Dear Colleagues,

On behalf of the 2020 INS Program Committee, we are excited to welcome you to the 48th Annual Meeting of the International Neuropsychological Society in Denver, February 5-8.

Our conference theme is Neuropsychology in the Era of Precision Medicine and our program content will not only highlight the importance of multidisciplinary collaborations to advance precision medicine initiatives but also the significant contribution that neuropsychology and allied research and practice has made and can make to improve and personalize the care of individuals with conditions impacting the brain.

Our topics for this year’s meeting were chosen to cut across multiple diagnostic groups by showcasing advances in biology, technology and psychology, science and practice, neuroscientific disciplines, and their impact across the lifespan and various conditions. The invited speakers optimize this year’s theme and are internationally-recognized experts and dynamic presenters, representing numerous disciples. Their sessions promise to be as informative as they are engaging.

Other events to look out for include three Student Liaison Committee panel discussions, and some new and exciting offerings including the inaugural Past Presidents’ symposia and an interactive session in which we are looking to engage delegates in shaping an INS mentoring program.

Contributions from the INS membership and attendees further enhance the program. We received over 1,100 submissions this year and the posters, papers, and symposia will serve to showcase the continuing growth of our field, and important intersections with other disciplines.

An initial glance at this year’s program book/app will highlight an important feature of the INS meetings: color-coding of scientific sessions according to content, which we hope will simplify the process of finding topics of interest. The Denver meeting is full of choices. The conference program will begin with the Presidential Address on Wednesday afternoon, followed by the opening ceremony, including our awards session which recognizes members who have made extraordinary clinical, research and service contributions to the field, ending with a welcome reception that will include local music and refreshments.

A conference as large as this one would not be possible without the immense effort of many individuals. Melissa Lamar, CE Chair, and the CE Committee are to be commended for putting together a terrifically balanced and stimulating workshop series this year. We would also like to express our gratitude to the 2020 Program Committee, the Student Liaison Committee, the Student and Early Career Volunteers, and recently-appointed INS Executive Director, Marc Norman. Last, but certainly not least, we are indebted to the team at the INS office. They are as dedicated and organized as they are patient and helpful. Please thank Chantal Marcks, Stephanie Card, Davis Schoenfeld and Jamie Wilson, for their countless hours of work to bring the meeting to fruition.

We look forward to seeing you at the conference, and invite you to come and meet the INS board members who will be assisting with registrations. Our hope is that you catch up with old friends, make a few new ones, enjoy Denver and its myriad offerings, and take away with you some new ideas from what has shaped up to be a fantastic scientific program that you can bring to life in your work over the coming year.

Vicki Anderson- INS President
Miriam Beauchamp and Ozioma Okonkwo- Denver 2020 Program Co-Chairs
Meeting Program

Important Note: Room assignments listed below may change prior to the Annual Meeting. Please check the on-site program in Denver for final session locations.

For a list of changes that have occurred since the program was finalized, please refer to the addendum on the INS website for scientific program changes and additions.

**Wednesday February 5, 2020**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>9:00-12:00 PM</td>
<td><strong>CE Workshop 1.</strong> Moving Beyond the Cure: Improving Cognitive Outcomes for Childhood Cancer Survivors</td>
<td>Centennial B-C</td>
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<td></td>
<td>Presenters: Heather Conklin &amp; Lisa Jacola</td>
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<tr>
<td>12:00-1:00 PM</td>
<td><strong>INS Business Meeting</strong></td>
<td>Centennial D-E</td>
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<td>1:00-4:00 PM</td>
<td><strong>CE Workshop 4.</strong> How Neuropsychology is Impacting Cancer Care</td>
<td>Centennial B-C</td>
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<td>Presenters: Sanne Schagen &amp; Jeffery Wefel</td>
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<td><strong>CE Workshop 5.</strong> The Neuropsychologists ABC’s of LD’s: Understanding and Assessing Learning Disabilities Within a Neuropsychological Context</td>
<td>Centennial D-E</td>
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<tr>
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<td>Presenter: Marsha Vasserman</td>
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<tr>
<td>2:30-3:45 PM</td>
<td><strong>Poster Session 1.</strong> MCI, HIV, &amp; Dementias</td>
<td>Centennial Ballroom Foyer</td>
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<tr>
<td>2:30-4:00 PM</td>
<td><strong>INS Student Liaison Committee Panel 1:</strong> Discussing Diversity: An Interactive Exploration into Culturally Responsive Neuropsychology</td>
<td>Centennial A</td>
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<td>Discussant: April Thames</td>
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<td>Presenters: Monica Rivera-Mindt, Daryl Fujii, Alberto Fernandez, Jean Ikanga, Preeti Sunderaraman</td>
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<tr>
<td>4:15-4:30 PM</td>
<td><strong>Program Welcome</strong></td>
<td>Centennial D-E</td>
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<tr>
<td>4:30-5:30 PM</td>
<td><strong>Plenary A.</strong> Presidential Address: From Sidelines to Mechanism and Back: The Complex Tapestry of Recovery From Child and Adolescent Concussion</td>
<td>Centennial D-E</td>
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<td>INS President: Vicki Anderson</td>
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<tr>
<td>5:30-6:30 PM</td>
<td><strong>INS Awards Ceremony Awards</strong></td>
<td>Centennial D-E</td>
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<td>6:30-7:30 PM</td>
<td><strong>Welcome Reception</strong></td>
<td>Centennial F-G-H</td>
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<tr>
<td>7:20-8:50 AM</td>
<td>CE Workshop 7. On the Bright Side of Memory Aging: Brain Maintenance</td>
<td>Centennial D-E</td>
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<td>8:00-9:15 AM</td>
<td>Poster Session 2. Pediatric Assessment &amp; Neurodevelopment Disorders</td>
<td>Centennial G-H</td>
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<tr>
<td>9:00-10:30 AM</td>
<td>Invited Symposium 1. Big Data, Little Data: Transforming Neuropsychological Theory, Assessment and Rehabilitation</td>
<td>Centennial D-E</td>
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<td>Symposium 1. Optimizing Subjective Cognitive Decline (SCD) as a Preclinical Marker of Alzheimer’s Disease</td>
<td>Centennial B-C</td>
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<td>Symposium 2. Using Technology to Enhance Assessment and Rehabilitation for Older Individuals</td>
<td>Centennial A</td>
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<td>Paper Session 1. Cannabis &amp; Psychosis</td>
<td>Centennial F</td>
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<td>Paper Session 2. Concussion/Mild TBI</td>
<td>Centennial G-H</td>
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<tr>
<td>9:30-10:45 AM</td>
<td>Poster Session 3. Epilepsy, Multiple Sclerosis, &amp; Movement Disorders</td>
<td>Centennial B-C</td>
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<tr>
<td>10:30-10:45 AM</td>
<td>AM Coffee Break</td>
<td>Centennial Ballroom Foyer</td>
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<tr>
<td>10:45-11:45 AM</td>
<td>Plenary B. Development of Emotion Regulation Neurobiology and the Role of Early Caregiving Experiences</td>
<td>Centennial D-E</td>
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<tr>
<td>11:45-1:15 PM</td>
<td>Invited Symposium 2. Past-President’s Symposium: Historical Reflections and Lessons Learned</td>
<td>Centennial D-E</td>
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<tr>
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<td>Symposium 3. Advancing Precision Medicine Through Data Sharing, Transparency, and Open Science: A Decade of the ENIGMA Initiative</td>
<td>Centennial G-H</td>
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<td>Paper Session 3. Aging &amp; Dementia: Vascular Factors</td>
<td>Centennial B-C</td>
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<td>Paper Session 4. Mood &amp; Anxiety</td>
<td>Centennial F</td>
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<td>Paper Session 5. Developmental Conditions</td>
<td>Centennial A</td>
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<tr>
<td>12:00-1:15 PM</td>
<td>Poster Session 4. Concussion/TBI Across the Lifespan</td>
<td>Centennial Ballroom Foyer</td>
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<td>1:15-2:15 PM</td>
<td>Lunch (On Own)</td>
<td>Centennial Ballroom Foyer</td>
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<td>Time</td>
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<tr>
<td>2:15-3:45 PM</td>
<td>Early Career Award Presentations</td>
<td>Centennial D-E</td>
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<tr>
<td>2:15</td>
<td>Presenters: Denver 2020 Award Recipient: Laszlo Erdodi</td>
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<tr>
<td>2:15</td>
<td>Presenters: Rio 2019 Award Recipient: Daniel Mograbi</td>
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<tr>
<td>2:30-3:45 PM</td>
<td>Neuroscience Approaches to Inform Novel Treatment Targets for Mood Disorders in Aging</td>
<td>Centennial F</td>
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<tr>
<td>2:30</td>
<td>Chair &amp; Presenter: Sara Weisenbach</td>
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<tr>
<td>2:30</td>
<td>Presenters: Faith Gunning, Swathi Gujral, Vincent Koppelmans, Meryl Butters</td>
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<tr>
<td>3:00-3:15 PM</td>
<td>Toward Precision Neuropsychology</td>
<td>Centennial B-C</td>
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<td>3:00</td>
<td>Chair &amp; Presenter: Robert Bilder</td>
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<tr>
<td>3:00</td>
<td>Presenters: Russell Bauer, Lucia Cavanagh, Daniel Drane, Laura Umfleet</td>
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<tr>
<td>3:30-3:45 PM</td>
<td>Paper Session 6. Aging &amp; Dementia: Atypical Presentations</td>
<td>Centennial G-H</td>
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<tr>
<td>3:30</td>
<td>Moderator: Emily Trittshuh</td>
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<tr>
<td>3:30</td>
<td>Presenters: Adam Staffaroni, Fahmida Moni, Joshua Fox-Fuller, Gema Ortiz, Christopher Gonzalez, Allison Parker</td>
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<tr>
<td>3:45-4:00 PM</td>
<td>PM Coffee Break</td>
<td>Centennial Ballroom Foyer</td>
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<tr>
<td>4:00-5:15 PM</td>
<td>Poster Session 6. Adult Assessment 2, Cancer, &amp; Genetic Disorders</td>
<td>Centennial Ballroom Foyer</td>
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<tr>
<td>4:00</td>
<td>Invited Symposium 3: Tackling Chronic Traumatic Encephalopathy in 2020: Research Updates on Neuropathology, Diagnosis, and Risk Factors</td>
<td>Centennial D-E</td>
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<tr>
<td>4:00</td>
<td>Chair &amp; Presenter: Michael Alosco</td>
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<tr>
<td>4:00-5:30 PM</td>
<td>Symposium 6. &quot;Don't Set Sail Using Someone Else's Star&quot;: Enhancing the Precision of Neuropsychological Diagnosis in Sub-Saharan Africa and U.S. African Immigrant Populations</td>
<td>Centennial B-C</td>
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<tr>
<td>4:00</td>
<td>Chair &amp; Presenter: Anthony Stringer</td>
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<tr>
<td>4:00</td>
<td>Presenters: Jean Ikanga, Candice Basterfield, Suzanne Penna, Zinat Taiwo</td>
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<tr>
<td>4:30-5:15 PM</td>
<td>Symposium 7. Advances in Developmental Comorbidity: The Example of Reading Disorder and ADHD</td>
<td>Centennial A</td>
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<tr>
<td>4:30</td>
<td>Discussant: Erik Willcut Chair &amp; Presenter: Lauren McGrath</td>
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<td>4:30</td>
<td>Presenters: Michelle Kibby, Daniel Leopold, Melissa Dvorsky</td>
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<td>4:30</td>
<td>Location: Centennial B-C</td>
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<td>4:30</td>
<td>Location: Centennial A</td>
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<tr>
<td>5:00-6:30 PM</td>
<td>Plenary C. When We Test, Do We Stress? A Developmental Perspective of the Effects of Stress on Human Performance</td>
<td>Centennial D-E</td>
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<tr>
<td>5:00</td>
<td>Presenter: Sonia Lupien</td>
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### Friday February 7, 2020

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>7:20-8:50 AM</td>
<td><strong>CE Workshop 9.</strong> MCI and Preclinical AD: Concepts in Need of Input from Neuropsychology to Improve Diagnostic Precision and Prediction</td>
<td>Centennial D-E</td>
</tr>
<tr>
<td>8:00-9:00 AM</td>
<td><strong>Mentoring Event</strong></td>
<td>Centennial A</td>
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<tr>
<td>9:00-10:00 AM</td>
<td><strong>Plenary D.</strong> The Quest for Precision: Neuropsychological Evaluations for Epilepsy Surgery in India</td>
<td>Centennial D-E</td>
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<tr>
<td>10:00-10:15 AM</td>
<td><strong>AM Coffee Break</strong></td>
<td>Centennial Ballroom Foyer</td>
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<tr>
<td>10:15-11:30 AM</td>
<td><strong>Poster Session 7.</strong> Psychiatric Conditions &amp; Intervention</td>
<td>Centennial Ballroom Foyer</td>
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<tr>
<td>10:15-11:45 AM</td>
<td><strong>Symposium 8.</strong> Cognitive Testing In The Wild: Turning Smartphones into Digital Neuropsychological Assessment Tools</td>
<td>Centennial B-C</td>
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<tr>
<td>10:15-11:30 AM</td>
<td><strong>Symposium 9.</strong> Toward Precision-Based Neuroromodulation in Older Adults</td>
<td>Centennial D-E</td>
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<tr>
<td>10:15-11:30 AM</td>
<td><strong>Paper Session 10.</strong> Executive Function</td>
<td>Centennial A</td>
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<tr>
<td>10:15-11:30 AM</td>
<td><strong>Paper Session 11.</strong> Traumatic Brain Injury</td>
<td>Centennial F</td>
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<tr>
<td>11:45-12:45 PM</td>
<td><strong>Plenary E.</strong> The Neuropsychology of Delicious: An Integration of Mind and Metabolism</td>
<td>Centennial D-E</td>
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<tr>
<td>12:45-1:45 PM</td>
<td><strong>Lunch (On Own)</strong></td>
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<tr>
<td>1:45-3:00 PM</td>
<td><strong>Poster Session 8.</strong> Aging, Aphasia, &amp; Agnosia</td>
<td>Centennial Ballroom Foyer</td>
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<tr>
<td>1:45-3:15 PM</td>
<td><strong>Special Symposium: What Makes Us Human? Symposium in Honor of Donald T. Stuss</strong></td>
<td>Centennial D-E</td>
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<tr>
<td>3:15-3:30 PM</td>
<td><strong>PM Coffee Break</strong></td>
<td>Centennial Ballroom Foyer</td>
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</tbody>
</table>
**Program Suggestions by topic:**
- Aging & Dementia
- Pediatric
- Assessment
- Cross-Cultural/Diversity
- Adult Disorders
- Intervention

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**Hyatt Regency | Denver | CO**

**Presiding President:** Vicki Anderson
**Program Committee Chairs:** Miriam Beauchamp and Ozioma Okonkwo
**CE Committee Chair:** Melissa Lamar

February 5-8 2020

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**Friday February 7, 2020**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Panel</th>
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<tbody>
<tr>
<td>3:30-4:45 PM</td>
<td><strong>Poster Session 9.</strong> Alzheimer’s Disease, Neuroimaging, &amp; Other Location: Centennial Ballroom Foyer</td>
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<tr>
<td>3:30-5:00 PM</td>
<td><strong>Symposium 11.</strong> Contributions of Lifestyle and Genetic Risk Factors to Cognitive Aging and Impairment Discussant &amp; Chair: Anja Soldan Presenters: Corinne Pettigrew, Bryan James, Lindsay Clark, Jason Hassenstab Location: Centennial G-H</td>
</tr>
<tr>
<td>3:30-5:00 PM</td>
<td><strong>Symposium 12.</strong> Soc. Cog. SIG Using New Techniques to Understand and Treat Social and Emotional Impairments after Traumatic Brain Injury Chair &amp; Presenter: Skye McDonald Presenters: Dana DeMasiter, Helen Genova, Travis Wearne Location: Centennial B-C</td>
</tr>
<tr>
<td>3:30-5:00 PM</td>
<td><strong>Paper Session 15.</strong> Neurostimulation &amp; Substance Use Moderator: Sallie Baxendale Location: Centennial F</td>
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<tr>
<td>3:30-4:30 PM</td>
<td><strong>Paper Session 16.</strong> Cognition &amp; Reserve Moderator: Monica Rivera-Mindt Location: Centennial A</td>
</tr>
<tr>
<td>3:30-4:30 PM</td>
<td><strong>Mid-Career Award Presentation</strong> If What I Knew is no Longer True: Finding a Path Forward in a Post-Replication Crisis Era Denver 2020 Award recipient: Frank Hillary Location: Centennial D-E</td>
</tr>
<tr>
<td>5:00-6:00 PM</td>
<td><strong>Plenary F.</strong> Looking for Trees in the Forest: Finding Knowledge in Big Data Presenter: Tomas Paus Location: Centennial D-E</td>
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<tr>
<td>6:00-7:00 PM</td>
<td><strong>INS Student Liaison Committee Panel 3.</strong> How to Become a Competitive Neuropsychological Trainee: Insights from a Survey of Postdoctoral Training Directors Presenters: Lucas Driskell, Scott Sperling Location: Centennial B-C</td>
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**Students: Don’t Miss Out**

**Student Social & Networking Event**

**Thursday Feb 6**
**7-9 PM**
**1520 Stout St.**

Co-sponsored by SLC, SCN, ANST, HNS, and ANA Student Associations

FREE FOOD and RAFFLE PRIZES

@ Tarantula Billiards Bar & Grill
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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td></td>
<td>Presenter: James Jackson</td>
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<td>Location: Centennial D-E</td>
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<tr>
<td>9:00-10:15 AM</td>
<td>CE Workshop 12. Traumatic Brain Injury in Criminal Justice: (Hard) Lessons from Colorado</td>
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<td>Presenter: Kimberly Gorgens</td>
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<td>Location: Centennial G-H</td>
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<tr>
<td>9:00-10:30 AM</td>
<td>Invited Symposium 4. Truly Cross Fit: The Association of Exercise and Cognitive Reserve</td>
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<td>Chair: Glenn Smith</td>
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<td>Presenters: Vonetta Dotson, Alyiah Snyder, Jill Barnes, Kaitlin Casaletto</td>
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<td>Location: Centennial D-E</td>
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<tr>
<td>9:00-10:30 AM</td>
<td>Symposium 13. Using the ECLECTIC Framework for Guiding the Neuropsychological Evaluation Process: Case Studies with Latinx and Asian Clients</td>
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<tr>
<td></td>
<td>Discussant &amp; Chair: Daryl Fuji</td>
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<td>Presenters: Adriana Strutt, Christine Salinas, Nicholas Thaler, Chris Nguyen</td>
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<td></td>
<td>Location: Centennial G-H</td>
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<tr>
<td>9:00-10:30 AM</td>
<td>Symposium 14. Neurodevelopmental Assessment in Low Resource Areas: Implementation and Outcomes</td>
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<td>Discussant &amp; Chair: Amy Connelly</td>
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<td>Presenters: Itziar Familiar, Alison Colbert, Desiree Bauer, Michael Boivin</td>
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<td>Location: Centennial B-C</td>
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<tr>
<td>9:00-10:30 AM</td>
<td>Paper Session 17. Acquired Brain Injury</td>
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<td>Moderator: Sara Weisenbach</td>
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<td>Presenters: Anny Reyes, Nils van den Berg, Marita Partanen, Fiore D’Aprano, Mario Duly, Rella Kautiainen</td>
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<td>Location: Centennial A</td>
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<tr>
<td>9:00-10:30 AM</td>
<td>Paper Session 18. Aging &amp; Dementia: Psychometrics, Diagnosis, &amp; Prognosis</td>
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<td>Moderator: Kayci Vickers</td>
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<td>Presenters: Erin Sundermann, Isabelle Avildsen, Daniel Nation, Mark Sanderson-Cimino, Eva Alden, Miguel Arce Rentería</td>
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<tr>
<td>10:30-10:45 AM</td>
<td>AM Coffee Break</td>
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<td>10:45-12:00 PM</td>
<td>Poster Session 11. Malingering, Executive Function, &amp; Addiction</td>
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<td>Location: Centennial Ballroom Foyer</td>
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<td></td>
<td>Chair &amp; Presenter: Carolyn Parsey</td>
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<td>Presenters: Catherine Sumida, Katherine Hackett</td>
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<td></td>
<td>Location: Centennial G-H</td>
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<td></td>
<td>Discussant: Keith Yeates Chair &amp; Presenter: Deborah Dewey</td>
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<td>Presenters: Melody Grohs, Maede Ejared, Gillian England-Mason</td>
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<td>Location: Centennial D-E</td>
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<tr>
<td>10:45-12:15 PM</td>
<td>Paper Session 19. Aging &amp; Dementia: Lifestyle Factors</td>
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<td>Moderator: Cady Block</td>
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<td>Presenters: Kaitlin Casaletto, Mathew Panizzon, Clayton Vesperman, Seth Margolis, Harli Grant, Emily Smith</td>
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<td>Location: Centennial B-C</td>
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<tr>
<td>10:45-12:15 PM</td>
<td>Paper Session 20. Intervention</td>
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<td>Moderator: Louisa Thompson</td>
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<td>Presenters: Roy Kessels, Karryn Pike, Jaymen Rice, Meaghan Race, Jill Winegardner, Marissa Gogniat</td>
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<td>Location: Centennial F</td>
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<td></td>
<td>Moderator: Robin Green</td>
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<td></td>
<td>Presenters: Grant Iverson, Rayna Hirst, Kristine Dell, Jeshna Kumari, Kristin Wilmoth, Nicole Saltiel</td>
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<tr>
<td></td>
<td>Location: Centennial A</td>
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<tr>
<td>12:15-1:15 PM</td>
<td>Plenary G (Birch Memorial Lecture). Using Mobile Sensing to Assess Mental Health and Functioning: The Case of Suicide Prediction</td>
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<td>Presenter: Nicholas Allen</td>
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<td></td>
<td>Location: Centennial D-E</td>
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<tr>
<td>1:15-2:00 PM</td>
<td>Closing Remarks</td>
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Discussing Diversity: An Interactive Exploration into Culturally Responsive Neuropsychology

Wednesday Feb 5
2:30 PM
Centennial A

With: Dr. April Thames (discussant), Dr. Monica Rivera Mindt, Dr. Daryl Fujii, Dr. Alberto Fernandez, Dr. Jean Ikanga, Dr. Preeti Sunderaraman

Student Social & Networking Event

Thursday Feb 6
7-9 PM
1520 Stout St.

Co-sponsored by SLC, SCN, ANST, HNS, and ANA Student Associations
FREE FOOD and RAFFLE PRIZES @ Tarantula Billiards Bar & Grill

Responding to Inappropriate Behavior in Neurological Populations: Considerations in Practice, Supervision, and Research

Friday Feb 7
10:15 AM
Centennial G-H

With: Dr. Holly Miskey (discussant), Dr. Robin Green, Dr. Jennifer Vasterling, Dr. Dustin Hammers, Dr. Emily Trittschuh, Dr. Michael Greher

How to Become a Competitive Neuropsychological Trainee: Insights from a Survey of Postdoctoral Training Directors

Friday Feb 7
6:00 PM
Centennial B-C

With: Dr. Lucas Driskell, Dr. Scott Sperling

facebook.com/studentsINS
## Denver 2020 Program Committee

**INS President** Vicki Anderson  
**Program Committee Chairs** Miriam Beauchamp and Ozioma Okonkwo  
**Continuing Education Committee Chair** Melissa Lamar  

### Program Committee Members

*Designates member of the Program Executive Committee

<table>
<thead>
<tr>
<th>Stephen Aita</th>
<th>Vonetta Dotson</th>
<th>Jonathan Evans</th>
<th>Lenka Krámská</th>
<th>Bonnie Klein-Tasman</th>
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<td><em>Michael Alosco</em></td>
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**Welcome to INS Denver 2020!**

**INS Registration Desk**
Upon your arrival, please visit the INS Registration Desk to check-in and obtain your badge and other materials.

The **INS desk is located on the Third Floor in the Mineral Foyer.**

<table>
<thead>
<tr>
<th>Registration Desk Hours:</th>
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<tr>
<td><strong>Tuesday, February 4</strong></td>
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<tr>
<td>3:00 PM–6:00 PM</td>
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<td><strong>Wednesday, February 5</strong></td>
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<td><strong>Saturday, February 8</strong></td>
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<td>7:00 AM–12:45 PM</td>
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**BADGE POLICY**
The INS name badge must be worn at all times during the Annual Meeting, during both INS-sponsored and privately-hosted events and activities (including during affiliated meetings and candidate interviews that occur on-site).

Lost badges may be replaced at the INS Desk.

If you enrolled in optional CE workshops, your badge is required for entry into those sessions (you must have your badge scanned by the volunteer proctor to gain entry). Only pre-registered participants are permitted in workshops.

**Official Venue & Headquarter Hotel**
The official meeting venue and headquarter hotel is the Hyatt Regency Denver at Colorado Convention Center. All events occur at the hotel, making it the preferred lodging choice for most attendees.

Experience the culture of downtown from Hyatt Regency Denver at Colorado Convention Center. Located one block from the 16th Street Mall and walking distance to Denver Center for the Performing Arts, our hotel offers a stylish stay in downtown Denver with access to the 27th-floor Peaks Lounge, the highest-rising lounge in the city with spectacular Rocky Mountain views.

Denver International Airport services the Denver Area: Located 25 miles from the hotel. Approximately 38-minute drive in low traffic.

Attendees who are staying in the INS room block will receive COMPLIMENTARY basic Internet access in their guest room.

Present your Denver Meeting Badge and get 15% off of food prices at Hyatt Regency venues including: Peaks Lounge, Assembly Hall Bar + Market, Former Saint Craft Kitchen & Taps, (not available for in-room dining)
REGISTRATION INFORMATION

WHAT IS INCLUDED IN REGISTRATION?

The general meeting registration fee includes all General Sessions—described below—and allows attendees to utilize INS meeting space for candidate interviews and ancillary events.

The only items not included in the general registration fee are CE Workshops and Optional CE Credit for Plenary and select Invited Symposia Attendance, which are described below and in the Continuing Education section of this book.

Included in General Meeting Registration

GENERAL SESSIONS

General sessions are the heartbeat of the Annual Meeting’s scientific program, and are open to everyone who has paid the general fee.

General sessions include all paper sessions, symposia, poster sessions, invited symposia, and INS social events.

PLENARY SESSIONS

All registered attendees are welcome and encouraged to attend the seven plenary addresses in this year’s program.

Please Note: Volunteer proctors will be posted at the door of each plenary to scan attendee badges for those who wish to seek optional CE credit for their attendance. Attendees DO NOT need to be scanned unless they plan to seek CE credit for their participation in the session, either now or at a later date.

ANCILLARY EVENTS

Registered meeting attendees may also participate in the various ancillary meetings that are scheduled to occur throughout the four day meeting. For a complete list of ancillary events, please see the ancillary event schedule within this book.

Please note that many ancillary events are invitation-only. All ancillary events must be arranged in advance through INS.

EXHIBIT HALL & SOCIAL EVENTS

Your INS badge allows entry to all official social events at the Annual Meeting, including:

Daily networking with colleagues old and new in the Centennial Ballroom Foyer, where all poster sessions, coffee breaks, and Exhibitors are located.

The welcome reception on Wednesday evening located in Centennial F-G-H

Mineral Hall Foyer is the attendee lounge area.

Not Included (Optional Items):

CE WORKSHOPS

In order to attend CE workshops, attendees must pre-register and pay an additional credit-based course fee.

Generally, CE workshops may be added up to 24 hours prior to the start of each workshop. To add CE options, please inquire at the on-site registration desk during open hours.

Volunteer proctors will scan attendee badges at the door to verify registration; only pre-registered participants will be admitted.

For continuing education accreditation and program requirements, please refer to CE Program details on page 35, or visit the Denver meeting page www.the-ins.org/meetings/denver2020/

If you registered for CE workshops, plenary, and/or Invited Symposia CE credit(s) you can access the links to the handouts for your CE session by logging into your INS account.

If you register on-site for CE options, you will receive the link to relevant handouts at that time. Please remember no paper copies are distributed on-site, and we highly recommend that you download and/or print handouts in advance of the session as we are expecting high bandwidth usage.

OPTIONAL CE CREDIT FOR PLENARY OR INVITED SYMPOSIUM ATTENDANCE

1.0 hour of optional CE credit is available for each plenary session.

1.5 hours of optional CE credit is available for Invited Symposium 1 and 4.

In order to receive optional CE credit, attendees must document their attendance, complete all CE requirements listed on page 35 and submit a separate registration fee (the fee may be paid before the session or after the meeting is over; contact the INS office for assistance at: ins@the-ins.org)
**INS Meeting App**

Download the INS 2020 Annual Meeting app for your mobile phone, tablet, or even to use on your personal computer.

The INS meeting app lets you view the complete program schedule, including the electronic program book, invited speaker bios and abstracts, travel and destination information, and much more.

To download and start personalizing the app, search for “INS 2020” at the Apple Store or Android Market, or visit [https://crowd.cc/s/3ya2o](https://crowd.cc/s/3ya2o).

**Certificates of Attendance**

If you require a certificate documenting your attendance, please inquire at the INS Registration Desk. You may also obtain a certificate after the meeting is over by emailing ins@the-ins.org.

**Continuing Education**

For CE registration requirements and information, please see the previous page. For CE course and program requirements, including post-course evaluations and certificates, please see the CE section of this book.

**Internet Access**

Wireless Internet access is available in all INS meeting spaces on level three of the hotel. To get online, first connect to the wireless network called INS_Conference, and then enter the password: INS2020! Please see the previous page for information about WiFi in guest rooms.

**Interview Rooms**

Rooms designated for candidate interviews are located on level three in rooms: Granite A B C, Mineral Hall A B C.

Hours vary by day. Detailed hours available in the app and online at: [https://www.the-ins.org/meetings/denver2020/marketing-opportunities/interview-rooms/](https://www.the-ins.org/meetings/denver2020/marketing-opportunities/interview-rooms/)

Please utilize the on-site message boards to post or check for interviewing opportunities. Interviews are arranged independently between interviewers and candidates; INS does not coordinate interviews.

**Alerts & Flash Photography**

Please mute or switch all cell phones, pagers, and other mobile devices to vibrate mode when entering sessions.

Flash photography is always strictly prohibited. Photos and/or other recordings may not be taken in the Exhibit Hall, or of any presentation without the express, written permission of the presenter(s).

**Attendee Code of Conduct**

All participants (including registered attendees and their guests, speakers, exhibitors, volunteers, staff, and all others) are anticipated to conduct themselves in an appropriate, professional, and respectful manner at all times during the INS 48th Annual Meeting. If an individual is unable to meet these expectations, INS reserves the right to ask them to leave the meeting without reimbursement.

JOININS.ORG
NURSING MOTHERS
A private, locking room is available for nursing mothers on the first floor (lobby level). Please see concierge or the front desk to obtain the key.

DAYCARE – CAMP INS
Most of the Daycare costs are happily subsidized by INS.
Preferred Sitters Childcare will be provided:

<table>
<thead>
<tr>
<th>At the following times:</th>
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<tbody>
<tr>
<td>Wednesday February 5, 2020:</td>
<td>4:00 pm to 8:00 pm</td>
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<tr>
<td>Thursday February 6, 2020:</td>
<td>7:00 am to 8:00 pm</td>
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<td>Friday February 7, 2020:</td>
<td>7:00 am to 8:00 pm</td>
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<tr>
<td>Saturday February 8, 2020:</td>
<td>7:00 am to 2:00 pm</td>
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Drop-off possible if space is available. Please inquire at Registration Desk

PUBLISHED PROCEEDINGS
The complete scientific program and abstracts listing for the INS 48th Annual Meeting will be published in an online, supplemental issue of the Journal of the International Neuropsychological Society: JINS.
All supplemental issues of JINS are freely available online, without a subscription.

SPECIAL EVENTS

INS AWARDS CEREMONY & WELCOME RECEPTION
Don’t miss the INS Awards Ceremony on Wednesday, February 5th from 5:30–6:30 PM in the Centennial Ballroom D-E

Then, stick around for the Welcome Reception from 6:30–7:30 PM in Centennial Ballroom F-G-H.

STUDENT SOCIAL, HOSTED BY THE INS STUDENT LIAISON COMMITTEE (SLC)
Trainees of all levels are welcome to join the INS SLC at their bi-annual Student Social for mingling and light refreshments. The Social will be held on Thursday, February 6th from 7:00–9:00 PM. For details, see Registration Desk Poster, Mobile App, or INS website for updates.

INS BUSINESS MEETING:
Learn about the INS organization and upcoming initiatives at the annual business meeting on Wednesday, February 5th from 12:00- 1:00 PM in Centennial Ballroom D-E.

MEDITATION ROOM
Unhook, unwind, get grounded and reconnect in the meditation room. Located in Quartz B

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SCHEDULED WELLNESS ACTIVITIES

Wednesday— Presented by The River Yoga
Session 1: 7:00-7:30 AM – Guided Stretching Meditation
Session 2: 7:30 -8:00 AM – Guided Stretching Meditation

Thursday & Friday – Presented by Yoga High Studio
Drop in from 7:00-7:55 AM – Guided Stretching and light yoga
8:00-8:15 AM – Guided meditation & Breathing
PreSenter InstruCTioNS

All speakers (including Plenary and CE Speakers and all presenters in Paper and Symposia Sessions) are required to check-in at the Speaker Ready Room NO LATER than ONE HOUR prior to their assigned session.

GEneral GuidELInes:
Presenters are not permitted to use their own computers or devices. In each lecture hall, presenters will have access to a laptop, mouse, laser pointer, and microphone.

A technician will be available during posted hours to help upload presentations to a central system. Speakers are strongly encouraged to check-in the day before their scheduled presentation. This will ease transitions between sessions where time is extremely tight. INS cannot guarantee slide upload if turned in less than one hour prior to assigned session.

PePAr SESSION PreSEnTeRs

All paper presenters must report to the Speaker Ready Room to upload their presentation by NO LATER than one hour prior to their scheduled session.

Each paper session is 90 minutes in length and consists of six (6) individual presentations.

Each paper presenter will have approx. 12 minutes to present their paper (including time for their introduction by the session moderator). Then, immediately following each presentation, the moderator will guide a 3-minute question and answer period.

Please help the moderator and be respectful of other authors by staying within your allotted time, as each session is under a strict time limitation.

PoSteR PreSeNTERs

All poster sessions will take place in the Centennial Ballroom Foyer on Level Three. Please arrive 10 minutes prior to the start of your session in order to mount your poster.

Please refer to the “My Schedule” icon on the INS Denver 2020 Meeting Page located at: https://www.the-ins.org/meetings/denver2020/my-schedule/ for final poster number.

The presenting author must be present at the poster session and should remain with the poster to entertain questions for the duration of the session.

A volunteer will be available 10 minutes prior to the start of each poster session to distribute push-pins and assist authors with finding their assigned poster board.

PoSteR SYMPoSIAS PreSeNTERs

Please follow the instructions above for Poster Presenters.

All poster symposia will occur in the Centennial Ballroom Foyer on Level Three. Poster symposia occur during regular poster sessions, but are grouped together to allow authors to provide a cohesive presentation on their selected topic.

SyMPoSIAS PreSeNTERs

All symposium presenters must report to the Speaker Ready Room to upload their presentation by NO LATER than one hour prior to their scheduled session.

All symposia sessions are 90 minutes in length. It is up to the Symposium Chair’s discretion to divide the time amongst the individual abstracts, the discussant, and to allow time for audience discussion and questions. Please stay within the time allotted by the Symposium Chair, as each session is under strict time limits.
The International Neuropsychological Society wishes to thank its generous sponsors for their support of the INS 48th Annual Meeting and of the society’s educational mission.

Through their sponsorship, these organizations make a valuable contribution to the success of the INS Annual Meeting and towards achieving the INS goals of further enhancing global-scale communication and collaboration between disciplines.

Psychological Assessment Resources—PAR, inc.

Generous supporter of the Paul Satz Career Mentoring Award and the INS educational mission. PAR representatives look forward to meeting INS attendees at Exhibit Booth #3.

www.parinc.com

Pearson Assessment

Generous supporter of the INS educational mission. Pearson representatives look forward to meeting INS attendees at Exhibit Booth #9

Special Presentation: Friday, 7th 8:00-8:50 Centennial B-C

New Assessments Sneak Peek: Join us for a quick update on the new assessments that will be available soon - including a glimpse into the new MMPI-3, WAIS-V, WMS-V, and more.

www.pearsonassessments.com

Society for Clinical Neuropsychology (APA div. 40)—Ethics Committee

Wednesday, 9:00AM-12:00PM—Centennial G-H. CE Workshop 2 by Drs. Dustin Hammers and Rene Stolwyk is supported by an unrestricted educational grant from APA Division 40—Ethics Committee, in proud support of the INS educational mission. (The INS maintains control over all educational content and materials)

U of U Clinical Neurosciences Center

Kind Bars brought to you by the proud host of The International Neuropsychological Society Executive Office
**Exhibit Hall**

All Annual Meeting attendees are invited to stroll through the INS Exhibit Hall, located in Centennial Ballroom Foyer on Level Three, during open hours posted below. Take advantage of discount prices on many journals, books, testing materials, and more, offered especially by our exhibitors for registered INS meeting attendees.

<table>
<thead>
<tr>
<th>Exhibit Hall Hours</th>
<th>2:15 PM–6:15 PM</th>
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<td>Thursday, February 6</td>
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<td>Friday, February 7</td>
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<td>Saturday, February 8</td>
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**48th Annual Meeting Exhibitors**

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<tr>
<th>Exhibitor</th>
<th>Booth</th>
<th>Website</th>
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<tbody>
<tr>
<td>The Academy of the American Board of Professional Neuropsychology</td>
<td>Booth #7</td>
<td><a href="http://www.abpn.com">www.abpn.com</a></td>
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<tr>
<td>APPCN</td>
<td>Booth #6</td>
<td><a href="http://www.appcn.org">www.appcn.org</a></td>
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<td>Cambridge University Press</td>
<td>Booth #17</td>
<td><a href="http://www.cambridge.org">www.cambridge.org</a></td>
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<td>Guilford Press</td>
<td>Booth #2</td>
<td><a href="http://www.guilford.com">www.guilford.com</a></td>
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<td>MHS Assessments</td>
<td>Booth #5</td>
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<td>NeuroPsychNorms</td>
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<td>Oxford University Press</td>
<td>Booth #1</td>
<td><a href="http://www.global.oup.com">www.global.oup.com</a></td>
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<td>PAR, Inc.</td>
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<td>Pearson</td>
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<td><a href="http://www.pearsonassessments.com">www.pearsonassessments.com</a></td>
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<td>Springer Science &amp; Business Media</td>
<td>Booth #13</td>
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<td>Taylor &amp; Francis Group</td>
<td>Booth #16</td>
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<td>TLAmetrics</td>
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<td>The Trust</td>
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<td>WellStar Health System</td>
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**JINS—Impact Factor 3.098**

The Journal Reaches Over 9,000 Subscribers Worldwide

In proud partnership with Cambridge University Press
INS Awards Program

The International Neuropsychological Society’s Awards Program is intended to recognize the many achievements of accomplished INS members.

Awards Ceremony

Please join us in support of your deserving colleagues at the INS Awards Ceremony on Wednesday, February 5th at 5:30 PM in Centennial Ballroom D-E, where we will honor the recipients of this year’s awards.

We wish to thank Roy Kessels and the Awards Committee, as well as Jillian Tessier and the Student Liaison Committee, for their invaluable contributions to this meeting.

About the INS Awards Program

Major INS Awards

Major INS Awards are given in recognition of scientific achievement in Early Career, Mid-Career (the Arthur Benton Award), or for a Lifetime of Achievement in research, education or service in the field of neuropsychology. The INS Distinguished Career Award may be given to recognize those individuals who have enjoyed extended careers and who have made major, sustained contributions to the field of neuropsychology and the Society.

The Paul Satz-INS Career Mentoring Award, given in honor of Dr. Paul Satz and sponsored by PAR, Inc., is given to recognize mentoring and teaching activities that have profoundly impacted the careers of students in the field of neuropsychology.

INS Program Awards

INS Program Awards are selected by the Program Committee for each INS Meeting in recognition of the Meeting’s most outstanding scientific contributions. For the Annual Meeting, program awards include the Nelson Butters Award for the most outstanding submission by a postdoctoral fellow, the Phillip M. Rennick Award for most outstanding submission by a graduate student, and the Laird S. Cermak Award for the best submission in the field of memory or memory disorders. In conjunction with the INS Program and Awards Committees, the INS Student Liaison Committee recognizes an additional five students for their meritorious abstract submissions at each INS meeting through the selection of the SLC Student Research Awards.

Nominations & Eligibility for the INS Awards Program

To inquire about award nominations, please visit the-ins.org/ins-awards, or email Ins@the-ins.org.

Nominations for Major INS Awards

The INS Awards Committee accepts nominations annually from INS members for major INS Awards, including Career or Lifetime Awards, and the Paul Satz-INS Career Mentoring Award. Nominations are welcome at any time, but must be submitted by certain dates in order to be considered for an award at specific upcoming meetings.

Winners are selected by the Awards Committee, according to posted criteria, with approval from the INS Governing Board.

Eligibility for INS Program Awards

All abstracts that are submitted to the Annual and Mid-Year Meetings are screened and considered for eligible Program Awards.

INS Awards Committee

The INS Awards Committee was created to recommend current and past members to the Board of Governors for the purpose of recognition of outstanding achievement in areas related to Neuropsychology.

Roy Kessels has served as the Chair of the INS Awards Committee since February 2016.

Previous INS Award Winners

Please visit the INS website for complete descriptions of each INS award and to view previous award winners:

www.the-ins.org/ins-awards

Special Presentation

Rio 2019 Early Career Award Recipient
Daniel Mograbi Presentation: Self-Awareness in Neurological and Psychiatric Patients
Thursday, February 6  2:45 to 3:15 PM Centennial Ballroom D-E
Dr. Manly is an absolute powerhouse researcher, scholar, leader, advocate, educator, mentor, and role model. Her career in neuropsychology of over 20 years has not only changed the scientific and public discourse regarding cultural factors and brain-behavior relationships, but has also touched the lives and careers of many mentees. Dr. Manly is beyond deserving of this award because of her dedicated and effective mentoring to students in high school, undergraduate, and graduate school, as well as research assistants and postdoctoral fellows in both research and clinical settings.

Dr. Manly is passionate about providing mentorship to future generations of neuropsychologists, medical doctors, and scientists of diverse scientific backgrounds, including epidemiologists, neuroscientists, and neurolinguists. It is hard to come across a scholar in cultural neuropsychology who has not been mentored formally, informally, or simply inspired by Dr. Manly. She has mentored some of the leading figures of cultural neuropsychology in the field. For example, Dr. Desiree Byrd completed postdoctoral training with Dr. Manly and is now, as an Associate Professor at CUNY Queens College, another champion of cultural neuropsychology through her work on health disparities and cultural identity in normal cognitive aging and in the expression of cognitive dysfunction stemming from central nervous system disease. Similarly, Dr. Laura Zahodne, who is also a former postdoc of Dr. Manly, has published over 60 scientific manuscripts focused on better understanding racial/ethnic disparities in cognitive aging. Mentored by Dr. Manly through the stages of the job application process, Dr. Zahodne obtained a tenure-track job as assistant professor at the University of Michigan and now has a growing laboratory with graduate students and postdoctoral fellows of her own. These are only a few examples that demonstrate the longstanding impact of Dr. Manly’s mentorship.

Dr. Manly is one of the very few Neuropsychologists in the U.S. who have truly shaped the future face of Neuropsychology by advocating and creating opportunities for students who are historically under-represented in this field. In our own experiences, we have witnessed the myriad of times Dr. Manly has demanded strong representation for talented diverse trainees and inspired them to produce outstanding work. For example, she inspired the extraordinary number of 23 students, research assistants, PhD candidates, and postdocs to submit abstracts and present their research at INS 2019 in New York. During the conference, she made every effort to be at every single talk and poster to support and applaud her mentees, and twittered about every mentee’s presentation with pride. Her mentoring extends beyond just the scientific and clinical aspects of Cultural Neuropsychology, as she also provides passionate mentorship on navigating traditional scientific environments and institutions as a person of color. Moreover, she advocates for fair salary, health benefits, and other necessities for postdoctoral mentees.

Dr. Manly leads the field by publishing critical research contributions in high-impact scientific journals and publicly encourages diversity in research through her involvement in scientific organizations (e.g., INS, NIA) and even through social media (e.g., Twitter). She organizes activities to disseminate knowledge beyond the scientific community, including an annual public forum to communicate study findings and answer questions from participants enrolled in various community-based studies of cognitive aging. Dr. Manly also participates in community outreach events to inform the community around NYC about dementia. These outreach efforts are highly valued in the community and have inspired high-school students and undergraduates to join her lab to pursue clinical or research training.

Dr. Manly challenges her trainees to become experts in issues related to psychometrics and normative sampling issues. She inspires thoughtful introspection for trainees and professionals to consider how race/ethnicity, educational experiences, and socioeconomic backgrounds affect neuropsychological assessment and disease expression and progression. As a research mentor, she sets her expectations high, but realistic and continues to inspire her trainees to learn the most advanced research designs and statistical approaches available to address critical questions about the role of culture on cognition. We have all benefited tremendously from her sage guidance, her encouragement and mentorship, and her incredible ability to exploit the best in us while inspiring us to improve upon our weaknesses. Her passion for Cultural Neuropsychology, and science in general, is contagious. She inspires each of us to work harder and better while being mindful of and involved with the populations that we hope to benefit from our research.
Dr. Haaland joined INS in 1975, just 8 years after INS was founded and the same year she completed her postdoctoral fellowship with Dr. Charles Matthews at UW Madison. Her commitment to INS is easily seen in her decades of service to our Society. She was a member of the Board of Governors from 1983-1986 and has been on the INS Continuing Education Committee since 2004. She was Symposium Editor for the Journal of the International Neuropsychological Society from 1995 to 2005, and served as Editor-in-Chief of JINS from 2005 to 2013. And, of course, she was President of our Society in 2016-17, preceded by the 2 preparatory years as President-Elect and Incoming-President.

Dr. Haaland’s service to our Society and to our discipline has included her many scientific contributions to the profession and practice of neuropsychology. She has more than 100 peer-reviewed publications, and another 27 book chapters and non-peer reviewed papers, not to mention the decades’ worth of poster and paper presentations at INS and other professional meetings, all supported by more than 30 years of continuous research funding. This research funding includes the prestigious VA Research Career Scientist Award from 2005-2015. She has been a pioneer and leader in the field of motor control, including studies that helped define the assessment of limb apraxia and that addressed fundamental brain-behavior relationship of the cognitive aspects of movement. It is therefore no surprise that she has a long list of invited book chapters, review articles, and presentations. This list is so long that she truncated her list of invited lectures in her CV.

Dr. Haaland’s teaching and mentorship has touched the lives of many both within and outside neuropsychology. Of the 49 mentees she listed in her CV, 21 have been, or are, in academic positions and have gone on to conduct research and/or mentorship in their own right. From my personal experience, she has influenced many more people than she has listed through informal consultation and support. Her generosity with her time and knowledge is truly extraordinary. She has even reached out to the youth of our country by participating in the Understanding Neuroscience section of the Frontiers for Young Minds journal, which includes bringing children from diverse backgrounds to Albuquerque’s science museum to review papers that scientists have written for the journal. I have attached her article from Frontiers for Young Minds – it is truly fun to read, and an example of how she is expanding the dissemination of neuropsychology research to the entire population.

She has received both national and local recognition for her accomplishments and has held influential roles in the profession. She was promoted to Full professor (tenure track) in 1993 at the University of New Mexico (UNM) Departments of Neurology and Psychiatry. She was recognized in 2012 by the National Academy of Neuropsychology with the Distinguished Lifetime Contribution Award. She has held influential positions in professional organizations, including the American Psychological Association Board of Scientific Affairs, President of APA Division 40, board member, vice president, and finally president of the American Board of Clinical Neuropsychology in addition to being a long-time examiner for ABCN. While we all know her contributions to JINS, she has also been on the editorial boards of The Clinical Neuropsychologist, Journal of Clinical and Experimental Neuropsychology, Neuropsychology, and Psychology Bulletin. Within the VA, she has served on a number of grant review committees as well as advisory committees related to the Barnwall and Middleton awards and the committee on eligibility of non-VA employees who apply for VA grant funding.

Locally, she has served in almost every imaginable service role. A few highlights include her being longtime chair of our VA Research and Development Committee, chair of the UNM Psychiatry and Behavioral Sciences Research Committee, vice chair for research within that Department, and numerous search committees for the VA and for several UNM departments. She has taught courses in various departments at UNM, in addition to countless lectures as part of the New Mexico VA training program in neuropsychology and clinical psychology. She led the Neuropsychology Clinic at the New Mexico VA for 26 years. She was even an examiner for the New Mexico State Board of Psychology, and provided consultation to our state’s Psychological Association on the topics of ethics in public relations.

There are not many who have contributed to the professional neuropsychology in so many ways for so long. If there was ever a distinguished career, this is one.
Distinguished Career Award

As a researcher, Professor Dikmen has made seminal contributions to the field of traumatic brain injury over more than 40 years. Beginning in the 1970s, she conducted some of the first and certainly most important studies of outcome following mild, moderate and severe TBI. These studies were so important because they included large samples, were carefully controlled and achieved outstanding follow-up rates. Sureyya thereby brought objectivity and rigour to this field. That scientific rigour has characterised her enormous body of work ever since. Her characterisation of outcomes following TBI has continued up to the present time, with critical evaluation of measures most sensitive to functional outcomes. This included work on the Functional Status Examination and the NIH Toolbox. She has been a valued senior investigator on most of the major TBI studies in the US over the past few decades, including the Model Systems and more recently TRACK TBI.

Sureyya has also played a critical role in measuring the outcomes in a number of interventions studies, including pharmacological trials for prophylaxis of seizures, magnesium sulfate to prevent adverse outcomes after head trauma and sertraline for depression after TBI. Clinical intervention studies have evaluated the effects of telephone follow-up on outcome in mild traumatic brain injury, cognitive behavioural therapy for depression, anger self-management training in TBI and Telephone delivered cognitive behavioral therapy for chronic pain after TBI, to name a few. Again these studies have been conducted with the highest level of rigour and resulted in more than high impact publications. In all she has produced 180 publications.

Prof Dikmen has been invited to participate in numerous committees and advisory boards—from evaluating grants to serving on Institute of Medicine Committees on Gulf War and Health and on the Readjustment Needs of Military Personnel, Veterans and their Families to helping to develop the research agenda for the CDC to membership on the Board of Directors of the National Center for Medical Rehabilitation.

Sureyya’s contributions to the field have been recognised in many ways over the years. She is an APA Fellow in Division 40 - Clinical Neuropsychology. In 2000 she was awarded the William Fields Caveness Award for Outstanding Research contributions toward bettering the lives of persons with traumatic brain injuries by the Brain Injury Association. In 2010 she was awarded the Robert L. Moody Prize for distinguished initiatives in Brain Injury Research and Rehabilitation by the University of Texas Medical Branch at Galveston, the Transitional Learning Center of Galveston and UTMB Center for Rehabilitation Sciences. In 2016 she was awarded the Jennett-Plum Award for Distinguished Scientific Contributions to the Field of Brain Injury by the International Brain Injury Association.

Over many years Prof Dikmen has made substantial contributions to the International Neuropsychological Society. She was a member of the Board of Governors from 1993 to 1996. She has served on the Editorial Board of JINS since 1994 and chaired its Publications Committee from 2006 to 2016, overseeing considerable change in the journal including selection of a new editor. She also served on the Awards Committee for a decade until 2017.

Sureyya Dikmen is a warm and generous colleague and friend to those with whom she works, and to many in INS. She is loved by many. She is not someone who seeks the spotlight, and has always put organizations and others ahead of herself. For these reasons she has not previously been nominated for an award. But the time has come. She is an extremely worthy recipient of an INS Distinguished Career Award.
The future of performance validity assessment: patient-centered1, integrative2, evidence-based3

Laszlo Erdodi, PhD

The expansion of the scientific literature on performance validity tests (PVTs) in the past decades has greatly enriched the knowledge base of clinical neuropsychology, shaped the field’s practice guidelines, and encouraged ongoing epistemological reflections on the nature of cognitive testing. Novel instruments and cutoffs are continuously introduced and cross-validated to accommodate diverse clinical populations. An unintended consequence of the proliferation of PVT studies is the challenge of distilling and translating the rapidly accumulating empirical evidence into immediately useful information for busy practitioners. The focus on malingering detection that characterized the early research further complicates the contemporary perception of PVTs. A critical reflection on the past and future of performance validity assessment converges in three main themes.

1. To maximize their utility outside of forensic settings, PVTs must demonstrate their clinical utility beyond determining the credibility of a given neurocognitive profile. For too long, PVTs were used to “catch a malingerer”, alienating clinicians whose primary goal was to provide compassionate care to patients at times of great turmoil. As a reaction, many neuropsychologists refrained from administering or interpreting PVTs altogether. Future researchers could help reverse this trend by demonstrating that PVTs can enhance the clinical interpretation of neuropsychological data, and improve the understanding of patient experience, the etiology of cognitive deficits, and treatment planning. The original mandate of PVTs should be expanded to help fulfill the original goal of neuropsychological evaluation – to provide actionable insight into the patient’s cognitive and emotional functioning. Exploring this largely unexamined potential of PVTs is an enticing goal for future research. The old formula (“PVT failures = uninterpretable profile”) seems increasingly reductionistic today – and a missed opportunity to better understand the test data.

2. To provide a comprehensive evaluation of the validity of neuropsychological data, and minimize chance variation, multiple different PVTs should be administered dispersed throughout the assessment. Although it may sound like a mere recapitulation of a broad-based consensus within neuropsychology, this statement contains more nuanced recommendations, with demonstrated potential for methodological innovations. An engineered variability in PVTs administered (in terms of sensory modality, cognitive domain, administration format, and testing paradigm) has the potential to enhance the clinical utility of pattern analyses, time-related changes in test performance, help isolate the etiology of low scores and ultimately, provide insights into the nature and mechanism of the patients’ neuropsychological functioning. Integrated multivariate models of PVTs provide a conceptually and statistically superior framework to random combination of PVTs, as they allow the assessor to systematically aggregate evidence from different instruments to establish a common metric and standardized interpretive guidelines. Multivariate models may contain valuable information about the internal consistency of the neurocognitive profile, its compatibility with known neurological disorders or psychiatric history, and the complex interaction between emotional and cognitive functioning.

3. To conform to the scientific method, the existing knowledge base must be subjected to ongoing, empirically driven critical re-evaluation. Naturally, PVT development and cross-validation have always been empirically based. However, as the knowledge base expands, limitations of old methods and practices are becoming apparent. In the spirit of scientific self-correction, inconvenient discoveries that disrupt the common wisdom should be embraced as opportunities for innovation. Of course, methodological advances are not necessarily linear: new solutions to old problems may, over time, morph into a new set of challenges that will eventually need to be addressed by the next generation of researchers.

To achieve its full potential, performance validity assessment should be humanized, methodologically enhanced, and its wide-ranging clinical utility effectively disseminated to practicing clinicians. The PVTs of tomorrow should view the patient as a person in a moment of vulnerability who needs to be understood and helped – not a suspected malingerer who needs to be unmasked. Editorial policies in leading scientific journals can play an important role in fulfilling these goals by promoting research that produces innovative solutions that address existing problems, and provide clear, intuitive and clinically useful interpretive guidelines.
There is no corner of modern science left untouched by the rippling effects of the “reproducibility crisis”. While concerns about scientific reproducibility are not new, dating back to the 1960s (see Meehl, 1967), a clear watershed moment in the social sciences was the 2015 paper published by Nosek and colleagues which made clear that successful replication of findings is indeed quite challenging, hovering at ~36% [Open Science Collaboration, 2015]. With the crisis as the background, to serve as an example, I highlight challenges in my own work examining systems-plasticity after TBI using functional brain imaging methods. While the talk uses the brain imaging and TBI literature to as an example, the discussion has implications for the clinical neurosciences broadly. My goal is to uncover the factors contributing to replication failures in brain imaging, but to also move beyond the crisis and toward solutions, including recent efforts to consolidate the imaging community around prescribed data processing steps to reduce “investigator degrees of freedom” (see fMRIprep; Esteban et al., 2019) and large-scale data sharing mechanisms. In sum, the reproducibility crisis is the culmination of a number of interactive factors including a nearly universal focus on null-hypothesis significance testing, small sample sizes, and a culture of science where the investigator incentive structures promote “innovation” at the expense of establishing robustness and reliability of findings. Open-science initiatives offer a natural framework for addressing these issues including leveraging international datasets, boosting sample sizes, and offering opportunity for replication of findings all while fostering open and transparent science.
Nelson Butters Award: for best submission by a postdoctoral fellow
Appearing in Paper Session 14. Sleep (Friday, 1:45-3:15 PM, Centennial A)
#1. Blue Light Therapy Reduces Daytime Sleepiness as well as Depressive and Somatic Post-Concussive Symptoms Following Mild Traumatic Brain Injury

AUTHORS: A. Alkozei, J. Vanuk, S. Bajaj, B. Satterfield, W. Killgore

Objective: Daytime sleepiness and depression are common consequences of mild traumatic brain injuries (mTBIs) that are highly inter-related. These complaints often persist long after clinically-defined injury resolution and may have profound adverse effects on daily functioning. Thus, effective, easily disseminated post-mTBI treatments to improve daytime sleepiness are needed. This study evaluated the potential of daily blue light therapy (BLT) to reduce daytime sleepiness and subsequently improve associated post-mTBI symptoms. Participants and Methods: 31 individuals (age: 26.35±8.08y; 20 females; days post-injury: 32.5±8.08) were randomly assigned to receive either BLT or amber (ALT) light therapy. Before and following treatment, participants completed the Epworth Sleepiness Scale (ESS, daytime sleepiness), Beck Depression Inventory – 2 (BDI, depressive symptoms) and Rivermead Post-concussion Symptom Questionnaire (RPCSQ, post-concussion symptoms). All individuals then completed an intervention engaged in our light treatment protocol: Direct exposure using a lightbox for 30 minutes per morning for 6 consecutive weeks. Baseline and post-treatment values were compared to a non-mTBI control sample (n=26, age: 22.92±4.85y, 14 females). Results are reported as Cohen’s d. Results: Compared to controls, both groups exhibited greater baseline ESS (BLT: d=0.65, p=0.06; ALT: d=0.92, p=0.01), BDI (BLT: d=2.09, p<0.001; ALT: d=1.50, p<0.001), and RPCSQ somatic symptom (BLT: d=3.35, p<0.001; ALT: d=1.69, p<0.001) scores. Following BLT but not ALT: ESS (d=−0.54, p=0.075), BDI (d=−0.73, p=0.016), and RPCSQ somatic scores (d=−0.76, p=0.005) improved. Additionally, ESS scores after BLT were equivalent to the controls (d=0.17, p=0.53). Conclusion: Post-mTBI daytime sleepiness, as well as depressive and somatic symptoms, positively responded to BLT. Reduced daytime sleepiness and depressive symptoms likely have important implications for neurophysiological healing, mental health status, daytime functioning and overall quality of life. Further research is necessary to explain the directional relationships (i.e. improved symptoms lead to lower daytime sleepiness).

Laird Cermak Award: for best submission in Memory or Memory Disorders
Appearing in Paper Session 12. Aging & Dementia: Biomarkers (Friday, 1:45-3:15 PM, Centennial B-C)
#1. β-Amyloid Burden Relates to Episodic Memory Performance Following an Extended 1-Week Delay Period


Objective: Most cross-sectional studies have not found strong relationships between β-amyloid burden and memory in normal elderly, possibly because many memory tests do not specifically target the core consolidation deficits associated with Alzheimer’s disease (AD). Memory consolidation occurs over extended periods of time (days to weeks), suggesting that relatively short (<50 minutes) delays may not be sensitive to early AD. We hypothesized that β-amyloid burden—a hallmark feature of AD—would relate to worse memory performance following an extended 1-week delay period in clinically normal adults, but not following delays <30 minutes.

Participants and Methods: Florbetapir β-amyloid PET was acquired in 95 adults (mean age=74, 44% male) determined to be clinically normal via consensus conference and Clinical Dementia Rating=0. Episodic memory was evaluated using a story memory paradigm in which participants underwent enough learning trials to reach a criterion of 90% recall. Delayed recall was assessed at both 30 minutes and 1 week (via phone). A clinical memory test (CVLT-II) with a 20-minute delay was also used. Regression models evaluated relationships between global standardized uptake value ratio (SUVR) and delayed recall, controlling for age, sex, and education.

Results: Global β-amyloid SUVR was not significantly related to recall performance following 20-30 minute delays on the story memory paradigm (β = −0.02, p = 0.99) or CVLT-II (β = −0.04, p = 0.97). However, greater neocortical amyloid burden was significantly associated with worse recall after a 1-week delay (β = −0.26, p = 0.048). A follow-up analysis indicated that this relationship held (p=0.011) upon additionally controlling for whole brain white matter microstructure (fractional anisotropy), bilateral hippocampal volumes, and APOE ɛ4 status in a subset of the sample (n=40) with these data available.

Conclusions: β-amyloid burden, a feature of AD, is associated with consolidation deficits in clinically normal elderly adults when using memory tests with extended delay periods. This suggests that even in the preclinical phase, AD pathophysiology may affect memory consolidation.

Phillip Rennick Award: for best submission by a graduate student
Appearing in Paper Session 6. Aging & Dementia: Atypical Presentations (Thursday, 2:15-3:45 PM, Centennial G-H)
#3. Relationships between Cortical Thickness with Episodic Memory, Age, and In Vivo Pathology in a Colombian Cohort with Familial Alzheimer’s Disease


Objective: To examine the associations of fibrillar pathology, age, education, and memory with cortical thickness in preclinical and early autosomal-dominant Alzheimer’s disease (ADAD). Participants and Methods: 56 participants with the E280A ADAD mutation in Presenilin1 (21 cognitively unimpaired carriers, 5 carriers with mild cognitive impairment (MCI), 30 age and education matched non-carriers) underwent clinical and neuropsychological assessments (e.g., the CERAD) and traveled from Colombia to Boston, Massachusetts for neuroimaging examinations (magnetic resonance imaging, positron emission tomography using Pittsburgh compound B [PiB] to measure in vivo fibrillary amyloid-β plaques and Flortaucipir [FTP] for tau tangles). Cortical thickness was calculated using a previously defined ADAD meta-region signature. Robust regression models assessed the relationships between age, education, cognitive performance, and PET measurements with cortical thickness. Cohen’s f effect sizes were generated to characterize the magnitude of statistically significant relationships. Results: Greater age (f = 0.54) and less educational attainment (f = 0.29) related with less ADAD signature thickness in mutation carriers. Lower episodic memory performance (f ranging from = 0.35 to 0.56 on verbal and visual memory tests), as well as greater inferior temporal (f = 1.10) and entorhinal tau binding (f = 0.37) were associated with lower cortical thickness in carriers. Across all carriers, greater entorhinal tau (f = 0.37) and neocortical amyloid-β (f = 0.52), but not inferior temporal tau, moderated the association between greater age and lower signature thickness. Secondary models in preclinical carriers revealed that only entorhinal tau levels (f = 0.54) moderated the association between age and signature thickness. None of these relationships were observed in non-carriers. Conclusions: Findings from carriers in this ADAD cohort suggest that whereas entorhinal tau binding moderates the association between age and cortical thickness in the preclinical stage, both entorhinal tau and neocortical amyloid-β moderate this association when considering mutation carriers with MCI as well.
The INS Student Liaison Committee (SLC), in conjunction with the INS Denver Program Committee, recognizes the following five students and trainees as well-deserving recipients of the SLC Student Research Award.

#3. Discrepancy-Based Evidence for Loss of Thinking Abilities (DELT A): Development and Validation of a Novel Approach to Identifying Cognitive Changes
AUTHORS: B. Asken, K. Thomas, A. Lee, J. Davis, P. Malloy, S. Salloway, S. Correia
Paper Session 9. Assessment & Psychometrics
Thursday, 4:00-5:30 PM
Centennial G-H

#3. Cholinergic-Mediated Cingulate Overactivation Associated with Normalization of Emotion-Inhibition in Bipolar Disorder
Paper Session 1. Cannabis & Psychosis
Thursday, 9:00-10:30 AM
Centennial F

#1. Cognitive Phenotyping in Temporal Lobe Epilepsy: A Comparison Between Clinical and Data-driven Approaches in 407 Patients with Refractory Epilepsy
AUTHORS: A. Reyes, E. Kaestner, L. Ferguson, J. Jones, M. Seidenberg, R. Busch, B. Hermann, C. McDonald
Paper Session 17. Acquired Brain Injury
Saturday, 9:00-10:30 AM
Centennial F

#92. Relationships Between Multiple Dimensions of Executive Functioning and Resting-State Networks in Adults
AUTHORS: S. Roye, P. Castagna, M. Calamia, A. De Vito, TH. Lee, S. Greening
Poster Session 1: MCI, HIV, & Dementias
Wednesday, 2:30-3:45
Centennial Ballroom Foyer

#3. Disentangling the Complexities of APOE Genotype, Amyloid, Tau, and Cognition in the Context of Alzheimer’s Pathologic Change
Paper Session 12. Aging & Dementia: Biomarkers
Friday, 1:45–3:15 PM
Centennial B-C
New this year! Four competitive Travel Grant Awards of up to $1,500 USD were awarded to students/trainees and early career INS Members from low or middle income countries who are presenting at INS. Award winners were chosen based on application submission and the quality of their submitted abstract(s).

**DENVER 2020 WINNERS**

**Tasmia Hai**  
Graduate Student  
University of Calgary

**#9. RELATIONSHIP BETWEEN CORTICAL THICKNESS AND EXECUTIVE FUNCTIONS IN CHILDREN WITH ADHD**  
**Poster Session 2. Pediatric Assessment & Neurodevelopment Disorders**  
Thursday, 8:00-9:15  
Centennial Ballroom Foyer

**Harsimar Kaur**  
Post-Doc Fellow  
All India Institute of Medical Sciences

**#13. EFFECTIVENESS OF A CAREGIVER DELIVERED HOME BASED COMPREHENSIVE NEUROPSYCHOLOGICAL REHABILITATION FOR POST STROKE APHASIA: A RANDOMIZED CONTROLLED fMRI STUDY**  
**Poster Session 7. Psychiatric Conditions & Intervention**  
Friday, 10:15-11:30  
Centennial Ballroom Foyer

**Deborah Machando**  
Graduate Student  
University of Cape Town

**#9. PREDICTIVE VALIDITY OF THE ZIM-BCoS NEUROCOGNITIVE SCREEN**  
**Poster Session 6. Adult Assessment 2, Cancer, & Genetic Disorders**  
Thursday, 4:00-5:15  
Centennial Ballroom Foyer

**Gabriel Qi**  
Graduate Student  
Fuller Theological Seminary, School of Psychology

**#83. SYSTEMATIC REVIEW OF NORMATIVE NEUROPSYCHOLOGICAL DATA FOR PEOPLE SPEAKING CHINESE LANGUAGES**  
**Poster Session 5. Adult Assessment 1, Multiculturalism, & Cognitive Neuroscience**  
Thursday, 2:30-3:45  
Centennial Ballroom Foyer

Thanks to everyone for your donations made with your registrations to help make this possible. Special thank you to Dr. Sonia Lupien for generously applying her honorarium to support this endeavor.
The International Neuropsychological Society (INS) is a multidisciplinary, international organization dedicated to enhancing communication among the scientific disciplines that contribute to the understanding of brain-behavior relationships and to promoting the international and interdisciplinary study of these relationships throughout the lifespan. The Society’s emphasis is on science, education, and the applications of scientific knowledge.

INS members include cognitive and clinical neuropsychologists and psychologists, neurologists, psychiatrists, speech-language pathologists, and specialists of related disciplines. They include esteemed scientists and clinicians from the world’s most prestigious universities and institutions, private practitioners, and trainees just embarking on their careers.

INS holds two meetings per year that provide a venue for cognitive and clinical neuroscientists from around the world to share their research and increase their understanding of the driving forces behind cognition and behavior.

The INS Annual Meeting is held in North America every February and the INS Mid-Year Meeting is held internationally every July. Each meeting offers three to four days of scientific and continuing education programming. Both INS meetings are open to members and non-members, and to professionals and trainees of all levels. Attendees represent neuropsychology and a variety of other disciplines.

INS welcomes new members! Prospective members may learn more about the Society and complete an online membership application at www.the-ins.org.

INS Annual & Mid-Year Meetings

Benefits of Membership:

- **Discounted registration & CE rates** at both INS meetings
- **Expand your network** » Meet and get to know fellow members from all over the globe by attending an INS meeting, or through the expanded INS website
- **FREE access to JINS** » Available ONLY to INS members! Electronic access to JINS includes all previous years of publication. Print copies can be purchased directly through Cambridge subscriptions_newyork@cambridge.org if you are in the Americas or journals@cambridge.org for the rest of the world.
- **INS Member Directory** » Exclusive online access for members only
- **INS Newsletter** » Exclusively for INS Members. Keeping you current with both INS news and current events around the globe in Neuropsychology
- **Video Interviews of Neuropsychology Leaders** » Member- only access of interviews with major thought leaders in the field and will include the Birch and Kaplan Lectures
- **Prestigious awards** » Nominate or be recognized for work in the field of neuropsychological science and education
- **Get involved** » Become active with committees or board leadership, and help guide the future of INS
- **Be a leader** » Work with the INS-SLC (Student Liaison Committee) or mentor a student associate member
- **Give back to your community** » Help support neuropsychology in developing countries
- **Matthews Fund & Book Depository** » Give back to your community and help support neuropsychology and educational programs in developing countries
- **Discounts on books and journals from selected publishers**
Plenary A: From Sidelines to Mechanism and Back: The Complex Tapestry of Recovery From Child and Adolescent Concussion

INS Presidential Address
Wednesday, 4:30–5:30 PM, Centennial D–E

Abstract & Learning Objectives:
In the context of wide media focus, the field of concussion has become highly controversial, resulting in public concern for the safety of those participating in contact sports, despite limited community knowledge and empirical evidence. A growing body of research highlights the complexity of recovery from concussive injuries and the variations in clinical management. Employing findings from work with children and youth, this address will explore the course of concussion, from sidelines to recovery: i) the risk of persisting post-concussion symptoms and innovative, community-based approaches for their minimization; ii) the when, how and who of assessing recovery; iii) the mechanisms (biological and psychological) underpinning recovery; and iv) evidence-informed approaches to intervention. Upon conclusion of this course, learners will be able to:

- Describe multiple mechanisms underpinning delayed recovery from concussion
- Demonstrate knowledge of evidence-based interventions for child concussion

Speaker Biography:
Dr. Vicki Anderson is Director, Clinical Sciences Research, Murdoch Childrens Research Institute, Head, Psychology, The RCH, Professorial Fellow, Paediatrics & Psychology, UoM and a NHMRC Senior Practitioner Fellow. Dr Anderson is a clinician researcher working in the field of child health. She has 500+ peer reviewed publications and $40M in competitive grant funding. She is an Associate Editor for Neuropsychology (APA) and the J Neuropsychology (BPS, UK). Over the last 30+ years she has led the establishment of a strong and growing pediatric neuropsychology discipline within Australia. Her research and clinical interests are in disorders of childhood that impact on the brain, including both developmental and acquired disorders. Her recent work has focused on translating her early career findings into clinical practice to optimize child outcomes from brain injury. She is an author of the Test of Everyday Attention for Children and is currently working on low burden, e-health approaches to parent-focused psychosocial treatments as a means of maximizing child outcomes and improving family function.

Plenary B: Development of Emotion Regulation Neurobiology and the Role of Early Caregiving Experiences

Thursday, 10:45–11:45 AM, Centennial ballroom D–E

Abstract & Learning Objectives:
Signals in the early environment are potent effectors of brain development. Variations in early species-typical experiences, such as parental caregiving, reveal the profound effects on the development of neurocircuitry involved in affective learning and regulation (e.g., amygdala, hippocampus, medial prefrontal cortex). This talk will focus on both typical development as well as development following caregiving adversity showing that early life experiences may influence development through learning as well as altering developmental pacing of this circuitry. These age-related changes will be discussed in terms of potential developmental sensitive periods for environmental influence. Upon conclusion of this course, learners will be able to:

- Identify how early social environments shape brain development
- Explain the neurobiology of emotional processes across development
- Describe how developmental timing of events matter for outcomes

Speaker Biography:
Nim Tottenham, PhD is a Professor of Psychology at Columbia University and Director of the Developmental Affective Neuroscience Laboratory. Her research examines brain development underlying emotional behavior in humans. Her research has highlighted fundamental changes in brain circuitry across development and the powerful role that early experiences, such as caregiving and stress, have on the construction of these circuits. She has authored over 90 journal articles and book chapters. She is a frequent lecturer both nationally and internationally on human brain and emotional development. She is a Fellow of the Association for Psychological Science, and her scientific contributions have been recognized by the National Institute of Mental Health Biobehavioral Research Awards for Innovative New Scientists (BRAINS) Award, the American Psychological Association’s Distinguished Scientific Award for Early Career Contribution to Psychology, and the Developmental Science Early Career Researcher Prize.
Dr. Sonia Lupien is director of the Centre for Studies on Human Stress (www.humanstress.ca) that has for mission to transfer scientifically validated knowledge on stress to the general public. She holds a Canada’s Research Chair on Human Stress and is full professor at the Department of Psychiatry of the Faculty of Medicine of University of Montreal. A scientific researcher for the last 25 years, she studies the effects of stress on the human brain, from infancy to old age. Her studies have shown that children are as vulnerable as adults to stress and that children as young as age 6 can produce high levels of stress hormones. Greatly involved in the transfer of scientific knowledge, Dr. Lupien is now developing and validating stress interventions for vulnerable populations.

Speaker Biography:

Dr. Sonia Lupien is director of the Centre for Studies on Human Stress (www.humanstress.ca) that has for mission to transfer scientifically validated knowledge on stress to the general public. She holds a Canada’s Research Chair on Human Stress and is full professor at the Department of Psychiatry of the Faculty of Medicine of University of Montreal. A scientific researcher for the last 25 years, she studies the effects of stress on the human brain, from infancy to old age. Her studies have shown that children are as vulnerable as adults to stress and that children as young as age 6 can produce high levels of stress hormones. Greatly involved in the transfer of scientific knowledge, Dr. Lupien is now developing and validating stress interventions for vulnerable populations.

Abstract & Learning Objectives:

It is widely accepted by scientists, health care professionals and members of the general public that memory capacities decline with aging. However, it is also well known that acute and chronic stress can impair memory performance. In addition to summarizing the scientific basis of stress research and the various methodologies used to measure the effects of stress on brain and behavior in humans, the literature on the effects of acute and chronic stress on cognitive performance in humans will be discussed, with a particular emphasis on studies performed in older adults. For example, results of studies showing that the testing conditions in which we test older adults can induce an acute stress response that can lead to transient memory impairments. Third, the effects of stress on brain development will be presented, and effects of acute and chronic stress in children will be summarized. Finally, various interventions that are currently being developed to prevent the effects of stress on brain and performance across the lifespan will be reviewed. Upon conclusion of this course, learners will be able to:

- Demonstrate a deeper understanding of the methodology used to measure the effects of stress on human performance
- Describe how the conditions in which we test individuals can induce stress participants and lead to impaired cognitive performance
- Discuss new methods and interventions that can decrease stress responses in individuals and the effects of stress on human performance across the lifespan

Speaker Biography:

Dr. Urvashi Shah works in the Department of Neurology, King Edward Memorial Hospital, Mumbai, one of the largest public hospitals in India where she set up the first neuropsychology services, the ‘Center for Neuropsychology Studies (C.N.S)’, for socioeconomically deprived populations. For her pioneering work in neuropsychology in Mumbai she was awarded the prestigious Mayor’s Achievement Award. For over twenty years, she has been an integral part of the ongoing, Comprehensive Epilepsy Care Program that has conducted over six hundred epilepsy surgeries. She has also been involved in setting up neurorehabilitation services for traumatic brain injury and has worked as a research consultant on an NIH funded, Indo-US project on ‘Cognitive Changes in the Elderly’ in Mumbai. She has vast experience of evaluating hundreds of cases from the heterogeneous, multicultural, multilingual diverse Mumbai population and has been an expert on the Indian Council of Medical Research ICMR, “Neurocognitive Tool Box Project-Standardized Protocols for Cognition in India”.

Abstract & Learning Objectives:

Neuropsychology is poised at a critical juncture in the era of evidence and precision based medicine. The goal of precision medicine is to tailor treatments for the benefit of the individual and develop accurate evaluation tools. Neuropsychological testing still uses the time tested, paper-pencil tools and stringent psychometrics for valid and reliable assessments. However, the precision of these tools is currently being challenged. In a high technology era, the reliability of paper-pencil tools is being critically examined and the validity of standard tools in evaluating diverse populations is being questioned. Do we need a paradigm shift in how we evaluate? Should we shift to computerized testing and review our tools and methods for tailored evaluations of diverse populations? In epilepsy there is impact on cognition, mood and behaviors due to a complex interplay between damaged neuroanatomical substrates, aberrant physiological processes, medication side effects and psychosocial stigma. Neuropsychological assessments form an integral part of epilepsy surgery evaluations. There are definitive questions posed to a neuropsychologist regarding seizure focus, impact on cognition and outcome predictions, needing accurate tools and precise data. Ensuring fair evaluations using tools developed in the west, in heterogeneous, multicultural, multilingual India, is a challenge, and the ability of low education groups to engage in computer based testing is unclear. This lecture reviews a two-decade journey of seeking precision in evaluating and managing challenges encountered in assessment of a low- income group. It underscores the need to work together for precise evaluations by harmonizing research from across the world. Upon conclusion of this course, learners will be able to:

- Describe neuropsychological evaluations in epilepsy surgery
- Discuss assessment issues in low-income-education groups and utility of computerized testing in a low middle-income country

Speaker Biography:

Dr. Urvashi Shah works in the Department of Neurology, King Edward Memorial Hospital, Mumbai, one of the largest public hospitals in India where she set up the first neuropsychology services, the ‘Center for Neuropsychology Studies (C.N.S)’, for socioeconomically deprived populations. For her pioneering work in neuropsychology in Mumbai she was awarded the prestigious Mayor’s Achievement Award. For over twenty years, she has been an integral part of the ongoing, Comprehensive Epilepsy Care Program that has conducted over six hundred epilepsy surgeries. She has also been involved in setting up neurorehabilitation services for traumatic brain injury and has worked as a research consultant on an NIH funded, Indo-US project on ‘Cognitive Changes in the Elderly’ in Mumbai. She has vast experience of evaluating hundreds of cases from the heterogeneous, multicultural, multilingual diverse Mumbai population and has been an expert on the Indian Council of Medical Research ICMR, “Neurocognitive Tool Box Project-Standardized Protocols for Cognition in India”.
PLenary Addresses – continued

**Plenary E: The Neuropsychology of Delicious: An Integration of Mind and Metabolism**

Friday, 11:45 am–12:45 PM
Centennial Ballroom D-E

**Abstract & Learning Objectives:**
The conscious perception of the hedonic sensory properties of foods is commonly believed to guide our dietary choices. However, emerging work reveals that physiological signals functioning independently of conscious processes – such as the experience of pleasure - are the driving force behind our food choices. Moreover, these signals contribute not only to the regulation of food preferences, but also to perception, mood, memory, executive functions and even social behaviors. In short, the “gut-brain” axis has become an important new frontier for the field of neuropsychology. In this lecture a series of studies will be presented that establish the importance of peripheral signals in determining food reward and demonstrate how diet can impact this axis to influence brain functions beyond those related to ingestive behavior thus highlighting the importance of the gut-brain axis for understanding neuropsychological functions. Upon conclusion of this course, learners will be able to:

- Describe the physiological signals and conscious processes behind food choices
- Explain the interaction between the gut-brain axis as a driver of food reward

**Speaker Biography:**
Dr. Dana Small is a Professor of Psychiatry and of Psychology at Yale University and the Director of the Modern Diet and Physiology Research Center. A psychologist and neuroscientist with graduate degrees from McGill University, she has been on the Yale University faculty since 2004. Currently, she is also a visiting Professor at the University of Tubingen. Professor Small’s research focuses on understanding how sensory, metabolic and neural signals are integrated to determine food choices and on how the dysregulation of these systems contribute to the development of obesity, diabetes and cognitive impairment. Her work combines neuroimaging with metabolic, psychophysical and neuropsychological methods in humans and she has established a translational - reverse translational program of research through collaborations with colleagues working in mouse models. She is Past Program Chair of the Society for the Study of Ingestive Behavior and Association of Chemoreception Sciences, Executive Editor of the journals Appetite, Molecular Metabolism and Biological Psychiatry and a member of the National Academy of Sciences Board on Behavior, Cognitive and Sensory Sciences.

**Plenary F: Looking for Trees in the Forest: Finding Knowledge in Big Data**

Friday, 5:00–6:00 PM
Centennial Ballroom D-E

**Abstract & Learning Objectives:**
I will begin this lecture by acknowledging the power of observation, a cornerstone of our search for understanding brain-behaviour relationships. I will illustrate it with a few examples of work based on single-case and “small n” studies that have changed the way we study the human brain. I will then move to the “large n” domain and introduce the concept of population neuroscience: an intersection between genetics, epidemiology and neuroscience. I will discuss motivations for using this approach (e.g., complexity requires large n), design features (e.g., breadth vs. depth), and key challenges associated with participant recruitment (e.g., ascertainment), data collection (e.g., time constraints) and their interpretation (e.g., causality). Throughout the talk, I will use examples from our work on brain development to provide intuitive understanding of this field, its potential for generating new knowledge about the human brain, and for identifying forces shaping the brain from conception onwards. Upon conclusion of this course, learners will be able to:

- Assess advantages and limitations of “big-data” approach in studying the human brain and behaviour
- Use existing datasets to test hypotheses about brain-behaviour relationships and factors shaping the human brain and behaviour

**Speaker Biography:**
Dr. Tomas Paus is Distinguished Senior Scientist and Director of the Population Neuroscience & Developmental Neuroimaging Program at the Holland Bloorview Kids Rehabilitation Hospital, and Professor of Psychology and Psychiatry at the University of Toronto. During the first 20 years of his scientific pursuits, he worked on functional and structural organization of the human brain using a variety of approaches including studies of patients with brain lesions, functional and structural neuroimaging, and brain stimulation. In the last 15+ years, his work integrates epidemiology, neuroscience and genetics – through a new discipline of population neuroscience - in the pursuit of knowledge relevant for child and youth brain health. This research draws on data acquired in a number of cohorts based in North and South America and Europe. The work published by Dr. Paus and his colleagues has been well received by peers, being cited in over 45,000 publications. In 2013, Springer published his book “Population Neuroscience”. Dr. Paus received the Royal Society Wolfson Merit Award, Gold Medal of the Masaryk University, and is an elected member of the International Neuropsychology Symposium. He serves as Associate Editor of the Human Brain Mapping and Social Neuroscience, and is a member of several Scientific Advisory Boards in Europe and North America.
Despite the fact that assessing client progress is fundamental to evidence-based treatment, many clinicians only use unstructured clinical assessment methods to assess progress. Mobile and wearable computing now allows new assessment methods that are ecological, continuous, and objective. For example, studies have shown that symptoms often vary markedly within individuals across time, and understanding this pattern of variation is critical to assessment of client status and treatment planning. Also, most current methods of assessment used in mental health treatment rely primarily in self report methods, and research has found that objective and self-report methods often show low correlation (e.g., such as in studies of sleep, contraceptive use, or substance use), suggesting the self-report data can only provide part of the clinical picture. Furthermore, self-report methods are burdensome for clients to complete (especially if they are required to do so regularly), so objective measures that can be captured without participant burden (e.g., by monitoring sensors that detect the client’s naturalistic patterns of use of the personal smart phones) may be a particularly compelling approach. In sum, an effective technology-assisted approach to routine clinical assessment that increases client compliance and provides dynamic assessment of both subjective and objective indices of mental health should improve both clinical processes and client outcomes. Moreover, such methods can be used to design just-in-time interventions. In this presentation I will describe potential and pitfalls associated with these mobile and ubiquitous assessment methods, including issues of reliability, validity and ethical concerns, using the detection of suicide risk as a salient use case to demonstrate these issues. Upon conclusion of this course, learners will be able to:

- Critique the pros and cons of self-report versus technology-assisted approaches to clinical assessment
- Describe ethical concerns associated with using mobile sensing to assess mental health
- Discuss the detection of suicide risk within the context of effective technology-assisted assessments

Speaker Biography:

Dr. Nick Allen is the Ann Swindells Professor of Clinical Psychology at the University of Oregon, where he Director of Clinical Training. He is a leading researcher in the area of adolescent mental health, know especially for his work on adolescent onset depression. His work aims to understand the interactions between multiple risk factors for adolescent emergent mental health disorders, including stress, family processes, brain development, autonomic physiology, genetic risk, immunology, and sleep. More recently, his work has focused on translating risk factors identified in prospective longitudinal studies into innovative preventative approaches to adolescent mental health. For example, we have completed a large randomized controlled trial of a sleep improvement intervention that aims to prevent the onset of mental disorders during adolescence. We are also currently also conducting trials of other innovative preventative approaches (e.g., parenting, outdoor wilderness activities), aimed at early to mid-adolescence as a key inflection point in life for health trajectories. He is the Director of the Center for Digital Mental Health (https://www.c4dmh.net/), where his work focuses on the use of mobile and wearable technology to monitor risk for poor mental health, and his group has developed software tools that combine active and passive sensing methods to provide intensive longitudinal assessment of behavior with minimal participant burden. The ultimate aim of developing these technologies is to facilitate the development of a new generation of “just in time” behavioral interventions for early intervention and prevention of adolescent health problems.
There is much interest today in discoveries using 'big data', yet it's also true that neuropsychology has a long tradition of studying single cases to develop theories of brain-behaviour relationships. It is likely that the biggest advances in our knowledge will come from harnessing the benefits of both approaches. In this symposium we will showcase methodologies that are transforming our understanding of the neuropsychological consequences of neurological and psychiatric conditions; improving the precision of our assessment of cognitive and emotional functions; and increasing the rigour of our evaluations of neuropsychological interventions. Dr Breda Cullen will illustrate her work with UK Biobank, a community-based cohort of more than 500,000 adults in middle to older age. She will show how research cohorts with clinical, psychological, social, demographic, lifestyle, environmental and genetic data, together with linkage to electronic health records, allow complex relationships between risk factors, mediators and moderators of cognitive impairment in neurological and psychiatric disorders to be modelled using a variety of approaches drawn from predictive (e.g. machine learning) and explanatory (e.g. causal mediation) analytic frameworks. Dr Justin Miller will provide an overview of clinical informatics and the relevance of these concepts to neuropsychology and the measurement of human behavior. He will describe the practical application and benefit of biomedical informatics in the clinical setting and review currently available resources and the potential utility of these applications. Dr Szymon Fedor will discuss the use of another form of big data - the large volume of data obtained from longitudinal, ambulatory measurements collected with wearable sensors and mobile phones. He will show how these complex data are being used to support the assessment of depression severity. Arguing that small is still beautiful, Dr Jon Evans will discuss key recent developments in Single Case Experimental Design (SCED) methodology that mean that these techniques are well-placed to make a much greater contribution to the evidence base of neuropsychological interventions including: (1) statistical techniques with online, easy to use, programs suitable for the analysis of short time series SCED data; (2) a rating tool for the evaluation of SCED study quality; (3) the Single-Case Reporting Guideline in Behavioural Interventions (SCRIBE) reporting standards. Neuropsychology can, and should, join the big data revolution, but at the same time remain loyal to the study of single cases which will continue to inspire developments in theory and practice. Upon conclusion of this course, learners will be able to:

- Discuss the benefits and challenges of using large cohort data sets to understand the risk factors, mediators and moderators of cognitive impairment in neurological and psychiatric conditions
- Describe the basic principles of clinical informatics, the potential opportunities to incorporate informatics tools in clinical practice and the utility of informatics tools in evidence-based practice
- Explain how data from the intensive longitudinal study of individuals can improve assessment of psychological constructs and evaluate the efficacy of neuropsychological interventions

Chair’s Biography:

Jon Evans is Professor of Applied Neuropsychology at the University of Glasgow and honorary Consultant Clinical Psychologist with NHS Greater Glasgow and Clyde. Jon was the first Clinical Director of the Oliver Zangwill Centre for Neuropsychological Rehabilitation in Ely, Cambridgeshire. In 2000 he was awarded the May Davidson Award by the British Psychological Society in recognition of his outstanding contribution to the development of clinical psychology within 10 years of qualification. He is now Programme Director for the Clinical Neuropsychology programme at the University of Glasgow. Jon has published more than 170 papers, books and book chapters. He is a past Board Member of the International Neuropsychological Society and current chair of the INS International Liaison Committee. He is an Executive Editor of the journal Neuropsychological Rehabilitation and is a co-author of the Behavioural Assessment of the Dysexecutive Syndrome and the Cambridge Prospective Memory Test. In 2018 Jon was awarded Fellowship of the British Psychological Society and awarded the BPS Barbara Wilson Lifetime Achievement Award for outstanding contribution to clinical neuropsychology. Dr. Illes is Professor of Neurology and Canada Research Chair in Neuroethics at the University of British Columbia. She was appointed to the Order of Canada in December 2017.
the lessons they learned along the way. The diverse backgrounds of these presenters, reflecting neuropsychology, neuropsychiatry, rehabilitation psychology, experimental psychology, behavioral neurology, and speech-language pathology enriches their experiences and perspectives, and ours, in helping build the international multi-disciplinary science and practice of neuropsychology.

Symposium Abstracts:
- K. Haaland: Videos, Videos, Videos-One Way to Tell Your Family and the Public About What You Do and why You Do It
- J. Ponsford: Perspective of an Aussie
- M. Kopelman: My “Unconventional” Career
- M. Denckla: My Father Asked, “Why Get an M.D. to do THIS?”
- L. Gonzalez-Rothi: Neurorehabilitation of Cognitive Dysfunction: It Takes a Village

Chair’s Biography:
Dr. Bauer has authored over 80 professional papers and has received extramural support from the National Institute of Alcohol Abuse and Alcoholism, the National Institutes of Communicative Disorders and Stroke, the Health Resources and Services Administration, and the National Institutes of Mental Health. He currently has a funded project in collaboration with the UF Clinical & Translational Science Institute (CTSI) to establish a practice-based concussion/trumatic brain injury research network among Florida health practitioners. Additional ongoing research projects examine differential diagnosis and preclinical detection of dementia, hippocampal contributions to spatial memory, and structure-function relationships in memory disorders using structural brain imaging techniques.

**Symposium 3: Tackling Chronic Traumatic Encephalopathy in 2020: Research Updates on Neuropathology, Diagnosis, and Risk Factors**

**Chair and presenter: Michael Alosco, PhD**

**Presenters:** Jesse Mez, PhD, Gil Rabinovici, PhD, Sarah Banks, PhD, Kristen Dams-O’Connor, PhD

**Symposium Summary:**
Chronic traumatic encephalopathy (CTE) is a neurodegenerative disease associated with repetitive head impacts (RHI), such as those from contact and collision sport play, military service, domestic violence, among other causes. Given the millions of individuals actively or previously exposed to RHI, CTE may represent a major public health concern. CTE can only be diagnosed by neuropathological examination that shows a perivascular deposition of hyperphosphorylated tau in neurons and astrocytes and other cell processes at the depths of sulci. Significant scientific advancements in the field of CTE have been made over the past decade and more. However, many knowledge gaps remain. The neuropathological diagnostic criteria are preliminary, and risk factors and mechanisms for CTE are unclear. CTE cannot currently be diagnosed during life because its clinical presentation and course are ill-defined, and validated in vivo biomarkers for CTE do not yet exist. This 90-minute symposium will include four presentations on the latest research updates in this evolving field. Topics covered will include the neuropathological features of CTE, proposed clinical research criteria, differential diagnosis, promising in vivo biomarker targets, and the role(s) of traumatic brain injury and repetitive head impacts in the pathogenesis of CTE. Following these presentations, there will be a panel discussion and Q & A with the audience.

Symposium Abstracts:
- DJ. Mez: CTE: Neuropathology and Clinical Syndrome
- G. Rabinovici: Differential Diagnosis of CTE: Comparisons with Alzheimer’s Disease and Frontotemporal Dementia
- KS. Banks: What can Boxing Tell us About Brain Health?
- K. Dams-O’Connor: Clinical Phenotype and Pathological Hallmarks of Moderate-Severe TBI: Defining Post-Traumatic Neurodegeneration

Chair’s Biography:
Dr. Alosco completed his undergraduate studies at Providence College and he earned his doctoral degree in clinical psychology, with a focus in neuropsychology, in 2015 from Kent State University. He completed his clinical internship in neuropsychology at the VA Boston Healthcare System. In 2015, Dr. Alosco was awarded a post-doctoral fellowship at the Boston University (BU) Alzheimer’s Disease (AD) Center (ADC) and BU CTE Center through the NIA-funded Alzheimer’s Disease Translational Research Training Program (T32AG036697). In 2016, Dr. Alosco transitioned to a National Research Service Award (NRSA) F32 from the National Institute of Neurological Disorders and Stroke to continue his advanced clinical research training at the BU ADC and BU CTE Center. In 2018, he became an Assistant Professor of Neurology at the Boston University School of Medicine.
Epidemiological and intervention studies suggest that physical exercise enhances cognition across the lifespan, but is this true in clinical populations? And if it is true, what are the mechanisms and are they consistent across age and sex? In the first presentation, Dr. Vonetta Dotson will examine the mixed evidence for the benefits of exercise on cognitive functioning in depression but promising evidence for depression in late life. She will consider moderators of the exercise-cognition relationship, possible neurobiological mechanisms, and their implications for other non-pharmacological depression treatments. In the second talk, Dr. Aliyah Snyder will consider the emergent literature investigating the complex role of exercise following concussion, from acute to chronic injury. The biopsychosocial mechanisms for exercise as a potentially harmful and/or helpful intervention will be presented along with current protocols for post-concussion exercise programs. Next, Dr. Jill Barnes, an Exercise Physiologist, will examine how age-associated impairments in vascular function may be attenuated or even reversed through lifestyle behaviors. This talk will discuss the potential physiological mechanisms underlying the association between exercise and cognition, as well as recent studies evaluating the effect of exercise interventions on the cerebral circulation. Finally, Dr. Kaitlin Casaletto will examine the moderating role of sex on the relationship between physical activity and systemic and brain health related outcomes. She will describe interactions between sex, physical activity, chemokine markers, blood pressure, parahippocampal volumes, and cognition. She will present how the expected beneficial relationship between physical activity and systemic or CNS markers is attenuated in women. Symposium chair Dr. Glenn Smith will discuss research and practice implications of these presentations. Upon conclusion of this course, learners will be able to:

- Describe research evidence for exercise impacts on cognition in clinical populations
- Explain the vascular physiology associated with improved cognition
- Discuss the mechanisms for sex-specific attenuation of exercise impacts on cognition

Chair’s Biography:
Dr. Glenn E. Smith is Chair and Elizabeth Faulk Professor of the Department of Clinical and Health Psychology at the University of Florida. He is Professor Emeritus of Psychology at the Mayo Clinic College of Medicine. A board-certified neuropsychologist, Dr. Smith has authored or co-authored over 200 original articles, 14 book chapters, and 2 books on the neuropsychology of cognitive aging and dementia. He received his Ph.D. in clinical psychology from the University of Nebraska, an internship at UCLA and a fellowship in clinical neuropsychology at the Mayo Clinic in Minnesota, where he subsequently spent 25 years. He is the co-creator of the HABIT® Healthy Action to Benefit Independence and Thinking program, which is designed to benefit people diagnosed with Mild Cognitive Impairment (MCI). He is past president of the American Psychological Association’s (APA) Society of Clinical Neuropsychology, and the American Board of Clinical Neuropsychology, and past Chair of the APA Committee on Aging.
Donald T. Stuss was one of the foremost contemporary neuropsychologists, world leader in the neuroscientific study of the prefrontal cortex, and founding director of two leading neuroscience institutes (the Rotman Research Institute and the Ontario Brain Institute). Stuss, former president of the International Neuropsychological Society and recipient of the 2013 Lifetime Achievement Award for research, is most known for his clinical-scientific work on the human prefrontal cortex, starting with his seminal studies of prefrontal lobotomy patients, confabulation, and Capgras syndrome in the late 1970’s at the Boston VA and the seminal 1986 volume, The Frontal Lobes (with Frank Benson) and continuing through to the present, highlighting the role of the prefrontal cortex in memory, social cognition, and consciousness. Stuss simultaneously contributed major conceptual advances in the areas of assessment, intra-individual variability, traumatic brain injury, rehabilitation, and neurodegenerative disease. Stuss’s science always started with clinical observations and was centered on questions central to humanity, such as how we view ourselves and others and how we successfully function in the world. As a key figure who brought the human prefrontal function into the realm of empirical science, Stuss perpetually challenged orthodoxy with a combination of clinical sensitivity and experimental acumen. This symposium highlights of Stuss’s contributions from the perspectives of some of his friends and colleagues across the spectrum of clinical and cognitive neuroscience, neuroimaging, and cognitive neurology.

Presentations:

- S. Rosenbaum: Understanding the workings of the hippocampus: lessons from ventromedial prefrontal cortex
- M. D’Esposito: Where is the “top” in top-down executive control?
- S. Black: Brain-behavioural relationships of diffuse White Matter Hyperintensities in aging and dementia: why location matters
- M. Moscovitch: Frontal lobes and memory: A tribute to Don Stuss and the Rotman Institute he helped build
- R. Knight: Physiology of Frontal Cortex: Insights from Intracranial recording
CE Program

The International Neuropsychological Society continuing education sessions are designed to provide a practical review of current research as well as information on clinical and technological advances in specific areas of content relevant to neuropsychology and the cognitive neurosciences.

CE Course Registration

Continuing Education (CE) options listed below are not included in the general registration fee. You must register and pay additional fee(s) in order to attend CE workshops, or to receive CE credit for attending plenary sessions.

Your name badge is required for admittance to CE Workshops, and will contain the session number of any CE sessions for which you are registered.

How to Obtain CE Credits After Registering

Please have your badge scanned by a proctor as you enter, and as you exit (your full attendance must be documented in order for credits to be granted).

An online evaluation form must also be completed in order for credits to be given. Once the evaluation is completed, a certificate of completion may be downloaded. Evaluations will be available online at the INS website by approximately 24 hours after each session has concluded.

CE Workshops

All CE workshops require advance registration and an additional fee in order to attend.

All 1.5-hour CE workshops are scheduled from 7:20–8:50 AM and include a continental breakfast that is served from 7–7:15 AM (morning sessions will begin promptly at 7:20 AM).

Plenary and Select Symposia

These sessions are offered for 1.0 to 1.5 hour of CE credit. A separate fee must be paid—either before or following completion of these sessions—and all CE requirements must be met in order for credit(s) to be granted.

Please Note: In order to receive continuing education credit(s) for participation in these sessions, either now or at a later time, attendees must have their badge scanned by a proctor upon their entry and exit of the session. No credits can be granted, at present or in the future, without scanned proof of attendance.

INS CE Committee

Melissa Lamar has served as Director of INS Continuing Education since February 2018.

APA Continuing Education Credit

The International Neuropsychological Society is approved by the American Psychological Association to sponsor Continuing Education for psychologists. The International Neuropsychological Society maintains responsibility for this program and its content. Up to 20.5 credit hours are available for this program. All CE sessions are geared for advanced level instructional activity.
**CE Workshop 1. Moving Beyond the Cure: Improving Cognitive Outcomes for Childhood Cancer Survivors**

*Wednesday, 9:00 am–12:00 PM*  
*Centennial Ballroom B-C*

**Abstract & Learning Objectives:**

With improved survival rates, increasing numbers of childhood cancer survivors are living with long-term cognitive deficits that negatively impact their ability to attain important life milestones. Characterizing cognitive outcomes and identifying risk/resiliency factors informs our understanding of underlying mechanisms and drives the development of interventions that improve quality of life. This course will review the literature that has led to identification of universal and disease specific risk factors for cognitive late effects, including recent findings that help explain individual differences in outcomes amongst children undergoing similar treatment. Research aimed at elucidating neural mechanisms for core cognitive deficits will be discussed. The course will also review approaches to neurocognitive screening and assessment in childhood cancer survivors, including a discussion of how serial cognitive monitoring has informed modifications to frontline therapy. Further, empirical support for emerging interventions targeting cognitive late effects will be discussed, including ongoing issues and directions for future study. This course is designed for clinicians caring for children undergoing cancer therapy or childhood cancer survivors, and junior clinical investigators in the oncology field. Upon conclusion of this course, learners will be able to:

- Summarize individual and treatment-related risk factors for cognitive late effects among childhood cancer survivors
- Describe multiple mechanisms contributing to the development of cognitive late effects
- Discuss changes in cancer-directed therapy that have contributed to improved cognitive outcomes
- Explain benefits and limitations of different interventions targeting cognitive late effects
- Discuss modern approaches to neurocognitive assessment, including emerging clinical guidelines and novel screening

**Speaker Biography:**

Dr. Heather Conklin is a Full Faculty Member in the Department of Psychology at St. Jude Children’s Research Hospital, where she is Chief of the Section of Neuropsychology. She earned a bachelor’s degree in biology and psychology from Duke University before earning a doctoral degree in clinical psychology from the University of Minnesota. Subsequently, she completed internship and postdoctoral fellowship in neuropsychology at the Kennedy Krieger Institute/Johns Hopkins Medical Center. Dr. Conklin’s research program is focused on improving cognitive outcomes following treatment for childhood cancer. Primary research aims include using cognitive outcomes to inform modifications in cancer-directed treatment, improving specification of cognitive deficits following treatment, and developing empirically valid interventions that mitigate cognitive late effects. She has over 80 peer-reviewed publications and has received extramural funding from the International Neuropsychological Society, American Cancer Society and National Cancer Institute for this line of investigation. Dr. Lisa Jacola is a board-certified clinical neuropsychologist and an Assistant Faculty Member in the Department of Psychology at St. Jude Children’s Research Hospital (SJCRH). She earned a bachelor’s degree in psychology from the University of Dayton, a master’s degree in experimental psychology at Wright State University, and a doctoral degree in clinical psychology from the University of Cincinnati. Dr. Jacola completed an internship in Clinical Child Psychology and Pediatric Neuropsychology at the University of Chicago/University of Chicago Medicine and a fellowship in clinical neuropsychology at SJCRH. The overarching goal of her clinical research program is to improve neuro-behavioral and quality of life outcomes in children treated for catastrophic diseases. The majority of these studies are in survivors of childhood leukemia. Projects aim to characterize neurobehavioral outcomes and underlying bio-behavioral mechanisms, identify risk and resiliency factors for neuro-cognitive outcomes, and develop and implement interventions. Dr. Jacola has received extramural funding from the Alex Lemonade Stand Foundation and the Andrew McDonough Be Positive Foundation for this research.
Upon conclusion of this course, learners will be able to:

- Identify key legal and ethical considerations when providing neuropsychological services in rural and remote regions
- Apply their knowledge of models of rural health service provision and evaluate potential feasibility within their own clinical settings, including teleneuropsychology
- Demonstrate knowledge regarding a range of strategies and tools to overcome barriers to neuropsychological service provision in rural areas, particularly as it pertains to teleneuropsychology

**Speaker Biography:**

Dr. Dustin Hammers is an associate professor and board certified clinical neuropsychologist in the Department of Neurology at the University of Utah. In addition to a past Clinical Director role, he has extensive experience working with patients who have concerns of dementia. Additionally, he has been leading the University of Utah’s teleneuropsychology program for the past five years, which provides outpatient neuropsychology services to those underserved in the Intermountain West through a contract with St. Johns Hospital in Jackson, Wyoming. Related to his teleneuropsychology work, he is the current Chair of APA’s Committee on Rural Health and has been serving on the committee for the past three years, which is a leading advocate for identifying and overcoming barriers that rural and frontier populations face when seeking out mental and behavioral health services. His research has included evaluating diagnostic consistency between neuropsychological and imaging (Flutemetamol, PiB, FDG-PET, etc.) data in an effort to improve diagnostic accuracy, assessing cognitive change over time using reliable change methodology, and identifying cognitive predictors of enrollment in Alzheimer’s Disease clinical drug trials.

Dr. Rene Stolwyk is a senior lecturer and clinical neuropsychologist based at the Turner Institute for Brain and Mental Health at Monash University in Melbourne, Australia. He has extensive clinical experience working in stroke rehabilitation, including at the National Hospital for Neurology and Neurosurgery, Queen Square, London. He is the founder and clinical lead of the Monash TeleNeuropsychology Service, which provides neuropsychological services to multiple inpatient neurorehabilitation units throughout rural Australia via telehealth. Dr Stolwyk is convener of the Clinical PhD in Clinical Neuropsychology training program at Monash University and is a core member of the clinical teaching staff. From a research perspective, Dr Stolwyk leads the stroke and telehealth research team within the Monash-Epworth Rehabilitation Research Centre. He has published over 50 scientific works in the field of neuropsychological rehabilitation. This includes one of the first randomised controlled trials of memory rehabilitation post-stroke in addition to investigations of driver rehabilitation following brain injury and examining the validity of teleneuropsychology assessment and rehabilitation.

**CE Workshop 3. Toward a Precision Medicine of Alzheimer’s Disease: Cognitive Phenotypes in the Era of Genomics, Neuroimaging and Fluid Biomarkers**

**Abstract & Learning Objectives:**

This workshop will provide an update on research in Alzheimer’s disease (AD) including the NIA-Alzheimer’s Association research framework that emphasizes biomarker-based classification and staging. Topics will include recent developments in candidate genes and polygenic risk scores, structural, functional and molecular neuroimaging, and CSF and blood-based fluid biomarkers, as well as other emerging methods. Systems biology-oriented research consortia are providing unprecedented large scale data sets on AD and related disorders for analysis by the scientific community. Cognitive phenotypes, longitudinal profiles and stages including subjective cognitive decline (SCD), mild cognitive impairment (MCI) and AD dementia are being revisited against this background. Nearly all normative data for cognitive tests in older adults was collected before AD biomarkers became widely available which may have important implications for assessment and interpretation. Progress in genetic testing and biomarkers and the explosive development of large-scale multi-omics data leads to new clinical questions and ethical challenges. What biomarker results should be returned to a patient who is symptomatic? What about to an asymptomatic individual? An important consideration is whether findings are currently actionable. In the future, we can expect precision healthcare of cognitive aging to offer an expanded array of targeted interventions based on personalized analysis of clinical, biological, and environmental/lifestyle factors. These developments create challenges and opportunities. Upon conclusion of this course, learners will be able to:

- Identify some of the “top twenty” Alzheimer’s candidate genes and their pathways
- Describe the current status of A/T/N/V biomarkers for Alzheimer’s disease
- Discuss the role of cognitive phenotypes in relation to biomarker status
- Explain the development and use of polygenic risk scores
- Assess ethical issues related to return of genetic and biomarker results

**Speaker Biography:**

Dr. Andrew Saykin, PsyD, ABCN, is the Raymond C. Beeler Professor of Radiology and Imaging Sciences at the Indiana University School of Medicine where he also holds appointments as Professor of Medical and Molecular Genetics, Neurology and Psychiatry. He joined Indiana University as director of the IU Center for Neuroimaging in late 2006, having previously served on the faculty at Dartmouth Medical School and the University of Pennsylvania. In 2013, he was appointed as director of the NIA-designated Indiana Alzheimer Disease Center. Nationally, he serves on the Executive Committee of the NIA AD Centers Program and has led the Genetics Core of the Alzheimer’s Disease Neuroimaging Initiative (ADNI) since its inception. Dr. Saykin’s expertise is in the areas of cognitive neuroscience, multimodal...
and how a variety of therapies not intended to target the CNS can affect cognition. This course will also cover technical, pharmacological and behavioral interventions to prevent and ameliorate cognitive dysfunction. The course requires no prior knowledge on cancer-related cognitive impairment but will be most helpful for those encountering cancer patients in clinical care. Upon conclusion of this course, learners will be able to:

- Describe the frequency and risk factors for cancer-related cognitive dysfunction
- Summarize current concepts regarding pathophysiology and diagnosis of cancer-related cognitive dysfunction

**Speaker Biography:**

Dr. Sanne Schagen is a group leader in the Division of Psychosocial Research and Epidemiology at The Netherlands Cancer Institute, and a staff member of the Brain and Cognition Group at the University of Amsterdam. His research centers around cognitive function in CNS and non-CNS cancer patients and aims to develop clinically useful tools for defining and understanding cognitive decline and improving cognitive function using evidence-based interventions. My research is of diverse nature – from neuropsychological assessments, the application of brain imaging techniques, experimental animal studies, to the perception and expression of psychosocial symptoms and the coping with these symptoms. My group currently consists of 8 PhD students and two postdocs. Over the years, I have established intensive interdisciplinary working relationships with psychologists, clinicians, nurses, biologists, radiologists, neurologists, social scientists, cancer researchers, but also with international cancer organizations and patient groups. Alongside my scientific activities, I am a board-certified clinical neuropsychologist at The Netherlands Cancer Institute, where I conduct neuropsychological examinations and provide guidance and interventions for those confronted with cognitive decline.

Dr. Jeffery Wefel is a tenured Associate Professor and Chief of the Section of Neuro-Oncology with joint appointments in the Department of Neuro-Oncology and the Department of Radiation Oncology at The University of Texas MD Anderson Cancer Center. As a board certified neuropsychologist, Dr. Wefel maintains an active consultation-liaison clinical practice where he conducts comprehensive neuropsychological assessment, presurgical fMRI of higher order cognitive function for neurosurgical planning, intraoperative cognitive testing, and interventions to adult cancer patients suffering from the central nervous system effects of cancer, cancer treatment, or other illnesses. Dr. Wefel’s extramurally funded research activities seek to characterize the prevalence, pattern, course, risks, and biologic and neural substrates for the development of cognitive dysfunction associated with cancer and cancer therapies. Ultimately, this will lead to identification and testing of interventions to prevent and/or minimize cognitive dysfunction. He is the cognitive study chair on numerous cooperative group, industry sponsored and investigator initiated trials involving patients with central nervous system and non-CNS cancer, many of which integrate cognitive and neuroimaging outcomes as well as exploration of genetic moderators of cognitive and brain outcomes. He has published over 100 manuscripts and book chapters. Dr. Wefel is a word leading expert in the effects of cancer and cancer therapy on patient’s cognitive function and quality of life. He is a founder of the International Cognition and Cancer Task Force, Member of the National Brain Tumor Society (NBTS) Medical Advisory Board, Steering Committee Member of the NBTS Jumpstarting Brain Tumor Drug Development Coalition and FDA Clinical Trials Clinical Outcome Assessment Endpoints workshop, Executive Board Member of the RTOG/NGO Oncology Brain Tumor Committee and Patient Centered Outcome Committee, and an Executive Committee Member of the Brain Tumor Center at MD Anderson. He has been appointed as Executive Editor of the journal Neuro-Oncology Practice.
Abstract & Learning Objectives:
Reading, writing, and math are cognitive skills like any other. In fact, they rely on multiple cognitive skills that we regularly evaluate as part of our clinical neuropsychological assessments. Yet, despite the fact that such a large portion of children we evaluate have learning disorders, and that some of our organizations have advocated for neuropsychological evaluation in learning disabilities, many neuropsychologists feel they are not able to adequately assess for them, particularly within a medical context. This is in part due to the limited training that many doctoral programs offer in regards to learning disorders, as well as the environment created by insurance companies and reimbursement methods. This talk will focus on relevant aspects to identifying learning disorders in a variety of settings. We will be discussing underlying neuropsychological constructs observed in the most common learning disabilities, as well as the best methods for assessment and intervention. Focus on quick and efficient methods for screening for learning disorders will also be covered. Additionally, learning disabilities within the context of common medical disorders and settings will be discussed, with an eye towards identifying LD’s in medically complex children (e.g., prematurity, congenital heart disease). Upon conclusion of this course, learners will be able to:

- Identify neuropsychological/neuroanatomical underpinnings of each major learning disorder
- Describe assessment methods for screening for reading, math and writing disabilities
- List at least one recommendation for intervention for each of the major learning disorders
- Discuss prevalence rates of specific learning disorders in medical contexts

Speaker Biography:
I am a board certified clinical neuropsychologist, and also hold the pediatric subspecialty certificate. I trained at Widener University, where I completed concentrations in both neuropsychology, as well as school psychology. I feel this combination provided me with a unique skill set of understanding learning within a neuropsychological context. Following my fellowship, I took a position at the NYU Child Study Center, where I worked with children with various neurodevelopmental disabilities, learning disorders, as well as neurological, psychiatric and other medical conditions. I worked closely with families and schools to help support children with learning problems and also became involved with the pediatric interest group of the NY State Association of Neuropsychology. Understanding children, their ability to learn and function in an academic environment, as well as advocating for their needs has been a longstanding priority. More recently, I have moved to Calgary, Alberta and work as a pediatric neuropsychologist at the Alberta Children’s Hospital, where I work predominantly with medically complex children. In addition to my clinical work, I have become involved in various local and national professional organization, including services on the board and as president of the NY State Association of Neuropsychology. I co-chair the AACN Pediatric Subspecialty Interest Group, am a work sample reviewer for the American Board of Clinical Neuropsychology and serve on editorial board of several neuropsychological journals. In addition, I have been involved in various research projects both in New York and in Calgary which have resulted in presentations at national conferences, as well as publications.
CE Workshops — continued

Lars Nyberg, PhD
Professor of Neuroscience Medical Faculty, Umeå University

CE Workshop 7. On the Bright Side of Memory Aging: Brain Maintenance
Thursday, 7:20–8:50 AM
Centennial Ballroom D-E

Abstract & Learning Objectives:
The aging brain undergoes many changes that can impact memory and cognition, but longitudinal studies show that some older adults display brain maintenance, or relative lack of senescent brain changes and age-related brain pathology. This workshop is focused on structural and functional maintenance of the hippocampus complex, as hippocampal maintenance is a key determinant of well-preserved episodic-memory functioning in older age. Several potential neural and non-neural mechanisms promoting hippocampal maintenance will be considered, including neuronal survival and neurogenesis, intact neuronal morphology, and vascular integrity. Evidence will be reviewed that suggest that correlated genetic and environmental factors influence the operation of these maintenance mechanisms, partly through lifestyle choices. Upon conclusion of this course, learners will be able to:

• Describe the heterogeneity in episodic-memory change in aging and in age-related changes of critical structures in the medial temporal lobe that support episodic memory
• Discuss leading edge longitudinal research techniques for investigating trajectories of change

Speaker Biography:
Lars Nyberg serves as Professor of Psychology and Neurosciences at Umeå University, Sweden. He has been active in the field of functional neuroimaging of memory since 1994. He is the director of Umeå Center for Functional Brain Imaging (UFBI), and a principal investigator of the Betula longitudinal project on aging, memory and dementia. Since 2008 he is a member of the Royal Swedish Academy of Sciences. Nyberg’s research is focused on the identification of genetic, brain, and life-style predictors of heterogeneity in cognitive-aging profiles.

Dr. Urvashi Shah, PhD
Department of Neurology, King Edward Memorial Hospital, Mumbai

CE Workshop 8. Harmonizing Evaluations Across Cultural and Linguistic Diversity One Size (Does Not) Easily Fit All!
Thursday, 7:20–8:30 AM
Centennial Ballroom G-H

Abstract & Learning Objectives:
The concept of a universal neurobiological brain and cognitive processes is currently under scrutiny with a growing body of research suggesting a critical role of culture, language and education in impacting cognition and behavior. Historically, neuropsychology has its roots in the west, in a relatively homogeneous society. But, in the current era of global connectivity, migration and changing demographics, the validity of the neuropsychological evaluation tools in heterogeneous populations is questionable. Conducting neuropsychological evaluations is challenging in different ethnic populations and there is a high risk of misdiagnosis and mismanagement. There is an urgent need for harmonization of research from across the world to understand the diversity factors that impact test performance. The overarching goal is to create relatively unified, common protocols that ensure fair evaluation in daily clinical practice. This workshop aims to provide a comprehensive update of research and clinical experiences on these issues. The first part of the workshop will describe the concepts commonly associated with diversity, and then review research comparing the similarities and differences that exist in cognition between those in the U.S. and other countries. The second part will draw upon the most recently published and emerging research, and clinical experiences, from India - one of the largest and most diverse countries in the world. Upon conclusion of this course, learners will be able to:

• Demonstrate knowledge of current terminology related to linguistic and cultural diversity
• Describe key research findings pertaining to diversity and cognition
• Explain the administration, performance and interpretation issues related to neuropsychological evaluations in individuals from diverse backgrounds

Speaker Biography:
Dr. Urvashi Shah works in the Department of Neurology, King Edward Memorial Hospital, Mumbai, one of the largest public hospitals in India where she set up the first neuropsychology services, the ‘Center for Neuropsychology Studies (C.N.S.)’ for socioeconomically deprived populations. For her pioneering work in neuropsychology in Mumbai she was awarded the prestigious Mayor’s Achievement Award. For over twenty years, she has been an integral part of the ongoing, Comprehensive Epilepsy Care Program that has conducted over six hundred epilepsy surgeries. She has also been involved in setting up neurorehabilitation services for traumatic brain injury and has worked as a research consultant on an NIH funded, Indo-US project.
Dr. Preeti Sunderaraman has won the K99/R00 Pathway to Independence research grant from NIH and is currently working as a Research Associate Scientist in the Cognitive Neuroscience Division at Columbia University Medical Center, New York City. Previously, she obtained the F32 Postdoctoral Ruth L. Kirschstein National Research Service Award from NIH and the Clinical Research grant from the National Academy of Neuropsychology for her work on financial decision making. As a graduate student she obtained funding from the Council on Brain Injury and was awarded the Foundation for Rehabilitation Psychology Dissertation award. Dr. Sunderaraman came to the U.S in 2010 and pursued her graduate training in neuropsychology from Drexel University under the mentorship of Dr. Maria Schultheis. Over the years, she has actively worked in several committees including the NAN Publications Committee, the Ethnic and Minority Affairs Committee, and as the International Liaison Representative for the International Neuropsychological Society’s Student Liaison Committee. Currently she serves as the Social Events coordinator for the Asian Neuropsychological Association and as the Science Officer for the Early Career Neuropsychologists Committee that is a part of Society for Clinical Neuropsychology. Dr. Sunderaraman was born and raised in India, and completed her education from Mumbai. After obtaining her bachelors in psychology, she completed her Master’s in clinical psychology and began practicing as psychologist in various government and private hospitals. During this time, she met Dr. Urvashi Shah who introduced her to neuropsychology. She trained with Dr. Shah and conducted neuropsychological assessments for primarily patients with epilepsy. She also worked on research projects related to collecting normative data for a few adapted tests. After immigrating to the U.S., Dr. Sunderaraman has continued work with Asian Indians and seeks to refine their clinical care and improve research related to this group.

Dr. Mark Bondi is Professor of Psychiatry at the University of California San Diego, and Director of the Neuropsychological Assessment Unit at the VA San Diego Healthcare System. He has served on the boards of the American Psychological Association’s Continuing Education Committee and Commission for the Recognition of Specialties and Proficiencies in Professional Psychology, board of directors of the American Board of Clinical Neuropsychology, board of governors of the International Neuropsychological Society, and is former president of the Society for Clinical Neuropsychology (Division 40). He has received continuous funding from NIH, VA, and BOLD grants from the Council on Brain Injury and was awarded the Foundation for Rehabilitation Psychology Dissertation award. Dr. Sunderaraman came to the U.S in 2010 and pursued her graduate training in neuropsychology from Drexel University under the mentorship of Dr. Maria Schultheis. Over the years, she has actively worked in several committees including the NAN Publications Committee, the Ethnic and Minority Affairs Committee, and as the International Liaison Representative for the International Neuropsychological Society’s Student Liaison Committee. Currently she serves as the Social Events coordinator for the Asian Neuropsychological Association and as the Science Officer for the Early Career Neuropsychologists Committee that is a part of Society for Clinical Neuropsychology. Dr. Sunderaraman was born and raised in India, and completed her education from Mumbai. After obtaining her bachelors in psychology, she completed her Master’s in clinical psychology and began practicing as psychologist in various government and private hospitals. During this time, she met Dr. Urvashi Shah who introduced her to neuropsychology. She trained with Dr. Shah and conducted neuropsychological assessments for primarily patients with epilepsy. She also worked on research projects related to collecting normative data for a few adapted tests. After immigrating to the U.S., Dr. Sunderaraman has continued work with Asian Indians and seeks to refine their clinical care and improve research related to this group.

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CE Workshop 10. Suicidal Behavior: Emerging Clinical, Neuropsychological, and Psychobiological Perspectives

Abstract & Learning Objectives:
Suicide rates are increasing, but recent research on suicidal behavior is providing valuable insights into the ways in which our approaches to assessment and treatment might be improved. This workshop will review current and emerging research on suicidal behavior, from a clinical, neuropsychological, and psychobiological perspective. First, data will be presented on the relationship between depression severity itself and suicidal thinking, to illustrate that it is only specific symptoms of depression that are associated with the emergence of suicidal thoughts. This section will also review critical features of past suicidal behavior – medical lethality, method, and planning - that are relevant to understanding risk factors for suicidal behavior. Second, neuropsychological data will be presented to show how certain neurocognitive deficits and difficulties – on measures of cognitive control, memory, and decision-making - are associated with suicidal behavior, independent of other clinical risk factors. Third, recent advances in the treatment of suicide risk and suicidal behavior will be presented, particularly the role of safety planning interventions, and treatment with ketamine. Finally, implications for patient assessment and treatment practices will be discussed. Upon conclusion of this course, learners will be able to:

- Discuss the relationship between depression severity and suicidal thinking, and the ways in which it can inform appropriate treatment monitoring
- Describe the key neurocognitive deficits that have been associated with suicide attempt, as well as those that may differ depending on the characteristics of attempts
- List the advantages and drawbacks to implementation of newer treatment approaches for suicidal behavior risk
- Critique how assessment and treatment of individual patients may be affected by emerging knowledge about the nature of suicidal behavior

Speaker Biography:

John G. Keilp, PhD
Associate Professor of Clinical Psychology in Psychiatry Columbia University Vagelos College of Physicians and Surgeons
Research Scientist New York State Psychiatric Association


Abstract & Learning Objectives:
Cognitive impairment has been shown to occur in between 30% and 50% of survivors of serious critical illness, regardless of age, with deficits observed in diverse neuropsychological domains such as attention, executive functioning, language, memory, and processing speed, among others. This impairment – often unexpected by patients and their families - is highly disruptive and contributes to a wide array of adverse outcomes including depression, PTSD, and functional difficulties more generally. This course will review findings from nearly 2 decades of research on brain functioning in ICU survivors, focusing on potential causes of cognitive impairment after critical illness, common clinical expressions of such cognitive impairment (using case examples), and possible management and treatment strategies, all viewed thru the lens of lifespan development. Upon conclusion of this course, learners will be able to:

- List the key potential causes of cognitive impairment during and after critical illness, with a focus on potentially modifiable and preventable causes

Speaker Biography:

Dr. John Keilp is an Associate Professor of Clinical Psychology (in Psychiatry) at the Columbia University Vagelos College of Physicians and Surgeons, and a Research Scientist at the New York State Psychiatric Institute. Dr. Keilp obtained his Ph.D. in Clinical Psychology from Fordham University. He completed a two-year internship in both adult and child Clinical Psychology at the Cornell University Medical Center, and a fellowship in Neuropsychology at the Memorial Sloan-Kettering Cancer Center in New York. Dr. Keilp’s research work has been funded by the National Institute for Mental Health, the National Institute for Neurological Diseases and Stroke, the Brain Behavior Research Foundation (formerly NARSAD), and the American Foundation for Suicide Prevention. Dr. Keilp’s research focuses on the neurocognitive deficits associated with various psychiatric, infectious, and neurological disorders, with a major focus on the neurocognitive deficits associated with depressive disorders and their relationship to risk for suicidal behavior. He has over 100 publications in peer reviewed journals. Dr. Keilp published one of the first systematic studies of neurocognitive deficits in suicide attempters in 2001 in the American Journal of Psychiatry, as well as other studies of both clinical and psychobiological factors distinguishing those with suicide attempt histories. Dr. Keilp served as a contributor on the Army STARRS project, designing and piloting instruments for assessments of over 50,000 new Army recruits. He served as a neuropsychological consultant on the EMBARC project, a multisite study of predictors (including neurocognitive) of antidepressant treatment response, and has recently completed a multisite study examining developmental influences on neuropsychological risk factors for suicidal behavior across the adult lifespan.
Describe strategies that can be employed clinically to improve cognitive outcomes in patients after critical illness

Discuss potential contributions to the study and understanding of post-critical illness related cognitive impairment that can be made by the discipline of neuropsychology

**Speaker Biography:**

Dr. James Jackson, PsyD is the Co-Founder and Assistant Director of The ICU Recovery Center at Vanderbilt, a Research Associate Professor, and the Director of Long-Term Outcomes for the Critical Illness, Brain Injury, and Survivorship Center (CIBS Center) at the Vanderbilt University School of Medicine where he focuses on the identification and treatment of cognitive impairment in survivors of intensive care. An NIH, VA, and DOD funded researcher, he is the author of over 120 publications in leading scientific journals and his work has been featured in the New York Times, the Washington Post, the Boston Globe, and many other prominent media venues.

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**CE Workshop 12. Traumatic Brain Injury in Criminal Justice: (Hard) Lessons from Colorado**

**Saturday, 7:20–8:50 AM**

Centennial Ballroom G-H

**Abstract & Learning Objectives:**

- The incidence of traumatic brain injury (TBI) history in an incarcerated population is reported to range from 41-51% to 60.25% to as high as 82%.
- Adults as well as adolescents with TBI histories report higher rates of incarceration compared to their non-TBI history counterparts and studies suggest that inmates with TBI have a higher rate of disciplinary actions while incarcerated. Furthermore, research suggests that individuals with a TBI history recidivate, i.e., are rearrested following a discharge from jail or corrections, sooner and more often than those persons without a TBI. In addition to discussing data from adult and youth correctional, court and treatment facilities, this presentation will describe a collaboration between the State of Colorado brain injury program, the Colorado Judicial Department and the University of Denver to address these issues. Thus, this presentation will outline our model designed to identify brain injury history, assess cognitive functioning and psychosocial vulnerabilities and to make recommendations and referrals that support the individual through (and out of) the system. This model, first implemented in Colorado, has been exported to seven other states with federal policy in progress. Upon conclusion of this course, learners will be able to:

  - List the prevalence of brain injury in the adult and juvenile justice system
  - Describe a model being implemented in Colorado to identify and support individuals with brain injury
  - Discuss 6-year outcomes from this statewide project

**Speaker Biography:**

Dr. Kim Gorgens is a Professor of Psychophysiology and Clinical Neuropsychology at the University of Denver. She manages a large portfolio of brain-related research and has lectured extensively on those issues (including her 2010 TED talk on youth sports concussion, a 2018 TED talk on brain injuries in criminal justice, several NPR spots and an interview on CNN with Anderson Cooper). Her work has been featured in US News, Newsweek, Salon.com and more. She is the principal-investigator and clinical supervisor for the work presented in this session. She completed a postdoctoral fellowship in Clinical Neuropsychology and is board certified in Rehabilitation Psychology. She is a fellow of APA Division 22, a 20+ year member of APA Division 40 and is Vice President of the American Board of Rehabilitation Psychology.
## CE Program Disclosures

### INS 48th Annual Meeting: Denver 2020

**Continuing Education Program**

### Disclosure Information

**As of January 3rd, 2020**

The International Neuropsychological Society requires program planners and instructional personnel to disclose information regarding any relevant financial and non-financial relationships related to course content prior to and during course planning. The intent of this disclosure is not to prevent a speaker with a significant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether speaker interests or relationships unduly influence a presentation with regard to exposition or conclusion.

Please note relevant relationship definitions below:

**Relevant financial relationships** are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include "contracted research" where the institution receives/manages the funds and the individual is the principal or named investigator on the grant.

**Relevant non-financial relationships** are those relationships that might bias an individual including any personal, professional, institutional, or other relationship. This may also include personal interest or cultural bias.

### INS Program Planners

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<th>Financial Relationships</th>
<th>Non-Financial Relationships</th>
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<td>Lamar, Melissa (CE Director)</td>
<td>No relevant financial or nonfinancial relationships exist.</td>
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| Beauchamp, Miriam (Co-Program Chair) | **Relevant financial relationships**: Dr. Beauchamp receives royalties for her book contracts with Guilford Press.  
**Relevant non-financial relationships**: None exist. |                                   |
| Okonkwo, Ozioma (Co-Program Chair)   | No relevant financial or nonfinancial relationships exist.                                |                                   |

### Instructional Personnel

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| Allen, Nicholas (Plenary G)   | **Relevant financial relationships**: Dr. Allen receives intellectual property rights and ownership interest for his work with Ksana Health Inc.  
**Relevant non-financial relationships**: None exist.  |                                    |
| Anderson, Vicki (Plenary A)   | No relevant financial or nonfinancial relationships exist.                                                         |                                    |
| Barnes, Jill (Invited Symposium 4) |                                                                 | No relevant financial or nonfinancial relationships exist.   |
| Bondi, Mark (CE 9)            | **Relevant financial relationships**: Dr. Bondi receives consulting fees and royalties for his work with Oxford University Press, Novartis, Roche Pharmaceutical.  
**Relevant non-financial relationships**: None exist. |                                    |
| Casaletto, Kaitlin (Invited Symposium 4) |                                                                 | No relevant financial or nonfinancial relationships exist.   |
| Conklin, Heather (CE 1)       | **Relevant financial relationships**: Dr. Conklin receives salary and grants for her work with American Cancer Society and NIH.  
**Relevant non-financial relationships**: None exist. |                                    |
## INSTRUCTIONAL PERSONNEL

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<td>CE 4</td>
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<td>None exist.</td>
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<tr>
<td>Small, Dana</td>
<td>Plenary E</td>
<td>No relevant financial or nonfinancial relationships exist.</td>
<td></td>
</tr>
<tr>
<td>Smith, Glen</td>
<td>Invited Symposium 4</td>
<td>No relevant financial or nonfinancial relationships exist.</td>
<td></td>
</tr>
<tr>
<td>Snyder, Aliyah</td>
<td>Invited Symposium 4</td>
<td>Dr. Snyder receives salary and ownership interest for her work with The Brain Learning Center, LLC.</td>
<td>None exist.</td>
</tr>
<tr>
<td>Stolwky, Rene</td>
<td>CE 2</td>
<td>No relevant financial or nonfinancial relationships exist.</td>
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<tr>
<td>Sunderaraman, Preeti</td>
<td>CE 8</td>
<td>No relevant financial or nonfinancial relationships exist.</td>
<td></td>
</tr>
<tr>
<td>Tottenham, Nim</td>
<td>Plenary B</td>
<td>No relevant financial or nonfinancial relationships exist.</td>
<td></td>
</tr>
<tr>
<td>Vasserman, Marsha</td>
<td>CE 5</td>
<td>Dr. Vasserman’s friend and colleague, Dr. Brian Brooks is an author of the MEMRY, which is a measure that may be discussed as a potential learning screening tool during the lecture.</td>
<td>None Exist.</td>
</tr>
<tr>
<td>Wager, Tor</td>
<td>CE 6</td>
<td>No relevant financial or nonfinancial relationships exist.</td>
<td></td>
</tr>
<tr>
<td>Wefel, Jeffery</td>
<td>CE 4</td>
<td>Dr. Wefel receives consulting fees for his work with Audiochem, Bayer, Juno, Magnolia Teja, Novocurd, and Vanquish.</td>
<td>None exist.</td>
</tr>
</tbody>
</table>
INS is pleased to host ancillary meetings, organized by individuals and professional groups who are attending the 48th Annual Meeting.

Please note that INS name badges must be worn when using ancillary space, and only ancillary meetings that have been pre-authorized by the INS Executive Office are permitted.

The following schedule of ancillary meetings is provided for the convenience of our attendees and may not be complete. Additional meetings and changes will be posted on the Denver Meeting Page.

<table>
<thead>
<tr>
<th>Event Name</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPCN Welcome Breakfast for Member Programs &amp; Interviewers</td>
<td>Tuesday, February 4</td>
<td>7:00-8:30 AM</td>
<td>Mineral Hall A-B-C</td>
</tr>
<tr>
<td>APPCN Board of Directors Meeting</td>
<td>Tuesday, February 4</td>
<td>5:00-7:00 PM</td>
<td>Centennial A</td>
</tr>
<tr>
<td>SCN (Div.40) Executive Committee Meeting</td>
<td>Wednesday, February 5</td>
<td>8:00-11:00 AM</td>
<td>Mineral Hall D</td>
</tr>
<tr>
<td>AACN Board of Directors Meeting</td>
<td>Wednesday, February 5</td>
<td>8:30 AM -2:30 PM</td>
<td>Mineral Hall F</td>
</tr>
<tr>
<td>SCN Program Committee Meeting</td>
<td>Wednesday, February 5</td>
<td>12:00-1:00 PM</td>
<td>Mineral Hall D</td>
</tr>
<tr>
<td>AACN SAC Meeting</td>
<td>Wednesday, February 5</td>
<td>12:00-1:00 PM</td>
<td>Quartz A</td>
</tr>
<tr>
<td>ABCN Board of Directors Meeting</td>
<td>Wednesday, February 5</td>
<td>1:30-4:30 PM</td>
<td>Mineral Hall G</td>
</tr>
<tr>
<td>St. Jude Meet-and Greet</td>
<td>Wednesday, February 5</td>
<td>3:30-4:15 PM</td>
<td>Quartz A</td>
</tr>
<tr>
<td>APPCN General Membership Meeting</td>
<td>Thursday, February 6</td>
<td>8:00-9:00 AM</td>
<td>Mineral Hall D-E</td>
</tr>
<tr>
<td>Mentoring with Cafecito</td>
<td>Thursday, February 6</td>
<td>8:00-9:00 AM</td>
<td>Mineral Hall F-G</td>
</tr>
<tr>
<td>INS Brain Injury SIG</td>
<td>Thursday, February 6</td>
<td>1:15-2:05 PM</td>
<td>Centennial A</td>
</tr>
<tr>
<td>APA SCN SAC - Scientific Advisory Committee</td>
<td>Thursday, February 6</td>
<td>1:15-2:15 PM</td>
<td>Quartz A</td>
</tr>
<tr>
<td>INS Brain Injury SIG</td>
<td>Thursday, February 6</td>
<td>1:15-2:05 PM</td>
<td>Centennial A</td>
</tr>
<tr>
<td>Children’s National Postdoc Q&amp;A</td>
<td>Thursday, February 6</td>
<td>2:00-3:00 PM</td>
<td>Mineral Hall D</td>
</tr>
<tr>
<td>BCM/TCH Coffee Hour</td>
<td>Thursday, February 6</td>
<td>2:00-3:30 PM</td>
<td>Mineral Hall E</td>
</tr>
<tr>
<td>ILAE Cognitive Diagnostics Meeting</td>
<td>Thursday, February 6</td>
<td>2:30-3:30 PM</td>
<td>Mineral Hall E</td>
</tr>
<tr>
<td>Clinical Neuropsychology Synarchy Annual Meeting</td>
<td>Thursday, February 6</td>
<td>6:30-7:30 PM</td>
<td>Quartz A</td>
</tr>
<tr>
<td>Brown University Annual Reception</td>
<td>Thursday, February 6</td>
<td>6:30-8:00 PM</td>
<td>Mineral Hall E</td>
</tr>
<tr>
<td>Cleveland Clinic Alumni Reception</td>
<td>Thursday, February 6</td>
<td>6:30-8:30 PM</td>
<td>Mineral Hall D</td>
</tr>
<tr>
<td>JINS Reception</td>
<td>Thursday, February 6</td>
<td>6:30-8:30 PM</td>
<td>Mineral Hall A-B-C</td>
</tr>
<tr>
<td>EMA Breakfast</td>
<td>Friday, February 7</td>
<td>8:00-9:00 AM</td>
<td>Mineral Hall D</td>
</tr>
<tr>
<td>Pearson: New Assessments Sneak Peak</td>
<td>Friday, February 7</td>
<td>8:00-8:50</td>
<td>Centennial B-C</td>
</tr>
<tr>
<td>SCN EAC Business Meeting</td>
<td>Friday, February 7</td>
<td>8:30-10:30</td>
<td>Mineral Hall E</td>
</tr>
<tr>
<td>Boston Children’s Hospital Meet the Fellows</td>
<td>Friday, February 7</td>
<td>10:15-11:15 AM</td>
<td>Mineral Hall G</td>
</tr>
<tr>
<td>World Congress Meeting</td>
<td>Friday, February 7</td>
<td>12:45-2:00 PM</td>
<td>Mineral Hall E</td>
</tr>
<tr>
<td>Asian Neuropsychological Association General Meeting</td>
<td>Friday, February 7</td>
<td>4:00-5:00 PM</td>
<td>Quartz A</td>
</tr>
<tr>
<td>SCN Women in Neuropsychology Social Hour: Celebrating 20 Years!</td>
<td>Friday, February 7</td>
<td>6:00-7:00 PM</td>
<td>Mineral Hall E</td>
</tr>
<tr>
<td>SDSU/UCSD JDP Alumni Networking</td>
<td>Friday, February 7</td>
<td>6:00-8:00 PM</td>
<td>Mineral Hall D</td>
</tr>
<tr>
<td>Annual Meeting- University of Florida Alumni and Friends</td>
<td>Friday, February 7</td>
<td>9:00-11:00 PM</td>
<td>Mineral Hall E</td>
</tr>
</tbody>
</table>
The International Neuropsychological Society owes a debt of gratitude to all participating student volunteers for lending their support at INS Denver 2020.

Student volunteers play a critical role in the success of the INS Annual Meeting through their assistance in proctoring CE courses, monitoring poster sessions, and assisting at the Registration Desk—and in making the Annual Meeting a friendlier place for all attendees!

We sincerely thank our wonderful volunteers for their assistance and unbridled enthusiasm and commitment to INS.

**INS Denver Volunteers**

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Jairo Martinez  
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Annalise Rahman-Filipiak  
Luiza Rocha  
Shima Sadaghiyani  
Jennifer Sawyer  
Clarissa Shields  
Anahat Singh  
Tracey Slonim  
Deborah Sylvanus  
Ryan Thompson  
Hei Torrico-Teave  
Gregory John Vitale  
Lauren Wing  
Angelina Witbeck  
Taylor Zurlinden
Please check on-site materials and signage in Denver, or the INS 2020 meeting app, for final room assignments and any changes to the Final Program.

**Final Addendum of Author Changes**
A list of important author changes that have occurred since the time of printing will be available on-site. The online published meeting proceedings will include a final addendum with all author changes that occurred since finalization of the printed program, including author additions, author changes, and other minor adjustments.

**Submitting Abstract Author Disclosures**
The electronic program book, available on the INS website at www.the-ins.org, contains a complete listing of submitting abstract author disclosures.

The International Neuropsychological Society requires all presenters to disclose to the audience any significant financial interest or other relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and with any commercial supporters of the activity. The intent of this disclosure is not to prevent a speaker with a significant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether speaker interests or relationships unduly influence a presentation with regard to exposition or conclusion.

Please visit the INS website to view the electronic program book and a complete listing of submitting abstract author disclosures.
Save the Date …

2021 INS Meeting – San Diego, California

Town and Country Hotel
February 3 – 6, 2021

SAN DIEGO

WELCOME TO
MELBOURNE

SAVE THE DATE  |  30 JUNE – 3 JULY 2021
International Neuropsychological Society INS Mid-Year Congress
2020 INS & GNPÖ
VIENNA MEETING
The Neuropsychology of Pleasure, Dreaming and Memories
JULY 1-3, 2020, VIENNA, AUSTRIA

IMPORTANT DATES
FEBRUARY 20, 2020
The Extended Abstract Submission Deadline
APRIL 13, 2020
Abstract Notification Deadline
MAY 4, 2020
Early Registration
JUNE 27, 2020
Late Registration

CALL FOR ABSTRACTS:
www.ins2020.org/abstract-submission-instructions
The extended abstract submission deadline is FEBRUARY 20, 2020.

REGISTRATION IS OPEN:
www.ins2020.org/registration
The early registration deadline is MAY 4, 2020.

www.ins2020.org

VENUE
Austria Center Vienna
www.acv.at
## Poster Session Listings

**Poster Session 1: MCI, HIV, & Dementias, Wednesday, 2/5/20 from 2:30-3:45**

### Dementia (Non-AD)

1. **A. Ashizuka**
   - A Case Report of Neuropsychological Study of Huntington Disease Preceded by Cognitive Impairment
2. **D. Banuelos**
   - Stroop Test Performance in Cognitively Impaired Individuals When You Hear Hoof Beats, Think Zebra: The Value of a Comprehensive Neuropsychological Evaluation in the Differential Diagnosis of a Complex Case
3. **L. Bolden**
   - The Impact of Lifestyle Factors on Cognitive Decline in Behavioral Variant Frontotemporal Lobar Degeneration
4. **J. Bove**
   - Effects of Dementia Worry on Executive Function, Memory, and Processing Speed in Healthy Older Adults

### Memory Functions/Amnesia

5. **C. Caughie**
   - Self-Reported Sleep Quality Predicts Memory Performance in Older Adults

### Dementia (Non-AD)

6. **J. Dalrymple**
   - Functional Change, Neuropsychiatric Symptom Severity, and Caregiver Burden in Veterans with Dementia
7. **S. Dev**
   - Verbal Memory Performance in Mildly Symptomatic Familial Frontotemporal Lobar Degeneration The APOE ε4 Allele Modifies the Association Between Age of First Exposure to American Football and Long-Term Cognitive and Neuropsychiatric Functioning
8. **J. Martin**
   - Factors of Dementia Caregiver Burden Differentially Contribute to Desire to Institutionalize
9. **C. Schiesler-Ockrassa**
   - A Case Study: Posterior Cortical Atrophy
10. **E. Talis**
    - Adult Male Presenting with Frontotemporal Dementia (FTD): A Case Study
11. **M. Uretsky**
    - The Impact of Global Cognitive Status, Patient Insight, and Neuropsychiatric Symptom Severity on Caregiver Burden in Caregivers of Persons with Dementia
12. **A. Summers**
    - The Thalamus and Mental Manipulation in Statistically-Determined Patients with Mild Cognitive Impairment: A Potential Neurocognitive Correlate
13. **S. Joubert**
    - The Relationship Between Cognitive Flexibility, Cognitive Failures, and the Experience of Depression and Anxiety Symptoms in HIV+ Individuals
14. **L. Graves**
    - Connecting Functional Impairment with Emotional Dysregulation in Frontotemporal Dementia
15. **C. Caughie**
    - Slower Gait Speed is Differentially Associated with Worse Neurocognition among Persons with and without HIV

### HIV/AIDS/Infectious Disease

16. **M. Aghvinian**
    - The Effects of Perceived Stress and Latinx Ethnicity on Neurocognitive Functioning in Older Persons Living with HIV
17. **J. Amato**
    - Hearing in Noise as a Marker of Brain Health in HIV+ Adolescents

### Executive Functions/Frontal Lobes

18. **D. Kazakov**
    - Non-Gaussian and Diffusion Modeling Analysis of Elementary Cognitive Tasks of Executive Function
19. **M. Abraham**
    - Category Fluency Switching Subtypes in Mild Cognitive Impairment and Cognitively Intact Older Adults
20. **A. Ashizuka**
    - Episodic and Semantic Memory Composite Scores and APOE E4 Status in MCI and Cognitively Intact Older Individuals
21. **P. Amofa**
    - Comparative Effectiveness of Behavioral Interventions to Prevent or Delay Dementia: One-Year Partner Outcomes
22. **A. Blanken**
    - Machine learning-based refinement of mild cognitive impairment in the National Alzheimer’s Coordinating Center database
23. **B. Cerbone**
    - Predictors of rate of cognitive and functional decline in patients with amnestic mild cognitive impairment
24. **C. Cohen**
    - Alternate Form Equivalence for Category Fluency in Cognitively Intact Individuals and Mild Cognitive Impairment
25. **B. DeFeis**
    - A Confirmatory Factor Analysis of Mild Cognitive Impairment Outcome Variables in Participant-Partner Dyads
26. **A. Summers**
    - The Role of Emotion in Daily Functioning in Older Adults Living with HIV and Parkinson’s disease
27. **J. Iudicello**
    - Relationships Between Chronic Stress Burden, Inflammation, and Cognitive Change in HIV+ and HIV- Adults
28. **M. Gavilanes**
    - Recent Cannabis Use is Associated with Lower Levels of TNF-alpha in CSF Among People Living with HIV
29. **M. Kohli**
    - The Neurocognitive Impact of Depression and Substance Use among Older Adults Living with HIV
30. **C. Watson**
    - The Neurocognitive Impact of Depression and Substance Use among Older Adults Living with HIV
31. **L. Weaver**
    - The APOE ε4 Allele Modifies the Association Between Age of First Exposure to American Football and Long-Term Cognitive and Neuropsychiatric Functioning
32. **J. Eppig**
    - Mixture Modeling
33. **E. Gammada**
    - Sex-Specific Verbal Memory Advantage for Women is Associated with Dorsolateral Prefrontal Cortex in Serial Position Analysis
34. **L. Graves**
    - Neuropsychological Process Scores in Empirically-Derived Subtypes of Mild Cognitive Impairment
35. **A. Halpin**
    - Do A/T/N CSF biomarkers differentially predict episodic memory performance among men and women in an MCI cohort?
36. **S. Jacobs**
    - Assessing Within-Task Verbal Fluency Performance: The Predictive Utility of Individual Time Intervals
37. **C. Johnson**
    - Differences in the Relationship between Depression and Intradinvariable Variability in Cognitive Performance by Cognitive Status
38. **D. Kazakov**
    - CPAP Adherence Improves Semantic Clustering in Older Adults with MCI and OSA
39. **S. Emrani**
    - Mild Cognitive Impairment Subtypes They Are A-Changin’: Empirical Characterization of Longitudinal Neuropsychological Performance with Mild Cognitive Impairment
40. **J. Eppig**
    - Mixture Modeling
41. **E. Gammada**
    - Sex-Specific Verbal Memory Advantage for Women is Associated with Dorsolateral Prefrontal Cortex in Serial Position Analysis
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    - Differences in the Relationship between Depression and Intradinvariable Variability in Cognitive Performance by Cognitive Status
46. **D. Kazakov**
    - CPAP Adherence Improves Semantic Clustering in Older Adults with MCI and OSA
25 A. Pham
An Integrative Algorithm to Reduce Overdiagnosis of Adult ADHD

26 M. Simons
Analysis of the Barkley Deficits in Executive Functioning Scale Factor Structure in a Collegiate Population

27 K. Ung
The Benefit of Social Support on College Students with Symptoms of ADHD

Assessment/Psychometrics/Methods (Child)

28 K. BURRELL
Shifting to an Innovative Neuropsychological Evaluation Model: Considerations of Adaptation within the Context of Community Trauma

Stroke/Cerebrovascular Injury & Disease (Child)

29 R. Peterson
Cognitive Correlates of Math Performance in School-Aged Children with Sickle Cell Disease and Silent Cerebral Infarcts

Assessment/Psychometrics/Methods (Child)

30 C. David
Test-Retest Reliability of the Purdue Pegboard Test in Children and Adolescents

31 T. Duda
Use of the MSVT’s Genuine Memory Impairment Profile to Reduce False Positive Determinations of Noncredible Performance in Clinically Referred Pediatric Patients

32 M. Ford
Beyond the Report: Examining Parent Views of Neuropsychological Evaluations and the Influence of Socioenvironmental Factors

33 A. Jansari
It’s my party: A new ecologically-valid virtual reality test. The Jansari assessment of Executive Functions for Adolescents (JEF-AI)

34 C. Dehnhard
Differentiation between autism spectrum disorder and attention deficits hyperactivity disorder by the Social Communication Questionnaire

35 F. Morasse
Can Children Adapt Their Social Norms?: An Experimental Study of Social Cognition Using the Ultimate Game

36 N. Norheim
Performance on the Memory Validity Profile (MVP) in a Diagnostically Heterogeneous Clinical Pediatric Sample

37 A. Vingson
Detecting Noncredible Performance Using the Memory Validity Profile in Children Referred for Neuropsychological Evaluation: Proposing a New MVP Cut Score

38 F. Tewolde
The Memory Validity Profile Poorly Discriminates Pass/Fails on the Test of Memory Malingering in a Mixed Clinical Pediatric Sample

39 S. Trujillo
Development of the Language Acculturation Meter for Spanish Speaking English Language Learners

40 C. Tyner
Developing a New Computer-Adaptive Visual Reasoning Test for ECHO and the NIH Toolbox

41 E. Vogt
Comparison of WISC-IV and V Re-test Performances in a Mixed Clinical Sample

Autism Spectrum Disorders/Intellectual Disability

42 K. Bellesheim
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43 A. Camodeca
Executive Function in Children with Autism vs. Other Psychiatric Disorders

44 J. Chang
Vaccine Hesitancy andattributions for Autism Spectrum Disorder (ASD) among Racially and Ethnically Diverse Groups of Parents of Children with ASD

45 A. Sakallah
Rapid Auditory Processing of Speech Sounds is Associated with Speech and Language Abilities in Individuals with Autism Spectrum Disorder

46 C. Demopoulos
Rapid Auditory Processing of Puretones is Associated with Basic Verbal Communication Abilities in Individuals with Autism Spectrum Disorder

47 M. Engelmann
The Development of an Interdisciplinary Model to Expedite High-Probability Autism Referrals

48 A. Garagozzo
Pediatric Catatonia in Autism Spectrum Disorder: A Case Study

49 H. Genova
Effectiveness of a Virtual Reality Job Interview Tool for Adolescents with Autism in a School Setting

50 R. Handsman
Parent-Reported Self-Determination Relates to Executive Functioning Behaviors in the Classroom

51 L. Kenworthy
Parent- versus Self-Reported Executive Functioning Challenges in Autistic Youth

52 G. Jost
Executive Functioning Problems in Autistic Youth: Parent-Reported Gender Differences Not Confirmed by Self-Report

53 L. Katz

54 K. Krishnamurthy
Effortful Control Deficit in Children with Autistic Spectrum Disorder

55 J. Lebersfeld
Agreement of the ADOS-2 and the ADI-R in a Clinical Sample of Children Referred for an Autism Spectrum Disorder Evaluation

56 E. Lemieux
Recorded Characteristics of Adults with Autism in the University of Colorado Health System

57 A. McMahon
Improving Attention and Executive Function with Dino Island: A Process-Specific Game Based Intervention

58 L. Miller
Clinical Presentation in Toddlers with Early Versus Later Diagnosed Autism Spectrum Disorder

59 R. Scheub
ASD Traits are Associated with Lower Arousal to the Positive Emotions of Others and Higher Arousal to the Negative Emotions of Others and Higher Emotions of Others

60 M. Skapek
Testing the Clinical Utility of Composite Joint Attention Scores in an Early Detection Sample of Toddlers

61 C. Stephenson
Contributions of Executive Function to Adaptable Abilities in Youth with Down Syndrome

62 A. Tan
Implementing Standard Screening for Autism Spectrum Disorder in Congenital Heart Disease

63 I. Zilverfayn
Role of Executive Dysfunction in Social Communication in Autism Spectrum Disorder.

Learning Disabilities/Academic Skills

64 N. Anderson
Are Domain-General Cognitive Weaknesses Associated with Elevated Anxiety Symptoms in Children with Dyslexia?

65 A. Bartlett
Lower Sentence Repetition Scores Among School-Aged Children with Learning Disorders

66 E. Caminiti
Cerebellar Hemisphere Volume in Relation to Rapid Naming Errors in Children with Reading Disorders and/or ADHD

67 P. Otero
Visual Attention and Reading

68 P. Duong
Word Reading Processes involved in Text Comprehension in Children with Dyslexia

69 A. Gioia
Visual Attention in Reading: A Meta-Analysis

70 K. Halversen
Understanding Executive Functioning in Struggling Readers Using a Novel Tool

71 Z. Imre
Planning predicts Caudate Nucleus Volume in Children with RD and/or ADHD

72 A. Kaser
Evidence for a Specific Learning Disorder in a Pediatric Patient with Moyamoya Disease

73 N. Katz
The Relationship Between Processing Speed and Academic Fluency

74 K. Macdonald
Dimensionality of Language Among Middle School ELs who are Struggling Readers

75 A. O’Brien
Replciation of the Reading Tendency Index (RTI) with a Canadian Mixed-Language Sample of School-Aged Children

76 E. O’Connor-Perikozis
The relative contributions of phonological awareness, processing speed, working memory, and word knowledge in predicting reading delay

77 J. Schallack
Working Memory is Related to Caudate Nucleus Volume in Children with ADHD and/or Reading Disorders

78 R. Sieronowitz
Cross-Linked Models of Reading Abilities in School-Aged Children: Unexpected Directionality

79 C. Speelman
Verbal Reasoning Moderates the Relation Between Reading Problems and Internalizing Problems in Adults

80 H. Travis-Judd
Posterior Fusiform Volume Relationships with Letter Level Processing

81 S. Vinken
Do Parents Actually Know What They’re Talking About? Parent-Reported Learning on the MEMRY Questionnaires Predicts Academic Achievement in Youth

82 W. Vasserman
Working Memory in Developmental Dyslexia: Three Factors or two

Prematurity/Low Birth Weight/In Utero Teratogen Exposure

83 R. Avila-Riegler
Interaction between Prematurity and Socioeconomic Status Predicts Language Performance in Preterm Children

84 T. Busch
Parent Awareness of School Readiness in Very Preterm Children

85 N. Guo
Emotional Executive Functions in School-Age Children Born Very Low Birth Weight with Normal Early Development

86 L. Glass
Differential relations between adaptive behavior and age for youth with prenatal alcohol exposure

87 C. Mess
Comparing Neuropsychological Outcomes in Twin-Twin Transfusion Syndrome

88 C. Dandar
Degree of Prematurity is Linked to Prenumeracy Skills via Fine Motor Functioning

89 D. Seltz
Fluid Reasoning Performance Differentiates ADHD From Prenatal Polysubstance Exposure

Medical/Neurological Disorders/Other (Child)

90 K. Sinapi
Neuropsychological Outcome of PHACE Syndrome: A Case Study
Poster Session 3: Epilepsy, Multiple Sclerosis, & Movement Disorders, Thursday, 2/6/20 from 9:30-10:45

**Epilepsy/Seizures**

1. G. Alamdari - Same Sided Language Dominance and Resection Region in Predicting Verbal Reasoning
2. W. Alversen - Establishing Symptom Validity Cutoffs Embedded in the World Health Organization Disability Assessment Schedule 2.0
3. C. Block - Neuropsychological Trajectory Following Focused Ultrasound Ablation of the Anterior Thalamus for Treatment-Refractory Epilepsy: A Case Report
4. A. Cecil - Examining Lateralizing Accuracy of Neuropsychological Data in Patients with Epilepsy in an Underserved Population
5. G. Alamdari - Comparing Mood, Anxiety, and Executive Functioning in Children and Adolescents with Intractable Epilepsy Before and After Epilepsy Surgery
6. K. Cowan - Medical/Neurological Disorders/Other (Child)
7. A. Day - Colorado Learning Difficulties Questionnaire in Children with Epilepsy
8. D. Dickson - TLE and FLE in Pediatric Samples: A Common Neuropsychological Profile?
9. K. Enova - Improvement in Fluid Reasoning in Successful Pediatric Epilepsy Surgery
10. C. Fullen - The Effect of Patient-Specific Seizure Characteristics on Perceived Cognitive Functioning
11. S. Gestido - Contribution of Neurocognitive Variables to Quality of Life in Epilepsy
13. J. Mogavero - The Role of Neuropsychology in Determining Capacity for Informed Consent for Elective Neurosurgical Intervention in Epilepsy Patients: A Case Series
15. N. Heydari - Naming Errors in Children with Epilepsy
17. m. ivanisvic - Epilepsy-Specific Clinical Characteristics Predict Processing Speed and Executive Functions in Temporal Lobe Epilepsy
18. E. Katschuer - Semantic and Episodic Memory in Pediatric Temporal Lobe Epilepsy With and Without Hippocampal Atrophy
19. S. Lalani - Impaired Pattern Separation in Patients with Temporal Lobe Epilepsy
20. M. Lechuga - Executive Control in Pediatric Intractable Temporal Lobe Epilepsy: Assessing Change in Function Post Resection Surgery
21. S. Gestido - Cognitive Outcome in Non-Lesional Epilepsy Patients Requiring invasive EEG
22. M. Miller - Naming Decline After Epilepsy Surgery is Associated with Subjective Language Complaints
23. B. Scott - Cognitive Outcome in Non-Lesional Epilepsy Patients Requiring Invasive EEG
24. S. Lalani - Epilepsy-Specific Clinical Characteristics Predict Processing Speed and Executive Functions in Temporal Lobe Epilepsy
25. S. Gestido - The Relationship Between the Effort Index and Demographic Factors on the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) in Individuals with Seizures
26. E. Sudikoff - The Role of Executive Function in Adaptive Skills in Children with Epilepsy
27. K. Sullivan - Improving Prediction of Psychogenic Non-Epileptic Events Using Chained Likelihood Ratios
28. S. Turner - Hemispheric Contributions to Performance on Novel Cognitive Measures in Epilepsy
29. J. Young - Cognitive Outcomes after Laser Interstitial Thermal Therapy

**Movement and Movement Disorders**

30. K. Black - Verb and Noun Test Results in Right and Left Temporal Lobe Epilepsy
31. A. Cabrera Tuazon - Developing the MOVeIT: A Screening Instrument to Identify Motor and Vocal Tics in General Pediatric Care
32. R. Green - Online Study of Clinical Correlates of Depression in Parkinson’s Disease
34. C. Bosch - Nerve Grafts in Parkinson’s Disease
35. A. Cabrera Tuazon - Novelty Seeking in Individuals with Parkinson’s Disease and Mild Cognitive Impairment
36. J. Capobianco - Development of the MOVeIT: A Screening Instrument to Identify Motor and Vocal Tics in General Pediatric Care
37. S. Crowley - Insula Asymmetry is Associated with Semantic Fluency in Individuals with Parkinson’s Disease and Non-PD Peers
38. G. DiCarlo - FDG-PET Networks of Alzheimer’s Disease and Parkinson’s Disease are Predicted by Different Patterns of Learning and Memory
39. T. Greif - Predictors of Speech-Related Outcomes Following Deep Brain Stimulation in Parkinson’s Disease
40. H. Holden - The Impact of Mild Cognitive Impairment on Quality of Life in Young-Onset and Typical-Onset Parkinson’s Disease
41. K. Johnson - Sex Differences and Quality of Life in Presurgical Deep Brain Stimulation Patients with Parkinson’s Disease
42. J. Kaylegian - Investigating the use of the CDR with Parkinson’s Patients in an Observational Study of Older Adults
43. S. Kinger - The Effect of Patient-Specific Seizure Characteristics on Perceived Cognitive Functioning
44. J. Bright - Subcortical Shape Mega-Analysis Reveals Bidirectional Effects in Parkinson’s Disease: an ENIGMA Mega-Analysis (N = 1649)
45. R. Van Patten - REM Sleep Behavior Disorder in Non-Demented Parkinson’s Disease is Related to Poorer Cognitive Performance
46. M. Nakhla - The 3-Item Apathy Scale Within the Short Form of the Geriatric Depression Scale (GDS-15) is not Valid in de Novo Parkinson’s Disease
47. S. Szymkowicz - Patients: Analysis of the Parkinson’s Progression Markers Initiative (PPMI) Cohort
Multiple Sclerosis/ALS/Demyelinating Disorders

65 E. Barlow-Krelin
Cognitive reserve in pediatric-onset MS: Examining parental education as a predictor of cognitive dysfunction

66 E. De Somma
Neurocognitive Battery

67 F. Eranzi
Switching the Focus: Switching Task for Understanding Fatigue in Multiple Sclerosis

68 T. Fabri
Neutral Correlates of Episodic Memory and Emotion Processing in Pediatric-Onset Multiple Sclerosis

69 N. Garcia
Language Dysfunction in Motor Neuron Disease: Cognitive Features and Screening Sensitivity

70 J. Grant
Desert Island Battery to Screen for Cognitive Impairment in MS

71 C. Hague
The Role of Fatigue and Depression in Cognitive Functioning in Pediatric Multiple Sclerosis and Transverse Myelitis

72 N. Hawley
Examining the role of processing speed and learning within a clinical sample of older adults

73 I. Klenik
Metacognitive Insight and Reduced Brain Volume in Multiple Sclerosis

74 H. Genova
Theory of Mind Impairments in Progressive MS

75 J. Lengenfelder
Marital Satisfaction in Multiple Sclerosis

76 H. Manglani
A Connectome-Based Biomarker of Working Memory in Multiple Sclerosis

77 J. Miller
Handedness Influences Verbal and Visual Memory in MS

78 M. Showell
Disparity of Multiple Sclerosis across Minority Populations

Neurophysiology/EEG/ERP

79 B. Blekman
EEG Spectral Power and Cognitive Functioning in Children with Histories of Early-Life Adversity

80 A. Gencarelli
The Correlation Between EEG Sub-bands and Subjective Sleep Ratings

81 A. Jorgensen
An Electrophysiological Investigation of Spectral Auditory Processing Across the Broadier Autism Spectrum

82 P. Mara
Limbic System Responses While Viewing Natural Disaster News Clips: Response Differences Between Groups

Neuromodulation/Neuromodulation

83 A. Albizzi
Building Personalized Medicine Models for Therapeutic Applications of Transcranial Electrical Stimulation: a FEM-MVPA Pilot Study

84 A. Bryant
Transcranial Direct Current Stimulation Improves Working Memory Performance in Older Adults

85 P. Arnett
Neural and Coping Mechanisms Underlying Symptomatology in Multiple Sclerosis

Poster Session 4: Concussion/TBI Across the Lifespan, Thursday, 2/6/20 from 12:00-1:15

Concussion/Mild TBI (Adult)

01 R. Archetti
Re-Examining the Most Salient Cognitive and Psychological Correlates of Persistent Post-Concussive Symptoms Following mTBI

02 A. Baird
Length of Career as a Predictor of Cognitive Decline in Former NFL Players.

03 R. Rieber
Are Depressive Symptoms Distinct from Executive Dysfunction Symptoms in Mild Traumatic Brain Injury? Associations between Executive Functioning, Psychological Symptoms, and Academic Skills in University Students with Multiple Previous Concussions

04 M. Broggi
Performance and Symptom Validity Patterns in Mild Traumatic Brain Injury

05 J. Donders
Genetic Factors in Sports Concussion: APOE e4 and Recovery

06 L. Greenberg
The effects of repeated concussion on interhemispheric processing speed in collegiate athletes: A pilot study

07 K. Holiday
Pre-Injury Mental Health and Perceived Change in Post-Concussion Symptoms

08 J. Karr
The Impact of Sleep on the Relationship between Soccer Heading Exposure and Neuropsychological Function in College-Age Soccer Players

09 E. Kellogg
Neurobehavioral Symptom Inventory: Helpful Guide to Direct Resources Depending on Veterans' Goals

10 L. Manderino
History of Concussion is Associated with Affective Disturbance and Cognitive Function at Simulated High Altitude

11 L. Manderino
A review of symptom inventories for post-concussion symptoms

12 E. Marston
The Neuropsychological Effect of Mild Traumatic Brain Injury Within the Military: A Meta-Analysis

13 C. Meinhainsen
Self-Initiated Verbal Recall Strategies Following Mild Traumatic Brain Injury

14 E. Meuron
Predictors of Invalid Neuropsychological Test Performance in Treatment-Seeking Veterans with History of Mild Traumatic Brain Injury

15 C. Munro
Neural Correlates of Response Inhibition in Veterans with Mild-Moderate Traumatic Brain Injury with and without Subjective Complaints

16 V. Jessie
Examining Psychological Clusters and Neuropsychological Differences Among Treatment-Seeking Veterans with a History of mTBI

17 J. Karr
Pre-Injury Mental Health and Perceived Change in Post-Concussion Symptoms

18 L. Manderino
Examination of the SCAT-5 Percent Normal Question Addition at Baseline Among Collegiate Athletes

19 S. Porter
Neuropsychological Functioning in Elderly NFL Retirees

20 E. Kellogg
Neurobehavioral Symptom Inventory: Helpful Guide to Direct Resources Depending on Veterans' Goals

21 B. Schneider
History of Head Injury in Prison Inmates: Prevalence, Association with Mental Illness, and Neuromaging Correlates

22 S. Sciuilli
Sports-Related Mild Traumatic Brain Injury and Psychological Status

23 D. Soden
Frontal Lobe Activation During a Prospective Memory Task Relates to Prospective Memory Complaints in Veterans with Mild to Moderate TBI: A Functional MRI Study

24 S. Sorg
Driving After Concussion: An Innovative Combination of Virtual Reality and Machine Learning Classifiers

25 M. Troyanskaya

26 M. Walsh

27 A. Watts
Assessing Recovery from Mild TBI in Service Members Using Time-Frequency ERP Methods and Neuropsychological Measures

Concussion/Mild TBI (Child)

28 M. Babicz
Assessing the Better or Worse Index (BOWI) in Adolescent Athlete Symptom Reporting

29 R. Basile
The Relationship Between Screen Time And Neuropsychological Functioning In Adolescents Following Concussion

30 B. Brockner

31 C. Brown
Parents’ and Coaches’ Attitudes and Misconceptions regarding Sport Related Concussions in a Nationwide Sample
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Poster Session 6: Adult Assessment 2, Cancer, & Genetic Disorders, Thursday, 2/6/20 from 4:00-5:15

Assessment/Psychometrics/Methods (Adult)

01 S. Lavigne Frequency of Discrepant Performances on Subtest Trials of the Delis-Kaplan Executive Function System
02 P. Lee Meeuw Kjoe Use With Caution: MTurk for Data Collection in International Neuropsychological Studies
03 M. Leitner Eye Tracking Based Visual Field Analyzer (EFVA), Development of a Precise Neuropsychological Tool for Visual Field Analysis and Evaluation of Neuropsychology in the Visual Cortex
04 J. Lennon Suicide Risk in Neurologic Patients: A Critical Review of Neuropsychology’s Clinical Utility as a Means Toward Precision Medicine
05 Y. Li Performance on a Novel Visual Memory Test Correlates with Regional Brain Volumes in Older Adults
06 P. Litvin Perceived Workload of Verbal and Nonverbal Fluency Tasks in Traumatic Brain Injury
07 D. Lopez Hernandez Evaluation of Total Learning on the California Verbal Learning Test as a Performance Validity Measure in Acute and Chronic Traumatic Brain Injury
08 R. Lowder Test-Retest Reliability of the Attention Network Test (ANT) in Healthy Adults
09 D. MACHANDO Predictive Validity of the ZnS5COS Neurocognitive Screen: A case study of FASS diagnosis in two adult women parenting young children: Application of the updated Canadian Guidelines (CMAJ, Cook et al., 2015)
10 S. Macoun Neurocognitive Performance in Military Aviators: An Exploration of Subpopulation Differences
11 A. Maltez-Laurienti Performance of a Clinical Sample of Justice-Involved Individuals on Two Different Neuropsychological Screening Methods
12 C. Marchi Critical Validity of the Hospital Simple Executive Task Test (H-SEET) in a Diverse Sample
13 K. Marton A Retrospective Cohort Study of the Temporal Stability of IMPACT Scores Among NCAA Division I Student-Athletes: Clinical Implications of Test-Retest Reliability for Enhancing Student-Athlete Safety
14 S. Mason Comparing Ethno-Racial Differences in Neuropsychological Test Performance and its Applicability to Lewy Body Disease (LBD) Profile Analysis
15 M. McFarland Pain-Related Fear: A Preliminary Evaluation of the Factor Structure of the CogniPhobia Scale
16 M. Miles The Relationship Between Performance on the Ecological Memory Simulations (EMS) and Traditional Measures of Learning and Memory
17 A. Moll The Relationship Between Symptom & Performance Validity in a Veteran Sample
18 B. Morgan The State of Neuropsychological Test Norms for Spanish-Speaking Adults in the United States
19 A. Morlett Paredes Evidence from the CVLT-II and CVLT-3 for a Negative Flynn-Like Effect on Attention/Working Memory and Learning Indices on the Immediate Recall Trials
20 A. Mustafa The Effects of Repeated Exposure on the Vocational Multitasking Test
21 G. Navarro Unique Characteristics of RIAS-2 Performances with an Inpatient Psychiatric Population
22 B. Newman Assessing the Self in Illness: Creation and Validation of a new Neuropsychological Task
23 N. Mrazo Assessing the Self in Illness: Creation and Validation of a new Neuropsychological Task
24 I. Olson The GNA: A Preliminary Validation Study in Patients with Alzheimer’s Disease and Amnestic MCI
25 M. McFarland Measures Selection for a Neuropsychological Battery for the Lifetime Assessment of Former U.S. National Aeronautics and Space Administration (NASA) Astronauts to Determine Effects of Space Flight
26 J. Quattlebaum Simple Attention Span, Sustained Attention, and Working Memory: Relationships Between Digit Vigilance Test, WAIS-IV Digit Span Trials, and WAIS-IV Working Memory Index
27 J. Radigan Evaluation of Symbol Digit Modalities Test as a Performance Validity Measure in Acute and Chronic Traumatic Brain Injury
28 L. Radigan Detection of Own Race Bias Using the Multicultural Facial Recognition Test
29 A. Rahman-Filipiak Pilot Validation of the National Alzheimer’s Coordinating Center (NACC) Lewy Body Dementia Neuropsychological Tests
30 S. Raskin Effect of Acculturation on Prospective Memory and Episodic Future Thought
31 S. Raskin A Comparison of the Medical Symptom Validity Test and Test of Memory Malingerer-Trial 1 for Detecting Invalid Neuropsychological Test Performance
32 Z. Resch Performance
33 A. Lopez Brief Screening Instrument as a Predictor of Cognitive Dysfunction in Older Aglosaxon and Hispanic Adults
34 C. Roper Variability in Use of the Brief Visuospatial Memory Test-Revised Among Clinicians: Initial Findings
35 J. Sawyer An Experimental Investigation of the Impact of Rapport on Stroop Test Performance
36 C. Schieszler-Ockrassa Delayed Prospective Memory is Not Memory
37 D. Schepard "Do I Have a Memory Problem? I Can’t Recall": Evidence for Measurement Invariance in Subjective Reporting of Memory Symptoms in HIV+
38 A. Sheppard Persons With Objective Memory Impairment
39 A. Slegers Detecting Semantic Processing Impairments From Short Connected Speech Samples
40 D. Smirnov Non-linear modeling for improved Z-score generation for comparison of similar, but not identical, cognitive measures across datasets
41 A. May Neuropsychological Functioning Among Individuals in Remission from Methamphetamine Use Disorder
42 S. Taylor Much Ado About Norming Part 2: A Comparison of Three Demographically Corrected Norming Systems in African American and Caucasian Clinical Samples
43 L. Vo Noncredible Task Engagement on Cognitive Procedure in Military Post Concussive Symptom Clinical Research Trial
44 D. Weitzt Examining the Test-Retest Reliability and Practice Effects of the Virtual Environment Grocery Store
45 E. Weizenbaum Convergege between smartphone- and lab-based neuropsychological assessment in healthy and neurological samples
46 E. Weizenbaum Feasibility of Collecting Smartphone Neuropsychological Assessment Data in Parkinson’s Disease
47 J. Wertheimer Decision-Making Capacity Assessments in an Acute Medical Setting: Recommendations from a Multidisciplinary Decision-Making Capacity Taskforce
48 E. Wiggins Cognitive Contributions to the Advanced Condition of the Digital Maze Test (dMaze)
49 D. Zink Convergent and Discriminant Validity of the Emotional Verbal Learning Test-Spanish (EVT-L-S)

Drug/Toxin-Related Disorders (including Alcoholism)

41 A. May Neuropsychological Functioning Among Individuals in Remission from Methamphetamine Use Disorder

Assessment/Psychometrics/Methods (Adult)

42 D. Peterson Moderating Influence of Depression on the Relationship between Loneliness and Cognition in Elderly African Americans
43 W. Qi Systematic Review of Normative Neuropsychological Date for People Speaking Chinese Languages
44 R. Smetana The Blind Spot in Neuropsychology: Understanding the Limitations for Assessing Individuals with Blindness or Visual Impairments
45 K. Stypulkowski Mediating Effects of Education, Depression, and Diabetes on Cognition in Mexican Americans
46 E. Weizenbaum Advancing Multicultural Competency: Moving Towards a More Integrative Approach

Assessment/Psychometrics/Methods (Adult)

47 M. Staios Qualitative Investigation

Acquired Brain Injury (TBI/Cerebrovascular Injury & Disease - Adult)

48 K. Lindberg Clinical Utility of the ACT in Brain Injury

Stroke/Cerebrovascular Injury & Disease (Adult)

49 T. Bull Predicting Driving Risk with the D-KEFS TMT in Adults Following Stroke
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**Emotion Regulation**
- Assessing the Feasibility of Examining the Effects of Physiological Self-Monitoring in Children and its Effects on Anxiety and Executive Functioning: A Proposed Research Intervention
- Trait Extraversion is Associated with Increased Suicidal Ideation During Sleep Deprivation

**Mood & Anxiety Disorders**
- Enhancing Fear Extinction Recall in PTSD using Blue Light Therapy

**Emotional and Social Processes**
- Determining Relationships among Empathic Skills, Executive Functions, and Autism Spectrum Disorder Traits
- The Effects of Gratitude on Wellbeing are Mediated by Social Support
- Adverse Childhood Experiences and Cognitive-Emotional Domains of Ego-Strength and Loneliness in Emerging Adults
- The Effect of Gender on Producing and Evaluating Facial Emotional Expression in Parkinson’s Disease (PD) and Healthy Adult Controls
- Integrating Emotion Perception Tasks from the New York Emotion Battery into a Comprehensive Measure of Neuropsychological Change across the Lifespan
- Intolerance of Uncertainty in a Neuropsychological Population
- Personality in Adulthood

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- Six Clusters Relevant to Mood Disorders identified from Empirically-Derived Cognitive Factors
- Dimensions of Depression and Cerebellar Subregion Volumes in Older Adults
- Hyperarousal Symptoms and Decreased White Matter Integrity Predict Poorer Sleep Quality in Combat-Exposed Veterans With and Without PTSD
- PTSD and Mild TBI
- Externalizing Disorders in the Offspring of Mothers with Dysthymic Disorder and Major Depression Disorder
- Cognitive Correlates of Daily Stressful Life Events in Individuals with and without Bipolar Disorder
- In-group advantage and facial emotion perception in remitted major depressive disorder compared to healthy controls
- Memory and Processing Speed in Depressed Adults
- Executive Function and Suicide Behavior in Children with Bipolar Disorder: Preliminary Analyses from the Adolescent Brain Cognitive Development (ABCD) Study
- Executive Functioning and Family Functioning in Adolescents with a Broad Range of Mood Severity
- Cognitive Performance Among Individuals with Bipolar Disorder Taking Lithium Versus Other Mood Stabilizers
- Symptoms of Depression and Anxiety and Functional Outcome Following Traumatic Brain Injury
- Between Diagnosed Generalized Anxiety Disorder (GAD) and Post-Traumatic Stress Disorder (PTSD) in an Adult Sample
- Deficits in Spatial Working Memory and Re-experiencing Symptoms in Veterans with PTSD
- Relationships Between Daily Mood States and Real-Time Cognitive Performance in Individuals with Bipolar Disorder and Healthy Comparators
- Association Between Depression and Cognitive Function Moderated by ApoE4 Status: Framingham Offspring Study
- Connectivity Within the Cognitive Control Network Decreases with Disease Progression in Major Depressive Disorder
- Do Anxious Mothers Have Fearful Babies?
- Perfectionism, State Anxiety, and Attentional Bias for Outgroup Threat
- Cognitive Performance Among Individuals with Bipolar Disorder Taking Lithium Versus Other Mood Stabilizers
- SPET Cerebral Blood Flow Differences During Concentration in the Limbic System, Basal Ganglia, Cerebellum and Occipital Region
- Inpatient Treatment for Severe Suicidal and Psychosocial Symptoms of Dementia: A Pilot Feasibility Study
- Patterns of Neural Activation Predictive of Emotional State

**Neuropsychiatry/Psychopharmacology**
- Neurocognitive Change in Patients Undergoing Ketamine infusion Treatment: Preliminary Findings in a Mixed Behavioral Health and Chronic Pain Sample
- Neuropsychological Correlates of Delusions in Neuropsychological Disorders
- Off-Label Psychopharmacological Treatments for Impulse-Control
- Treatment Efficacy of Oxytocin on Individuals with Borderline Personality Disorder and Antisocial Personality Disorder
- Rhythm Sensory Stimulation for the Treatment of Severe Behavioural and Psychosocial Symptoms of Dementia: A Pilot Feasibility Study
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- Functional Correlates of the Neuropsychological Assessment Battery Screening Module in Outpatients with a Schizophrenia Spectrum

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- Theory of Mind in Traumatic Brain Injury: Reading the Mind in the Eyes Test
- Executive Abilities do not Underlie Age-related Differences on the Edinburgh Social Cognition Test (ESCoT)
- Behavioral Regulation and Peer Acceptance in Youth with Neurofibromatosis Type 1
- Acculturation, but not ethnicity, relates to test taking approach on Raven’s matrices
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**Neuropsychiatry/Psychopharmacology**
- Neurocognitive Change in Patients Undergoing Ketamine infusion Treatment: Preliminary Findings in a Mixed Behavioral Health and Chronic Pain Sample
- Neuropsychological Correlates of Delusions in Neuropsychological Disorders
- Off-Label Psychopharmacological Treatments for Impulse-Control
- Treatment Efficacy of Oxytocin on Individuals with Borderline Personality Disorder and Antisocial Personality Disorder
- Rhythm Sensory Stimulation for the Treatment of Severe Behavioural and Psychosocial Symptoms of Dementia: A Pilot Feasibility Study
- The Relation of Alcohol-Related Compensatory Eating Behavior to Iowa Gambling Task Performance: Gender as a Moderator
- Semantic Infrequency in High Schizotypy: A Qualitative Analysis of Semantic Fluency in Schizotypy
- The Role of Striatal Connectivity in Neuropsychological Functioning and Treatment Response for Schizophrenia Spectrum Disorders
- Functional Correlates of the Neuropsychological Assessment Battery Screening Module in Outpatients with a Schizophrenia Spectrum

**Schizophrenia/Psychosis**
- Semantic Infrequency in High Schizotypy: A Qualitative Analysis of Semantic Fluency in Schizotypy
- The Role of Striatal Connectivity in Neuropsychological Functioning and Treatment Response for Schizophrenia Spectrum Disorders
- Functional Correlates of the Neuropsychological Assessment Battery Screening Module in Outpatients with a Schizophrenia Spectrum
83 C. Eskridge Latent Factor Structure of a Neuropsychological and Neurophysiological Battery Across Psychotic Disorders
84 M. Gotra Disruption of Spatial Working Memory Maintenance in Psychosis Probands Predicting Perceptual Aberration by the Aberrant Salience Inventory and Multidimensional Schizotypy Scale-Brief in a Non-Clinical, Urban Sample
85 V. Martin Study on frontal personality characteristics of schizophrenia
86 M. Matsui Gut-brain axis: Alterations in the gut microbiome are associated with executive function in schizophrenia
87 A. Phili Neuropsychological Characteristics of Suicide Attempters and Nonattempters with Schizophrenia
88 E. Wallace Neurocognitive Differences in Schizophrenia Spectrum Disorders and Neurocognitive Disorders in an Inpatient Psychiatric Setting

Executive Functions/Frontal Lobes
90 C. Lantrip Childhood Trauma, but not Adult Trauma, is Related to Daily Executive Functioning in those with Subjective Cognitive Complaints

Medications/Neurological Disorders/Other (Adult)
91 C. Cherrier Cognitive and subjective side effect ratings following exposure to oxycodone in middle age and older adults with unhealthy alcohol consumption patterns.

Poster Session 8: Aging, Aphasia, & Agnosia, Friday, 2/7/20 from 1:45-3:00

Aging
02 A. Albright Cognitive Screening in Geriatric Primary Care in the Deep South
03 C. Alexander Cardiovascular Risk and Cognition in Healthy Older Adults
04 S. Andersen Familial Longevity is Associated with a Slower Decline in Processing Speed
05 A. Apple Memory-related brain resilience is associated with increased functional connectivity across multiple brain networks
06 J. Avila Race/Ethnicity Modifies the Effect of Cognitive Reserve on Memory and Language Trajectories
07 N. Banerjee Measuring Frailty in Middle-Aged and Older Adults and its Association with Cognition
08 J. Bernstein Age and Cognitive Performance Are Associated With Driving Self-Regulation But Not Dangerous Driving Behaviors: Pilot Findings in a Cognitively Healthy Sample Using Unobtrusive Automobile Sensor Technology
09 C. Bocti What is Normal in Cognitive Aging? - White Matter Hyperintensities and Cortical Thickness Associated with Lower Performance in the Healthy Aged
10 A. Boeve Does Sleep Contribute to Dual-Task Gait Disturbances Beyond Executive Attention in Older Adults?
11 L. Boots Subgroups of Cognitive Aging in Community-Dwelling Older Adults: A Latent Class Analysis
12 E. Boutzoukas Contribution of region specific white-matter hyperintensities in cognitive aging
13 A. Bradford Reward Learning in Late Life Depression
14 H. Brunet Nonlinear Effects of Blood Lipids and Inflammation Markers on Cognition with Healthy Aging: A Study from The Human Connectome Project – Aging (HCP-A)
15 L. Campbell The Impact of Age-Based Stereotypes on Objective Cognitive Performance and Subjective Cognitive Concern in Older Adults
16 Y. Chang Cognitive reserve moderates changes in executive function associated with ApoE ε4 in cognitively intact older adults
17 S. Cooper Neuropsychiatric symptoms differentiate cognitive status and domains of impairment
18 R. Correia Relationship Between Age and Cognitive Components of ToM and Empathy in Highly Educated - High Functioning Adults
19 I. Cota The Role of Hypertension in Cognition and Arterial Stiffness in Older Adults Without Dementia
20 K. Crespo Ethnicity moderates the relationship between sleep quality and learning, delayed memory, and processing speed
21 L. D’Errico Characterizing Dual-Task Gait-Brain Behavior Relationships in Older Adults
22 C. Dion Associations of Stroke Risk and Frontal Lobe Leukoaraisosis with Digital Clock Drawing
23 J. Dixon Predictors of Cognition in a Multi-Ethnic Sample of Midlife Women: A Longitudinal Study
24 C. Do Examining the Relationships Between Depressive Symptomatology, Cognition, and Sleep in Older Adults
25 C. Estrella Associations of perceived neighborhood environment with cognitive functioning among middle-aged and older women and men: Hispanic Community Health Study/Study of Latinos and its Sociocultural Ancillary Study
26 M. Evangelista Independent Contributions of Dorsolateral Prefrontal Structure and Function to Working Memory in Older Adults
27 S. Evans Heart Rate Variability as a Potential Biomarker for Future Cognitive Decline in Cognitively Intact Elders with Subjective Memory Complaints
28 C. Fonseca Mild Anxiety is Associated with Increased Cerebral Blood Flow in Nodes of the Salience Network in Cognitively Normal Older Adults
29 E. Formanski Leukoaraisosis and Mental Set During Number Placement in Clock Drawing
30 M. Frank The Relationship Between Religiosity, Spirituality, and Cognitive Change in the Wisconsin Longitudinal Study
31 A. Morlett Paredes The Role of Diet and Cognition Among Older Adults From Italy and Mexico
32 L. Gaynor Amyloid positivity impacts trial-specific visual object discrimination performance in cognitively normal older adults
33 J. Germain Functional Brain Activity During Emotion Regulation in Older Adults
34 C. Hardcastle Lateralized Hippocampal Contributions to Cognition in Healthy Older Adults
35 H. Hausman The Role of Resting-State Network Functional Connectivity in Cognitive Aging
36 C. Hardman Interaction of APOE, Cerebral Blood Flow, and Cortical Thickness in the Entorhinal Cortex Predicts Memory Decline
37 C. Hays Anterior Cingulate Structure and Perfusion is Associated with Cerebrospinal Fluid Tau Among Cognitively Normal Older Adult APOE ε4 Carriers
38 C. Hays Apathy and Anterior Cingulate Functional Connectivity in Community-living Older Adults without Dementia
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40 K. Jean Midlife Stress Events Accelerates Brain Aging in Older Adults
41 J. Jo Mild-Hit and Late-life Changes in BMI are Associated with Cognitive Change in Older Adults
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50 M. Lucas Sex-Based Differences in Brain Activation During Active Walking According to White Matter Integrity
51 T. McGibbon Detecting Pre-Clinical Signs of MCI or Dementia in Healthy Elderly Populations: a New Paradigm, the Verbal Associative Learning & Memory Task (VALMT), for Assessing Rapid Forgetting
52 C. McKenzie The Effects of the Ketogenic Diet on Physical Health and Cognition: the Maine Syracuse Longitudinal Study
53 T. McMillan Pathology
54 R. McKenzie Pathology
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Acquired Brain Injury (TBI/Cerebrovascular Injury & Disease - Adult)

01 S. Al-Momani  
Neurocognitive Predictors of Community Integration Following Rehabilitation from Acquired Brain Injury

02 T. Worthington  
Harnessing Technology for Scalable Care and Research: Feasibility of Tele-rehabilitation and Web-Based Outcomes for Chronic Acqui

03 B. Brett  
Distinct Latent Profiles of Symptom and Cognitive (Neuropsychological) Function Two Weeks Post-TBI: A TRACK-TBI Study

04 M. Cisneros  
Modulating Effects of Trait Anxiety on Quality of Life in Traumatic Brain Injury

05 T. Cohan  
Traumatic brain injury is associated with brain amyloid load but not tangle density in a community cohort

06 A. Cwik  
Executive Functioning Profiles in Injuries Affecting the Central Nervous System

07 R. Ellison  
Blalt Versus Blunt-Force: Mechanism of Traumatic Brain Injury and Cognitive Outcomes in OEF/OIF Veterans

08 S. Esbit  
Discrepancies Between Working Memory and Clustering Strategies in Total Recall Performance for Mild

09 S. Greif  
A Priori Predictors Not So Potent: Prognostication of Invalid Performance on Computerized Assessment in a Traumatic Brain Injury Sample

10 G. Hromas  
Cognitive Dysfunction Disparities after Mild Traumatic Brain Injury

12 P. Litvin  
Reading of Low Frequency Words as a Predictor of Global Cognition in Traumatic Brain Injury

13 C. Moreno  
Risk factors of concussion were not associated with MULES performance in a university-based student population

14 M. Obolsky  
The Role of Posttraumatic Stress Disorder Symptom Severity on Neurocognitive Performance Within an Electrical Injury Sample

15 E. Polejaeva  
Relative Diagnostic Utility of the N-back and PASAT-R in Traumatic Brain Injury

16 E. Turner  
The Association Between Illness Representations and Quality of Life in Patients with Traumatic Brain Injury is Mediated by Executive Functions

17 B. Su  
Cognition and Counting Sheep: Sleep Duration Affects Cognitive Test Scores for ABI Patients at Discharge from Post Acute Rehabilitation

18 J. Tessier  
Vocational Multitasking Ability in Traumatic Brain Injury

19 R. Thayer  
Cognitive Function and History of TBI in New Soldier Recruits in the Army Study to Assess Risk and Resilience in Service members (Army STARRS)

20 A. VandenBussche Jantz  
The Impact of Rehabilitation Needs on Satisfaction with Life: A VA TBIMS Study

21 W. Wisinger  
The Relationship Between Behavioral Reactivity and Apathy in Brain-Injured Individuals

Acquired Brain Injury (TBI/Cerebrovascular Injury & Disease - Child)

22 E. Botchway  
Sleep Disturbances in Young Adults who Sustained Traumatic Brain Injury in Childhood: Relationship with Fatigue, Depression, and Quality of Life

25 K. Knecht  
The impact of animal assisted therapy in pediatric ABI rehabilitation

26 E. LeBlond  
Investigating the Relationship Between Parental Responsiveness and Outcomes of Very Early Traumatic Brain Injury

27 J. Smith-Paine  
Investigating the Relationship Between Self-Regulation (Effortful Control) and Outcomes of Very Early Traumatic Brain Injury

28 N. Thomas  
Needs and Service Utilization Following Pediatric Brain Injury

29 C. Vaughan  
The Psychometric Properties of an Eye-Tracking Device for Typically Developing Children

Medical/Neurological Disorders/Other (Adult)

30 D. Ayala  
Sleep Apnea and Cognitive Performance in Older Adults: What is the Role of Vascular Risk Factors on Cognitive Deficits?

31 C. Grasso  
Exposures, Health, and Neuropsychological Outcomes in Gulf War Veterans 25+ Years Post War

32 D. Kelly  
Neuropsychological Predictors of Post-Shunt Surgery Outcomes in Idiopathic Normal Pressure Hydrocephalus

33 C. Mayfield  
Insurance Provider and Medical Length of Stay as Predictors for Admission FIM scores in a SCI Population

35 M. Monette  
Differing Processing Speed Abilities Across Measures in Individuals with Type 2 Diabetes

36 E. Polliner  
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37 L. Ratcliffe  
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38 A. Rochette  
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39 T. Rhoads  
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40 S. S. Rogers  
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40 S. Serva  
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41 A. Winters  
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44 H. Alekson  
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45 C. Berger  
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47 E. Fields  
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48 M. Fox  
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49 K. Hageboutros, PsyD  
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50 S. Koch  
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53 H. Lange  
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54 D. Leopold  
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55 D. Leopold  
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