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#### Sarah M. Viamonte, Ph.D., M.S.P.H

2013 NAN Program Chair
Director, Neuropsychology Service
National Jewish Health
Denver, Colorado

Greetings and welcome to the 33rd Annual Conference of the National Academy of Neuropsychology! On behalf of the NAN Board of Directors and the 2013 Program Committee, I invite you to join us October 16 – 19 in sunny San Diego, California. We have prepared a dynamic program filled with world-renowned researchers and clinicians. The theme for the 2013 Conference is "Neuropsychology Across the Lifespan: The Developing to Aging Brain," and we are very excited to feature two keynote speakers. The Opening Keynote Address, "How Early Can We Diagnose Alzheimer's Disease and With What?" will be delivered by Dr. Ronald Petersen, the researcher and clinician who first defined 'mild cognitive impairment.' The Closing Keynote Address, presented by world-renowned behavioral neurologist Dr. Jeffrey Cummings, will provide a comprehensive review of the state-of-the-science in the study of Alzheimer's disease. Throughout the conference, we have excellent speakers addressing myriad aspects of neuropsychology and development over the lifespan. It is our intention that attendees will learn more about emerging science and its applications to clinical work. We hope the conference increases your enthusiasm for your work, allows time to meet and reconnect with colleagues, and proves to be a most intellectually stimulating experience!

In addition to the Drs. Petersen and Cummings, we have an incredible line-up of experts who will speak on memory and aging. Dr. Jacopo Annese, the steward of H.M.'s brain, will be presenting his fascinating work on the digital brain library. Dr. Yaakov Stern will discuss the latest on cognitive reserve research, and Drs. Sarah Tomaszewski-Farias and Maureen Schmitter-Edgecomb will cover everyday functioning in older adults. Finally, Dr. Dan Marson will deliver the Presidential Address on financial capacity in aging.

Attendees with a pediatric and adolescent focus will also not be disappointed. We have excellent speakers presenting on ADHD (Dr. Mark Mahone), movement disorders (Dr. Diego Torres-Russotto), fetal alcohol spectrum disorders (Dr. Sarah Mattson), and neurodevelopmental disorders across the lifespan (Dr. Doris Trauner). Dr. Natacha Akshoomoff will review autism spectrum disorders, including diagnostic changes in the DSM-5. Finally, Dr. Michael Kirkwood will provide an extensive review of validity testing and Dr. Monte Buchsbaum will discuss neuroimaging and neurodevelopment.

There are several topics that attendees look forward to every year. Dr. Michael McCrea will present the most recent research on mild traumatic brain injury and Dr. Nathaniel Nelson will present a separate workshop on blast-related injury in veterans. Dr. Yossi Ben-Porath returns this year to provide a comprehensive update on research related to the MMPI-2-RF. Finally, as healthcare and reimbursement evolve, greater consideration is being given to 'maintaining the bottom line.' Dr. Tony Puente will review the latest on coding and billing. We have also been fortunate to confirm speakers who will cover other aspects of the business of neuropsychology, including Dr. Mark Barisa, and a panel from NAN's Professional Affairs and Information Committee (PAIC).

Finally, the 2013 Annual Conference has several unique offerings – you can only find them at NAN in San Diego! We are very excited to learn from Drs. Daniel Tranel and Natalie Denburg, who will be presenting their latest research on emotion, decision-making, and the prefrontal cortex. Dr. Anjan Chatterjee will deliver a truly exceptional workshop on cosmetic neurology and the ethics of neural enhancement. Dr. Glenn Larrabee, one of the nation's leading forensic neuropsychologists, will be offering a new workshop on the practice of forensic neuropsychology which will have value for both new and experienced practitioners. Of course, the conference would not be complete without the Women in Leadership Event and the Distinguished Lifetime Contribution to Neuropsychology Award Address. This year's awardee, Dr. Dean Delis, will discuss the evolution of cognitive test development, including insights he gained from his mentors, the late Edith Kaplan and Nelson Butters, as well as new frontiers in tablet-based testing. And finally, the NAN Foundation is sponsoring a most anticipated Special Event with Dr. Alan Kaufman, who will be providing a historical perspective on intelligence testing, featuring discussion of his mentor, Dr. David Wechsler.

This year's NAN conference will again offer excellent workshops only for students/trainees covering teleneuropsychology, physician assessment, and assessment of financial capacity. There will also be workshops that explore the range of paths a young professional can take in the field of clinical neuropsychology.

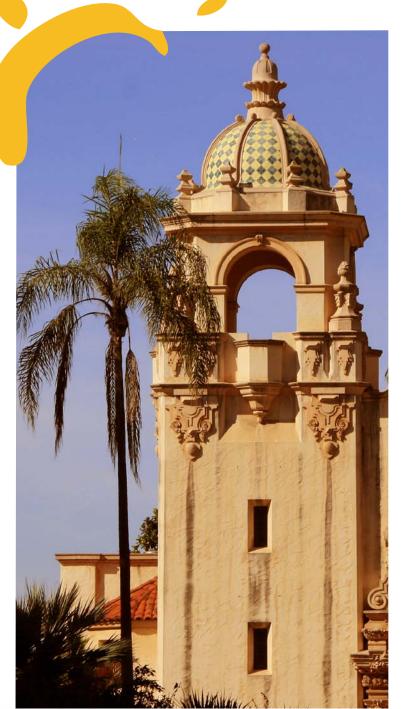
Our host for this year's Conference is the fantastic and centrally-located <u>Manchester Grand Hyatt San Diego</u>. Conference registration, travel, and tourism details are provided online at www.nanonline.org.

This year's program would not be possible without the exceptional support of NAN President Dr. Daniel Marson, Executive Director Dr. William Perry, the Board of Directors, Education Committee Chair Dr. Maureen O'Conner, Poster Chair Dr. Andrea Zartman, the Student Volunteers (*headed by Joshua McKeever and Daniel Smith*), and the 2013 Program Committee. I would also like to extend my appreciation to the NAN Office Staff--Heather Santos, Allison Mendrys, and Nicole Orfanakis.

Please mark your calendars! We all look forward to seeing you in San Diego in October!

#### 2013 NAN Board of Directors

Representing our members with pride and dedication



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The National Academy of Neuropsychology would like to acknowledge and thank its partners and exhibitors for their support of the 2013 NAN Conference.

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   Neuropsychology
- The Neuropsychology Center, PC
- University of the Rockies
- WPS

(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.)

#### Conference Committees

#### 2013 NAN PROGRAM COMMITTEE

Sarah Viamonte, Ph.D., MSPH (Chair)
Donna Broshek, Ph.D. (Board Liaison)
Gregory Strauss, Ph.D. (Program Chair-Elect)
Karin McCoy, Ph.D. (Past Program Chair)
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Anthony DeMarco, Psy.D.
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#### **NAN OFFICE**

Allison Mendrys, CMP Meetings & Events Manager

Nicole Orfanakis Membership & Education Coordinator

Heather Santos
Director of Operations

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

Maureen O'Connor, Psy.D. (Chair) Laura Lacritz, Ph.D. (Board Liaison) Stephen Moelter, Ph.D. (Past Chair) Benjamin Hampstead, Ph.D. Lenora Brown, Ph.D. Brandon Gavett, Ph.D. Julie Horwitz, Ph.D. Erin Reynolds, Psy.D. Tiffany Cummings, M.S.

#### **POSTERS & STUDENT AWARDS**

Andrea Zartman, Ph.D. (Poster Chair) Russell Pella, Ph.D. (Poster Chair-Elect) Jared Bruce, Ph.D. (Past Poster Chair)



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\$1,995.00 5501-KT NAB Form 1 Kit (includes 33 tests–Form 1) Kit Value: \$2,280.00

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# SCHEDULE-AT-A-GLANCE 🦛

October 16 - 19, 2013 | Manchester Grand Hyatt | San Diego, California



## Wednesday, October 16

## Special Topic (No CE)

::00 am - 9:00 am

1. Bieliauskas - ABCN Test Prep

#### **Continental Breakfast** 7:30 am — 9:00 am

## CE Workshops (3 CE)

9:00 am - 12:00 pm

- 2. Mattson Fetal Alcohol Spectrum
- Larrabee Forensic Neuropsychology
- 5. Farias & Schmitter-Edgecombe Aging 4. Torres-Russotto - Movement Disorders

### & Function

## Student/Trainee Track

6. Nelson - Career Options & Life Balance

### Student Lunch

. Broshek & Caillouet - Advocacy &

## Student/Trainee Track

. Marson - Capacity Assessment of Elderly

## CE Workshops (3 CE)

- 9. Bieliauskas & Howieson ABCN 1:30 pm - 4:30 pm
- 10. Nelson Blast-related Concussion
- 11. Akshoomoff Autism
- 12. Tranel & Denburg Prefrontal Cortex,
  - Emotion, Decision Making

## 13. Barisa - Business Strategies

5:00 pm - 5:15 pm

## Opening Keynote Address (1 CE)

14. Petersen - Early Detection of Alzheimer's

**NAN Business Meeting** 

6:15 pm – 7:00 pm

## Women in Leadership Networking Event

7:30 pm - 9:30 pm

## Thursday, October 17

## **Continental Breakfast Exhibit Hall Open** 7:30 am – 9:00 am

## CE Workshops (3 CE)

8:30 am - 11:30 am

- 15. Chatterjee Cosmetic Neurology 16. Ben-Porath MMPI-II-RF Update
  - 17. McCrea mTBI
- Judd, et al. Assessment of Non-
- **English Speakers**

## Student/Trainee Track

### Poster Session A

 $12:00 \ pm - 1:30 \ pm$ 

## Test Workshop (2 CE)

20. Sitarenios & Lam - Conners' CPT 1:30 pm - 3:30 pm

## Revised

Special Topics (No CE)

- 21. ABPdN Test Prep 1:30 pm – 3:30 pm
- 22. Adult Grand Rounds
- 23. Lebby Neuroimaging Primer 24. Nobles & Fisher Criminal Legal System Introduction

## **NAN Foundation Special Event**

35. Demakis - Incompetency & Guardianship 36. LAAC - Advocacy Update

32. Pediatric Grand Rounds 33. WIL - Attaining Leadership Roles

34. Student Research Presentations

David Wechsler—Mentor and Pioneer: A Historical Perspective of IQ Testing in Neuropsychology Presented by Alan S. Kaufman, Ph.D. 3:30 pm - 4:30 pm

37. Puente - CPT Update

Awards Ceremony

5:15 pm – 5:30 pm

CE Workshop (1 CE)

4:00 pm - 5:00pm

## **President's Address**

5:00 pm - 6:00 pm

**President's Reception** Poster Session B Exhibit Hall Open 6:00 pm - 7:30 pm

## Friday, October 18

Saturday, October 19

**Continental Breakfast** 

Continental Breakfast

Exhibit Hall Open

## CE Workshops (3 CE)

7:30 am - 9:00 am

8:30 am - 11:30 am

39. Puente - CPT Audit

25. Kirkwood, et al. - Validity Testing in

CE Workshops (3 CE)

8:30 am - 11:30 am

26. Buchsbaum - Imaging of Brain

Children & Teens

27. PAIC - Negotiation, PQRS,

28. Neimeyer - DSM-5

Reimbursement Development

- 40. Trauner Neurodevelopmental
  - Disabilities
- 42. Mahone Evidence-Based Practice 41. Stem - Cognitive Reserve
  - (ADHD)

## Student/Trainee Track

## Post-Doc/Internship Conversation Hour ::30 am – 1:00 pm

29. Cullum - Teleneuropsychology

**Exhibit Hall Open** 

11:30 am – 3:30 pm

Poster Session C

Student/Trainee Track

## Special Interest Group Meetings

- \* Aviation Psychology 11:30 am - 1:00 pm
- \* Hispanic Neuropsychological Society
- - \* Pediatric Neuropsychology Reitan Society
- VA Neuropsychology Group

30. Annese - H.M., Digital Brain Library

CE Workshop (2 CE)

1:30 pm – 3:30 pm

Special Topics (No CE)

31. ABN Test Prep

1:30 pm - 3:30 pm

### Closing Keynote Address (3 CE) 1:00 pm - 4:00 pm

44. Cummings Part 1: Alzheimer's Disease: Biology and

Part 2: Alzheimer's Disease: Trial Design, Clinical Assessment, and Biomarkers **Emerging Therapeutics** 

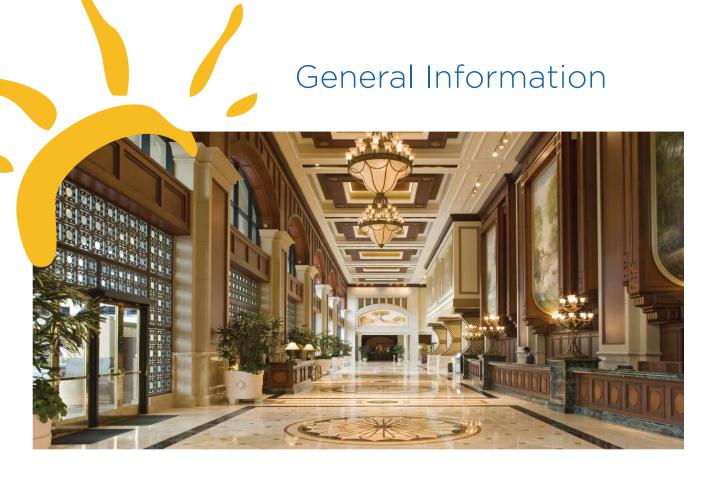
## **Exhibit Hall Hours**

Friday 7:30 am - 9:00 am **Thursday** 

Distinguished Lifetime Contribution to NP Award Address (1 CE)

5:30 pm - 6:30 pm

**Saturday** 7:30 am – 9:00 am



#### **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 Wednesday evening for Dr. Petersen's keynote address. On Friday evening, 1.0 free CE credit is available for the 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.* 

#### **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 1-800-747-6334.

#### **President's Reception**

The President's Reception will be held on Thursday, October 17, at 6:00 p.m. after the President's 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 student members of NAN 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, October 16. Attendance is limited to student attendees and the early registration fee is \$10. Again in 2013, 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, 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, American Express, or Discover.

#### **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 **September 27, 2013** 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 September 27, 2013.** 

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



Manchester Grand Hyatt San Diego On San Diego Bay

#### **Hotel Information & Services**

The Manchester Grand Hyatt in San Diego, California is the official location for the National Academy of Neuropsychology's 33rd Annual Conference. Expect luxury and fun-filled days visiting famous San Diego attractions when you stay at Manchester Grand Hyatt San Diego. The resort is located near popular attractions in San Diego, offering guests easy access to San Diego fun. From beautiful beaches to premier theme parks, to waterfront attractions, museums, sporting events and shopping, San Diego vacations are packed with fun things to do.

#### **Hotel Reservations**

Call (888) 421-1442 or visit 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 conference rate of \$249 plus tax per night for single/double occupancy.



**Reservation Deposit and Confirmation** – A deposit equal to one night's room and tax will be due from individuals attending conference 14 days after room is confirmed by the Hotel but no later than the cut-off date specified above. Personal checks, money orders, or a valid American Express, Diners Club, Discover Card, Visa, or Mastercard number and expiration date will be needed for the deposit.

#### Hotel reservations must be made by Sunday,

**September 22, 2013.** 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.

Booking a room in the room block at the Manchester Grand Hyatt is an important way to support NAN and ultimately keep overall meeting costs and registration prices as low as possible. Staying "within the block" is also more convenient and helps you stay connected with the informal activities and networking opportunities that occur at the headquarters hotel during the conference.

#### **Airport Transportation**

The closest international airport to the Manchester Grand Hyatt is San Diego International Airport (SAN), which is approximately 3 miles from the hotel.

#### Taxi:

Service is available on a first come, first serve basis from the lower level curb of all terminals. Approximate cost from SAN International to the hotel is \$12.00 - \$14.00.

#### **Shuttle Service:**

Several shuttle companies are available at the airport for an approximate cost of \$11.00 per person. Express Shuttle is available with reservations. Call 800-900-7433 or 619-591-0303.

#### **Hotel Parking:**

Manchester Grand Hyatt San Diego offers valet or self-parking options.

#### Valet Parking

• Overnight Guest: \$36

• First Hour: \$10

After the first hour \$7 per hour

• Daily Maximum: \$38

#### Self-Parking

• Overnight Guest: \$26

• First Hour: \$7

• After the first hour \$7 per hour

• Daily Maximum: \$28

#### **Local Transportation**

#### **Amtrak Train Station:**

Located only five blocks from Manchester Grand Hyatt, guests can travel from San Diego to Los Angeles with daily service approximately every two hours for \$60.00 round trip, unreserved. For scheduled service call 800-872-7245.

#### San Diego Trolley:

Simply cross the street to catch the trolley at our downtown San Diego hotel. It provides access to Fashion Valley, Mission Valley shopping centers, Old Town, Qualcomm Stadium, throughout downtown San Diego and into East County. The cost is \$2.50 to the U.S. border.

#### **Horse and Carriage:**

Rides are available within the downtown area departing from Seaport Village (Harbor House). Seaport Village hours are 12:00p.m. to 11:00p.m. Fares are approximately \$60.00 per half hour and \$95.00 per hour. Call 619-239-8080 for more information.

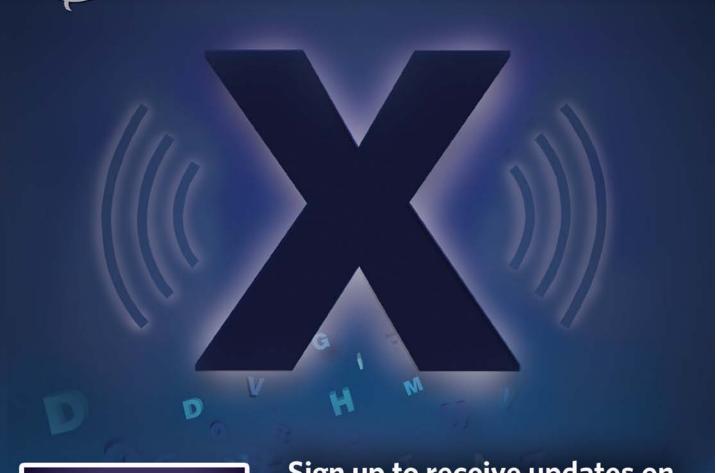
#### **Hertz Rental Car in the lobby of Manchester Grand Hyatt:**

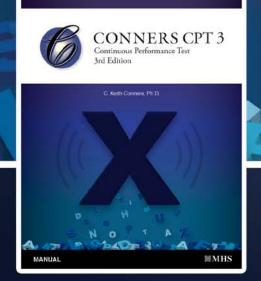
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#### **WEDNESDAY, OCTOBER 16, 2013**

7:00am - 9:00am SPECIAL TOPIC PRESENTATION - NO CE



#### 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. 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



Sarah N. Mattson, Ph.D. San Diego State University, University of California, San Diego

By some estimates, fetal alcohol spectrum disorders (FASD) occur in 5-7% of school age children. FASD includes individuals diagnosed with fetal alcohol syndrome (FAS) as well as those affected by prenatal alcohol exposure who do not meet the diagnostic criteria for FAS. While early identification and intervention can improve clinical outcomes, the lack of diagnostic physical markers in this latter group makes identification difficult. This presentation will include an overview of FAS and FASD, including recent diagnostic developments, and describe ongoing studies aimed at determining the specificity of the neurobehavioral profile of FASD. Different profiles are emerging suggesting that behavioral deficits seen in FASD may differ depending on the presence of ADHD whereas neuropsychological functioning is more globally affected. Individuals with FASD and ADHD are more impaired in some behavioral domains than children with either condition alone. In contrast, alcohol-exposed children with or without ADHD show neuropsychological deficits greater than those seen in ADHD. Recent studies have also suggested unique profiles of neuropsychological performance on measures of attention and cognitive effort. Disentangling the effects of FASD and other developmental conditions will lead to improved identification and lay the groundwork for rationally-based intervention programs.

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

- Describe the diagnostic developments and neurobehavioral effects seen in individuals affected by heavy prenatal alcohol exposure.
- Explain aspects of sensitivity and specificity of neuropsychological testing in children with fetal alcohol spectrum disorders.
- 3. Discuss the importance of the presence of ADHD in children with FASD and the differing behavioral profiles.
- 4. Discuss the need for a neurobehavioral profile of fetal alcohol spectrum disorders.



#### Glenn J. Larrabee, Ph.D. Independent Practice

The Daubert decision on admissibility of evidence emphasizes the scientific support for the theory or technique being offered, including reliability, testability, ability to be falsified, and known or potential rate of error, with standards that exist and maintain control of the operation of the technique. This presentation will emphasize a scientific approach to forensic neuropsychology in the civil setting that is in keeping with Daubert. The scientific approach is defined and contrasted with the pseudo-scientific approach, with a particular emphasis on base rates, confirmation bias, and the relationship of these factors to diagnostic error as can occur with illusory correlation. Listing of disconfirming evidence for a particular diagnostic hypothesis is discussed as an effective means of combating confirmation bias. Forensic neuropsychological assessment is presented as a scientific endeavor, based on three sources of data: medical records, interview of the litigant, and testing of the litigant. Prior to interpretation of the data, test scores must be analyzed for evidence of performance validity and personality data must be analyzed for evidence of symptom validity. These data are then subjected to a four part consistency analysis including consistency within and between neuropsychological domains, consistency with suspected neurological disorder, consistency with documented severity of injury, and consistency with the examinee's behavioral presentation. Sir Bradford Hill's nine factors contributing to causal inferences are reviewed in reference to neuropsychological evidence. The scientific status of neuropsychological assessment is discussed, as well as classification statistics related to diagnostic accuracy, with a particular emphasis on malingering. Case examples from civil personal injury litigation are used throughout this presentation, with a detailed analysis of a case of complicated mild traumatic brain injury.

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

 Describe the importance of falsification in scientific reasoning, and how this relates to confirmation bias and ignorance of base rates in the formation of illusory correlations.

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- 2. Explain the importance of relying on multiple sources of data including medical records, interview and testing of a litigant, with submission of these data to evaluation of performance and symptom validity, followed by a four part consistency analysis.
- List additional factors related to scientific analysis of neuropsychological data including Sir Bradford Hill's causal criteria, scientific status of neuropsychological assessment, and diagnostic classification statistics and their relationship, in particular, to diagnosis of malingering.



#### Diego R. Torres-Russotto, M.D. University of Nebraska Medical Center

Movement Disorders are neurological disorders that present with decrease of normal movements or presence of abnormal movements. Most of these conditions have been linked to a dysfunction of the deep structures of the brain, including the basal ganglia, cerebellum and brain stem. There are Movement Disorders that present during infancy and can change, worsen, improve or disappear as the child grows. Other Movement Disorders never occur during childhood, but show up during adulthood and progress over time. To be able to diagnose Movement Disorders, a deep understanding of the motor phenomenology is important. However, most conditions are associated deeply with behavioral, psychiatric and cognitive changes. The main objective of this workshop is to get to know the basics about these fascinating and often disabling conditions, and how they present throughout the lifespan.

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

- 1. Describe the features of basic Movement Disorders.
- 2. Recognize Movement Disorder phenomenology and how it relates to specific diseases.
- 3. Describe the diagnostic methodology and criteria for common Movement Disorders.
- 4. Describe differences on age presentation and progression of common Movement Disorders.



Sarah Tomaszewski Farias, Ph.D. University of California, Davis Medical Center

#### Maureen Schmitter-Edgecombe, Ph.D. Washington State University

The assessment of everyday functioning and an understanding of the factors that influence various functional capacities are critical to the neuropsychological evaluation of older adults. This workshop will begin with a discussion of the various methods used to assess functional status in older adults from the use of informant-rated questionnaires to direct observational approaches including in-home and continuous measurement technologies. Within the context of the Disablement Process Model, research on the neurobiological, cognitive, neuropsychiatric, motor and other determinants of everyday function will be reviewed. The early manifestations of functional limitations in the setting of Mild Cognitive Impairment and the progressive loss of everyday function across the disease spectrum will also be discussed. Within this context, direct observation studies that evaluate the types of errors that occur when completing everyday activities (e.g., omissions, substitutions, and inefficient actions), cognitive correlates, and responses to assistive prompting technologies will also be discussed.

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

- 1. Describe the different clinical and research methods used to measure the functional abilities of older adults.
- 2. Identify many of the cognitive and non-cognitive contributors to the functional capacities of older adults.
- 3. Explain the knowledge gaps and research that is being conducted to better understand the impact of various factors on everyday functioning.

#### 9:00am - 11:00am STUDENT/TRAINEE TRACK

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



Early Professional Development in Clinical Neuropsychology: A Discussion of Practice Trends, Career Options, and Life Balance

#### Nathaniel W. Nelson, Ph.D. University of St. Thomas

Graduate psychology students and trainees who choose to specialize in clinical neuropsychology face the distinct challenge of developing their professional interests within the constraints of available practice opportunities. The current semi-formal workshop aims to expand perspectives regarding available career paths within the field of neuropsychology, and facilitate dialogue surrounding issues of early professional development. Various issues relevant to the 'trainee-toprofessional' transition, including professional activities that might be anticipated across work settings (e.g., research, large medical university, VA, academic, private practice), work hours, reasonable expectations for income, levels of career satisfaction, licensure, and the board-certification process will be discussed. Attention will also be given to the important issues of life balance and self-care throughout the early professional development process (and beyond). The seminar is directed specifically to graduate psychology students, pre- and postdoctoral trainees who are interested in discussing professional development, life balance, and strategies of achieving career success.

#### 12:00pm - 1:30pm *STUDENT LUNCH*

\*Attendance is limited to students only



Donna Broshek, Ph.D.
University of Virginia Health Science Center

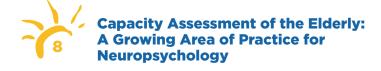
Beth Caillouet, Ph.D.

Western State Hospital and University of Virginia School of Medicine

The annual student luncheon will feature an informal discussion on getting involved in NAN and a brief introduction to professional advocacy. Students often think that they are too young or too inexperienced to become involved in professional organizations and advocacy, but that is not true. In fact, advocacy and professional issues will often impact students for a longer period of their professional lives than senior neuropsychologists, and becoming involved early paves the way for effective advocacy as a trainee and early career neuropsychologist. The benefits of being actively involved in NAN will be presented, including how working on committees can inform your practice, make connections with other neuropsychologists, and help you establish a national reputation. The advocacy presentation will focus on discussion of fears and concerns about advocacy and options for becoming involved as a student. Learn how you can help shape the future of our field.

#### 1:30pm - 3:30pm STUDENT/TRAINEE TRACK

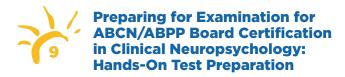
\*Attendance is limited to students, interns, & post-docs only only



#### Daniel C. Marson, J.D., Ph.D. University of Alabama, Birmingham

This session will describe demographic changes in the U.S. and the increasing need for capacity assessments of cognitively impaired older adults. The basics of capacity assessment and its relationship to, and differences from, neuropsychological assessment will be discussed. Methodological approaches to capacity assessment of the elderly will also be discussed.

#### 1:30pm - 4:30pm CE WORKSHOPS - 3 CE



Linas Bieliauskas, Ph.D.

Ann Arbor VA Healthcare System, University of Michigan Health System

#### Diane Howieson, Ph.D. Oregon Health and Science University

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 either 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 approaches to improve work sample submission.
- Apply techniques for responding to examiner questions during the fact-finding portion of the oral examination, and employ techniques to aid with effective questioning of the examiner and formulation of diagnostic conclusions.
- Apply techniques for responding to examiner questions during the ethics and professional issues portion of the oral exam.
- 4. List appropriate strategies that one can use to adequately prepare for all parts of the oral examination.



#### Nathaniel W. Nelson, Ph.D. University of St. Thomas

Blast-related mild traumatic brain injury (MTBI; concussion) has been a topic of great clinical and research interest in recent years, largely related to the disconcerting rate at which blast concussion is believed to transpire in the recent Operations in Iraq and Afghanistan. Through review of the historical literature and the latest blast concussion research, the current workshop highlights common challenges and complexities that clinical neuropsychologists and researchers confront when assessing blast concussion in military and veteran samples. The seminar will review such topics as: (1) historical, etiological conceptions of persisting symptoms, (2) benefits and limitations of contemporary 'TBI Screening' procedures and other concussion assessment approaches, (3) anticipated neuropsychological outcomes following blastrelated concussion(s), (4) common physical and psychiatric co-morbidities, and (5) contextual factors (e.g., secondary gain, social influence) that may serve to reinforce or extend cognitive limitations during the post-deployment phase. A primary aim is to summarize the state of the current neuropsychology literature and identify essential topics for future research study. Although the workshop is tailored to clinical neuropsychologists, topics discussed are likely to be of relevance to any provider who delivers clinical services on behalf of returning soldiers and veterans.

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

- 1. Place blast-related concussion in historical context and discuss benefits and limitations of contemporary approaches to blast-related concussion assessment.
- 2. Summarize the strengths and weaknesses of available neuropsychological outcomes literature in military and veteran blast concussion samples, and identify essential needs for future research.
- Identify various non-concussion-related factors that may complicate recovery, or better account for persistent cognitive symptoms and/or performance-based impairments in the late stage of recovery.



#### Natacha Akshoomoff, Ph.D. University of California, San Diego

As more interdisciplinary research has been conducted on autism in recent years, our view of this complex neurodevelopmental disorder has dramatically changed. This presentation will review the changes in diagnostic criteria that will be introduced in DSM-V and discuss the challenges of diagnosis at various developmental stages. Recent research on the underlying genetic and neurobiological causes of autism spectrum disorders will be reviewed, with an emphasis on how this affects our understanding of the behavioral phenotype in autism. The impact of early intervention will be discussed as well as the role of the pediatric neuropsychologist in working with children with autism spectrum disorders.

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

- 1. Explain changes to the diagnostic criteria for autism spectrum disorders that will be introduced in DSM-V.
- 2. Describe the need for early intervention in these children.
- 3. Describe recent research on the underlying genetic and neurobiological causes of autism spectrum disorders.
- 4. Apply knowledge gained from a review of the research to conceptualize the specific behavioral phenotype of autism spectrum disorders and be able to discuss the role of a pediatric neuropsychologist in the conceptualization, diagnosis, and treatment of autism spectrum disorders.



Daniel Tranel, Ph.D. University of Iowa

#### Natalie L. Denburg, Ph.D. University of Iowa

The importance of the prefrontal cortex in everyday life was brought to scientific attention by the famous case of Phineas Gage. At the University of Iowa, we have been conducting systematic investigations of the prefrontal cortex by studying several participant groups, including modern-day

"Phineas Gage"-type neurological patients, seemingly healthy older adults, and patients who sustained brain damage at a young age. What these disparate groups have in common is proposed dysfunction in specific neural systems that include the prefrontal cortex, which are crucial for complex real-world decision-making. In particular, our research has demonstrated a fundamental role for emotion in many aspects of decision-making. Using multiple techniques, including behavioral testing, psychophysiological studies, and neuro-imaging, we review findings from our research investigating neuroeconomics, moral reasoning, and consumer decision-making. Implications of our findings for informing practice will be discussed.

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

- 1. Describe the importance of the prefrontal cortex for complex decision-making across the lifespan.
- 2. Discuss the implications for decision-making when an individual is deprived of emotion.
- 3. Explain the impact of neural dysfunction, chiefly involving the prefrontal cortex, on neuroeconomics, moral reasoning, and consumer decision-making.



#### Mark Barisa, Ph.D. Baylor Institute for Rehabilitation

This presentation will present an overview of the Patient Protection and Affordable Care Act (PPACA) followed by discussion of the impact of healthcare policy on clinical practice and research. This will include strategies for maintaining fiscal balance and sustainability through better business practices. Topics to be presented include program evaluation and business model development, strategies for a competitive advantage in the marketplace, and the role of outcomes/evidence based in the implementation of healthcare policy and the future of clinical practice.

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

 Discuss implications of health reform legislation on maintaining a high-quality professional neuropsychology practice.

#### 20 REGISTER TODAY: WWW.NANONLINE.ORG

- 2. Evaluate the strengths and weaknesses of their current business model and develop a strategy for change/improvement.
- 3. Describe the value of outcomes based research in driving clinical practice in the context of new models for health-care policy and reimbursement.
- Use the information to adapt clinical and professional activities to meet changes in healthcare policy in a proactive manner.

5:00pm - 5:15pm OPENING WELCOME

5:15pm - 6:15pm OPENING KEYNOTE ADDRESS - 1 CE



#### Ronald C. Petersen, M.D., Ph.D. Mayo Clinic College of Medicine

The current trend is to invoke the use of biomarkers in making the diagnosis of clinical syndromes along the Alzheimer's disease (AD) spectrum. As such, a great deal of work is underway evaluating the utility of volumetric MRI, FDG PET, amyloid PET and cerebrospinal fluid biomarkers to assist in making the diagnosis. The new criteria for the AD spectrum include three distinct phases: dementia, mild cognitive impairment (MCI) and preclinical, and this formulation of the AD spectrum has received a great deal of attention. However, the role of a clinical assessment, including neuropsychological testing, remains to be determined. The accurate characterization of the clinical syndrome is critical, and all of these elements play a role. I will discuss the utility of biomarkers in making the diagnosis of AD and will also describe the classification of preclinical, MCI and dementia due to AD on clinical grounds. The role of neuropsychology remains vital in characterizing these disorders.

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

- 1. Outline current diagnostic criteria for Alzheimer's disease.
- 2. Appreciate the strengths and weaknesses of biomarkers.

3. Characterize the role of neuropsychological testing in the diagnostic process.

6:15pm - 7:15pm NAN BUSINESS MEETING (ALL REGISTRANTS WELCOME)

#### 7:30pm - 9:30pm WOMEN IN LEADERSHIP NETWORKING EVENT

This year's NAN Women in Leadership Committee's Annual Networking Event will feature speaker Dr. Bonny Forrest, a long-time advocate for children and their families in her work as an attorney and a psychologist. Her career has led her from Wall Street, to death row, through academia, and most recently to debate Bill O'Reilly weekly. She has authored a number of publications and serves as a reviewer for academic journals. Join us for "Time to Change Course: What Can We Learn from Career Obstacles?" held at the Manchester Grand Hyatt. The event will feature networking opportunities and light refreshments. Purchase your tickets early as space is limited!

#### **THURSDAY, OCTOBER 17, 2013**

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



#### Anjan Chatterjee, M.D. University of Pennsylvania

In the wake of our improving abilities to treat the impaired nervous system, we are also learning how we might improve the functioning of the healthy nervous system. We can modulate our motor, cognitive, and affective systems in ways that potentially enhance us. Pharmacological enhancements are used widely in some circles and their use is likely to increase. Newer non-invasive stimulation techniques also have the potential to be used as enhancements. If we can make people "better," should we? Neuro-enhancements raise deep ethical concerns about safety, compromised character,

distributive justice, and coercion. The ethical concerns apply to adults in general, but also in unique ways to children that are not completely autonomous and to soldiers that choose to relinquish some of their autonomy. Despite the ethical quandaries that arise, prohibition of enhancements is not a viable option. The presentation will use historic precedents to help guide our thinking about the current and presumed future state of cosmetic neurology and discuss the role of health-care providers in this changing landscape.

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

- 1. Describe targets for neural enhancement.
- 2. Explain the ethical quandaries that arise from this practice.
- Draw parallels between historical precedents and the possible evolution of cosmetic neurology.



#### Yossef S. Ben-Porath, Ph.D. Kent State University

Five years after its release, the MMPI-2-RF is used widely in neuropsychological evaluations. Over 170 peer reviewed studies of the test have been published, many in neuropsychology journals. This workshop provides an update on the research base available to guide use of the instrument in a broad range of settings and types of assessments, including intake to chronic pain treatment programs, pre-surgical psychological screenings, clinical evaluations, and forensic examinations. The literature available to guide MMPI-2-RF interpretation in these settings will be reviewed first, followed by presentation of a series of case studies. In keeping with the theme of this year's conference, new data on MMPI-2-RF findings across the adult life span will be presented.

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

- 1. Identify, classify, and cite MMPI-2-RF research.
- Utilize peer reviewed data to guide MMPI-2-RF interpretation.
- 3. Critically analyze the association between age and MMPI-2-RF scores when using the instrument.



#### Michael McCrea, Ph.D. Medical College of Wisconsin

The diagnosis and treatment of mild traumatic brain injury (MTBI) have historically been hampered by an incomplete base of scientific evidence to guide clinicians. One question has been most elusive to clinicians and researchers alike: what is the true natural history of MTBI? Fortunately, the science of MTBI has advanced more in the last decade than in the previous 50 years, and now reaches a maturity point at which the science can drive an evidence based approach to clinical management. In particular, technological advances in functional neuroimaging have created a powerful bridge between the clinical and basic science of MTBI in humans. Collectively, findings from clinical, basic science and functional neuroimaging studies now establish a foundation on which to build integrative theories and testable hypotheses around a comprehensive model of MTBI recovery. This workshop will provide a focused review of the current scientific literature on post-concussion symptom recovery, neuropsychological outcome and neurophysiological healing after MTBI, as well as how the new evidence base can help guide clinicians in the evaluation and management of MTBI.

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

- 1. Cite the latest basic and clinical science of MTBI.
- 2. Integrate science that illustrates the true natural history of recovery after MTBI.
- 3. Gain new perspectives for rethinking Postconcussion Syndrome (PCS).



Tedd Judd, Ph.D.
Independent Practice

Daniel Cruz-Laureano, Psy.D. Scott and White Memorial Hospital

Anna E. Pineda Olvera, M.S., L.P.A., C.S.P. Scott and White Memorial Hospital

Katrina E. Belen, Psy.D. Pate Rehabilitation

Valerie Hoese, Ph.D. Orlando VA

#### Alesya Radosteva, M.A. Antioch University West

Monolingual U.S. neuropsychologists are increasingly discovering the challenges, necessity, feasibility, and satisfaction of competent cross-language evaluation. Currently, 20% of the U.S. population speaks a language other than English at home and this trend will gradually increase in a few decades. This workshop will present emerging models of cross-language evaluation with the goal of assisting monolingual neuropsychologists and neuropsychology programs to develop flexible, locally-adapted protocols for such work. General topics covered will include needs assessment, community networking, professional preparation, ethical guidelines, and protocol development. Discussion topics will include types of interpreters, interpreter selection, skills for effective interpreter use, interpreter ethics, and bilingual evaluation. Evaluation models will include live interpreter, phone and video interpretation, bilingual psychometrists, neuropsychologists with less-than-optimal second languages skills, and monolingual neuropsychologists training bilingual students. Testing issues will include test translation/adaptation; how to find, evaluate, acquire, and use non-English tests; working with suboptimal tests; and use of non-English tests when the neuropsychologist does not speak/read the language of the test. There will be particular attention to the model of the bilingual psychometrist, including selection and training of bilingual psychometrists, the dual role of psychometrist/interpreter, the psychometrist/interpreter as a cultural broker, and bilingual assessment with a bilingual psychometrist. Many monolingual neuropsychologists approach the evaluation of non-English speakers questioning their ability to successfully meet expectations from the referral source and/or patients. We aim to provide participants with a theoretical/practical framework when structuring these types of evaluations.

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

- 1. Evaluate examinee's linguistic, cultural, immigration, and acculturation backgrounds and use this information to provide improved neuropsychological services.
- 2. Discuss the advantages, disadvantages, and ethical considerations involved in various models of language

- communication for assessment, including live interpreter, phone or video interpreter, bilingual psychometrist/interpreter, and bilingual evaluation.
- 3. Identify principles of test translation/adaptation; means of finding, evaluating, acquiring, and using non-English tests; and pragmatic and ethical approaches to evaluation when only suboptimal tests are available.

#### 9:00am - 11:00am STUDENT/TRAINEE TRACK

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



William Perry, Ph.D. University of California, San Diego

#### Jessie Park, Psy.D. University of California, San Diego

In order to appropriately assess whether cognitive decline impacts physician practice, fitness-for-duty evaluations need to be conducted. Research linking both aging to cognitive changes, and to physician performance will be discussed. A model will be presented that addresses cognitive assessment in the context of physician practice. A review of the relevant research and the instruments used to assess performance will be covered. The information addressed in this presentation is applicable to other professions whose work-place performance is potentially impacted by cognitive decline and the effects of aging.

#### 1:30pm - 3:30pm TEST WORKSHOP - 2 CE



Gill Sitarenios, Ph.D. Multi-Health Systems Inc.

#### Kent Lam, Ph.D. Multi-Health Systems Inc.

The Conners CPT is one of the most widely used performance based measures of attention and neurological functioning. The visual version of the CPT presents letters on the screen at varying inter-stimulus intervals and takes 14.5 minutes to run. Responses are to be given to all letters except the letter "X." This workshop will describe the latest version of the visual Conners CPT (CPT-3) paradigm, and provide information about critical changes from the previous version. The presentation will also describe a new audio version of the CPT called the Conners Directed Auditory Test of Attention (C-DATA). C-DATA takes 14 minutes to complete, and respondents are instructed to respond to high pitch sounds that follow warnings (low pitched sounds). The audio paradigm includes warned trials and unwarned trials, and non-switch (warning occurs in the same ear as target) and switch trials (different ear for warning and target). Both versions of the CPT measure reaction times, variability of reaction times, and error rates. The audio version also includes measures for laterality and mobility. The development of the CPT-3 was based on samples of 1,314 non-clinical cases, and 499 ADHD cases. C-DATA was developed based on research from 1,217 non-clinical cases, and 255 ADHD cases. Critical information about norms, reliability, and validity based on these data will be summarized. The workshop will focus on the proper use and interpretation of CPT-3 and C-DATA by working through specific case studies.

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

- 1. List the main features of both the visual and audio Conners CPT paradigms.
- 2. List the main measures of each paradigm and describe what they mean.
- 3. List the different CPT reports and summarize the contents of each.
- 4. List and describe the most common interpretive profiles that can occur for each paradigm.

1:30pm - 3:30pm SPECIAL TOPIC PRESENTATIONS - NO CE



#### Peter Dodzik, Psy.D. Fort Wayne Neurological Center

The American Board of Pediatric Neuropsychology (ABPdN) is the 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.



Richard Naugle, Ph.D.
Cleveland Clinic Foundation

Robin Hilsabeck, Ph.D.
University of Texas Health Science Center, San Antonio

Marc A. Norman, Ph.D. University of California, San Diego

#### Mike Schoenberg, Ph.D.

#### University of South Florida Morsani College of Medicine

This symposium involves a review of significant clinical cases from neuropsychologists' practices. This year's cases include a patient whose level of functioning did not betray the fact that he had undergone an extensive bifrontal resection in the remote past. The other two cases were diagnostic dilemmas due to the number of possible etiologies that had to be considered. The first is a 62 year-old female who developed symptoms that were potentially attributable to any of a number of neurodegenerative processes; the second is a 57 year old male who presented for evaluation after exposure to toxins and multiple concussions. 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. Hilsabeck, Norman, and Schoenberg will serve as discussants, 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.



#### Paul C. Lebby, Ph.D. Children's Hospital Central California

Neuroimaging technology is advancing rapidly, and with the change from film to digital, has become much more accessible to neuropsychologists on desktop computers, laptops, tablets and even smart phone devices. Because of this, it is becoming increasingly more important for neuropsychologists to have a basic understanding of neuroimaging and the interpretation of brain scans. This multi-media presentation will provide a clinically oriented review of brain imaging technologies used to assess brain pathology. It will provide a basic review of the many scanning techniques and sequences currently available, including information relating to image accuracy, limitations, artifacts and cautions when using neuroimaging for clinical decision-making. The benefit of viewing some sequences over others will be discussed to assist the viewer in determining which scans are the best to view for particular pathologies or clinical questions. A simplified workflow to aid in clinical interpretation will be presented with examples from a variety of cases. To aide in interpretation, some of the scans

will be presented in their standard 2D format, in addition to computer generated 3D formats, to illustrate the advantages of 3D reconstruction in interpreting anatomical structures and pathologies. To assist with the integration of the imaging data with functional impairments in the patient, neuropsychological findings will be presented with many of the examples. Many disorders will be covered to provide the audience with a variety of clinical examples including traumatic brain injury, hypoxic ischemic encephalopathy, non-accidental trauma (shaken-baby), encephalitis, neuro-oncology (brain tumors), vascular disorders, gunshot injuries, and neurodegenerative conditions. As time permits, questions regarding the imaging technologies or patient cases will be encouraged throughout and following the presentation to facilitate participant learning.

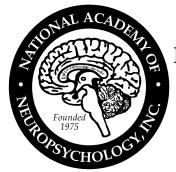


James Nobles, Esq. Individual Practitioner

#### Jerid Fisher, Ph.D.

#### Brain Injury Consultants, Inc. and Forensic Investigative Technologies, Inc.

This workshop is pragmatic and based on the presenters' experience working as a forensic neuropsychologist and a high profile criminal defense attorney, respectively. The primary goal is to educate psychologists about ways to work in and navigate the criminal legal system – one that operates on a very different paradigm from psychology. The former embraces vigorous advocacy while the latter follows impartiality and the scientific method. A variety of criminal cases will be discussed that both presenters have been involved in that highlight issues including competency to stand trial, malingered amnesia (and creating custom designed SVTs to assess these claims), and the role of brain damage and mental disorders in potentially mitigating culpability for a crime through legal defenses such as Extreme Emotional Disturbance and Insanity. Mr. Nobles will discuss how the expert can most effectively work with the criminal defense attorney while maintaining neutrality and offering data driven opinions. Dr. Fisher will discuss his experiences as a criminal defense expert (see "Presenting Neuropsychological Findings, Opinions, and Testimony to the Criminal Court", in Denny &



### NATIONAL ACADEMY OF NEUROPSYCHOLOGY FOUNDATION



Alan S. Kaufman, Ph.D. Clinical Professor of Psychology Yale University Child Study Center School of Medicine

#### Presents:

#### David Wechsler—Mentor and Pioneer: A Historical Perspective of IQ Testing in Neuropsychology

David Wechsler was Alan Kaufman's mentor from 1970-74. They collaborated in the revision of the WISC and the development and standardization of the WISC-R at a time when storms were on the horizon within psychology and education and throughout society. The specific learning disabilities movement was ascending and the field of clinical neuropsychology was bursting onto the assessment scene. Dynamic psychologists were urging profile interpretation from the perspective of Freud while the Black Psychologists Association was urging a moratorium on IQ testing. Clinicians lived in a world apart from psychometric specialists and test interpretation sometimes bordered on the occult. All of these forces shaped the development of the WISC-R and Kaufman's Intelligent Testing approach. But implicit in Kaufman's method was the giant imprint of his mentor. David Wechsler singlehandedly changed the face of IQ testing from Mr. Binet's and Mr. Terman's psychometric measurement to clinical and neuropsychological assessment. Wechsler's pioneering contributions to the fields of clinical psychology, school psychology, and clinical neuropsychology remain as vibrant today—as we head into the future embracing innovative technologies and modern theories—as they were when Wechsler first introduced the Wechsler-Bellevue in 1939.

David Wechsler (1896-1981)

Thursday, October 17, 2013 3:30pm - 4:30pm Tickets: \$40 Support the NAN Foundation

#### Don't miss the display of historical artifacts:

#### Vintage Wechsler Kits

- Wechsler Bellvue Kit (1946)
- WISC Kit (1949)
- WAIS Kit (1955)
- · Additional Wechsler materials and manuals from around the world!

#### Other Intelligence Tests of Note

• Stanford Binet Kit (1960)

#### Other Tests and Materials of Interest

- Bayley Cattell Kit (1937)
- · Goldstein-Scheer Object Sorting Test (1950)

Beyond these artifacts, there will be a number of interesting, vintage books from the Pearson collection, as well as a selection of materials and personal correspondence from developmental versions of some of these well-known tests.

Brought to you by the generous support of:

PEARSON

Sullivan, Clinical Neuropsychology in the Criminal Forensic Setting, Guilford, 2008) with special foci on assessment issues, bias, and courtroom testimony. The workshop will also feature a mock cross examination with Mr. Nobles using verbal arguments to neutralize Dr. Fisher's opinions in a contentious criminal matter. This will be a didactic mock cross with ongoing editorial commentary assisting the audience to be aware of key pitfalls, dangers, and traps set for the expert by the cross examining attorney.

#### 5:00pm - 6:00pm PRESIDENTIAL ADDRESS

#### **Neuropsychological Assessment of Financial Capacity in an Aging Society**

#### Daniel C. Marson, J.D., Ph.D. University of Alabama, Birmingham

Dr. Marson will address the substantial and growing issue of financial capacity in our aging society, and the important assessment role of neuropsychology. As a result both of normal cognitive aging and cognitive disorders of aging, older adults in our society experience declining financial skills and judgment that place them at risk for both poor financial decision-making and exploitation by others. The address will highlight the financial and public policy implications of this issue, describe key concepts informing the topic, summarize current research findings, and discuss the important role of neuropsychology in assessing and forming judgments about the financial capacity of older adults.

#### FRIDAY, OCTOBER 18, 2013

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



The Nuts, Bolts, and Everything Else the Pediatric Neuropsychologist Should Know about Validity Testing and Noncredible Effort in Children and Teens

Michael Kirkwood, Ph.D. Children's Hospital Colorado

#### Amy Connery, Psy.D. Children's Hospital Colorado

#### David Baker, Psy.D. Children's Hospital Colorado

Research on methodologies to identify performance invalidity in children has lagged far behind that for adults. Even so, multiple performance validity tests have now been shown to be appropriate for use in younger populations. This workshop will review the empirically supported options and provide a rationale for including objective validity tests when putting together any school-age test battery. Data from the pediatric literature and a large consecutive mild TBI case series will be presented to demonstrate that noncredible effort may occur more frequently than many pediatric neuropsychologists believe. Case examples will be used to highlight some of the potential external incentives and/or psychological conditions that can contribute to noncredible effort. We will also discuss how practitioners can address noncredible effort once it is identified, particularly with regard to providing feedback to patients and families.

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

- 1. Describe studies that have investigated the base rate of noncredible effort in children presenting for neuropsychological exam.
- 2. Compare available performance validity tests that have been studied empirically in pediatric samples.
- 3. Discuss and implement strategies for handling invalid responding once identified.



#### Monte S. Buchsbaum, M.D. University of California, San Diego

Developmental research in cognitive and emotional development has long focused on childhood to the neglect of the trajectory of brain change extending into middle age and older. Society recognizes these transitions legally: driver learning permit at 15, license at 16, vote at 18, drink at 21, rent car at 25, congressman at 25, senator at age 30, president at age 35. Statutory rape law varies widely by state with specific limits

age 12-19 revealing disagreement about relationships between executive planning/emotional development and impulse control. Neuroanatomical studies of adults with magnetic resonance imaging show gray matter volume decreases consistent with continuing neural pruning and white matter volume increases consistent with developing connectivity into the 5th decade. Post-mortem studies reveal myelination development continuing through life. Electroencephalographic studies reveal increasing activation in young adulthood. Functional imaging of cerebral blood flow and glucose metabolic rate shows complex regional changes in activity which may be related to executive function, mood modulation, and impulse control. A shift in the balance between prefrontal cortical and limbic activity may be especially important in adolescent development and the appearance of substance abuse, impulsive/violent acts, and appearance of schizophrenia. Decreases in dopamine receptor binding during adulthood parallel motor performance, but relationship to dopaminergic reward systems requires study. The appearance of depression, mania, and other psychiatric illnesses in the 20's, 30's, and 40's may possibly reflect a parallel to late developmental deficits. Taken together, applying the research strategy used in child development and combining brain imaging, neuropsychological and genome techniques can lead to new understandings of cognitive maturity, legal malfeasance and mental illness.

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

- 1. Describe developmental landmarks and brain imaging age transitions that occur throughout life.
- 2. Explain relationships between cognitive development and neuroanatomical and functional neuroanatomical development as assessed in brain imaging.
- Discuss the ways in which timelines of psychiatric and neurological illnesses and the timeline of brain development is a fertile field for research.



Professional Affairs & Information Committee and Special Guests:

Tresa Roebuck Spencer, Ph.D. Teresa Deer, Ph.D. Debra Adler, Senior VP UBH This interactive workshop will provide strategies to assist neuropsychologists to better navigate complex authorization and reimbursement issues with third party payers while providing beneficial and ethical care to patients. Specific topics include an update of the effects of healthcare reform on the health insurance industry and its effects on neuropsychologists (by a UHC/UBH representative), how to negotiate contracts with health insurance companies in the context of healthcare reform, and introduction to the Physician Quality Reporting System (PQRS) with step-by-step instructions on how to report PQRS measures. The session concludes with panel discussion/Q&A. 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. Participant questions and discussion will be encouraged throughout the workshop.

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

- Implement appropriate strategies to obtain timely authorization and reimbursement for neuropsychological services.
- 2. Apply effective strategies when negotiating with third party payers.
- Implement PQRS in neuropsychological billing of Medicare services.
- 4. Describe the implications of aspects of health care reform on neuropsychology.



#### Greg J. Neimeyer, Ph.D. University of Florida

The Diagnostic and Statistical Manual of Mental Disorders (DSM) has undergone substantial revision across its sixty years of evolution, with the latest version (DSM-5) continuing that tradition in substantial ways. The discontinuation of the multi-axial system, the addition and deletion of specific disorders, the regrouping and reclassification of familiar disorders, and significant changes in the names, nature and criteria associated with various disorders all mark the fifth edition of the DSM as a substantial, and controversial, revision of the diagnostic system. These and many other changes are described and discussed in this workshop, which is designed

to convey the nature of the conceptual and empirical support associated with key revisions of the DSM.

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

- 1. Identify at least ten (10) key changes in the DSM-5.
- 2. Describe the significant conceptual changes associated with the changes in the manual.
- 3. Discuss at least three significant controversies generated by the most recent revision of the DSM.

#### 9:00am - 11:00am STUDENT/TRAINEE TRACK

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



#### C. Munro Cullum, Ph.D.

#### University of Texas Southwestern Medical Center, Dallas

Telemedicine and telehealth applications are growing rapidly, with telemental health among the most well-established in terms of validity, reliability, and acceptability. Telepsychology and teleneuropsychology applications will be reviewed, with an emphasis on current evidence-based support and future prospects for clinical and research applications of these developing technologies.

#### 1:30pm - 3:30pm CE WORKSHOP - 2 CE



#### Jacopo Annese, Ph.D. The Brain Observatory, University of California, San Diego

With the simple, yet evocative act of preserving the brain of patient Leborgne in a jar, the French neurologist Paul Broca inaugurated the most effective instrument of neuropsychology and cognitive neuroscience before Magnetic Resonance Imaging (MRI); that is: the postmortem documentation of

actual neurological damage in patients with discrete behavioral deficits. Monsieur Leborgne had lost the ability to speak but for the word 'tan'; his brain was conserved intact because the lesion on the surface of the inferior left frontal lobe was sufficient evidence, at the time, to explain the physical causes of his aphasia. However, modern knowledge on human brain function and connectivity requires that the validation of neuropsychological studies is conducted by mapping pathologic anatomy at the system level as well as at the cellular level. Furthermore, technology is available to create permanent digital archives for the images and data that can support remote collaboration, future comparisons, as well as retrospective studies, as exemplified by the databases created for amnesic patients H.M. and patient E.P. within the Digital Brain Library (DBL)

The DBL was conceived as a centralized neuroimaging resource that transcended the functions of current brain banks, which is supporting specimen preparation and distribution. The brains of donors are scanned and processed histologically to obtain correlated 3-D and 2-D image data that are the basis for visualization and analysis at multiple levels of resolution. Access and inter-operability into the data base via the web are supported by code that is open source (such as Google Maps APIs) or included in modern versions of widely-used browsers. The digital archive is linked to series of slices that were obtained from cryo-sectioning and that constitute the tissue bank; crucially, each histological section can be localized at a precise level in the digital 3-D model brain. Therefore, local neuropathogenetic phenomena can be linked to neuroimaging markers; moreover, results from studied conducted at multiple sites that utilize tissue from the same specimens can be integrated within a common anatomical (stereotaxic) framework.

The DBL also leverages on a registry of members who participate regularly to MRI exams and a battery of behavioral and attitudinal tests. Phenotyping at the morphological and neuropsychological level is complemented by the qualitative traits, derived from personal and biographical interviews. Project participants also consent to the postmortem preservation of their brains providing a rich normative context for the study of rare neuropsychology patients.

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

- 1. Describe the methods and data required to correlate neuroimaging, behavioral data, and neuropathology.
- 2. Discuss cutting edge methods in computer-controlled

- microscopy and virtual slice technology.
- 3. Explain the role of neuroinformatics and web technologies in neuroanatomical and neuropsychological studies.
- 4. Discuss the concept of brain 'curation'.
- Explain the importance of a 'humanistic' context for the interpretation of results from neuroimaging and histopathological studies.

#### 1:30pm - 3:30pm SPECIAL TOPIC PRESENTATIONS - NO CE



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

#### Michael Raymond, Ph.D. John Heinz Institute of Rehabilitation Medicine

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.



Philip Fastenau, Ph.D.

Case Western Reserve University School of Medicine

Holly Shurtleff, Ph.D. Seattle Children's Hospital

Molly Warner, Ph.D. Seattle Children's Hospital 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.



A special topic session on the do's and don'ts for attaining a leadership position, sponsored by the NAN Women in Leadership Committee, moderated by Cheryl H. Silver, Ph.D.

This session will present a panel of women clinicians who became leaders in academic settings. They will speak about the lessons they have learned on the pathway to leadership roles in their chosen fields. The session will also describe the styles or approaches that enhance success for women in leadership roles, the common pitfalls encountered by women when moving up the leadership ladder, and the mistakes women might make when moving up the leadership ladder.



Andrea Zartman, Ph.D. VA North Texas Health Care System

Jared Bruce, Ph.D.
University of Missouri, Kansas City

Russell D. Pella, Ph.D.
University of Texas Health Science Center, San Antonio

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. Andrea Zartman, Jared Bruce, and Russell Pella. Discussants will elaborate on speakers' comments and provide audience members an opportunity to ask questions of presenters.

Neuropsychology's Role in Incompetency and Guardianship Evaluations

#### George Demakis, Ph.D. University of North Carolina, Charlotte

Neuropsychologists play an important role in the assessment of individuals undergoing civil competency evaluations. These are forensic evaluations in which the trier of fact determines whether an individual is, in fact, incompetent (or incapacitated depending on state terminology) and in need of a guardian to make decisions on their behalf. Such evaluations have a somewhat different scope than solely clinically based evaluations in which the neuropsychologist assists in determination of capacity (e.g., financial or health decision-making). This presentation is designed to review the background and typical context of these evaluations, as well as relevant legal and clinical issues. Empirical findings will be presented. First, the Guardianship Reform movement will be reviewed. As a result of such reform, states changed the (a) process by which respondents (i.e., individuals alleged to be incompetent) are evaluated, (b) due process in these evaluations, and (c) statutory definitions of incompetency. All of these issues have implications for neuropsychologists conducting these evaluations. Next, relevant case law that address these issues will be discussed with a focus on those that deal with cognitive, psychological, or activities of daily living issues. Many of these cases indicate how courts have interpreted the sometimes vague statutes about competency. For instance, many statutes simply note that an individual is incompetent/incapacitated if they are unable to "manage their own affairs." The next section of this presentation will address best practices in these assessments with a focus on prior practice recommendations and empirical work based on my practice. For instance, my work that has been published in Law & Human Behavior found that the Independent Living Scale--a measure of activities of daily living--is a better predictor of ultimate legal incompetency adjudication than

traditional neuropsychological measures, such as the Trail-Making Test. The next and final section of this presentation will address guardianship issues and types of guardianship (guardian of the person, estate, or both), review relevant research, and offer practice recommendations in this area. Important issues of financial exploitation and undue influence will be addressed here as well.



Legislative Action and Advocacy Committee: Introduction to Advocacy and Update on Committee Activities -Time to Get Involved

Laura L.S. Howe, J.D., Ph.D. VA Palo Alto Health Care System

Beth A. Caillouet, Ph.D.
Western State Hospital and University of Virginia
Medical School

Shelley H.K. Howell, J.D., Ph.D. Palo Alto University

Bonny J. Forrest, J.D., Ph.D.
Behavioral Assessment, Research and Support

Mike R. Schoenberg, Ph.D.
University of South Florida Morsani College of Medicine

Now is a time of great change in the healthcare field. 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 at the individual, local, regional, and national levels. NAN recognized the need for the development of a group to address the legislative needs of the 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. This presentation will review the importance and basics of advocacy including potential roadblocks that can prevent individuals from engaging in

advocacy work. This presentation will also review the current and proposed activities of the LAAC. The committee would like to reach out to membership to work with them regarding areas impacting their state and practice. LAAC would also like to develop contacts with members in each state to act as liaisons for issues impacting their state and practice. The overall goal is to educate individuals and aid neuropsychologists in preparing to join the advocacy process.

#### 4:00pm - 5:00pm CE WORKSHOP - 1 CE



#### Antonio Puente, Ph.D. University of North Carolina Wilmington

The focus of this year's annual presentation will be to outline the major changes in the CPT coding system which is used by the health care community for identifying, documenting and billing for neuropsychological services. Primary attention will be placed on: diagnostic interviewing, psychotherapy and testing feedback. In addition, the latest RVU and reimbursement changes will be presented along with expected increase in post-service audit reviews. A model of professional neuropsychological practice will be described using the CPT system as a foundation.

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

- 1. Explain the new psychotherapy codes including psychiatric interviewing and how to apply those codes to practice.
- 2. Describe different approaches to providing testing feedback and consider the implications for practice.
- 3. Create a foundation for neuropsychological practice using the CPT system of coding.

5:30pm - 6:30pm

DISTINGUISHED LIFETIME

CONTRIBUTION TO NEUROPSYCHOLOGY

AWARD ADDRESS - 1 CE



### Cognitive Science, Technology, and Neuropsychological Test Development: A Look at the Past and Future

#### Dean Delis, Ph.D. University of California, San Diego

The development of the early intelligence and neuropsychological tests occurred prior the emergence of the field of cognitive science, and consequently these instruments did not have the opportunity to benefit from the wealth of knowledge about mental processes and constructs that we now possess. In this talk, I will discuss our work over the past three decades in developing neuropsychological tests that incorporate constructs from cognitive psychology and experimental neuroscience in order to measure the numerous cognitive processes, strategies, and errors that may underlie a patient's neurocognitive impairment. I will illustrate the fortuitous role that technology, particularly the personal computer (which was first produced the same year that we developed the original CVLT), played in our test-development efforts. The invaluable contributions of my mentors, the late Edith Kaplan and Nelson Butters, and my students and colleagues will also be highlighted. Research findings supporting a cognitiveprocess approach to test development will be presented, but I will also discuss mistakes and hard lessons that we have learned along the way. I will end the talk with a glimpse into the new, all-digital neuropsychological tests that we are currently developing for administration on tablet devices such as the iPad. These instruments create the opportunity to measure cognitive processes, strategies, and conditions that heretofore have been impossible to capture using traditional paper-and-pencil formats.

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

- Provide a history of the cognitive-process approach to neuropsychological test development.
- Discuss research findings illustrating the utility of this assessment approach and our past mistakes and lessons that we have learned in developing these tests.
- 3. Explain the role that technology has played in the development of our neuropsychological tests and the exciting possibilities created by the new era of tablet devices.

#### **SATURDAY, OCTOBER 19, 2013**

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



#### Antonio Puente, Ph.D. University of North Carolina, Wilmington

There is an increasing shift from pre-service to post-service review of audited neuropsychological services. The first portion of this workshop will outline specifics of how the Affordable Care ACT (ACA), Medicare, and private payor post-service audits work, as well as how to remain in compliance in the face of increasing and poorly distributed coding, billing and documentation guidelines. The second portion of the workshop will introduce and review both hypothetical and participant examples. One month prior to the workshop, registrants will be invited to submit redacted samples of their work for consideration. Due to the interactive nature of this workshop, the number of participants will be limited to 100.

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

- 1. Describe the basics of coding, billing and documenting neuropsychological services.
- 2. Prepare to manage the implications of the shift from preto post-audit reviews in neuropsychological practice.
- 3. Plan ways to cope with increasingly likely post-service audits.



#### Doris A. Trauner M.D. UCSD School of Medicine, Rady Children's Hospital San Diego

Neuro-developmental disorders (NDD) are disorders of brain development that impair brain function in one or more areas, including motor skills, language, cognition, learning or behavior. Because brain development is a dynamic process, especially over the first two decades of life, the consequences of disorders that alter that development vary based on timing, extent, and cause of the insult to the brain. Further, manifestations of NDD change over time during the course of

brain maturation. Approximately 12% of children are thought to have a NDD, but this incidence is likely higher when all NDDs are included. There is often an overlap in diagnoses as well as the co-existence of more than one diagnosis in an individual. Many conditions are included in the category of NDD, including behaviorally defined disorders such as attention deficit disorder, learning disabilities, and intellectual disability, and genetically defined conditions such as Down syndrome, Fragile X syndrome, Williams Syndrome, mitochondrial and other metabolic disorders, as well as many other conditions that may result in specific cognitive and behavioral profiles that require individualized assessments and interventions. This workshop will discuss what is known about the neural bases of several neurodevelopmental disorders, as well as the associated neurological and cognitive profiles and approaches to diagnosis and intervention.

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

- 1. Discuss the neural bases of neurodevelopmental disorders (NDD).
- 2. Explain how NDD manifests and changes as a function of brain development.
- Describe the similarities and differences between NDD in terms of cognitive and neurological profiles, as well as outcomes.
- 4. Discuss potential interventions for individuals with NDD.



#### Yaakov Stern, Ph.D.

#### Columbia University College of Physicians and Surgeons

The concept of reserve has been put forward to account for individual differences in susceptibility to age-related brain changes and pathologic changes such as those that occur in Alzheimer's disease. The concept of cognitive reserve suggests that the brain actively attempts to cope with brain damage by using pre-existing cognitive processing approaches or by enlisting compensatory approaches. Although much work has been done applying the concept of reserve to aging and dementia, it has also been applied to many other conditions including traumatic brain injury, multiple sclerosis, HIV, and psychiatric conditions. This course will fully review the concept of reserve, including the following issues: the theory underlying the concept of reserve, and ideas of brain reserve and cognitive reserve; epidemiologic evidence for cognitive reserve; research attempting to define the neural substrate

of reserve; the clinical implications of cognitive reserve; and implications for non-pharmaceutical interventions for age- or dementia-related cognitive change.

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

- 1. Describe the concepts of brain and cognitive reserve, and how reserve may be measured.
- 2. Summarize the epidemiologic and imaging evidence for cognitive reserve.
- 3. Discuss and apply the clinical implications of reserve.



#### E. Mark Mahone, Ph.D. Kennedy Krieger Institute, Johns Hopkins University School of Medicine

Attention-deficit/Hyperactivity Disorder (ADHD) is a neurologically based condition affecting 1 in 11 children in the US, with rates likely to rise with the introduction of the DSM-5 this year. The annual societal costs attributable to ADHD have been estimated at over 52 billion dollars, with one-fourth of that cost borne by the US public education system, where education costs for students with ADHD are associated with

a 6-fold increase. Despite these expenditures, most young children treated for ADHD—either with or without medication—continue to have serious symptoms and associated conditions throughout the school years and into adulthood, including smoking, drug abuse, injury, sleep problems, obesity, hypertension, diabetes, and suicidal behavior. Children with ADHD are also more likely than unaffected children to experience learning problems, miss school, experience troublesome relationships with family members and peers, and exhibit mental and physical conditions. As adults, these risks result in reduced earning (by approximately 33%) and a 15% increased rate of utilization of social assistance.

To address these alarming findings, evidence-based identification, prevention, and intervention strategies are greatly needed to offset the large financial impact of caring for individuals with ADHD. Neuropsychologists are well-positioned to play a key role in providing these services, in part, because:

1) adherence to published diagnostic guidelines for ADHD is poor among pediatric and primary care physicians; 2) ADHD most often co-exists with other disorders, and diagnoses made without formal psychometric assessment can be incomplete or incorrect, ultimately increasing treatment costs; and, 3) untreated children with ADHD, and those who have unidentified (and untreated) comorbidities, are at greatest risk for poor outcomes in social, academic, vocational, and practical settings. Neuropsychologists continue to struggle, however, when asked to justify costly and time-consuming neuropsychological assessments in the care of individuals with ADHD, and there exists little evidence to justify our clinical methods. Moreover, published medical guidelines and prominent researchers have argued against the need for formal neuropsychological assessment of ADHD. Nevertheless, there is emerging a small, but growing literature suggesting that neuropsychological assessment can provide information that reduces risks for poor outcomes and improves quality of life among individuals with ADHD.

This course will review the role of the neuropsychologist in providing evidence-based care of individuals with ADHD, from preschool through young adulthood. The course will introduce a dynamic model for ongoing collection, storage, and translation of clinical data for use in informing daily practice, including assessment of patient satisfaction, outcomes following neuropsychological services, and documentation of efficacy and validity of neuropsychological consultation.

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

- 1. Describe an evidence-based "family practice" model of neuropsychological services in the care of individuals with ADHD that takes into account the lifelong developmental course of the disorder, emphasizing sex differences in presentation, associated comorbidities, and changing developmental needs.
- Describe the benefits and challenges associated with ongoing clinical data collection and management of clinical datasets, and discuss how these datasets can be used to improve evidence-based care of individuals with ADHD.
- Explain the most salient factors associated with caregiver, patient, and referral source satisfaction with neuropsychological assessment of individuals with ADHD.
- 4. Identify methods of secure, online, pre-visit data collection that can reduce time and assessment costs, and significantly improve the rate of return for teacher

and caregiver questionnaires in assessment of individuals suspected of having ADHD.

#### 9:00AM - 11:00AM STUDENT/TRAINEE TRACK

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



#### Marc A. Norman, Ph.D. University of California, San Diego

Neuropsychologists engage in a broad array of clinical and research activities. We will discuss the unique and exciting roles neuropsychologists have within multidisciplinary teams. We will focus on how you can be a valued member of a medical team, feel unique and useful, and how you can have your reports read by colleagues. Working with neurology and neurosurgery colleagues (i.e., traditional testing, Wadas, and brain mapping) will be highlighted in addition to collaborating with epilepsy, brain tumor, and organ transplant teams. Also, we will address how to carve out a professional role and make difficult patient care decisions..

#### 11:30am - 1:00pm POST-DOC/INTERNSHIP CONVERSATION HOUR

All are welcome for the Student & Internship/Post-doctoral Fellowship Conversation Hour. This event is an effective way of introducing trainees to the opportunities and faculty from different training sites, as well as providing an opportunity for trainees to learn about training options in an informal setting well in advance of many application deadlines.

#### 11:30am - 1:00pm SPECIAL INTEREST GROUP MEETINGS (ALL REGISTRANTS WELCOME)

- Aviation Psychology
- Hispanic Neuropsychological Society
- Pediatric Neuropsychology
- Reitan Society
- VA Neuropsychology Group

#### 1:00pm - 4:00pm CLOSING KEYNOTE ADDRESS - 3 CE



Part 1: Alzheimer's Disease: Biology and Emerging Therapeutics

Part 2: Alzheimer's Disease: Trial Design, Clinical Assessment, and Biomarkers

Jeffrey Cummings, M.D.

#### Cleveland Clinic Lou Ruvo Center for Brain Health

Alzheimer's disease (AD) is a progressive neurological disorder that affects 5.5 million Americans and will increase to affect 13-16 million by 2050 if means are not found to prevent, delay, slow the progression or improve the symptoms. AD is manifested by progressive cognitive, functional and behavioral decline that leads to death approximately one decade after onset of symptoms. Research advances reveal that AD has a complex neurobiology of which the first recognizable component is abnormal beta amyloid protein processing. This is followed by abnormalities of tau protein aggregation, inflammation, oxidation, mitochondrial dysfunction, cell death and neurotransmitter deficits. Biomarkers of these processes provide evidence that the AD process is present in the brain for up to 25 years prior to the onset of symptoms. The disease progresses from an asymptomatic state, to prodromal AD typically including recent memory disturbances, to a dementia state. Biomarker changes progress from changes in amyloid beta protein abnormalities to alterations in cerebrospinal fluid tau, cerebral atrophy, and reduced brain metabolism. Current therapies improve transmitter function and produce modest temporary improvement and delay of decline. Many drugs in clinical trials target disease modification and intervention in the basic processes leading to cell death. These trials are longer and larger than trials for symptomatic drugs and include biomarkers as outcomes. New therapies targeting amyloid, tau, glucose metabolism, mitochondrial function, inflammation, and oxidation are being assessed.

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

- 1. Describe the major aspects of the pathophysiology of Alzheimer's disease.
- 2. Explain the principal biomarkers being used to identify Alzheimer's disease before the onset of dementia.
- Discuss the challenges of conducting clinical trials in slowly progressive complex diseases such as Alzheimer's disease.

Sponsored by







#### FALL 2013 ONLINE COURSE OFFERINGS:

Intensive, instructor-led courses completed over 8 to 15 weeks broken into manageable modules featuring lectures, case studies, discussion, and short exams.

- Clinical Neuroanatomy (30 CE Credits)
- Clinical Psychopharmacology (30 CE Credits)
- Neuropsychology of Epilepsy and Epilepsy Surgery (16 CE Credits)



#### UPCOMING LIVE WEBINAR:

Convenient CE credit presentations addressing current trends in neuropsychology with the opportunity for Q&A with the presenter.

 Intro to PQRS Reporting for the Dementia Measures Group: How to be Compliant without Losing your Mind (1.5 CE Credits)

#### RECORDED WEBINAR:

Miss one of the live webinars? The webinar recording will be available with the audio and PowerPoint presentation. Complete the short exam for your CE credits.

• Introduction to Sports Neuropsychology (1.5 CE Credits)



#### STATIC COURSE OFFERING:

Audio recordings from previous NAN course offerings. Listen at your own pace, complete the short exam, and earn CE credits.

• Lifespan Issues in Moderate-Severe Traumatic Brain Injury (3 CE Credits)

#### VISIT WWW.NANONLINE.ORG FOR MORE INFORMATION

#### 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
- Diversity
- Research
- Ethical Standards

- Education & Training
- Student Support
- Legislative Action

#### **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	.\$150
Application fee and annual dues for Postdoctoral Fellows / Early Career Membership	\$75
Application fee and annual dues for Student Membership.	
Application fee and aimual dues for Student Memoership	φ50

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

#### **Requirements for Membership**

All applicants shall submit <u>ONE</u> completed and signed application form and <u>ONE</u> 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.

<u>Professional Members</u> 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.

<u>Associate Members</u> 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.

<u>Affiliate Membership</u> 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.

<u>Post-Doctoral/Early Career Membership</u> 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 Ethni	icity (Optional)	Non-English As	sessment (Specify):
Preferred Mailing Address			
Telephone (Work):	FAX:	e-mail	:
Academic Affiliation: Institution:		Dept.:	Rank:
Licensed in State(s):		Lic. Number(s)	
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Diplomate Status (specify)			
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All levels must submit a Curriculum Vitae sponsorship. However, Students must submit attest to student status. If applying for membrames and contact information (e-mail addresse contacted to attest to your training and exwith the National Academy of Neuropsychol Neuropsychological Society. Post-Doctoral status. Please provide detailed information professional level.	it a signature from a trainership at the Professioness and/or phone number perience in this specialt logy, Division 40 of the applicants must provide	ining director, advisor, faculty and, Associate or Post-Doctor or) of two sponsors who have y. At least one of your spons American Psychological Asset a letter from their training d	y member or university registrar to ral/Early Career level, please obtain the expertise in neuropsychology and can sors must be a member in good standing sociation, or the International irector, attesting to their post-doctoral
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Telephone #:			
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Member of: $\Box$ NAN $\Box$ INS $\Box$ APA Div.	40	Member of: □ NAN	□ INS □ APA Div. 40
I certify: 1) I have not committed any violated Psychological Association, 2002); 2) My lic and, 3) I have not been convicted of a felony	ense to practice psycho		
Applicant Signature		Date	

<u>Committee Interest</u> – Please select the forwarded on to the relevant Committee	ne NAN Committee(s) you would be inte ee Chair(s) for follow up.	rested in joining,	if applicable. This information	will be
For committee descriptions, please vis	sit: http://www.nanonline.org/NAN/Abou	utNAN/BoardCo	mmittees.aspx	
☐ Awards Committee	c □ Conflict	et of Interest Committee		
☐ Culture & Diversity Committee	☐ DistanCE E-Learning Committee	e 🗆 Educatio	on Committee	
☐ Legislative Action & Advocacy C	ommittee	e □ Policy &	Planning Committee	
☐ Professional Affairs & Information	n Committee	Committee		
☐ Publications Committee	☐ Social Media	□ Women	in Leadership Committee	
<b>Summary of Enclosed Payments</b>				
Application Fees (non-refundable)				
☐ Professional/Associate/Affiliate	(\$150) □ Post-Doctoral (\$75) □ Stu	ident (\$50)	\$	
Printed Journal Fees	× ,	, ,		
☐ Printed Journal, The Archives of	<sup>f</sup> Clinical Neuropsychology (\$30)		\$	
Donation (voluntary)				
☐ Advocacy – to support the effor	ts of PAIC & LAAC		\$	
☐ Research – to support the NAN	Clinical Research Grants Fund		\$	
· · · · · · · · · · · · · · · · · · ·	e) Please make separate check out to N	IAN Foundation	1	
General NAN Foundation D	onation *		\$	
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(http://www.nanonline.org/N	AN/AboutNAN/Diversity.aspx)	mom . r		
* Donations to the NAN Foundation a	re tax deductible.	TOTAL	\$	
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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 80231 TEL (303) 691-3694/ FAX (303) 691-5983

### Save the Date!

The NAN Women in Leadership Committee invites you to

#### **Networking in San Diego**

Wednesday, October 16, 2013 7:30 pm to 9:30 pm

Pre-registration is highly advised as space is limited.

Networking, Camaraderie, and Light Food





#### **FEATURING**

### Time to Change Course: What Can We Learn from Career Obstacles?

Dr. Bonny Forrest has been a long-time advocate for children and their families in her work as an attorney and a psychologist. Her career has led her from Wall Street, to death row, through academia, and most recently to debate Bill O'Reilly weekly. She has authored a number of publications and serves as a reviewer for academic journals. She also currently serves on the Advisory Committees for the Immigration Justice Project of the American Bar Association, the school safety initiative in San Diego, and GreatSchools.org. Her forthcoming book *Is That Normal?* is a guide for parents to understand when to seek help for their child who may have a mental health issue and how to navigate the mental health system.



Personal Information	n: This information will ap	ppear on your nan	ne badge	exactly as you provide	e it. Please print	egibly or type.
Name:						☐ M or ☐ F
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Conference Catego	ory		Are you	a licensed psych	ologist?	
<ul><li>□ NAN Member</li><li>□ NAN Applicant</li><li>□ Non-Member</li></ul>	<ul><li>Conference Exhibit</li><li>Committee Chair</li><li>Board Member</li></ul>		APA requ ☐ Yes ☐ No	ires this information	1.	
	n Fee: Please select the app					
				arly or Postmarked y September 27	After Septeml Onsite or Onli	
NAN Member (Fellow, F	Professional, Associate, Affi	liate, Applicant)		\$185	<b>□</b> \$235	
Post-Doctoral Member	(enclose verification of stat	tus)		\$85	<b>□</b> \$115	
NAN Student Member ( status)	or Student Applicant (enclo	ose verification of		\$50	□ \$80	
Non-Member				\$335	<b>□</b> \$385	
Non-Member Student (	enclose verification of state	us)		\$100	<b>□</b> \$130	
Adult Companion Attending Continental Breakfast & Receptions			\$55	<b>□</b> \$55		
~	ental Breakfast & Reception			<b>1</b> \$20	<b>□</b> \$20	
Student Luncheon (STU				\$10	<b>\$20</b>	
Women in Leadership N	letworking Event	☐ Student \$	\$35 □	NAN Member \$65	□ Non-Memb	er \$80
NAN Foundation Specia	al Event	<b>□</b> \$40				
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	<b>Frack:</b> Atttendance at the ograms, we do require tho					
Wednesday 6. Nelson - Career Options 8. Marson - Capacity Asse				um - Teleneuropsychol	ogy	□ \$0
Thursday	hysician Assessment  \$0		<b>Saturd</b> 43. Nor	<b>ay</b> man - Unique Opportu	nities	□ \$0

	9	r, due to room capacities and fire code regulations.	
1. Bieliauskas - ABCN Test Prep	□ \$0		
Nednesday Morning CE Workshops (9:	00am - 12:00pm	- 3 CE	
2. Mattson - Fetal Alcohol Spectrum 8. Larrabee - Forensic Neuropsychology	□ \$80 □ \$80	4. Torres-Russotto - Movement Disorders 5. Farias & Schmitter-Edgecombe - Aging & Function	□ \$80 on □ \$80
Wednesday Afternoon CE Workshops (	1:30pm - 4:30pm	) - 3 CE	
9. Bieliauskas & Howieson - ABCN 10. Nelson - Blast-related Concussion 1. Akshoomoff - Autism	□ \$80 □ \$80 □ \$80	12. Tranel & Denburg - Prefrontal Cortex, Emotion, Decision Making 13. Barisa - Business Strategies	□ \$80 □ \$80
Nednesday Evening General Session (5 equire those wishing to attend to registe		- <b>Please note:</b> While there is no charge for these prograpacities and fire code regulations.	ams, we do
.4. Petersen - Early Detection of Alzheimer's I NAN Business Meeting (No CE)	Disease (1 CE)	□ \$0 □ \$0	
Fhursday Morning CE Workshops (8:30	am - 11:30am) -	3 CE	
L5. Chatterjee - Cosmetic Neurology L6. Ben-Porath - MMPI-II-RF Update	□ \$80 □ \$80	17. McCrea - mTBI 18. Judd, et al Assessment of Non-English Speake	□ \$80 ers □ \$80
Thursday Afternoon Test Workshop (1:	30pm - 3:30pm)	- 2 CE	
20. Sitarenios & Lam - Conners' CPT Revised	<b>□</b> \$60		
		m - 3:30pm) - No CE, <b>Please note:</b> While there is no chaer, due to room capacities and fire code regulations.	arge for these
21. ABPdN Test Prep 22. Adult Grand Rounds	□ \$0 □ \$0	23. Lebby - Neuroimaging Primer 24. Nobles & Fisher - Criminal Legal System Intro	□ \$0 □ \$0
<b>Thursday Evening General Session</b> (5:00 those wishing to attend to register, due to		Please note: While there is no charge for these progran and fire code regulations.	ns, we do requi
President's Address (No CE) President's Reception	□ \$0 □ \$0		
Friday Morning CE Workshops (8:30am	- 11:30am) - 3 C	E	
25. Kirkwood, et al Validity Testing in Children & Teens	□ \$80	27. PAIC - Negotiation, PQRS, Reimbursement 28. Neimeyer - DSM-5	□ \$80 □ \$80
26. Buchsbaum - Imaging of Brain Development	□ \$80	·	

#### 42 REGISTER TODAY: WWW.NANONLINE.ORG

Name:			
		m) - No CE, <b>Please note:</b> While there is no ch to room capacities and fire code regulations.	
32. Pediatric Grand Rounds	□ \$0 □ \$0 □ \$0	34. Student Research Presentations 35. Demakis - Incompetency & Guardianship 36. LAAC - Advocacy Update	□ \$0 □ \$0 □ \$0
Friday Evening General Session (4:00pm - those wishing to attend to register, due to r		<b>te:</b> While there is no charge for these prograr re code regulations.	ns, we do require
1 , ,	□ \$0 □ \$0	38. Delis - Distinguished Lifetime Contribution to NP Award Address (1 CE)	□ \$0
Saturday Morning CE Workshops (8:30am	- 11:30am) - 3 CE		
39. Puente - CPT Audit 40. Trauner - Neurodevelopmental Disabilities	□ \$80 □ \$80	41. Stern - Cognitive Reserve 42. Mahone - Evidence-Based Practice (ADHD)	□ \$80 □ \$80
Saturday Afternoon CE Workshops (1:30p	m - 4:30pm) - 3 CE		
44. Cummings Part 1: Alzheimer's Disease: Biology and Emergin Part 2: Alzheimer's Disease: Trial Design, Clinical A		rkers	
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Fee Summary:			
Registration & Workshop Fees	\$		
Student Luncheon (Students ONLY)	\$		
Women in Leadership Event	\$		
NAN Foundation Event	\$		
New Member Application Fee (Student - \$50, Post-Doc - \$75, all others - \$15 *Enclose Application	\$	Cancellation Policy: A 50% refund is possible for written cance postmarked and mailed by <b>September 27</b>	7, <b>2013</b> to NAN at
Membership Dues ☐ 2013 ☐ 2014 (Student - \$50, Post-Doc - \$75, all others - \$15	\$	7555 East Hampden Avenue; Suite 525; De Cancellations will not be accepted by pho be issued for cancellations requested afte No refunds are given for workshops can	ne. Refunds will not r September 27, 2013.
TOTAL ENCLOSED	\$		
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