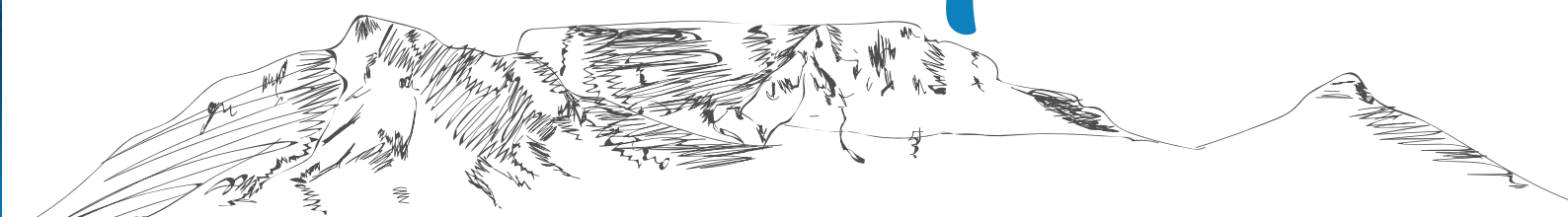




INS MID-YEAR CONGRESS  
**CELEBRATING  
50 YEARS**  
CAPE TOWN, SOUTH AFRICA  
05-08 JULY 2017

*cape town*



*INS 2017 Mid-Year Congress Programme*





# The International Neuropsychological Society 46th Annual Meeting

## Connecting the Present to the Future

Washington, DC, USA | February 14-17, 2018

INS President: Michael Kopelman  
Program Committee Chair: Shawn M. McClintock  
CE Program Director: Raul Gonzalez

## CALL FOR ABSTRACTS

### Submission Types & Guidelines:

- Individual abstracts may be submitted for consideration in **Poster** or **Paper** format, or a **Symposium Proposal** may be organized by a single designated chair (complete symposium proposals must consist of a summary abstract and no more than four symposium abstracts).
- Before submitting, please review all submission guidelines at [ins2018.abstractcentral.com](http://ins2018.abstractcentral.com).
- For meeting info, visit [the-ins.org/2018-annual](http://the-ins.org/2018-annual).
- INS membership is NOT required to submit (but those who join INS or renew their membership in 2018 will receive registration discounts).
- **All submissions must be received by no later than August 1, 2017 at exactly 11:59 PM, U.S. Eastern Time.** No late submissions will be accepted.

### Keynotes:

Michael Kopelman – *INS Presidential Address*  
Sarah Lisanby  
Earl Miller  
Miguel Nicolelis  
Vilayanur Ramachandran – *Kaplan Lecture*  
Mieke Verfaellie – *Birch Lecture*  
Karalyn Patterson

### Invited Symposia:

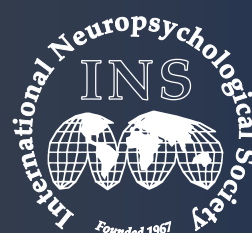
Barbara Franke, Chair  
*Genotypes & Phenotypes of ADHD Across the Lifespan*  
Robert Kane, Chair  
*Neurocognitive Function in Aerospace & Aeronautics*  
Morris Moscovitch, Chair  
*Re-Examining Multiple Trace Theory*  
April Thames, Chair  
*Inclusion and Diversity in Clinical Neuropsychology*

## CONNECTING THE PRESENT TO THE FUTURE

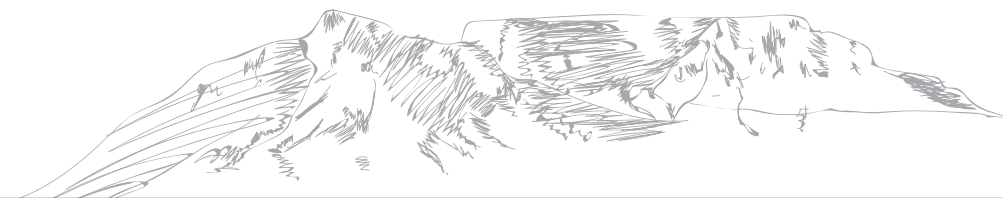
Submissions Due No Later Than:

**Tuesday, August 1, 2017**  
at precisely 11:59 PM U.S. Eastern Time

Submit at [ins2018.abstractcentral.com](http://ins2018.abstractcentral.com)



Where the World Meets.  
[the-ins.org](http://the-ins.org)



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## WELCOME

## PROGRAMME CHAIRS

*Dear Colleagues*

On behalf of the Psychological Society of South Africa (PsySSA) and the South African Clinical Neuropsychological Association (SACNA), we have great pleasure in welcoming you to this historic International Neuropsychological Society (INS) 50th Anniversary Mid-Year Congress in Cape Town. Over the past 50 years the INS Congresses have become the place where the global neuropsychological fraternity meets, and this is the second time that an INS mid-year Congress has been held in South Africa. We are thus delighted that INS's 50th anniversary celebrations will continue within our vibrant and culturally diverse African context.

Organised around the theme *Celebrating 50 Years*, the scientific programme includes leading international plenary keynote speakers, invited symposium conveners, and workshop presenters, as well as papers, symposia, posters, and a workshop and symposium hosted by the INS Student Liaison Committee. Topics cover the breadth of neuropsychology, including assessment, rehabilitation and cognitive neuroscience. Issues of particular relevance to the majority world and global South are also addressed. We thus believe that the programme provides an opportunity to reflect on, and celebrate scientific developments of the past 50 years, as well as present cutting edge neuropsychological scientific advances and their application for improving the human condition.

We look forward to seeing you at the Congress Opening Ceremony and Welcome Reception on Wednesday evening, and to celebrating 50 years of the INS with you at the Congress Party on Thursday night. Please also be sure to attend the INS Awards Ceremony on Wednesday, and Business Meeting on Thursday, and to visit the INS archival material on display in the Exhibition Hall in honour of INS's 50th Anniversary. The display includes video recordings of seminal lectures presented at previous Congresses, and interviews with world-renowned neuropsychologists.

Cape Town, as the most popular international tourist destination in South Africa and Africa, offers many natural and cultural attractions, as well as exciting cuisine. We hope that you will avail yourselves of these and enjoy the warm South African hospitality for which we are known.

Enjoy the Congress and Cape Town!

*Ann D. Watts and Annelies Cramer*  
**Congress and Programme Chairs**



## INS PRESIDENT

*Welcome to the beautiful city of Cape Town, where Ann Watts, Annelies Cramer and the organising committees have put together a magnificent programme, encompassing many aspects of contemporary neuropsychology as well as a look-back and celebration of the last 50 years. We are confident that you will enjoy the scientific programme, the celebratory social events, as well as a look round this great city.*

*Michael Kopelman, INS President*

## PROGRAMME COMMITTEE

### EXECUTIVE COMMITTEE

**Programme Chairs:** Ann Watts (PsySSA) and Annelies Cramer (SACNA)  
**INS President:** Michael Kopelman (UK)  
**INS Executive Director:** Gordon Chelune (USA)

### MEMBERS

Ann Edwards (SACNA)  
David Maree (PsySSA)  
Menachem Mazabow (SACNA)  
Louise Olivier (PsySSA)  
Fatima Seedat (PsySSA Executive Director)  
Karl Swain (PsySSA)

### SCIENTIFIC PROGRAMME COMMITTEE

José Neander Abreu (Brazil)	Skye McDonald (Australia)
Juan Carlos Arango (Spain)	Anitha Menon (Zambia)
Linas Bieuliaskas (USA)	Robin Morris (UK)
Elton Bloye (South Africa)	Joachim Mureriwa (South Africa)
Michael Corballis (New Zealand)	Thirusha Naidu (South Africa)
Simon Crowe (Australia)	Margret O'Connor (USA)
Alberto Fernández (Argentina)	Ozioma Okonkwo (USA)
Frances Hemp (South Africa)	Trevor Reynolds (South Africa)
Erik Hessen (Norway)	Sharon Truter (South Africa)
Nafisa Casimjee (South Africa)	Eli Vakil (Israel)
Roy Kessels (The Netherlands)	Martine Van Zandvoort (The Netherlands)
Sandra Lettner (Austria)	
Charles Mate-Kole (Ghana)	

## ABOUT THE INS

The International Neuropsychological Society (INS) is a multidisciplinary, international organisation dedicated to enhancing communication among the scientific disciplines that contribute to the understanding of brain-behaviour 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.

Founded in 1967, INS now has more than 4 800 members representing more than 60 different countries worldwide. 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 Annual and Mid-Year Meetings/Congresses

INS holds two meetings/congresses 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 behaviour.

The INS Annual Meeting/Congress is held in North America every February and the INS Mid-Year Meeting/Congress is held 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.

### New Members Welcome!

INS welcomes new members! Prospective members may learn more about the Society and complete an online membership application at [www.the-ins.org](http://www.the-ins.org)

### Contact the INS at:

The International Neuropsychological Society (INS)  
2319 South Foothill Drive, Suite 260,  
Salt Lake City, Utah 84109, USA  
Phone: 801-487-0475  
Fax: 801-487-6270  
Email: [INS@utah.edu](mailto:INS@utah.edu)

**[www.the-ins.org](http://www.the-ins.org)**

## Benefits of Membership

- Discounted registration & CE rates at both INS meetings
- Expand your network
- FREE access to JINS - available ONLY to INS members! Electronic access to JINS includes all previous years of publication—or pay just \$40 per year to receive the printed edition by mail
- INS Member Directory - Exclusive online access for members only
- INS Newsletter - Exclusively for INS Members
- 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
- INS Listserv - Especially for students and trainees
- 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
- And MORE COMING SOON

## Future INS Meetings

### Forty-Sixth Annual Meeting (2018)

Washington, District of Columbia, USA, February 14-17, 2018

### 2018 INS Mid-Year Meeting

Prague, Czech Republic, July 18-21, 2018

### Forty-Seventh Annual Meeting (2019)

New York City, New York, February 20-23, 2019

### 2019 INS Mid-Year Meeting

Rio de Janeiro, Brazil, July 2019

### Forty-Eighth Annual Meeting (2020)

Denver, Colorado, February 5-8 2020

### 2020 INS Mid-Year Meeting

Vienna, Austria, July 1-4 2020



## ABOUT PsySSA



PsySSA was formed in January 1994, uniting the various bodies that existed until then. PsySSA was structured as a transformed entity to deal with the fast-changing dispensation and speaks authoritatively on behalf of the discipline on matters concerning the mental health and psychosocial well-being of all South Africans. PsySSA has since its inception been dedicated to making a significant contribution to solving the pressing human development problems in South Africa.

PsySSA has dedicated its work to the construction and development of post-apartheid South African Society. The Society is also involved in ongoing negotiations with government, other legislative bodies, and the private and civil Society sectors to contribute to issues affecting South Africa's rapidly changing environment. As the representative body of psychologists in the country, the Society lobbies for members and advocates for psychology as a vital science and relevant practice. The Society provides a valuable networking facility for all members. PsySSA publishes the quarterly leading psychology journal in Africa, the South African Journal of Psychology as well as PsyTalk.

The Society regularly liaises with local, national, regional and international structures to facilitate professional development and the exchange of ideas that underpin the discipline. The PsySSA annual South African Psychology Congress is the highlight of the South African scientific psychological calendar, attracting academics and practitioners from all over the country and abroad.

### PsySSA Vision, Mission and Core Values

#### ***Vision***

To advance South African Psychology as a science and of global stature and promote psychological praxis as relevant, proactive and responsive to social needs and well-being.

#### ***Mission***

Actively representing and promoting the interests of members and developing psychology nationally and internationally as a means of enhancing human well-being.

#### ***Core Values***

##### ***Excellence***

We maintain and encourage the highest standards of professional and scientific competence to ensure national and international best-practice.

##### ***Integrity***

We act with integrity, communicate respectfully and accept responsibility for our words and actions and we require ethical, professional behaviour by all persons associated with PsySSA.

##### ***People-Centredness***

We care about the interests and needs of our members, strive to empower and build the capacity of our members to realise their full potential, and we support lifelong learning.

##### ***Human Rights Orientated***

We commit to a human rights culture informed by the Universal Declaration of Human Rights aligned to the Bill of Rights. We strive to ensure that our members, Council, the Executive and staff are treated with dignity, equity and fairness.

##### ***Social Relevance***

We encourage a multiplicity of opinions and seek ways to incorporate the voices and experiences of all communities and avenues of psychology.

##### ***Democratic, Transparent & Accountable Governance***

We conduct our activities in a democratic, accountable and transparent manner; we strive for efficiency and effectiveness in the management of PsySSA.

**For more information see:  
[www.psyssa.com](http://www.psyssa.com)**

## ABOUT SACNA

The South African Clinical Neuropsychological Association (SACNA) was formed in 1985 and was the first professional body for neuropsychology in South Africa. Since then, SACNA has played a leading role in the establishment of pathways for clinical neuropsychology in this country.

SACNA is a peer-credentialed association of psychologists in South Africa, who aim to promote and stimulate interest in the field of neuropsychology, while maintaining standards in neuropsychological practice. This is achieved by ensuring that its full members have demonstrated knowledge and competence in the field, by way of examination and peer review.



### SACNA's main aims are:

- *Spreading knowledge and skills to those interested in clinical neuropsychology;*
- *Identifying and providing a body of individuals competent to advise on the teaching of neuropsychology and professional matters pertaining to it;*
- *Fostering and encouraging the development of training facilities for clinical neuropsychology;*
- *Encouraging international cooperation in neuropsychology; and*
- *Supporting unitary and democratic healthcare in South Africa:*
  - *In addition, SACNA's intention is to promote the professional development of clinical neuropsychology in South Africa,*
  - *through encouraging participation in training and CPD activities;*
  - *through maintaining regular meetings at regional levels attended by psychologists and related professionals;*
  - *through hosting a national bi-annual conference; and*
  - *through liaising and consulting with the HPCSA's Professional Board for Psychology, and other bodies pertinent to the practice of neuropsychology in South Africa.*

**For more information see:  
[www.sacna.co.za](http://www.sacna.co.za)**

## GENERAL INFORMATION

**Official Venue**

The venue for the INS 2017 Mid-Year Congress is the Cape Town International Convention Centre (CTICC).

Physical address:

**CTICC, Convention Square, 1 Lower Long Street, Cape Town, 8001, South Africa**

The GPS co-ordinates:

**- 33.915141, 18.425657**

**<https://www.cticc.co.za/>**

Pre-Congress Workshops will be held at The Westin Cape Town, which is situated across the street from the CTICC.

Physical address:

**Convention Square, Lower Long Street, Cape Town, 8000, South Africa**

**<http://www.westincapetown.com>**

**Information and Registration Desk**

The Congress Information and Registration Desk will be located on the ground floor of the Cape Town International Convention Centre (CTICC) outside Auditorium 2 from 14:00-20:00 on Wednesday 05 July.

For the Pre-Congress CE Workshops on Wednesday 05 July, the Information and Registration Desk will be located at The Westin Hotel, Level B2. Registration for the Pre-Congress CE Workshops opens at 07:30 at the workshop venue. Delegates attending the workshops will be able to register for the Congress at the same time.

Information and Congress material and documentation is available at the desk. All presenters, invited speakers and exhibitors must visit the Information and Registration Desk upon arrival to pick up their name badges and registration materials.

**Information and Registration Desk Hours****Wednesday 5 July:**

Pre-Congress CE Workshops: 07:30–14:00, The Westin Hotel, Level B2: 14:00-20:00, CTICC, outside Auditorium 2

**Thursday 6 July, 07:30–17:00****Friday 7 July, 07:30–17:00****Saturday 8 July, 07:30–13:00****Name Badges**

Please wear your name badge at all sessions and events during the INS Mid-Year Congress. Each badge displays the days you have registered to attend. Lost badges may be replaced at the Information and Registration Desk. Your name badge is required for admittance to all workshops and sessions.

**Language**

The official language of the Congress is English and no simultaneous translation is provided. This means that all presentations and questions are to be in English.

**Internet Access**

Delegates can access the Wi-Fi at no additional cost in all workshop and Congress venues. The password is available at the Information and Registration Desk.

**Certificates of Attendance**

If you require a certificate documenting your attendance, please enquire at the Information and Registration Desk. You may also obtain a certificate once the Congress is over by emailing [sue@vibrantmedia.co.za](mailto:sue@vibrantmedia.co.za)

**Published Congress Proceedings**

The complete scientific programme and abstracts listed for the INS 2017 Mid-Year Congress will be published in an online, supplemental issue of the Journal of the International Neuropsychological Society: JINS, Volume 23 (2017). All supplemental issues of JINS are freely available online, without a subscription. Prior to their publication in JINS, the proceedings may be viewed or downloaded in PDF format via the INS 2017 website at <http://ins2017.com>

**Credit Card Facilities**

Credit card facilities for Congress related payments will be available at the registration desk.

**Messages**

Messages can be left and collected at the Information and Registration Desk.

**Lost and Found**

Lost items should be returned to the Congress Information and Registration Desk. Should you find that you find any misplaced items, please hand these in to the Information and Registration Desk or if you have misplaced any of your belongings, please report to this desk for assistance.

**Access for Disabled**

The CTICC offers full wheel-chair access, designated drop-off points and parking bays for people with disabilities, direct access escalators designed for the disabled, toilets for the physically challenged, and elevators with Braille inscriptions.

**On-site Medical Assistance**

The CTICC has an on-site clinic that is available for any major incidents. The staff at the Congress Desk and the CTICC Information Desk will direct you to the medical team.

## ATM/Auto Cash Machines

ATM/auto cash machines, located in the foyer of the P3 parking basement and on the ground level of the CTICC, accept all major credit cards.

## Parking

Delegates arriving by car are advised to use the P3 parking bays in the basement of the CTICC and the Coen Steytler Parking Garage adjacent to the CTICC. The latter is accessed via the Buitengracht or Heerengracht/Long Street entrance and delegates then walk across Convention Square to enter the CTICC. Please note that parking fees are not included in the Congress registration fee and are for your own account.

## Taxis

Taxis are available outside the front entrance of the CTICC 24 hours.

## Twitter



Please use #INS2017 to join the conversation when tweeting about the International Neuropsychological Society 2017 Mid-Year Meeting. When tweeting, please respect intellectual property and ask for permission before tweeting a picture of other people's research.

## What is Included in Your Registration?

The Congress registration fee includes access to all plenary sessions, invited symposia, paper and poster sessions, sessions hosted by the INS Student Liaison Committee, as well as the Welcome Reception, Congress Party, tea/coffee breaks, and lunches. The Congress fee does not include the pre-Congress Continuing Education (CE) Workshops, for which an additional registration fee is required.

## Exhibition Hall

Your name badge allows entry to the exhibition area (Exhibition Hall 4A) of the CTICC, allowing you to meet with our exhibitors and network with colleagues during tea/coffee breaks, lunches, and throughout the day. In honour of the INS 50th Anniversary INS archival material, including video recordings of seminal lectures presented at previous INS Congresses and interviews with world-renowned neuropsychologists will also be on display in the Exhibition Hall.

## INS Continuous Education (CE)

For INS CE requirements and information please see page 15 of the Programme Book.

## American Psychological Association Continuing Education Credits



Delegates requiring these CE credits for the pre-Congress Workshops will have their name badge checked by monitors on entering the workshop venue to verify registration and attendance.

## Health Professions Council of South Africa Continuing Professional Development (CPD) and the Discovery CPD Desk



Discovery Health is facilitating the CPD process for South African delegates at the Congress. The Discovery MYCPD staff will scan your bar-coded name tag twice a day, once in the morning and again in the afternoon. CPD points will be allocated for every scan so please ensure that you have your bar-coded name tag scanned twice a day for maximum points. The data is logged on the MYCPD website ([www.mycpd.co.za](http://www.mycpd.co.za)) where you can view and download your CPD Certificate. You will receive notification via email with your unique username and password two weeks after the Congress. Please email [CPD@discovery.co.za](mailto:CPD@discovery.co.za) should you require any assistance with your CPD certificate.

### CPD scanning timetable:

<b>Wednesday 05 July:</b>  NOTE: For each workshop name badges need to be scanned before the workshop begins AND at the end of the workshop.	<b>Morning workshops:</b> 08:30—09:00 13:00—13:30
	<b>Afternoon workshops:</b> 13:30—14:00 17:00—17:30
	<b>Opening Ceremony:</b> 17:30—19:00
<b>Thursday 06 July:</b>	10:00—10:30 Tea/Coffee 15:15—15:30 Tea/Coffee
<b>Friday 07 July:</b>	10:00—10:30 Tea/Coffee 15:15—15:45 Tea/Coffee
<b>Saturday 08 July:</b>	10:00—10:30 Tea/Coffee

## Volunteers

The INS is thankful to all participating student volunteers for lending their support at INS Cape Town 2017. Student volunteers play a vital role in the success of the INS Congress through their assistance in proctoring CE courses, monitoring poster sessions, and in making the Congress a friendlier place for all attendees! We sincerely thank our volunteers for their assistance, enthusiasm and commitment.

## INS 2017 Cape Town Volunteers

Craig John Bezuidenhout  
Nicole Nadine Burgmer  
Nick Fresen  
Angela Harwood  
Taryn Nichole Jooste  
Paidamoyo Alvinah Panashe Mparutsa  
Wayne Peter van Tonder  
Josh Yeatman

## INS 2017 Mid-Year Congress Social Activities and Special Events

### Opening Ceremony

We welcome all delegates to the Opening Ceremony on Wednesday 05 July from 18:00-18:30 in Auditorium 2, CTICC.

### Welcome Reception

Make sure to attend the Welcome Reception on Wednesday 05 July from 20:00 in the Strelitzia Conservatory, CTICC.

### INS 2017 50th Anniversary Mid-Year Congress Celebration Party

Dance the night away at the celebratory party that will take place on Thursday 06 July 2017 from 19:30 on the Roof Terrace, CTICC. The cost is included in the Congress registration (with a cash bar).

## Student Social and Networking Events

*Hosted by the INS Student Liaison Committee (SLC)*

These events provide opportunities to network and meet students from across the globe.

### Meet and Greet Lunch

The SLC would like to invite all students to join them for a 'meet and greet lunch' on Thursday 06 July during the lunch-break in the main dining area, Exhibition Hall 4A, where a section will be demarcated for students. Grab your lunch, and come and meet fellow students from all corners of the world. In addition to hearing about the student events at the Congress, you will also be able to mingle with INS student representatives and learn about the benefits of INS student membership.

### Student Social Event

This will be held on Friday 08 July from 19:30 at the Village Idiot, 32 Loop Street, Cape Town, a mere ten-minute walk from the CTICC. This is a great opportunity to network and meet students from across the globe at one of Cape Town's coolest little spots, 'The Village Idiot' (<http://thefirmct.co.za/the-village-idiot>). INS will provide canapés and an area will be set aside for the event.



*Enjoy your stay in  
South Africa*



*your partner*  
**in transforming lives**

Yesterday, today, & tomorrow!

## The solutions you've relied on, enhanced by today's technology

Your role as a neuropsychologist is that of a conduit, helping your clients see beyond the challenges they're facing, and *making the connection* between where they are and where they hope to be. At Pearson, we recognize the work you do to improve the lives of your clients, and celebrate your achievements as you work together.

Dedicated to continuously improving the tools you've trusted for decades, we've listened to your needs, and ensured that the resources you use every day are both efficient for today *and* relevant for tomorrow. Many of our assessments are now available digitally on Q-interactive® or Q-global®, allowing you to customize the tests you use, spend less time scoring and reporting, and spend more time connecting with your clients—as you travel the path toward a better future.

While you're at the INS Mid-Year Congress, stop by and let us show you how the most comprehensive selection of digital tools can be right at your fingertips.

Visit **PearsonClinical.com**

800.627.7271 |  **PsychCorp** | [PearsonClinical.com](https://www.pearsonclinical.com)

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# PRESENTER INSTRUCTIONS

## Submission of Presentation Slides

1. You should submit your presentation slides to the INS 2017 Congress assistant present in the venue in which your presentation is scheduled, during the tea/coffee break or the lunch break, preceding your session. No last-minute uploading of presentations can be accommodated.
2. INS 2017 Congress assistants will only accept your presentation slides on a USB memory stick. Please ensure the USB stick is virus-free.
3. All presentations may only be in PowerPoint or Key-note formats.

## Presentation Facilities

1. All presentation venues are equipped with sound and projection facilities and each venue will have a computer.
2. To ensure the smooth flow of presentations and sessions, the Congress organisers will not accommodate the use of personal laptops for presentations.

## Presentation Language

The official Congress language is English, which means that all presentations and questions must be delivered in English.

## ORAL PRESENTERS

1. Speakers should be in the allocated Congress venue 10 minutes before the beginning of the session and meet with the Chairperson, who will introduce the speakers.
2. Your total presentation time is limited to 15-20 minutes, depending on the number of paper presentations allocated to your specific session (see Congress programme).
3. Questions and comments from delegates may be possible if your presentation ends before the maximum time allocated.
4. To prevent the Chairperson of your session or the INS 2017 Congress assistant from having to intercede, please ensure that you finish your presentation within the allocated time.
5. The Scientific Committee has gone to great lengths to ensure a logical sequence of presentations per session. Requests for reshuffling of presentations will thus not be accommodated.

## SYMPOSIUM PRESENTERS

Symposia sessions range in length. It is up to the Symposium Chair's discretion to divide the time amongst the individual presenters, 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.

## POSTER PRESENTERS

All poster sessions will take place in the Exhibition area. Please mount your presentation during the tea/coffee break or lunch break preceding your session. Please refer to the final programme provided to you onsite for your poster board number and then mount your poster on the board labelled with the same number. All posters are to be removed at the end of the session. Below are guidelines that you might find useful as you prepare for your poster presentation.

1. Recommended Poster Size: Poster board size - 2 480mm (height) x 990mm (width).
2. Font: The poster must have clearly visible type face that is not smaller than 16 points.
3. Presenters are responsible for putting up and taking down posters and should ensure that appropriate material is brought for this purpose (i.e. double-sided tape or prestik only).
4. Recommended Content: Maximum pertinent information should be provided in the poster. The poster should reflect:
  - The title (abbreviations should be avoided in the title).
  - The author/s and institutional affiliations.
  - E-mail address of corresponding author.
  - The objective of the study.
  - The methods used, if applicable.
  - A summary of the results obtained (or preliminary findings), if applicable.
  - The conclusions reached and/or recommendations made.

These are recommended guidelines and it is acknowledged that some posters may require a slightly different approach. The presenters of a poster (in the case of a multi-author poster, at least one author) must be present for the duration of the poster session to interact with and answer questions that delegates may have.

## INS CONTINUOUS EDUCATION

### INS CE Committee

Raul Gonzalez has served as the Director of the INS Continuing Education Committee since February 2013.

### American Psychological Association (APA) Continuing Education Credits

The INS is approved by the American Psychological Association to sponsor Continuing Education for psychologists. INS maintains responsibility for this programme and its content. Up to 6.0 credit hours are available for the Pre-congress CE workshops. All CE sessions are geared for advanced level instructional activity.



## CE PROGRAMME DISCLOSURE INFORMATION

The International Neuropsychological Society requires programme 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.

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.

## 2017 MID-YEAR MEETING SPONSORS

We wish to thank our generous sponsors for their support of the INS 2017 Mid-Year Congress. Through their sponsorship, these organisations make a valuable contribution to the success of the INS 2017 Mid-Year Congress and towards achieving the INS goals of further enhancing global-scale communication and collaboration between disciplines.



### National Research Foundation

The National Research Foundation (NRF) was established as an independent government agency in South Africa, through the National Research Foundation Act (Act No 23 of 1998). The mandate of the NRF is to promote and support research through funding, human resource development and the provision of the necessary research facilities in order to facilitate the creation of knowledge, innovation and development in all fields of science and technology, including indigenous knowledge, and thereby contribute to the improvement of the quality of life of all South Africans.

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***The INS is pleased to announce that this year's Birch Lecture by Professor Donald Stuss, "Personalised Medicine: The Role of Neuropsychology", is supported, in part, by a generous, unrestricted educational grant from Pearson.***

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### Neuropsychology SA

Connecting the Neuropsychology community of South Africa

Neuropsychology is a growing field in South Africa, as it is internationally. The Neuropsychology website aims to bring information about neuropsychology to psychologists who are interested in the field, particularly those being educated in and working in South Africa. Interested professionals are invited to share their knowledge and experience through the website for the benefit of all. Examples of ways that they can contribute are by informing NeuropsychologySA of training opportunities, conferences, etc. in the field that they are aware of but have not been posted, by recommending books and tests, and by notifying NeuropsychologySA of any South African norms of neuropsychological tests that they are aware of. NeuropsychologySA was and is being developed by Dr Sharon Truter (Counselling Psychologist - Neuropsychology), but the many contributions by colleagues and the assistance of administrative staff continues to improve what the website has to offer the neuropsychological community in South Africa.

[www.neuropsychologysa.co.za](http://www.neuropsychologysa.co.za)

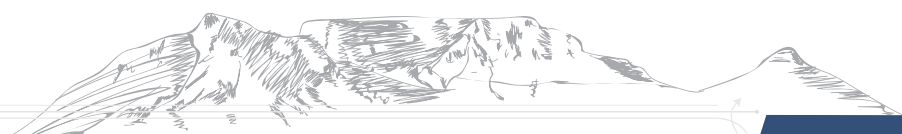


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# INS AWARDS PROGRAMME

## INS Awards Programme

The International Neuropsychological Society's Awards Programme is intended to recognise 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 05 July from 19:30-20:00 in Auditorium 2 of the CTICC where we will honour the recipients of this year's awards.

### About the INS Awards Programme

#### Major INS Awards

Major INS Awards are given in recognition of scientific achievement in Early Career 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 recognise 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 honour of Dr. Paul Satz and sponsored by PAR, Inc., is given to recognise mentoring and teaching activities that have profoundly impacted the careers of students in the field of neuropsychology.

#### INS Programme Awards

INS Programme Awards are selected by the Programme Committee for each INS Meeting in recognition of the Meeting's most outstanding scientific contributions. For the Annual Meeting, programme awards include the Phillip M. Rennick Award for most outstanding submission by a graduate student; the Nelson Butters Award for the most outstanding submission by a postdoctoral fellow; and the Laird S. Cermak Award for the best submission in the field of memory or memory disorders. For the Mid-Year Meeting, an additional programme award is the Marit Korkman Award for the most outstanding student contribution on a topic in paediatric neuropsychology. In conjunction with the INS Programme and Awards Committees, the INS

Student Liaison Committee recognises an additional five students for their commendable abstract submissions at each INS meeting through the selection of the SLC Student Research Awards.

### Nominations and Eligibility for the INS Awards Programme

To inquire about award nominations, please visit <http://www.the-ins.org/ins-awards>, or email [ins@utah.edu](mailto:ins@utah.edu)

#### 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 Programme Awards

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

The Cape Town Mid-Year Meeting INS Awards Committee has been chaired this year by Roy Kessels.

#### Previous INS Award Winners

Please visit the INS website for complete descriptions of each INS award and to view previous award winners: <http://www.the-ins.org/ins-awards>



## INS AWARD

### PAUL SATZ-INS CAREER MENTORING AWARD

*Sponsored by Psychological Assessment Resources, Inc.*

“

In conjunction with INS, Psychological Assessment Resources (PAR), Inc. has established an award to honour the contributions of Dr. Paul Satz. This award is bestowed upon an individual whose mentoring and/or teaching activities have made a profound impact on careers of students in the field of neuropsychology. The award is presented at each meeting of the Society based on the merits of nominations received.

”



**Shirley Tollman, PhD**

#### BIOSKETCH

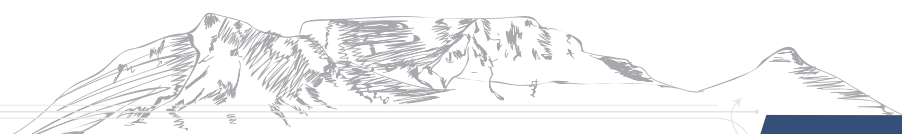
Shirley Tollman has played a pivotal role in the development of neuropsychology in South Africa. Qualified as a Clinical Psychologist, in 1978 she founded the Clinical Neuropsychology Unit in the Psychology Department at the then University of Natal, where a main focus of the research programme was adapting assessment and rehabilitation procedures for use in South Africa's multicultural context. After completing her Ph.D in Psychology in 1985, at the same university, she pursued a postdoctoral fellowship with Yehuda Ben-Yishay at the Rusk Institute Head Trauma Unit in New York. In 1994 she founded the Durban Head Trauma Unit with her former student, Ann Watts, at Entabeni Hospital, working in the Unit until 2003, thereafter working in her private practice, and as an Honourary Research Associate at the University of KwaZulu-Natal.

Continuously over the years, Professor Tollman mentored postgraduate honours, masters and doctoral students, instilling in them her keen interest in neuropsychology. In the absence of formal neuropsychology training in South Africa she ensured that her students developed neuropsychological knowledge, assessment and intervention skills. In addition, she encouraged all to publish their work and participate in psychology organizations and congresses. Subsequently, many of her graduates have been able to pursue careers in Australia, New Zealand, the US, and the UK.

Professor Tollman has played an important role in the transformation of neuropsychology in South Africa post-Apartheid. She has always been vigilant of the need to redress the inequities of the past by mentoring previously disadvantaged students. Further, she has been a key advocate for promoting clinical neuropsychological research, education, training, and services in South Africa, and the creation of a category of professional registration. To facilitate this she convened the first National Neuropsychology Conference in Durban in 1981. This meeting was an important milestone in South African neuropsychology and she ensured that all her students participated in this significant event. In 1999 she convened the first INS mid-year meeting in Durban, South Africa, again ensuring the involvement and participation of those working under her mentorship.

Professor Tollman served on the executive and/or as President of the South African Clinical Neuropsychological Association (SACNA) over the period of its first 20 years. In 2001, she took the important step of creating a Division of Neuropsychology within the Psychological Society of South Africa (PsySSA). The division's mission was to make neuropsychology relevant for and able to serve the needs of all South Africans. In these roles Professor Tollman has always been available to provide advice and counsel to those navigating the challenges of their early career paths within the rapidly evolving South African dispensation.

In considering Professor Tollman's overall impact, what is most impressive is that even post-retirement from the University she has continued to extend "ladders" to students and colleagues in areas that are relevant for the South African context. In short, Professor Tollman stands out clearly as an eminent early leader of clinical neuropsychology in South Africa, warranting the title of "doyenne" of its emergence as a field of academic and professional relevance in the country.



## INS AWARD

### DISTINGUISHED CAREER AWARD

“

The Distinguished Career Award has been established by the INS Board of Governors to recognise individuals who are at or near the ends of their careers, and who have made major, sustained contributions to the field of neuropsychology as well as to the INS.

”



Eli Vakil, PhD

#### BIOSKETCH

Eli Vakil is a full professor and former departmental chairman in the Department of Psychology at Bar Ilan University, Israel, where he directs the Memory and Amnesia Laboratory at the Gonda Multidisciplinary Brain Research Center. Professor Vakil received his Ph.D in Clinical Neuropsychology in 1985 from the Graduate School of the City University of New York, Queens College. His dissertation on memory deficits among closed-head-injured patients and the elderly was the starting point of a long and fruitful scientific career in memory research. He has published over 120 peer-reviewed journal articles and book chapters and the same amount of conference presentations, on memory disorders in various clinical populations. His creative and meticulous analyses of memory and learning processes among patients with Amnesia in general and after TBI in particular, have illuminated not only the causes of forgetting but, even more importantly, the cognitive and meta-cognitive processes through which we learn new information and remember. Prof. Vakil serves as an ad hoc reviewer of Aging, Neuropsychology, and Cognition; Child Neuropsychology; Epilepsia; Experimental Brain Research; Journal of Clinical and Experimental Neuropsychology; Neuropsychology; Neuropsychologia and, of course, JINS.

Throughout his career, Eli was and remains deeply involved as a leader and supervisor in clinical work, focusing on the neuropsychological rehabilitation of adults with TBI.

He worked as a clinical neuropsychologist at various rehabilitation centers in Israel (Loewenstein Rehabilitation Center and the National Institute for the Rehabilitation of the Head-Injured Person), the USA (Head Trauma Program at the Institute of Rehabilitation Medicine in NYU Medical Center) and Australia (Julia Farr Rehabilitation Center). Currently he conducts his clinical practice in Jaffa as the head of the Rehabilitation Center for Veterans after TBI. Eli has served in several neuropsychological leadership positions in Israel, including as chair of the Section of Rehabilitation Psychology of the Israeli Psychological Association, and as a founding member of the Israeli Neuropsychological Society.

Professor Vakil has been an active INS member for the last 32 years and regularly attends both the Annual and Mid-year meetings where he presented more than 60 oral and poster presentations. He has served on several scientific committees for INS meetings and chaired the program/scientific committee of the Mid-year meeting held in Jerusalem in 2014. Eli has also served INS on the Board of Governors (2004-2007), as an Associate Editor of the Journal of the International Neuropsychological Society (JINS) (2004-2008), as a member of the Advisory Board of JINS (2014-), and of the Publication Committee of the INS (2013-2016).

Beyond all his impressive academic and professional achievements, Eli is a true 'Mensch' – an esteemed and admired teacher, colleague and friend. He is a proud and dedicated husband, father and grandfather to his beloved family: wife Tammy, children Hila, Maya and Roy and grandchildren Jonathan, Daniel and Ido.

## CAPE TOWN PROGRAMME AWARDS

### NELSON BUTTERS AWARD

“

This award was established to honour the contributions of Dr. Nelson Butters and to recognise the impact he has had in the area of training. The prize is awarded at the Society's Annual and Mid-Year Meetings for the best research presented by a postdoctoral fellow.

”



**Ali Amidi**, Aarhus University Hospital, Aarhus, Denmark.

#### DETAILS

**Appearing in Poster Session:** Movement Disorders/Cancer/Medical Disorders/Toxin-Related Disorders, Friday 07 July, 13:15-15:15, Exhibition Hall 4A

**Is APOE4 a risk factor for chemotherapy-induced cognitive impairment and increased immune response in cancer patients undergoing treatment?**

**Authors:** Ali Amidi, Cecilie Clausen, Robert Zachariah, Ditte Dements, Mads Agerbæk

**Abstract:** To prospectively explore the association between the Apolipoprotein ε4 (APOE4) polymorphism and changes in cognitive functions, as well as inflammatory and proinflammatory immune markers in testicular cancer (TC) patients undergoing chemotherapy.

**Rationale:** APOE4 is considered a well-known risk factor for the development of mild cognitive impairment and Alzheimer's disease and has been associated with an increased immune response. Furthermore, evidence suggests that APOE4 may be a moderating risk factor for chemotherapy-induced cognitive impairment in breast cancer patients.

**Methods:** Twenty-two men recently diagnosed with TC provided blood samples for APOE genotyping and repeated high-sensitive assessments of relevant immune markers (C-reactive protein, Interleukin-6, Tumor-necrosis

factor-α) prior to chemotherapy and 3 months after completing treatment. Furthermore, participants underwent repeated neuropsychological assessments. A regression-based approach was used to calculate changes in cognitive domain scores from pre- to post-treatment. Changes in assessed immune markers were combined to create a single measure of the overall direction and magnitude of change.

**Results:** Seven participants (32%) were carriers of the APOE4, while 15 (68%) were not. Bootstrapped between-group tests indicated that APOE4 carriers evidenced accelerated decline in processing speed ( $p=.016$ ) and global cognition ( $p=.007$ ) compared with non-carriers. Furthermore, trends were found for working memory ( $p=.065$ ) and verbal fluency ( $p=.062$ ). A trend towards increased inflammatory response was observed in carriers of APOE4 ( $p=.054$ ).

**Conclusion:** In this sample of TC patients, we found that APOE4 may be a risk factor for treatment-induced cognitive impairment as well as increased immune response. Large-scale studies are needed to consolidate these findings.



**Eddy Larouche**, Laval University, Quebec City, Quebec, Canada

#### DETAILS

**Appearing in Poster Session:** Aging/Dementia (AD)/Dementia (Non-AD) and Mild Cognitive Impairment, Friday 07 July, 08:00-10:00, Exhibition Hall 4A

**Impaired meta-awareness of memory deficits evolution in older adults with mild cognitive impairment**

**Authors:** Eddy Larouche, Sonia Goulet, Anne-Marie Chouinard, Valérie Morin-Alain, Carol Hudon

**Abstract:** The diagnosis of mild cognitive impairment (MCI) in older adults at risk for Alzheimer's disease is based on perceived and objective memory decline. It is still unclear whether older adults with MCI retain sufficient meta-awareness to evaluate their own memory capacities accurately. All previous studies addressing meta-awareness in MCI used cross-sectional designs. This study aimed at investigating the association between the evolution of objective and subjective memory in a longitudinal clinical trial. Forty-one participants with MCI were enrolled in a randomized-controlled trial comparing two non-pharmacological interventions, one based on

mindfulness, the other on psychoeducation about memory in aging. Pre- and post- intervention, participants were administered an objective verbal memory test (OVMT) and the Cognitive Impairment Auto-evaluation Scale (CIAS). Participants also discussed perceived memory benefits in post-intervention interviews, which were analyzed using a qualitative thematic approach. Pearson's correlations were used to test the association between OVMT and CIAS differences (post - pre) ( $\alpha=.05$ ), which was not significant ( $r=.085$ ,  $p=.599$ ). When participants were grouped based on the self-reported presence ( $n=24$ ) or absence ( $n=17$ ) of memory benefits post-intervention, a moderate correlation emerged for participants with benefits only ( $r=.474$ ,  $p=.055$ ): greater perceived memory impairment on the CIAS was associated with better OVMT performance. Our findings highlight an unexpected negative association between perceived and objective memory benefits. Although meta-awareness difficulties have not been consistently found in cross-sectional studies, these new findings support the presence of impaired meta-awareness of memory evolution in MCI.

## MARIT KORKMAN AWARD

The INS announced the addition of the Marit Korkman Award in 2014, honouring Dr. Marit Korkman's impact in the field of pediatric neuropsychology. The award is given for the most outstanding student contribution at the Mid-Year Meeting on a topic in pediatric neuropsychology.



**Kristina Haebich**, Monash University, Melbourne, Australia.

### DETAILS

**Appearing in Poster Session:** Pediatric Neuropsychology/Acquired Brain Injury Child/Learning Disability and ADHD, Thursday 06 July, 08:00-10:00, Exhibition Hall 4A

**Late childhood goal setting performance in children born very preterm**

**Authors:** Kristina Haebich, Catherine Willmott, Peter Anderson, Alice Burnett, Deanne Thompson, Lex Doyle, Rachel Ellis, Jeanie Cheong, Megan Spencer-Smith

#### Abstract

**Objective:** Preterm children demonstrate deficits in executive functions including inhibition, working memory and cognitive flexibility, however their goal setting abilities (planning, organisation, strategic reasoning) remain unclear. This study compared goal setting abilities between very preterm (VP: <30 weeks/<1250g) and term born controls at age 13.

**Participants and Methods:** Participants include 146 VP children (mean age 13.21, SD 0.46) and 58 controls (mean age 13.28, SD 0.38). To assess goal setting abilities, participants completed the Delis-Kaplan Executive Function Systems (DKEFS) Tower subtest, Rey Complex Figure (RCF), and the Zoo Maps (ZM) and Six Part Test (6P) from the Behavioural

Assessment of the Dysexecutive System for Children (BADS-C). The parent-report Behavior Rating Inventory of Executive Function (BRIEF) was also administered, with this study focusing on the Plan/Organize and Organisation of Materials subscales. Linear regression was performed to compare groups, with secondary analyses excluding children with IQ<70 or major neurosensory impairment.

**Results:** The VP group performed more poorly than the controls on the Zoo Map (ZM 1:  $p<0.01$ , ZM 2:  $p<0.001$ ), Tower ( $p<0.01$ ), and 6P ( $p<0.05$ ) tests. With the exception of the 6P test, the results persisted after excluding children with IQ<70 or major neurosensory impairment. Consistent with these findings, parents reported more planning difficulties in the VP group ( $p<0.01$ ).

**Conclusions:** VP status is associated with goal setting difficulties during late childhood, which is likely to have functional consequences academically, socially and vocationally.

## PHILLIP M. RENNICK AWARD

This award is given in honour of the contributions of Dr. Phillip Rennick and to recognise the impact he has had in the area of neuropsychology. The prize is awarded at the Society's Annual and Mid-Year Meetings for the best research presented by a graduate student.



**Jessica Vicentini**, University of Campinas, Campinas, Brazil.

### DETAILS

**Appearing in Poster Session:** Electropsychology/EEG/Epilepsy/Neurostimulation/HIV/Functional Imaging/Behavioural Neurology/Psychopathology/Forensic, Friday 07 July, 15:45-17:45, Exhibition Hall 4A

**Functional reorganization of the Default Mode Network in ischemic stroke: A prospective study**

**Authors:** Jessica Vicentini, Marina Weiler, Bruno Machado de Campos, Lenise Valler, Sara Regina Meira de Almeida, Li Min Li

#### Abstract

Resting-state functional connectivity is defined as a temporal correlation between spatially remote regions of brain. The Default Mode Network (DMN) is one of most prominent resting-state functional network of the brain and it has been associated to self-referential processing. Previous studies reveals that DMN functional connectivity can be altered in neurological disorders, as stroke. Brain reorganization is a fundamental mechanism during patient recovery after a stroke, since it involves the capacity of brain to restore itself or compensate for damage caused by the lesion. We aimed to explore the mechanism of DMN functional connectivity recovery in ischemic stroke through a longitudinal study. Materials and Methods: Twenty stroke patients aged between 45-80 years old who had experienced their

first-ever ischemia, without previous neurological history, were submitted to functional Magnetic Resonance Imaging (fMRI) acquisition using a 3T scanner (Philips Achieva®) on their first and sixth month after stroke. Image processing based on realignment, segmentation, normalization (MNI-152) and smoothing used UF2C (User Friendly Functional Connectivity) toolbox. Paired t-test performed in SPM12 for MATLAB followed the parameters of  $p<0.001$  uncorrected and cluster size with at least 50 voxels.

**Results:** We found an increased connectivity of DMN functional connectivity in posterior cingulate cortex (PCC) in first month post stroke, when compared to six months after ictus. Increased DMN functional connectivity on the first month after ictus suggests failure to suppress activity in some of the core region of DMN, which is associated with self-referential processing. However, six months after stroke, there is a functional improvement in this network, suggesting that the first six months are a critical period for neural reorganization.

**Conclusion:** Abnormal DMN functional connectivity was found following stroke in sub acute stage. There was a natural recovery of this network six months post stroke. Our findings are exploratory, and further research may facilitate the understanding of potential mechanisms underlying self-referential processing in stroke recovery.

## SLC STUDENT RESEARCH AWARDS

The SLC Student Research Awards at the 2017 Mid-Year Congress are supported by the International Scientific Meeting Support Award from the American Psychological Association's Committee on International Relations in Psychology (CIRP).

### Outstanding Student Research Awards

The INS SLC is pleased to present awards to the five highest-rated abstracts from among all first-author student research submissions. Winners were

selected for their quality in research design, novelty in scientific approach, clarity in communication of study results, and significance to the field of neuropsychology. Each awardee will receive USD 200 to assist with expenses related to conference attendance. The Outstanding Student Research Awards are generously supported by an International Scientific Meeting Support Award from the American Psychological Association's (APA) Committee on International Relations in Psychology (<http://www.apa.org/international/governance/cirp/>).



### STUDENT Award

**Lena Law**, University of Wisconsin, USA

*Moderate intensity physical activity associates with CSF biomarkers in preclinical Alzheimer's disease.*

**Appearing in Paper Session:** Medical Disorders/Alzheimer's Dementia/Aging/Memory, **Thursday 06 July, 13:15-15:15, Room 1.61/1.62**



### STUDENT Award

**Ebony Lindor**, Monash University, Melbourne, Australia

*Motor Difficulties in Autism Spectrum Disorder are Associated with Impaired Perception of Interactive Movement".*

**Appearing in Paper Session:** Pediatric Brain Injury/Autism Spectrum Disorders, **Thursday 06 July, 13:15-15:15, Room 2.64/2.66**



### STUDENT Award

**Joost Agelink van Rentergem**, University of Amsterdam, The Netherlands

*Aggregate Normative Databases in Clinical Neuropsychology*

**Appearing in Paper Session:** Adult Assessment, **Friday 07 July, 08:00-10:00, Room 1.61/1.62**



### STUDENT Award

**Melanie Koelbel**, UCL Great Ormond Street Institute of Child Health, London, England

*Children with Sickle Cell Disease and Sleep-disordered Breathing: Impact on Executive Function and Processing Speed".*

**Appearing in Paper Session:** Child Assessment/Pediatric Neuropsychology, **Thursday 06 July, 08:00-10:00, Room 2.64/2.66**



### STUDENT Award

**Katherine Herdman**, York University, Toronto, Canada

*Using Google Street View to investigate navigation of frequently travelled environments in developmental amnesia*

**Appearing in Poster Session:** Executive Functions/Frontal Lobes/Language and Speech/Memory, **Saturday 08 July, 10:30-12:30, Exhibition Hall 4A**

## PLENARY KEYNOTE SPEAKERS



Michael Kopelman

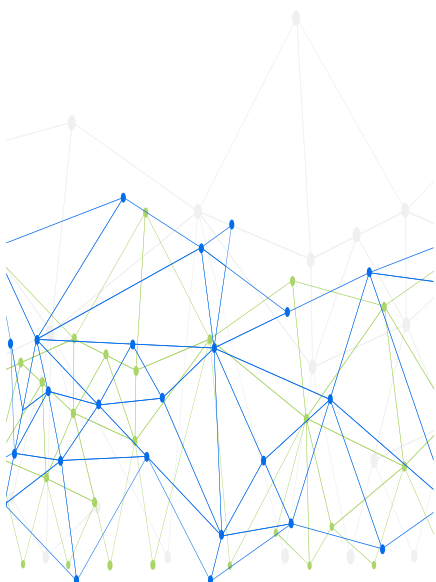
Presidential Address



Wednesday 05 July 2017  
**Presidential Address**  
18:30-19:30  
**Auditorium 2**

### NEUROSCIENCE, MEMORY AND THE LAW

Criminal medico-legal practice is fraught with issues, some of which have been little considered by neuropsychologists, in part because the psychological literature has focused heavily upon issues in witness testimony and memory in allegations of child sexual abuse. Some less well-trodden issues will be considered in this address, including (i) the notion of automatism and the science of agency; (ii) amnesia for offences, commonly claimed in specific circumstances; (iii) false memories in the law courts (e.g. false confessions) and their relation to notions of free will; and (iv) the impact of brain pathology upon medico-legal issues, such as fitness to plead and criminal responsibility. Moreover, a burgeoning literature has focused attention upon subtle neurobiological/ neuroimaging anomalies as underlying the tendency to offend. On the other hand, philosophers of law have taken a sceptical view of the probative value of these latter findings. Even in patients with definite neuropsychiatric/ neuropsychological disorders, there are unresolved issues, such as (i) the unsatisfactory clinical definition and status in law of 'automatism'; (ii) the cut-off for



*Professor Michael  
Kopelman is  
Emeritus Professor  
of Neuropsychiatry,  
King's College...*

*...and current  
President of the  
International  
Neuropsychological  
Society; past-  
President of the British  
Neuropsychological  
Society, past-  
President of the  
International  
Neuropsychiatric  
Association, and past-  
President of British  
Academy of Forensic  
Sciences*

frontal lobe pathology/ executive dysfunction (or other pathology/ impairment) in issues of criminal responsibility; (iii) the question of exaggeration or simulation; and (iv) how the courts handle people with neuropsychiatric/ neuropsychological disorders. The lecture will be illustrated by case-examples from the author's experience. It will argue that there is a risk that a strongly reductionist/ biological approach can encourage the neglect of important social factors, and it will also emphasise the difficulty of defining thresholds (cut-offs) for where disease affects responsibility – a grey area in a world of legal black-and-whites.

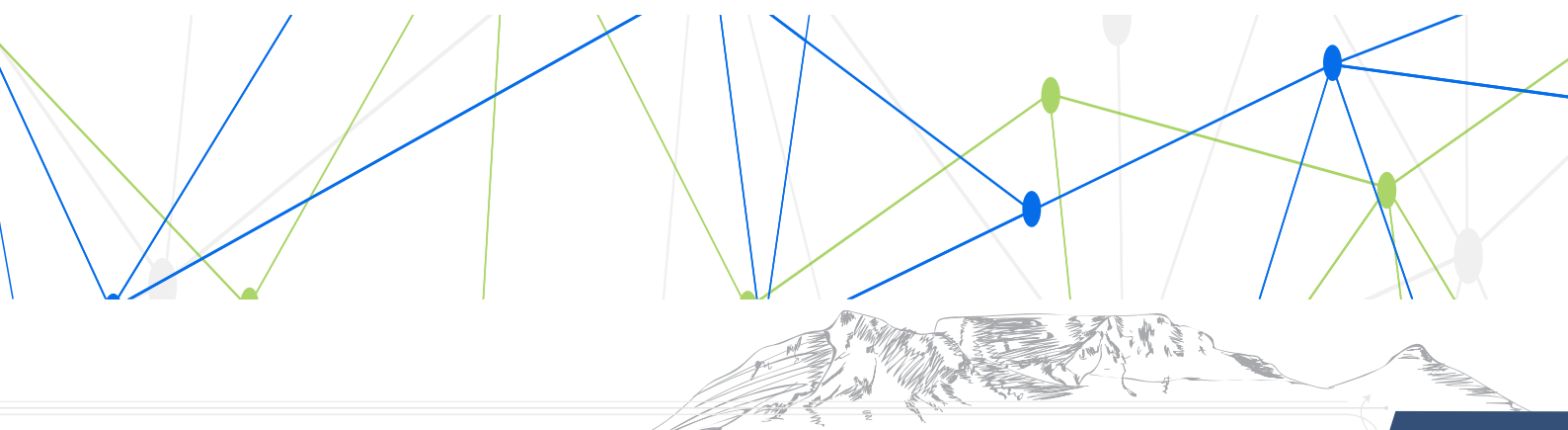
#### *Brief Biography*

Michael Kopelman is Emeritus Professor of Neuropsychiatry, King's College London (Institute of Psychiatry, Psychology and Neuroscience), and formerly ran a Neuropsychiatry and Memory Disorders Clinic at St Thomas's Hospital, London.

He has been co-editor/co-author of *The Handbook of Memory Disorders*, 2002; *Lishman's Organic Psychiatry*, 4th edition, 2009; and *Forensic Neuropsychology in Practice*, 2009.

He is current President of the International Neuropsychological Society; past-President of the British Neuropsychological Society, past-President of the International Neuropsychiatric Association, and past-President of British Academy of Forensic Sciences. His research is on all aspects of memory disorders, and he was a founder member of the Memory Disorders Research Society.

He was awarded a Career Achievement award by the International Neuropsychological Society in 2013.





Donald T Stuss

Birch Lecture



Thursday, 06 July 2017

Birch Lecture

15:30-16:30

Auditorium 2

## PERSONALIZED MEDICINE: THE ROLE OF NEUROPSYCHOLOGY

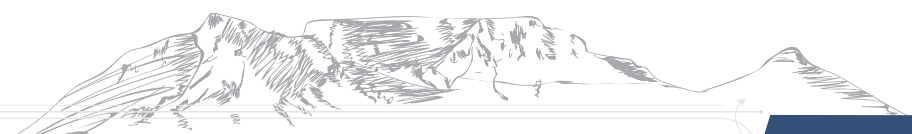
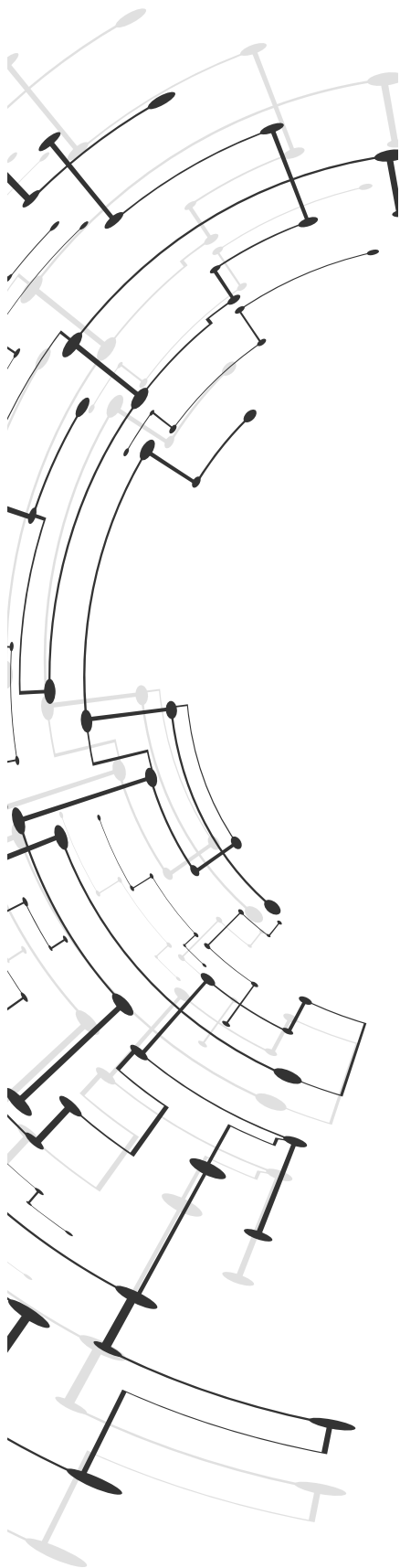
Clinical trials to treat brain disorders have largely had very modest or time-limited effects; many have been outright failures – all these efforts with significant costs. The evolving response has been a call for more effective and targeted treatments – personalized medicine, or sometimes called “precision” or “stratified” medicine. These labels reflect a growing awareness of one major cause of these clinical failures – our labels and clinical diagnostic categories are too broad, imprecise, or even incorrect. Even beyond clinical trials, neuroscience research is often hampered by this variability of performance among the individuals included in what seems like a well-defined supposedly homogeneous group. This review presents several examples of heterogeneity among defined clinical syndromes to illustrate how variability was explored and “harnessed” to advance the understanding of specific brain-behaviour relations. Several examples are from the presenter’s own research in traumatic brain injury and the study of “executive functions” and frontal lobe focal dysfunction. Other examples are related to Alzheimer’s disease. The possible application of this more “precision” based approach to neurorehabilitation of individuals who have suffered traumatic brain injuries will be presented. A final section summarizes how this awareness of clinical heterogeneity informed the establishment of an

*Birch  
Lecture*

administrative structure that integrates different types of information (genetic to behavioural) and basic and clinical science to improve diagnoses and care, and how neuropsychology/behavioural analyses can play an important role for both diagnostic phenotyping and more sensitive outcome measures.

### *BRIEF BIOGRAPHY*

Donald T. Stuss, Ph.D., FRSC, FCAHS, C. Psych., ABPP-CN, Order of Canada, Order of Ontario, is founding President and Scientific Director of the Ontario Brain Institute (2011 - 2015); University of Toronto Professor of Medicine (Neurology and Rehabilitation Science) and Psychology (1989 - ); founding Director of the Rotman Research Institute (1989 to 2008), Reva James Leeds Chair in Neuroscience and Research Leadership 2001-2009; interim Director and CEO of the Heart and Stroke Foundation Centre for Stroke Recovery 2008-2009; Senior Scientist (currently adjunct) at the Rotman Research Institute of Baycrest Centre (1989 - ); Associate Scientist, Sunnybrook Health Sciences Centre (2005 - );. Selected Honors: Fellow of AAAS, APA (Divisions 3, 6, 20, 40), APS, American Heart and Stroke Association, CPA; Order of Ontario (2001); University of Toronto Faculty Award (2004); University Professor status (awarded to a maximum of 2% of the tenured university academic staff), University of Toronto (2004); National Academy of Neuropsychology 2011 Lifetime Contributions to Neuropsychology Award; 3rd Annual Charles Branch Brain Health Award, University of Texas at Dallas (2012); Queen Elizabeth II Diamond Jubilee Medal (2012); International Neuropsychological Society Lifetime Achievement Award (2013); Gold Key Award American Congress of Rehabilitation Medicine (2014); Donald O. Hebb Distinguished Contribution Award, Canadian Society for Brain, Behaviour, and Cognitive Science (2016); and Officer of the Order of Canada (2017). Personal research focuses on understanding and treating the cognitive functions and personality changes associated with the frontal lobes as they occur after stroke, normal elderly, and in those with traumatic brain injury or dementia. Publications: over 215 peer-reviewed manuscripts, 51 chapters, 1 co-authored and 4 edited books. Total citation count >22,000 (Scopus).





Vicki Anderson

Keynote Presenter



Thursday, 06 July 2017

10:30-11:30

Auditorium 2

## PREDICTORS OF NEUROCOGNITIVE OUTCOMES FOLLOWING EARLY BRAIN INJURY

The young, healthy brain is highly 'plastic' and able to change in the context of environmental influences. This capacity for change is likely to continue while the brain matures, throughout childhood and into late adolescence. The implications of this capacity for change in the context of brain insult or disruption remains to be determined. While some argue that 'early plasticity' is an advantage and will lead to minimal functional consequences, others claim that the young brain is uniquely susceptible ('early vulnerability') and disruption will lead

to permanent and devastating effects. Neither of these views is able to fully explain the pattern of functional difficulties we observe in the context of childhood brain insult. This presentation will consider the theoretical and empirical evidence relevant to the 'plasticity' debate, in the context of both normal and disrupted development. Using research findings from our team and others, the influence of insult-related factors (location, laterality and extent of brain pathology, and presence of epilepsy), child characteristics (age, sex, pre-insult abilities) and environmental factors (SES, family function, parent mental health), on cognitive and behavioral outcomes will be considered. The aims of the presentation are: 1) to provide a description of brain plasticity and vulnerability theories in the context of early brain insult; 2) to examine the influence of age at insult on neurobehavioral outcomes; and 3) to propose predictors of outcome following early brain insult, based on empirical findings.

### BRIEF BIOGRAPHY

Dr 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. She leads the Australian Centre for Child Neuropsychology Studies. She is a Fellow of the Academy of Social Sciences of Australia, the Australian Psychological Society and the Australian Academy of Health and Medical Sciences.

Dr Anderson has 400+ peer reviewed publications and \$30M in competitive grant funding. She is an Associate Editor for Neuropsychology (APA) and the J Neuropsychology (BPS, UK). She has been a member of the NIH Common Data Elements Working groups for concussion and child TBI, the NIH National Children's Study, the Canadian Institute for Advanced Research and the International Consensus on Concussion in Sports.

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 focussed on translating her early career findings into clinical practice to optimise child outcomes from brain injury. Major translational achievements include: i) publication of the Test of Everyday Attention for Children, used by psychologists across the world; ii) development of easily accessed, low burden, e-health approaches to parent-focused psychosocial treatments as a means of maximising child outcomes and improving family function; iii) development of a novel, comprehensive iPad delivered assessment tool for social competence (PEERs: patent pending); iv) digital health tools for monitoring child post concussion symptoms (endorsed in a partnership with the Australian Football league); and v) authorship of the first-ever international paediatric sports concussion guidelines of the International Consensus on Sports Concussion.



Andrew Mayes

Keynote Presenter

**Thursday, 06 July 2017****11:30-12:30****Auditorium 2**

## THE ROLE OF HIPPOCAMPUS AND OTHER CONNECTED BRAIN REGIONS IN MEMORY FUNCTIONS

Although organic amnesics show dissociable memory deficits, the basis of this functional heterogeneity, particularly of structures in the medial temporal lobe is still disputed. It is still disputed whether the hippocampus mediates recall memory but not item familiarity memory whereas the neocortical medial temporal lobe (MTL) structures mediate familiarity memory for different kinds of information, inputting recall-related information into the hippocampus. Consistent with the disputed view are the distinct inputs and contrasting cytoarchitectonics of MTL structures, which suggest that the hippocampus binds object-context information into memory using pattern separation to support recall memory. In contrast, the perirhinal cortex receives mainly object information and the parahippocampal cortex mainly context information, which they bind, stressing commonalities, to support familiarity memory. Relatively selective hippocampal lesions are rare and, although impaired cued recall and intact familiarity are often found, other studies have found global deficits. The full explanation for this conflict is still lacking. However, selective damage to structures in the hippocampal circuit (e.g., fornix, mammillary bodies) causes selective recall deficits. Furthermore, in a recent large study of hippocampal patients, recall was impaired and familiarity preserved even when it was as accurate as strong control recollection (with the apparent exception of word familiarity). Our fMRI studies consistently find that even strong/accurate familiarity does not activate the hippocampus for visual stimuli. The apparent exception was again words but further work indicates that the hippocampal effect relates to word abstractness, not familiarity. Data support the hypothesis but issues remain. These and future implications will be discussed.

### BRIEF BIOGRAPHY

After completing a first degree and D.Phil. at Oxford University, I worked in the Department of Psychology in Leicester University between 1970 and 1977. I then lived a peripatetic academic existence, moving to the University of Manchester, Psychology Department between 1977 and 1991, the University of Liverpool, Psychology Department where I was professor and head of department between 1991 and 1993, the University of Sheffield, Department of Clinical Neurology where I was Professor of Cognitive Neuroscience for the first time between 1993 and 2000, then back to Liverpool with the same title, and finally back to Manchester again with the same title yet again. Whilst here, I acted as the editor in chief of *Neuropsychologia*, one of the leading international journals of neuropsychology. My recommendation is not to move as much as I have done. It is very disruptive of your research and your personal life, but I was chasing good magnetic resonance imaging facilities usually not very successfully. My research has been on the brain bases of memory using lesion and brain imaging methods since 1977 and, although I became emeritus in 2010, I am currently in the later stages of a seven year Wellcome Trust programme grant to explore the controversy about the role of the hippocampus and related structures in memory for facts and personal events. During the last 40 years, therefore, I have been mainly focused on exploring the neural bases of declarative memory and priming in humans, using a convergent lesion and neuroimaging approach. In particular, for the past 20 odd years, I have been interested in the functional role of the different medial temporal lobe structures and their connections with respect to recollection and familiarity memory.



Jennifer Manly

Keynote Presenter



Friday, 07 July 2017

10:30-11:30

Auditorium 2

## MECHANISMS OF COGNITIVE DISPARITY IN OLDER ADULTS: THE ROLE OF RACE, CULTURE AND EDUCATION

There is a rich history of empirical evidence demonstrating that race/ethnicity and socioeconomic status are fundamental causes of inequalities in health. However, research linking race, culture, and education to inequalities in neurological conditions that have their onset in later life such as dementia is relatively recent. Research in the United States shows that African Americans, Latinos, and American Indians are at elevated risk of developing Alzheimer's disease, dementia, and cognitive impairment compared to non-Hispanic Whites and Asian Americans. These disparities were identified in epidemiological samples, but in the clinical setting, cognitive impairment and dementia are frequently underdiagnosed and undertreated among these groups. This presentation will address several methodological challenges to identification of mechanisms of racial/ethnic and educational disparities in cognitive impairment and dementia among older adults. Confounds that are frequently unmeasured such as educational quality, bias due to mortality and selection, as well as bias in measurement of memory, language, executive function, and other neuropsychological domains are among these challenges. Potential mechanisms of racial and educational disparities in dementia have been investigated and include genetics, inflammation, accelerated aging, cardiovascular and cerebrovascular disease, residential segregation, experience of discrimination, cognitive engagement, stress, and psychosocial function. The evidence to date points to early life social factors as having the enduring influences on later life cognition. These data suggest that addressing the dementia epidemic and achieving health equity in Alzheimer's disease will require early-life social policy interventions.

### BRIEF BIOGRAPHY

Jennifer Manly, Ph.D. is an Associate Professor of Neuropsychology in Neurology at the G.H. Sergievsky Center and the Taub Institute for Research in Aging and Alzheimer's disease at Columbia University. She completed her graduate training in neuropsychology at the San Diego State University / University of California at San Diego Joint Doctoral Program in Clinical Psychology, a clinical internship at Brown University, and a postdoctoral fellowship at Columbia University. Her research on early life determinants of cognitive aging and social and biological risks for cognitive impairment among racially and ethnically diverse middle aged and older adults has been funded by the National Institute on Aging and the Alzheimer's Association. She has authored over 175 peer-reviewed publications and 9 chapters. Dr. Manly has served the American Psychological Association Division 40 (Society for Clinical Neuropsychology) and the International Neuropsychological Society in several leadership roles. She received Early Career Awards from both Division 40 of the American Psychological Association and from the National Academy of Neuropsychology, was the 2014 recipient of the Tony Wong Diversity Award for Outstanding Mentorship, and is a Fellow of APA. She served on the US Department of Health and Human Services Advisory Council on Alzheimer's Research, Care and Services from 2011 – 2015, and is a current member of the Alzheimer's Association Medical & Scientific Research Board.



Michael Saling

Keynote Presenter



Friday, 07 July 2017

11:30-12:30

**Auditorium 2**

## DIAGNOSTIC APPROACHES IN PROGRESSIVE DISORDERS: FROM SUBJECTIVE SYMPTOMOLOGY TO NEUROBIOMARKERS

There are about 47 million people in the world with dementia. By 2050, this number will have tripled to some 132 million, with an economic burden rising to several trillions of US dollars. A global ambition to prevent, or effectively treat Alzheimer's Disease (AD) by 2025 has been tabled. In the lead-up to this deadline efforts to refine very early detection strategies that are scalable for world-wide deployment should be re-doubled.

In this address, I will argue that the challenge for neuropsychology is identification of the earliest subjective features of AD dementia, and neurocognitive markers that are able to interrogate the neuronal networks that are the earliest hosts to cognition-destroying pathologies.

AD is defined by two pathologies, and their respective contributions to the neurocognitive staging of AD dementia is controversial, but a number of pieces of this rather complex puzzle are falling into place. These include (i) a greater understanding of the cognitive functions, subjective and objective, of the earliest brain regions to become involved in AD; (ii) differential mapping of in vivo biomarkers onto distinct cerebral networks; (iii) detection of preferential associations between in vivo biomarkers and cognitive dysfunction; cerebral mapping of subjective symptomatology; and (iv) phenomenological description of AD-related cognitive complaints.

A looming and overwhelming world-wide burden of dementia, together with a global resolution to find an effective treatment, poses a significant challenge to our field, demanding a methodological and conceptual expansion. I hope that this address sketches out, albeit in a highly preliminary fashion, some helpful directions.

### BRIEF BIOGRAPHY

Professor Michael Saling is the Director of the Professional Program in Clinical Neuropsychology in the School of Psychological Sciences at The University of Melbourne, Australia, having been appointed in 1988 as the successor to Dr Kevin Walsh. He is also the Director of Neuropsychology at The Austin Hospital in Melbourne, and Honorary Professorial Fellow at the Florey Institute for Neuroscience and Mental Health. He has published extensively on neurocognitive aspects of dementia with an emphasis on early detection, on language and memory disorders in temporal lobe epilepsy, and stroke-related cognitive decline. He has served as a consultant in numerous medicolegal and statutory matters where complex neuropsychological diagnosis was a central focus of contention. He is the senior neuropsychological consultation to the world-renowned Comprehensive Epilepsy Program at The Austin Hospital, and has served two terms on the Diagnostic Methods Commission of the International League Against Epilepsy. He has been privileged to teach Clinical Neuropsychology in South Africa and Australia for more than three decades, and continues to derive great fulfilment from teaching. On the 26th of January 2015, he was appointed by the Governor General as a Member of the Order of Australia, for significant service to education in the field of clinical neuropsychology as an academic, researcher, and clinician.



Jonathan Evans

Keynote Presenter



Saturday, 08 July 2017

09:00-10:00

Auditorium 2

## REHABILITATION OF MEMORY AND EXECUTIVE FUNCTIONS

Everyday life requires the ability to carry out tasks and activities with multiple steps, to maintain multiple goals or intentions over time, and to interrupt one task in order to complete another intended action. Successful task management and prospective remembering require the carefully coordinated interaction of memory and executive functions. These cognitive processes are frequently impaired after damage to the brain and are therefore a key target for neuropsychological

rehabilitation. A big question for rehabilitation is whether interventions should aim to restore lost functions or to compensate for them. The evidence to date suggests that the greatest benefits come from compensatory strategies. Technology based solutions offer significant potential in supporting prospective memory and the management of complex tasks. I will present evidence that technology based reminding systems (pagers, smartphones, smart-watches) can improve task performance in people with brain injury and dementia, although uptake of technological solutions, whilst increasing, remains low. We have explored the barriers to uptake of technology and have developed an app designed to address the limitations of standard smartphone reminding systems. I will discuss the use of alerting, or 'non-contingent' reminders in combination with cognitive training programmes such as Goal Management Training, and the use of a voice-based interactive technology system used to support complex sequence learning. Given the ubiquity of mobile technology, including in low and middle-income countries, technology-supported neuropsychological interventions have huge potential to improve the lives of people with cognitive impairment.

### BRIEF 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. He is now Programme Director for the MSc in Clinical Neuropsychology programme at the University of Glasgow. Jon has published more than 140 papers, books and book chapters in the field of cognitive neuropsychology, neuropsychological assessment and rehabilitation. 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. His research focuses on the assessment and rehabilitation of disorders of memory and executive functions, and on the treatment of mood disorders after brain injury.

## CE WORKSHOPS

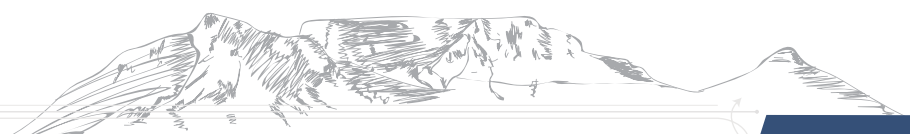


### **CE Credits (CE): American Psychological Association**

INS is approved by the American Psychological Association to sponsor Continuing Education for psychologists. INS maintains responsibility for this program and its content. Up to 6.0 credit hours are available for these workshops. All CE sessions are geared for advanced level instructional activity.

### **CE Credits (CE): Health Professions Council of South Africa**

3.0 credit hours per workshop have been accredited.



Wednesday, 05 July 2017

09:00-12:30

Bartholomew Diaz

The Westin Hotel

## PRESENTER



PETRUS DE VRIES

## AUTISM SPECTRUM DISORDER IN AFRICA AND OTHER LOW-RESOURCE ENVIRONMENTS: APPROACHES TO AETIOLOGY, ASSESSMENT AND INTERVENTION

### ABSTRACT

In this interactive, multi-disciplinary workshop we will start with a summary of the state-of-the-art about autism spectrum disorders (ASD) in Sub-Saharan Africa and other low resource environments, before proceeding to discuss current and emerging innovative approaches to aetiology, assessment and intervention for ASD. Specific examples will include new developments in screening and diagnosis of ASD, and adaptation of naturalistic developmental behavioural interventions (NDBI) for parent/carer-mediated treatment. The workshop will be led by Prof Petrus J de Vries, Sue Struengmann Professor of Child & Adolescent Psychiatry, and Director of the Centre for Autism Research in Africa, at the University of Cape Town. He will be joined by Dr Nola Chambers (Speech and Language Therapist), Noleen Seris (Clinical Psychologist) and Dr Aubrey Kumm (Veterinarian and Neuroscientist).

### LEARNING OBJECTIVES

1. Have an understanding of the African clinical and research context, be able to describe past research on autism spectrum disorder (ASD) in Sub-Saharan Africa, and list some of the key gaps in research knowledge.
2. Describe current research on identification and diagnosis in Sub-Saharan Africa (SSA) and list current projects evaluating and developing screening and diagnostic approaches in SSA.
3. Describe ASD interventions in SSA and be able to discuss current projects developing and evaluating community-based interventions for ASD in SSA.

### BIOSKETCH

Petrus de Vries is the Sue Struengmann Professor of Child & Adolescent Psychiatry, and Director of the Centre for Autism Research in Africa and the Adolescent Health Research Unit at the University of Cape Town. He trained in Medicine at Stellenbosch University in South Africa before moving to the UK where he completed his clinical training in Psychiatry and Child & Adolescent Psychiatry, and a PhD in Developmental Neuropsychiatry at the University of Cambridge.

Between 2004-2011, Prof de Vries established and led a multi-agency, multi-disciplinary service for school-aged children with neurodevelopmental disorders in the Cambridgeshire & Peterborough NHS Foundation Trust, UK with strong partnership working between Health and Education sectors. In 2012 he returned to South Africa to take up the Sue Struengmann Professorship. He oversees 5 research programmes at the University of Cape Town, including the Centre for Autism Research in Africa, an Adolescent Health Research Unit, a Tuberous Sclerosis Complex programme, an Infant Mental Health Programme, and a Staff Research Development Programme. His highly interdisciplinary team includes ~25 Masters', PhD, post-doctoral and contract researchers across disciplines such as psychiatry, psychology, speech & language therapy, education, occupational therapy, veterinary sciences and engineering.

He has a clinical research interest in assessment and intervention for infants, young children and adolescents with complex neurodevelopmental and mental health needs, and in the application of neurodevelopmental and neuropsychological assessments in the clinical and educational setting.

Prof de Vries is chairman of the Society for the Study of Behavioural Phenotypes (SSBP), an international, interdisciplinary research organization, and is on the WHO ICF-CY steering group for autism spectrum disorders and ADHD, under the chairmanship of Prof Sven Bolte. He is also on the Executive of the International Association of Child & Adolescent Psychiatry and Allied Professions (IACAPAP).

He is a Medical Advisor to the Tuberous Sclerosis Association (UK), a member of the Professional Advisory Board and International Scientific Advisory Panel of the Tuberous Sclerosis Alliance (USA), a Specialist Advisor to TSDDeutschland and scientific adviser to Stichting Michelle (Netherlands). He was chairman of the Neuropsychiatry Panel of the international consensus group that revised the diagnostic criteria and treatment guidelines for TSC in 2012 and has been on the study steering committee of three phase III clinical trials for mTOR inhibitors in TSC. He is also a member of the working committee of the TOSCA international natural history database project of TSC. He is an Editorial Board Member of Autism Research, and the Journal of Intellectual Disability Research.

In South Africa, he is a member of the National Executive Committee of Autism South Africa (ASA), South African Association of Child and Adolescent Psychiatry and Allied Professions (SA-ACAPAP) and Associate Editor of the Journal of Child & Adolescent Mental Health.

Wednesday, 05 July 2017

09:00-12:30

**Vasco Da Gama**  
**The Westin Hotel**

PRESENTER

**YANA SUCHY**

## EXECUTIVE FUNCTIONING: A COMPREHENSIVE GUIDE FOR CLINICAL PRACTICE

### ABSTRACT

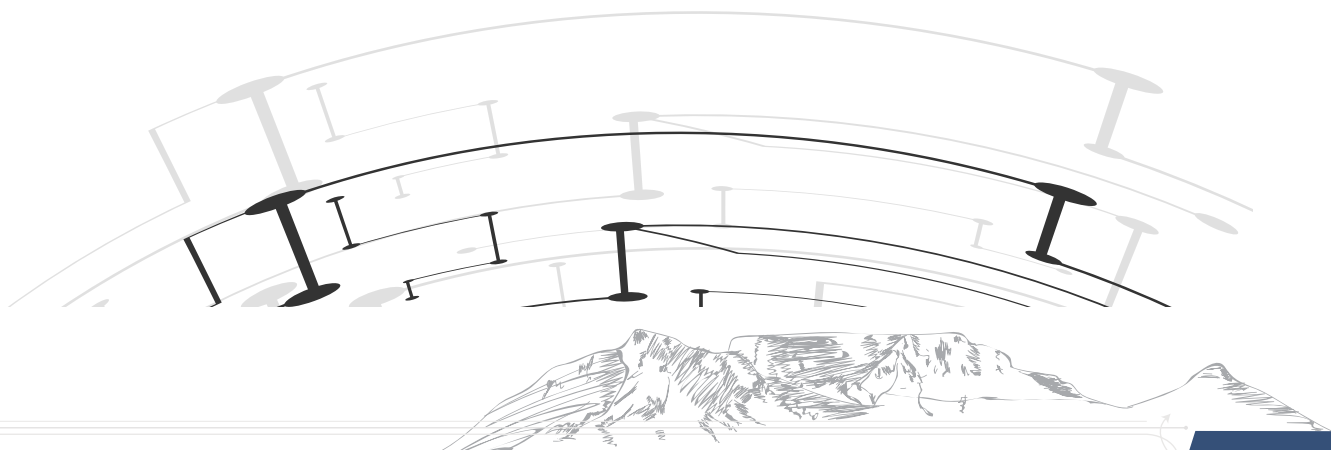
This workshop will begin with a conceptual overview of five clinically relevant subdomains of executive functioning, including executive cognitive functions, meta-tasking, response selection/inhibition, initiation/maintenance, and social cognition. For each subdomain, elemental neurocognitive processes, neuroanatomic underpinnings, and relevance to daily life will be detailed. Following a thorough exploration of the executive construct, typical clinical syndromes characterized by discrete patterns of EF dysfunction will be reviewed, highlighting associated etiologies, behavioral and personality changes in daily life, as well as patient presentations during formal evaluations. Lastly, assessment methods for each subdomain of EF will be reviewed, as will assessment challenges and hindrances to ecologically valid interpretation of standardized tests of EF. Clinically useful recommendations for overcoming those challenges and hindrances will be offered, including the introduction of the Contextually Valid Executive Assessment (ConVExA) model and the first steps toward the application of the model in every-day clinical practice.

### LEARNING OBJECTIVES

1. Gain a thorough and clinically useful understanding of the construct of executive functioning (EF) and be able to name the subdomains and elemental processes that comprise the EF construct.
2. Describe individual neurobehavioral syndromes characterized by discrete patterns of executive dysfunction, as well as the associated etiologies.
3. List the limitations of typical executive measures, as well as available methods for overcoming those limitations.

### BIOSKETCH

Yana Suchy, Ph.D., is a tenured Professor of Psychology and an adjunct Professor of Neurology at the University of Utah. She also holds faculty appointments at the University of Utah's Brain Institute and the Utah Center on Aging. Dr. Suchy obtained her Ph.D. in clinical psychology at the University of Wisconsin-Milwaukee in 1998, and completed a 2-year postdoctoral fellowship in clinical neuropsychology at Northwestern Healthcare in Evanston, IL, as well as a 2-year postdoctoral research fellowship at Rosalind Franklin University in North Chicago, IL. Dr. Suchy is the Editor-in-Chief of *The Clinical Neuropsychologist*, and also served as an Associate Editor for the *Journal of the International Neuropsychological Society*. She is the Fellow of the American Academy of Neuropsychology and the Society for Clinical Neuropsychology (American Psychological Association). Over the past 15 years, Dr. Suchy's research has focused on the interface between executive, motor, and affective processes, with the goals of improving our understanding, and the assessment methods, of the construct of executive functioning. She has over 90 publications in peer-reviewed journals and professional texts, and has also authored two books: *Clinical Neuropsychology of Emotion* (Guilford Press, 2011), and *Executive Functioning: A Comprehensive Guide for Clinical Practice* (Oxford University Press, 2015).



Wednesday, 05 July 2017

13:30-17:00

**Bartholomew Diaz**  
**The Westin Hotel**

## PRESENTER



MARGARET O'CONNOR

## DRIVEWISE: LESSONS LEARNED FROM A HOSPITAL BASED DRIVING CLINIC

### ABSTRACT

Decisions about driving competence have profound implications for quality of life. Optimal care in this regard requires a thoughtful team approach based the integration of objective evidence about driving safety and the unique needs of each driver. In this workshop Dr. O'Connor will discuss the evolution of DriveWise, an inter-disciplinary hospital based driving assessment program, that has provided road tests for over 800 individuals, many who have Alzheimer's disease and related dementias. The DriveWise team includes social work, occupational therapy, adaptive driving instructors and neuropsychology. The specific role of each professional will be highlighted. Dr. O'Connor will review relevant research from DriveWise and other assessment programs demonstrating how age, medical conditions and cognitive impairment impact driving fitness. Ethical, legal and psychosocial issues relevant to decisions about driving fitness will be discussed. Specific cognitive and perceptual factors necessary for safe driving will be identified and tests used to assess these functions will be reviewed. Dr. O'Connor will present clinical vignettes to illustrate the complicated nature of the driving assessment process. She will also present clips from educational videos that she produced addressing the driving needs of people with Alzheimer's disease, Parkinson's disease and Asperger's Syndrome.

### LEARNING OBJECTIVES

1. Discuss legal, medical and ethical considerations relevant to driving evaluations
2. Identify neuropsychological skills and brain regions critical for safe driving
3. Describe at least two cognitive tests used in driving assessments
4. Discuss optimal approaches for initiating a discussion about driving with an "at risk" person with mild dementia.

### BIOSKETCH

Margaret O'Connor, Ph.D. is Director of Neuropsychology in the Department of Neurology at Beth Israel Deaconess Medical Center and Associate Professor of Neurology at Harvard Medical School. She has diplomat status in the field of clinical neuropsychology since 1999 and she is a board examiner for the American Academy of Clinical Neuropsychology. In her role as director of a busy clinical service she is involved in clinical, administrative, and teaching activities.

Dr. O'Connor has mentored the clinical and research activities of over 80 graduate students and post doctoral fellows. She has authored over 70 papers in peer reviewed journals and 30 book chapters. She co-founded DriveWise, a driving assessment program that has provided services for over 800 individuals. She has conducted a number of studies focused on factors that predict driving fitness in individuals with dementia, MCI and neurodevelopmental conditions such as Asperger's Syndrome. She developed a number of educational videos to assist professionals and caregivers in making decisions about driving fitness.

Dr. O'Connor is actively involved in public education efforts to advance research and clinical support for people with cognitive impairments. She is a board member and she is Co-Chair of the Medical and Scientific Advisory Committee of the Alzheimer's Association of Massachusetts and New Hampshire. Her committee work also includes the Clinical Advisory Committee of the Asperger/Autism Network. She was on the Board of Governors of INS from 2013-2016.

Wednesday, 05 July 2017

13:30-17:00

**Vasco Da Gama**  
**The Westin Hotel**

PRESENTER

**MICHAEL MCCREA**

## SCIENTIFIC ADVANCES IN MILD TRAUMATIC BRAIN INJURY: LESSONS LEARNED FROM SPORT CONCUSSION RESEARCH

### ABSTRACT

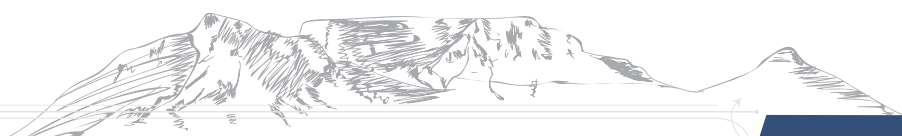
Applied research over the past 20 years has produced major advances in the basic and clinical science of mild traumatic brain injury (mTBI) and concussion. Modern animal models have provided major breakthroughs in our understanding of the basic pathophysiology of concussive injury. The sports concussion research model has provided an innovative paradigm for the study of mTBI, with numerous methodological advantages over traditional approaches. Findings from the study of sport-related concussion (SRC) have been readily translatable to our understanding of mTBI in civilians, military service members and other populations affected by mTBI. In a clinical setting, both basic and applied science now drive consensus guidelines with respect to diagnosis, treatment and protocols for return to activity after mTBI. Technological advances in functional neuroimaging have created a powerful bridge between the clinical and basic science of mTBI in humans. Collectively, findings from clinical, basic science and functional neuroimaging studies now establish a foundation on which to build integrative theories and testable hypotheses around a comprehensive model of mTBI recovery. This workshop will integrate the current scientific literature on pathophysiology of injury, neurophysiological effects and neuropsychological outcome after mTBI, as well as how the new evidence base can help guide clinicians in the evaluation and management of MTBI.

### LEARNING OBJECTIVES

1. Review the underlying pathophysiology and neurobiology of mTBI
2. Integrate science that illustrates the true natural history of recovery after mTBI
3. Introduce research on mechanism-based intervention and prognostication
4. Discuss implications of basic and applied research to clinical translation in mTBI

### BIOSKETCH

Dr. McCrea is Tenured Professor and Eminent Scholar of Neurosurgery and Director of Brain Injury Research at the Medical College of Wisconsin. He is past President of the American Academy of Clinical Neuropsychology (AACN). Dr. McCrea has numerous scientific publications, book chapters, and national and international lectures on the topic of traumatic brain injury. He has led several large, multi-center studies on the effects of traumatic brain injury and sport-related concussion. He currently is co-PI on the NCAA-DoD CARE Consortium and several other large-scale studies investigating the acute and chronic effects of TBI in various populations at risk.



Saturday, 08 July 2017

10:30-12:30

Room 2.64-2.66

CTICC

Workshop hosted by INS Student Liaison Committee:

## THE ART, CRAFT, AND SCIENCE OF DIAGNOSTIC REASONING IN CLINICAL NEUROPSYCHOLOGY: FROM SYMPTOMATOLOGY TO OBJECTIVE MARKERS

### PRESENTER



MICHAEL SALING

### BIOSKETCH

...details included in **Keynote Presenters Section**

### ABSTRACT

This workshop has been designed to build an awareness of diagnostic consultation in clinical neuropsychology as an integrated and principled mode of thought aimed at understanding the underlying causation of each patient's presenting problem. We will trace the process from the concerns and predicaments that bring the patient to clinical attention, to diagnostic formulation, unfolding the internal logic that characterises each step along the way. Unlike most other fields of clinical endeavour, our field has had a rather uneasy relationship with some of the key ideas that inform clinical reasoning; these include subjective experiences of a dysfunction (symptoms), the difference between the assessment of high level abilities and the use of markers to define disorders at a neurocognitive systems level, and the nature of diagnosis as opposed to prediction. This is understandable in terms of the controversies that have wound their way through the history of psychology in general, but it does limit the heights we can achieve as diagnosticians, and need to achieve as neuropsychologists of the future. One aim of this workshop is to promote an understanding of how subjective concerns and objective findings interact in the course of problem-oriented diagnostic reasoning. A further aim is to consider the interaction between neurocognitive and neuroimaging markers in the differential diagnosis of conditions presenting as recent-onset memory concerns. It will be argued, contrary to the often-expressed opinion, that advent of increasingly sophisticated neuroimaging markers does not spell the impending obsolescence of neuropsychological expertise. Rather, it emphasizes the complexity of the relationship between brain disease, its symptomatic expression, and its functional implications. The workshop will be illustrated with case material.

### LEARNING OBJECTIVES

1. To provide an introduction to problem-oriented diagnostic reasoning, emphasizing the integration of clinical observation, subjective symptomatology, objective investigation, and the incorporation of neuroimaging markers.
2. To introduce attendees to the evaluation of subjective expressions of memory disorders, its role in generating diagnostically significant information, and its growing importance in the very early detection and differential diagnosis of dementias.
3. To build an understanding of neurocognitive markers as opposed to assessment of abilities, and to consider their respective applications and validation requirements.
4. To build a more nuanced view of neuropsychological diagnosis vis-à-vis "one size fits all" approaches.

## INVITED SYMPOSIA

### Overview

THURSDAY, 06 JULY 2017

#### **Neuropsychological Challenges Associated with HIV and AIDS**

08:00-12:00, Auditorium 2

#### **An International Forum on Cross-Cultural Clinical Neuropsychology**

13:15-15:15, Auditorium 2

#### **Neuropsychology in low resource settings: Challenges and priorities**

16:30-18:30, Auditorium 2

FRIDAY, 07 JULY 2017

*Invited South African Clinical Neuropsychological Association Symposium Session*

#### **State of the Art Research and Developments in the Field of Sports Concussion**

13:15-15:15, Auditorium 2

*Invited International Neuropsychiatric Association Symposium Session*

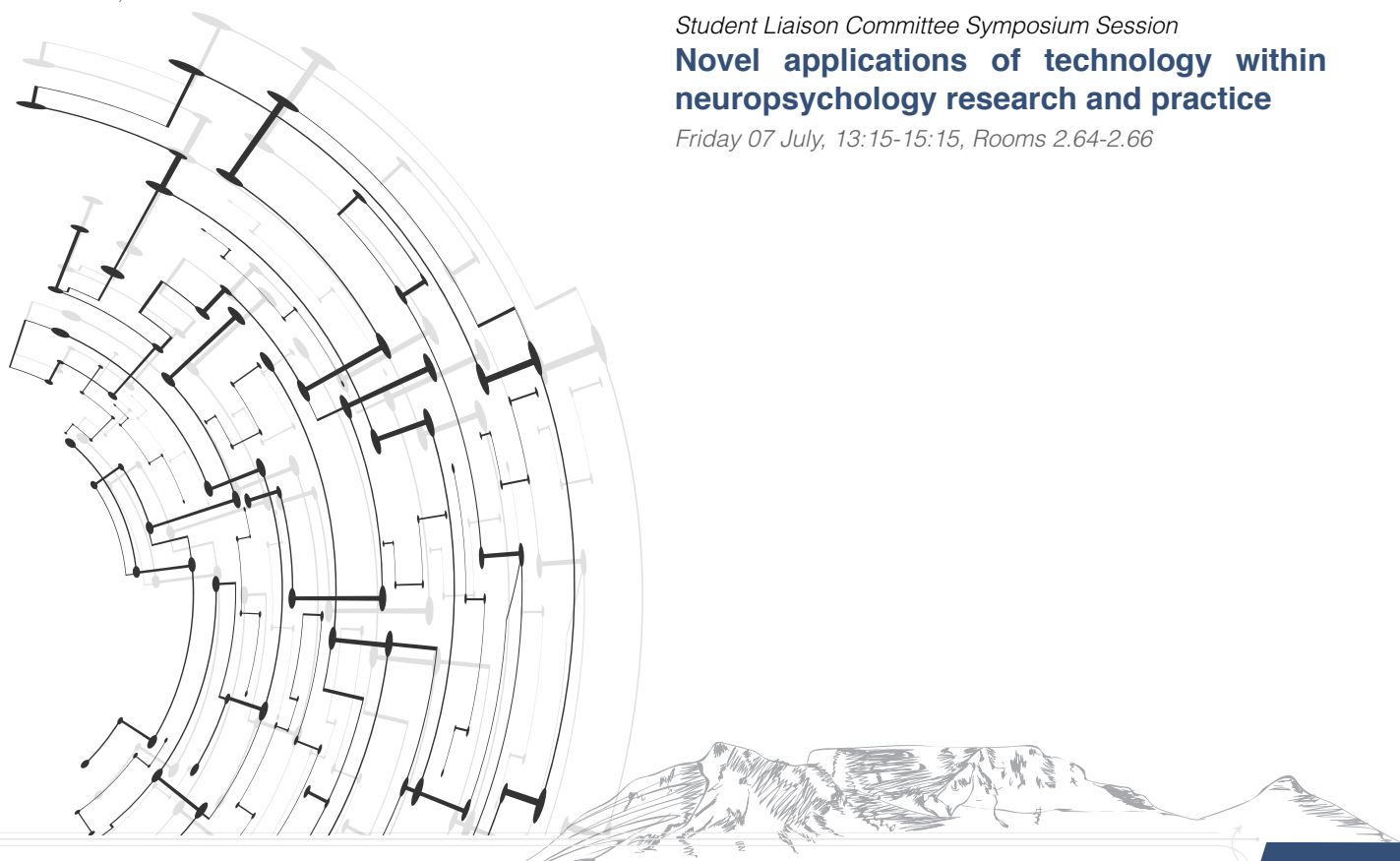
#### **The Vascular-Alzheimer's Continuum and Unusual Dementias**

15:45-17:45, Auditorium 2

*Student Liaison Committee Symposium Session*

#### **Novel applications of technology within neuropsychology research and practice**

Friday 07 July, 13:15-15:15, Rooms 2.64-2.66



Thursday, 06 July 2017

08:00-12:00

Auditorium 2

CHAIR



ANITHA MENON

## NEUROPSYCHOLOGICAL CHALLENGES ASSOCIATED WITH HIV AND AIDS

### Symposium Summary

Sub-Saharan Africa is undergoing shift in terms of the number and age range of people living with HIV and AIDS. More people continue to access antiretroviral treatment, mortality rates have begun to drop and HIV positive people are surviving longer. However, as increasingly more people infected with HIV live longer it is postulated that there will be a corresponding increase in mild to moderate forms of HIV associated neurocognitive disorders (HAND). HIV associated neurocognitive disorders affects various aspects of cognitive functioning including impairments in attention, concentration, learning, memory, psychomotor ability and speed of information processing. The evaluation and assessment of cognitive functioning of individuals with HIV and AIDS is crucial for appropriate treatment and intervention. Psychological co morbidities such as personality disorder, as well as physical co morbidities such as tuberculosis further seem to take a toll on cognitive functioning. This symposium brings together results from Southern Africa and the United States the challenges practitioners and researchers face when evaluating cognitive functioning and working with people living with AIDS.

NEUROCOGNITIVE FUNCTIONING OF HIV POSITIVE ADULTS

Menon AJ

NEUROPSYCHOLOGICAL PERFORMANCE IN THE COINFECTION OF HIV AND TB

Hestad KA

PERSONALITY DISORDER, DECISION MAKING, NEURO-PSYCHOLOGICAL FUNCTIONING AND RISK BEHAVIORS IN HIV

Durvasula R

INFORMATION PROCESSING, SHORT-TERM MEMORY AND WORKING MEMORY IN HIV+ CHILDREN: IMPLICATIONS FOR LITERACY AND NUMERACY LEARNING

Kalima K

NEUROPSYCHOLOGICAL ASSESSMENT OF COGNITIVE FUNCTIONING: CHALLENGES IN THE SOUTH AFRICAN CONTEXT

Pillay BJ

Thursday, 06 July 2017

13:15-15:15

Auditorium 2

CHAIR



ANN EDWARDS

## AN INTERNATIONAL FORUM ON CROSS-CULTURAL CLINICAL NEUROPSYCHOLOGY

### Symposium Summary

The aim of this symposium is to present an international overview of high points and low points arising out of current neuropsychology practice and research in multicultural contexts. Presenters are researchers and clinicians with extensive experience working in situations of extreme sociocultural and socioeconomic diversity such as South Africa, and/ or those who have been confronting the challenges of cross-cultural disparity in neuropsychological contexts theoretically and pragmatically, for instance in the USA and Argentina. Sociocultural diversity is a burgeoning occurrence worldwide. The International Test Commission (ITC) has set the standards for best practice for psychometric test procedures, and it is the responsibility practitioners to be aware of situations that may fail to meet such standards. Abreast of the ITC injunction, the papers in this symposium are of critical relevance when grappling with the issues involved in upholding valid neurocognitive assessment practices in the international cross-cultural arena. Five papers will be presented that cover: (i) IQ, general abilities and special modalities test application and standardization issues, ranging from pre-school, through child, adult and older adult age spectrums; (ii) differing approaches to test development and test usage that can be compared and contrasted; (iv) a framework for the development of culturally relevant tests; (iii) an overview of theoretical and psychometric challenges confronting test developers and practitioners in this forum. Finally there will be time allocated for a panel discussion with audience participation in the identification of pitfalls and the search for helpful ideas going forward.

THE EARLY LEARNING OUTCOMES MEASURE: AN INSTRUMENT FOR MEASURING EFFECTIVENESS OF EARLY LEARNING PROGRAMMES IN A CULTURALLY DIVERSE CONTEXT

Dawes A, Biersteker L, Girdwood E, Snelling M, Tredoux C

INVESTIGATING THE DEVELOPMENT OF THE NEPSY-II FOR USE IN A MULTICULTURAL PEDIATRIC POPULATION

Truter S, Tau P, Thulare SI, Mthembu SA, Kene S, Polden K, Shuttleworth-Edwards AB

COUNTRYWIDE IQ TEST NORMING IN CULTURALLY DIVERSE CONTEXTS: A REVIEW

Shuttleworth-Edwards, AB

CROSS-CULTURAL NEUROPSYCHOLOGICAL TESTS: CURRENT STATE AND CHALLENGES

Fernandes AL

LIFE COURSE INFLUENCES ON NEUROPSYCHOLOGICAL TEST PERFORMANCE ACROSS CULTURES

Manly JJ

**Thursday, 06 July 2017****16:30-18:30****Auditorium 2**

CHAIR

**ANN D. WATTS**

Invited Psychological Society of South Africa (PsySSA) Symposium Session

## NEUROPSYCHOLOGY IN LOW RESOURCE SETTINGS: CHALLENGES AND PRIORITIES

### Symposium Summary

Neurological, mental, developmental and substance use (NMDS) disorders represent an increasing public health problem, especially in the less developed regions of the world. Healthcare systems in these countries are generally under resourced, and the treatment gap and contribution of NMDS disorders to the burden of disease large. Although the right to the highest standard of mental health has been identified as a global health priority, and accessible and culturally appropriate mental health services recognized as a fundamental human right, in many low resource settings neuropsychological services are limited or not available. This situation is compounded by the fact that as most knowledge regarding the epidemiology, etiology, diagnosis, assessment and treatment of NMDS disorders is based on research that has been conducted in resource-rich, mostly Western, environments. The application of this knowledge to low resource settings, and diverse cultural and linguistic contexts is thus frequently not appropriate. This symposium will explore the critical challenges and priorities related to developing neuropsychological assessment and intervention procedures that are responsive to the needs of less developed countries with diverse cultures and scarce resources. It will also consider innovative solutions to neuropsychological research, education, training and services in these regions of the world and associated policy imperatives.

#### BUILDING NEUROPSYCHOLOGY EXPERTISE IN ZAMBIA: PRIORITIES AND CHALLENGES

Hestad KA, Menon JA

#### ASSESSING TRAUMATIC BRAIN INJURY IN RURAL COMMUNITIES IN LIMPOPO PROVINCE, SOUTH AFRICA: CHALLENGES AND PROSPECTS

Sodi T

#### NEUROPSYCHOLOGY IN GHANA: A NEW BEGINNING OR A WILD GOOSE CHASE?

Mate-Kole CC

#### INFORMATION PROCESSING, SHORT-TERM MEMORY AND WORKING MEMORY IN HIV+ CHILDREN: IMPLICATIONS FOR LITERACY AND NUMERACY LEARNING

Kalima K

#### THE PRACTICE OF NEUROPSYCHOLOGY IN THE SOUTH AFRICAN PUBLIC HEALTH SERVICE

Pillay B

Invited South African Clinical Neuropsychological Association (SACNA) Symposium Session

**Friday, 07 July 2017****13:15-15:15****Auditorium 2**

CHAIR

**ANN EDWARDS**

## STATE OF THE ART RESEARCH AND DEVELOPMENTS IN THE FIELD OF SPORTS CONCUSSION

### Symposium Summary

From early scepticism about deleterious consequences of sports concussion in the 1980s and 1990s, to current research and state of the art practice options today, the discipline has come a long way. We have moved from tentative outcomes revealing deleterious neurocognitive performance in association with participation in the contact sports of American Football, Rugby Union and soccer, to the use of protective computerized neurocognitive screening on a massive scale in the USA and Canada, and elsewhere worldwide including South Africa. Neuropsychologists, who repeatedly demonstrated brain dysfunction in association with participation in a contact sport, are having the pleasure of their research hypotheses and findings being ratified by imaging and autopsy studies on the brains of American footballers, and some welcome dramatization and consciousness raising in the media. The symposium will report on research highlights from state of the art developments in this arena. There will be five presentations by leading international researchers in the field of sports concussion, covering South African and North American research in both the adult and paediatric arenas. Some key areas to be covered are: Tackling statistics in adult Rugby Union, neurocognitive and symptomatic sequelae of the concussed athlete, academic performance in scholars and return to learning following the concussive injury, and the details of a new iPad based neurocognitive test for use on children aged 5 to 11 years presented by the test developer himself. In light of these themes, the symposium will have relevance for working with mild traumatic brain injury in general (i.e., outside of the sports arena), particularly in the paediatric context. Time will be allocated for a panel discussion by the presenters at the end of the symposium, inviting audience debate.

#### NEUROCOGNITIVE EFFECTS OF HEAD AND BODY COLLISIONS ON PLAYERS OF CLUB LEVEL RUGBY UNION

Zoccola D, Shuttleworth-Edwards AB, Radloff SE

#### SYMPTOM COUNT, NOT SEVERITY, IS THE BEST PREDICTOR OF CONCUSSION RECOVERY IN PEDIATRIC ATHLETES

Pardini DA, Pardini JE, Sterling JC, Kisana H, Mattis JM

#### INTERACTION EFFECTS REVEAL COGNITIVE VULNERABILITY IN LATE ADOLESCENT RUGBY PLAYING SCHOLARS

Alexander D, Shuttleworth-Edwards AB

#### RETURN TO LEARN FOLLOWING SPORT-RELATED CONCUSSION

Pardini JE

#### A NEW VALIDATED SCREENING TOOL FOR CONCUSSION IN CHILDREN AGES 5 THROUGH 11

Lovell MR

Friday, 07 July 2017

15:45-17:45

Auditorium 2

CHAIR



JOHN JOSKA

Invited International Neuropsychiatric Association Symposium Session

## THE VASCULAR-ALZHEIMER'S CONTINUUM AND UNUSUAL DEMENTIAS

### Symposium Summary

In this symposium, speakers will address several aspects of non-alzheimer dementias, including the genetics of fronto-temporal dementia, and clinical features of primary progressive aphasia, normal pressure hydro-cephalus and HIV-dementia. While not uncommon, these diseases are sometimes missed. At the same time, associations between genetic, clinical, radiological and pathological features may inform our thinking about an approach to dementia in general"

**AN UNUSUAL FORM OF VASCULAR-RELATED COGNITIVE IMPAIRMENT: CLINICAL, RADIOLOGICAL AND NEUROPATHOLOGICAL FINDINGS**

*Combrinck M*

**AUTOSOMAL DOMINANT FRONTOTEMPORAL DEMENTIA: WHAT DO WE KNOW?**

*Niehaus D*

**TWO CASES OF PRIMARY PROGRESSIVE APHASIA: NEUROPSYCHOLOGICAL ASSESSMENT IN A STATE HOSPITAL'S MEMORY CLINIC**

*Thomas K*

**NORMAL PRESSURE HYDROCEPHALUS PRESENTING WITH PSYCHIATRIC SYMPTOMS**

*Groenewald L*

**HIV DEMENTIA: ADDRESSING THE BURDEN OF DISEASE IN SOUTH AFRICA**

*Joska J*

Friday, 07 July 2017

13:15-15:15

Rooms 2.64-2.66

CHAIR



COCO BERNARD

Student Liaison Committee Symposium Session

## NOVEL APPLICATIONS OF TECHNOLOGY WITHIN NEUROPSYCHOLOGY RESEARCH AND PRACTICE

### Symposium Summary

The field of neuropsychology has been slow to embrace technology and explore its potential to make both assessment and intervention both more efficient and practical within the real-world context. This symposium will showcase different applications of technology for scientist practitioners and highlight the methodical and ethical challenges that are inherent with its use. Professor Maria Schultheis will demonstrate the application of virtual reality (VR) for evaluation driving capacity following neurological injury and focus on opportunities for interdisciplinary collaboration and training in this space. Dr Matthew Jamieson will then discuss insights from the ApplTree project; a mobile app designed for individuals with memory impairment after neurological injury or illness, that allows them to schedule and set reminders about everyday activities. He will present observations from conducting digital health interventions research in neuropsychological rehabilitation, and more widely, about the routes to impact when conducting this work. Finally, Professor Vicki Anderson will present on the delivery of e-health services to children and families who find it difficult to attend tertiary centres due to a range of geographical factors, family responsibilities, social disadvantage and psychological trauma associated with return to centres. More broadly, she will explore the need for healthcare to embrace technology in order to assist with connecting patients with providers remotely. The symposium will conclude with a general discussion around the ethical and methodological considerations that surround the use of technology and its applications in health care.

**DEVELOPMENT AND APPLICATION OF VIRTUAL-REALITY TECHNOLOGY IN NEUROPSYCHOLOGY**

*Maria T. Schultheis*

**OBSERVATIONS FROM THE CROSS-DISCIPLINARY APPLTREE PROJECT**

*Jamieson, Matthew; Cullen, Breda; McGee-Lennon, Marilyn; Brewster, Stephen and Evans, Jonathan*

**CAN ADVANCES IN DIGITAL HEALTH AND E-HEALTH IMPROVE ASSESSMENT, INTERVENTION AND OUTCOMES FOR CHILDREN WITH BRAIN INJURY AND THEIR FAMILIES?**

*Vicki Anderson*

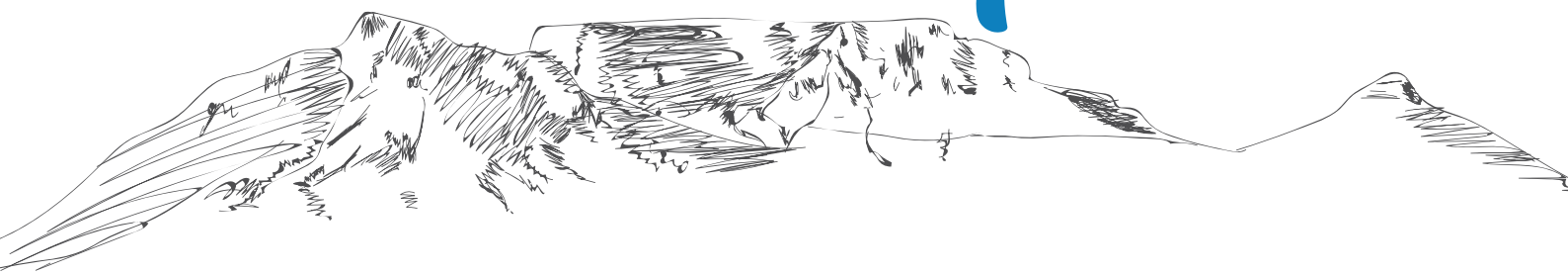


# *Congress* PROGRAMME



INS MID-YEAR CONGRESS  
**CELEBRATING  
50 YEARS**  
CAPE TOWN, SOUTH AFRICA  
05-08 JULY 2017

*cape town*



## CONGRESS PROGRAMME OVERVIEW

## PRE-CONGRESS WORKSHOPS

## Pre-Congress Workshop Programme

Westin Hotel

Wednesday, 05 July 2017

Venue	Bartholomew Diaz	Vasco Da Gama
09:00 – 10:30	Autism Spectrum Disorder in Africa and other low-resource environments: Approaches to aetiology, assessment and intervention <i>Petrus de Vries</i>	Executive functioning: A comprehensive guide for clinical practice <i>Yana Suchy</i>
10:30 – 11:00	Tea/Coffee	
11:00 – 12:30	Autism Spectrum Disorder in Africa and other low-resource environments: Approaches to aetiology, assessment and intervention <i>Petrus de Vries</i>	Executive functioning: A comprehensive guide for clinical practice <i>Yana Suchy</i>
12:30 – 13:30	Lunch	
13:30 – 15:00	DriveWise: Lessons learned from a hospital based driving clinic <i>Margaret O'Connor</i>	Scientific advances in mild traumatic brain injury: Lessons learned from sport concussion research <i>Michael McCrea</i>
15:00 – 15:30	Tea/Coffee	
15:30 – 17:00	DriveWise: Lessons learned from a hospital based driving clinic <i>Margaret O'Connor</i>	Scientific advances in mild traumatic brain injury: Lessons learned from sport concussion research <i>Michael McCrea</i>

## CONGRESS OPENING

## Cape Town International Convention Centre

Wednesday, 05 July 2017

18:00 – 18:30	Opening Ceremony (Auditorium 2)
18:30 – 19:30	<b><i>Presidential Address (Auditorium 2)</i></b> Neuroscience, Memory and the Law <i>Michael Kopelman</i>
19:30 – 20:00	Awards Ceremony (Auditorium 2)
20:00	Welcome Reception (Strelitzia Conservatory)

## THURSDAY, 6 JULY OVERVIEW

## Programme, CTICC

Thursday, 06 July 2017

Venue	Auditorium 2	1.61-1.62	2.61-2.63	2.64-2.66	Exhibition Hall 4A
08:00—10:00	<b>Invited Symposium:</b> Neuropsychological Challenges Associated with HIV and AIDS	<b>Paper Presentations:</b> Emotional Processes/ Cognitive Neuroscience/ Psychopathology	<b>Symposium:</b> Concussion and Neuropsychological, Behavioural, and Imaging Outcomes among Adolescent and University Rugby Players: Local and International Investigations	<b>Paper Presentations:</b> Child Assessment/ Pediatric Neuropsychology	<b>Poster Presentations:</b> Pediatric Neuropsychology/ Acquired Brain Injury Child/ Learning Disability and ADHD
10:00—10:30	Tea/Coffee				
Plenary (Auditorium 2)					
10:30—11:30	<b>Vicki Anderson</b> Predictors of Neurocognitive Outcomes Following Early Brain Injury				
11:30—12:30	<b>Andrew Mayes</b> The Role of Hippocampus and Other Connected Brain Regions in Memory Functions				
12:30—13:15	Lunch				
13:15—15:15	<b>Invited Symposium:</b> An International Forum on Cross-Cultural Clinical Neuropsychology	<b>Paper Presentations:</b> Medical Disorders/ Alzheimer's Dementia/Aging/ Memory	<b>Symposium:</b> Prolonged Disorders of Consciousness	<b>Paper Presentations:</b> Pediatric Brain Injury/Autism Spectrum Disorders	<b>Poster Presentations:</b> Adult Assessment
15:15—15:30	Tea/Coffee				
Birch Lecture (Auditorium 2)					
15:30—16:30	<b>Donald Stuss</b> Personalised Medicine: The Role of Neuropsychology				
16:30—18:30	<b>Invited Symposium (Psychological Society of South Africa):</b> Neuropsychology in low resource settings: Challenges and priorities	<b>Paper Presentations:</b> Executive Functions/Frontal Lobes	<b>Symposium:</b> Severe Pediatric Traumatic Brain Injury in South Africa	<b>Paper Presentations:</b> Cognitive Rehabilitation	<b>Poster Presentations:</b> Acquired Brain Injury Adult/ Cognitive Rehabilitation
19:30	INS 2017 50th Anniversary Mid-Year Congress Celebration Party (Roof Terrace Room)				

## FRIDAY, 7 JULY OVERVIEW

## Programme, CTICC

Friday, 07 July 2017

Venue	Auditorium 2	1.61-1.62	2.61-2.63	2.64-2.66	Exhibition Hall 4A
08:00—10:00	<b>Symposium:</b> HIV Infection in Children and Adolescents: Neuropsychological and Demographic Profiles and Assessment	<b>Paper Presentations:</b> Adult Assessment	<b>Symposium:</b> Social Cognition Across the Lifespan: New Advances in Clinical Assessment and Theory	<b>Paper Presentations:</b> Acquired Brain Injury	<b>Poster Presentations:</b> Aging/Dementia (AD)/Dementia (Non-AD) and Mild Cognitive Impairment
10:00—10:30	Tea/Coffee				
Plenary (Auditorium 2)					
10:30—11:30	Jennifer Manly Mechanisms of Cognitive Disparity in Older Adults: The Role of Race, Culture and Education				
11:30—12:30	Michael Saling Diagnostic Approaches in Progressive Disorders: From Subjective Symptomology to Neurobiomarkers				
12:30—13:15	Lunch				
13:15—15:15	<b>Invited Symposium (South African Clinical Neuropsychological Association):</b> State of the Art Research and Developments in the Field of Sports Concussion	<b>Paper Presentations:</b> Adult Assessment/ Cross-Cultural Assessment	<b>Symposium:</b> Getting in Touch with our Roots: How Historical Figures in Neuropsychological Rehabilitation Continue to Influence our Current Clinical Practice	<b>Symposium (Hosted by INS Student Liaison Committee):</b> Novel applications of technology within neuropsychology research and practice	<b>Poster Presentations:</b> Movement Disorders/Cancer/ Medical Disorders DMG/Toxin-Related Disorders
15:15—15:45	Tea/Coffee				
15:45—17:45	<b>Invited Symposium (International Neuropsychiatric Association):</b> The Vascular-Alzheimer's Continuum and Unusual Dementias	<b>Paper Presentations:</b> Functional Imaging/ Language and Speech Functions/ Learning Disorders	<b>Symposium:</b> Evidence-based Practices in Neuropsychology: Current Status and Future Directions	<b>Paper Presentations:</b> HIV	<b>Poster Presentation:</b> Electropsychology/ EEG/Epilepsy/ Neurostimulation/ HIV/ Functional Imaging/ Behavioural Neurology/ Psychopathology/ Forensic
17:45—18:30	INS Business Meeting				
19:30	Student Social, Hosted by the INS Student Liaison Committee				

## SATURDAY, 8 JULY OVERVIEW

### Programme, CTICC

Saturday, 08 July 2017

Venue	Auditorium 2	1.61-1.62	2.61-2.63	2.64-2.66	Exhibition Hall 4A
<b>Plenary (Auditorium 2)</b>					
09:00—10:00	<b>Jonathan Evans</b> Rehabilitation of Memory and Executive Functions				
10:00—10:30	Tea/Coffee				
10:30—12:30	<b>Symposium:</b> The Influence on Medical Insurance on Neuropsychology Practice in Three Southern African Countries	<b>Paper Presentations:</b> HIV/Epilepsy	<b>Symposium:</b> Reflections on Ecologically Valid Measurement Techniques for Assessing Planning, Multi-Tasking and/ Organisation in Patients with Dysexecutive Impairment	<b>Workshop hosted by INS Student Liaison Committee:</b> The art, craft, and science of diagnostic reasoning in clinical neuropsychology: From symptomatology to objective markers <b>Saling M</b>	<b>Poster Presentations:</b> Executive Functions/Frontal Lobes/Language and Speech/ Memory

## CHANGES TO THE FINAL PROGRAMME

Sessions and room locations listed in the final programme of this book are preliminary and may have changed since the time of printing based on enrolment or other factors. Please check on-site materials and signage in Cape Town for final room assignments.

### 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 published meeting proceedings will include an addendum with all author changes that occurred after finalisation, including author additions and other minor adjustments.

# FINAL CONGRESS PROGRAMME

## PRE-CONGRESS WORKSHOPS

### Pre-Congress Workshop Programme

Westin Hotel

Wednesday, 05 July 2017

Venue	Bartholomew Diaz	Vasco Da Gama
09:00 – 10:30	Autism Spectrum Disorder in Africa and other low-resource environments: Approaches to aetiology, assessment and intervention <i>Petrus de Vries</i>	Executive functioning: A comprehensive guide for clinical practice <i>Yana Suchy</i>
10:30 – 11:00	Tea/Coffee	
11:00 – 12:30	Autism Spectrum Disorder in Africa and other low-resource environments: Approaches to aetiology, assessment and intervention <i>Petrus de Vries</i>	Executive functioning: A comprehensive guide for clinical practice <i>Yana Suchy</i>
12:30 – 13:30	Lunch	
13:30 – 15:00	DriveWise: Lessons learned from a hospital based driving clinic <i>Margaret O'Connor</i>	Scientific advances in mild traumatic brain injury: Lessons learned from sport concussion research <i>Michael McCrea</i>
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## CONGRESS OPENING

### Cape Town International Convention Centre

Wednesday, 05 July 2017

18:00 – 18:30	Opening Ceremony (Auditorium 2)
18:30 – 19:30	<b>Presidential Address (Auditorium 2)</b> Neuroscience, Memory and the Law <i>Michael Kopelman</i>
19:30 – 20:00	Awards Ceremony (Auditorium 2)
20:00	Welcome Reception (Strelitzia Conservatory)

## THURSDAY, 6 JULY

**Programme, CTICC**  
 Thursday, 06 July 2017

Venue	Auditorium 2	1.61-1.62	2.61-2.63	2.64-2.66	Exhibition Hall 4A
<i>Chair</i>	<i>Anitha Menon</i>	<i>Louise Olivier</i>	<i>Leigh Schrieff-Elson</i>	<i>Sharon Truter</i>	
<b>08:00—10:00</b>	<b>Invited Symposium:</b> Neuropsychological Challenges Associated with HIV and AIDS  Neurocognitive functioning of HIV positive adults <b>Menon AJ</b>  Neuropsychological performance in the coinfection of HIV and TB <b>Hestad KA</b>  Personality disorder, decision making, neuropsychological functioning and risk behaviors in HIV <b>Durvasula R</b>  Information processing, short-term memory and working memory in HIV+ children: Implications for literacy and numeracy learning <b>Kalima K</b>  Neuropsychological assessment of cognitive functioning: Challenges in the South African context <b>Pillay BJ</b>	<b>Paper Presentations:</b> Emotional Processes/ Cognitive Neuroscience/ Psychopathology  Emotional processes in unawareness of illness following stroke <b>Besharati S, Fotopoulou A, Jenkinson P, Solms M, Stephanie F, Kopelman M</b>  Whole brain analyses reveal overlapping and unique neural correlates of empathic processing: The role of verbal fluency <b>Taiwo Z, Bezdek M, Light S</b>  The neuroscience of psychotherapy: A review and proposals for clinical applications <b>Mureriwa J</b>  Neuropsychotypes: The language of neuropsychology in the "Omics" era <b>Jagaroo V, Bosl W, Santangelo S</b>  Relationship between temperament and migraine without aura: Results from a South African sample <b>Harvey J</b>  Mu-opioid receptors in ventrolateral prefrontal cortex mediate the relationship between hedonic tone and executive function in MDD <b>Light S, Zubieta J, Bielauskas L</b>	<b>Symposium:</b> Concussion and Neuropsychological, Behavioural, and Imaging Outcomes among Adolescent and University Rugby Players: Local and International Investigations  Investigating cognitive and behavioural outcomes of multiple concussions in high school rugby players <b>Reid N, Schrieff-Elson L, Jankiewicz M, Thomas K, Wepener L, Figaji A</b>  Investigating cognitive, emotional and behavioural dysfunction in rugby players with a history of sports-related concussion <b>Wepener L, Thomas K, Stephen D, Schrieff-Elson L, Figaji A, Jankiewicz M</b>  Multimodal neuroimaging and cognitive functioning in concussed and non-concussed athletes <b>Williams H, Jones D, Gardner A, Broughton J, Iverson G, Reuben A, Milton F</b>	<b>Paper Presentations:</b> Child Assessment/ Pediatric Neuropsychology  Evaluating moral reasoning using multiple morals from the pediatric evaluation of emotions relationships and socialization (PEERS) <b>Hearps S, Dooley J, Darby D, Turkstra L, Hearps S, McDonald S, Crawford J, Beauchamp M, Anderson V, Fowler S</b>  Neurologic soft signs and delayed language development: Performance characteristics of Mexican first-graders <b>Salvador-Cruz J, de la Miyar CA, Bautista LG, Vielma EES</b>  Age effects in neuropsychological measures for typically developing children aged 6 to 11 years <b>Ross-McAlpine K, Leatham J, Flett R, Douwes J</b>  Children with Sickle Cell Disease and sleep-disordered breathing: Impact on executive function and processing speed <b>Koebel M, Kawadler J, Stotesbury H, Balfour P, Kirkham F</b>	<b>Poster Presentations:</b> Pediatric Neuropsychology/Acquired Brain Injury Child/Learning Disability and ADHD  Factors of pediatric concussion from a real life sample <b>Crowley J, Vargas S, Bodt B, Abishek R (1)</b>  Symptom report in pediatric concussion <b>Vargas G, Abishek R, Wagner S, Crowley J (2)</b>  Late childhood goal setting performance in children born very preterm <b>Haebich K, Willmott C, Anderson P, Burnett A, Thompson D, Doyle L, Ellis R, Cheong J, Spencer-Smith M (3)</b>  Preliminary analysis of neurocognitive and psychological impairments of South African children with Tuberous Sclerosis complex <b>Page T, Malcolm-Smith S, Berghoff N, Wilmhurst J (4)</b>  Neuropsychology as a central player in integrated care within a hospital-based system <b>Naidoo R (6)</b>  Multimodal imaging of treatment resistant poor adult readers <b>Morris R, Krishnamurthy L, Arrington N, Krishnamurthy V, Schwam D, Greenberg D (8)</b>

10:00—10:30 Tea/Coffee

**Plenary (Auditorium 2)**
**Chair:** Annelies Cramer

**10:30—11:30** **Vicki Anderson**  
 Predictors of Neurocognitive Outcomes Following Early Brain Injury

**Chair:** Elton Bloye

**11:30—12:30** **Andrew Mayes**  
 The Role of Hippocampus and Other Connected Brain Regions in Memory Functions

THURSDAY, 6 JULY

# Programme, CTICC

Thursday, 06 July 2017

Venue	Auditorium 2	1.61-1.62	2.61-2.63	2.64-2.66	Exhibition Hall 4A
12:30—13:15	Lunch				
Chair	Ann Edwards	Karl Swain	Barbara Wilson	Frances Hemp	
13:15—15:15	<b>Invited Symposium:</b> An International Forum on Cross-Cultural Clinical Neuropsychology	<b>Paper Presentations:</b> Medical Disorders/ Alzheimer's Dementia/ Aging/Memory	<b>Symposium:</b> Prolonged Disorders of Consciousness	<b>Paper Presentations:</b> Pediatric Brain Injury/ Autism Spectrum Disorders	<b>Poster Presentations:</b> Adult Assessment
	<p>The Early Learning Outcomes Measure: An instrument for measuring effectiveness of early learning programmes in a culturally diverse context <i>Dawes A, Biersteker L, Girdwood E, Snelling M, Tredoux C</i></p> <p>Investigating the development of the NEPSY-II for use in a multicultural pediatric population <i>Truter S, Tau P, Thulare SI, Mthembu SA, Kene S, Polden K, Shuttleworth-Edwards AB</i></p> <p>Countrywide IQ test norming in culturally diverse contexts: A review <i>Shuttleworth-Edwards AB</i></p> <p>Cross-cultural neuropsychological tests: Current state and challenges <i>Fernández AL</i></p> <p>Life course influences on neuropsychological test performance across cultures <i>Manly JJ</i></p>	<p>Relationship between self-reported cognitive difficulties, objective test performance and mood in chronic pain <i>Baker K, Georgiou-Karistianis N, Giummarra M, Gibson S</i></p> <p>Can Sildenafil enhance cognitive function in patients with Becker muscular dystrophy? <i>Pettersson K, Rostrup E, Fagerlund B, Jepsen JR, Lindberg U, Witting N, Jorgensen SL, Kruuse C, Vissing J</i></p> <p>Do differences in animal vs. vegetable fluency in cognitively normal subjects affect sensitivity to Alzheimer Disease? <i>Loring D, John S, Goldstein F</i></p> <p>Moderate intensity physical activity associates with CSF biomarkers in preclinical Alzheimer's Disease <i>Law L, Zetterberg H, Stein J, Johnson S, Carlsson C, Cook D, Asthana S, Edwards D, Einerson J, Okonkwo O, Sager M, Kosciak R, Gallagher C, Rol R, Bendlin B, Blennow K, Hermann B, Ryan Dougherty R, Schultz S</i></p> <p>A four-day Western-style dietary intervention causes reductions in hippocampal-dependent learning and memory and interoceptive sensitivity <i>Francis HM, Attuquayefio T, Oaten M, Stevenson RJ</i></p>	<p>Can patients with a prolonged disorder of consciousness exhibit unilateral spatial neglect? <i>Wilson B, Rose A</i></p> <p>Cognitive assessments and multimodal neuroimaging interactions in patients with disorders of consciousness <i>Gosseries O, Aubinet C, Cassol H, Wannez S, Laureys S, Murphy L</i></p> <p>Prolonged disorders of consciousness: Continuing dilemmas <i>Badwan D</i></p> <p>Effect of circadian rhythm optimization on behavioural and event related potential responses in prolonged disorders of consciousness <i>Yelden K, Duport S, Leon J, Farmer S, Kempny A, Leff A, Playford D</i></p>	<p>Long term outcomes following mild traumatic brain injury in childhood <i>Bernard C, Ponsford J, McKenzie D, McKinlay A, Krieser D</i></p> <p>Integrity of the anterior corpus callosum predicts outcomes of pediatric mild traumatic brain injury <i>Yeates K, Bacevice A, Bangert B, Cohen D, Mihalov L, Zumbege N, Taylor G, Bigler E, Hunsaker N</i></p> <p>Motor difficulties in Autism Spectrum Disorder are associated with impaired perception of interactive movement <i>Lindor E, Rinehart N, van Bostel J, Fielding J</i></p> <p>Impaired and preserved processes of time-related information in adults with high-functioning Autism Spectrum Disorder <i>Park P, Tsukiura T, Nakamichi K, Nakamura A, Funabiki Y</i></p>	<p>An analysis of the court's expectations of neuropsychological evaluations in motor vehicle accident claims as perceived by legal practitioners in South Africa <i>Swanepoel H (1)</i></p> <p>Self- and spouse reports of cognitive impairment in cancer patients: Associations with neuropsychological performance and health-related quality of life <i>Wu LM, Amidi A, Tanenbaum M, Hall SJ, Bovbjerg K, Diefenbach MA (2)</i></p> <p>A causal modelling approach of the Dutch Wechsler Memory Scale - Fourth Edition (WMS-IV-NL): Exploring memory structure <i>Bouman Z, Claassen T, Hendriks M, Van Dijk M (3)</i></p> <p>A preliminary standardisation of the Letter Cancellation Test for military personnel <i>Pillay C, Gadd C, Semenya B (4)</i></p> <p>Establishing equivalency between an English and isiXhosa Verbal Learning Test for South Africa <i>Scott T, Gouse H, Joska J, Robbins R (5)</i></p> <p>Test-retest reliability and practice effects of the computerized neuropsychological test battery CNS Vital Signs: Evaluation in a Dutch healthy sample <i>Van der Linden S, Sitskoorn M, Gehring K, Emons WHM, Rijnen S (6)</i></p> <p>Examinee experience of a brief, tablet-based neuropsychological assessment for isiXhosa-speaking South Africans <i>Gouse H, Joska J, Robbins R, Henry M, Scott T (7)</i></p> <p>Differences in tool knowledge between brain injured patients with and without apraxia <i>Vingerhoets G, Sack V, Stove J, Vander Stichelen J, Vanrietvelde S, Oostra K, Lannoo E (8)</i></p> <p>Complaints of difficulties handling business affairs is predictive of poorer cognitive performances in a well-educated sample <i>Montgomery V, Spencer RJ, Biellauskas LA (9)</i></p> <p>The Advanced Neuropsychological Diagnostics Infrastructure (ANDI) <i>de Vent N, Schmand B, Huizenga H, Muree J, Angelik van Rentergem J (10)</i></p>
15:15—15:30	Tea/Coffee				
Birch Lecture (Auditorium 2)					
Chair: Michael Kopelman					
15:30—16:30	Donald Stuss Personalised Medicine: The Role of Neuropsychology				

THURSDAY, 6 JULY

# Programme, CTICC

Thursday, 06 July 2017

Venue	Auditorium 2	1.61-1.62	2.61-2.63	2.64-2.66	Exhibition Hall 4A
Chair	Ann Watts	Menachem Mazabow	Leigh Schrieff-Elson	Digby Ormond-Brown	
16:30—18:30	<p><b>Invited Symposium (Psychological Society of South Africa):</b> Neuropsychology in low resource settings: Challenges and priorities</p> <p>Building neuropsychology expertise in Zambia: Priorities and challenges <b>Hestad KA, Menon JA</b></p> <p>Assessing traumatic brain injury in rural communities in Limpopo Province, South Africa: Challenges and prospects <b>Sodi T</b></p> <p>Neuropsychology in Ghana: A new beginning or a wild goose chase? <b>Mate-Kole CC</b></p> <p>The practice of neuropsychology in the South African Public Health Service <b>Pillay B</b></p>	<p><b>Paper Presentations:</b> Executive Functions/ Frontal Lobes</p> <p>Split brain: Divided perception but undivided consciousness <b>De Haan E, Otten M, Pinto Y, Lamme V</b></p> <p>Is there small-world correspondence between social and brain networks? <b>Youm Y, Kim J</b></p> <p>Assessment of executive functions in children and adolescents with ABI using a novel complex multi-tasking computerized task: The Jansari Assessment of Executive Functions (JEF-C©) <b>Jansari A</b></p> <p>Sex differences in executive functions of preterm and term preschool children <b>O'Meagher S, Anderson P, Norris K, Kemp N</b></p> <p>Monitoring executive functioning during intraoperative monitoring with the Stroop paradigm in 152 glioma patients <b>van Zandvoort M, Ruis C, Wajer IH, Broekman M, Seute T, Dijkerman C, Robe P</b></p> <p>Enhanced executive functioning revealed in electrophysiological markers in athletes with and without previous concussions <b>Halliday D, Gordon I, Agate FT, Karr J, Garcia-Barrera MA</b></p>	<p><b>Symposium:</b> Severe Pediatric Traumatic Brain Injury in South Africa</p> <p>Complexities in the neurosurgical management of children following severe traumatic brain injury <b>Figaji A, Rohlwink U, Schrieff-Elson L, Thomas K</b></p> <p>Investigating acute predictors of neuropsychological outcomes 12 months after severe pediatric traumatic brain injury <b>Wepener L, Rohlwink U, Figaji A, Schrieff-Elson L</b></p> <p>Behavioural and academic outcomes and the specific role of premorbid functioning in a sample of children admitted to the Red Cross War Memorial Children's Hospital following severe traumatic brain injury <b>Dollman A, Figaji A, Schrieff-Elson L</b></p> <p>Global and cultural challenges to assessment and rehabilitation outcomes in pediatric traumatic brain injury <b>Schrieff-Elson L, Rohlwink U, Thomas K, Figaji A</b></p>	<p><b>Paper Presentations:</b> Cognitive Rehabilitation</p> <p>Cognitive decline, psychological wellbeing and cerebral function in HIV-infected patients on CART: The Art-Neco Study <b>Kessels R, Janssem M</b></p> <p>Barriers to the implementation of an internet-based rehabilitation program in two public healthcare settings <b>Ferreira-Correia A, Barberis T, Msimanga L</b></p> <p>A comparison of restorative and compensatory approaches to memory rehabilitation post-stroke (RESTORE): A phase II randomised controlled trial <b>Withiel T, Mihaljcic T, Wong D, Cadilhac D, Stolwyk R, Ponsford J, New P</b></p> <p>A modular approach to personalized prospective memory training <b>Raskin S, Race M, Aiken E</b></p> <p>Training and transfer effects of working memory updating training are modulated by achievement motivation <b>Maes J, Zhao X, Xu Y, Fu J</b></p> <p>Pre-training neuropsychological impairment of children and adolescents with ADHD is unrelated to treatment response after computerized cognitive training <b>Minder F, Zuberer A, Brandeis D, Drechsler R</b></p>	<p><b>Poster Presentations:</b> Acquired Brain Injury Adult/Cognitive Rehabilitation</p> <p>Concussive Injury in university football players <b>Nel K, Govender S (1)</b></p> <p>Developing AppITree: A smartphone reminding App for people with acquired brain injury <b>Jamieson M, Brewster S, McGee-Lennon M, Cullen B, Evans J (2)</b></p> <p>Spaces for expression: Acquired brain injury in patients in rehabilitation <b>Odendaal A, Laidlaw C, Moodley N (3)</b></p> <p>Neuropsychological impairment due to electrocution accident <b>Zambrano-Páez D, Salvador-Cruz J (4)</b></p> <p>Dual driving and distractor task: Association with executive functions in older adults <b>Miller L, Granros M, Mewborn C, Gogniat M, Robinson T, Jean K (5)</b></p> <p>The relation between somatosensory deficits and left right orientation impairments after stroke: A voxel-based lesion symptom mapping study. <b>Dijkerman C, Van Stralen H, Biesbroek M, Kuiff H, Van Gemert M, Sluiter D, Kappelle J, Van Zandvoort M (6)</b></p>
19:30	INS 2017 50th Anniversary Mid-Year Congress Celebration Party (Roof Terrace Room)				

FRIDAY, 7 JULY

Programme, CTICC

Friday, 07 July 2017

Venue	Auditorium 2	1.61-1.62	2.61-2.63	2.64-2.66	Exhibition Hall 4A
Chair	Leigh Schrieff-Elson	Trevor Reynolds	Skye McDonald	Elton Bloye	
08:00—10:00	<p><b>Symposium:</b> HIV Infection in Children and Adolescents: Neuropsychological and Demographic Profiles and Assessment</p> <p>HIV-associated cognitive impairment in perinatally infected children and adolescents: Validation of a quick screening tool <b>Phillips N, Thomas K, Stein D, Hoare J, Myer L, Zar H</b></p> <p>HIV-associated cognitive impairment in perinatally infected children and adolescents: Introducing the composite cognitive domain score <b>Phillips N, Myer L, Hoare J, Stein D, Thomas K, Zar H</b></p> <p>HIV-related referrals to a local pediatric neuropsychology clinic: A 1-year demographic (including medical, developmental, and academic) and neuropsychological profile <b>Mokoena L, Schrieff-Elson L, Donald K, Malcolm-Smith S, Davids N, Walker K</b></p>	<p><b>Paper Presentations:</b> Adult Assessment</p> <p>Use of adaptive behaviour assessment in a South African psycho-legal context <b>Douglas G</b></p> <p>A factorial examination of the SIMS subscales in a large patient sample <b>Ponds R, Dandachi-FitzGerald B</b></p> <p>Aggregate normative databases in clinical neuropsychology <b>Agelink Van Rentergem J, de Vent N, Schmand B, Murre J, Huizenga H</b></p> <p>Alternative facts: The dilemma of adjusting and interpreting test results with a small normative sample in South Africa <b>Robbins R, Scott T, Gouse H, Joska J</b></p> <p>On the limits of symptom validity tests <b>Ponds R, Dandachi-FitzGerald B</b></p>	<p><b>Symposium:</b> Social Cognition Across the Lifespan: New Advances in Clinical Assessment and Theory</p> <p>The awareness of social inference tests: A screening test for social cognition: Comparing Australian and US speakers <b>McDonald S, Hazelton J, Padgett C, Allen S, Honan C, Kumfor F, Piguet O</b></p> <p>Employment of a short clinical test to assess social cognition in younger-onset dementias <b>Kumfor F, McDonald S, Hodges J, Piguet O</b></p> <p>Impaired alpha responsivity to angry facial expressions is related to volume loss in limbic structures in severe traumatic brain injury <b>Rushby J, De Blasio F, Dalton K, Kornfeld E, McDonald S</b></p> <p>Understanding the emotion of others: Evaluating the unique contribution of facial expressivity and subjective emotional experience in the recognition of emotion <b>Wearne T, McDonald S</b></p> <p>Evaluating social competency using PEERS with paediatric clinical populations <b>McDonald S, Anderson V, Hears S, Turkstra L, Dooley J, Darby D, Beauchamp M, Hears S</b></p>	<p><b>Paper Presentations:</b> Acquired Brain Injury</p> <p>Disorders of consciousness: Differences in behaviours recorded on the Wessex Head Injury Matrix between those with traumatic and non-traumatic aetiologies <b>Shiel A, Pundole A, Wilson C, Rose A, Zimmerman CNR, Wilson B, Dhamapurkar S</b></p> <p>Parents and PE teacher's knowledge of and attitudes towards sports related concussion in Irish adolescents <b>O'Breirne E, Sullivan L, Shiel A</b></p> <p>Persistent post-concussion symptoms following mild traumatic brain injury in adults: Their nature and predictors <b>Ponsford J, Downing M, Nguyen S</b></p> <p>Family caregiving of individuals with traumatic brain injury in Botswana <b>Mbakile-Mahlanza L, Manderson L, Ponsford J</b></p> <p>Multimodal evaluation of repeated subconcussive blows to the head in contact sport athletes <b>Lefebvre G, Chamard E, Theoret H, DeGuisse E</b></p> <p>Reliability and sensitivity of dyslexia self-report in college student-athletes: Implications for concussion/mTBI research <b>Wiseheart R, Wellington R</b></p>	<p><b>Poster Presentations:</b> Aging/Dementia (AD)/Dementia (Non-AD) and Mild Cognitive Impairment</p> <p>Inconsistency in finger tapping as a domain-specific proxy for CNS integrity in older adults <b>Halliday D, MacDonald S, Stawski R (1)</b></p> <p>The relationship between mood disorder and awareness in dementia and bipolar disorder: Clinical and empirical evidence <b>Mograb D, Bertrand E, Silva R, Cheniaux E, Dourado M, Laks J, Morris R (2)</b></p> <p>When does informal caregiving for people with dementia result not only in burden but also in gains? <b>Jutten L, Mark R, Sitskoorn M (3)</b></p> <p>Behavioural variant FTD without ALS caused by UBQLN2 P525S mutation <b>Leger G, Banks S, Leverenz J, Bekris LM (4)</b></p> <p>Cognitive changes in phenoconverters from asymptomatic to minimally symptomatic FTLD: Preliminary data in the LEFFTDS cohort <b>Fields J, Boeve B, Rosen H, Boxer A, Coppola G, Dheel C, Dickerson B, Fong J, Gavrilova R, Ghoshal N, Goldman J, Graff-Radford N, Grossman M, Heuer H, Hsiao J, Huey E, Irwin D, Kantarci K, Karydas A, Knopman D, Kornak D, Kraft J, Kukull W, Kramer J, Mackenzie I, Miller B, Miller M, Phelps C, Rademakers R (5)</b></p> <p>Depressive and anxiety symptoms in Parkinson's Disease with mild cognitive impairment <b>Diab S, Postuma R, Gagnon JF (6)</b></p> <p>Patient and partner treatment and outcome preferences in mild cognitive impairment. <b>Smith GE, Chandler M, Fields JA, Locke DEC (7)</b></p> <p>Men with experience preparing meals show greater functional independence in mild cognitive impairment <b>Berezuk C, Zakzanis K, Ramirez J, Black S (8)</b></p> <p>Differences in caregivers' and patients' perceptions of fitness to drive as a function of type and degree of mild cognitive impairment <b>Tan LYR, Hameed S, Ting S, Tay SY (9)</b></p> <p>Impaired meta-awareness of memory deficits evolution in older adults with mild cognitive impairment <b>Larouche E, Goulet S, Chouinard AM, Morin-Alain V, Hudon C (10)</b></p>
10:00—10:30	Tea/Coffee				

FRIDAY, 7 JULY

**Programme, CTICC**

Friday, 07 July 2017

Venue	Auditorium 2	1.61-1.62	2.61-2.63	2.64-2.66	Exhibition Hall 4A
Plenary (Auditorium 2)					
Chair: Yana Suchy					
10:30—11:30	Jennifer Manly Mechanisms of Cognitive Disparity in Older Adults: The Role of Race, Culture and Education				
Chair: Ann Watts					
11:30—12:30	Michael Saling Diagnostic Approaches in Progressive Disorders: From Subjective Symptomology to Neurobiomarkers				
12:30—13:15	Lunch				
Chair	Ann Edwards	Joachim Mureriwa	Barbara Wilson	Coco Bernard	
13:15—15:15	Invited Symposium (South African Clinical Neuropsychological Association): State of the Art Research and Developments in the Field of Sports Concussion	Paper Presentations: Adult Assessment/Cross-Cultural Assessment	Symposium: Getting in Touch with our Roots: How Historical Figures in Neuropsychological Rehabilitation Continue to Influence our Current Clinical Practice	Symposium (Hosted by INS Student Liaison Committee): Novel applications of technology within neuropsychology research and practice	Poster Presentations: Movement Disorders/Cancer/Medical Disorders DMG/Toxin-Related Disorders
	Neurocognitive effects of head and body collisions on players of club level rugby union Zoccola D, Shuttleworth-Edwards AB, Radlof SE  Symptom count, not severity, is the best predictor of concussion recovery in pediatric athletes Pardini DA, Pardini JE, Sterling JC, Kisana H, Mattis JM  Interaction effects reveal cognitive vulnerability in late adolescent rugby playing scholars Alexander D, Shuttleworth-Edwards AB  Return to learn following sport-related concussion Pardini JE  A new validated screening tool for concussion in children ages 5 through 11 Lovell MR	Evaluation of normative data for the computerized neuropsychological battery CNS vital signs: Effects of sociodemographic variables in a Dutch healthy sample Rijnen S, van der Linden S, Campman CAM, Meskal I, Gehring K, Sitskoorn M  Construct validity of a tablet application to assess neurocognition in South Africa Robbins R, Joska J, Gouse H, Brown H, Brown H, Ehlers A, Scott T  Towards a neuropsychology internship program: Evaluation of the neuropsychology service delivery at 1 Military Hospital Motswai P, Gadd C  Neuropsychology training in Africa: An analysis of 126 universities in 30 countries Maphisa J  The state of neuropsychology in South Africa Truter S, Mazabow M, Paredes A, Rivera D, Arango-Lasprilla J  Caregivers' perception of fitness to drive, patients' self-awareness and global cognitive function in cognitive impairment Tay SY, Tan LYR, Hameed S, Ting S	Kurt Goldstein - The father of modern brain injury rehabilitation Wilson B  Oliver Zangwill - The father of British neuropsychology Wilson B  Alexandr Romanov Luria - The grandfather of neuropsychology Watts A  Yehuda Ben-Yishay - The father of holistic rehabilitation Evans J	Development and application of Virtual-Reality technology in neuropsychology Schultheis M  Observations from the cross-disciplinary ApplTree project Jamieson M, Cullen B, McGee-Lennon M, Brewster S, Evans J  Can advances in digital health and E-Health improve assessment, intervention and outcomes for children with brain injury and their families? Anderson V	The effects of alcohol consumption on working memory Gopolang S, Marobela S, Mbakile-Mahlanza L (1)  Childhood adversity and hippocampal volume associated with poorer visuospatial memory in binge drinkers Ipser J, Stein D, Gouse H, Freeman C, Joska J (2)  A comparison of neuropsychological outcomes of pallidal and subthalamic deep brain stimulation for Parkinson's Disease Troster A, Abbott A, Ponce F, Hanson K (3)  The silent companion: Sensed presence in Parkinson's Disease Cant R, James A, Devenney G, Harris P, Hastings K, Woods J (4)  Redefining Gulf War veterans illness Krengel M, Yee M, Janulewicz P, Sullivan K (5)  Psychosocial impact of impulse control disorders in Parkinson's Disease James A, Hastings K, Devenney G, Harris P, Cant R, Woods J (6)  Evaluation of semantic memory in patients with Parkinson's Disease Barajas-Toledo D, Rodriguez- Camacho M, Jaimes- Bautista A, Rodriguez- Agudelo Y (7)  Is APOE4 a risk factor for chemotherapy-induced cognitive impairment and increased immune response in cancer patients undergoing treatment? Amidi A, Wu L, Clausen C, Zachariah R, Dements D, Agerbaek M (8)

FRIDAY, 7 JULY

# Programme, CTICC

Friday, 07 July 2017

Venue	Auditorium 2	1.61-1.62	2.61-2.63	2.64-2.66	Exhibition Hall 4A
15:15—15:45	Tea/Coffee				
Chair	John Joska	Marilyn Adan	Gordon Chelune	Leigh Schrieff-Elson	
15:45—17:45	<p><b>Invited Symposium (International Neuropsychiatric Association):</b> The Vascular-Alzheimer's Continuum and Unusual Dementias</p> <p>An unusual form of vascular-related cognitive impairment: clinical, radiological and neuropathological findings <b>Combrinck M</b></p> <p>Two cases of primary progressive aphasia: Neuropsychological assessment in a state hospital's memory clinic <b>Thomas K</b></p> <p>Normal pressure hydrocephalus presenting with psychiatric symptoms <b>Groenewald L</b></p> <p>HIV dementia: Addressing the burden of disease in South Africa <b>Joska J</b></p>	<p><b>Paper Presentations:</b> Functional Imaging/ Language and Speech Functions/Learning Disorders</p> <p>Testing the impact of augmented reality on everyday executive task performance using a virtual reality multiple errands test <b>Kolovopoulos D, Jamieson M, Williamson J, McGill M, Wilson G, Evans J, Brewster S</b></p> <p>Using functional near infrared spectroscopy to index neural variability in older adults during an executive function task <b>Halliday D, Mulligan B, Garrett D, Schmidt S, Garcia-Barrera M, Hundza S, Stawski R, Macdonald S</b></p> <p>Vocal emotion and vocal identity recognition in adult dyslexia <b>Castro SL, Mesquita A</b></p> <p>Bilingualism, cognition and language-learning in monolingual and bilingual children in South Africa <b>De Sousa D</b></p> <p>Neuropsychological and neuroimaging correlates of inadequate responders to instruction <b>Fletcher J, Morris R</b></p> <p>When does a small lag become a delay? Identification of early markers of learning disabilities <b>Naidoo R</b></p>	<p><b>Symposium:</b> Evidence-based Practices in Neuropsychology: Current Status and Future Directions</p> <p>Where is the evidence for evidence-based practice? <b>Loring D</b></p> <p>Evidence-based test selection and choice of cut-off scores: What is the question? <b>Chelune G</b></p> <p>Performance-based measures of functional independence: Relationship to cognitive functions <b>Miller L</b></p>	<p><b>Paper Presentations:</b> HIV</p> <p>Concurrent validity of four screening tests for HIV-associated neurocognitive disorders (HAND): Sensitivity, specificity, and classification accuracy <b>Rourke SB, Rachlis A, Gill MJ, Carvalho A, Atkinson M, Murphy C, Bekele T, Power C, Brunetta J, Robbins R, Sota T, Marcotte T, Cysique L, Arbess G, Kovacs C</b></p> <p>Persistence of neurocognitive impairment and milder forms of HIV-associated neurocognitive disorders (HAND) over 20 years in the HAART era: Evidence from St. Michael's Hospital Neuro HIV Clinical Cohort (Toronto, Canada) <b>Rourke SB, Rachlis A, Sota T, Kovacs T, Kovacs C, Bekele T, Nam S, Brunetta J, Cysique L, Gill MJ, Carvalho A, Arbess G</b></p> <p>Older adults with HIV: Neuropsychological functioning and health-related quality of life <b>Motswai P, Cassimjee N, Jedlinski S</b></p> <p>Neurocognitive impairment has a high prevalence in a sub-Saharan HIV-positive population compared to HIV-negative controls; the MoCA-Basic is not an optimal screening tool in this setting <b>Arends J, Hakkers C, Beunders A, Ensing M, Barth R, Boelema S, Devillé W, Tempelman H, Coutinho R, Hoepelman A</b></p>	<p><b>Poster Presentation:</b> Electropsychology/EEG/Epilepsy/ Neurostimulation/HIV/ Functional Imaging/Behavioural Neurology/Psychopathology/ Forensic</p> <p>Characterizing cognitive alterations in temporal lobe epilepsy using machine learning <b>McMillan T, Nair V, Meyerand B, Almane D, Birn R, Hwang G, Binder J, Conant L, Struck A, Mohanty R, Deyoe E, Nencka A, Kawsar F, Maganti R, Raghavan M, Prabhakaran V, Hermann B, Mathis J, Humphries C, Felton E, Rozman M, Zhao G (1)</b></p> <p>Unique prefrontal correlates of empathy subtypes and the role of anhedonia revealed by fMRI <b>Light S, Bezdek M, Taiwo Z (2)</b></p> <p>Functional reorganization of the Default Mode Network in ischemic stroke: A prospective study <b>Vicentini J, Weiler M, De Campos BM, Valler L, De Almeida SRM, Min I (3)</b></p> <p>Longitudinal neuropsychological outcomes in a patient with Tourette syndrome after deep brain stimulation of the antero-medial globus pallidus interna: A retrospective case review <b>Cassimjee N, Van Coller R, Slabbert P, Vaidyanathan J (4)</b></p> <p>The impact of HIV-associated neurocognitive impairment on driving simulator performance in South Africa: A pilot study. <b>Gouse H, Henry M, Marcotte T, Thomas K, Joska J, Dreyer A, Robbins R (5)</b></p> <p>Development of inhibitory control and attention processes in healthy preschool children: An ERP study <b>Garcia-Anacleto A, Salvador-Cruz J (6)</b></p>
17:45—18:30	INS Business Meeting				
19:30	Student Social, Hosted by the INS Student Liaison Committee				

## SATURDAY, 8 JULY

**Programme, CTICC**

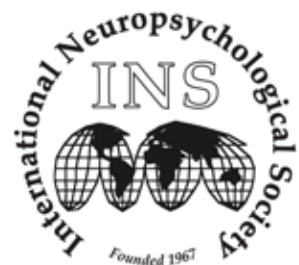
Saturday, 08 July 2017

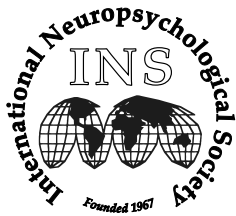
Venue	Auditorium 2	1.61-1.62	2.61-2.63	2.64-2.66	Exhibition Hall 4A
<b>Plenary (Auditorium 2)</b>					
<i>Chair: Jennie Ponsford</i>					
09:00—10:00	<b>Jonathan Evans</b> Rehabilitation of Memory and Executive Functions				
10:00—10:30	Tea/Coffee				
<i>Chair</i>	<i>Sharon Truter</i>	<i>Brian Mallinson</i>	<i>Robin Morris</i>	<i>Coco Bernard</i>	
10:30—12:30	<b>Symposium:</b> The Influence on Medical Insurance on Neuropsychology Practice in Three Southern African Countries	<b>Paper Presentations:</b> HIV/Epilepsy	<b>Symposium:</b> Reflections on Ecologically Valid Measurement Techniques for Assessing Planning, Multi-Tasking and/ Organisation in Patients with Dysexecutive Impairment	<b>Workshop hosted by INS Student Liaison Committee</b>	<b>Poster Presentations:</b> Executive Functions/ Frontal Lobes/Language and Speech/Memory
	<p>Neuropsychology in Botswana: From registration to medical aid remuneration <b>Kgolo T</b></p> <p>To test or not to test - that is the question: A reflection of the neuropsychology dilemma in South Africa. <b>Maganlal U</b></p> <p>Exploration of a model to Improve availability of medical Insurance funds for neuropsychological services in Namibia <b>Annandale W</b></p>	<p>Effect of age and level of education on neurocognitive impairment in HIV positive Zambian adults <b>Kabubu N, Lydersen S, Menon JA, Heaton RK, Franklin Jr D, Hestad K</b></p> <p>Sensitivity and specificity of a tablet app to detect neurocognitive impairment among HIV+, isiXhosa-speaking South African adults <b>Robbins R, Joska J, Gouse H, Brown H, Ehlers A, Scott T</b></p> <p>Is epilepsy a progressive disease? Evidence from neuroradiological and neuropsychological studies <b>Lee G, Park Y</b></p> <p>Aging without a hippocampus: Very long term outcome from temporal lobe surgery for intractable seizures <b>Banks S, Jones-Gotman M</b></p> <p>Neuropsychological Assessment Battery (NAB) memory outcomes after temporal resection in epilepsy <b>Harris M</b></p> <p>Risk factors for parent reported executive problems in children and youth with epilepsy <b>Hessen E</b></p>	<p>Individual task processing not multi-tasking is the likely cause of ecological task difficulty in people with multiple-sclerosis <b>Morris R, Tierney K, German E, Silber E</b></p> <p>The frontal paradox demonstrated in patients with focal neurosurgical prefrontal lesions using a virtual reality measurement of multi-tasking <b>Morris R, Jansari A, Denmark T, Tailor J, Ashkan K</b></p> <p>Assessing multitasking in brain injury and normal ageing using the Hotel Test: A valid test in ten minutes? <b>Fish J, Manly T</b></p> <p><b>Discussant: Jonathan Evans</b></p>	<p>The art, craft, and science of diagnostic reasoning in clinical neuropsychology: From symptomatology to objective markers <b>Saling M</b></p>	<p>Using Google Street View to investigate navigation of frequently travelled environments in developmental amnesia <b>Herdman K, Ozubko J, Moscovitch M, Rosenbaum RS (1)</b></p> <p>Decision making and its relation to executive functioning in patients with Bipolar Disorder and Major Depressive Disorder <b>Oviedo-Rodríguez E, Ramírez-Bermúdez J, Díaz-Victoria AR (2)</b></p> <p>Relationship between executive functions and food craving and their impact on junk food intake in obesity context <b>Massicotte E, Jackson P (3)</b></p> <p>Mnemonic strategy training in Korsakoff's amnesia: A controlled pilot study <b>Kessels R, Murk S, Walvoort S, Hampstead B (4)</b></p> <p>Development of a short form of the Memory for Intentions Test <b>Raskin S, Race M (5)</b></p>

THANK YOU



INS MID-YEAR CONGRESS  
**CELEBRATING  
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CAPE TOWN, SOUTH AFRICA  
05-08 JULY 2017





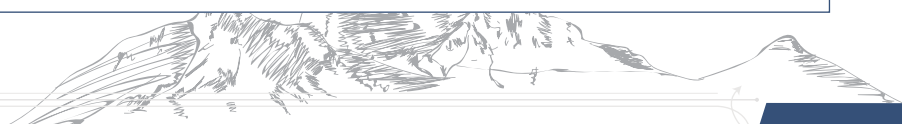
# International Neuropsychological Society 2018 Mid-Year Meeting

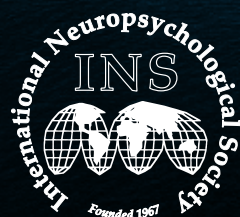
## Bridging Science with Humanity

July 17-21, 2018, Prague, Czech Republic

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The International Neuropsychological Society is a multi-disciplinary, non-profit organization dedicated to enhancing communication among the scientific disciplines which contribute to the understanding of brain-behavior relationships. The Society currently has more than 4700 members throughout the world. The Society holds two meetings per year, including its Annual Meeting in North America every February and its Mid-Year Meeting outside of North America every July.