Prep
- 37. PAIC/LAAC - Health Care Reform
- 38. Watt - Delirium Update
- 39. Schretlen, et al. - Methods of Inference
- 40. Bruce, et al. - Student Research

### Test Workshop (2 CE)

1:30 pm - 3:30 pm

- 41. Holdnack & Delis - D-REF in Pediatric Populations

### Awards Ceremony

4:00 pm - 4:15 pm

### CE Workshop (1 CE)

4:15 pm - 5:15 pm

- 42. Puente - CPT Update

### Distinguished Lifetime Contribution

### to NP Award Address (1 CE)

5:30 pm - 6:30 pm

- 43. Haaland

## Saturday, November 10

### Continental Breakfast

7:30 am - 9:00 am

### Exhibit Hall Open

7:30 am - 10:30 am

### CE Workshops (3 CE)

- 9:00 am - 12:00 pm
- 44. Ben-Porath - MMPI-2-RF Somatoform
- 45. Kreutzer - Working with Families after Brain Injury
- 46. Puente - CPT Audit
- 47. Shapiro - High Stakes Tests
- 48. Williams - fMRI Applications

### Student/Trainee Track

9:00 am - 10:00 am

- 49. McCaffrey - Publish or Perish
- 50. Bodin & Beauvais - Student Training

### Special Interest Group Meetings

12:00 pm - 1:30 pm

- \* Aviation Psychology
- \* Hispanic Neuropsychological Society
- \* Pediatric Neuropsychology
- \* Post-Doc/Internship Conversation Hour
- \* Reitan Society
- \* VA Neuropsychology Group

### Test Workshop (2 CE)

1:30 pm - 3:30 pm

- 51. Naglieri - CEFI: The Science of Executive Functioning

### CE Workshops (3 CE)

1:30 pm - 4:30 pm

- 52. Cooper & Grizzle - Treatment of PCS
- 53. Postal & Armstrong - Feedback that Sticks
- 54. Puente - CPT Audit
- 55. Vega, et al. - Bilingualism & NP

### EXHIBIT HALL HOURS

#### Thursday

7:30 am - 9:00 am

11:30 am - 1:30 pm

3:30 pm - 5:00 pm

6:30 pm - 8:00 pm

#### Friday

7:30 am - 9:00 am

11:30 am - 4:00 pm

#### Saturday

7:30 am - 10:30 am



## General Information

Everything you need to know

### Continuing Education (CE)

The National Academy of Neuropsychology is approved by the American Psychological Association to sponsor continuing education for psychologists. NAN maintains responsibility for the program and its content. Three hours of CE credit will be awarded for participation in each of the 3-hour CE workshops. Two hours of CE credit will be offered to participants in publisher-sponsored test workshops. 1.0 free CE credit is available on Thursday evening for Dr. Grant's keynote address. On Friday evening, 1.0 free CE credit is available for Dr. Haaland's Distinguished Lifetime Contribution to Neuropsychology Award Recipient Address and 1.0 free CE credit for Dr. Puente's CPT Update. A maximum total of 25 CE credits may be earned. There will be no CE credits offered for participation in the special topic presentations, student/trainee track, or the special interest group meetings. NAN is committed to providing educational programs of the highest quality. Participants who are dissatisfied with a NAN educational program are encouraged to seek an appropriate resolution as outlined in NAN's Grievance Policy (available from the NAN Office). **CE letters will be available electronically after the conference.**

### Ethics Content

The APA does not accredit CE sessions as ethics sessions per se, nor does NAN as an APA CE provider. Whether a CE session meets requirements for ethics training is a distinction made by state authorities regulating the practice of psychology who require on-going ethics training for license renewal. It is typical for such regulators to require that ethics training be received in a CE-accredited session (NAN is an APA CE provider) and then to examine the content of the specific CE session to make sure that it meets their requirements for ethics training. Consequently, NAN recommends that attendees consult with their individual regulatory authority in advance if ethics credit is desired.

## Course Handouts

In an effort to be environmentally responsible, NAN is trying to reduce the amount of paper we use at our conferences. Again this year, course handouts will be distributed to attendees electronically prior to the conference. No printed course handouts will be distributed at course sessions. Attendees may print course handouts and bring them to the conference as needed.

## Audio Recording

Audio recordings of many of the workshops will be available for purchase on-site, or they may be ordered at a later date from Convention CD's, Inc. by calling toll free 800-747-6334.

## President's Reception

The President's Reception will be held on Thursday, November 8, at 6:30 p.m. after the Keynote Address. A variety of hot and cold appetizers will be provided. Soft drinks and cocktails will be offered at the cash bars.

## Students and Trainees

NAN values its commitment to the professional development of students, interns, and post-doctoral fellows. Pre-doctoral students with a letter verifying their student status will pay \$50 for general registration, rather than the member conference registration fee of \$185. Registration for verified non-member students is \$100. NAN post-doctoral members with a letter of verification from a supervisor pay a reduced rate of \$85. Please note that individuals registered as students will not receive credit for CE courses. NAN will offer its traditional Student Luncheon on Wednesday, November 7. Attendance is limited to student attendees and the early registration fee is \$10. New in 2012, NAN will offer a specialized track geared towards our student and trainee members. Attendance is limited to students and trainees only. Be sure to take advantage of this customized programming!

## Conference Registration

Conference registration can be completed by going online to: [www.nanonline.org](http://www.nanonline.org), or by printing off the registration form enclosed in this booklet and mailing or faxing to the address provided on the form. Payment in full is required in order to process registrations. We welcome payments in the form of check, Visa and MasterCard. We regret that we cannot accept purchase orders.

## Code of Conduct

We value the participation of each member of the NAN community and want all attendees to have an enjoyable and fulfilling experience. Accordingly, all attendees, guests, speakers, exhibitors, and volunteers are expected to show respect and courtesy to others at all times. All communication and behavior, verbal or otherwise, should be appropriate for a professional environment. Those violating these rules may be asked to leave the conference with or without a refund at the sole discretion of the conference organizers.

## Cancellation Policy

A 50% refund is possible for written cancellation requests postmarked and mailed by October 19, 2012 to NAN at 7555 East Hampden Avenue; Suite 525; Denver, CO 80231. Cancellations will not be accepted by phone. Refunds will not be issued for cancellations requested after October 19, 2012.

\*No refunds are given for workshops cancelled on-site.



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RESORT & CONVENTION CENTER

*Nashville*

## Hotel Information & Services

The Gaylord Opryland Hotel & Convention Center in Nashville, Tennessee is the official location for the National Academy of Neuropsychology's 32nd Annual Conference. Come experience the energy and excitement of Music City at Gaylord Opryland. On the banks of the Cumberland River, the landmark Nashville hotel is just minutes from Nashville International Airport and a short drive or riverboat cruise from downtown Nashville. Underneath the climate-controlled signature glass atriums, lies an extraordinary selection of dining, shopping and recreation options that provide the perfect destination.

## Guest Rooms

Guest room accommodations include wired and wireless high-speed internet access in the sleeping rooms, fitness center access, designated complimentary in-room beverages, daily newspaper, and local and toll free 800 telephone calls (20 minutes per call).



## Hotel Reservations

Call (888) 777-6779 or visit [www.nanonline.org](http://www.nanonline.org) to find a link to the online reservation system.

When arranging hotel accommodations, please indicate that you are attending the NAN Annual Conference to receive the negotiated rate of \$234 plus applicable taxes and fees per night for single/double occupancy.

**Reservation Deposit and Confirmation** – A deposit equal to one night's stay is required to hold each guest's reservation. Such deposit shall serve to confirm the reservation for the dates indicated, and, upon check-in, shall be applied to the first and/or final night of the reserved stay. These deposits paid by individuals are refundable if notice is received at least seventy-two (72) hours prior to arrival and a cancellation number is obtained. All deposits shall be charged at the time the reservation is made.

**Hotel reservations must be made by Friday, October 19, 2012.** The hotel will determine whether it can accept reservations based on a space-and rate-available basis at the NAN group rate after this date.

## Airport Transportation

The closest international airport to the Gaylord Opryland is Nashville (BNA), which is approximately 10 minutes from the hotel.

**Shuttle** – Gaylord Opryland offers daily roundtrip shuttle service from the Nashville International Airport to the Hotel. Upon your arrival to the airport, you can find the Gaylord Opryland Welcome Desk on the lower level of the airport between the two escalators. An agent can assist with your travel needs and ticket purchase, or you can use our kiosk, which is conveniently located at the welcome desk. If an agent is not available to provide assistance, you can find the Hotel's shuttle located immediately to the left as you exit the front door of the lower level of the airport. Visit the Gaylord Opryland website to book online.

## Daily shuttle schedule

5 a.m.-11 p.m.

Daily express shuttle service: 11 a.m.-7 p.m. (departs every 20 minutes)

Cost

\$30 per person, roundtrip fare

**Sedan & Limousine Service** – The Sedan and Limousine Service provides rides for airport arrivals and departures, as well as to downtown Nashville. The airport service includes signage and a personal greeter at the airport baggage claim and assistance to the waiting car. Contact the Transportation Department at (615) 613-8617 for all bookings.

Cost (Limousine Service)

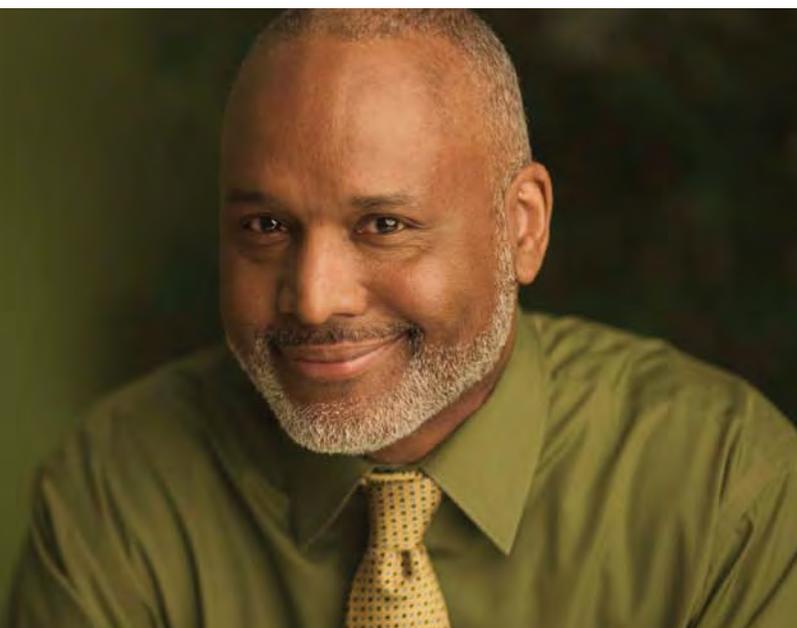
\$270 round-trip

\$135 one-way

**Taxi Information** – From the airport, the meter starts at \$7.00 and the rate is \$2.10 per mile. There is a flat rate of \$25.00 to the downtown area and the Opryland Hotel area, plus an additional passenger charge of \$1.00 when accompanying original passenger and proceeding to same destination.

**Hotel Parking** – Parking at Opryland Hotel is \$20 per day for overnight self-parking and \$26 per day for overnight valet parking. Guests with a handicapped placard or license plate may use valet parking for the self-parking price.

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## Workshop Abstracts

Get the most out of your conference experience

**WEDNESDAY, NOVEMBER 7, 2012**

7:00am – 9:00am

*SPECIAL TOPIC PRESENTATION – NO CE*

### **COURSE 1**

#### **Preparing for Examination for ABPP Board Certification in Clinical Neuropsychology: ABCN Policies and Procedures**

**LINUS BIELIAUSKAS, PH.D.**

**ANN ARBOR VA HEALTHCARE SYSTEM AND UNIVERSITY OF MICHIGAN HEALTH SYSTEM**

Specialty board certification in Clinical Neuropsychology through the American Board of Clinical Neuropsychology (ABCN) for all practicing and teaching clinical neuropsychologists is a major goal of the American Academy of Clinical Neuropsychology (AACN). This includes clinical neuropsychologists who work with children, as well as those who work with adults. This workshop is designed to familiarize the potential candidate with the policies and procedures of the ABCN examination and to provide advice on study and preparation. The history of the development of board certification is reviewed, current procedures are described, and the process of examination is explained. Hands-on practice with the kinds of questioning which may occur during different sections of the examination is available during the accompanying practical workshop for ABCN. Nevertheless, the extensive resources available for exam preparation through AACN will be described and access to them explained. At the end of this workshop, participants should be thoroughly familiar with the ABCN process and understand how to submit their credentials, prepare for the written examination, and become ready for submitting their work for peer review and examination.

9:00am – 12:00pm  
CE WORKSHOPS – 3 CE

## **COURSE 2**

### **Reasons for Symptom Validity Test Failure Other Than Malingering**

**DANIEL DRANE, PH.D.**

**EMORY UNIVERSITY SCHOOL OF MEDICINE**

**DAVID LORING, PH.D.**

**EMORY UNIVERSITY SCHOOL OF MEDICINE**

Factors contributing to symptom validity test (SVT) failure other than intentional response distortion are considered in this symposium. While most SVT research has focused on effort or volitional influences, there are multiple factors that may be associated with abnormal SVT performance. Studies have demonstrated various non-volitional factors associated with impaired SVT performance, including medications, even in healthy controls, psychological variables such as emotional or sexual trauma in patients with psychogenic nonepileptic seizures (PNES), and interictal or subclinical epileptiform discharges. Such factors are often underappreciated by neuropsychologists, which can result in erroneous clinical conclusions and obscure outcome data and overall research trends. We will present examples of poor SVT performance outside the context of volitional factors, and provide an overview of broader patient implications where these concerns are likely to exist. We will suggest approaches to recognize when abnormal SVT performance may reflect a non-volitional cause, which can sometimes involve a transient disruption of brain function. We will provide strategies for handling such data, and suggest some clinical situations in which poor SVT performance may yet provide clinicians with relevant localizing or lateralizing information. Upon completion of this workshop, participants will be better equipped to recognize non-volitional contributions to impaired SVT performance, maximize the use of neurocognitive data tainted by the noise of non-volitional factors, and be prepared to address these factors in formal neuropsychological reports.

As a result of attending this presentation, the participant will be able to:

1. Recognize non-volitional disruptions of neuropsychological testing when they occur, based on performance patterns across neurocognitive and SVT measures as well as consideration of clinical history.
2. Recognize that useful clinical data can be obtained even in assessments that might be invalid or impacted by transient disruptions of brain function.

3. Develop strategies for dealing with assessment results impacted by non-volitional factors and learn to incorporate these findings into a cohesive, informative report.

## **COURSE 3**

### **Pervasive Computing for Assessing Health & Functional Change**

**JEFFREY KAYE, M.D.**

**OREGON HEALTH & SCIENCE UNIVERSITY**

**KATHERINE WILD, PH.D.**

**OREGON HEALTH & SCIENCE UNIVERSITY**

Advances in pervasive, “everywhere” computing, increased emphasis on home-based care models, and awareness of limitations on current assessment approaches create the ingredients for envisioning a significant change in the way we assess health and function. This workshop will review the current limitations of assessments and present a framework for new ecologically valid and minimally intrusive assessment that ultimately can be integrated into the stream of life. This approach provides the opportunity to obtain real-time, real-world information about everyday function on a 24/7 basis. Examples from several ongoing longitudinal studies that have applied these pervasive computing approaches to assessment of health, cognition, function and life events will be presented. Importantly, the attitudes and beliefs of older adults and other key stakeholders with regard to the deployment of these technologies and the use of this data will be reviewed. Implications for the future of our national research and clinical enterprise going forward will conclude the workshop.

As a result of attending this presentation, the participant will be able to:

1. Describe the major shortcomings of current episodic assessments.
2. Outline new pervasive computing approaches to assessing everyday cognition, behavior and function.
3. List the perceived benefits and risks of continuous home-based assessment.
4. Apply these methods toward research and practice.

## **COURSE 4**

### **Bilingual Language and Cognition: Juggling Two Languages in One Mind and Brain**

**JUDITH F. KROLL, PH.D.**

**THE PENNSYLVANIA STATE UNIVERSITY**

Until recently, research on language and its neurocognitive interface focused almost exclusively on monolingual speakers

of a single language and typically speakers of English as the native language. In the past decade, the recognition that more of the world's speakers are bilingual than monolingual has led to a dramatic increase in research that assumes bilingualism as the norm rather than the exception. This new research investigates the way in which bilinguals negotiate the presence of two languages in a single mind and brain. It demonstrates that both of a bilingual's languages are always active and that the control required to enable fluent performance in one language alone has enduring consequences not only for language but for cognition more generally. A critical insight is that bilingualism provides a tool for examining aspects of the cognitive architecture that are otherwise obscured by the skill associated with native language performance. From this perspective, bilinguals are model subjects of study for cognitive scientists and cognitive neuroscientists who wish to identify constraints and plasticity in learning and the way in which competition is resolved across cognitive systems. In this workshop, we will overview this approach to bilingual language processing and consider the consequences that bilingualism holds for cognition and for neuropsychological assessment. We will consider a range of methods, including patient data, and take a comparative approach to bilingualism, which consider the implications of the different forms that bilingualism takes.

As a result of attending this presentation, the participant will be able to:

1. Review the state of research on bilingual language processing and its neural basis.
2. Consider the methods that have been used to reveal the way that two languages are represented and processed.
3. Examine the role that cognitive control mechanisms revealed by the research findings within the experimental literature may capture the findings within the literature on bilingual aphasia.

## **COURSE 5**

### **Pharmacotherapy for Promoting Cognitive Functioning and Optimal Outcome Following Traumatic Brain Injury and Stroke**

**WILLIAM N. SCHNEIDER, PH.D.**  
UNITY HEALTH SYSTEM

**MARY DOMBOVY, M.D.**  
UNITY HEALTH SYSTEM

Major advances in pharmacotherapy for enhancing cognitive functioning and outcome following brain injury and stroke have been made in the past three decades. In light of these

advances, the authors will provide a “state of the art” literature review covering both preclinical and clinical pharmacological interventions, and highlighting the role of psychostimulants, dopamine agonists, acetylcholinesterase inhibitors, NMDA antagonists, and antidepressants. Results of peer-reviewed studies conducted by the authors will be discussed, detailing the first double-blind placebo-controlled study of amantadine with Traumatic Brain Injury (TBI) patients. Recommendations for clinical pharmacotherapy trials will be presented. Case studies will be used to illustrate pharmacotherapy effects, with caveats regarding the use of pharmacotherapy and polypharmacy described. The importance of cognitive and other therapies concurrent with pharmacological interventions will be also reviewed. In addition to interventions for adult patients with TBI, consideration will be given to special situations such as pharmacotherapy with pediatric TBI and stroke patients with aphasia. The session will conclude with clinical recommendations and suggestions for further research, as well as discussion of case-specific questions provided by participants.

As a result of attending this presentation, the participant will be able to:

1. Describe specific beneficial cognitive effects of several classes of pharmacological agents employed following brain injury and stroke.
2. Identify several pharmacological agents that have been shown to be associated with adverse outcome following brain injury.
3. Discuss the benefits of combining specific pharmacological interventions with other therapeutic approaches such as cognitive therapy.

## **COURSE 6**

### **Clumsiness in the Neuropsychological Evaluation: Disorders of Motor Control**

**DAVID E. TUPPER, PH.D.**

**HENNEPIN COUNTY MEDICAL CENTER  
AND UNIVERSITY OF MINNESOTA MEDICAL  
SCHOOL**

Despite an insidious trend towards decreasing utilization, motor skills assessment remains a vital tool in the evaluation of individuals for their neurocognitive and functional capabilities. This workshop will discuss the importance of incorporating assessment of motor skills into a comprehensive neuropsychological evaluation. Presentation of neuromotor control issues such as associated movements, motor equivalence, variability, synergy, and self-regulation/inhibition will be covered. Quantitative and qualitative methods of assessing

motor skills will be reviewed, and the relationship between motor control and other higher cognitive capabilities will be emphasized for both children and adults with and without more obvious motor proficiency difficulties. Lessons to be learned from specific examples of individuals with problems in motor control and coordination will be provided. Neuropsychologists will be encouraged to reinvest in motor skills assessment as a regular component of comprehensive evaluations.

As a result of attending this presentation, the participant will be able to:

1. Describe the importance of motor skills assessment in the context of a comprehensive neuropsychological evaluation.
2. Discuss aspects of motor control, including associated movements, synergy, motor equivalence, and motor inhibition.
3. Utilize quantitative and qualitative motor assessment measures in working with individuals (children and adults) in their clinical practice.

12:00pm – 1:30pm

**STUDENT LUNCH**

*(Attendance is limited to students only)*

### **COURSE 7**

#### **Grantsmanship and Research Careers in Clinical Neuropsychology: A Guided Tour for Trainees**

**STEVEN PAUL WOODS, PSY.D.**

**UNIVERSITY OF CALIFORNIA SAN DIEGO**

**ERICA WEBER, M.S.**

**SDSU/UCSD JOINT DOCTORAL PROGRAM**

Clinical research is a cornerstone of the scientist-practitioner model of clinical neuropsychology, but the mechanics, motivations, and strategies involved in securing funding for one's research (i.e., grantsmanship) can be elusive for clinically-focused trainees. The aim of this session is to provide an overview of grantsmanship and research careers in clinical neuropsychology for predoctoral students. The presenters will draw from their own experiences to lead a discussion on: 1) the "dos and don'ts" of embarking on a clinical research career path; 2) the sources and mechanisms of grant funding available to trainees; and 3) pragmatic advice on grant writing.

1:30pm – 4:30pm

**CE WORKSHOPS – 3 CE**

### **COURSE 8**

#### **Preparing for Examination for ABCN/ABPP Board Certification in Clinical Neuropsychology: Hands-On Test Preparation**

**LINAS A. BIELIAUSKAS, PH.D.**

**UNIVERSITY OF MICHIGAN HEALTH CENTER,  
ANN ARBOR VA HEALTHCARE CENTER**

**DIANE HOWIESON, PH.D.**

**OREGON HEALTH & SCIENCE UNIVERSITY, C. REX  
AND RUTH H. LAYTON AGING & ALZHEIMER'S  
DISEASE CENTER**

This workshop is designed to provide hands-on practice with the kinds of questioning which may occur during different sections of the examination for board certification conducted by the American Board of Clinical Neuropsychology. Participants will have the opportunity to participate in, or observe, simulations of the Fact Finding (Case Finding) and Ethics/Professional Issues parts of the examination. *Participants are also encouraged to bring along a single clinical case report (without raw data), appropriately blinded, to be reviewed either during the examination or shortly afterward, and for which a brief evaluation will be provided.* At the end of this workshop, participants should be thoroughly familiar with the ABCN process and feel prepared to submit their credentials and work for peer review and examination.

As a result of attending this presentation, the participant will be able to:

1. Analyze critique of submitted work sample and analyze approaches to improve submission.
2. Practice participation in the fact-finding portion of the oral exam and employ techniques to aid with effective questioning of the examiner and formulation of diagnostic conclusions.
3. Practice participation in the ethics and professional issues portion of the oral exam and prepare for responding to examiner's questions.
4. List appropriate strategies to be ready for all parts of the oral examination.

**COURSE 9****Turning Evidence into Practice for your Patient's Benefit – The Method of Critically Appraised Topics**

STEPHEN C. BOWDEN, PH.D.

UNIVERSITY OF MELBOURNE

DAVID W. LORING, PH.D.

EMORY SCHOOL OF MEDICINE

One of the biggest challenges facing clinicians in this era of evidence-based practice is identifying high-quality information that is relevant to patient-oriented decision making and outcomes. While repositories of evidence are increasing (e.g., the Cochrane Collaboration, [www.cochrane.org](http://www.cochrane.org)), many clinical questions are not addressed by these resources. The method of Critically Appraised Topics (CATs) has been developed to assist clinicians to evaluate published studies for methods quality and patient relevance. CATs can be used to assist analysis of published 1) systematic reviews, 2) treatment or 3) diagnostic studies, and are increasingly being taught as part of medical education. The technique provides clinicians with a guided structure to evaluate published studies and, if appropriate quality criteria are satisfied, help establish the practical impact of research findings for specific patients or for patient groups. CATs utilize online resources and structured worksheets to interpret published evidence for patient application in a time efficient manner. In this workshop, the rationale and content of CATs will be described. Participants will be given detailed guidance to work through CAT examples and shown how to calculate practical impact statistics such as diagnostic likelihood ratios, risk reduction and number-needed-to-treat. The importance of integrating research evidence with specific patient needs and preferences is a primary motivating factor for developing CATs.

As a result of attending this presentation, the participant will be able to:

1. Identify source criteria for a high-quality diagnostic or treatment study.
2. Explain the difference between statistical significance and practical impact.
3. Recognize the importance of integrating high-quality evidence with individual patient needs and preferences.

**COURSE 10****Neuropsychological Assessment and the Paradox of ADHD**

LEONARD F. KOZIOL, PSY.D.

PRIVATE PRACTICE

The past three decades of neuroimaging research present overwhelming evidence that ADHD symptoms are a manifestation of abnormally functioning brain circuitry. Despite the fact that neuropsychological tests have typically been used successfully as “probes” to investigate the functional neuroanatomy of ADHD in these research paradigms, these tests have been of surprisingly limited utility in the clinical diagnosis of the disorder. This presentation examines this paradox by reviewing the characteristics of DSM diagnosis versus neuropsychological nomenclature, by reviewing the assumptions about etiologies for ADHD, and by demonstrating how an emerging dimensional approach to diagnostic assessment can be combined with large-scale brain network studies to enhance the role of neuropsychological evaluation within clinical settings. Cortico-cortical, cortico-striatal, and cerebro-cerebellar functional network connectivity profiles will be reviewed and critically examined. This selective topical review is intended to arm practicing neuropsychologists with knowledge of new ideas and theories related to the causes of ADHD, and to provide clinicians with methodologies for neuropsychological assessment. As such, this will prepare clinical practitioners for meaningful advances in understanding and assessing the disorders that are possible over the next decade, including the possibility of establishing neuropsychologically-based subtypes of ADHD.

As a result of attending this presentation, the participant will be able to:

1. Explain at least three reasons why neuropsychological tests currently play a limited role in the diagnosis of ADHD.
2. Describe the absence of a “smoking gun” brain region whose dysfunction causes ADHD and why it is no longer appropriate to think of ADHD as a “frontal lobe” disorder.
3. Define and describe cortico-striatal and cerebro-cerebellar circuitry profiles and how these systems appear to interact with the functional connectivity of large brain networks in generating the symptoms of ADHD.
4. Explain ADHD from a dimensional, symptomatic perspective, and the manner in which multiple neural network dynamics are associated with seemingly “dimensional” cognitions and behaviors.

## **COURSE 11** **Ethical Considerations in Cross-Cultural Assessment**

**VALERIE MASTEN HOESE, PH.D.**  
**ORLANDO VETERANS AFFAIRS MEDICAL CENTER**

**TEDD JUDD, PH.D.**  
**INDEPENDENT PRACTICE**

**TONY L. STRICKLAND, M.S., PH.D.**  
**SPORTS CONCUSSION INSTITUTE AND DAVID**  
**GEFFEN SCHOOL OF MEDICINE UCLA**

A critical consideration in neuropsychological evaluations is the potential impact of language, ethnicity, and culture. When there is a mismatch among the language and/or culture of the examiner, examinee, tests, and norms, there is increased risk of inaccurate findings. Such inaccuracy may result from lack of knowledge of each other's language and culture, differing communication styles, poor rapport, differing presuppositions regarding test expectations, inappropriate item content, and differential prior exposure to test material. Nevertheless, it may also reflect substantive differences in educational quality, genuine discrepancies in certain cognitive aptitudes, and other non-artifactual influences. Given that neuropsychologists (NPs) attempt to gather information that is most valid to the referral questions, it is essential that NPs are knowledgeable about diversity issues and practices. APA's Ethical Principles of Psychologists and Code of Conduct (2010) and Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists (2002) offer guidance. These and other pivotal documents will be used to create a framework for consideration of the ethical practice of neuropsychology, as well as application of psychological skills that integrate a focus on the examinee based on his or her cultural context.

As a result of attending this presentation, the participant will be able to:

1. Describe valid assessment approaches for individuals from diverse ethnic, cultural and linguistic backgrounds, including consideration of when and how to refer out.
2. Identify strategies to discern and incorporate examinees' broad cultural background (including linguistic, immigration and acculturation influences), in the provision of neuropsychological services.
3. Identify the ethical concerns regarding the use of assessment tools that are not standardized or normed on ethnic/racially diverse populations.

4. Identify appropriate use of interpreters/translators in cross-cultural assessment and ethical issues surrounding use of family, friends, and non-certified interpreters.

## **COURSE 12** **The Rational/Irrational Use of Psychoactive Drugs in Cognitively Impaired Persons**

**MYRON F. WEINER, M.D.**  
**UT SOUTHWESTERN MEDICAL CENTER**

This presentation will cover the most commonly employed psychoactive drugs encountered by neuropsychologists, their uses, and their side effects and their impact on cognition in persons with cognitive impairment. Despite the commonly expressed view that behavioral/emotional symptoms of cognitively impaired persons should be treated first by behavioral means and only later with drugs, exhausted caregivers understandably want a treatment that does not demand additional work, and it is often them we are treating when prescribing for their loved ones. Although there is no FDA-approved drug for behavioral/emotional symptoms in cognitively impaired persons, major depressive symptoms are conventionally treated with antidepressants, anxiety states with anxiolytics, and psychotic symptoms with antipsychotic drugs. The bulk of behavioral/emotional symptoms are treated "off label" with a variety of symptomatic drugs whose mechanism of action in these persons is unclear. These include antidepressants, mood stabilizers, antipsychotics, anxiolytics, hypnotics, beta blockers and antiandrogens, with highly variable effectiveness. FDA-approved psychoactive drugs are also used for cognitive enhancement. Present-day cognitive enhancers are modestly effective and act by blocking the reuptake of acetylcholine in the synapse or by making neurons less vulnerable to the excitatory action of glutamate.

As a result of attending this presentation, the participant will be able to:

1. Describe the role of cognitive enhancers.
2. Describe the role of psychotropic drugs in the management of cognitively impaired persons.
3. Recognize the limitations of psychotropic drugs for behavioral/emotional symptoms in cognitively impaired persons.
4. Recognize side effects and neuropsychological impact of these drugs.

5:00pm – 5:15pm

**OPENING WELCOME**

5:15pm – 6:15pm

**PRESIDENTIAL ADDRESS****ROBIN HILSABECK, PH.D.****THE UNIVERSITY OF TEXAS HEALTH SCIENCE  
CENTER AT SAN ANTONIO**

6:15pm – 7:00pm

**NAN BUSINESS MEETING**

7:30pm – 9:30pm

**WOMEN IN LEADERSHIP NETWORKING EVENT**

This year's NAN Women in Leadership Committee's Annual Networking Event will feature speaker Pauline M. Maki, Ph.D., Professor of Psychiatry and Psychology and Director of Women's Mental Health Research at the University of Illinois at Chicago. Dr. Maki has a longstanding interest in the effects of sex hormones and phytoestrogens on cognition, brain function, and psychological wellbeing in young, midlife and elderly women, and will speak on "How Estrogen Affects Our Brain and Careers." Held at the Gaylord Opryland Resort, the event will feature networking opportunities and light refreshments. Purchase your tickets early as space is limited!

## **THURSDAY, NOVEMBER 8, 2012**

8:30am – 11:30am

**CE WORKSHOPS – 3 CE**

### **COURSE 13**

#### **The Quest for Continuous Measurement of Response Bias: Selection and Use of Multiple Symptom Validity Measures**

**KYLE BRAUER BOONE, PH.D.****ALLIANT INTERNATIONAL UNIVERSITY**

Recent clinical practice recommendations indicate that symptom validity tests (SVTs) are to be interspersed throughout a neuropsychological exam (National Academy of Neuropsychology; Bush et al., 2005), and that both free-standing and embedded measures of response bias should be relied upon in determination of adequacy of effort (American Academy

of Clinical Neuropsychology; Heilbronner et al., 2009). This workshop will outline considerations in selection of SVTs, and compare sensitivity rates across the various symptom validity measures. Available embedded SVTs will be described, followed by a discussion regarding how the information they provide compliments that from dedicated SVTs. The workshop will conclude with recommendations as to how to appropriately interpret data from multiple SVTs in combination, accompanied by illustrative case examples.

As a result of attending this presentation, the participant will be able to:

1. Describe considerations in the selection of SVTs.
2. List several embedded SVTs, along with their relative effectiveness in identifying symptom invalidity.
3. Competently interpret data from multiple SVTs in case examples.

### **COURSE 14**

#### **Spina Bifida: Gene, Brain, and Behavior Over the Lifespan**

**MAUREEN DENNIS, PH.D.****THE HOSPITAL FOR SICK CHILDREN,  
UNIVERSITY OF TORONTO**

Spina bifida is a complex neurodevelopmental disorder with distinct profiles of gene, brain, and behavior. This presentation discusses the history of spina bifida, reviews current research on cognitive and educational outcomes in this condition, and relates them to anomalies of gene and brain. The cognitive-educational profile of spina bifida in the school age years emerges from atypical development in infancy and toddlerhood, and continues to shape adult outcome, which involves not only persisting challenges originating in childhood but also new challenges emerging in adult life. Spina bifida is unlike any other neurodevelopmental disorder, and we will discuss the implications of these unique genetic, brain, and behavioral profiles for clinical assessment, education, quality of life, and independence.

As a result of attending this presentation, the participant will be able to:

1. Describe the genetic, brain, and behavioral profiles of spina bifida.
2. Compare profiles in preschoolers, school age children, and young adults.
3. Identify the implications of these profiles for clinical assessment, education, quality of life, and independence.

**COURSE 15****The Neurologic Examination: Neuroanatomic Localization and Application for Common Pathologies Evaluated by the Neuropsychologist**

LOLA MORGAN, M.D.

UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER  
SAN ANTONIO, UNIVERSITY HOSPITAL

The course is designed to review key elements of the neurologic examination with emphasis on significance of findings and relevance in the clinical setting. The traditional examination consists of an evaluation of mental status, cranial nerves, motor, reflexes, sensory, cerebellar, and gait. The course will detail each component to build the practicing neuropsychologist's repertoire of testing and knowledge for a complete assessment of the patient. The attendees will be able to assimilate the components and assign a neuroanatomic localization for findings. In addition, review of common disease states evaluated by the neuropsychologist will be addressed in the context of the neurologic examination. Specifically, neurodegenerative, vascular, traumatic brain injury, epilepsy and psychosomatic disease will be discussed in the setting of expected neurologic manifestations.

As a result of attending this presentation, the participant will be able to:

1. Integrate the neurologic examination and interpret the significance of components.
2. Localize the neuroanatomic origin of abnormal and normal findings.
3. Organize clinical findings important to disease processes of neurodegenerative, vascular, traumatic brain injury, epilepsy and psychosomatic conditions.

**COURSE 16****An Exploration of the Long Term Effects of Delirium, Critical Illness and Intensive Care Unit (ICU) Treatment on Cognition Functioning: What We Know and What We Need to Know**

JAMES C. JACKSON, PSY.D.

VANDERBILT UNIVERSITY SCHOOL OF MEDICINE

Over the last decade, increasing attention has been paid to the adverse and long-term consequences of medically and surgically related critical illness on brain functioning, although this topic remains little studied both inside and outside of the neuropsychological community. Numerous recent investigations have demonstrated that as many as 1 in 2 survivors of intensive care may suffer from new cognitive impairment,

typically of a severity that impacts daily functional ability. In some instances, this newly observed impairment improves, though rarely to baseline levels. Reasons for cognitive impairment following critical illness are unclear but are thought to be due to the effects of wide-ranging syndromes and conditions such as delirium (which occurs in up to 80% of ICU patients) and sepsis, a prototypic disease of inflammation, among others. As they are rarely viewed as "brain injured" patients by their medical providers, survivors of critical illness are rarely referred for neuropsychological evaluations or rehabilitation, though preliminary evidence suggests that cognitive rehabilitation may be effective. As critical illness associated cognitive impairment represents a significant unrecognized public health problem, it would behoove neuropsychologists to learn about and clinically engage patients with this serious condition.

As a result of attending this presentation, the participant will be able to:

1. Rapidly identify delirium in ICU patients using validated instruments.
2. Describe the risk factors, including ICU delirium, that contribute to adverse cognitive outcomes following critical illness.
3. Describe the phenomenon of cognitive impairment in survivors of critical illness, including the characteristic features of this condition.
4. Clinically engage survivors of critical illness with increased knowledge and specificity in the context of neuropsychological testing, assessment, and consultation.

**COURSE 17****Neuroscience of Alcohol and Other Substance Abuse**

RALPH E. TARTER, PH.D.

CENTER FOR EDUCATION AND DRUG ABUSE  
RESEARCH, UNIVERSITY OF PITTSBURGH

This workshop consists of three sections.

Part 1, focusing on the concept of liability to addiction, reviews the neurobehavioral empirical literature pertaining to children and adolescents who are at high risk for addiction. The cardinal liability phenotype, psychological dysregulation, is discussed in relation to the interaction between biobehavioral vulnerability interacting with environmental (family, peer, neighborhood) context. This aspect of the workshop concludes with a discussion of a) instrumentation for determining severity of addiction risk and b) current research/practice in prevention.

Part 2 addresses the neurological and psychological sequelae of chronic substance abuse. The various addiction syndromes are considered in relation to anatomy, physiology and clinical manifestations. Emphasis is given to the role of co-occurring medical diseases nutritional disorders, psychiatric disorders, trauma, and stress mechanisms on neuropsychological functioning.

Part 3 integrates the neuropsychological antecedents and consequences of addiction within an ontogenetic perspective spanning the intrauterine period to old age. Emphasis is given to neurobiological development during the adolescent period and substance use among the elderly.

At the conclusion of the workshop, the participants will become familiar with and be prepared to conduct evaluations that reflect understanding of the complex and heterogeneous array of cognitive, emotional and behavioral disturbances that precede and ensue from habitual substance abuse, as well as identify opportunities to spearhead innovative prevention and rehabilitation from the neuropsychological perspective.

As a result of attending this presentation, the participant will be able to:

1. Identify youths at high risk for addiction.
2. Evaluate and accurately interpret neuropsychological test results of substance abusers.
3. Tailor neuropsychological assessment to the client's age and stage of substance involvement.

8:30am – 10:00am

**STUDENT/TRAINEE TRACK**

*(Attendance is limited to students, interns, & post-docs only)*

### **COURSE 18**

#### **Introduction to Pediatric Neuropsychology**

**TARA V. SPEVACK, PH.D.**

**INDEPENDENT PRACTICE**

This course is designed for trainees with limited exposure to pediatric neuropsychology and will provide a practical, clinically-focused introduction to the field. Topics will include: (1) core principles of brain-behavior development; (2) central tenets of assessment, case conceptualization, and intervention using a developmental approach; (3) techniques for optimizing child participation during the evaluation; and (4) communication of results and recommendations through the feedback session and written report. The course will conclude with an informal question-and-answer session that emphasizes training and professional development issues unique to pediatric neuropsychology.

10:00am – 11:30am

**STUDENT/TRAINEE TRACK**

*(Attendance is limited to students, interns, & post-docs only)*

### **COURSE 19**

#### **Sports Neuropsychology: From Dings to Dementia**

**JEFFREY T. BARTH, PH.D.**

**UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE**

Sports Neuropsychology is a new subspecialty within Neuropsychology which has gained prominence through popular press headlines, a proliferation of industry and Department of Defense concussion research, the formation of the Sports Neuropsychology Society, and state mandated concussion education programs. This seminar will begin with an historical account of the discovery of the silent epidemic of mild head injury in clinical populations and the subsequent rationale for studying sports concussions. We will explore the defining characteristics and assessment of concussions, typical recovery curves, and the research and consensus conferences which have helped to formulate return-to-play guidelines. Individual vulnerability and risk factors for poor recovery will be discussed, along with the possible neurodegenerative effects of multiple concussive and sub-concussive injuries. Finally, the similarities and differences between sports and combat concussions will be explored.

1:30pm – 3:30pm

**SPECIAL TOPIC PRESENTATIONS – NO CE**

### **COURSE 20**

#### **Pediatric Grand Rounds**

**PHILIP FASTENAU, PH.D.**

**CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE**

**RENEE LAJINESS-O'NEILL, PH.D.**

**UNIVERSITY OF MICHIGAN SCHOOL OF MEDICINE**

Neuropsychological evaluation and intervention with children necessitates knowledge of the developing central nervous system as well as an understanding of potential sequelae of developmental disorders, brain disease, and traumatic injury. Another critical component is the choice of valid assessment instruments for children and adolescents. Pediatric Grand Rounds is an annual Special Topics Presentation designed to provide information about these components of assessment via the format of case studies. These cases were

selected to represent varied neuropsychological issues, and presentations will be followed by an opportunity for questions and discussion.

## **COURSE 21**

### **Adult Grand Rounds**

**RICHARD I. NAUGLE, PH.D.**

**CLEVELAND CLINIC FOUNDATION**

**MIKE R. SCHOENBERG, PH.D.**

**UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE**

**SID O'BRYANT, PH.D.**

**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER**

**CLEA EVANS, PH.D.**

**METHODIST REHABILITATION CENTER**

This symposium involves a review of significant clinical cases from neuropsychologists' practices. This year's cases include an active duty service member who demonstrated an uncommon visual disturbance following a penetrating head injury, a small series of cases that demonstrate the role of the cerebellum in higher cognitive functioning and affect, and a 36 year old female who suffered a lightning strike. Neuropsychological examination data, relevant medical and laboratory findings, and, when available, neuroimaging results will be presented. Follow-up data may also be included. In their presentations, speakers will provide patients' histories, information regarding the natural histories of disease entities, and the clinical significance of their cases. Drs. Sid O'Bryant, Clea Evans, and Michael Schoenberg will serve as discussants and will elaborate on speakers' comments and make references to relevant literature. Audience members will be invited to comment and ask questions of presenters and discussants.

## **COURSE 22**

### **The American Board of Professional Neuropsychology: Preparation for Application, Work Sample Submission, and Examination**

**MICHAEL RAYMOND, PH.D.**

**JOHN HEINZ INSTITUTE OF REHABILITATION MEDICINE**

**GEOFFREY KANTER, PH.D.**

**PRIVATE PRACTICE**

**JOHN E. MEYERS, PSY.D.**

**PRIVATE PRACTICE**

**JOHN KNIPPA, PH.D.**

**PRIVATE PRACTICE**

The American Board of Professional Neuropsychology (ABN) is dedicated to the pursuit of excellence in the practice of applied neuropsychology. Incorporated in 1982, ABN has developed a background review and examination process that evaluates competency with the field of applied neuropsychology. This special topic presentation will focus on the application, work sample submissions, and the examination process for diplomate status in ABN. Recent changes to the application submission procedure, the examination process, and the development of examination in specialty practice areas will be discussed. The format for the special topic presentation will include formal presentations as well as the opportunity for questions and answers. A reading list and relevant preparation materials will be distributed to attendees. Recent acceptance of ABN status listing by the National Register and other organizational development enhancements will be described.

## **COURSE 23**

### **Legislative Action and Advocacy Committee: Introduction to Advocacy and an Update on Committee Activities. Time to Get Involved.**

**LAURA HOWE, J.D., PH.D.**

**VA PALO ALTO HEALTH CARE SYSTEM**

**BETH CAILLOUET, PH.D.**

**WESTERN STATE HOSPITAL**

**SHELLEY H.K. HOWELL, PH.D., J.D.**

**PGSP-STANFORD CONSORTIUM AT PALO ALTO UNIVERSITY**

**JOANNE R. FESTA, PH.D.**

**ST. LUKE'S-ROOSEVELT HOSPITALS**

Now is a time of great change in healthcare. Multiple disciplines and specialties are fighting for the same limited resources. Scope of practice is being defined and in some cases threatened. Neuropsychologists need to have a say in how laws, regulations, and changes are crafted and implemented if we want to continue to be a viable and thriving specialty. It is critically important that individual neuropsychologists become involved to increase the awareness, utilization, and applicability of neuropsychological services on the micro, macro, and meta levels. NAN recognized the need for the

development of a group to address the legislative needs of membership and created the Legislative Action and Advocacy Committee (LAAC) in 2008. The LAAC is dedicated to working toward the needs of NAN membership in areas of advocacy and legislation, both preventively as well as reactively. We will review the importance and basics of advocacy including potential roadblocks that sometimes inhibit individual's involvement. We will also review the current and proposed LAAC activities. LAAC would like to reach out to membership to work with them regarding areas impacting their state and practice. The overall goal is to educate individuals and aid neuropsychologists in preparing to join the advocacy process.

## **COURSE 24**

### **The Role of Stereotype Threat and Neuropsychological Test Performance: Not as Simple as Black and White**

APRIL THAMES, PH.D.

UNIVERSITY OF CALIFORNIA LOS ANGELES

DESIREE BYRD, PH.D.

MOUNT SINAI SCHOOL OF MEDICINE

GAIL WYATT, PH.D.

UNIVERSITY OF CALIFORNIA LOS ANGELES

CHARLES HINKIN, PH.D.

UNIVERSITY OF CALIFORNIA LOS ANGELES

While neuropsychological testing is critical to the diagnosis of neurocognitive disorders, concerns have been raised about the validity of neuropsychological testing among certain ethnic minority groups. Studies show that African Americans underperform on standard neuropsychological measures compared to Whites; however, this is typically more likely to result from disadvantaged social conditions rather than actual CNS dysfunction. One factor, stereotype threat, has been consistently found to account for some of the performance discrepancies on IQ testing among populations who would otherwise be expected to perform similarly. Stereotype threat negatively affects minorities when placed in a position where they become hyper-aware that their performance could be judged as confirming the very stereotype they wish to avoid. The pressure to not conform to the stereotype creates anxiety, which in turn adversely affects performance. In this Special Topics presentation, we review prior literature on stereotype threat and discuss data findings from a *pilot study funded through the National Academy of Neuropsychology Clinical Research Grants program* that examined the role of stereotype threat, perceived level of discrimination, and

examinee-examiner racial discordance on neuropsychological test performance in a sample of African American (n = 50) and Caucasian participants (n = 52). Our results partially support the effects of stereotype threat on neuropsychological performance among African Americans. In particular, the adverse effects of stereotype threat are mediated by perceived level of discrimination and examiner race. This Special Topics presentation is particularly relevant for clinicians working with racially/ethnically diverse individuals, and extends the existing knowledge base on sources of performance discrepancies among minorities.

1:30pm – 3:30pm

TEST WORKSHOP – 2 CE

## **COURSE 25**

### **Nonverbal Assessment of Cognitive, Attention, Memory, and Stroop Processes: Leiter-3**

GALE H. ROID, PH.D.

WARNER PACIFIC COLLEGE

CHRISTOPHER KOCH, PH.D.

GEORGE FOX UNIVERSITY

Nonverbal tests that do not require expressive or receptive English language directions and responses are now needed more often in serving the increasingly multi-cultural population. Instead of written or spoken English directions and English-language responses, instruments such as the Leiter International Performance Scale—Revised (Leiter-R) published by Stoelting (Roid & Miller, 1997) employ pantomime, gesture, and pictorial directions for the examiner and pointing, marking, or moving objects (blocks or cards) for examinee responses. Clinical cases including hearing impairment, elective mutism, speech difficulties, and autism are often more accurately assessed with nonverbal measures (Roid, 2003). The forthcoming (Spring, 2013) third edition of the Leiter (Leiter-3) will be the focus of the workshop, with administration and scoring procedures, demonstrations of materials, and case studies shown. The Leiter-3 includes cognitive subtests (Fluid Reasoning and Visual-Spatial) and 5 Diagnostic subtests (Sustained and Divided Attention, Forward and Reverse Memory (see reliability table), and Stroop Effect—all in nonverbal mode). Data from national standardization and validity studies will be presented based on 1,343 cases collected nationwide as of April, 2012. The samples include 946 typical (normative) cases, 101 Attention Deficit (ADHD), 58 Autism Spectrum Disorder (ASD), and 44 Learning Disability (LD) cases, as well as Deafness, Intellectual Deficiency, and other clinical and non-English cases.

As a result of attending this presentation, the participant will be able to:

1. Utilize skills in the administration and scoring of the non-verbal Leiter-3 test battery and increased commitment to employ nonverbal measures in certain cases within their clinical practice.
2. Acquire knowledge and skills in interpreting test score differences in the nonverbal battery and among various clinical disorders using analysis of standardized score profiles and observations.
3. Describe knowledge of adaptations or accommodations needed in the assessment of various clinical groups (e.g., ASD and Deafness) and the psychometric characteristics of the Leiter-3 compared to other nonverbal tests.

5:00pm – 6:00pm  
KEYNOTE ADDRESS – 1 CE

Sponsored by:



**COURSE 26**  
**Medicine, Brain, and Behavior:**  
**Neuropsychology's New Frontier**

IGOR GRANT, M.D.

UNIVERSITY OF CALIFORNIA SAN DIEGO

Neuropsychology's emergence as a mature clinical and scientific discipline owes much to its roots in systematic observations of brain-behavior relationships on the one hand, and psychometrics, on the other. The confluence of these themes has allowed neuropsychology to flourish in areas such as the evaluation and management of persons with neurologic and psychiatric diagnosis. More recent emergence of understanding that neurocognitive abilities are also altered in many systemic and infectious processes brings new opportunities and challenges to the doorsteps of clinical neuropsychologists. In particular, neuropsychology can make valuable contributions to understanding how processes such as systemic inflammation can affect brain function, and how drugs of abuse may interact with systemic disease to produce reversible or permanent brain injury. With neurocognitive and everyday function endpoints being increasingly recognized as important outcomes of medical treatment, neuropsychology needs to position itself as the go-to purveyors of valid and reliable

tools in monitoring brain involvement in these challenging populations.

As a result of attending this presentation, the participant will be able to:

1. Explain the emerging implications of neurocognitive disorders in general medical conditions.
2. Describe the potential scientific and clinical contributions that neuropsychology can make in the diagnosis and treatment of neurocognitive disorders due to general medical conditions.

**FRIDAY, NOVEMBER 9, 2012**

8:30am – 11:30am  
CE WORKSHOPS – 3 CE

**COURSE 27**  
**Mild Cognitive Impairment:**  
**Treatment after Diagnosis**

MELANIE GREENAWAY, PH.D.

EMORY UNIVERSITY SCHOOL OF MEDICINE

Patients diagnosed with Mild Cognitive Impairment (MCI), like others with potentially chronic, progressive medical disease, seek the best therapeutic treatments to maximize quality of life and minimize disease burden. The absence of meaningful disease altering medical interventions for MCI has been a source of frustration for patients and health care providers alike. Neuropsychologists have been at the forefront of developing behavioral treatment interventions for MCI. There is growing evidence that behavioral interventions such as cognitive training, compensatory strategies, and education/support groups are beneficial not only to patients, but also their partners. These interventions are being adopted both at specialty memory disorders clinics and by interested private practitioners. Controversies associated with the most current diagnostic criteria for MCI as detailed by Albert, et al. in 2011 will be discussed. The variability in standards of general clinical care for MCI patients will be presented and the benefits and limitations of these approaches to clinical management will be critiqued. Behavioral interventions in MCI that have been demonstrated to be effective in MCI management will be discussed in detail, and multi-disciplinary approaches in which neuropsychology is the primary treatment component will be highlighted.

As a result of attending this presentation, the participant will be able to:

1. Describe the current diagnostic criteria for MCI and their use in clinical evaluations.
2. Identify the pros and cons of current standards of care for MCI.
3. Assess the current evidence for the efficacy of behavioral interventions in MCI, and consider how neuropsychologists may implement some of these techniques or incorporate appropriate referrals in their own practice.

## **COURSE 28**

### **Sleep Disorders Medicine: An Update on Sleep Diagnostics and Therapeutics for the Clinical Neuropsychologist**

**PAUL T. INGMUNDSON, PH.D.**

**SOUTH TEXAS VETERANS HEALTH CARE SYSTEM,  
AND UNIVERSITY OF TEXAS HEALTH SCIENCE  
CENTER AT SAN ANTONIO**

Sleep disorders are high prevalence conditions, and untreated sleep disorders may cause significant impairments in attention, concentration, and emotional stability. Most sleep disorders are treatable, and effective treatment may have profound effects on adaptive functioning and quality of life. Undetected sleep disorders in childhood may result in impairments in memory and concentration that mimic attention deficit disorder, and unrecognized sleep disorders in adults may induce or exacerbate functional impairments. Untreated sleep disorders can also increase the risk for cardiovascular disorders and many other health problems.

This workshop will provide an overview of the sleep disorders, with an update on new approaches to diagnosis and new modalities of treatment. Special attention will be given to ways in which sleep disorders effect neuropsychological test performance. Attendees of this workshop will be provided with tools and techniques for detecting sleep disorders, approaches to making effective referrals, and strategies for educating patients about the importance of healthy sleep. Participants will also be introduced to the field of behavioral sleep medicine, a rapidly developing psychology subspecialty. Clinical neuropsychologists can play an important role in informing both patients and referral sources about the importance of healthy sleep, new, cost-effective approaches to assessment, and innovations in treatments.

As a result of attending this presentation, the participant will be able to:

1. Identify the signs and symptoms of the most common sleep disorders, including insomnia, restless legs syndrome, and obstructive sleep apnea, as well as sleep disorders that may present in the context of neurodegenerative disease, such as REM sleep behavior disorder.
2. Describe current approaches to sleep diagnostics, including questionnaires and actigraphy, as well as home- and laboratory-based sleep studies.
3. Identify current approaches to treatment for insomnia, restless leg syndrome, and obstructive sleep apnea.
4. Identify ways in which clinical neuropsychologists can monitor and facilitate adherence with sleep therapies and improve treatment outcomes.

## **COURSE 29**

### **Evaluating and Managing Pediatric Mild TBI from Injury through Recovery: The Science, Clinical Practicalities, and Controversies**

**MICHAEL W. KIRKWOOD, PH.D.**

**CHILDREN'S HOSPITAL COLORADO & UNIVERSITY  
OF COLORADO SCHOOL OF MEDICINE**

Concussion and other types of mild traumatic brain injuries occur frequently in pediatric populations. The goal of this workshop is to review the multiple roles a pediatric neuropsychologist can play in evaluating and managing these injuries. To date, little well-controlled research has focused on mild TBI management in younger populations. However, indirect evidence from multiple scientific sources is available to help empirically drive clinical care with children and adolescents. Recent research relevant to understanding the natural history of mild TBI will be reviewed, as will work important for developing appropriate assessment batteries and treatment recommendations. The workshop will present a framework for evaluating and managing pediatric mild TBI at multiple levels (e.g., child, family, school, sports), organized by time post-injury. Particular attention will be paid to clinical application and case examples. Several current controversies in the area will also be discussed (e.g., when to recommend retirement for a young athlete, the value of "baseline testing" in child athletes, the role of symptom/performance validity tests in pediatric assessment). Suggestions will also be provided for starting up or operating a youth concussion program.

As a result of attending this presentation, the participant will be able to:

1. Explain recent research relevant to understanding the natural history of pediatric mild TBI and to developing scientifically informed evaluation and treatment approaches.
2. Describe a framework for clinically evaluating and managing mild TBI in pediatric populations, organized by time post-injury.
3. Apply this framework clinically through the use of case data.

### **COURSE 30**

#### **Essential Clinical Neuroanatomy**

**GREGORY P. LEE, PH.D.**

**GEORGIA HEALTH SCIENCES UNIVERSITY**

This workshop will examine the fundamental components of neuroanatomy by reviewing the major motor tracts, somatosensory pathways, and selected central brain structures including the cranium, ventricles, meninges, and cerebral vasculature and review their clinical relevance. The workshop will begin by describing the anatomy of the motor systems including the motor cortex, somatotopic organization, basic anatomy of the spinal cord, spinal cord and cerebral blood supply, and the lateral and medial corticospinal tracts. The motor clinical concepts will include upper versus lower motor neuron lesions and review of weakness patterns and localization. Next the basic anatomy of the somatosensory pathways will be detailed include the dorsal columns-medial lemniscal pathway, spinothalamic tract and other anterolateral pathways, somatosensory cortex, and thalamus. The somatosensory clinical concepts will include spinal cord lesion patterns and localization and key spinal cord syndromes. The final portion of the workshop will review the anatomy of the skull, meninges, ventricles, cerebrospinal fluid circulation, and related blood vessels, and the clinical topics will include intracranial mass lesions, elevated intracranial pressure, brain herniation, head trauma, intracranial hemorrhage, hydrocephalus, and brain tumors. Each section will conclude with an exemplary case study to help solidify the important neuroanatomical relationships examined.

As a result of attending this presentation, the participant will be able to:

1. Describe the basic anatomy of the corticospinal tract, other motor pathways, and spinal cord and relate these to patterns of weakness and localization.
2. Describe the dorsal column-medial lemniscal pathway, spinothalamic tract and other anterolateral pathways,

somatosensory cortex, and the thalamus and apply these neuroanatomical essentials to somatosensory lesion patterns and localization.

3. Identify the structure and relative location of the ventricles and meninges and compare and contrast the primary clinical conditions associated with their pathology including increased intracranial pressure, herniation syndromes, tumors, and hydrocephalus.

### **COURSE 31**

#### **Advanced Reimbursement Issues - 2012 Update: Professional Affairs and Information Committee (PAIC)**

**DISCUSSANTS:**

**TIMOTHY F. WYNKOOP, PH.D.**

**PRIVATE PRACTICE AND UNIVERSITY OF TOLEDO MEDICAL CAMPUS**

**JENNIFER MORGAN, PSY.D.**

**NEUROPSYCHOLOGICAL SERVICES OF VIRGINIA, INC.**

**BRENDA AUSTIN, PH.D.**

**LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER**

**TRESA ROEBUCK SPENCER, PH.D.**

**UNIVERSITY OF OKLAHOMA**

#### **AND PAIC COMMITTEE**

This advanced interactive workshop will address neuropsychologists' interactions with health insurance companies with a focus on responsible and ethical care of patients in the context of increasingly complex industry reimbursement policies. Attendees will learn strategies to streamline the process of obtaining authorization for medically necessary patient care and to receive payment for services rendered. The presentation will begin with an update from the PAIC regarding lessons learned over the past year from interacting with health insurance companies (in our own practices and in our service to the NAN membership). Representatives from United Behavioral Health/United Healthcare (UBH/UHC) and CIGNA will also provide updates on their authorization and reimbursement policies and procedures including empirically driven outcomes. National and regional advocacy efforts by neuropsychologists on the individual and organizational level will be reviewed and discussed, as well as alternative reimbursement options such as physician's associations. The session is meant to be interactive throughout, and will culmi-

nate in a PAIC panel discussion to address questions from the audience regarding patient care and advanced reimbursement issues. Where possible, this panel will project ahead to implications of the recently enacted health care legislation, as well as other timely issues, in an attempt to identify and suggest solutions for specific challenges facing neuropsychologists.

As a result of attending this presentation, the participant will be able to:

1. Learn strategies to streamline the process of obtaining authorization for patient care and to receive payment for services rendered.
2. Receive updates on insurance industry authorization and reimbursement policies and procedures.
3. Demonstrate the value of neuropsychological evaluation to health insurers.
4. Identify and be able to implement professional advocacy strategies in their regions.

8:30am – 10:00am

**STUDENT/TRAINEE TRACK**

*(Attendance is limited to students, interns, & post-docs only)*

### **COURSE 32**

#### **Preparing for the Next Stage: Advice from Peer Mentors**

**DONNA K. BROSHEK, PH.D.**

**UNIVERSITY OF VIRGINIA HEALTH SYSTEM**

**MARC NORMAN, PH.D.**

**UNIVERSITY OF CALIFORNIA, SAN DIEGO**

**MELISSA CASTRO-COUCH, PSY.D.**

**MAYO CLINIC, ROCHESTER**

**ANTHONY DEMARCO, PSY.D.**

**UNIVERSITY OF VIRGINIA HEALTH SYSTEM**

Becoming a clinical neuropsychologist takes place over several stages. Considering the specialized nature of the discipline, it is important for trainees to have access to individualized mentoring at each phase of early professional development. To address this issue, we present a Peer Mentoring workshop geared towards providing trainees with specific knowledge about navigating the complex process of applying for and obtaining adequate training in neuropsychology. The goal of Peer Mentoring is to provide prospective candidates, at any of the several key early career stages, with developmentally appropriate guidance by those who have recently completed

or are currently completing that stage. After introductory remarks, small groups will focus on discussion of training related issues at the following stages: 1) applying for internship; 2) applying for postdoctoral fellowship; 3) the job hunt and early career issues. Issues of professionalism, gender, and diversity will be integrated into the discussion of training and career advancement. Small group leaders will include interns, postdoctoral fellows, and early career neuropsychologists who will provide in-depth guidance and advice in a focused yet informal forum.

10:00am – 11:30am

**STUDENT/TRAINEE TRACK**

*(Attendance is limited to students, interns, & post-docs only)*

### **COURSE 33**

#### **The Art of Clinical Interviewing and Providing Feedback**

**SARAH BULLARD, PH.D.**

**GAYLORD HOSPITAL**

**MÉLINA GRISS, PH.D.**

**HARTFORD HOSPITAL/INSTITUTE OF LIVING**

Real life scenarios and patients rarely mimic classroom didactics. Do you invite the spouse into the room? Do you interview the child with or without the parents? How do you redirect a tangential patient? How do you tell someone their child has mental retardation? How do you tell someone they have Alzheimer's Disease? These are decisions and situations that face clinicians on a daily basis and often students are ill prepared to handle them. The aim of this presentation is to better prepare trainees for future independent clinical practice. This presentation is aimed at graduate students and current trainees, and will utilize a multi-media format to review the key elements of a comprehensive clinical interview in neuropsychology, as well as formats in which one can review neuropsychological results with patients within a feedback session. Strategies to adapt these skill sets when working with more challenging (e.g., dementia patients, psychiatric patients) and multi-cultural clinical populations will also be addressed.

1:30pm – 3:30pm

**SPECIAL TOPIC PRESENTATIONS – NO CE****COURSE 34****Diversity Grand Rounds****VALERIE MASTEN HOESE, PH.D.****ORLANDO VETERANS AFFAIRS MEDICAL CENTER****TONY L. STRICKLAND, M.S., PH.D.****DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA****CLEMENTE VEGA, PSY.D.****HARVARD MEDICAL SCHOOL AND CHILDREN'S HOSPITAL BOSTON**

Due to rapidly changing demographics in our society, clinical neuropsychologists have been confronted with the increasing need to carefully consider ethno-cultural and other diversity-related factors in neuropsychological case formulation. However, despite the desire to coherently consider and integrate diversity factors into the neuropsychological evaluation process, it may not be clear how this might be achieved. In this symposium, cases from neuropsychologists' practices, which involve significant cultural/diversity issues, will be presented. Amir Ramezani, PhD., will present a case of a middle-aged Iranian-American male with left temporal-parietal tumor and seizures, and Marika Maris, M.S., M.Ed., will discuss factors relevant to intraoperative language mapping in a Greek speaker. These will include the presentation of patient/case histories, neuropsychological examination data, and clinical case formulations, with an emphasis on the relevance and importance of cultural/diversity factors. Invited discussants, Tony Strickland, PhD, and Clemente Vega, PsyD, who are experienced in cross-cultural neuropsychology, will elaborate upon the case presentations and offer their comments, observations, and opinions on the cases. Audience members will be invited to offer their comments as well as to ask questions of the case presenters and the discussants. The goal of the session will be to encourage attendees, irrespective of their level of experience, to increase their cross-cultural competency in neuropsychology.

**COURSE 35****Forensic Grand Rounds****ROBERT L. DENNEY, PSY.D.****THE SCHOOL OF PROFESSIONAL PSYCHOLOGY AT FOREST INSTITUTE****DIANA S. GOLDSTEIN, PH.D.****ISAAC RAY FORENSIC GROUP, LLC****ROBERT J. MCCAFFREY, PH.D.****ALBANY NEUROPSYCHOLOGICAL ASSOCIATES**

This symposium involves a review of significant forensic cases from neuropsychologists' practices. Shelley Peery, Ph.D., will present "Neuropsychological consultation regarding possible 'low IQ' in a Spanish speaker: Ethical considerations in a cross cultural forensic context." This case was a criminal forensic referral for neuropsychological evaluation to determine whether multiple concussions may have resulted in dysfunction making a young Mexican woman susceptible to coercion. This case demonstrates a complicated forensic analysis in the context of cross cultural assessment and what to consider about potentially questionable ethical practice of an opposing expert. Michael Chafetz, Ph.D., ABPP, will present "A capital case involving the Atkins defense." This case focuses on the assessment of Intellectual Disability regarding a 35-year-old man facing capital charges of 1st Degree Murder and Armed Robbery. The forensic analysis required consideration of the Flynn Effect for IQ and the assessment of adaptive living in an incarcerated criminal defendant. Panel discussants include Diana Goldstein, Ph.D., ABPP, and Robert McCaffrey, Ph.D., ABN. Robert Denney, Psy.D., ABPP, will moderate. Discussants will elaborate on speakers' comments and provide recommendations. Audience members are invited to comment and ask questions of presenters and discussants.

**COURSE 36****American Board of Pediatric Neuropsychology – Examination Preparation****PETER DODZIK, PSY.D.****FORT WAYNE NEUROLOGICAL CENTER****TED WASSERMAN, PH.D.****LYNN UNIVERSITY****NADIA WEBB, PSY.D.****PRIVATE PRACTICE & THE CHICAGO SCHOOL**

The American Board of Pediatric Neuropsychology (ABPdN) is the oldest and only board certifying body devoted exclusively to assessing competence to practice pediatric neuropsychology. In this workshop, current officers of the ABPdN will discuss details regarding the board certification process. This workshop is designed to familiarize the potential candidate with the policies and procedures of the ABPdN examination and to provide advice on study and preparation. The history

of the development of board certification in pediatric neuropsychology is reviewed, current procedures are described, and the process of examination is explained. Attendees will be provided details regarding each stage of the process, including the application, threshold training requirements, the written examination, as well as the professional work sample. Suggestions regarding preparation for the written examination, including a recommended reading list, will be provided. Workshop attendees will be provided with details regarding oral examination, which is comprised of the professional work sample, fact-finding, and ethics vignettes. Presenters will also discuss strategies for selecting a case for the professional work sample. In order to aid prospective applicants in understanding the specific scoring criteria, the workshop presenters will discuss the scoring criteria for each segment of the ABPdN examination. The establishment of the American Academy of Pediatric Neuropsychology and the relationship to the board will be discussed. Audience members will be encouraged to provide comments and ask questions of the presenters.

### **COURSE 37**

#### **Health Care Reform and Implications for Neuropsychology**

**Hosted by the PAIC and LAAC Committees**

#### **SPEAKERS:**

**ANTONIO E. PUENTE, PH.D.**

**UNIVERSITY OF NORTH CAROLINA WILMINGTON**

**KAREN SPANGENBERG POSTAL, PH.D.**

**HARVARD MEDICAL SCHOOL**

**DONNA RASIN-WATERS, PH.D.**

**VA NY HARBOR HEALTHCARE SYSTEMS -  
BROOKLYN CAMPUS**

#### **MODERATORS:**

**PAIC AND LAAC COMMITTEE MEMBERS**

This presentation will address the opportunities for neuropsychological practice in the context of health care reform and some of the most significant changes to healthcare in over 25 years. Legislative, regulatory and private insurance trends will be discussed with a focus on helping clinicians understand how they can adjust their practices to thrive in the new climate. An overview will be provided of related health care reform topics, including reimbursement, integrated health care homes and the shift to servicing large populations. Given that health care reform is being implemented at the state level,

examples of current and potential program transformation at the state level will be presented and discussed.

### **COURSE 38**

#### **Update on Delirium and Confusional States**

**DOUGLAS WATT, PH.D.**

**HARVARD MEDICAL SCHOOL, BOSTON UNIVERSITY  
SCHOOL OF MEDICINE**

Although there are literally dozens of textbook chapters in many psychiatry and neurology textbooks on the subject of delirium and confusional states, delirium remains badly neglected in terms of empirical study. Despite the many reviews, there is still no consensually validated explanation for how a final common pathway emerges from etiologies as diverse as right parietal, thalamic, basal ganglia or brainstem infarction, anticholinergic and other CNS depressant medicines, commonplace bacterial infections, concussion, and many commonplace metabolic and physiologic problems. Additionally, although the DSM-IV criteria are typically regarded as canonical, we believe that they may contribute directly to the under diagnosis of delirium, serving to obscure the enormous spectrum of severity in altered mental status and confusional state. This review will address these issues, attempt to unify and integrate the diverse etiology space into three fundamental categories, and link these etiologies to a possible neural network model for delirium that avoids the neo-phrenology of neurotransmitter-centric thinking in psychiatry. These transmitter-centric models (that delirium necessarily reflects a shortage of acetylcholine and/or an over-abundance of dopamine), while appealing, cannot explain delirium, because they are not aimed at the antecedent levels of biological structure for behavior and conscious state – large-scale (global) networks integrating the complex vertical axis of the brain. A global network model for confusional states suggests that there cannot be one single biological pathway into this disorder, and instead emphasizes the multifactorial vulnerability of complex neural networks to a variety of illnesses, stressors and insults that drive global cognitive collapse.

**COURSE 39****Three Methods of Inference in Clinical Neuropsychology: Is There a Fourth, and Can It Improve Practice?**

DAVID SCHRETLEN, PH.D.

JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE

S. MARC TESTA, PH.D.

BALTIMORE VAMC

GILA RECKESS, PH.D.

JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE

How do we know when a neuropsychological examination is abnormal? What constitutes an “impaired” test performance? When does a set of abnormal test scores represent a clinically meaningful pattern? These questions are fundamental to clinical inference in neuropsychology, yet they defy simple answers. They also require careful consideration of how we formulate the results of diagnostic testing. This presentation will describe three basic approaches to clinical inference: (1) pathognomonic signs, (2) deficit measurement, and (3) pattern analysis. We will examine the logical assumptions, implementation, strengths, and threats to the validity of each inferential method. We will examine the conceptualization and assessment of pathognomonic signs and cognitive deficits, and we will discuss the risky practice of giving additional tests to clarify ambiguous findings. I will describe how calibrating test performance for demographic characteristics and estimated premorbid ability “personalizes” neuropsychological practice and can enhance the clinician’s ability to discern clinically meaningful patterns of test performance shown by individuals. We will discuss how this type of calibration fundamentally alters the meaning of test scores, and when raw test scores can be more informative than adjusted test scores. Finally, we will explore the potential usefulness of examining within-person measures of variability as a fourth method of inference in clinical neuropsychology. Here we will consider whether within-person measures of test score variability, skewness and kurtosis can increase the clinical yield of neuropsychological assessment.

**COURSE 40****Student Research Platform Presentations**

JARED BRUCE, PH.D.

UNIVERSITY OF MISSOURI-KANSAS CITY

RAEL LANGE, PH.D.

WALTER REED NATIONAL MILITARY MEDICAL CENTER &amp; UNIVERSITY OF BRITISH COLUMBIA

ANDREA ZARTMAN, PH.D.

VA NORTH TEXAS HEALTH CARE SYSTEM

Each year NAN receives numerous poster abstract submissions from students at many levels of training in Neuropsychology. Frequently these students are engaged in cutting-edge research. This presentation will highlight eight innovative and interesting research studies. The poster abstracts selected represent a variety of research topics in our field tackling issues in both the adult and pediatric populations alongside a variety of neurological disorders and testing concerns. Panel discussants include Drs. Jared Bruce, Rael Lange, and Andrea Zartman. Discussants will elaborate on speakers’ comments and provide audience members an opportunity to ask questions of presenters.

1:30pm – 3:30pm

TEST WORKSHOP – 2 CE

**COURSE 41****Development, Application, and Interpretation of the Delis Rating of Executive Functions in Pediatric Populations**

JAMES HOLDNACK, PH.D.

PEARSON PUBLISHING

DEAN DELIS, PH.D.

UNIVERSITY OF CALIFORNIA AT SAN DIEGO

The Delis Rating of Executive Functions (D-REF) is a new behavior rating scale developed to survey executive functioning problems in children and adolescents, ages 5 to 18 years. This workshop presents the content, structure, psychometric, and clinical properties of the D-REF. The D-REF has 3 forms for Parent, Teacher, and Self-Ratings. Each D-REF form is comprised of 36 items, which contribute to 3 core indexes: Behavioral, Emotional, and Executive Functioning. The D-REF also provides 4 clinical indexes assessing Attention/Working Memory, Activity Level/Impulse Control, Compliance/Anger Management, and Abstract Thinking/Problem Solving. Statistics-based inter-rater comparisons (e.g. parent versus teacher)

and progress-monitoring reports are described. Clinical data are presented for children diagnosed with ADHD-Inattentive Type, ADHD-Combined Type, Autism, Asperger's Syndrome, and Learning Disability. Concurrent validity data comparing the D-REF with the Behavioral Rating Inventory of Executive Function (BRIEF) are discussed. The integration of D-REF findings with results from formal cognitive tests of executive function will be illustrated with case presentations.

As a result of attending this presentation, the participant will be able to:

1. Describe the core and clinical index structure of the D-REF Parent, Teacher, and Child rating forms.
2. Evaluate the psychometric properties of the statistical data available for individual, multi-rater, and progress monitoring reports.
3. Describe the D-REF clinical findings for ADHD, Autism, Asperger's Syndrome, and Learning Disability samples.

4:00pm - 4:15pm  
AWARDS CEREMONY

4:15pm - 5:15pm  
CE WORKSHOP - 1 CE

### **COURSE 42**

#### **The Effects of Recent Changes in the Current Procedural Terminology (CPT) on the Practice and Science of Psychology**

ANTONIO E. PUENTE, PH.D.

UNIVERSITY OF NORTH CAROLINA WILMINGTON

Major changes in health care policy are occurring within the federal government, as well as throughout the CPT system. As such, changes that will go into effect on 01.01.13 will be addressed. These include: 1) a new Psychiatric Diagnostic Interview system, 2) an entirely new set of Psychotherapy Code Family, 3) recent developments regarding the simultaneous use of both professional and technical testing codes (with focus on compliance officer and CMS interpretation), and 4) challenges and potential solutions for coding testing feedback. A new reimbursement structure for the Psychiatric Diagnostic Interview and all Psychotherapy codes will also be presented. Finally, a brief discussion regarding documentation and auditing (including fraud and abuse) will complete this presentation.

As a result of attending this presentation, the participant will be able to:

1. Describe the new Psychiatric Interview and Psychotherapy codes.
2. Describe provision of professional and technical codes, as well as feedback.
3. Increase understanding of evolving documentation and auditing requirements.

5:30pm - 6:30pm

*DISTINGUISHED LIFETIME CONTRIBUTION TO  
NEUROPSYCHOLOGY AWARD ADDRESS - 1 CE*

### **COURSE 43**

#### **Hemispheric Dominance for Movement**

KATHLEEN Y. HAALAND, PH.D.

UNIVERSITY OF NEW MEXICO

Neuropsychologists use motor tests largely as an indicator of laterality of brain damage, which is reasonable given the fact that the brain primarily controls contralateral movements from each hemisphere. However, in addition, some aspects of movement are differentially controlled by the left or right hemisphere, as evidenced by bilateral, rather than strictly contralateral, deficits after unilateral damage. Limb apraxia is the most well known clinical example of such hemispheric dominance. However, it is not the only one; even a seemingly simple movement, like reaching for a glass of water, requires planning and response inhibition, facilitation, selection, and retrieval as well as online modification of the response based on monitoring sensory inputs. As such, different aspects of reaching are controlled differentially by the left and right hemisphere. I will discuss hemispheric dominance for movement with emphasis upon neuroanatomical substrates, cognitive mechanisms, and rehabilitation implications. My hope is to convince you that motor skills have a strong cognitive component, studies in focal lesion stroke patients using experimental paradigms can help us understand the neuroanatomical and cognitive underpinnings of movement, and hemispheric dominance for movement should be considered in rehabilitation in order to design more specific rehabilitation therapies.

As a result of attending this presentation, the participant will be able to understand:

1. Hemispheric dominance for movement is reflected by bilateral motor deficits after unilateral damage.
2. Limb apraxia is the best clinical example of hemispheric dominance for movement.

3. Even a seemingly simple motor skill, like reaching for a glass of water, is influenced by hemispheric dominance for different aspects of the reaching movement.

## SATURDAY, NOVEMBER 10, 2012

9:00am – 12:00pm  
CE WORKSHOPS – 3 CE

### **COURSE 44** **Assessing Somatoform Psychopathology with the MMPI-2-RF**

YOSSEF S. BEN-PORATH, PH.D.  
KENT STATE UNIVERSITY

The MMPI has been used to assess for somatoform psychopathology since its initial development. Two of the eight original Clinical Scales, 1 and 3, were designed specifically for this purpose. A 13/31 code type is one of the more common findings associated with somatoform dysfunction. The MMPI-2 Content Scale Health Concerns was developed for this purpose as well. These scales are not included on the MMPI-2-RF. A relatively new set of MMPI-2-RF somatic and cognitive scales serves this purpose instead. This workshop focuses on use the MMPI-2-RF to assess for somatoform psychopathology. Development and validation of the MMPI-2-RF somatic scales will be described, followed by a discussion of their use in conjunction with the validity scales in distinguishing between protocols reflecting actual medical conditions, somatoform psychopathology, and exaggeration or fabrication of somatic complaints. Use of the MMPI-2-RF to differentiate between these possibilities is illustrated with a series of case studies.

As a result of attending this presentation, the participant will be able to:

1. Describe the MMPI-2-RF measures of somatoform psychopathology.
2. Discuss associations between MMPI-2 and MMPI-2-RF measures of somatoform psychopathology.
3. Utilize the relevant MMPI-2-RF validity and substantive scales to differentiate somatoform psychopathology from actual medical conditions and exaggeration or fabrication of somatic complaints.

### **COURSE 45** **Practical Approaches to Working with Families after Brain Injury and Other Neurological Disorders**

JEFFREY S. KREUTZER, PH.D.  
VIRGINIA COMMONWEALTH UNIVERSITY

Brain injury survivors often face long-term problems including dependence on others, vocational failures, neuropsychological impairments, emotional distress, and social isolation. Following hospital discharge, caregiving responsibilities are mostly assumed by ill-prepared parents and spouses. Clinical researchers have documented high levels of burden and distress among family members and high rates of marital breakdown. Many neuropsychologists practice assessment, treatment planning, and psychotherapy, making them well-suited to provide family services. The primary purpose of this workshop is to help clinical neuropsychologists develop and effectively apply their family intervention skills.

This workshop will begin with a review of research on families after neurotrauma relating to needs, family functioning, and well-being. Following, will be a discussion of family therapy principles and techniques. Detailed information will be provided on the Brain Injury Family Intervention (BIFI) developed at Virginia Commonwealth University Medical Center. The BIFI was formulated on the basis of empirical family research guided by family systems theory and cognitive behavioral therapy. The multi-component intervention includes family education, skill building, and psychological support. Each family, including the survivor, is seen face-to-face as an individual unit. BIFI evaluation research reflecting qualitative and quantitative methods will be reviewed. Concluding discussion will focus on research challenges and future directions.

As a result of attending this presentation, the participant will be able to:

1. Describe the impact of brain injury and other neurological disorders on family members, family functioning, and marriages.
2. Delineate the primary principles of family intervention.
3. Enable the participant to better educate, support and teach family members new skills to facilitate adaptation and functioning.

**COURSE 46****Auditing: Documentation Standards and the Audit Experience**

ANTONIO E. PUENTE, PH.D.

UNIVERSITY OF NORTH CAROLINA WILMINGTON

\*This course is repeated at 1:30pm, see course 54.

According to a recent article in *The National Psychologist*, an exponential increase in auditing will begin occurring in both Medicare and Medicaid cases and also in insurance-based reimbursement systems. While this change will necessitate increased documentation, benefits to the profession as a whole can be enumerated. These include increased patient care (particularly in light of the upcoming requirement for electronic medical records, EMR, by 2014), enhanced delineation of services (e.g., interview and testing, testing and intervention), and augmented professionalism and standards of practice. This presentation will include information regarding specific methods of auditing, suggestions and guidelines for proper documentation and billing, and strategies for dealing with audits and avoiding charges of fraud and abuse. Case presentations will assist in developing audience interaction. Ultimately, the presentation will highlight the manner in which proper documentation and preparation for audits may translate to improved quality of care for our patients.

As a result of attending this presentation, the participant will be able to:

1. Describe basic documentation and billing needed for service reimbursement and provision of high quality care.
2. Identify and explain reasons for the increase in audits from a variety of agencies and companies.
3. Develop strategies for decreasing the chance of being audited, and if audited, how to successfully meet that challenge.
4. Explain how attention to these challenges may improve quality of patient care.

**COURSE 47****Effective Accommodations Requests for Students with Disabilities: Tips and Strategies**

MARLA B. SHAPIRO, PH.D.

PRIVATE PRACTICE

High-stakes tests are those such as the AP, SAT, ACT, GRE, LSAT, GMAT, MCAT, and NBME exams that are used for making decisions about program admissions and credentialing. If an individual's disability is associated with significant

functional limitations that impact test-taking, he or she may be eligible for test accommodations such as extended time. However, disability status alone does not mean that accommodations are always necessary or appropriate. Whereas students attending public schools are often eligible for testing accommodations through their IEP or 504 plan, it is the Americans with Disabilities Act Amendments Act (ADAAA) that requires testing agencies to provide reasonable accommodations to test-takers with disabilities that are associated with significant functional limitations. Unfortunately, many applicants are denied accommodations because of documentation that failed to provide a credible picture of functional impairments, or assessments that failed to make the case for accommodations. Drawing on her own experience working in the testing industry and relevant clinical cases, Dr. Shapiro will provide an overview of the testing accommodations process, as well as a roadmap for clinicians that includes a discussion of the impact of the ADAAA and recent case law, agency- and disability-specific factors impacting testing and documentation, common myths and misconceptions, and implications for twice-exceptional students.

As a result of attending this presentation, the participant will be able to:

1. Avoid the common pitfalls that can result in denials of accommodations requests by applying clinical, regulatory, and agency-specific standards to clinical evaluations.
2. Recognize how disability-specific characteristics can impede performance on particular high-stakes tests and relate this to individual patients through case examples.
3. Provide a roadmap for patients of all ages to navigate the accommodations application process.

**COURSE 48****Clinical Applications of fMRI**

J. MICHAEL WILLIAMS, PH.D.

DREXEL UNIVERSITY

The application of functional magnetic resonance imaging (fMRI) has moved beyond the laboratories of cognitive neuroscience to include the clinical assessment of neurological disorders. Functional methods are now associated with CPT billing codes and the clinical examination of brain function is now commonly conducted in the MRI scanner; however, the methods are still in development and all the possible neurological conditions that may benefit from fMRI clinical examination have not been discovered. Although some technical background will be covered, the presentation will focus on the clinical protocols used to examine language, memory, motor function, sensory abilities and other cognitive abilities.

These protocols are most developed in surgery planning for seizure disorder and brain tumor and they are also used to examine dementia-related illnesses, traumatic brain injury and cerebral vascular accidents. Questions to be considered include: how does the fMRI examination compare to the WADA? How have fMRI studies enlightened us concerning conventional neuropsychological tests? How does emotion interact with cognitive assessment? The medical disciplines that conduct fMRI analyses need the input of neuropsychologists in order to design the activation protocols that make up the tests, therefore, neuropsychologists need to redesign their clinical tests in order to accommodate the scanner environment. Finally, fMRI has recently been applied to the study of forensic questions, such as the role functional activation in the examination of psychopathy, criminal responsibility and the detection of malingering and deception. This presentation will review these areas and provide an update for neuropsychologists in general clinical practice.

As a result of attending this presentation, the participant will be able to:

1. Describe the basic concepts associated with fMRI image acquisition and analysis.
2. Explain the development of fMRI cognitive protocols applied to clinical examinations.
3. Discuss the neurological illnesses that have been examined using fMRI.

9:00am – 10:00am

**STUDENT/TRAINEE TRACK**

*(Attendance is limited to students, interns, & post-docs only)*

## **COURSE 49**

### **Publish or Perish: A Survival Guide**

**ROBERT J. MCCAFFREY, PH.D.**

**EDITOR-IN-CHIEF OF ARCHIVES OF CLINICAL NEUROPSYCHOLOGY, ALBANY NEUROPSYCHOLOGICAL ASSOCIATES, AND UNIVERSITY AT ALBANY, STATE UNIVERSITY OF NEW YORK**

Successful scholarly writing requires that graduate students and postdoctoral fellows have a complete appreciation of the peer-review process, as well as a clear understanding of the expectations that Editors, Associate Editors, and the peer-reviewers have at each of the various stages. This workshop will begin with an over-view of the peer-review process so that you will know what to expect. Next, we will address issues associated with the form and content of a manuscript, in order to be certain that the paper meets the minimal

acceptable standards. This stage is vital, as it sets the tone for how the manuscript will be received at the initial stage of the review process and will avoid your paper being “desk rejected” for non-content reasons. Once you have received the reviews of your paper, the next stage is how best to respond to the reviewers’ critiques and comments. This last stage involves the art of negotiation and how you frame your replies really does matter. Throughout this workshop, we will focus on identifying and avoiding common pitfalls and obstacles with the goal of you receiving an, “Accepted for Publication” e-mail.

10:00am – 12:00pm

**STUDENT/TRAINEE TRACK**

*(Attendance is limited to students, interns, & post-docs only)*

## **COURSE 50**

### **Internship and Residency Training in Clinical Neuropsychology**

**DOUG BODIN, PH.D.**

**NATIONWIDE CHILDREN’S HOSPITAL**

**JOHN BEAUVAIS, PH.D.**

**VA CONNECTICUT HEALTHCARE SYSTEM AND YALE UNIVERSITY SCHOOL OF MEDICINE**

Internship training and completion of a 2-year postdoctoral residency in clinical neuropsychology has become a standard pathway for preparing aspiring neuropsychologists for clinical practice. This workshop is intended for psychology graduate students, interns, and others who are interested in pursuing specialty training in clinical neuropsychology. Although research positions will be discussed briefly, the main emphasis of this presentation will be on furthering an understanding of, and preparation for, internship and residency programs that focus primarily on clinical training. Topics to be addressed include: (1) implications of the Houston Conference for internship and residency training in clinical neuropsychology; (2) how to prepare to be a competitive applicant; (3) what to look for in internship and residency programs; (4) the application and interview process; (5) the post-doc match process conducted by the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN); and (6) methods of evaluation for board certification in clinical neuropsychology by the American Board of Professional Psychology (ABPP). The workshop will be led by internship and residency program directors and will include time for a question and answer exchange.

1:30pm – 3:30pm  
TEST WORKSHOP – 2 CE

### **COURSE 51**

#### **The Science of Executive Functioning: New Data, New Ideas and the Comprehensive Executive Functioning Inventory**

**JACK NAGLIERI, PH.D.**  
UNIVERSITY OF VIRGINIA

This presentation begins with a brief overview of historical and current theories and definitions of executive functioning (EF). Next, data from a large national study of behaviors associated with EF in the general population will be described based on the standardization and validity studies of the Comprehensive Executive Functioning Inventory (CEFI; Naglieri & Goldstein, 2012). These data provide a science based foundation for appreciating the components of executive functioning. The presentation will provide an examination of how the CEFI can be used to evaluate behaviors associated with EF and relate these results to other measures of ability and neuropsychological functioning. Emphasis will be placed on the CEFI, the first nationally standardized norm referenced instrument designed to identify executive functioning in youth two through eighteen years of age. The presentation will include a discussion of intervention options and future challenges.

As a result of attending this presentation, the participant will be able to:

1. Describe the history and theory of executive function.
2. Relate new data about executive functioning to current assessment.
3. Detail knowledge of the Comprehensive Executive Functioning Inventory validity and utility.

1:30pm – 4:30pm  
CE WORKSHOPS – 3 CE

### **COURSE 52**

#### **Integrative Treatment Approaches for Persistent Post-Concussive Symptoms in Military and Veteran Populations**

**DOUGLAS B. COOPER, PH.D.**  
SAN ANTONIO MILITARY MEDICAL CENTER

**JON GRIZZLE, PH.D.**  
SAN ANTONIO MILITARY MEDICAL CENTER

Persistent post-concussive symptoms are commonly reported by Service Members and Veterans in post-deployment settings, and can be challenging to treat. Although the etiology of these symptoms remains the subject of considerable debate, the need for effective interventions is less controversial. Psychologists and neuropsychologists practicing in these settings are increasingly being asked to address such difficulties through the application of psychological interventions at the individual and/or program level. This course will describe some of the challenges inherent in providing treatment within this context and review relevant literature on psychological treatment of post-concussive symptoms, with an emphasis on individuals deployed in support of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Participants will learn several approaches to integrate psychological treatment in multidisciplinary treatment settings, including both theoretical constructs and practical skills. Case examples will be utilized to illustrate how specific treatment components can be applied, and participants will also learn to adapt/scale these interventions to most effectively meet the needs of OEF/OIF Service Members and Veterans in their practice setting.

As a result of attending this presentation, the participant will be able to:

1. Describe relevant literature of psychological treatments for post-concussive symptoms in OEF/OIF Service Members and Veterans.
2. Through the use of case examples, learn to apply psychological interventions to patients with persistent post-concussive symptoms.
3. Learn to scale the interventions to match treatment context and individual needs.

### **COURSE 53**

#### **Feedback that Sticks: The Art of Communicating Neuropsychological Assessment Results**

**KAREN SPANGENBERG POSTAL, PH.D.**  
HARVARD MEDICAL SCHOOL

**KIRA ARMSTRONG, PH.D.**  
PRIVATE PRACTICE

Communicating complex neuropsychological assessment results to patients who are cognitively impaired is a significant challenge every neuropsychologist must face. Recent surveys have shown that the majority of neuropsychologists (71%) in clinical practice conduct feedback sessions with patients. Yet, given the difficulty of the task, it is striking that there is almost

nothing written about how to provide effective neuropsychological feedback. This workshop will share the art of communicating complex neuropsychological assessment results to cognitively impaired patients, their families, and other professionals. It will include a discussion of various approaches to the feedback process as well as clinical pearls - compelling feedback messages, metaphors, and stories that effectively synthesize complex information. The content of this workshop is based on the upcoming book, *Feedback that Sticks: The Art of Communicating Neuropsychological Assessment Results*, (Karen Postal and Kira Armstrong, co-authors) published by Oxford University Press that synthesizes the results of in-depth interviews with over 85 seasoned neuropsychologists. The book and workshop capture the best feedback philosophies, strategies, techniques and pearls shared by preeminent neuropsychologists across specialty areas and professional settings.

As a result of attending this presentation, the participant will be able to:

1. Summarize the clinical components of feedback that makes it an integral part of neuropsychological assessment practice.
2. Flexibly apply multiple competent strategies for providing feedback tailored to specific patient characteristics and set the stage for optimal patient “buy in”.
3. Distinguish between dry feedback techniques that create barriers to patient and family understanding of assessment results and recommendations, and techniques that facilitate buy in, and “stick” with patients long after the feedback session is over.
4. Summarize the six principals of making your feedback communications more meaningful and long lasting.

#### **COURSE 54**

##### **Auditing: Documentation Standards and the Audit Experience**

**ANTONIO E. PUENTE, PH.D.**

**UNIVERSITY OF NORTH CAROLINA WILMINGTON**

\*This course is a repeat of course 46 from the morning session.

According to a recent article in *The National Psychologist*, an exponential increase in auditing will begin occurring in both Medicare and Medicaid cases and also in insurance-based reimbursement systems. While this change will necessitate increased documentation, benefits to the profession as a whole can be enumerated. These include increased patient care (particularly in light of the upcoming requirement

for electronic medical records, EMR, by 2014), enhanced delineation of services (e.g., interview and testing, testing and intervention), and augmented professionalism and standards of practice. This presentation will include information regarding specific methods of auditing, suggestions and guidelines for proper documentation and billing, and strategies for dealing with audits and avoiding charges of fraud and abuse. Case presentations will assist in developing audience interaction. Ultimately, the presentation will highlight the manner in which proper documentation and preparation for audits may translate to improved quality of care for our patients.

As a result of attending this presentation, the participant will be able to:

1. Describe basic documentation and billing needed for service reimbursement and provision of high quality care.
2. Identify and explain reasons for the increase in audits from a variety of agencies and companies.
3. Develop strategies for decreasing the chance of being audited, and if audited, how to successfully meet that challenge.
4. Explain how attention to these challenges may improve quality of patient care.

#### **COURSE 55**

##### **Neuropsychological Assessment of Bilingual Children in the U.S.**

**CLEMENTE VEGA, PSY.D.**

**CHILDREN'S HOSPITAL BOSTON AND HARVARD MEDICAL SCHOOL**

**GUSTAVO REY, PH.D.**

**MIAMI CHILDREN'S HOSPITAL**

**MONICA RIVERA MINDT, PH.D.**

**MOUNT SINAI SCHOOL OF MEDICINE**

**MONICA OGANES MURRAY, MA, EDS**

**FLORIDA ASSOCIATION OF SCHOOL PSYCHOLOGISTS**

Over the past decade, research and clinical trends in neuropsychology have highlighted an increased need for competent assessment to accommodate a growing Hispanic population in the US. As a result, new assessment measures and Spanish-language adaptations of existing tests have become available. However, an increasing number of children are being raised in Spanish-English bilingual households, which has introduced new challenges for neuropsychologists entrusted to identify

developmental language disorders, academic disabilities, and other neuropsychological syndromes in this population. In general, growing up bilingual is viewed mostly as beneficial for cognitive development, as research has documented better working memory, selective attention, cognitive flexibility, and reasoning ability in bilinguals compared to monolinguals, although some challenges in language skills have also been identified among bilinguals. The clinical practice of neuropsychology must consider the impact of bilingualism on brain development in order to accurately diagnose bilingual children and design appropriate treatment recommendations. We will present recent research advances on the impact of learning multiple languages on the developing brain, introduce available assessment tools that can be exercised in the US, and provide examples for clinical application.

As a result of attending this presentation, the participant will be able to:

1. Understand cultural and linguistic diversity of US populations, and the impact of growing up bilingual on brain development and achievement.
2. Select and appropriately use evaluation measures that test language skills, intelligence, academic achievement, executive functions, etc.
3. Apply these concepts to individual patients in order to provide accurate diagnosis and make treatment recommendations to optimize developmental outcomes.



**American Board of Professional Neuropsychology  
Board Certification for Practicing Clinical Neuropsychologists**

The American Board of Professional Neuropsychology (ABN) recognizes and encourages the pursuit of excellence in the practice of clinical neuropsychology. ABN's primary objective is the establishment of professional standards of expertise for the practice of clinical neuropsychology. Through its credentialing and examination process and to individuals who have a need for applied neuropsychological services, a process whereby well qualified professional neuropsychologists can be identified. These credentialing standards have been accepted for recognition by the National Register of Health Service Providers in Psychology (National Register).

Recognition by ABN, through granting board certification and the Diplomate status in neuropsychology, signifies to the public and to other health professionals, a high level of competency in applied neuropsychology. The ABN does not ascribe to any specific theoretical framework. While recognizing the importance and contribution of a graduate education in neuropsychology and subsequent specialty training the ABN believes that the critical element in the practice of professional neuropsychology is the application of that training to client issues and needs.

In addition to board certification, we also offer our diplomates the opportunity to obtain added qualifications in the following areas: Forensic, Geriatric and Rehabilitation.

Please visit our booth or attend our NAN Conference workshop to gather additional information regarding the process and benefits of board certification through ABN. An application can be obtained at [www.neuropsychologyboard.com](http://www.neuropsychologyboard.com) or by contacting:

**Michael J. Raymond, Ph.D.**  
**Executive Director, ABN**  
**Allied Services John Heinz Institute of Rehabilitation Medicine**  
**150 Mundy Street**  
**Wilkes-Barre, PA 18702**

# THE NATIONAL ACADEMY OF NEUROPSYCHOLOGY

## *Membership Information*

The National Academy of Neuropsychology (NAN) seeks to advance neuropsychology as a science and health profession, to promote human welfare, and to generate and disseminate knowledge of brain-behavior relationships through:

- Professional Development
- Education & Training
- Diversity
- Student Support
- Research
- Legislative Action
- Ethical Standards

### **Benefits of Membership**

- Subscription to the *Archives of Clinical Neuropsychology*
- Access to *Bulletin of the National Academy of Neuropsychology*
- Reduced rates for NAN APA-approved continuing education workshops and programs
- Discounts at annual meetings that include workshops, poster sessions, and symposia
- Networking with others interested in brain-behavior relationships
- 20% member-only discount on all Oxford University Press books
- 50% reduction on Psychology Press Journals
- Updates on CPT Codes, CMS requirements, HIPPA and relevant legislation efforts
- Insurance primers
- Sample letters and forms for use in private practice settings
- Handouts and brochures for patients and physicians

### **Fee Schedule**

Application fee and annual dues for Professional, Associate, and Affiliate Membership.....	<b>\$150</b>
Application fee and annual dues for Postdoctoral Fellows / Early Career Membership .....	<b>\$75</b>
Application fee and annual dues for Student Membership.....	<b>\$50</b>

*If accepted for membership, the non-refundable fee is applied to the first year membership dues.*

### **Requirements for Membership**

All applicants shall submit **ONE** completed and signed application form and **ONE** curriculum vitae. *Applicants for membership at the Professional and Associate levels require sponsorship by two individuals with expertise in neuropsychology, one of whom must be a member in good standing with the National Academy of Neuropsychology, Division 40 of the American Psychological Association, or the International Neuropsychological Society.* Applicants for membership at the student level must obtain a signature from a training director, advisor, faculty member or university registrar who can attest to student status.

Professional Members shall have completed academic coursework and training in the assessment or remediation of neuropsychological conditions and hold a doctoral degree from an accredited university. While it is expected that the primary area of focus of training and experience falls in the general discipline of psychology, individuals with doctoral degrees in related disciplines with relevant experience and training in neuropsychology at the doctoral or postdoctoral level may also be considered for membership. Applicants shall have worked in settings where such knowledge is applied for a minimum of three years, two of which must be postdoctoral.

Associate Members are required to hold a master's degree in psychology or a related discipline, or hold a doctoral degree in psychology or a related discipline with less than three years of experience in Neuropsychology. Associate members do not have voting privileges, may not hold office; but they may be members of committees.

Affiliate Membership is open to those individuals who are interested in clinical neuropsychology and wish to maintain continuing contact with the field, but whose training may preclude them from membership at other levels. Affiliates do not have voting privileges, may not hold office or be members of committees.

Post-Doctoral/Early Career Membership is available for two years after completion of a doctoral degree in psychology for those who are completing post-doctoral supervision/studies leading to psychology licensure. Post-Doctoral/Early Career members do not have voting privileges, may not hold office; but may be members of committees.

Student Membership shall be limited to individuals attending full-time programs leading to a degree from a regionally accredited college or University. Individuals who have completed related doctoral programs and/or are currently completing post-doctoral training are not eligible for membership at this level. Student membership is not available to individuals who have previously completed doctoral programs associated with psychology and are obtaining additional course work or certification in neuropsychology. Students will not have voting privileges and may not hold office, but may be members of committees.

**THE NATIONAL ACADEMY OF NEUROPSYCHOLOGY**  
**Application for Membership**

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Program: \_\_\_\_\_ Year Awarded: \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Gender: M F Ethnicity (Optional) \_\_\_\_\_ Non-English Assessment (Specify): \_\_\_\_\_  
 Preferred Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone (Work): \_\_\_\_\_ FAX: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Academic Affiliation: Institution: \_\_\_\_\_ Dept.: \_\_\_\_\_ Rank: \_\_\_\_\_  
 Licensed in State(s): \_\_\_\_\_ Lic. Number(s) \_\_\_\_\_  
 Adult \_\_\_\_\_ Pediatric \_\_\_\_\_ Specialties: \_\_\_\_\_  
 Diplomate Status (specify) \_\_\_\_\_

Membership Category for which you are applying. (Membership applicants are required to apply for the highest level for which they qualify). Check one:

- Professional Membership** requires that the applicant have completed academic coursework in the assessment and/or remediation of neuropsychological conditions and hold a doctoral degree in psychology or a related discipline from an accredited university. S/he shall have worked in a setting where such knowledge is applied for a minimum of three years, two of which must be postdoctoral.
- Associate Membership** Associate Members are required to hold a master's degree in psychology or a related discipline, or hold a doctoral degree in psychology or a related discipline with less than three years of experience in Neuropsychology. Associate members do not have voting privileges, may not hold office; but they may be members of committees.
- Affiliate Membership** is open to interested individuals whose training and experience preclude them from other levels of membership. Affiliates do not have voting privileges, may not hold office or be members of committees.
- Post-Doctoral/Early Career Membership** is available for two years after completion of a doctoral degree in psychology for those who are completing post-doctoral supervision/studies leading to psychology licensure.
- Student Membership** Student Members shall be limited to individuals attending full-time programs leading to a degree from a regionally accredited college or University. Individuals who have completed related doctoral programs and/or are currently completing post-doctoral training are not eligible for membership at this level. Student membership is not available to individuals who have previously completed doctoral programs associated with psychology and are obtaining additional course work or certification in neuropsychology. Students will not have voting privileges and may not hold office, but may be members of committees.

**All levels must submit a Curriculum Vitae with their application.** Applications for Affiliate membership does not require sponsorship. However, Students must submit a signature from a training director, advisor, faculty member or university registrar to attest to student status. *If applying for membership at the Professional, Associate or Post-Doctoral/Early Career level, please obtain the names and contact information (e-mail address and/or phone number) of two sponsors who have expertise in neuropsychology and can be contacted to attest to your training and experience in this specialty. At least one of your sponsors must be a member in good standing with the National Academy of Neuropsychology, Division 40 of the American Psychological Association, or the International Neuropsychological Society. Post-Doctoral applicants must provide a letter from their training director, attesting to their post-doctoral status. Please provide detailed information regarding your neuropsychology training and practice if applying for the professional level.*

**FACULTY SIGNATURE/SPONSOR INFORMATION:**

Print Name: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Affiliation: \_\_\_\_\_

**SPONSOR INFORMATION:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Member of:  NAN  INS  APA Div. 40

Member of:  NAN  INS  APA Div. 40

I certify: 1) I have not committed any violations of The Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2002); 2) My license to practice psychology has not been revoked in any state and, 3) I have not been convicted of a felony.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Committee Interest** – Please select the NAN Committee(s) you would be interested in joining, if applicable. This information will be forwarded on to the relevant Committee Chair(s) for follow up.

For committee descriptions, please visit: <http://www.nanonline.org/NAN/AboutNAN/BoardCommittees.aspx>

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Awards Committee              | <input type="checkbox"/> Clinical Research Grants Committee | <input type="checkbox"/> Conflict of Interest Committee               |
| <input type="checkbox"/> Culture & Diversity Committee | <input type="checkbox"/> Education Committee                | <input type="checkbox"/> Legislative Action & Advocacy Committee      |
| <input type="checkbox"/> Membership Committee          | <input type="checkbox"/> Policy & Planning Committee        | <input type="checkbox"/> Professional Affairs & Information Committee |
| <input type="checkbox"/> Program Committee             | <input type="checkbox"/> Publications Committee             | <input type="checkbox"/> Women in Leadership Committee                |

**Summary of Enclosed Payments**

<b>Application Fees (non-refundable)</b>		
<input type="checkbox"/> Professional/Associate/Affiliate (\$150)	<input type="checkbox"/> Post-Doctoral (\$75)	<input type="checkbox"/> Student (\$50)
		\$
<b>Donation (voluntary)</b>		
<input type="checkbox"/> Advocacy – to support the efforts of PAIC & LAAC		\$
<input type="checkbox"/> Research – to support the NAN Clinical Research Grants Fund		\$
<input type="checkbox"/> NAN Foundation ( <i>tax deductible</i> ) <b>Please make separate check out to NAN Foundation</b>		
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Women in Leadership Educational Fund * <a href="http://www.nanonline.org/NAN/AboutNAN/WIL.aspx">http://www.nanonline.org/NAN/AboutNAN/WIL.aspx</a>		\$
Tony Wong Student Diversity Fund * <a href="http://www.nanonline.org/NAN/AboutNAN/Diversity.aspx">http://www.nanonline.org/NAN/AboutNAN/Diversity.aspx</a>		\$
<b>TOTAL</b>		\$

\* Donations to the NAN Foundation are tax deductible.

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Amount \_\_\_\_\_

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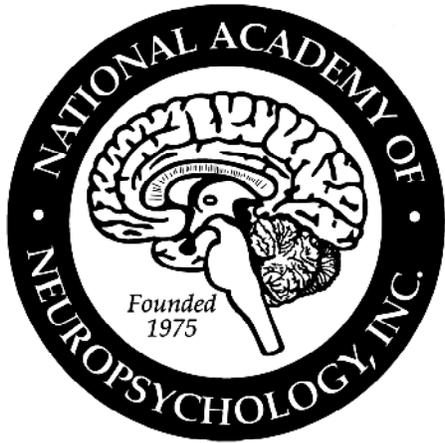
Expiration Date \_\_\_\_\_

CSC \_\_\_\_\_

Authorization Signature \_\_\_\_\_

Mail/Fax this completed form, curriculum vitae, verification (if applicable), and application fee *in U.S. funds* to:

**National Academy of Neuropsychology**  
**7555 East Hampden Avenue, Ste. 525**  
**Denver, Colorado 80321**  
**TEL (303) 691-3694/ FAX (303) 691-5983**



# *NAN DistanCE:*

*CEs Online, Anytime...*

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- 🔒 Neuropsychology of Epilepsy & Epilepsy Surgery
- 🔒 Clinical Psychopharmacology
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[www.nandistance.org](http://www.nandistance.org)

The National Academy of Neuropsychology is approved by the American Psychological Association to sponsor continuing education for psychologists. The National Academy of Neuropsychology maintains responsibility for this program and its content.



# NAN 2012 Annual Conference

November 7 - 10, 2012 | Gaylord Opryland Resort | Nashville, Tennessee

**Personal Information:** This information will appear on your name badge exactly as you provide it. Please print legibly or type.

Name: \_\_\_\_\_  M or  F

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Conference Category:

- NAN Member
- NAN Applicant
- TPA Member\*
- Non-Member
- Conference Exhibitor
- Committee Chair
- Board Member
- Program Committee

\*Tennessee Psychological Association Member

### Are you a licensed psychologist?

**APA requires this information.**

- Yes
- No

**General Registration Fee:** Please select the appropriate option below. After October 19 you **must** register either online or onsite.

	<b>Early or Postmarked by October 19</b>	<b>After October 19 Onsite or Online</b>
NAN Member (Fellow, Professional, Associate, Affiliate, Applicant)	<input type="checkbox"/> \$185	<input type="checkbox"/> \$235
Post-Doctoral Member (enclose verification of status)	<input type="checkbox"/> \$85	<input type="checkbox"/> \$115
NAN Student Member or Student Applicant (enclose verification of status)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$80
Non-Member	<input type="checkbox"/> \$335	<input type="checkbox"/> \$385
Non-Member Student (enclose verification of status)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$130
Adult Companion Attending Continental Breakfast & Receptions	<input type="checkbox"/> \$55	<input type="checkbox"/> \$55
Child Attending Continental Breakfast & Receptions	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20
Companions' Names: _____		
Student Luncheon (STUDENTS ONLY)	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20
Women in Leadership Networking Event	<input type="checkbox"/> Student \$35	<input type="checkbox"/> NAN Member \$60 <input type="checkbox"/> Non-Member \$70

**Student / Trainee Track:** Attendance at these sessions is limited to students, interns, and post-docs **ONLY**. Please note: While there is no charge for these programs, we do require those wishing to attend to register due to room capacities and fire code regulations.

### Thursday

- 18. Spevack - Intro to Peds NP  \$0
- 19. Barth - Sports Neuropsychology  \$0

### Friday

- 32. Broshek, et al. - Practical Advice  \$0
- 33. Bullard & Griss - Interview and Feedback  \$0

### Saturday

- 49. McCaffrey - Publish or Perish  \$0
- 50. Bodin & Beauvais - Student Training  \$0

Name: \_\_\_\_\_

**Wednesday Morning Special Topic Presentation** (7:00am - 9:00am) - No CE, **Please note:** While there is no charge for this program, we do require those wishing to attend to register, due to room capacities and fire code regulations.

1. Bieliauskas - ABCN Test Prep  \$0

**Wednesday Morning CE Workshops** (9:00am - 12:00pm) - 3 CE

2. Drane & Loring - SVT Failure  \$80

3. Kaye & Wild - Pervasive Computing for Assessing Functional Change  \$80

4. Kroll - The Bilingual Mind  \$80

5. Schneider & Dombovy - TBI/Stroke Meds  \$80

6. Tupper - Disorders of Motor Control  \$80

**Wednesday Afternoon CE Workshops** (1:30pm - 4:30pm) - 3 CE

8. Bieliauskas & Howieson - ABCN  \$80

9. Bowden & Loring - Critically Appraised Topics: Integrating High-Quality Evidence with Patient Needs  \$80

10. Koziol - Paradox of ADHD  \$80

11. Masten Hoesle, et al. - Ethics & Diversity  \$80

12. Weiner - Use of Psychoactive Drugs in the Cognitively Impaired  \$80

**Wednesday Evening General Session** (5:00pm - 7:00pm) - **Please note:** While there is no charge for these programs, we do require those wishing to attend to register, due to room capacities and fire code regulations.

Hilsabeck - President's Address (No CE)  \$0

NAN Business Meeting (No CE)  \$0

**Thursday Morning CE Workshops** (8:30am - 11:30am) - 3 CE

13. Boone - Multiple SVTs  \$80

14. Dennis - Spina Bifida  \$80

15. Morgan - Neurological Exam  \$80

16. Jackson - ICU Delirium  \$80

17. Tarter - Substance Abuse  \$80

**Thursday Afternoon Special Topic Presentations** (1:30pm - 3:30pm) - No CE, **Please note:** While there is no charge for these programs, we do require those wishing to attend to register, due to room capacities and fire code regulations.

20. Fastenau - Pediatric Grand Rounds  \$0

21. Naugle - Adult Grand Rounds  \$0

22. Raymond, et al. - ABN Test Prep  \$0

23. Howe, et al. - LAAC: Advocacy  \$0

24. Thames, et al. - Stereotypes and Neuropsychological Test Performance  \$0

**Thursday Afternoon Test Workshop** (1:30pm - 3:30pm) - 2 CE

25. Roid & Koch - Leiter-3: Nonverbal Assessment  \$60

**Thursday Evening General Session** (5:00pm - 8:00pm) - **Please note:** While there is no charge for these programs, we do require those wishing to attend to register, due to room capacities and fire code regulations.

26. Grant - Medicine, Brain, and Behavior (1 CE)  \$0

President's Reception  \$0

**Friday Morning CE Workshops** (8:30am - 11:30am) - 3 CE

27. Greenaway - MCI Treatment  \$80

28. Ingmundson - Sleep Medicine  \$80

29. Kirkwood - Pediatric TBI  \$80

30. Lee - Neuroanatomy  \$80

31. Wynkoop, et al. - Adv Reimbursement  \$80

**Friday Afternoon Special Topic Presentations** (1:30pm - 3:30pm) - No CE, **Please note:** While there is no charge for these programs, we do require those wishing to attend to register, due to room capacities and fire code regulations.

34. Masten Hoesle - Diversity Grand Rounds  \$0

35. Denney - Forensic Grand Rounds  \$0

36. Dodzik, et al. - ABPdN Test Prep  \$0

37. PAIC/LAAC - Health Care Reform  \$0

38. Watt - Delirium Update  \$0

39. Schretlen, et al. - Methods of Inference  \$0

40. Bruce, et al. - Student Research  \$0

**Friday Afternoon Test Workshop** (1:30pm - 3:30pm) - 2 CE

41. Holdnack & Delis - D-REF in Pediatric Populations  \$60

Name: \_\_\_\_\_

**Friday Evening General Session (4:00pm - 6:30pm) - Please note:** While there is no charge for these programs, we do require those wishing to attend to register, due to room capacities and fire code regulations.

- |                                |                              |   |                              |
|--------------------------------|------------------------------|---|------------------------------|
| Awards Ceremony (No CE)        | <input type="checkbox"/> \$0 | 43. Haaland - Distinguished Lifetime    | <input type="checkbox"/> \$0 |
| 42. Puente - CPT Update (1 CE) | <input type="checkbox"/> \$0 | Contribution to NP Award Address (1 CE) |                              |

**Saturday Morning CE Workshops (9:00am - 12:00pm) - 3 CE**

- |   |                               |                                  |                               |
|---|-------------------------------|----------------------------------|-------------------------------|
| 44. Ben-Porath - MMPI-2-RF Somatoform                   | <input type="checkbox"/> \$80 | 46. Puente - CPT Audit           | <input type="checkbox"/> \$80 |
| 45. Kreutzer - Working with Families after Brain Injury | <input type="checkbox"/> \$80 | 47. Shapiro - High Stakes Tests  | <input type="checkbox"/> \$80 |
|   |                               | 48. Williams - fMRI Applications | <input type="checkbox"/> \$80 |

**Saturday Afternoon Test Workshop (1:30pm - 3:30pm) - 2 CE**

- |   |                               |
|---|-------------------------------|
| 51. Naglieri - CEFI: The Science of Executive Functioning | <input type="checkbox"/> \$60 |
|---|-------------------------------|

**Saturday Afternoon CE Workshops (1:30pm - 4:30pm) - 3 CE**

- |   |                               |                                      |                               |
|---|-------------------------------|--------------------------------------|-------------------------------|
| 52. Cooper & Grizzle - Treatment of PCS       | <input type="checkbox"/> \$80 | 54. Puente - CPT Audit               | <input type="checkbox"/> \$80 |
| 53. Postal & Armstrong - Feedback that Sticks | <input type="checkbox"/> \$80 | 55. Vega, et al. - Bilingualism & NP | <input type="checkbox"/> \$80 |

**Fee Summary:**

Registration & Workshop Fees \$ \_\_\_\_\_

Student Luncheon (Students ONLY) \$ \_\_\_\_\_

Women in Leadership Event \$ \_\_\_\_\_

New Member Application Fee \$ \_\_\_\_\_

(Student - \$50, Post-Doc - \$75, all others - \$150)  
\*Enclose Application

Member Dues  2012  2013 \$ \_\_\_\_\_

(Student - \$50, Post-Doc - \$75, all others - \$150)

TOTAL ENCLOSED \$ \_\_\_\_\_

**Cancellation Policy:**

A 50% refund is possible for written cancellation requests postmarked and mailed by **October 19, 2012** to NAN at 7555 East Hampden Avenue; Suite 525; Denver, CO 80231. Cancellations will not be accepted by phone. Refunds will not be issued for cancellations requested after October 19, 2012. **No refunds are given for workshops cancelled on-site.**

**Payment Method:**

Check (Please make check payable to NAN)

Visa  Master Card

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ Card Security Code (on back of card): \_\_\_\_\_

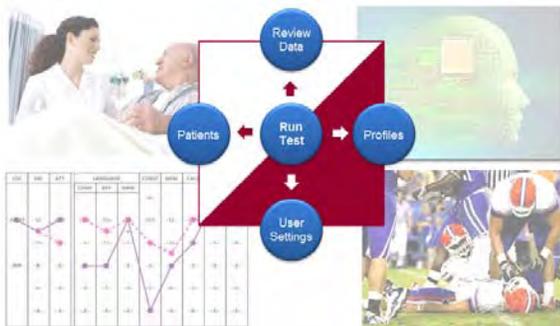
Name of Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

**Send Completed Registration Form and Payment to:**

National Academy of Neuropsychology | 7555 E Hampden Ave, Suite 525 | Denver, CO 80231  
Phone: (303) 691-3694 | Fax: (303) 691-5983 | office@nanonline.org | www.nanonline.org

# Cognistat



## Cognistat Assessment System

**Cognistat, the highly reliable and well-known paper test ...**

***NOW AVAILABLE IN A  
WEB BASED VERSION!***

The online version of Cognistat automates many aspects of the testing process while maintaining the clinician's central role throughout the assessment process. It is available in multiple languages and can be administered at any location around the globe on a PC, Mac or iPad.

CAS allows for flexible data storage and ready access to this information. Data from prior evaluations can be directly compared to current findings in order to document either progression of illness or response to treatment.

Data from individual patients can be compared with control groups and reference populations. Group data can be filtered and accumulated according to criteria such as age, gender, and diagnosis. Users at a single site or multiple sites can either isolate data from individual clinicians or pool this information into a single database.

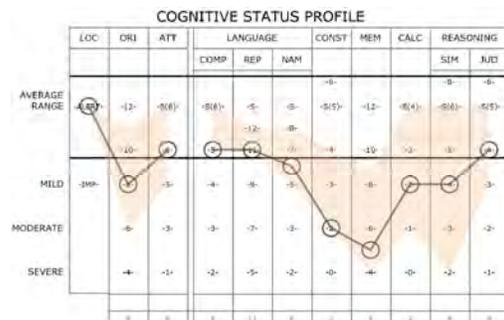
### Why CAS is right for your practice...

- Runs on a PC, Mac , Netbook and iPad
- Detects cognitive pathology associated with major medical, neurological and psychiatric illness
- Identifies and highlights situational factors that impact test performance
- Automated scoring and profiling
- Real-time user guidance...
  - Alerts the clinician to issues of possible concern
  - Offers suggestions for follow-up questions
  - Recommends ways of testing the limits
  - Suggests additional testing procedures
- An electronic data storage system...
  - Adheres to HIPPA standards for privacy protection
  - Offers instant comparisons with an extensive database
  - Permits trend analyses

### Why CAS works...

CAS succeeds where other automated assessments fail because it **respects the doctor-patient relationship**. Without clinician involvement doctor-patient rapport is compromised. CAS is a clinician administered, computer guided cognitive assessment tool

**"CAS benefits patients by strengthening clinicians!"**



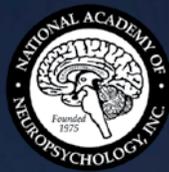
**Visit Cognistat booth #209!**

Take advantage of our NAN promotional offer

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