

EMBRACING THE CULTURE OF
OUR COMMUNITY THROUGH
EDUCATION, TRAINING, AND
RESEARCH

ANA NEWS

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Asian
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MESSAGE FROM THE PRESIDENT

Dear ANA community,

As we say goodbye to the warm days and the summer spirit, I'd like to pause for a moment to reflect on the remarkable memories and achievements we've shared these past few months. Our time together in Taipei has been truly incredible. Our productive conversations have led to several groups convening to explore future research and training collaborations. This momentum energizes our International Liaison Task Force, and we anticipate receiving further updates on their progress at the 2024 INS New York Meeting.

The achievements at INS Taiwan have sparked renewed discussions regarding the possibility of organizing additional meetings in Asia and increasing representation within INS leadership. With this growing enthusiasm, we are delighted to announce that Drs. Yu-Ling Chang and Maiko Sakamoto, both ANA Members, have been nominated for the position of Non-North American Member-at-Large in the upcoming 2024 INS Election. I encourage you to support their candidacy by casting your vote.

Speaking of upcoming elections, our Membership Committee has just unveiled the nomination process for the positions of President-Elect, Treasurer-Elect, and Member-at-Large. This presents a pivotal moment for our community to contribute to the future of our Association. I invite you to nominate either yourself or colleagues with the vision, commitment, and passion to contribute to our ANA community.



Our Advocacy, Student, and Research Committees have been actively engaged in outreach and collaborative efforts. The Advocacy Committee is set to participate in a webinar series titled "Co-Creating Culturally Responsive Supervisory Spaces in Neuropsychology," a three-part program developed in collaboration with the Society for Black Neuropsychology (SBN), Hispanic Neuropsychological Society (HNS), Queer Neuropsychological Society (QNS), Women in Neuropsychology, and the Association of Neuropsychology Students in Training (ANST). The Optional Practical Training (OPT) task force completed their survey of directors of training programs for their experiences with immigration issues for international trainees (visas, work permits, etc.) and finalizing their findings for presentation.

The Student Committee has recently contributed to the Clinical Neuropsychology Trainee Forum (CNTF) by hosting two-part virtual office hours. These sessions provided trainees and early career professionals a platform to discuss recent developments related to diversity, equity, inclusion, and justice in training and education. The CNTF comprises leadership representatives from various organizations, including ANA, SBN, HNS, QNS, ANTS, American Academy of Clinical Neuropsychology, Society of Clinical Neuropsychology, National Academy of Neuropsychology, and New 2 Neuropsychology. The Research Committee is currently in the planning stages for an upcoming virtual Research Day. This inaugural event is dedicated to showcasing the research achievements of our members and celebrating our contributions to the field of neuropsychological research.

As always, the Education Committee remains dedicated to delivering webinars that address critical areas of interest, including clinical supervision, independent practice in forensic neuropsychology, and technology integration in clinical settings. These webinars, which are meticulously crafted, are accessible for viewing via your ANA membership login.

If you and/or your institution are recruiting, the Media Committee is ready to receive your job advertisements. If you'd like to post a job on our website and social media platforms, please send inquiries to jobs@the-ana.org. The media team is also gearing up for the upcoming INS New York Meeting, where ANA merchandise will be available for purchase. Lastly, the Resource Committee is diligently working towards creating a dedicated webpage on our ANA website that will provide links to valuable language-based resources and other materials, so stay tuned for more updates!

I hope that our various activities, as mentioned above, demonstrate our commitment to fostering collaboration with other organizations

in pursuit of our shared vision: "To ensure the accessibility and provision of excellent, culturally sensitive neuropsychological services for all individuals." With that in mind, I would like to take this opportunity to express my gratitude and recognition to our ANA delegates and ANA members who served as delegates at the Minnesota 2022 Update Conference. Your dedication and efforts have far exceeded the initial expectations set for each of you. The ANA fully supports the objectives and goals of the Minnesota conference, which is "... for maintaining Neuropsychology as a relevant, evidence-based, vibrant profession at the vanguard of the study of the complexity of brain/behavior relationships in the context of our multi-racial, multi-cultural, multi-linguistic population." As our field continues to grow and evolve, we agree with the fundamental importance of maintaining and refining our training guidelines that incorporate the scientific and cultural issues that influence neuropsychological research, education, and practice. We look forward to collaboration towards this goal.

Wishing you a spectacular autumn ahead,

Christopher Minh Nguyen, PhD
President of The Asian Neuropsychology Association

FEATURED NEUROPSYCHOLOGIST: DR. DUKE HAN

BY JAS CHOK, B.S.

Duke Han, PhD, is a Diplomate of the American Board of Professional Psychology in Clinical Neuropsychology, a Fellow of the American Psychological Association and the National Academy of Neuropsychology, Director of the Neuropsychology Division in Family Medicine, and a tenured Professor of Family Medicine, Neurology, Psychology, and Gerontology at the Keck School of Medicine of the University of Southern California. He received his Bachelor of Science degree in Psychology with a specialization in Neuroscience from Duke University, and his PhD Doctorate Degree in Clinical Psychology from the University of Massachusetts Boston. He received training in clinical neuropsychology and experimental neuroimaging techniques through various programs of Harvard Medical School's Brigham and Women's Hospital. He continued his clinical neuropsychology and neuroimaging activities during his clinical internship and postdoctoral fellowship years at the University of California San Diego (UCSD) and the San Diego VA Healthcare System. He maintains an active research collaboration with the Rush Alzheimer's Disease Center (RADDC) in Chicago where he was formerly a tenured faculty member. Dr. Han is interested in the factors that affect cognition and decision making in aging. He also has special interests in leveraging novel empirical approaches to better understand these factors, and in the advocacy of justice, equity, diversity, and inclusion considerations in aging and neuroscience research. He was the recipient of the prestigious Paul B. Beeson fellowship, which is considered the premiere career development award of the National Institute on Aging (NIA). He is the primary investigator or co-investigator on multiple research grants



extramurally funded by the National Institutes of Health (NIH) and private foundations. He is actively involved in the peer-review of aging and Alzheimer's Disease research grants, and has previously served as the Chair of the NIA Clinical and Translational Research of Aging review committee (NIA-T) and the Neuroscience of Aging review committee (NIA-N). Dr. Han is a founding governance committee member of the Global Council on Brain Health, an international independent science collaborative convened by AARP that is tasked with offering the aging public the best advice about brain health. He is also a member of the Scientific Advisory Board for the Alzheimer's Disease Neuroimaging Initiative (ADNI) and the American Psychological Association (APA) Presidential Task Force on Neuropsychological Test Norming in Diverse Populations. Dr. Han has served as an oral examiner for the clinical neuropsychology

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board certification process for the American Board of Clinical Neuropsychology (ABCN), and he currently holds multiple service or mentorship roles in the International Neuropsychological Society (INS), the National Academy of Neuropsychology (NAN), the American Academy of Clinical Neuropsychology (AACN), and the Society for Clinical Neuropsychology (Division 40) of the APA. His work has been featured in multiple media outlets, including *Reuters*, *CBS*, *PBS*, *Forbes*, *Fox Business News*, and *U.S. News and World Report*.

In this issue, we looked to Dr. Han to share his career path, and perspectives on the field and mentorship.

Dr. Han, what motivated you to be a neuropsychologist? How did you get into this career?

As a child, I was fascinated that all of human behavior could be attributed to this particular organ, the brain. When I was in high school, I volunteered in a dementia wing and an assisted living facility and was struck with how devastating dementia was on patients, caregivers, and family members. Then in college, I took a class with a prominent health psychologist, Jim Blumenthal, in which we read one of his papers showing that exercise in middle-aged adults was associated with better memory performance. I vividly remember sitting in his class saying, "Wait. You can measure memory?" Afterwards, he told me about the field of neuropsychology and set up a meeting for me with one of the neuropsychologists at Duke University (where I attended school). Since then, I have been hooked!

Could you tell me more about what cultures do you identify with?

This is an interesting question because I think different people have different views on what constitutes culture. I will answer this question by saying that I am a second-generation Korean American who was born in the rural Midwest but raised most of my life in the urban Midwest. I will also say that the socioeconomic situation I grew up in changed significantly from the early part of my childhood to the later part of my development. I also come from a strong Christian faith background, but I have also loved science all my life. Because of these experiences, I identify with a number of different cultural backgrounds, even though sometimes they may seem like they conflict a bit.



PHOTOS COURTESY OF DR. DUKE HAN

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Looking back, how has your cross-cultural journey unfolded throughout your life/career?

I think my previous answer reflects how I would answer this question. I resonate with a number of different cultural backgrounds. At times, they may seem very different, but I appreciated being exposed to so many different cultural backgrounds. Being the child of immigrants and seeing different urban, rural, and socioeconomic situations, all instilled in me an appreciation for diversity.

What were some of your expectations for your career path when you first started this process? What might you consider doing differently based on what you learned throughout your career?

Honestly, I went into this career thinking I would be a small liberal arts college professor focused on the brain and teaching about the brain. However, I ended up loving the clinical side of things and did a lot more clinical work than I originally expected. The diversity of opportunities our degrees afford us is a nice aspect to our careers. In terms of what I would do differently, honestly, I do not have many regrets from a career perspective. I do not know if I would do anything differently and my career has been sort of an atypical one. It was not just going from one stage to another, but the twists and turns are what got me to where I am today.

What has been the biggest change you have seen in relation to cultural neuropsychology?

I love seeing the greater appreciation for

cultural perspectives in neuropsychology and this is something I have always wanted to see more of. Even though this may sound a bit pessimistic, I feel like I am living through a time I never thought I would see. I am very optimistic on how cultural perspectives can be incorporated in the practice of neuropsychology and research. Appreciating context is key to understanding how people perform on cognitive measures and brain measures. That has been happening more and it has been a big change frankly in the last few years that I have seen, so I am really excited about that.

In contrast, what and in which direction do you think that we as a field, need to continue working on to improve?

It would be great if instead of the term "cultural neuropsychology," cultural perspectives and considerations become so integral for neuropsychology that they become part of what is known as just "neuropsychology." The fact that there is awareness of the importance of "cultural neuropsychology" is great but it would be great to have it be so embedded in our understanding that it is just a part of neuropsychology.

What motivated you to seek board certification in neuropsychology and serve as an oral examiner? Any tips or words of wisdom you would like to share with those who are engaging (or planning to engage) in this process?

What motivated me was my mentors. The mentors I have had in neuropsychology have always set board certification as the highest ideal in the practice of neuropsychology. It was

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always a goal of mine even though I felt like I wanted more of a research career at that particular point in time.

And what motivated me to be an oral examiner? I was asked to be an oral examiner. I did it partly to know what the benchmarks were for becoming board certified. I wanted to know what qualified as that high benchmark or level of expertise; I wanted to know what that constituted to be a more effective mentor.

In terms of tips for the process, I generally suggest to my mentees that they should read whatever available notes or books there are on the topic. There are a number of different note systems and books available, which is great, particularly for the written tests. Then, getting a mentor through the mentorship program of AACN is really helpful to help navigate the process, even just to debrief the different steps. That is something I did for a number of people and I know others have found it helpful for themselves when going through the process.

What do you enjoy most about mentorship? Who are your most influential mentors?

I see mentorship as helping mentees attain whatever goals they have for themselves. That is how I view my role as a mentor, letting them get to whatever next stage they want. Moreover, it is nice seeing mentees attain their goals and keeping in touch after. That is what I enjoy about mentorship.

Dr. Paul Nestor was my graduate school mentor. He was the first to take me on and I will always appreciate him for that. I learned a lot from him specifically about how to think

critically, about science, and also about maintaining an important work life balance.

Dr. Aaron Nelson was my first clinical neuropsychology mentor who I learned the most from. He was my mentor when I was in Boston doing a practicum at Brigham & Women's Hospital, where he was the head neuropsychologist. There, I learned the most about brain behavior relationships.

I did my internship and postdoc at UCSD, and there, Dr. Marc Norman was the best clinical supervisor I ever had, and I still tell people to this day. Then Dr. Mark Bondi was one of the best research mentors I have ever had and with him I learned how to work collaboratively with people. Lastly, Dr. David Bennett, who is the director of the Rush Alzheimer's Disease Center, is arguably the reason why I have a research career right now. There was a point in my career where I wrote 16 grants that never got funded and was about to go into an all-clinical career until the NIH grant I wrote with him as my primary mentor got funded.



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You have such an impressive background, career trajectory, and are actively involved in numerous things (e.g., clinical practice, teaching, mentorship, scholarship, service, and advocacy in neuropsychology) while serving in leadership positions. How did you get involved in all of it? What pieces of advice do you have for individuals who want to do all these things?

I got involved through invitations and wanting to be involved. So instead, I think then the question becomes how I got invited – and honestly, I do not know. I think it has something to do with seeing leadership potential. If people are interested in leadership, I recommend reading some books or even taking courses on leadership. There is a lot of material in the corporate world that is focused on leadership, so even leadership programs that may not have anything to do specifically with neuropsychology could help. I recently did one that USC hosted a few years ago that was really helpful. In the corporate world, there is a huge emphasis on leadership development, and I think we could use a lot more leadership training in our field of neuropsychology. That is my big piece of advice for individuals who want to get involved.

Thank you for that. And out of curiosity, do you have a book in mind off the top of your head about this?

There are multiple examples. *Good to Great* by James C. Collins is one book, another is *Crucial Conversations* by Kerry Patterson, which is about how to have difficult or consequential conversations. There are a lot of published books in the corporate world. Those are just a couple that came to mind that I still go back to sometimes and pull from.

What has been your most memorable experience in the field?

This is a tough question, but a good one. The one that comes to mind is when I gave a talk to the Advisory Council at the National Institute on Aging on the National Institutes of Health campus. I was invited to talk about the lack of diversity in decision-making research. It was something I did not have much data on, but just something I was passionate about as a topic. A couple months before that, I met Dr. Carl Hill, the head of special populations at the NIA, and shared my thoughts with him about how there was a lack of diversity in decision making research. Based on that brief conversation alone, he invited me to give a talk to the National Advisory Council on that topic, and I was floored by the generosity of the invitation. I gave the talk, and it was in front of some of the most famous people in aging research. I am really grateful to him for that opportunity. It was my first time at the NIH campus, and it was interesting because I did not have data or study results to talk about. I think he just saw that I was passionate about the lack of diversity in this research area. He took a chance on me, and I very much appreciated it. This experience also reminds me to open doors for others when I can. The more we all do that for each other, the better.

It is okay to be passionate about something, even though you might not have a lot to show for it. Just that passion could be something that helps carry forward in some way, and could lead to tangible change in the future. For instance, I eventually wrote an R01 grant about diversity in decision-making research which became funded and is still going on today.

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You have an interest in factors that affect cognition and decision-making in aging. What are your most interesting findings in this area thus far? And what have been your interesting findings regarding considerations involving equity, diversity, and inclusion in aging and neuroscience research?

Thanks for asking this question. Right now, we think that financial decision making might decline even ahead of any noticeable cognitive abilities, like memory, in the context of Alzheimer's disease. We currently have research using neuroimaging and other tools implicating brain regions that are sensitive to Alzheimer's neuropathology, and we have some new research findings that hopefully will be public soon, supporting this idea that financial decision making might be one of the earliest signs of impending dementia. That is probably one of the most important or one of the most interesting findings that we have so far.

Regarding diversity and inclusion in aging and neuroscience research (another area of interest of ours), we have found that financial and health literacy accounts for and fully mediates racial differences in financial and health decision-making among older Black and White adults. That means if we address inequities and the ability to develop financial and health literacy, we may be able to address racial differences in decision making. We also published a paper recently showing that cognitive decline is associated with hippocampal functional connectivity in older Black adults. Older Black adults are at greater risk for Alzheimer's disease, but the vast majority of neuroimaging papers have not

focused on older Black adults. To our knowledge, this is one of the first neuroimaging papers of cognitive decline in older black adults.

What would you like others who are starting graduate school to know about the most rewarding and fulfilling part about the work you do?

One of the best aspects about our career is that we have options — people can pursue a full-time clinical career, a full-time research career, or both. Another exciting aspect I did not really know about early on in my career was the opportunity for advocacy on issues relevant to our expertise. For example, I am part of the Global Council on Brain Health, which is supported by the American Association of Retired Persons (AARP). The role of the council is to provide the public with advice about brain health as we grow older. It has honestly been one of the most rewarding experiences I have done so far — to make the research on brain health more understandable for the aging public. That is something I am doing more of as my career progresses, and I enjoy it quite a lot.

What are some facts your colleagues and students would be surprised to learn about you?

Since I am steeped in science most of the time, I think many people would be surprised to know that my faith is integral to my sense of self. It is actually my faith that tells me to pursue science through the pursuit of truth, and also social justice through the pursuit of diversity, equity, and inclusion. From my perspective, the biblical person of Jesus was someone who did not follow existing power

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structures and reached out to the social outcast and the marginalized of society. My faith is why I did things like marched for George Floyd, delivered food to homebound seniors during the pandemic, worked with immigration welcoming programs, did relief work in refugee camps, among other things. My faith in Jesus is the most important aspect in my life, and it compels my professional and personal interests.

Another aspect that some might not know about me is that I am a huge music fan of all different kinds of music. Since I have roots in rural and urban America, I enjoy all kinds of music, like long hair hard rock bands, but also rap and hip hop, and even some country and jazz. I really love all kinds of music and it is one of my favorite pastimes. I also play guitar and bass, and a little keys and drums. I have even recorded and performed music in multiple bands — some of it written by me. I always told people my dream job would have been to make it big in a music or rock band, but what I am doing now is fine.

How have you navigated juggling both your values for family and your career?

I would say for me, family is much more important than career and I generally advise all my mentees that they should prioritize their family over their career. Now, I am not saying I am a perfect example of that, but I try to aspire to be. At times it has been difficult, but I think my mentees and everyone in my laboratory knows that family should come before career if there is ever a question between the two. I have seen too many families hurt by people putting their careers ahead of their family, so I aspire to being a better example than that.

Do you have any movies or shows you would like to recommend to our readers?

That is a fun question. My family and I have two teenagers in the house so we are watching XO Kitty on Netflix right now — which is pretty good. We are a fan of the To All the Boys movies, so we were looking forward to XO Kitty coming out. I loved Everything Everywhere All At Once. I truly think it was one of the best movies I have ever seen in my entire life. I have lived through very different socioeconomic circumstances throughout my lifetime, and there was a point in my lifetime when my parents owned a dry cleaner, just like in the movie. So, it was very nostalgic to see that because they portrayed it well (what life was like when my family had the dry cleaner). We too had a little living area in the cleaner and lived in the space for a good part of our lives. It was very nostalgic for me.

I will openly share that I saw the movie on the plane. During the movie, I was both laughing and crying at different points, and I can tell the people in the plane were looking at me like, "what is going on?" However, I was just so moved to both tears and laughter — it was really great and very deserving of the best picture award in my opinion. Lastly, what is even better is that my teenage son loved it as well and says it was the best movie he had ever seen in his life, so it is nice to have that shared experience.

What is the best piece of advice you have ever received?

This is a great question. The piece of advice that comes to mind is when I was living in an apartment complex in Boston during graduate

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school and I was about to get married to my wife. At the apartment complex, there was a doorman, an older man. I would talk to him sometimes and one day I told him I was going to get married soon and if he had any advice for me. He said, "My advice to you is just do not sweat the small stuff, it is not that important." Honestly, this is something that has stuck with me in lots of different ways. We can get upset about things that are in the grand scheme of things really small. So, it has been helpful to remind me to practice gratitude more.

How can ANA support you? Are there any suggestions you would like to share with our early and mid-career readers?

I really love ANA and the fact that it is in existence. I wish it was around when I was a

trainee. Just being in existence is a great thing and so in terms of support for me, its existence is support enough.

My best suggestion for early and mid-career readers is to set up mentoring relationships with people —formally or informally, to have as broad of a mentoring network as possible — where you just check in every now and then at a conference or over e-mail or zoom. Mentoring has helped me through every stage of my career. You obviously cannot be a mentee or be mentored by everyone in existence because that is not possible. I did not have ANA around, so the fact that it is around now is a huge resource for early and mid-career readers. So, leverage that network to help you get through every stage of your career.

"THE FACT THAT THERE IS AWARENESS OF THE IMPORTANCE OF "CULTURAL NEUROPSYCHOLOGY" IS GREAT BUT IT WOULD BE GREAT TO HAVE IT BE SO EMBEDDED IN OUR UNDERSTANDING THAT IT IS JUST A PART OF NEUROPSYCHOLOGY."

"IT IS OKAY TO BE PASSIONATE ABOUT SOMETHING, EVEN THOUGH YOU MIGHT NOT HAVE A LOT TO SHOW FOR IT. JUST THAT PASSION COULD BE SOMETHING THAT HELPS CARRY FORWARD IN SOME WAY, AND COULD LEAD TO TANGIBLE CHANGE IN THE FUTURE."

RESEARCH HIGHLIGHTS

BY IVY CHO, M.A., JAS CHOK, B.S., JIE CHANG, M.A., AND JESSIE LI, M.A.

The following articles were featured in a special issue of the *Archives of Clinical Neuropsychology*, titled "Centering Culture in Neuropsychological Training, Research, and Practice".

Qi, W.G., Hong, Y., Sun, X., Stinson, J.M., York, M.K., McCauley, S., Strutt, A.M. (2023). A neuropsychological battery for the evaluation of dementia among mandarin-speaking older adults in the United States. *Archives of Clinical Neuropsychology*, 38(3), 446-458.

Despite being the largest Asian origin group in the United States, neuropsychological tests and normative data for a Mandarin-speaking Chinese population is limited. Cross-cultural differences and a gap between the linguistic systems of Chinese and English pose challenges for direct translation of measures and generalization of normative data. Authors conducted a systematic review on available normative data for a Mandarin-speaking population and built a suggested battery. Authors also discussed potential responses to the battery, evaluation delivery, and areas of future research.

Cognitive screeners such as the MoCA-Chinese and Chinese Mini-Mental Status Exam have available norms for a Mandarin-speaking population with comparable validities at optimal cutoff points. For core measures, the Digit Span subtest, Color Trails Test 1 and 2, Symbol Digit Modalities Test, Stroop Color-Word Test, Wisconsin Card Sorting Test, CERAD Word List Learning Test, BVMT-R, Fuld Object Memory Test, Clock Drawing Test, RCFT copy, Boston Naming Test, and Animal Fluency Test have been validated in this population with normative data. The Geriatric



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Depression Scale, PHQ-9 and BDI are validated measures to assess depression, and the BAI, Geriatric Anxiety Scale, and GAD-7 are validated to assess anxiety. Although limited literature about performance validity testing is available, researchers recommended using Reliable Digit Span with this population.

Limitations of the study include sparse measures for the language domain, development of normative data by different groups with different populations, and inability to guarantee culturally appropriate neuropsychological practice. Researchers recommend providers to familiarize themselves with patients' cultural backgrounds to more effectively complete the evaluation process, and to provide recommendations that are meaningful for patients who are less acculturated to mainstream United States culture. While optimal delivery of an evaluation is through a Mandarin-speaking neuropsychologist, this may not always be possible, and researchers recommended exercising caution interpreting results of an evaluation conducted with the assistance of interpreters. Areas for future research include developing neuropsychological measures in

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the language domain, expanding on available normative data, and considering the feasibility of developing new neuropsychological measures for this population.

McCauley, S.R., Nguyen, T., Nguyen, C., Strutt, A.M., Stinson, J.M., Windham, V.A., & York, M.K. (2023). Developing a culturally competent neuropsychological assessment battery for Vietnamese-speaking patients with suspected dementia. *Archives of Clinical Neuropsychology*, 38(3), 485-500.

The number of Vietnamese immigrants in the United States has been growing steadily since the 1970s. Similar to many other Asian American groups, Vietnamese Americans face barriers and challenges in early identification and treatment of Alzheimer's Disease and related dementias. This study reviews and recommends available neuropsychological tests appropriate for this population, particularly for non-Vietnamese speaking clinicians wishing to work with Vietnamese speaking clients via interpreters.

While both the MoCA and MMSE are cognitive screeners available in Vietnamese, both measures lack culturally-specific normative and cut-off scores. For core measures, the Cross-Cultural Neuropsychological Test Battery, the Common Objects Memory test, and a Vietnamese Stroop Test have been validated in this population with normative data. The Phan Vietnamese Psychiatric Scale is a measure of emotional distress whose development was informed by ethnographic knowledge of the Vietnamese culture. No empirical studies on performance validity tests have been done with this population. Finally, several other neuropsychological measures, which were not specifically validated with Vietnamese populations but are relatively "culture fair" and

language-free, were recommended for use with this population.

In addition to the limited neuropsychological literature and resources available for the Vietnamese population, the article also discussed other considerations that could improve dementia-related services for this population. Considerations include increasing physician awareness of neuropsychological services in minority languages (at least within the Houston, United States context); outreach with local communities; acquiring a basic understanding of Vietnamese cultural customs and beliefs; and developing competency working with interpreters. Authors recommended future research to include developing culturally and linguistically appropriate measures, norms and dementia intervention models.

Stinson, J.M., Armendariz, V., Hegazy, M.I.R., Strutt, A.M., McCauley, S.R., York, M.K. (2023). Developing a culturally competent neuropsychological battery for diagnosis of dementia in Arabic-speaking patients in the United States. *Archives of Clinical Neuropsychology*, 38(3), 433-445.

Despite the increase of Arabic-speaking individuals in the United States, there is still a



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dearth of neuropsychologists who provide neuropsychological evaluations in Arabic. In order to address healthcare access disparities, the Baylor College of Medicine Embracing Cultural Competence In Outpatient Settings (BCM ECCOS Clinic) established a comprehensive neuropsychological battery for Arabic-speaking older adults in the U.S. in need of a differential diagnosis for dementia.

The following assessments on cognitive and behavioral functioning were developed for an Arabic-speaking population with set protocols: Montreal Cognitive Assessment; Mini Mental Status Examination; Symbol Digit Modalities Test; Color Trails Test; Stroop Interference Test; List Learning Task; Rey Complex Figure Test; Brief Visuospatial Memory Test-Revised; Acculturation Rating Scale for Arab Americans; Phonemic Fluency; Semantic Fluency (Animals); NAB Auditory Comprehension; Cross-Linguistic Naming Test; WASI-2 Block Design; Consortium to Establish a Registry for Alzheimer's Disease Drawings; Test of Nonverbal Intelligence-3; Generalized Anxiety Disorder-7; Geriatric Depression Scale-15; The Informant Questionnaire on Cognitive Decline in the Elderly-Short; Physical Self-Maintenance Scale; and Lawton Instrumental Activities of Daily Living.

While the battery is limited to certain Arabic dialects and countries with normative data, the BCM ECCOS Clinic also provides training on culturally informed care such as how to work with Arabic-speaking individuals, medical interpreters, and providing evaluations for those with varying levels of acculturation and linguistic proficiency. Overall, the study highlights the need to develop culturally competent, valid, and normed assessment tools.

[Culturally Competent Approaches for Neuropsychological Assessment for Differential Diagnosis of Dementia of Korean-Speaking Patients in the United States, *Archives of Clinical Neuropsychology*, 38 \(3\), 459-471](#)

With over 1.82 million people from Korean descent living in the United States, and high number over the age of 65, it is imperative that a culturally competent neuropsychological battery is available for older Korean-speaking adults living in the United States. Hence, the authors identified and selected test instruments to create a battery to serve Korean-speaking in the United States for differential diagnosis of dementia.

Following the systematic review, the following test measures were found to developed for a Korean-speaking population and/or included norms for a Korean-speaking population: Korean-Montreal Cognitive Assessment, Korean Trail Making Test A, CERAD-K BNT-15, CERAD-K Animal Fluency, Rey Auditory Verbal Learning Test, CERAD-K Word List Learning, CERAD-K Visual Recall, Korean Trail Making Test B, Lexical Fluency, Patient Health Questionnaire-9, General Anxiety Disorder-7, and Korean Instrumental Activities of Daily Living.

Results from this systematic review suggest that the assessment of Korean-speaking patients requires careful consideration of different cultural factors including differences in dialect between

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speakers and the inclusion of a Korean cultural broker.

[Developing a Culturally Competent Neuropsychological Assessment Battery for Farsi-speaking Patients with Suspected Dementia, *Archives of Clinical Neuropsychology*, 38\(3\), 474-484.](#)

With one of the highest numbers of Iranian immigrants living in the United States (and Iran being the largest Farsi-speaking country in the middle-east) there is a need to have a neuropsychological battery available for Farsi-speaking Iranian adults in the United States. As such, to investigate the development of a culturally competent neuropsychological assessment battery for Farsi-speaking patients living in the United States, a systematic review was completed. Following the identification of tests, measures were incorporated into the Baylor College of Medicine Embracing Cultural Competence in Outpatient Setting (BCM ECCOS) Clinic Farsi battery.

Following the systematic review, the following test measures were found to developed for a Farsi-speaking population and/or included norms for a Farsi-speaking population: Color Trail Making Test, Wisconsin Card Sorting Testing, Shiraz Verbal Learning Test, Common Objects Memory Test, Phonemic Fluency, Semantic Fluency, Patient Health Questionnaire-9, General Anxiety Disorder-7, and Farsi Neuropsychiatric Inventory.

However, the authors note that limitations continue to exist with creating a neuropsychological battery for Farsi-speaking patients, including the limited number of validated test measures and norms available for bilingual Farsi-English speakers.



PHOTO COURTESY OF PRIYANKA SINGH

ANA ADVOCACY COMMITTEE: WEBINAR SERIES

BY DORIS HONG, PSY.D.

The **ANA Advocacy Committee** is excited to announce the launch of an engaging 3-part webinar series centered around **culturally relevant supervision for trainees of diverse backgrounds**. In collaboration with five sister organizations/committees - Hispanic Neuropsychological Society (HNS), Society for Black Neuropsychology (SBN), Queer Neuropsychological Society (QNS), Association of Neuropsychology Students & Trainees (ANST), and Women in Neuropsychology (WIN) - we are thrilled to present this remarkable series, building upon the success of our previous webinar series on intersectionality in 2022.

We're proud to share that our webinar series is the recipient of the **2022 Early Career Service Grants** by the APA Committee on Early Career Psychologists (CECP). We have carefully curated a panel of speakers ready to share their expertise and insights throughout this series. Details of each talk are included on this page. **We believe the diverse perspectives and experiences of the speakers will provide valuable insights into the realm of culturally relevant supervision.**

We extend a warm invitation to the entire ANA family to join us in these events. The registration links and further details can be found in a flyer that has been previously shared on our listserv. We look forward to your active participation and the enriching discussions that await us in this series.

REGISTER FOR THE EVENT [HERE](#).

PRESENTATION 1

Presenter: Michael V. Ellis, PhD, ABPP

Title: **Competency-Based Clinical Supervision: Basics & Managing Ethical Risks**

Date/Time: Monday, 9/18, at 5 pm EST | 4pm CST | 2pm PST

PRESENTATION 2

Presenters: Beatriz MacDonald, PhD, Adriana M. Strutt, PhD, ABPP., Jennifer Stinson, PhD, ABPP

Title: **Cultivating a Relevant Supervisory Space - Supervisors get Ready!**

Date/Time: Friday, 10/13, at 1pm EST | 12pm CST | 10am PST

PRESENTATION 3

Presenters: Anny Reyes, PhD, Ambar Perez Lao, MS, Ashley Nguyen-Martinez, PsyD, & Matthew Calamia, PhD

Title: **Navigating and Co-Creating Culturally Responsive Supervisory Spaces: Considerations for Trainees and Early Career Professionals**

Date/Time: Wednesday, 11/8, at 7pm EST | 6pm CST | 4pm PT

OPT TASK FORCE

A COLLABORATION OF THE ADVOCACY AND STUDENT COMMITTEES

BY DORIS HONG, PSY.D. & KRITIKA NAYAR, PH.D.

The OPT Task Force was started in 2022 as a collaboration of the ANA advocacy and student committee. Our mission is to provide support to international trainees and professionals pursuing careers in clinical neuropsychology within the United States. Our primary focus is on addressing the limitations and barriers that international students face from only having a 1-year post-graduation work authorization. We further aim to provide information and tangible support for US-based international student trainees and training programs to advocate for changes.

Recently, we conducted a comprehensive survey targeting doctoral, predoctoral internship, and post-doctoral fellowship training directors. Over 150 training directors from diverse training stages actively participated. Findings revealed striking limitations and barriers related to immigration issues, including visas and work permits, underscoring an urgent need to address the visa-related barriers international trainees face in completing their training and thus contributing their expertise to the field. Our goals are thus twofold: i) we aim to raise awareness and provide essential education to training directors who may be less experienced in handling immigration-related challenges that their international student trainees face; and ii) we strive to mobilize relevant stakeholders and foster effective collaborations to dismantle these barriers.

The ANA OPT Task Force recently played a leadership role in an APA Education Directorate-led initiative to petition to The Department of Homeland Security (DHS) for clinical psychology to be recognized as a STEM degree. In short, inclusion of clinical psychology as STEM will afford international students the advantage of applying for an additional 24-month post-graduate visa extension, granting them a total of 36 months (three years) of authorized employment. This will directly address many critical barriers faced by international students and ease their transition into post-doctoral training and the clinical neuropsychology field.

Although the petition process is predicted to be lengthy, the OPT Task Force remains strongly committed to ongoing efforts and will maintain its partnership with APA on this matter. We are additionally diligently working on compiling and disseminating educational materials to facilitate reducing visa-related barriers faced by international trainees in the meantime, including our active participation in neuropsychology conferences, and potentially webinar sessions, in the imminent future. We are committed to continue fostering an inclusive and empowering environment for all trainees in clinical neuropsychology that benefits both international trainees and the communities they serve.

INS TAIWAN: CONFERENCE SUMMARY

BY MAIKO SAKAMOTO, PH.D.

The INS mid-year meeting in Taiwan, our inaugural conference in East Asia, took place from July 6th to 8th, 2023. The event drew over 300 attendees from 25 countries and regions, showcasing its international scope. Notably, 77% of participants hailed from Taiwan (n=132), Japan (n=52), the United States (n=35), and Australia (n=13), with the remainder representing Belgium, Brazil, Canada, Great Britain, Hong Kong, India, Indonesia, Ireland, Iraq, Israel, South Korea, Macau, Malaysia, Vietnam, Mexico, the Netherlands, New Zealand, Singapore, Spain, Sweden, and Thailand.

The conference featured 6 keynote addresses, 3 continuing education sessions, and 6 invited symposia. The speakers' contributions significantly enriched our collective knowledge with advanced research findings and clinical expertise. Pre-opening symposia were strategically designed to provide context for subsequent sessions, ensuring a better understanding of cutting-edge topics. Additionally, 7 special symposia were organized with enthusiastic involvement from the Taiwan Association of Neuropsychological Development and Mental Rehabilitation (TANDMR) and the Asian Neuropsychological Association (ANA). ANA members contributed to 3 sessions, including "The Emergence of Clinical Neuropsychological Professions in Asian Countries," "Current Status and Future Development of Asian Neuropsychology in the U.S.," and "Multicultural Neuropsychological Approaches to Test Development, Adaptation, and Data Collection."

These sessions fostered active discussions among presenters and attendees. The meeting also included 10 paper and 4 poster sessions, showcasing over 250 research studies.

The 2023 INS awards ceremony took place on July 8th. Dr. Mau-Sun Hua, a pioneer in Taiwanese neuropsychology, was honored with the INS Distinguished Career Award. Dr. Shannon Scratch from Canada received the INS Early Career Award and presented her research on post-concussion and acquired brain injury symptoms among children, alongside their impact on caregivers and families. The Graduate Student Research Award, Memory Disorders Research Award, and Maris Pediatric Neuropsychology Award were respectively bestowed upon Mr. Joseph Mole, Ms. Ya-Mei Lai, and Dr. Tamar Silberg. Additionally, 6 graduate students were recognized with the INS Student Liaison Committee Student Research Award.



PHOTO COURTESY OF INS TAIWAN

A unique feature of the Taiwan meeting was the inclusion of special events and tours, setting it apart from other conferences. Attendees enjoyed a round table dinner, a night market tour, a gala party, and post-conference tours. Of particular note was the Taiko and music concert at the gala party, performed by individuals in wheelchairs. The conference bag and towel provided to all attendees were locally made, adding to the distinctiveness of the event.

The Taiwan meeting gave us a wonderful opportunity to appreciate the diversity of history, education, training programs, and the status of neuropsychology across different countries. It was an honor as a program co-chair to witness the active sharing and discussion of research, clinical practices, and educational experiences among peers within Asia and globally. The INS Taiwan meeting proved to be a fruitful and memorable experience for all participants.

PHOTOS COURTESY OF INS TAIWAN





Asian
Neuropsychological
Association

E-mail us at newsletter@the-ana.org

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