The International Neuropsychological Society

48th Annual Meeting

Denver, Colorado USA - February 5–8, 2020

INS2020 | DENVER

NEUROPSYCHOLOGY IN THE ERA OF PRECISION MEDICINE

February 5-8 2020

Wifi SSID: INS_Conference
Wifi Password: INS2020!

www.the-ins.org

Program Welcome

Dear Colleagues,

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

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

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

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

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

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

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

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

Vicki Anderson- INS President

Miriam Beauchamp and Ozioma Okonkwo- Denver 2020 Program Co-Chairs

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CE Committee Chair: Melissa Lamar

Program Suggestions by topic:

- Aging & Dementia
- Pediatric
- Assessment
- Cross-Cultural/Diversity
- Adult Disorders
- Intervention




Meeting Program

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

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

Wednesday February 5, 2020			
9:00-12:00 PM	**CE Workshop 1.** Moving Beyond the Cure: Improving Cognitive Outcomes for Childhood Cancer Survivors Presenters: Heather Conklin & Lisa Jacola Location: Centennial B-C	**CE Workshop 2.** A Practical Guide to the Ethics and Practice of Rural Health and Teleneuropsychology Presenters: Dustin Hammers & Rene Stolwyk Location: Centennial G-H	**CE Workshop 3.** Toward a Precision Medicine of Alzheimer's Disease: Cognitive Phenotypes in the era of Genomics, Neuroimaging and Fluid Biomarkers Presenter: Andy Saykin Location: Centennial D-E
12:00-1:00 PM	**INS Business Meeting** Location: Centennial D-E		**Lunch (On Own)**
1:00-4:00 PM	**CE Workshop 4.** How Neuropsychology is Impacting Cancer Care Presenters: Sanne Schagen & Jeffery Wefel Location: Centennial B-C	**CE Workshop 5.** The Neuropsychologists ABC's of LD's: Understanding and Assessing Learning Disabilities Within a Neuropsychological Context Presenter: Marsha Vasserman Location: Centennial D-E	**CE Workshop 6.** Placebo Effects: Mechanisms, Impact, and Ethical Use Presenter: Tor Wager Location: Centennial G-H
2:30-3:45 PM	**Poster Session 1.** MCI, HIV, & Dementias Location: Centennial Ballroom Foyer		
2:30-4:00 PM	**INS Student Liaison Committee Panel 1:** Discussing Diversity: An Interactive Exploration into Culturally Responsive Neuropsychology Discussant: April Thames Presenters: Monica Rivera-Mindt, Daryl Fujii, Alberto Fernandez, Jean Ikanga, Preeti Sunderaraman Location: Centennial A		
4:15-4:30 PM	**Program Welcome** Program Committee Chairs: Miriam Beauchamp and Ozioma Okonkwo Location: Centennial D-E		
4:30-5:30 PM	**Plenary A.** Presidential Address: From Sidelines to Mechanism and Back: The Complex Tapestry of Recovery From Child and Adolescent Concussion INS President: Vicki Anderson Location: Centennial D-E		
5:30-6:30 PM	**INS Awards Ceremony Awards** Committee Chair: Roy Kessels Location: Centennial D-E		
6:30-7:30 PM	**Welcome Reception** Location: Centennial F-G-H		

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Thursday February 6, 2020

7:20-8:50 AM	**CE Workshop 7.** On the Bright Side of Memory Aging: Brain Maintenance Presenter: Lars Nyberg Location: Centennial D-E		**CE Workshop 8.** Harmonizing Evaluations Across Cultural and Linguistic Diversity One Size (Does Not) Easily Fit All! Presenters: Urvashi Shah and Preeti Sunderaraman Location: Centennial G-H		
8:00-9:15 AM	**Poster Session 2.** Pediatric Assessment & Neurodevelopment Disorders Location: Centennial Ballroom Foyer				
9:00-10:30 AM	**Invited Symposium 1.** Big Data, Little Data: Transforming Neuropsychological Theory, Assessment and Rehabilitation Chair: Jonathan Evans Presenters: Breda Cullen, Szymon Fedor, Justin Miller Location: Centennial D-E	**Symposium 1.** Optimizing Subjective Cognitive Decline (SCD) as a Preclinical Marker of Alzheimer's Disease Discussant: Stephanie Cosentino Chair & Presenter: Silvia Chapman Presenters: Rachel Do, Megan Barker, Jillian Joyce Location: Centennial B-C	**Symposium 2.** Using Technology to Enhance Assessment and Rehabilitation for Older Individuals Chair & Presenter: Robert Kane Presenters: Thomas Parsons, Gary Kay, M. Schmitter-Edgecombe, Munro Cullum Location: Centennial A	**Paper Session 1.** Cannabis & Psychosis Moderator: Jimmy Choi Presenters: J. Cobb Scott, Jacqueline Duperrouzel, Leila Nabulsi, Sean Madden, Ellen Eline, Jimmy Choi Location: Centennial F	**Paper Session 2.** Concussion/Mild TBI Moderator: Amy Jak Presenters: Madeleine Werhane, Emily Grossner, Justin Karr, Fionn Büttner, David Marra, Natalie Dailey Location: Centennial G-H
9:30-10:45 AM	**Poster Session 3.** Epilepsy, Multiple Sclerosis, & Movement Disorders Location: Centennial Ballroom Foyer				
10:30-10:45 AM	**AM Coffee Break** Location: Centennial Ballroom Foyer				
10:45-11:45 AM	**Plenary B.** Development of Emotion Regulation Neurobiology and the Role of Early Caregiving Experiences Presenter: Nim Tottenham Location: Centennial D-E				
11:45-1:15 PM	**Invited Symposium 2.** Past-President's Symposium: Historical Reflections and Lessons Learned Chair and Discussant: Russell Bauer Presenters: Kathleen Haaland, Jennie Ponsford, Michael Kopelman, Martha Denckla, Leslie Gonzalez-Rothi Location: Centennial D-E	**Symposium 3.** Advancing Precision Medicine Through Data Sharing, Transparency, and Open Science: A Decade of the ENIGMA Initiative Discussant & Presenter: Paul Thompson Chair & Presenter: Frank Hillary Presenters: David Tate, Elisabeth Wilde Location: Centennial G-H	**Paper Session 3.** Aging & Dementia: Vascular Factors Moderator: Robin Hilsabeck Presenters: Isabel Sible, Cristina Roman, Hailey Kresge, Jessica Osuna, Katherine Bangen, Knut Hestad Location: Centennial B-C	**Paper Session 4.** Mood & Anxiety Moderator: Scott Langenecker Presenters: Mary Fernandes, Meenakshi Banerjee, Jessica Zakrzewski, Rachel Venezia, Colleen Jackson, Marianne Gorlyn Location: Centennial F	**Paper Session 5.** Developmental Conditions Moderator: Robin Peterson Presenters: Rosemary Toomey, Susan Kuo, Christopher Mark, Evelyn Fisher, Alexander Wallace, Jeffery Wozniak Location: Centennial A
12:00-1:15 PM	**Poster Session 4.** Concussion/TBI Across the Lifespan Location: Centennial Ballroom Foyer				
1:15-2:15 PM	Lunch (On Own)				

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2:15-3:45 PM	**Early Career Award Presentations** Presenters: Denver 2020 Award Recipient: Laszlo Erdodi Rio 2019 Award Recipient: Daniel Mograbi Location: Centennial D-E	**Symposium 4.** Neuroscience Approaches to Inform Novel Treatment Targets for Mood Disorders in Aging Chair & Presenter: Sara Weisenbach Presenters: Faith Gunning, Swathi Gujral, Vincent Koppelmans, Meryl Butters Location: Centennial F	**Symposium 5.** Toward Precision Neuropsychology Chair & Presenter: Robert Bilder Presenters: Russell Bauer, Lucia Cavanagh, Daniel Drane, Laura Umfleet Location: Centennial B-C	**Paper Session 6.** Aging & Dementia: Atypical Presentations Moderator: Emily Trittschuh Presenters: Adam Staffaroni, Fahmida Moni, Joshua Fox-Fuller, Gema Ortiz, Christopher Gonzalez, Allison Parker Location: Centennial G-H	**Paper Session 7.** HIV & Metabolic Disorders Moderator: April Thames Presenters: Ni Sun- Suslow, Jacob Lafo, Lucette Cysique, Elissa McIntosh, Michael Boivin, Vanessa Guzman Location: Centennial A
2:30-3:45 PM	**Poster Session 5.** Adult Assessment 1, Multiculturalism, & Cognitive Neuroscience Location: Centennial Ballroom Foyer				
3:45-4:00 PM	**PM Coffee Break** Location: Centennial Ballroom Foyer				
4:00- 5:15	**Poster Session 6.** Adult Assessment 2, Cancer, & Genetic Disorders Location: Centennial Ballroom Foyer				
4:00-5:30 PM	**Invited Symposium 3:** Tackling Chronic Traumatic Encephalopathy in 2020: Research Updates on Neuropathology, Diagnosis, and Risk Factors Chair & Presenter: Michael Alosco Presenters: Jesse Mez, Gil Rabinovici, Sarah Banks, Kristen Dams-O'Connor Location: Centennial D-E	**Symposium 6.** "Don't Set Sail Using Someone Else's Star": Enhancing the Precision of Neuropsychological Diagnosis in Sub-Saharan Africa and U.S. African Immigrant Populations Chair & Presenter: Anthony Stringer Presenters: Jean Ikanga, Candice Basterfield, Suzanne Penna, Zinat Taiwo Location: Centennial B-C	**Symposium 7.** Advances in Developmental Comorbidity: The Example of Reading Disorder and ADHD Discussant: Erik Willcutt Chair & Presenter: Lauren McGrath Presenters: Michelle Kibby, Daniel Leopold, Melissa Dvorsky Location: Centennial A	**Paper Session 8.** Aging & Dementia: Demographic Factors Moderator: Bonnie Sachs Presenters: Indira Turney, Jennifer Manly, Lauren Edwards, Adam Brickman, Keisha Baffour-Addo Location: Centennial F	**Paper Session 9.** Assessment & Psychometrics Moderator: Dawn Mechanic-Hamilton Presenters: Mark Bowren, Paola Suarez, Breton Asken, Emilie Picard, Aubryn Samaroo, Andrew Kiselica Location: Centennial G-H
5:30-6:30 PM	**Plenary C.** When We Test, Do We Stress? A Developmental Perspective of the Effects of Stress on Human Performance Presenter: Sonia Lupien Location: Centennial D-E				

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Friday February 7, 2020

7:20-8:50 AM	**CE Workshop 9.** MCI and Preclinical AD: Concepts in Need of Input from Neuropsychology to Improve Diagnostic Precision and Prediction Presenter: Mark Bondi Location: Centennial D-E		**CE Workshop 10.** Suicidal Behavior: Emerging Clinical, Neuropsychological, and Psychobiological Perspectives Presenter: John Keilp Location: Centennial G-H		
8:00-9:00 AM	**Mentoring Event** Location: Centennial A				
9:00-10:00 AM	**Plenary D.** The Quest for Precision: Neuropsychological Evaluations for Epilepsy Surgery in India Presenter: Urvashi Shah Location: Centennial D-E				
10:00-10:15 AM	**AM Coffee Break** Location: Centennial Ballroom Foyer				
10:15-11:30 AM	**Poster Session 7.** Psychiatric Conditions & Intervention Location: Centennial Ballroom Foyer				
10:15-11:45 AM	**Symposium 8.** Cognitive Testing In The Wild: Turning Smartphones into Digital Neuropsychological Assessment Tools Chair & Discussant: Raeanne Moore Presenters: Jason Hassenstab, Philip Harvey, Emma Weizenbaum, Richard Gershon Location: Centennial B-C	**Symposium 9.** Toward Precision-Based Neuromodulation in Older Adults Discussant: Adam Woods Chair & Presenter: Benjamin Hampstead Presenters: A. Indahlastari, A. Datta, A.J. Woods Location: Centennial D-E	**Paper Session 10.** Executive Function Moderator: Sarah MacPherson Presenters: Rowan Saloner, Jiwandeep Kohli, Danielle Shaked, Jet Vonk, Dorota Buczylowska, Kayci Vickers Location: Centennial A	**Paper Session 11.** Traumatic Brain Injury Moderator: Michael Williams Presenters: Alexandra Clark, Shari Wade, Kathy Chiou, Marie-Claude Guerrette, Jennie Ponsford, Emily Grossner Location: Centennial F	**INS Student Liaison Committee Panel 2.** Responding to Inappropriate Behavior in Neurological Populations: Considerations in Practice, Supervision, and Research Discussant: Holly Miskey Presenters: Robin Green, Jennifer Vasterling, Dustin Hammers, Emily Trittschuh, Michael Greher Location: Centennial G-H
11:45-12:45 PM	**Plenary E.** The Neuropsychology of Delicious: An Integration of Mind and Metabolism Presenter: Dana Small Location: Centennial D-E				
12:45-1:45 PM	**Lunch (On Own)**				
1:45-3:00 PM	**Poster Session 8.** Aging, Aphasia, & Agnosia Location: Centennial Ballroom Foyer				
1:45-3:15 PM	**Special Symposium:** What Makes Us Human? Symposium in Honor of Donald T. Stuss Chair & Presenter: Brian Levine Presenters: Shayna Rosenbaum, Mark D'Esposito, Sandra Black, Morris Moscovitch, Robert Knight Location: Centennial D-E	**Symposium 10.** Precision in Prediction: Advancing the Understanding of Moderate and Severe TBI and Risk for Neurodegeneration Discussant: Elisabeth Wilde Chair & Presenter: Frank Hillary Presenters: Amanda Rabinowitz, Kristen Dams-O'Connor Location: Centennial G-H	**Paper Session 12.** Aging & Dementia: Biomarkers Moderator: Breton Asken Presenters: Nicole Walker, Elizabeth Moore, Alexandra Weigand, Nikki Stricker, Shubir Dutt, Stephanie Fountain-Zaragoza Location: Centennial B-C	**Paper Session 13.** Neurodegeneration Moderator: Kyle Noll Presenters: Isabelle Kaminer, Scott Sperling, Dawn Mechanic-Hamilton, Julia Rybkina, Shelby Stohlman Location: Centennial F	**Paper Session 14.** Sleep Moderator: Sarah Banks Presenters: Adam Raikes, Jordan Stiver, Sephira Ryman, Sarah Banks, Jeremy Elman, Anna Alkozei Location: Centennial A
3:15-3:30 PM	**PM Coffee Break** Location: Centennial Ballroom Foyer				

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Friday February 7, 2020					
3:30-4:45 PM	**Poster Session 9.** Alzheimer's Disease, Neuroimaging, & Other Location: Centennial Ballroom Foyer				
3:30-5:00 PM	**Symposium 11.** Contributions of Lifestyle and Genetic Risk Factors to Cognitive Aging and Impairment Discussant & Chair: Anja Soldan Presenters: Corinne Pettigrew, Bryan James, Lindsay Clark, Jason Hassenstab Location: Centennial G-H	**Symposium 12.** Soc. Cog. SIG Using New Techniques to Understand and Treat Social and Emotional Impairments after Traumatic Brain Injury Chair & Presenter: Skye McDonald Presenters: Dana DeMaster, Helen Genova, Travis Wearne Location: Centennial B-C	**Paper Session 15.** Neurostimulation & Substance Use Moderator: Sallie Baxendale Presenters: Taylor Kuhn, David Loring, J. Cobb Scott, Jessica Pommy, David Tate, Kaltra Dhima Location: Centennial F	**Paper Session 16.** Cognition & Reserve Moderator: Monica Rivera-Mindt Presenters: A.Zarina Kraal, Hyun Kim, Stephanie Torres, Kimberly van der Willik, Elizabeth Paitel, Ketlyne Sol Location: Centennial A	**Mid-Career Award Presentation** 3:30-4:30 If What I Knew is no Longer True: Finding a Path Forward in a Post-Replication Crisis Era Denver 2020 Award recipient: Frank Hillary Location: Centennial D-E
5:00-6:00 PM	**Plenary F.** Looking for Trees in the Forest: Finding Knowledge in Big Data Presenter: Tomas Paus Location: Centennial D-E				
6:00-7:00 PM	**INS Student Liaison Committee Panel 3.** How to Become a Competitive Neuropsychological Trainee: Insights from a Survey of Postdoctoral Training Directors Presenters: Lucas Driskell, Scott Sperling Location: Centennial B-C				

Students: Don't Miss Out

Student Social & Networking Event

Thursday Feb 6
7-9 PM
1520 Stout St.

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

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Saturday February 8, 2020

7:20-8:50 AM	**CE Workshop 11.** **Cognitive Impairment after Critical Illness: An Unrecognized Public Health Hazard** Presenter: James Jackson Location: Centennial D-E		**CE Workshop 12.** **Traumatic Brain Injury in Criminal Justice: (Hard) Lessons from Colorado** Presenter: Kimberly Gorgens Location: Centennial G-H		
9:00-10:15 AM	**Poster Session 10.** Neurological & Cerebrovascular Disorders Location: Centennial Ballroom Foyer				
9:00-10:30 AM	**Invited Symposium 4.** Truly Cross Fit: The Association of Exercise and Cognitive Reserve Chair: Glenn Smith Presenters: Vonetta Dotson, Aliyah Snyder, Jill Barnes, Kaitlin Casaletto Location: Centennial D-E	**Symposium 13.** Using the ECLECTIC Framework for Guiding the Neuropsychological Evaluation Process: Case Studies with Latinx and Asian Clients Discussant & Chair: Daryl Fujii Presenters: Adriana Strutt, Christine Salinas, Nicholas Thaler, Chris Nguyen Location: Centennial G-H	**Symposium 14.** Neurodevelopmental Assessment in Low Resource Areas: Implementation and Outcomes Discussant & Chair: Amy Connery Presenters: Itziar Familiar, Alison Colbert, Desiree Bauer, Michael Boivin Location: Centennial B-C	**Paper Session 17.** Acquired Brain Injury Moderator: Sara Weisenbach Presenters: Anny Reyes, Nils van den Berg, Marita Partanen, Fiore D'Aprano, Mario Dulay, Rella Kautiainen Location: Centennial F	**Paper Session 18.** Aging & Dementia: Psychometrics, Diagnosis, & Prognosis Moderator: Kayci Vickers Presenters: Erin Sundermann, Isabelle Avildsen, Daniel Nation, Mark Sanderson-Cimino, Eva Alden, Miguel Arce Rentería Location: Centennial A
10:30-10:45 AM	**AM Coffee Break** Location: Centennial Ballroom Foyer				
10:45-12:00 PM	**Poster Session 11.** Malingering, Executive Function, & Addiction Location: Centennial Ballroom Foyer				
10:45-12:15 PM	**Symposium 15.** Technologies for Functional Independence in Cognitive Impairment: Passive Monitoring, Prompting Technologies, and Ethical Considerations Chair & Presenter: Carolyn Parsey Presenters: Catherine Sumida, Katherine Hackett Location: Centennial G-H	**Symposium 16.** Prenatal and Early Childhood Exposure to Plastic Chemicals Affects Children's Brains and Behavior Discussant: Keith Yeates Chair & Presenter: Deborah Dewey Presenters: Melody Grohs, Maede Ejaredar, Gillian England-Mason Location: Centennial D-E	**Paper Session 19.** Aging & Dementia: Lifestyle Factors Moderator: Cady Block Presenters: Kaitlin Casaletto, Mathew Panizzon, Clayton Vesperman, Seth Margolis, Harli Grant, Emily Smith Location: Centennial B-C	**Paper Session 20.** Intervention Moderator: Louisa Thompson Presenters: Roy Kessels, Kerryn Pike, Jasmen Rice, Meaghan Race, Jill Winegardner, Marissa Gogniat Location: Centennial F	**Paper Session 21.** Concussion & Sports Moderator: Robin Green Presenters: Grant Iverson, Rayna Hirst, Kristine Dell, Jeshna Kumari, Kristin Wilmoth, Nicole Saltiel Location: Centennial A
12:15-1:15 PM	**Plenary G (Birch Memorial Lecture).** Using Mobile Sensing to Assess Mental Health and Functioning: The Case of Suicide Prediction Presenter: Nicholas Allen Location: Centennial D-E				
1:15-2:00 PM	**Closing Remarks** Location: Centennial D-E				

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Student Liaison Committee Hosted Events

Discussing Diversity: An Interactive Exploration into Culturally Responsive Neuropsychology

Wednesday Feb 5
2:30 PM
Centennial A

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

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7-9 PM
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FREE FOOD and RAFFLE PRIZES @ Tarantula Billiards Bar & Grill

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

Friday Feb 7
10:15 AM
Centennial G-H

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

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

Friday Feb 7
6:00 PM
Centennial B-C

With: Dr. Lucas Driskell, Dr. Scott Sperling

Find us on Facebook **facebook.com/studentsINS**

Denver 2020 Program Committee

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

Program Committee Members

**Designates member of the Program Executive Committee*

Stephen Aita
*Michael Alosco
Pat Armistead-Jehle
Anne Arnett
Breton Asken
Sarah Banks
Sallie Baxendale
Madison Berl
Alex Birdsill
Cady Block
Eva Bonda
Liz Boots
Emily Briceno-Abreu
Adam Brickman
Robyn Busch
Jennifer Cass
Cathy Catroppa
Kimberly Chapman
Jimmy Choi
Sakshi Chopra
Lindsay Clark
*Derin Cobia
Elaine de Guise
Pamela Dean
Fanny Degeilh
Victor Delbene
Nyaz Didehbani
Jacobus Donders
Vonetta Dotson
Jonathan Evans
Rosemary Fama
Thomas Farrer
Anselm Fuermaier
Andrew Gardner
Katherine Gifford
Meredith Gillis
Alaine Gold
Amand Gooding
John Gunstad
Roy Hamilton
Benjamin Hampstead
Duke Han
Laura Hancock
Frank Hillary
Robin Hilsabeck
*Amy Jak (Incoming Chair)
Jennifer Janusz
Mervi Jehkonen
Lisanne Jenkins
Courtney Johnson
Maria Jonsdottir
Sven Joubert
Justin Karr
Stephanie Kielb
*Michael Kirkwood (Past Chair)
Bonnie Klein-Tasman
Lenka Krámská
Scott Langenecker
Christian LoBue
Maria Marquine
Eileen Martin
Donel Martin
Shawn McClintock
Mark McCurdy
Jessica McDonnell
Lauren McGrath
Mary-Ellen Meadows
Dawn Mechanic
Justin Miller
Chris Mizelle
Christopher Nguyen
Tanya Nguyen
Kyle Noll
Katie Osborn
Kathryn Papp
Carolyn Parsey
Robin Peterson
Christine Petranovich
Erin Plumley
Monica Rivera-Mindt
Heidi Rossetti
Kelly Ryan
Nicholas Ryan
Patricia Rzezak
Bonnie Sachs
Keisha Sanders
Sharon Sanz-Simon
Jeffery Schaffert
Ryan Schroeder
Mary Beth Spitznagel
John Stratton
April Thames
Louisa Thompson
Emily Trittschuh
Angela Troyer
Kayla Tureson
Federick Unverzagt
Ryan Van Patten
Mieke Verfaellie
Kayci Vickers
Guy Vingerhoets
Karin Walsh
Jeffery Wefel
Sara Weisenbach
Michael Williams
Ericka Wodka
Steven Woods
Martin Woon
Laura Zahodne
*Molly Zimmerman (Incoming Chair)

Hotel Information

Welcome to INS Denver 2020!

INS Registration Desk

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

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

Registration Desk Hours:	
Tuesday, February 4	3:00 PM–6:00 PM
Wednesday, February 5	8:00 AM–5:00 PM
Thursday, February 6	7:00 AM–6:00 PM
Friday, February 7	7:00 AM–5:30 PM
Saturday, February 8	7:00 AM–12:45 PM

Badge Policy

The INS name badge must be worn at all times during the Annual Meeting, during both INS-sponsored and privately-hosted events and activities (including during affiliated meetings and candidate interviews that occur on-site).

Lost badges may be replaced at the INS Desk.

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

Official Venue & Headquarter Hotel

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

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

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

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

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

HYATT REGENCY

650 15th Street

Denver, Colorado 80202 USA Phone: +1-303-436-1234

https://www.hyatt.com/en-US/hotel/colorado/hyatt-regency-denver-at-colorado-convention-center/dencc

What is Included in Registration?

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

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

Included in General Meeting Registration

General Sessions

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

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

Plenary Sessions

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

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

Ancillary Events

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

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

Exhibit Hall & Social Events

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

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

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

Mineral Hall Foyer is the attendee lounge area.

Not Included (Optional Items):

CE Workshops

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

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

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

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

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

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

Optional CE Credit for Plenary or Invited Symposium Attendance

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

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

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

General Meeting Information

INS Meeting App

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

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

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

Alerts & Flash Photography

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

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

Attendee Code of Conduct

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

Certificates of Attendance

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

Continuing Education

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

Internet Access

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

Interview Rooms

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

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

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

JOININS.ORG

Nursing Mothers

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

Daycare – Camp INS

Most of the Daycare costs are happily subsidized by INS.

Preferred Sitters Childcare will be provided:

At the following times:	
Wednesday February 5, 2020:	4:00 pm to 8:00 pm
Thursday February 6, 2020:	7:00 am to 8:00 pm
Friday February 7, 2020:	7:00 am to 8:00 pm
Saturday February 8, 2020:	7:00 am to 2:00 pm

Drop-off possible if space is available. Please inquire at Registration Desk

Published Proceedings

The complete scientific program and abstracts listing for the INS 48th Annual Meeting will be published in an online, supplemental issue of the Journal of the International Neuropsychological Society: JINS.

All supplemental issues of JINS are freely available online, without a subscription.

Meditation Room

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

At the following times:	
Wednesday February 5	7:00 AM- 7:00 PM
Thursday, February 6	7:00 AM- 4:00 PM
Friday, February 7	7:00 AM- 7:00 PM
Saturday, February 8	7:00 AM- 12:00 PM

Scheduled Wellness Activities

Wednesday- Presented by The River Yoga

Session 1: 7:00-7:30 AM – *Guided Stretching Meditation*

Session 2: 7:30 -8:00 AM – *Guided Stretching Meditation*

Thursday & Friday – Presented by Yoga High Studio

Drop in from 7:00-7:55 AM– *Guided Stretching and light yoga*

8:00-8:15 AM – *Guided meditation & Breathing*

Special Events

INS Awards Ceremony & Welcome Reception

Don't miss the INS Awards Ceremony on Wednesday, February 5th from 5:30–6:30 PM in the Centennial Ballroom D-E

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

Student Social, Hosted by the INS Student Liaison Committee (SLC)

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

INS Business Meeting:

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

Presenter Instructions

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

Speaker Ready Room

The Speaker Ready Room is located in The Slate Room on level 3.

Speaker Ready Room Hours	
Wednesday, February 5	8–10 AM, 11:30-1 PM, and 3–6 PM
Thursday, February 6	6:45–12:15 PM and 1:15–6 PM
Friday, February 7	6:45–12:15 PM and 1:15–6:15 PM
Saturday, February 8	6:45-12:30 PM

General Guidelines:

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

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

Paper Session Presenters

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

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

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

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

Poster Presenters

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

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

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

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

Poster Symposia Presenters

Please follow the instructions above for Poster Presenters.

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

Symposia Presenters

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

All symposia sessions are 90 minutes in length. It is up to the Symposium Chair's discretion to divide the time amongst the individual abstracts, the discussant, and to allow time for audience discussion and questions. Please stay within the time allotted by the Symposium Chair, as each session is under strict time limits.

Official Sponsors

The International Neuropsychological Society wishes to thank its generous sponsors for their support of the INS 48th Annual Meeting and of the society's educational mission.

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

Psychological Assessment Resources-PAR, inc.

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

www.parinc.com

Pearson Assessment

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

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

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

www.pearsonassessments.com

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

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

U of U Clinical Neurosciences Center

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

EXHIBIT HALL

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

Exhibit Hall Hours	
Wednesday, February 5	2:15 PM–6:15 PM
Thursday, February 6	7:45 AM–5:30 PM
Friday, February 7	8:30 AM–5:00 PM
Saturday, February 8	8:30 AM–12:15 PM

48TH ANNUAL MEETING EXHIBITORS

Exhibitor	Booth	Website
The Academy of the American Board of Professional Neuropsychology	Booth #7	www.abpn.com
APPCN	Booth #6	www.appcn.org
Cambridge University Press	Booth #17	www.cambridge.org
Guilford Press	Booth #2	www.guilford.com
MHS Assessments	Booth #5	www.mhs.com
NeuroPsychNorms	Booth #14	www.neuropsychnorms.com
Oxford University Press	Booth #1	www.global.oup.com
PAR, Inc.	Booth #3	www.parinc.com
Pearson	Booth #9	www.pearsonassessments.com
Springer Science & Business Media	Booth #13	www.springer.com
Taylor & Francis Group	Booth #16	www.routledge.com
TLAmetrics	Booth #8	www.tlametrics.com/tlametrics/
The Trust	Booth #19	www.trustinsurance.com/
WellStar Health System	Booth #15	www.wellstar.org

INS Awards Program

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

Awards Ceremony

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

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

About the INS Awards Program

Major INS Awards

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

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

INS Program Awards

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

Nominations & Eligibility for the INS Awards Program

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

Nominations for Major INS Awards

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

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

Eligibility for INS Program Awards

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

INS Awards Committee

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

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

Previous INS Award Winners

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

www.the-ins.org/ins-awards

Special Presentation

Rio 2019 Early Career Award Recipient

Daniel Mograbi Presentation: Self-Awareness in Neurological and Psychiatric Patients

Thursday, February 6 2:45 to 3:15 PM Centennial Ballroom D-E

Jennifer J. Manly, PhD

Paul Satz- INS Career Mentoring Award, Sponsored by PAR:

Dr. Manly is an absolute powerhouse researcher, scholar, leader, advocate, educator, mentor, and role model. Her career in neuropsychology of over 20 years has not only changed the scientific and public discourse regarding cultural factors and brain-behavior relationships, but has also touched the lives and careers of many mentees. Dr. Manly is beyond deserving of this award because of her dedicated and effective mentoring to students in high school, undergraduate, and graduate school, as well as research assistants and postdoctoral fellows in both research and clinical settings.

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

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

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

Dr. Manly challenges her trainees to become experts in issues related to psychometrics and normative sampling issues. She inspires thoughtful introspection for trainees and professionals to consider how race/ethnicity, educational experiences, and socioeconomic backgrounds affect neuropsychological assessment and disease expression and progression. As a research mentor, she sets her expectations high, but realistic and continues to inspire her trainees to learn the most advanced research designs and statistical approaches available to address critical questions about the role of culture on cognition. We have all benefited tremendously from her sage guidance, her encouragement and mentorship, and her incredible ability to exploit the best in us while inspiring us to improve upon our weaknesses. Her passion for Cultural Neuropsychology, and science in general, is contagious. She inspires each of us to work harder and better while being mindful of and involved with the populations that we hope to benefit from our research.

Kathleen Y. Haaland, PhD, ABPP-CN

Distinguished Career Award

Dr. Haaland joined INS in 1975, just 8 years after INS was founded and the same year she completed her postdoctoral fellowship with Dr. Charles Matthews at UW Madison. Her commitment to INS is easily seen in her decades of service to our Society. She was a member of the Board of Governors from 1983-1986 and has been on the INS Continuing Education Committee since 2004. She was Symposium Editor for the Journal of the International Neuropsychological Society from 1995 to 2005, and served as Editor-in Chief of JINS from 2005 to 2013. And, of course, she was President of our Society in 2016-17, preceded by the 2 preparatory years as President-Elect and Incoming-President.

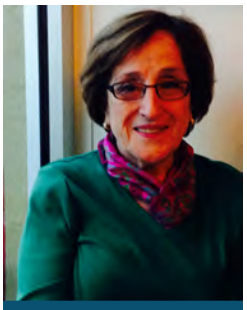
Dr. Haaland's service to our Society and to our discipline has included her many scientific contributions to the profession and practice of neuropsychology. She has more than 100 peer-reviewed publications, and another 27 book chapters and non-peer reviewed papers, not to mention the decades' worth of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

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

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

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

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



Sureyya Dikmen, PhD

Distinguished Career Award

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

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

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

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

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

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

Laszlo Erdodi, PhD

INS Early Career Award Presentation:

Thursday, February 6 – 2:15 to 2:45 PM
Centennial Ballroom D-E

The Future of Performance Validity Assessment: Patient-Centered1, Integrative2, Evidence-Based3

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

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

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

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

To achieve its full potential, performance validity assessment should be humanized, methodologically enhanced, and its wide-ranging clinical utility effectively disseminated to practicing clinicians. The PVTs of tomorrow should view the patient as a person in a moment of vulnerability who needs to be understood and helped – not a suspected malingerer who needs to be unmasked. Editorial policies in leading scientific journals can play an important role in fulfilling these goals by promoting research that produces innovative solutions that address existing problems, and provide clear, intuitive and clinically useful interpretive guidelines.

Frank Hillary, PhD

The Arthur Benton Award for Mid-Career Research:

Friday, February 7, 3:30 to 4:30 PM
Centennial Ballroom D-E

If What I Knew is no Longer True: Finding a Path Forward in a Post-Replication Crisis Era

There is no corner of modern science left untouched by the rippling effects of the "reproducibility crisis". While concerns about scientific reproducibility are not new, dating back to the 1960s (see Meehl, 1967), a clear watershed moment in the social sciences was the 2015 paper published by Nosek and colleagues which made clear that successful replication of findings is indeed quite challenging, hovering at ~36% [Open Science Collaboration, 2015]. With the crisis as the background, to serve as an example, I highlight challenges in my own work examining systems-plasticity after TBI using functional brain imaging methods. While the talk uses the brain imaging and TBI literature to as an example, the discussion has implications for the clinical neurosciences broadly. My goal is to uncover the factors contributing to replication failures in brain imaging, but to also move beyond the crisis and toward solutions, including recent efforts to consolidate the imaging community around prescribed data processing steps to reduce "investigator degrees of freedom" (see fMRIprep; Esteban et al., 2019) and large-scale data sharing mechanisms. In sum, the reproducibility crisis is the culmination of a number of interactive factors including a nearly universal focus on null-hypothesis significance testing, small sample sizes, and a culture of science where the investigator incentive structures promote "innovation" at the expense of establishing robustness and reliability of findings. Open-science initiatives offer a natural framework for addressing these issues including leveraging international datasets, boosting sample sizes, and offering opportunity for replication of findings all while fostering open and transparent science.

Program Awards

Adam Raikes
University of Arizona

Nelson Butters Award: for best submission by a postdoctoral fellow

Appearing in Paper Session 14. Sleep (Friday, 1:45-3:15 PM, Centennial A)

#1. Blue Light Therapy Reduces Daytime Sleepiness as well as Depressive and Somatic Post-Concussive Symptoms Following Mild Traumatic Brain Injury

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

Objective: Daytime sleepiness and depression are common consequences of mild traumatic brain injuries (mTBIs) that are highly inter-related. These complaints often persist long after clinically-defined injury resolution and may have profound adverse effects on daily functioning. Thus, effective, easily disseminated post-mTBI treatments to improve daytime sleepiness are needed. this This study evaluated the potential of daily blue light therapy (BLT) to reduce daytime sleepiness and subsequently improve associated post-mTBI symptoms. **Participants and Methods:** 31 individuals (age: 26.35±8.08y; 20 females; days post-injury: 272.94±167.69) were randomly assigned to receive either BLT or amber (ALT) light therapy. Before and following treatment, participants completed the Epworth Sleepiness Scale (ESS; daytime sleepiness), Beck Depression Inventory – 2 (BDI; depressive symptoms) and Rivermead Post-concussion Symptom Questionnaire (RPCSQ; post-concussion symptoms). All individuals then completedunderwentengaged in our light treatment protocol: Direct exposure using a lightbox for 30 minutes per morning for 6 consecutive -weeks. Baseline and post-treatment values were compared to a non-mTBI control sample (n=26, age: 22.92±4.85y; 14 females). Results are reported as Cohen's d. **Results:** Compared to controls, both groups exhibited greater baseline ESS (BLT: d=0.65, p=0.06; ALT: d=0.92, p=0.01), BDI (BLT: d=2.09, p<0.001; ALT: d=1.50, p<0.001), and RPCSQ somatic symptom (BLT: d=3.35, p<0.001; ALT: d=1.69, p<0.001) scores. Following BLT but not ALT, ESS (d=-0.54, p=0.075), BDI (d=-0.53, p=0.016), and RPCSQ somatic scores (d=-0.70, p=0.005) improved. Additionally, ESS scores after BLT were equivalent to the controls (d=0.17, p=0.53). **Conclusion:** Post-mTBI daytime sleepiness, as well as depressive and somatic symptoms, positively responded to BLT. Reduced daytime sleepiness and depressive symptoms likely have important implications for neurophysiological healing, mental health status, daytime functioning and overall quality of life. Further research is necessary to explain the directional relationships (i.e. improved symptoms lead to lower daytime sleepiness).

Nicole Walker
University of California, San Francisco

Laird Cermak Award: for best submission in memory or memory disorders

Appearing in Paper Session 12. Aging & Dementia: Biomarkers (Friday, 1:45-3:15 PM, Centennial B-C)

#1. β-Amyloid Burden Relates to Episodic Memory Performance Following an Extended 1-Week Delay Period

AUTHORS: C. Lindbergh, K. Casaletto, A. Staffaroni, R. Joie, L. Laccarino, L. Edwards, G. Rabinovici, F. Elahi, E. Tsoy, S. Walters, D. Cotter, M. You, J. Kramer

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

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

Results: Global -amyloid SUVR was not significantly related to recall performance following 20-30 minute delays on the story memory paradigm (ß=-.002, p=.99) or CVLT-II (β = -.004, p = .97). However, greater neocortical amyloid burden was significantly associated with worse recall after a 1-week delay (β=-.206, p=.048). A follow-up analysis indicated that this relationship held (p=.011) upon additionally controlling for whole brain white matter microstructure (fractional anisotropy), bilateral hippocampal volumes, and APOE ε4 status in a subset of the sample (n=40) with these data available.

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

Joshua Fox-Fuller
Boston University & Massachusetts General Hospital

Phillip Rennick Award: for best submission by a graduate student

Appearing in Paper Session 6. Aging & Dementia: Atypical Presentations (Thursday, 2:15-3:45 PM, Centennial G-H)

#3. Relationships between Cortical Thickness with Episodic Memory, Age, and In Vivo Pathology in a Colombian Cohort with Familial Alzheimer's Disease

AUTHORS: F. Uquillas, C. Aguero, H. Jacobs, H. Torrico-Teave, O. Hampton, E. Guzman-Velez, C. Castelar, D. Aguirre-Acevedo, A. Baena, A. Artola, J. Martinez, S. Alvarez, Y. Su, E. Reiman, R. Sperling, F. Lopera, B. Dickerson, K. Johnson, Y. Ouiroz

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

SLC Awards

The INS Student Liaison Committee (SLC), in conjunction with the INS Denver Program Committee, recognizes the following five students and trainees as well-deserving recipients of the SLC Student Research Award.

Breton Asken

Post-Doctoral Fellow University of California, San Francisco

#3. Discrepancy-Based Evidence for Loss of Thinking Abilities (DELTA): Development and Validation of a Novel Approach to Identifying Cognitive Changes

AUTHORS: B. Asken, K. Thomas, A. Lee, J. Davis, P. Malloy, S. Salloway, S. Correia

Paper Session 9. Assessment & Psychometrics

Thursday, 4:00-5:30 PM
Centennial G-H

Leila Nabulsi

Graduate Student College of Medicine, Nursing, and Health Sciences, National University of Ireland Galway

#3. Cholinergic-Mediated Cingulate Overactivation Associated with Normalization of Emotion-Inhibition in Bipolar Disorder

AUTHORS: L. Nabulsi J. Farrell, G. McPhilemy, L. Kilmartin, M. Dauvermann, T. Akudjedu, P. Najt, F. Martyn, J. McLoughlin, M. Gill, J. Meaney, T. Frodi, C. McDonald, B. Hallahan, D. Cannon

Paper Session 1. Cannabis & Psychosis

Thursday, 9:00-10:30 AM
Centennial F

Anny Reyes

Graduate Student University of California, San Diego

#1. Cognitive Phenotyping in Temporal Lobe Epilepsy: A Comparison Between Clinical and Data-driven Approaches in 407 Patients with Refractory Epilepsy

AUTHORS: A. Reyes, E. Kaestner, L. Ferguson, J. Jones, M. Seidenberg, R. Busch, B. Hermann, C. McDonald

Paper Session 17. Acquired Brain Injury

Saturday, 9:00-10:30 AM
Centennial F

Scott Roye

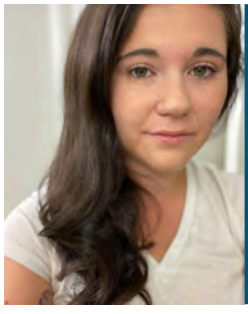
Graduate Student Louisiana State UniVersity

#92. Relationships Between Multiple Dimensions of Executive Functioning and Resting-State Networks in Adults

AUTHORS: S. Roye, P. Castagna, M. Calamia, A. De Vito, TH. Lee, S. Greening

Poster Session 1: MCI, HIV, & Dementias

Wednesday, 2:30-3:45
Centennial Ballroom Foyer



Alexandra Weigand

Graduate Student San Diego State University/University of California, San Diego

#3. Disentangling the Complexities of APOE genotype, Amyloid, Tau, and Cognition in the Context of Alzheimer's Pathologic Change

AUTHORS: A. Weigand, K. Bangen, K. Thomas, L. Delano-Wood, P. Gilbert, A. Brickman, M. Bondi

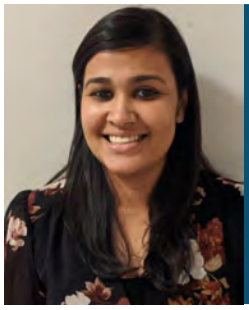
Paper Session 12. Aging & Dementia: Biomarkers

Friday, 1:45–3:15 PM
Centennial B-C

Travel Grant Awards

New this year! Four competitive Travel Grant Awards of up to $1,500 USD were awarded to students/trainees and early career INS Members from low or middle income countries who are presenting at INS. Award winners were chosen based on application submission and the quality of their submitted abstract(s).

Denver 2020 Winners



Tasmia Hai

Graduate Student

University of Calgary

#9. Relationship between Cortical Thickness and Executive Functions in Children with ADHD

Poster Session 2. Pediatric Assessment & Neurodevelopment Disorders

Thursday, 8:00-9:15
Centennial Ballroom Foyer

Harsimar Kaur

Post-Doc Fellow

All India Institute of Medical Sciences

#13. Effectiveness of a Caregiver delivered Home based Comprehensive Neuropsychological Rehabilitation for Post Stroke Aphasia: A Randomized Controlled fMRI Study

Poster Session 7. Psychiatric Conditions & Intervention

Friday, 10:15-11:30
Centennial Ballroom Foyer

Deborah Machando

Graduate Student

University of Cape Town

#9. Predictive Validity of the Zim-BCoS Neurocognitive Screen

Poster Session 6. Adult Assessment 2, Cancer, & Genetic Disorders

Thursday, 4:00-5:15
Centennial Ballroom Foyer

Gabriel Qi

Graduate Student

Fuller Theological Seminary, School of Psychology

#83. Systematic Review of Normative Neuropsychological Date for People Speaking Chinese Languages

Poster Session 5. Adult Assessment 1, Multiculturalism, & Cognitive Neuroscience

Thursday, 2:30-3:45
Centennial Ballroom Foyer

Thanks to everyone for your donations made with your registrations to help make this possible. Special thank you to Dr. Sonia Lupien for generously applying her honorarium to support this endeavor.

About the INS

• The International Neuropsychological Society (INS) is a multidisciplinary, international organization dedicated to enhancing communication among the scientific disciplines that contribute to the understanding of brain-behavior relationships and to promoting the international and interdisciplinary study of these relationships throughout the lifespan. The Society's emphasis is on science, education, and the applications of scientific knowledge.

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

INS Annual & Mid-Year Meetings

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

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

Contact the INS at:

The International Neuropsychological Society (INS)
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Salt Lake City, Utah 84109, USA

Phone: 801-487-0475 | Fax: 801-487-6270

Email: ins@the-ins.org | www.the-ins.org

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.

Benefits of Membership:

• **Discounted registration & CE rates** at both INS meetings

• **Expand your network »** Meet and get to know fellow members from all over the globe by attending an INS meeting, or through the expanded INS website

• **FREE access to JINS »** Available ONLY to INS members! Electronic access to JINS includes all previous years of publication. Print copies can be purchased directly through Cambridge subscriptions_newyork@cambridge.org if you are in the Americas or journals@cambridge.org for the rest of the world.

• **INS Member Directory »** Exclusive online access for members only

• **INS Newsletter »** Exclusively for INS Members. Keeping you current with both INS news and current events around the globe in Neuropsychology

• **Video Interviews of Neuropsychology Leaders »** Member- only access of interviews with major thought leaders in the field and will include the Birch and Kaplan Lectures

• **Prestigious awards »** Nominate or be recognized for work in the field of neuropsychological science and education

• **Get involved »** Become active with committees or board leadership, and help guide the future of INS

• **Be a leader »** Work with the INS-SLC (Student Liaison Committee) or mentor a student associate member

• **Give back to your community »** Help support neuropsychology in developing countries

• **Matthews Fund & Book Depository »** Give back to your community and help support neuropsychology and educational programs in developing countries

• **Discounts on books and journals from selected publishers**

Plenary Addresses

Vicki Anderson, PhD
Clinical Sciences Research, Murdoch Childrens Research Institute, Head, Psychology, The RCH, Professorial Fellow, Paediatrics & Psychology, UoM and a NHMRC Senior Practitioner Fellow.

Plenary A: From Sidelines to Mechanism and Back: The Complex Tapestry of Recovery From Child and Adolescent Concussion

INS Presidential Address

Wednesday, 4:30–5:30 PM,
Centennial D-E

Abstract & Learning Objectives:

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

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

Speaker Biography:

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

Nim Tottenham, PhD
Professor of Psychology Director of the Developmental Affective Neuroscience Laboratory Columbia University, New York

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

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

Abstract & Learning Objectives:

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

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

Speaker Biography:

Nim Tottenham, PhD is a Professor of Psychology at Columbia University and Director of the Developmental Affective Neuroscience Laboratory. Her research examines brain development underlying emotional behavior in humans. Her research has highlighted fundamental changes in brain circuitry across development and the powerful role that early experiences, such as caregiving and stress, have on the construction of these circuits. She has authored over 90 journal articles and book chapters. She is a frequent lecturer both nationally and internationally on human brain and emotional development. She is a Fellow of the Association for Psychological Science, and her scientific contributions have been recognized by the National Institute of Mental Health Biobehavioral Research Awards for Innovative New Scientists (BRAINS) Award, the American Psychological Association's Distinguished Scientific Award for Early Career Contribution to Psychology, and the Developmental Science Early Career Researcher Prize.

Sonia J. Lupien, PhD
Director, Centre for Studies on Human Stress (www.humanstress.ca)

Plenary C: When We Test, Do We Stress? A Developmental Perspective of the Effects of Stress on Human Performance

Thursday, 5:30–6:30 PM
Centennial ballroom D-E

Abstract & Learning Objectives:

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

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

Speaker Biography:

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

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

Plenary D: The Quest for Precision: Neuropsychological Evaluations for Epilepsy Surgery in India

Friday, 9:00–10:00 AM,
Centennial Ballroom D-E

Abstract & Learning Objectives:

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

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

Speaker Biography:

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

Dana Small, PhD
Professor of Psychiatry and of Psychology Yale University Director of the Modern Diet and Physiology Research Center

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

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

Abstract & Learning Objectives:

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

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

Speaker Biography:

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

Tomas Paus, PhD
Senior Scientist and Director of the Population Neuroscience & Developmental Neuroimaging Program at the Holland Bloorview Kids Rehabilitation Hospital Professor of Psychology and Psychiatry at the University of Toronto.

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

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

Abstract & Learning Objectives:

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

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

Speaker Biography:

Dr. Paus is Distinguished Senior Scientist and Director of the Population Neuroscience & Developmental Neuroimaging Program at the Holland Bloorview Kids Rehabilitation Hospital, and Professor of Psychology and Psychiatry at the University of Toronto. During the first 20 years of his scientific pursuits, he worked on functional and structural organization of the human brain using a variety of approaches including studies of patients with brain lesions, functional and structural neuroimaging, and brain stimulation. In the last 15+ years, his work integrates epidemiology, neuroscience and genetics – through a new discipline of population neuroscience - in the pursuit of knowledge relevant for child and youth brain health. This research draws on data acquired in a number of cohorts based in North and South America and Europe. The work published by Dr. Paus and his colleagues has been well received by peers, being cited in over 45,000 publications. In 2013, Springer published his book "Population Neuroscience". Dr. Paus received the Royal Society Wolfson Merit Award, Gold Medal of the Masaryk University, and is an elected member of the International Neuropsychology Symposium. He serves as Associate Editor of the Human Brain Mapping and Social Neuroscience, and is a member of several Scientific Advisory Boards in Europe and North America.

Nicholas Allen, PhD
Ann Swindells Professor of Clinical Psychology Director, Center for Digital Mental Health Director of Clinical Training Department of Psychology University of Oregon

Plenary G: Using Mobile Sensing to Assess Mental Health and Functioning: The Case of Suicide Prediction

Saturday, 12:15–1:15 PM
Centennial Ballroom D-E

Abstract & Learning Objectives:

Despite the fact that assessing client progress is fundamental to evidence-based treatment, many clinicians only use unstructured clinical assessment methods to assess progress. Mobile and wearable computing now allows new assessment methods that are ecological, continuous, and objective. For example, studies have shown that symptoms often vary markedly within individuals across time, and understanding this pattern of variation is critical to assessment of client status and treatment planning. Also, most current methods of assessment used in mental health treatment rely primarily in self report methods, and research has found that objective and self-report methods often show low correlation (e.g., such as in studies of sleep, contraceptive use, or substance use), suggesting the self-report data can only provide part of the clinical picture. Furthermore, self-report methods are burdensome for clients to complete (especially if they are required to do so regularly), so objective measures that can be captured without participant burden (e.g., by monitoring sensors that detect the client's naturalistic patterns of use of the personal smart phones) may be a particularly compelling approach. In sum, an effective technology-assisted approach to routine clinical assessment that increases client compliance and provides dynamic assessment of both subjective and objective indices of mental health should improve both clinical processes and client outcomes. Moreover, such methods can be used to design just-in time interventions. In this presentation I will describe potential and pitfalls associated with these mobile and ubiquitous assessment methods, including issues of reliability, validity and ethical concerns, using the detection of suicide risk as a salient use case to demonstrate these issues. Upon conclusion of this course, learners will be able to:

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

Speaker Biography:

Dr. Nick Allen is the Ann Swindells Professor of Clinical Psychology at the University of Oregon, where he Director of Clinical Training. He is a leading researcher in the area of adolescent mental health, know especially for his work on adolescent onset depression. His work aims to understand the interactions between multiple risk factors for adolescent emergent mental health disorders, including stress, family processes, brain development, autonomic physiology, genetic risk, immunology, and sleep. More recently, his work has focused on translating risk factors identified in prospective longitudinal studies into innovative preventative approaches to adolescent mental health. For example, we have completed a large randomized controlled trial of a sleep improvement intervention that aims to prevent the onset of mental disorders during adolescence. We are also currently also conducting trials of other innovative preventative approaches (e.g., parenting, outdoor wilderness activities), aimed at early to mid-adolescence as a key inflection point in life for health trajectories. He is the Director of the Center for Digital Mental Health (https://www.c4dmh.net/), where his work focuses on the use of mobile and wearable technology to monitor risk for poor mental health, and his group has developed software tools that combine active and passive sensing methods to provide intensive longitudinal assessment of behavior with minimal participant burden. The ultimate aim of developing these technologies is to facilitate the development of a new generation of "just in time" behavioral interventions for early intervention and prevention of adolescent health problems

Invited Symposia

Invited Symposium 1. Big Data, Little Data: Transforming Neuropsychological Theory, Assessment and Rehabilitation

Thursday, 9:00–10:30 AM
Centennial Ballroom D-E

Chair: Jonathan Evans, PhD
Presenters: Breda Cullen, PhD, Szymon Fedor, PhD, Justin Miller, PhD

Summary & Learning Objectives:

There is much interest today in discoveries using 'big data', yet it's also true that neuropsychology has a long tradition of studying single cases to develop theories of brain-behaviour relationships. It is likely that the biggest advances in our knowledge will come from harnessing the benefits of both approaches. In this symposium we will showcase methodologies that are transforming our understanding of the neuropsychological consequences of neurological and psychiatric conditions; improving the precision of our assessment of cognitive and emotional functions; and increasing the rigour of our evaluations of neuropsychological interventions. Dr Breda Cullen will illustrate her work with UK Biobank, a community-based cohort of more than 500,000 adults in middle to older age. She will show how research cohorts with clinical, psychosocial, demographic, lifestyle, environmental and genetic data, together with linkage to electronic health records, allow complex relationships between risk factors, mediators and moderators of cognitive impairment in neurological and psychiatric disorders to be modelled using a variety of approaches drawn from predictive (e.g. machine learning) and explanatory (e.g. causal mediation) analytic frameworks. Dr Justin Miller will provide an overview of clinical informatics and the relevance of these concepts to neuropsychology and the measurement of human behavior. He will describe the practical application and benefit of biomedical informatics in the clinical setting and review currently available resources and the potential utility of these applications. Dr Szymon Fedor will discuss the use of another form of big data - the large volume of data obtained from longitudinal, ambulatory measurements collected with wearable sensors and mobile phones. He will show how these complex data are being used to support the assessment of depression severity. Arguing that small is still beautiful, Dr Jon Evans will discuss key recent developments in Single Case Experimental Design (SCED) methodology that mean that these techniques are well-placed to make a much greater contribution to the evidence base of neuropsychological interventions including: (1) statistical techniques with online, easy to use, programs suitable for the analysis of short time series SCED data; (2) a rating tool for the evaluation of SCED study quality; (3) the Single-Case Reporting Guideline in Behavioural Interventions (SCRIBE) reporting standards. Neuropsychology can, and should, join the big data revolution, but at the same time remain loyal to the study of single cases which will continue to inspire developments in theory and practice. Upon conclusion of this course, learners will be able to:

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

Chair's Biography:

Jon Evans is Professor of Applied Neuropsychology at the University of Glasgow and honorary Consultant Clinical Psychologist with NHS Greater Glasgow and Clyde. Jon was the first Clinical Director of the Oliver Zangwill Centre for Neuropsychological Rehabilitation in Ely, Cambridgeshire. In 2000 he was awarded the May Davidson Award by the British Psychological Society in recognition of his outstanding contribution to the development of clinical psychology within 10 years of qualification. He is now Programme Director for the Clinical Neuropsychology programme at the University of Glasgow. Jon has published more than 170 papers, books and book chapters. He is a past Board Member of the International Neuropsychological Society and current chair of the INS International Liaison Committee. He is an Executive Editor of the journal Neuropsychological Rehabilitation and is a co-author of the Behavioural Assessment of the Dysexecutive Syndrome and the Cambridge Prospective Memory Test. In 2018 Jon was awarded Fellowship of the British Psychological Society and awarded the BPS Barbara Wilson Lifetime Achievement Award for outstanding contribution to clinical neuropsychology. Dr. Illes is Professor of Neurology and Canada Research Chair in Neuroethics at the University of British Columbia. She was appointed to the Order of Canada in December 2017.

Invited Symposium 2. Past President's Symposium: Historical Reflections and Lessons Learned

Thursday, 11:15 Am –1:15 PM,
Centennial Ballroom D-E
Chair and Dicussant: Russell Bauer, PhD
Presenters: Kathleen Haaland, PhD, Jennie Ponsford, PhD, Michael Kopelman, PhD, MD, Martha Denckla, MD, Leslie Gonzalez-Rothi, PhD

Symposium Summary:

In this symposium, five INS Past-Presidents reflect on historical aspects of the field during the lifetime of their careers, and discuss

the lessons they learned along the way. The diverse backgrounds of these presenters, reflecting neuropsychology, neuropsychiatry, rehabilitation psychology, experimental psychology, behavioral neurology, and speech-language pathology enriches their experiences and perspectives, and ours, in helping build the international multi-disciplinary science and practice of neuropsychology.

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Symposium Abstracts:

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

Chair's Biography:

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

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

Thursday, 4:00–5:30 PM,
Centennial ballroom D-E
Chair and presenter: Michael Alosco, PhD
Presenters: Jesse Mez, PhD, Gil Rabinovici, PhD, Sarah Banks, PhD, Kristen Dams-O'Connor, PhD

Symposium Summary:

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

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Symposium Abstracts:

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

Chair's Biography:

Dr. Alosco completed his undergraduate studies at Providence College and he earned his doctoral degree in clinical psychology, with a focus in neuropsychology, in 2015 from Kent State University. He completed his clinical internship in neuropsychology at the VA Boston Healthcare System. In 2015, Dr. Alosco was awarded a post-doctoral fellowship at the Boston University (BU) Alzheimer's Disease (AD) Center (ADC) and BU CTE Center through the NIA-funded Alzheimer's Disease Translational Research Training Program (T32AG036697). In 2016, Dr. Alosco transitioned to a National Research Service Award (NRSA) F32 from the National Institute of Neurological Disorders and Stroke to continue his advanced clinical research training at the BU ADC and BU CTE Center. In 2018, he became an Assistant Professor of Neurology at the Boston University School of Medicine.

Invited Symposium 4. Truly Cross Fit: The Association of Exercise and Cognitive Reserve

Saturday, 9:00–10:30 Am,
Centennial ballroom D-E

Chair: Glenn Smith, PhD
Presenters: Vonetta Dotson, PhD, Aliyah Snyder, PhD, Jill Barnes, PhD, Kaitlin Casaletto, PhD

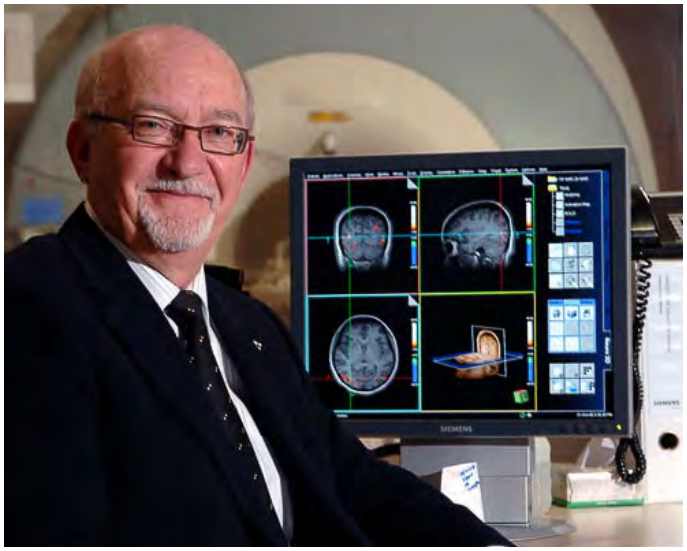
Summary & Learning Objectives:

Epidemiological and intervention studies suggest that physical exercise enhances cognition across the lifespan, but is this true in clinical populations? And if is true, what are the mechanisms and are they constant across age and sex? In the first presentation Dr. Vonetta Dotson will examine the mixed evidence for the benefits of exercise on cognitive functioning in depression but promising evidence for depression in late life. She will consider moderators of the exercise-cognition relationship, possible neurobiological mechanisms, and their implications for other non-pharmacological depression treatments. In the second talk Dr. Aliyah Snyder will consider the emergent literature investigating the complex role of exercise following concussion, from acute to chronic injury. The biopsychosocial mechanisms for exercise as a potentially harmful and/or helpful intervention will be presented along with current protocols for post-concussion exercise programs. Next, Dr. Jill Barnes, an Exercise Physiologist, will examine how age-associated impairments in vascular function may be attenuated or even reversed through lifestyle behaviors. This talk will discuss the potential physiological mechanisms underlying the association between exercise and cognition, as well as recent studies evaluating the effect of exercise interventions on the cerebral circulation. Finally, Dr. Kaitlin Casaletto will examine the moderating role of sex on the relationship between physical activity and systemic and brain health related outcomes. She will describe interactions between sex, physical activity, chemokine markers, blood pressure, parahippocampal volumes, and cognition. She will present how the expected beneficial relationship between physical activity and systemic or CNS markers is attenuated in women. Symposium chair Dr. Glenn Smith will discuss research and practice implication of these presentations. Upon conclusion of this course, learners will be able to:

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

Chair's Biography:

Dr. Glenn E. Smith is Chair and Elizabeth Faulk Professor of the Department of Clinical and Health Psychology at the University of Florida. He is Professor Emeritus of Psychology at the Mayo Clinic College of Medicine. A board-certified neuropsychologist, Dr. Smith has authored or co-authored over 200 original articles, 14 book chapters, and 2 books on the neuropsychology of cognitive aging and dementia. He received his Ph.D. in clinical psychology from the University of Nebraska, an internship at UCLA and a fellowship in clinical neuropsychology at the Mayo Clinic in Minnesota, where he subsequently spent 25 years. He is the co-creator of the HABIT® Healthy Action to Benefit Independence and Thinking program, which is designed to benefit people diagnosed with Mild Cognitive Impairment (MCI). He is past president of the American Psychological Association's (APA) Society of Clinical Neuropsychology, and the American Board of Clinical Neuropsychology, and past Chair of the APA Committee on Aging.



Special Symposium. What Makes Us Human? Symposium in Honor of Donald T. Stuss

Friday, 1:45–3:15 PM
Centennial ballroom D-E

Organizer: Brian Levine, PhD

Presenters: Shayna Rosenbaum, PhD, Mark D'Esposito, MD, Sandra Black, MD, Morris Moscovitch, PhD, Robert Knight, MD

Donald T. Stuss was one of the foremost contemporary neuropsychologists, world leader in the neuroscientific study of the prefrontal cortex, and founding director of two leading neuroscience institutes (the Rotman Research Institute and the Ontario Brain Institute). Stuss, former president of the International Neuropsychological Society and recipient of the 2013 Lifetime Achievement Award for research, is most known for his clinical-scientific work on the human prefrontal cortex, starting with his seminal studies of prefrontal lobotomy patients, confabulation, and Capgras syndrome in the late 1970's at the Boston VA and the seminal 1986 volume, The Frontal Lobes (with Frank Benson) and continuing through to the present, highlighting the role of the prefrontal cortex in memory, social cognition, and consciousness. Stuss simultaneously contributed major conceptual advances in the areas of assessment, intra-individual variability, traumatic brain injury, rehabilitation, and neurodegenerative disease. Stuss's science always started with clinical observations and was centered on questions central to humanity, such as how we view ourselves and others and how we successfully function in the world. As a key figure who brought the human prefrontal function into the realm of empirical science, Stuss perpetually challenged orthodoxy with a combination of clinical sensitivity and experimental acumen. This symposium highlights of Stuss's contributions from the perspectives of some of his friends and colleagues across the spectrum of clinical and cognitive neuroscience, neuroimaging, and cognitive neurology.

Presentations:

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

CE Program

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

CE Course Registration

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

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

How to Obtain CE Credits After Registering

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

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

CE Workshops

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

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

Plenary and Select Symposia

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

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

INS CE Committee

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

APA APPROVED SPONSOR

APA Continuing Education Credit

The International Neuropsychological Society is approved by the American Psychological Association to sponsor Continuing Education for psychologists. The International Neuropsychological Society maintains responsibility for this program and its content. Up to 20.5 credit hours are available for this program. All CE sessions are geared for advanced level instructional activity.

CE Workshops

Heather Conklin, PhD
Chief, Neuropsychology Section Full Faculty Member Department of Psychology St. Jude Children's Research Hospital

Lisa Jacola PhD
ABPP-CN, Assistant Faculty Member Department of Psychology St. Jude Children's Research Hospital

CE Workshop 1. Moving Beyond the Cure: Improving Cognitive Outcomes for Childhood Cancer Survivors

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

Abstract & Learning Objectives:

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

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

Speaker Biography:

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

Dustin B. Hammers, PhD, ABPP-CN
Chair, APA Committee on Rural Health Associate Professor, Department of Neurology
Salt Lake City, Utah

Rene Stolwyk, DPsych
Monash TeleNeuropsychology Clinic Lead, Stroke and Telehealth Research Turner Institute for Brain and Mental Health Monash University, Melbourne. Australia

CE Workshop 2. A Practical Guide to the Ethics and Practice of Rural Health and Teleneuropsychology

Wednesday, 9:00 am–12:00 PM
Centennial Ballroom G-H

Abstract & Learning Objectives:

Many people with neurological conditions from rural and remote areas experience significant unmet need regarding their cognitive, behavioral, and emotional impairments. Unfortunately, due to a range of organizational, legal, financial, and social barriers, access to quality neuropsychological assessment and rehabilitation services in non-metropolitan areas has remained stubbornly poor. Encouragingly, new evidence is emerging to support development of novel models of neuropsychology service provision in rural and frontier areas. Using North America and Australia as examples, this continued education workshop will first illustrate the many opportunities and challenges of working in rural health settings. A specific focus on ethics and legal issues in this field will be provided in addition to evidence to support the emerging diversity of models of service provision. In particular, the use of teleneuropsychology to provide assessment and rehabilitation services within dementia and neurorehabilitation services will be addressed. Utilizing a blended approach of

lecture-style presentation, case-based learning and practical demonstration. Upon conclusion of this course, learners will be able to:

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

Speaker Biography:

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

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

Andrew Saykin, PsyD,
ABCN Raymond C. Beeler Professor of Radiology and Imaging Sciences at the Indiana University School of Medicine

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

Wednesday, 9:00 am–12:00 PM
Centennial Ballroom D-E

Abstract & Learning Objectives:

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

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

Speaker Biography:

Dr. Andrew Saykin, PsyD, ABCN, is the Raymond C. Beeler Professor of Radiology and Imaging Sciences at the Indiana University School of Medicine where he also holds appointments as Professor of Medical and Molecular Genetics, Neurology and Psychiatry. He joined Indiana University as director of the IU Center for Neuroimaging in late 2006, having previously served on the faculty at Dartmouth Medical School and the University of Pennsylvania. In 2013, he was appointed as director of the NIA-designated Indiana Alzheimer Disease Center. Nationally, he serves on the Executive Committee of the NIA AD Centers Program and has led the Genetics Core of the Alzheimer's Disease Neuroimaging Initiative (ADNI) since its inception. Dr. Saykin's expertise is in the areas of cognitive neuroscience, multimodal

neuroimaging and human genetics. His research has been funded by the NIA, NINDS, NCI, NIBIB, and NSF. His current research program is focused on integrating multimodal brain imaging, biomarker and genomic data to enhance the understanding of disorders affecting memory in older adults with a special focus on relationship among brain, gene and protein/metabolite networks. Dr. Saykin serves as the founding Editor-in-Chief (since 2006) of Brain Imaging and Behavior, a Springer-Nature journal, and is also active in training of the next generation of clinical and translational researchers including numerous pre- and post-doctoral scientists.

Sanne B. Schagen, PhD
Psychosocial Research and Epidemiology. The Netherlands Cancer Institute. Brain and Cognition Group, University of Amsterdam. Amsterdam, The Netherlands

Jeffrey S. Wefel, PhD
ABPP Section of Neuropsychology. Departments of Neuro-Oncology and Radiation Oncology. The University of Texas MD Anderson Cancer Center. Houston, Texas USA

CE Workshop 4. How Neuropsychology is Impacting Cancer Care

Wednesday, 1:00–4:00 PM
Centennial Ballroom B-C

Abstract & Learning Objectives:

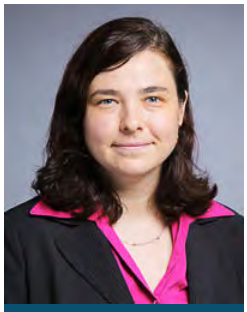
1 in 3 people will be diagnosed with cancer during their lifetime. With the growing community of cancer patients and the increasingly chronic nature of several common cancers, the management of symptoms, including cognitive symptoms, is an important part of health care. Both tumor and treatment side effects contribute to cognitive dysfunction and cognitive issues are among the most disturbing to survivors and caregivers. Neuropsychologists will increasingly encounter cancer patients. Fortunately, a growing body of literature is emerging to help guide neuropsychological practice. In this course we will focus on cognitive dysfunction in patients with adult-onset central nervous system (CNS) and non-CNS cancer. We will start with a brief introduction into cancer epidemiology, followed by part 1 on brain tumors. The neuropsychological correlates of lesion location, volume, and momentum will be discussed, as well as the ability of preoperative neuropsychological data to predict postoperative outcomes, the prognostic significance of cognitive function for survival and the cognitive impact of therapies targeting the CNS. Part two will be devoted to cognitive dysfunction in non-CNS cancer patients. We will discuss how cancer outside the CNS can influence cognition and how a variety of therapies not intended to target the CNS can affect cognition. This course will also cover technical, pharmacological and behavioral interventions to prevent and ameliorate cognitive dysfunction. The course requires no prior knowledge on cancer-related cognitive impairment but it will be most helpful for those encountering cancer patients in clinical care.Upon conclusion of this course, learners will be able to:

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

Speaker Biography:

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

Dr. Jeffery Wefel is a tenured Associate Professor and Chief of the Section of Neuropsychology with joint appointments in the Department of Neuro-Oncology and the Department of Radiation Oncology at The University of Texas MD Anderson Cancer Center. As a board certified neuropsychologist, Dr. Wefel maintains an active consultation-liaison clinical practice where he conducts comprehensive neuropsychological assessment, presurgical fMRI of higher order cognitive function for neurosurgical planning, intraoperative cognitive testing, and interventions to adult cancer patients suffering from the central nervous system effects of cancer, cancer treatment, or other illnesses. Dr. Wefel's extramurally funded research activities seek to characterize the prevalence, pattern, course, risks, and biologic and neural substrates for the development of cognitive dysfunction associated with cancer and cancer therapies. Ultimately, this will lead to identification and testing of interventions to prevent and/or minimize cognitive dysfunction. He is the cognitive study chair on numerous cooperative group, industry sponsored and investigator initiated trials involving patients with central nervous system and non-CNS cancer, many of which integrate cognitive and neuroimaging outcomes as well as exploration of genetic moderators of cognitive and brain outcomes. He has published over 100 manuscripts and book chapters. Dr. Wefel is a word leading expert in the effects of cancer and cancer therapy on patient's cognitive function and quality of life. He is a Founder of the International Cognition and Cancer Task Force, Member of the National Brain Tumor Society (NBTS) Medical Advisory Board, Steering Committee Member of the NBTS Jumpstarting Brain Tumor Drug Development Coalition and FDA Clinical Trials Clinical Outcome Assessment Endpoints workshop, Executive Board Member of the RTOG/NRG Oncology Brain Tumor Committee and Patient Centered Outcome Committee, and an Executive Committee Member of the Brain Tumor Center at MD Anderson. He has been appointed as Executive Editor of the journal Neuro-Oncology Practice.



Marsha Vasserman
PsyD, ABPP Widener University

CE Workshop 5. The Neuropsychologists ABC's of LD's: Understanding and Assessing Learning Disabilities Within a Neuropsychological Context

Wednesday, 1:00–4:00 PM
Centennial Ballroom D-E

Abstract & Learning Objectives:

Reading, writing, and math are cognitive skills like any other. In fact, they rely on multiple cognitive skills that we regularly evaluate as part of our clinical neuropsychological assessments. Yet, despite the fact that such a large portion of children we evaluate have learning disorders, and that some of our organizations have advocated for neuropsychological evaluation in learning disabilities, many neuropsychologists feel they are not able to adequately assess for them, particularly within a medical context. This is in part due to the limited training that many doctoral programs offer in regards to learning disorders, as well as the environment created by insurance companies and reimbursement methods. This talk will focus on relevant aspects to identifying learning disorders in a variety of settings. We will be discussing underlying neuropsychological constructs observed in the most common learning disabilities, as well as the best methods for assessment and intervention. Focus on quick and efficient methods for screening for learning disorders will also be covered. Additionally, learning disabilities within the context of common medical disorders and settings will be discussed, with an eye towards identifying LD's in medically complex children (e.g., prematurity, congenital heart disease). Upon conclusion of this course, learners will be able to:

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

Speaker Biography:

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

Tor Wager, PhD
Department of Psychological and Brain Sciences
Dartmouth College

CE Workshop 6. Placebo Effects: Mechanisms, Impact, and Ethical Use

Wednesday, 1:00–4:00 PM
Centennial Ballroom G-H

Abstract & Learning Objectives:

Placebo effects are improvements in signs and symptoms caused by the context in which a treatment is delivered. They are a natural part of the way our brains work; their mechanisms include learning and neuroplasticity, emotion, social cognition, and expectations and other future-oriented cognition. An underappreciated consequence of placebo effects is their capacity to induce 'self-fulfilling prophecies' — positive feedback loops between expectations and experience that can cause resistance to new information and persistent effects of prior beliefs, for good or ill. In this workshop, I explore several key issues surrounding placebo analgesia. These include: 1. What kinds of clinical and physiological loutcomes can be affected by placebo treatments? How do we separate causal effects of placebo from spontaneous improvement? 2. What are the psychological and brain processes that give rise to placebo effects? These include learning (and associated neuroplasticity), expectations, and inferences about the social and environmental context. In particular, I explore the role of conceptual thought. 3. What factors are likely to create larger placebo effects, both in terms of external manipulations of context and individual differences? 4. How can, and should, placebo effects be harnessed in clinical practice and self-care? Should companies try to capitalize on them when developing and marketing products?

Upon conclusion of this course, learners will be able to:

- Describe the clinical and physiologic outcomes affected by placebo treatments and how to separate causal effects from spontaneous improvements
- List the psychological and brain processes that give rise to placebo effects
- Critique whether or not placebo effects should be harnessed in clinical practice and self-care

Speaker Biography:

Dr. Tor Wager is the Diana L. Taylor Distinguished Professor in Neuroscience at Dartmouth College. He received his Ph.D. from the University of Michigan in Cognitive Psychology in 2003, and served as an Assistant (2004-2008) and Associate Professor (2009) at Columbia University, and as Associate

(2010-2014) and Full Professor (2014-2019) at the University of Colorado, Boulder. Since 2004, he has directed the Cognitive and Affective Neuroscience laboratory, a research lab devoted to work on the neurophysiology of affective processes—pain, emotion, stress, and empathy—and how they are shaped by cognitive and social influences. Dr. Wager and his lab are also dedicated to developing analysis methods for functional neuroimaging and sharing ideas, tools, and scientific data with the scientific community and public. See http://wagerlab.colorado.eduand http://canlab.github.iofor papers, data, tools, and code.

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

CE Workshop 7. On the Bright Side of Memory Aging: Brain Maintenance

Thursday, 7:20–8:50 AM
Centennial Ballroom D-E

Abstract & Learning Objectives:

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

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

Speaker Biography:

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

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

Preeti Sunderaraman, PhD
Cognitive Neuroscience Division, Taub Institute and Gertrude H Sergievsky Center, Department of Neurology, Columbia University Medical Center, NYC

CE Workshop 8. Harmonizing Evaluations Across Cultural and Linguistic Diversity One Size (Does Not) Easily Fit All!

Thursday, 7:20–8:50 AM
Centennial Ballroom G-H

Abstract & Learning Objectives:

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

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

Speaker Biography:

Dr. Urvashi Shah works in the Department of Neurology, King Edward Memorial Hospital, Mumbai, one of the largest public hospitals in India where she set up the first neuropsychology services, the 'Center for Neuropsychology Studies (C.N.S)', for socioeconomically deprived populations. For her pioneering work in neuropsychology in Mumbai she was awarded the prestigious Mayor's Achievement Award. For over twenty years, she has been an integral part of the ongoing, Comprehensive Epilepsy Care Program that has conducted over six hundred epilepsy surgeries. She has also been involved in setting up neurorehabilitation services for traumatic brain injury and has worked as a research consultant on an NIH funded, Indo-US project

on 'Cognitive Changes in the Elderly' in Mumbai. She has vast experience of evaluating hundreds of cases from the heterogeneous, multicultural, multilingual diverse Mumbai population and has been an expert on the Indian Council of Medical Research ICMR, 'Neurocognitive Tool Box Project-Standardized Protocols for Cognition in India'. She is on the Board of Studies in Psychology, a reviewer for various academic journals and has published in multiple peer-reviewed journals. She was invited to be a member of the Neuropsychology Task Force of the International League Against Epilepsy (ILAE) and the Scientific Committee of the World Congress for Neurorehabilitation (WCNR) in India. Dr. Shah has also presented at numerous national and international conferences, delivered national neurology orations, spoken at multiple, continuing education (CE) workshops and has conducted several public, patient and family awareness programs. She has mentored over twenty-five graduate psychology students, several of whom have gone on to obtain specialized degrees in neuropsychology from international universities. She completed a Ph.D from Bombay University in 1995 working on implicit and explicit memory systems in neurological populations.

Dr. Preeti Sunderaraman has won the K99/R00 Pathway to Independence research grant from NIH and is currently working as a Research Associate Scientist in the Cognitive Neuroscience Division at Columbia University Medical Center, New York City. Previously, she obtained the F32 Postdoctoral Ruth L. Kirschstein National Research Service Award from NIH and the Clinical Research grant from the National Academy of Neuropsychology for her work on financial decision making. As a graduate student she obtained funding from the Council on Brain Injury and was awarded the Foundation for Rehabilitation Psychology Dissertation award. Dr. Sunderaraman came to the U.S in 2010 and pursued her graduate training in neuropsychology from Drexel University under the mentorship of Dr. Maria Schultheis. Over the years, she has actively worked in several committees including the NAN Publications Committee, the Ethnic and Minority Affairs Committee, and as the International Liaison Representative for the International Neuropsychological Society's Student Liaison Committee. Currently she serves as the Social Events coordinator for the Asian Neuropsychological Association and as the Science Officer for the Early Career Neuropsychologists Committee that is a part of Society for Clinical Neuropsychology. Dr. Sunderaraman was born and raised in India, and completed her education from Mumbai. After obtaining her bachelors in psychology, she completed her Master's in clinical psychology and began practicing as psychologist in various government and private hospitals. During this time, she met Dr. Urvashi Shah who introduced her to neuropsychology. She trained with Dr. Shah and conducted neuropsychological assessments for primarily patients with epilepsy. She also worked on research projects related to collecting normative data for a few adapted tests. After immigrating to the U.S., Dr. Sunderaraman has continued work with Asian Indians and seeks to refine their clinical care and improve research related to this group.

Mark W. Bondi, PhD
ABPP/CN Professor of Psychiatry, UC San Diego
Director, Neuropsychological Assessment Unit, VA San Diego Healthcare System

CE Workshop 9. MCI and Preclinical AD: Concepts in Need of Input from Neuropsychology to Improve Diagnostic Precision and Prediction

Friday, 7:20–8:50 AM
Centennial Ballroom D-E

Abstract & Learning Objectives:

This workshop will present updated diagnostic criteria, with a focus on the neuropsychological features of mild cognitive impairment (MCI) and subtle cognitive deficits of preclinical Alzheimer's disease (AD), in the context of characteristic cognitive changes leading to AD dementia. Seeking to refine diagnostic and prediction models, in a series of studies we have compared conventional criteria used to diagnose MCI with our actuarial neuropsychological methods. Results from these studies suggest that conventional criteria are susceptible to both false positive and false negative diagnostic errors, whereas MCI participants diagnosed via neuropsychological criteria yield specific cognitive profiles, significant biomarker associations (e.g., cerebrospinal fluid concentrations of abnormal Alzheimer-related proteins such as amyloid and tau), more stable diagnoses, and greater percentages who progress to dementia than conventional MCI diagnostic criteria. We further extend this actuarial method to support refinement of research criteria for objective subtle cognitive decline in preclinical AD diagnosis. This workshop will thus reflect the research and clinical advances in identifying MCI and preclinical AD, examining its biomarker signatures, and offer new possibilities for improving diagnostic precision. The evidence reviewed in this workshop concludes that a multi-faceted approach that integrates neuropsychological and biomarker assessments will likely be needed to characterize the preclinical phase of AD and ends with the suggestion that neuropsychological assessment provides a central and non-interchangeable role in the diagnosis of the older adult, and that cognitive measures are among the best predictors of the initial symptomatic stages of an evolving dementia. Upon conclusion of this course, learners will be able to:

- Describe the relative value of biomarkers and cognitive measures to diagnosis
- Assess actuarial neuropsychological diagnostic criteria in MCI and subtle cognitive decline
- Critique their roles in prediction of progression along the aging-MCI-AD continuum

Speaker Biography:

Dr. Mark Bondi is Professor of Psychiatry at the University of California San Diego, and Director of the Neuropsychological Assessment Unit at the VA San Diego Healthcare System. He has served on the boards of the American Psychological Association's Continuing Education Committee and Commission for the Recognition of Specialties and Proficiencies in Professional Psychology, board of directors of the American Board of Clinical Neuropsychology, board of governors of the International Neuropsychological Society, and is former president of the Society for Clinical Neuropsychology (Division 40). He has received continuous funding from NIH, VA, and

private foundation grants since 1991, and he is a sponsor or co-sponsor of 20 NIH, NSF, VA and private foundation career development awards of his current and former trainees. His research centers on the cognitive and brain changes of individuals at risk for dementia, he has published more than 200 articles and book chapters, and he is co-author of the book Mild Cognitive Impairment and Dementia: Definitions, Diagnosis and Treatment. He has served on the editorial boards of several neuropsychology journals (e.g., JCEN, JINS, Neuropsychology, TCN), and currently is a Senior Editor for the Journal of Alzheimer's Disease. In addition to his research in aging and dementia, he is an active clinician, teacher and supervisor for his institution's doctoral training, internship, and postdoctoral fellowship programs.

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

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

Friday, 7:20–8:50 AM
Centennial Ballroom G-H

Abstract & Learning Objectives:

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

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

Speaker Biography:

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

James Jackson, PsyD
Co-Founder and Assistant Director of The ICU Recovery Center at Vanderbilt Research Associate Professor, and Director of Long-Term Outcomes for the Critical Illness, Brain Injury, and Survivorship Center (CIBS Center) at the Vanderbilt University School of Medicine

CE Workshop 11. Cognitive Impairment after Critical Illness: An Unrecognized Public Health Hazard

Saturday, 7:20–8:50 AM
Centennial Ballroom D-E

Abstract & Learning Objectives:

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

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

- Describe strategies that can be employed clinically to improve cognitive outcomes in patients after critical illness
- Discuss potential contributions to the study and understanding of post-critical illness related cognitive impairment that can be made by the discipline of neuropsychology

Speaker Biography:

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

Kim Gorgens, PhD
Professor of Psychophysiology and Clinical Neuropsychology University of Denver

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

Saturday, 7:20–8:50 AM
Centennial Ballroom G-H

Abstract & Learning Objectives:

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

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

Speaker Biography:

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

CE Program Disclosures

INS 48th Annual Meeting: Denver 2020
Continuing Education Program

Disclosure Information
As of January 3rd, 2020

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

The International Neuropsychological Society is approved by the American Psychological Association to sponsor continuing education for psychologists. The International Neuropsychological Society maintains responsibility for this program and its content.

All continuing education sessions are geared for advanced level instructional activity. Up to 20.5 credit hours are available for this program.

Please note relevant relationship definitions below:

Relevant financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include "contracted research" where the institution receives/manages the funds and the individual is the principal or named investigator on the grant.
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Lamar, Melissa (CE Director):	No relevant financial or nonfinancial relationships exist.
Beauchamp, Miriam (Co-Program Chair):	**Relevant financial relationships:** Dr. Beauchamp receives royalties for her book contracts with Guilford Press. **Relevant non-financial relationships:** None exist.
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INSTRUCTIONAL PERSONNEL	
Allen, Nicholas (Plenary G):	**Relevant financial relationships:** Dr. Allen receives intellectual property rights and ownership interest for his work with Ksana Health Inc. **Relevant non-financial relationships:** None exist.
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Bondi, Mark (CE 9):	**Relevant financial relationships:** Dr. Bondi receives consulting fees and royalties for his work with Oxford University Press, Novartis, Roche Pharmaceutical. **Relevant non-financial relationships:** None exist.
Casaletto, Kaitlin (Invited Symposium 4):	No relevant financial or nonfinancial relationships exist.
Conklin, Heather (CE 1):	**Relevant financial relationships:** Dr. Conklin receives salary and grants for her work with American Cancer Society and NIH. **Relevant non-financial relationships:** None exist.

CE Program Disclosures – continued

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Cullen, Benda (Invited Symposium 1):	**Relevant financial relationships:** Dr. Cullen receives grants for her work with Scottish Executive Chief Scientist Office. **Relevant non-financial relationships:** None exist.
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Fedor, Szymon (Invited Symposium 1):	No relevant financial or nonfinancial relationships exist.
Gorgens, Kim (CE 12):	No relevant financial or nonfinancial relationships exist.
Hammers, Dustin (CE 2):	No relevant financial or nonfinancial relationships exist.
Jackson, James (CE 11)	No relevant financial or nonfinancial relationships exist.
Jacola, Lisa (CE 1):	No relevant financial or nonfinancial relationships exist.
Keilp, John (CE 10):	No relevant financial or nonfinancial relationships exist.
Lupien, Sonia (Plenary C):	No relevant financial or nonfinancial relationships exist.
Miller, Justin (Invited Symposium 1):	No relevant financial or nonfinancial relationships exist.
Nyberg, Lars (CE 7):	No relevant financial or nonfinancial relationships exist.
Paus, Tomas (Plenary F):	No relevant financial or nonfinancial relationships exist.
Saykin, Andy (CE 3)	No relevant financial or nonfinancial relationships exist.
Schagen, Sanne (CE 4):	**Relevant financial relationships:** Dr. Schagen receives grants for her work with Dutch Cancer Society. **Relevant non-financial relationships:** None exist.
Shah, Urvashi (CE 8 and Plenary D):	No relevant financial or nonfinancial relationships exist.
Small, Dana (Plenary E)	No relevant financial or nonfinancial relationships exist.
Smith, Glen (Invited Symposium 4):	No relevant financial or nonfinancial relationships exist.
Snyder, Aliyah (Invited Symposium 4):	**Relevant financial relationships:** Dr. Snyder receives salary and ownership interest for her work with The Brain Learning Center, LLC. **Relevant non-financial relationships:** None exist.
Stolwky, Rene (CE 2):	No relevant financial or nonfinancial relationships exist.
Sunderaraman, Preeti (CE 8):	No relevant financial or nonfinancial relationships exist.
Tottenham, Nim (Plenary B):	No relevant financial or nonfinancial relationships exist.
Vasserman, Marsha (CE 5):	**Relevant financial relationships:** None Exist. **Relevant non-financial relationships:** Dr. Vasserman's friend and colleague, Dr. Brian Brooks is an author of the MEMRY, which is a measure that may be discussed as a potential learning screening tool during the lecture.
Wager, Tor (CE 6):	No relevant financial or nonfinancial relationships exist.
Wefel, Jeffery (CE 4):	**Relevant financial relationships:** Dr. Wefel receives consulting fees for his work with Audiochem, Bayer, Juno, Magnolia Teja, Novocurd, and Vanquish. **Relevant non-financial relationships:** None exist.

Ancillary Meetings

INS is pleased to host ancillary meetings, organized by individuals and professional groups who are attending the 48th Annual Meeting.

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

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

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

Volunteers

The International Neuropsychological Society owes a debt of gratitude to all participating student volunteers for lending their support at INS Denver 2020.

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

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

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Please check on-site materials and signage in Denver, or the INS 2020 meeting app, for final room assignments and any changes to the Final Program.

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

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Town and Country Hotel
February 3 - 6, 2021

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The Neuropsychology of Pleasure, Dreaming and Memories

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IMPORTANT DATES

FEBRUARY 20, 2020
The Extended Abstract Submission Deadline

APRIL 13, 2020
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VENUE

Austria Center Vienna
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Poster Session Listings

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

Dementia (Non-AD)

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

Memory Functions/Amnesia

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

Dementia (Non-AD)

07	J. Dalrymple	Functional Change, Neuropsychiatric Symptom Severity, and Caregiver Burden in Veterans with Dementia
08	S. Dev	Verbal Memory Performance in Mildly Symptomatic Familial Frontotemporal Lobar Degeneration
09	O. Haller	The APOE ε4 Allele Modifies the Association Between Age of First Exposure to American Football and Long-Term Cognitive and Neuropsychiatric Functioning
10	A. Inscore	The Impact of Global Cognitive Status, Patient Insight, and Neuropsychiatric Symptom Severity on Caregiver Burden in Caregivers of Veterans with Dementia
11	S. Joubert	A Smartphone based cognitive intervention for primary progressive aphasia
12	J. Martin	Factors of Dementia Caregiver Burden Differentially Contribute to Desire to Institutionalize
13	C. Schieszler-Ockrassa	A Case Study: Posterior Cortical Atrophy
14	E. Talis	Adult Male Presenting with Frontotemporal Dementia (FTD): A Case Study
15	M. Uretsky	A Qualitative Examination of MMSE and MoCA Test Performance in Autopsy-Confirmed CTE
16	G. Vitale	Connecting Functional Impairment with Emotional Dysregulation in Frontotemporal Dementia
17	G. Ying	Hispanic/Latino Heritage and Incident Dementia among Community-Dwelling Older Adults

HIV/AIDS/Infectious Disease

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

Executive Functions/Frontal Lobes

20	D. Kazakov	Non-Gaussian and Diffusion Modeling Analysis of Elementary Cognitive Tasks of Executive Function

HIV/AIDS/Infectious Disease

21	C. Cassill	Exploration of factors impacting antiretroviral medication adherence rates in adults with HIV and HIV with comorbid ADHD
22	C. Crook	Past Cannabis Use May Buffer the Effects of Age in People Living With HIV
23	L. Cruz	Performance on the Wisconsin Card Sorting Task-64 Among HIV+ African American and Latinx Adults Compared to Normative Samples
24	M. Gavilanes	The Relationship Between Cognitive Flexibility, Cognitive Failures, and the Experience of Depression and Anxiety Symptoms in HIV+ Individuals
25	U. Clark	**Neural correlates of fine-motor impairment in HIV+ adults: An assessment of contributing factors**
26	J. Iudicello	Shorter Telomere Length is associated with Slower Information Processing Speed and Poorer Motor Performance in HIV+ and Methamphetamine Dependent Individuals
27	M. Kohli	Slower Gait Speed is Differentially Associated with Worse Neurocognition among Persons with and without HIV
28	A. Matchanova	Operationalizing and Evaluating the Frascati Criteria for Functional Decline in Diagnosing HIV-associated Neurocognitive Disorders in Adults
29	E. Morris	Early Life Stress and Race/Ethnicity Interact to Predict Executive Functioning in People Living with HIV
30	E. Müller-Oehring	NEUROFUNCTIONAL CORRELATES OF COGNITIVE AND MOTOR CONTROL IN OLDER PEOPLE LIVING WITH HIV INFECTION
31	E. Paolillo	Mood Predicts Performance on Repeatedly Administered Mobile Cognitive Tests Among Older Adults Living With and Without HIV
32	S. Sundaram	The Role of Emotion in Daily Functioning in Older Adults Living with HIV and Parkinson's disease
33	K. Tureson	Relationships Between Chronic Stress Burden, Inflammation, and Cognitive Change in HIV+ and HIV- Adults
34	C. Watson	Recent Cannabis Use is Associated with Lower Levels of TNF-alpha in CSF Among People Living with HIV
35	L. Weaver	The Neurocognitive Impact of Depression and Substance Use among Older Adults Living with HIV

Infectious Disease/Encephalitis/Meningitis (including HIV/AIDS)

36	A. Santoro	Stressful Life Events Predict Executive Dysfunction in South African Adults Living with HIV
37	A. Summers	Neuropsychological Sequelae Following the Ebola Virus Disease (EVD) Epidemic in Liberia

MCI (Mild Cognitive Impairment)

38	M. Abraham	Category Fluency Switching Subtypes in Mild Cognitive Impairment and Cognitively Intact Older Adults
39	M. Abraham	Episodic and Semantic Memory Composite Scores and APOE E4 Status in MCI and Cognitively Intact Older Individuals
40	P. Amofa	Comparative Effectiveness of Behavioral Interventions to Prevent or Delay Dementia: One-Year Partner Outcomes
41	A. Blanken	Machine learning-based refinement of mild cognitive impairment in the National Alzheimer's Coordinating Center database
42	B. Cerbone	Predictors of rate of cognitive and functional decline in patients with amnestic mild cognitive impairment
43	C. Cohen	Alternate Form Equivalence for Category Fluency in Cognitively Intact Individuals and Mild Cognitive Impairment
44	B. DeFeis	A Confirmatory Factor Analysis of Mild Cognitive Impairment Outcome Variables in Participant-Partner Dyads
45	R. Divers	Predictors of Subtle Functional Decline in MCI: A Biopsychsocial Approach
46	K. Dorociak	Exploration of a Novel Web-Based Cognitive Assessment Tool with Community Dwelling Older Veterans
47	E. Edmonds	Cluster-Derived Subtypes of MCI and Cognitively Normal are Associated with Progression to Dementia and CSF Biomarkers
48	S. Emrani	The Thalamus and Mental Manipulation in Statistically-Determined Patients with Mild Cognitive Impairment: A Potential Neurocognitive Biomarker
49	J. Eppig	Mild Cognitive Impairment Subtypes They Are A-Changin': Empirical Characterization of Longitudinal Neuropsychological Performance with Mixture Modeling
50	E. Gammada	**Sex-Specific Verbal Memory Advantage for Women is Associated with Dorsolateral Prefrontal Cortex in Serial Position Analysis**
51	L. Graves	Neuropsychological Process Scores in Empirically-Derived Subtypes of Mild Cognitive Impairment
52	A. Halpin	Do A/T/N CSF biomarkers differentially predict episodic memory performance among men and women in an MCI cohort?
53	S. Jacobs	Assessing Within-Task Verbal Fluency Performance: The Predictive Utility of Individual Time Intervals
54	C. Johnson	Differences in the Relationship between Depression and Intraindividual Variability in Cognitive Performance by Cognitive Status
55	D. Kamel	CPAP Adherence Improves Semantic Clustering in Older Adults with MCI and OSA

56	A. Karstens	Effects of sex on memory and language performance in individuals with MCI
57	C. Keith	Subjective Working Memory is Associated with Reduced Cortical Thickness in Amnestic Mild Cognitive Impairment
58	J. Laing	Nominal Relationship Between Encoding-Based Eye Movements and Memory for Object-Location Associations
59	A. Seelye	In-Home Sensor-Based Assessment to Detect Mild Cognitive Impairment in Aging Veterans: Preliminary Data on Feasibility and Acceptability
60	A. Marshall	Angiogenic Cytokine IL-8 is Linked to Endothelial Progenitor Cell Proliferation and Executive Functioning in Older Adults
61	E. Matusz	Clock Drawing to Command, 'Anchor Digits' and Relations with Neurocognitive Domains and Constructional Ability: Data from the Framingham Heart Study
62	R. Melrose	Association Between Brain Connectivity and Functioning in Mild Cognitive Impairment
63	L. Ellis	Development and Evaluation of the Brief Informant Form of Neurobehavioral Symptomatology (BINS)
64	S. Pudumjee	Prognostic Accuracy of the Cogstate Brief Battery for Incident MCI in the Mayo Clinic Study of Aging
65	K. Reiter	Cognitive Reserve and Brain Volume Relationships in amnestic and nonamnestic MCI
66	L. Salminen	Information-Theoretic Clustering of Plasma and Imaging Measures in Aging, Mild Cognitive Impairment, and Alzheimer's disease
67	G. Santorelli	Emotional Response to Negative Mood Induction in Mild Cognitive Impairment and Cognitively-Intact Older Adults
68	K. Steward	Impaired Awareness of IADL Difficulties in MCI and Mild Dementia: An Examination of Neuropsychological Correlates
70	P. Tirrell	Decreased Number Placement Accuracy of Individuals with Mild Cognitive Impairment in Digital Clock Drawing Task
71	V. Wasserman	The Production of Verbal Serial List Learning Cued Recall Intrusions in Statistically-Determined Mild Cognitive Impairment
72	A. Weakley	Compensation Improves Real-World Prospective Memory Performance of Individuals with Mild Cognitive Impairment
73	C. Williams	Mild Cognitive Impairment Performance Differences on Multiple Semantic Fluency Indices
Memory Functions/Amnesia		
74	A. Bueno	The Relationship Between Bilingualism and Traumatic Brain Injury on California Verbal Learning Test Performance
75	J. Davis	The Role of Cognitive Proficiency in Verbal Learning
76	L. De Wit	Procedural Learning in Individuals with Amnestic Mild Cognitive Impairment and Alzheimer's Dementia: A Systematic Review and Meta-Analysis
77	K. Eversole	Revisiting the Prospective and Retrospective Memory Questionnaire: Updated Norms and Clinical Utility
78	B. Gradwohl	Modified Scoring for the BVMT-R: Does Awarding Half-Point Credit Improve Precision in Detecting Memory Impairment?
79	H. Ji	Serial Position Effects in a Multi-Trial Word List Learning: A Comparison of Normal Elderly People, Subjective Cognitive Decline, Amnestic Mild Cognitive Impairment, and Alzheimer's Disease
80	T. Lambertus	The Implicit Memory Construct: Repetition Priming, Motor Skill Learning, and Pattern Learning in Individuals with Mild Cognitive Impairment and Healthy Controls
81	A. Le Berre	Clinical and Biological Risk Factors of Memory Decline in Alcohol Use Disorder, HIV Infection, and HIV Infection with Alcoholism Comorbidity
82	E. Gracian	Memory and Executive Functioning Contributions to Deterministic Reversal Learning Ability in Adults
83	B. Stewart	Unraveling the Relations between Acute Stress, Chronic Stress, and Prospective Memory
84	N. Ufkes	Consciousness of self: A case of autobiographical memory deficit associated with transient epileptic amnesia
85	A. Wank	Impaired Personal Trait Knowledge in a Case of Medial Temporal Lobe Amnesia
86	P. Ampofo	Development of a Trigram Memory Test
87	R. Yeung	Does Time Heal All Wounds? Involuntary Memories and Mental Health in Aging
Cognitive Intervention/Rehabilitation		
88	F. Ramirez	Educational Interventions Improves Emotional Intelligence in Most Participants
Emotional and Social Processes		
89	C. Lane	Utility of Empathy Informant-Report in FTD Differential Diagnosis
Dementia (Alzheimer's Disease)		
90	B. Sachs	Association of Optimism with Dementia Among Older Women: Data from the Women's Health Initiative Memory Study (WHIMS)
Addiction/Dependence		
91	M. Hussain	Methamphetamine-dependence and low self-efficacy have an additive effect on impulsivity and disinhibition
Executive Functions/Frontal Lobes		
92	S. Roye	Relationships Between Multiple Dimensions of Executive Functioning and Resting-State Networks in Adults

Poster Session 2: Pediatric Assessment & Neurodevelopment Disorders, Thursday, 2/6/20 from 8:00-9:15

ADHD/Attentional Functions		
01	S. Aylward	Examining the Relationship Between Executive Functioning and Language in Youth with Attention Deficit/Hyperactivity Disorder
02	O. Berwid	The acute impact of light- and moderate-intensity exercise on attention in healthy young adults.
03	J. Chang	Applying N2 and P3 Event-Related Potentials of Non-Target Stimulus as Grouping Index for Children with Attention Deficit Hyperactivity Disorder
04	X. Duong	Pragmatic Discourse and Working Memory Capacity Predict ADHD in Children
05	S. Eckrich	Investigation of Working Memory Deficits in Children With ADHD Using Functional Near-Infrared Spectroscopy
06	B. Ferguson	Effects of Methylphenidate on Verbal Creativity, Verbal Fluency, and Convergent Thinking Tasks in Adults with Attention-Deficit/Hyperactivity Disorder
07	H. Galloway-Long	Ahead of the (ROC) Curve: A Statistical Approach to Utilizing ex-Gaussian Parameters of Reaction Time in Diagnosing ADHD Across Three Developmental Periods
08	D. Griffin	Comparison of Neurocognitive and Psychosocial Profiles in Children with ADHD and/or Anxiety
09	T. Hai	Relationship between Cortical Thickness and Executive Functions in Children with ADHD
10	T. Hai	Volumetric differences in subcortical regions in children with ADHD and typically developing controls
11	A. Harrison	Differences in Performance on the Test of Variables of Attention (TOVA) Between Credible vs. Non-credible PVT Performers.
12	R. Hinojosa	ADHD and Set Shifting: Meta-Analysis of Parent Ratings on the BRIEF Questionnaire
13	L. Irwin	Activities of Daily Living in Pediatric Attention-Deficit/Hyperactivity Disorder: Associations with Working Memory
14	G. Gioia	**An Evidence Based Assessment Approach to Identifying ADHD Subtypes with the BRIEF2**
15	K. Jensen	Correlates of Attention-Deficit/Hyperactivity Disorder Presentation Type and Temperament in Adolescence: A Case Study of Monozygotic Twins
16	E. Johnson	Comparing subjective and objective indicators of impairment: Is self-reported impairment valid?
17	K. Graves	**A Comparison of Working Memory Brain Morphology in Children with ADHD versus Controls**
18	M. Lazarus	Efficacy of Self-Report Symptoms as Predictor Variables for Objective Test Performance in a Clinical Sample of ADHD Patients
19	Y. Liao	Effectiveness of the 4m-SRT and QEEG as a Regrouping Protocol for Children and Adolescents with ADHD
20	S. Mordhorst	Influence of Estimated Baseline Intelligence and Self-Reported Depression on Retrospective Endorsement of ADHD Symptoms
21	G. Newsham	Neurobiological Relationships with Attention Control and Behavioral Regulation
22	M. Nitta	Dimensions of Self-Reported ADHD Symptoms in Emerging Adulthood
23	A. Ochoa Lopez	Sluggish Cognitive Tempo and Academic Achievement in Undergraduate Students
24	A. Pham	Deriving a Dot Counting Test cut-score for an Attention-Deficit/Hyperactivity Disorder (ADHD) Clinical Group

25	**A. Pham**	An Integrative Algorithm to Reduce Overdiagnosis of Adult ADHD
26	**M. Simons**	Analysis of the Barkley Deficits in Executive Functioning Scale Factor Structure in a Collegiate Population
27	**K. Ung**	The Benefit of Social Support on College Students with Symptoms of ADHD
Assessment/Psychometrics/Methods (Child)		
28	**K. BURRELL**	Shifting to an Innovative Neuropsychological Evaluation Model: Considerations of Adaptation within the Context of Community Trauma
Stroke/Cerebrovascular Injury & Disease (Child)		
29	**R. Peterson**	Cognitive Correlates of Math Performance in School-Aged Children with Sickle Cell Disease and Silent Cerebral Infarcts
Assessment/Psychometrics/Methods (Child)		
30	**C. David**	Test-Retest Reliability of the Purdue Pegboard Test in Children and Adolescents
31	**T. Duda**	Use of the MSVT's Genuine Memory Impairment Profile to Reduce False Positive Determinations of Noncredible Performance in Clinically Referred Pediatric Patients
32	**M. Ford**	Beyond the Report: Examining Parent Views of Neuropsychological Evaluations and the Influence of Socioenvironmental Factors
33	**A. Jansari**	It's my party: A new ecologically-valid virtual reality test, The Jansari assessment of Executive Functions for Adolescents (JEF-A©)
34	**C. Lee**	Differentiation between autism spectrum disorder and attention deficits hyperactivity disorder by the Social Communication Questionnaire
35	**F. Morasse**	Can Children Adapt Their Social Norms?: An Experimental Study of Social Cognition Using the Ultimatum Game
36	**N. Norheim**	Performance on the Memory Validity Profile (MVP) in a Diagnostically Heterogeneous Clinical Pediatric Sample
37	**A. Svingos**	Detecting Noncredible Performance Using the Memory Validity Profile in Children Referred for Neuropsychological Evaluation: Proposing a New MVP Cut Score
38	**F. Tewolde**	The Memory Validity Profile Poorly Discriminates Pass/Fails on the Test of Memory Malingering in a Mixed Clinical Pediatric Sample
39	**S. Trujillo**	Development of the Language Acculturation Meter for Spanish Speaking English Language Learners
40	**C. Tyner**	Developing a New Computer-Adaptive Visual Reasoning Test for ECHO and the NIH Toolbox
41	**E. Vogt**	Comparison of WISC-IV and V Re-test Performances in a Mixed Clinical Sample
Autism Spectrum Disorders/Intellectual Disability		
42	**K. Bellesheim**	Bimodal Working Memory in Adolescents with Autism Spectrum Disorder
43	**A. Camodeca**	Executive Function in Children with Autism vs. Other Psychiatric Disorders
44	**J. Chang**	Vaccine Hesitancy and Attributions for Autism Spectrum Disorder (ASD) among Racially and Ethnically Diverse Groups of Parents of Children with ASD
45	**A. Sakallah**	**Rapid Auditory Processing of Speech Sounds is Associated with Speech and Language Abilities in Individuals with Autism Spectrum**
46	**C. Demopoulos**	Rapid Auditory Processing of Puretones is Associated with Basic Verbal Communication Abilities in Individuals with Autism Spectrum Disorders
47	**M. Engelmann**	The Development of an Interdisciplinary Model to Expedite High-Probability Autism Referrals
48	**A. Garagozzo**	Pediatric Catatonia in Autism Spectrum Disorder: A Case Study
49	**H. Genova**	Effectiveness of a Virtual Reality Job Interview Tool for Adolescents with Autism in a School Setting
50	**R. Handsman**	Parent-Reported Self-Determination Relates to Executive Functioning Behaviors in the Classroom
51	**L. Kenworthy**	Parent- versus Self-Reported Executive Functioning Challenges in Autistic Youth
52	**G. Jost**	Executive Functioning Problems in Autistic Youth: Parent-Reported Gender Differences Not Confirmed by Self-Report
53	**L. Katz**	Exploring the Relationship between IQ, Language, and Social Cognition in the Assessment of Children with Autism Spectrum Disorder
54	**K. Krishnamurthy**	Effortful Control Deficit in Children with Autistic Spectrum Disorder
55	**J. Lebersfeld**	Agreement of the ADOS-2 and the ADI-R in a Clinical Sample of Children Referred for an Autism Spectrum Disorder Evaluation
56	**E. Lemieux**	Recorded Characteristics of Adults with Autism in the University of Colorado Health System
57	**A. McMahon**	Improving Attention and Executive Function with Dino Island: A Process-Specific Game Based Intervention
58	**L. Miller**	Clinical Presentation in Toddlers with Early Versus Later Diagnosed Autism Spectrum Disorder
60	**R. Scheub**	ASD Traits are Associated with Lower Arousal to the Positive Emotions of Others and Higher Arousal to the Negative Emotions of Others
61	**M. Skapek**	Testing the Clinical Utility of Composite Joint Attention Scores in an Early Detection Sample of Toddlers
62	**C. Stephan**	Contributions of Executive Function to Adaptive Abilities in Youth with Down Syndrome
63	**A. Tan**	Implementing Standard Screening for Autism Spectrum Disorder in Congenital Heart Disease
64	**I. Zilberfayn**	Role of Executive Dysfunction in Social Communication in Autism Spectrum Disorder.
Learning Disabilities/Academic Skills		
65	**N. Anderson**	Are Domain-General Cognitive Weaknesses Associated with Elevated Anxiety Symptoms in Children with Dyslexia?
66	**A. Bartlett**	Lower Sentence Repetition Scores Among School-Aged Children with Learning Disorders
67	**E. Caminiti**	Cerebellar Hemisphere Volume in Relation to Rapid Naming Errors in Children with Reading Disorders and/or ADHD
68	**P. Cirino**	Visual Attention and Reading
69	**P. Duong**	Word Reading Processes involved in Text Comprehension in Children with Dyslexia
70	**A. Gioia**	Visual Attention in Reading: A Meta-Analysis
71	**K. Halverson**	Understanding Executive Functioning in Struggling Readers Using a Novel Tool
72	**Z. Imre**	Planning predicts Caudate Nucleus Volume in Children with RD and/or ADHD
73	**A. Kaser**	Evidence for a Specific Learning Disorder in a Pediatric Patient with Moyamoya Disease
74	**N. Katz**	The Relationship Between Processing Speed and Academic Fluency
75	**K. Macdonald**	Dimensionality of Language Among Middle School ELs who are Struggling Readers
76	**A. O'Brien**	Replication of the Reading Tendency Index (RTI) with a Canadian Mixed-Language Sample of School-Aged Children
77	**E. O'Connor-Derikozis**	The relative contributions of phonological awareness, processing speed, working memory, and word knowledge in predicting reading delay
78	**J. Schlack**	Working Memory is Related to Caudate Nucleus Volume in Children with ADHD and/or Reading Disorders
79	**R. Slomowitz**	Cross-Lagged Models of Cognitive and Reading Abilities in School-Aged Children: Unexpected Directionality
80	**C. Speelman**	Verbal Reasoning Moderates the Relation Between Reading Problems and Internalizing Problems in Adults
81	**H. Travis-Judd**	Posterior Fusiform Volume Relationships with Letter Level Processing
82	**M. Vasserman**	Do Parents Actually Know What They're Talking About? Parent-Reported Learning on the MEMRY Questionnaires Predicts Academic Achievement in Youth
83	**R. Winter**	Working Memory in Developmental Dyslexia: Three Factors or two
Prematurity/Low Birth Weight/In Utero Teratogen Exposure		
84	**R. Avila-Rieger**	Interaction between Prematurity and Socioeconomic Status Predicts Language Performance in Preterm Children
85	**T. Busch**	Parent Awareness of School Readiness in Very Preterm Children
86	**N. Guo**	Emotional Executive Functions in School-Age Children Born Very Low Birth Weight with Normal Early Development
87	**L. Glass**	Differential relations between adaptive behavior and age for youth with prenatal alcohol exposure
88	**C. Moss**	Comparing Neuropsychological Outcomes in Twin-Twin Transfusion Syndrome
89	**C. Dandar**	**Degree of Prematurity is Linked to Prenumeracy Skills via Fine Motor Functioning**
90	**D. Seitz**	Fluid Reasoning Performance Differentiates ADHD From Prenatal Polysubstance Exposure
Medical/Neurological Disorders/Other (Child)		
91	**K. Sinapoli**	Neuropsychological Outcome of PHACE Syndrome: A Case Study

Drug/Toxin-Related Disorders (including Alcoholism)

92	R. Green	Prenatal Fluoride Exposure and Verbal Versus Non-Verbal IQ: Results from the ELEMENT and MIREC Pregnancy Cohort Studies

Medical/Neurological Disorders/Other (Child)

93	K. Wolfe	Neuropsychological Screening in Pediatric Fontan, Neuro-Oncology, and Oncology Survivorship Multidisciplinary Clinics: Group Characteristics and Predictive Utility

Stroke/Cerebrovascular Injury & Disease (Child)

94	L. Krivitzky	The Role of Neuropsychology in an Intensive Bimanual Therapy Program for Childhood Hemiparesis

Assessment/Psychometrics/Methods (Child)

95	J. Chen	Validity of Telephone Administration of the Vineland Adaptive Behavior Scale – Third Edition

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

96	J. Chen	Long-term Outcomes in Children Admitted to Inpatient Rehabilitation in Disorders of Consciousness

Poster Session 3: Epilepsy, Multiple Sclerosis, & Movement Disorders, Thursday, 2/6/20 from 9:30-10:45

Epilepsy/Seizures

01	G. Alamdari	Same Sided Language Dominance and Resection Region in Predicting Verbal Reasoning
02	W. Alverson	Establishing Symptom Validity Cutoffs Embedded in the World Health Organization Disability Assessment Schedule 2.0.
03	C. Block	Neuropsychological Trajectory Following Focused Ultrasound Ablation of the Anterior Thalamus for Treatment-Refractory Epilepsy: A Case Report
04	A. Cecil	Examining Lateralizing Accuracy of Neuropsychological Data in Patients with Epilepsy in an Underserved Population
05	I. Cernokova	Comparing Mood, Anxiety, and Executive Functioning in Children and Adolescents with Intractable Epilepsy Before and After Epilepsy Surgery
06	K. Cowan	Emotional Processing in the Right and Left Hemisphere Following Childhood Hemispherectomy: Multiple Case Studies
07	C. David	Fine Motor Impairment in Children with Epilepsy
08	A. Day	Colorado Learning Difficulties Questionnaire in Children with Epilepsy
09	D. Dickson	TLE and FLE in Pediatric Samples: A Common Neuropsychological Profile?
10	K. Eneva	Improvement in Fluid Reasoning in Successful Pediatric Epilepsy Surgery
11	C. Fullen	The Effect of Patient-Specific Seizure Characteristics on Perceived Cognitive Functioning
12	S. Gestido	Contribution of Neurocognitive Variables to Quality of Life in Epilepsy
13	J. Grabyan	Caregiver Burden Moderates the Relationship Between Patient and Caregiver Report of Patient's Functional Ability in Psychogenic Non-Epileptic Events
14	K. Hassara	Cognitive Phenotypes in Pediatric Genetic Generalized and Localization-Related Epilepsies
15	N. Heydari	Naming Errors in Children with Epilepsy
16	L. Isaac	Mood, but not Cognitive Functioning, Predictive of Self-Reported Medication Effects in Epilepsy
17	m. ivanisevic	Epilepsy-Specific Clinical Characteristics Predict Processing Speed and Executive Functions in Temporal Lobe Epilepsy
18	E. Kalscheur	Semantic and Episodic Memory in Pediatric Temporal Lobe Epilepsy With and Without Hippocampal Atrophy
19	S. Lalani	Impaired Pattern Separation in Patients with Temporal Lobe Epilepsy
20	M. Lechuga	Executive Control in Pediatric Intractable Temporal Lobe Epilepsy: Assessing Change in Function Post Resection Surgery
21	K. Mau	Cognitive Outcome in Non-Lesional Epilepsy Patients Requiring Invasive EEG
22	M. Miller	Naming Decline After Epilepsy Surgery is Associated with Subjective Language Complaints
23	J. Mogavero	The Role of Neuropsychology in Determining Capacity for Informed Consent for Elective Neurosurgical Intervention in Epilepsy Patients: A Case Series
24	K. Mukai	Objective Performance and Self-Report of Executive Functioning Following Childhood Hemispherectomy
25	H. Murphy	Changes in Personality After Anterior Temporal Lobectomy (ATL)
26	R. Ng	The Utility of Validity Indicators in Personality Tests in Detecting Psychosocial Maladjustment Among Patients with Epilepsy
27	A. Saad	Individualized IAP Protocol Modification in Under-Studied Languages: A Case Study
28	S. Sheldon	Laterality Classification Using the Wechsler Advanced Clinical Solutions-Faces Subtest in Right and Left Temporal Lobe Epilepsy
29	S. Singh	The Relationship Between the Effort Index and Demographic Factors on the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) in Individuals with Seizures
30	E. Sudikoff	The Role of Executive Function in Adaptive Skills in Children with Epilepsy
31	K. Sullivan	Improving Prediction of Psychogenic Non-Epileptic Events Using Chained Likelihood Ratios
32	S. Turner	Hemispheric Contributions to Performance on Novel Cognitive Measures in Epilepsy
33	J. Young	Cognitive Outcomes after Laser Interstitial Thermal Therapy

Movement and Movement Disorders

34	K. Bashor	Differential Impact of HRT in Parkinson's Disease Compared to Healthy Women: A Preliminary Study
35	I. Beltran-Najera	Using the California Verbal Learning Test to Detect Subtle Verbal Memory Deficits in Early Premanifest Huntington's Disease
36	K. Black	Online Study of Clinical Correlates of Depression in Parkinson's Disease
37	C. Bosch	Gait and Cognition in Post-Bilateral Globus Pallidus Interna Deep Brain Stimulation with Adjunctive Unilateral Double Substantia Nigra Sural Nerve Grafts in Parkinson's Disease
38	A. Cabrera Tuazon	Novelty Seeking in Individuals with Parkinson's Disease and Mild Cognitive Impairment
39	J. Capobianco	Development of the MOVeIT: A Screening Instrument to Identify Motor and Vocal Tics in General Pediatric Care
40	S. Crowley	Insula Asymmetry is Associated with Semantic Fluency in Individuals with Parkinson's Disease and Non-PD Peers
41	G. DiCarlo	FDG-PET Networks of Alzheimer's Disease and Parkinson's Disease are Predicted by Different Patterns of Learning and Memory
42	T. Greif	Predictors of Speech-Related Outcomes Following Deep Brain Stimulation in Parkinson's Disease
43	H. Holden	The Impact of Mild Cognitive Impairment on Quality of Life in Young-Onset and Typical-Onset Parkinson's Disease
44	K. Johnson	Sex Differences and Quality of Life in Presurgical Deep Brain Stimulation Patients with Parkinson's Disease
45	J. Kaylegian	Investigating the use of the CDR with Parkinson's Patients in an Observational Study of Older Adults
46	S. Kinger	Relation of Stigma Perception to Motor Symptoms of Parkinson's Disease
47	J. Bright	**Subcortical Shape Mega-Analysis Reveals Bidirectional Effects in Parkinson's Disease: an ENIGMA Mega-Analysis (N = 1649)**
48	R. Van Patten	**REM Sleep Behavior Disorder in Non-Demented Parkinson's Disease is Related to Poorer Cognitive Performance**
49	M. Nakhla	Parkinson's Disease Performance-Based Activities of Daily Living are Associated with Caregiver, not Patient Reports
50	L. Niccolai	Neurocognitive Profile of Primary Dystonia
51	A. Raphail	Examining the Relationship Between Default Mode Network Activity and Cognitive Functioning in Individuals with Parkinson's Disease
52	H. Ray	Examination of the Effects of Dispositional Optimism on Deep Brain Stimulation Outcomes in Individuals with Parkinson's Disease
53	F. Saccà	INVESTIGATING THE RELATIONSHIP BETWEEN CEREBELLAR ATROPHY AND COGNITIVE IMPAIRMENT IN FRIEDREICH ATAXIA
54	B. Scott	Apathy and Impulse Control Disorders: Rethinking the Motivational Spectrum in Parkinson's Disease.
55	T. Singh	Stigma Perception in Parkinson's Disease: Replication and Extension of In-Lab Results in an Online Sample
56	S. Szymkowicz	The 3-Item Apathy Scale Within the Short Form of the Geriatric Depression Scale (GDS-15) is not Valid in de Novo Parkinson's Disease Patients: Analysis of the Parkinson's Progression Markers Initiative (PPMI) Cohort

57	**E. Trifilio**	Pedal to the Metal: Development of the Gainesville Apathy Scale (GAS)
58	**A. VANDEBUNTE**	The Effect of Exercise on Language Functioning in Parkinson's Disease
59	**E. Wallace**	Neurocognition in Post-Bilateral Globus Pallidus Interna Deep Brain Stimulation for Parkinson's Disease with Double Sural Nerve Grafts in the Substantia Nigra
60	**B. Walls**	Neuropsychological correlates of striatal dopamine depletion in Parkinson's Disease
61	**J. Wertheimer**	Dyskinesias, Psychological Status, and Quality of Life in Parkinson's Disease: The Patients' Perspectives
62	**N. Whiteley**	Is Fatigue Associated with Cognitive Performance in Parkinson's Disease?
63	**A. Wisinger**	Iatrogenic Anxiety Disorder in Parkinson's Disease after Bilateral Deep Brain Stimulator Implantation
64	**M. York**	Neuropsychological and non-motor assessment baseline characteristics of the RAD-PD cohort
Multiple Sclerosis/ALS/Demyelinating Disorders		
65	**E. Barlow-Krelina**	Cognitive reserve in pediatric-onset MS: Examining parental education as a predictor of cognitive dysfunction
66	**E. De Somma**	Assessing Neurocognitive Function Over One-Year Follow-Up in Pediatric-Onset Multiple Sclerosis Using the Penn Computerized Neurocognitive Battery
67	**F. Erani**	Switching the Focus: Switching Task for Understanding Fatigue in Multiple Sclerosis
68	**T. Fabri**	Neural Correlates of Episodic Memory and Emotion Processing in Pediatric-Onset Multiple Sclerosis
69	**N. Garcia**	Language Dysfunction in Motor Neuron Disease: Cognitive Features and Screening Sensitivity
70	**J. Grant**	Desert Island Battery to Screen for Cognitive Impairment in MS
71	**C. Hague**	The Role of Fatigue and Depression in Cognitive Functioning in Pediatric Multiple Sclerosis and Transverse Myelitis
72	**N. Hawley**	Examining the role of processing speed and learning within a clinical sample of older adults
73	**I. Kletenik**	Metacognitive Insight and Reduced Brain Volume in Multiple Sclerosis
74	**H. Genova**	Theory of Mind Impairments in Progressive MS
75	**J. Lengenfelder**	Marital Satisfaction in Multiple Sclerosis
76	**H. Manglani**	A Connectome-Based Biomarker of Working Memory in Multiple Sclerosis
77	**J. Miller**	Handedness Influences Verbal and Visual Memory in MS
78	**M. Showell**	Disparity of Multiple Sclerosis across Minority Populations
Neurophysiology/EEG/ERP		
79	**B. Biekman**	EEG Spectral Power and Cognitive Functioning in Children with Histories of Early-Life Adversity
80	**A. Gencarelli**	The Correlation Between EEG Sub-bands and Subjective Sleep Ratings
81	**A. Jorgensen**	An Electrophysiological Investigation of Spectral Auditory Processing Across the Broader Autism Spectrum
82	**P. Mara**	Limbic System Responses While Viewing Natural Disaster News Clips: Response Differences Between Groups
Neurostimulation/Neuromodulation		
83	**A. Albizu**	Building Personalized Medicine Models for Therapeutic Applications of Transcranial Electrical Stimulation: a FEM-MVPA Pilot Study
84	**A. Bryant**	Transcranial Direct Current Stimulation Improves Working Memory Performance in Older Adults
85	**P. Arnett**	Neural and Coping Mechanisms Underlying Symptomatology in Multiple Sclerosis

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

Concussion/Mild TBI (Adult)		
01	**R. Archetti**	Re-Examining the Most Salient Cognitive and Psychological Correlates of Persistent Post-Concussive Symptoms Following mTBI
02	**A. Baird**	Length of Career as a Predictor of Cognitive Decline in Former NFL Players.
03	**R. Rieger**	Are Depressive Symptoms Distinct from Executive Dysfunction Symptoms in Mild Traumatic Brain Injury?
04	**M. Broggi**	Associations between Executive Functioning, Psychological Symptoms, and Academic Skills in University Students with Multiple Previous Concussions
05	**J. Donders**	Performance and Symptom Valdity Patters in Mild Traumatic Brain Injury
06	**L. Greenberg**	Genetic Factors in Sports Concussion: APOE e4 and Recovery
07	**L. Hoffman**	The effects of repeated concussion on interhemispheric processing speed in collegiate athletes: A pilot study
08	**K. Holiday**	Neural Correlates of Response Inhibition in Veterans with Mild-Moderate Traumatic Brain Injury with and without Subjective Complaints
09	**V. Jessie**	Examining Psychological Clusters and Neuropsychological Differences Among Treatment-Seeking Veterans with a History of mTBI
10	**J. Karr**	Pre-Injury Mental Health and Perceived Change in Post-Concussion Symptoms
11	**C. Levitch**	The Impact of Sleep on the Relationship between Soccer Heading Exposure and Neuropsychological Function in College-Age Soccer Players
	E. Kellogg	Neurobehavioral Symptom Inventory: Helpful Guide to Direct Resources Depending on Veterans' Goals
12	**L. Manderino**	History of Concussion is Associated with Affective Disturbance and Cognitive Function at Simulated High Altitude
13	**L. Manderino**	A review of symptom inventories for post-concussion syndrome
14	**E. Marston**	The Neuropsychological Effect of Mild Traumatic Brain Injury Within the Military: A Meta-Analysis
15	**C. Meinhausen**	Self-Initiated Verbal Recall Strategies Following Mild Traumatic Brain Injury
16	**V. Merritt**	Predictors of Invalid Neuropsychological Test Performance in Treatment-Seeking Veterans with History of Mild Traumatic Brain injury
17	**C. Munro**	Initial Validation of the Head Injury and Exposure Assessment Data (HEAD) Questionnaire: A Novel Method for Assessment of mTBI History
18	**N. Norheim**	Analysis of the SCAT-5 Percent Normal Question Addition at Baseline Among Collegiate Athletes
19	**S. Porter**	Recovery Duration in Work-Related vs Non Work-Related Concussion
20	**T. Tarkento**	Neuropsychological Functioning in Elderly NFL Retirees
21	**B. Schneider**	History of Head Injury in Prison Inmates: Prevalence, Association with Mental Illness, and Neuroimaging Correlates
22	**S. Sciulli**	Sports-Related Mild Traumatic Brain Injury and Psychological Status
23	**D. Soden**	Reliable Change Indices Toward Improved Concussion Management
24	**S. Sorg**	Frontal Lobe Activation During a Prospective Memory Task Relates to Prospective Memory Complaints in Veterans with Mild to Moderate TBI: A Functional MRI Study
25	**M. Split**	Driving After Concussion: An Innovative Combination of Virtual Reality and Machine Learning Classifiers
26	**M. Troyanskaya**	A Preliminary Report of Sequela Following Repeat Sports-Related Concussion.
27	**M. Walsh**	Cognitive and Physical Fatigue in Veterans with a History of Mild Traumatic Brain Injury: Differential Associations with Regional Gray Matter Volume
28	**A. Watts**	Assessing Recovery from Mild TBI in Service Members Using Time-Frequency ERP Methods and Neuropsychological Measures
Concussion/Mild TBI (Child)		
29	**M. Babicz**	A New Addition to the Concussion Toolkit?: Examining the Incremental Validity of the Vestibular/Ocular Motor Screening Items
30	**R. Basile**	The Relationship Between Screen Time And Neurocognitive Functioning In Adolescents Following Concussion
31	**B. Brooker**	Patient and Caregiver Report of Post-Concussion Symptoms and Perceived Barriers to Recovery in Patients with Prolonged Recovery
32	**C. Brown**	Parents' and Coaches' Attitudes and Misconceptions regarding Sport Related Concussions in a Nationwide Sample
33	**J. Laeng**	**Assessing the Better or Worse Index (BOWI) in Adolescent Athlete Symptom Reporting**

34	I. Cernokova	Emotional and Behavioral Functioning in Adolescents and Young Adults Following a Concussion
35	L. Chadwick	Cognitive Outcomes in Children with Mild Traumatic Brain Injury: An Examination Using the NIH Toolbox Cognition Battery
36	J. Karr	A Systematic Review on Attention-Deficit/Hyperactivity Disorder and Outcome from Sport-Related Concussion
37	A. Datoc	The Impact of Age and Gender on Baseline Concussion Evaluations
38	L. Katz	**Executive Functions and Mood Following Pediatric Concussion: The Moderating Role of Sleep**
39	S. Deighton	Reliable change in post-concussive symptoms predicts functional outcomes after pediatric mild TBI.
40	E. Gerst	Fatigue as a Predictor of Recovery in Child and Adolescent Concussion
41	S. Guo	Diffusion Magnetic Resonance Imaging Investigating Cingulum Bundle Microstructure and Executive Function in Mild Traumatic Brain Injury
42	L. Kais	Examining the "Good Old Days" Bias in a Sample of Youth Athletes
43	A. Martin	Pre-Injury Attention Deficit and Learning Disorders as Risk Factors for Prolonged Recovery following Mild Traumatic Brain Injury in Children and Adolescents
44	I. Messa	The Effect of Test-Retest Reliability on Reliable Decline from Baseline in Sport-Related Concussion
45	J. O'Neill	Factors Associated with Symptom Improvement Among Adolescents Receiving Multidisciplinary Care for Persistent Post-Concussive Symptoms
46	D. Pulsipher	Multiple Concussions in Youth Are Not Associated with Increased Parental Concerns on Questionnaires
47	R. Rangamannar	History of Concussion and Baseline Symptoms Amongst Youth Athletes With and Without Neurodevelopmental Conditions
Acquired Brain Injury (TBI/Cerebrovascular Injury & Disease - Child)		
48	T. Williams	**I-InTERACT North: Adapting eHEALTH Interventions for Parents of Children with Neonatal Brain Injury**
Concussion/Mild TBI (Child)		
49	E. Seal	**Are Externalizing Behaviours Linked to Concussion in Child Athletes?**
50	K. Ritchie	Emotional Functioning Influences Neuropsychological Performance in the Context of Pediatric Concussion
51	M. Sady	Academic Accommodations after Pediatric Concussion: How School Support Predicts Recovery
52	A. Snyder	Heart Rate Variability in Youth with Persistent Post Concussion Symptoms
54	T. Tarkenton	Source of Concussion Predicts Persistent Post-Concussive Symptoms in Adolescents
55	C. Munro	**History of Previous Concussion Prolongs Symptom Recovery Following Adolescent Sport-Related Concussion**
TBI (Moderate-Severe; Adult)		
56	M. Azar	What type of Self-Awareness influences vocational outcomes in TBI?
57	R. Bernier	Vascular Health Moderates the Relationship between Cognitive Reserve and White Matter Volume and Processing Speed in Chronic Moderate and Severe Traumatic Brain Injury
58	A. Bueno	The Relationship between Bilingualism and Traumatic Brain Injury on Memory Performance
59	a. cancelliere	The Neurocognitive Profile in Moderate (Versus Mild) TBI
60	M. De Iorio	I Know How You Feel: Perspective-Taking Difficulty Following Traumatic Brain Injury
61	J. Feiger	Neuropsychological Associations with Aggression Following Traumatic Brain Injury
62	M. Jones	Fear Recognition and Trait Anxiety in Traumatic Brain Injury
63	J. Knight	The Relationship Between Language Preference and Bilingual Traumatic Brain Injury Survivors on the Stroop Color-Word Test
64	D. Krch	Using Virtual Reality to Train Complex Attention after TBI: A Pilot Study of Feasibility and Tolerability
65	P. Litvin	Perceived Workload of the California Verbal Learning Test and the Brief Visuospatial Memory Test in Traumatic Brain Injury
66	D. Lopez Hernandez	The Role of Encoding, Consolidation, and Retrieval on Monolinguals and Bilinguals Traumatic Brain Injury Survivors
67	S. Mangassarian	The Relationship Between Emotional Function and Bilingualism in Traumatic Brain Injury
68	E. Noyes	Medical Comorbidities Predict Psychological Health 5-years after Traumatic Brain Injury: A TBI Model Systems Study
69	R. Rugh-Fraser	The Effect of Bilingualism on Tasks of Attention and Processing Speed in Traumatic Brain Injury Survivors and Healthy Adults
70	V. Schneider	Effects of Feedback Timing on Learning in Individuals with TBI
72	A. Svingos	Does the IMPACT Lab Model Stand the Test of Time? Using Acute Data to Predict Global Outcome 7-10 Years After Severe TBI
73	A. Svingos	Acute CSF Biomarkers Improve Prediction of Cognitive Outcomes Nearly a Decade After Severe TBI
74	D. Tirri	An Examination of the Relationship between Resilience and Fatigue in Moderate to Severe Traumatic Brain Injury
75	E. Vakil	Effect of eye movement reactivation on visual memory among individuals with moderate-to-severe traumatic brain injury (TBI)
TBI (Moderate-Severe; Child)		
76	A. Fisher	Utilization of rehabilitation and behavioral health services following pediatric traumatic brain injury
77	P. Garcia	Implementing the Coma Near Coma Scale with an Adolescent Patient with Severe Traumatic Brain Injury: A Case Report of Diffuse Axonal Injury
78	D. Dupont	CBCL Somatic Subscale as an Indicator of Post Concussive Symptoms for Children Under the Age of Six
79	J. Lengenfelder	Irony and Empathy in Pediatric Traumatic Brain Injury
80	B. Ling	The Role of Effortful Control in Long-Term Social Competence Following Early Childhood TBI
81	C. Rich	Social Outcomes Relate to Thickness of Medial Orbital Cortex in Pediatric Traumatic Brain Injury
Concussion/Mild TBI (Child)		
82	S. Scratch	Challenges and Controversies in the Neuropsychological Management of Concussion in Canadian Youth
87	M. Takagi	Multimodal Treatment of Persisting Symptoms Following Pediatric Concussion: a Pilot Study of a Clinical Trial
88	M. Takagi	Utilizing a Digital Health Solution to Provide Evidence-Based Concussion Support

Poster Session 5: Adult Assessment 1, Multiculturalism, & Cognitive Neuroscience, Thursday, 2/6/20 from 2:30-3:45

Assessment/Psychometrics/Methods (Adult)		
01	S. Anderson	Clinical Neuropsychologists' Agreement Regarding Executive Functioning Task Structure
02	A. Arzuyan	Evaluation of BVMT-R as a Performance Validity Measure in Acute and Chronic Traumatic Brain Injury
03	M. Babicz	A Naturalistic Approach to Assessing Health-Related Learning and Memory in Persons with HIV Disease and Low Health Literacy
04	J. Smotherman	**Utility of WMS-IV Recognition Subtests (LM, VPA, VR) as Indicators of Performance Validity in Neuropsychological Assessments of R**
05	A. Baird	Administrator Effects in Cognitive Testing of Former NFL Players.
06	J. Barrash	Similarities and differences between older neurological patients and healthy elderly in personality ratings with the Iowa Scales of Personality Changes (ISPC)
07	J. Barrash	Scales to assess personality changes following brain damage have convergent validity: Correlations of the ISPC with NEO-PI-R & BFI scales in healthy elderly
08	J. Beach	Not All Working Memory Tasks are Created Equal: Evaluation of Orally Administered Working Memory Tasks vs. PEBL Computerized Working Memory Tasks
09	P. Bean	Tapping Into the Assessment Experience in Healthy Young Adults
10	J. Becker	The Not so Reliable Digit Span: The problem with Performance Validity Tests in the Spanish speaking population
11	E. Belt	Initial Validation of the Poreh Nonverbal Memory test Sensitivity and Specificity of the PNMT for the detection of Response Bias
12	L. Bennett	Paces in Different Places: A Preliminary Study of the Relationship Between Physical Activity and Navigation in a Virtual Environment
13	C. Berezuk	The Development and Validation of the Functional Research Scale
14	D. Bernat	Predicting WMS Performance via Demographic Variables: Implications for Premorbid Functioning

15	**B. Cullen**	Observational Cross-Sectional Study of Cognitive Function in Women with a History of Eating Disorders in the UK Biobank Cohort
16	**J. Breton**	Normative Data for Neurocognitive Measures Among Hispanic/Latino Adults: Results From The Hispanic Community Health Study/Study of Latinos (HCHS/SOL).
17	**E. Campbell**	A Comparative Study of the NAART and WRAT4 Word Reading Subtest to Estimate Reading Level
18	**C. Cassill**	Reliability of the Rey Complex Figure Organizational Strategy Score in an adult sample
19	**C. Cassill**	Reliability and validity of a new standardized process approach in assessing organization on the Mesulam Cancellation Task
20	**L. Castillo**	Utility of receptive vocabulary as a premorbid estimate for monolingual Spanish-speakers with cognitive impairment
21	**p. chin**	Clinical Utility of BNT and NAB Naming in Identifying Alzheimer's and Amnestic MCI
22	**H. Clark**	Relationship Between Family Members' Subjective Perceptions of Cognitive Dysfunction and Objective Neuropsychological Test Findings
23	**A. Coldiron**	The Difference Modality Makes: Visually and Verbally Mediated Trail Making Tests in Relation to a Continuous Performance Test
24	**L. Castillo**	**Comparison of Reliable Digit and Spatial Span Indices as Embedded Performance Validity Tests among a Spanish-Speaking Clinical F**
25	**A. Lopez**	**English Language Exposure and its Effect on the NIH Toolbox Cognition Battery-English Version: A Study from the Human Connector**
26	**A. Dillahunt**	Test-Retest Reliability of the Facial Emotional Perception Test
27	**J. Duffy**	A Method for Using Item Response Theory and Adaptive Testing in Experimental Cognitive Psychopathology Research
28	**E. Duggan**	Development of a New Dual-Task Gait Assessment for Screening of Cognitive Impairment in a Medical Setting
29	**J. Evans**	Culturally Appropriate Neuropsychological Instruments: Translation, Adaptation, Reinvention, or Reconceptualization?
30	**S. Fatoorechi**	Evaluation of the Trail Making Test as a Performance Validity Measure in Healthy Controls and Traumatic Brain Injury Survivors
31	**D. Schretlen**	**Global Neuropsychological Assessment: Preliminary Evidence of Clinical Utility for Depression**
32	**A. Gold**	Analysis of Educational Bias of the Montreal Cognitive Assessment (MoCA) Using Differential Item Functioning
33	**L. Grande**	The Digital Clock in the Box as a Screening Tool to Identify Risk for Cognitive Impairment in Metabolic Syndrome
34	**A. Gurnani**	Use of the Montreal Cognitive Assessment (MoCA) in the Prediction of Driving Fitness: Relevance of Specific Subtests
35	**E. Hallowell**	The Complementary Utility of Cognitive Testing and the Medication Management Ability Assessment in Older Adults
36	**L. Ham**	The Utility of the Medical Symptom Validity Test (MSVT) in People Living with HIV
37	**A. Harrison**	Understanding Normal Variability in Human Performance when Making Disability Determinations
38	**K. Hartnack**	Oldest-Old Drivers: Neurocognitive Predictors of Driving Performance in 90 to 97 year olds
39	**J. Helphrey**	A Preliminary Study of Activity Level in Relation to Performance on Prospective Memory Tasks in a Virtual Environment
40	**T. Horowitz**	Bridging Cognitive and Neuropsychological Measures of Attention
41	**A. Horton**	Neuropsychological correlates of a short form test of executive functioning
42	**A. Poreh**	Preliminary Validation of a Tri-Choice Naming and Response Bias Test
43	**A. Jansari**	Phineus Gage and EVR revisited? Evaluating real-world executive deficits in a TBI case series when standard tasks fail using the Jansari assessment of Executive Functions (JEF©)
44	**J. Kaylegian**	Impairment Rating Discrepancies in an Observational Study of Older Adults
45	**R. Klein**	Measurement Error: The Laser Accuracy Myth and Random Range
46	**H. Kowa**	The feasibility of ADCS-PACC as a community-based cognitive screening for the Japanese old people
47	**L. Kraemer**	Speed Matters: Examining the Impact of Processing Speed on Brief Visuospatial Memory Test-Revised Performance
48	**N. Kurniadi**	Cost of Neuropsychological Evaluation Comparable to Neuroimaging
49	**J. Lace**	Are the RBANS and S-NAB Equivalent Tests? Comparing Screening Measures in Healthy Undergraduates
50	**S. Lavigne**	The Relationship Between Digit Vigilance Test and Measures of Executive Functioning
Career Development/Education/Training		
51	**K. Zane**	National Survey: Neuropsychology Psychometrists' Perspective on Scoring Practice
Cognitive Neuroscience		
52	**S. Aghjayan**	Associations Between Cardiorespiratory Fitness and Working Memory fMRI Brain Activity
53	**E. Barbosa**	Use of computerized neuropsychological battery (CompCog) to evaluate patients with Parkinson's disease in a neurology outpatient clinic in a Rio de Janeiro hospital
54	**D. Carns**	Effects of Genetic Susceptibility and Psychosocial Stressors on Executive Functioning in Mothers with the Fragile X Premutation who have a Child with Fragile X Syndrome
55	**K. Walsh**	A Methodologic Approach to Assessment of Cognitive Function in Congenital Hemophilia Using Hemophilia Normative Data (eTHINK) to Assess Children Exposed to GlycoPEGylated Factor IX (N9-GP) in the paradigm 5/6 Trials
56	**A. Derbie**	Is Egocentric a Subset of Allocentric Spatial Coding? A functional Near-infrared Spectroscopy Study
57	**S. Esbit**	Biological Sex Differences and Overriding Misleading Impulses
58	**A. Gradone**	Resting-State Functional Connectivity of Subgenual Anterior Cingulate Cortex in Older Adults
59	**K. Jennette**	The Association of Aerobic Fitness with Resting State Functional Connectivity and Verbal Learning and Memory in Healthy Young Adults
60	**W. Killgore**	The Effects of Caffeine Under Monotonous Conditions During Prolonged Total Sleep Deprivation
61	**S. Lad**	A Neuropsychological Analysis of Temporal Perception Through the Lifespan
62	**K. Lengu**	Neural Correlates of Social Cognition in Temporal Lobe Epilepsy Explored with Magnetoencephalography
63	**A. LESNOVSKAYA**	Personality and Cardiometabolic Correlates of Cognitive Function in Midlife Adults
64	**A. Peters**	Disrupted Engagement of Default Mode and Cognitive Control Neural Networks during Regulation of Cognitive-Affective Interference Predicts Executive Dysfunction in Bipolar Disorder
65	**Y. Shigemune**	Is Intrinsic Motivation Impaired in Patients with Parkinson's Disease?
66	**K. Wesbecher**	Effects of mindfulness training on attention and emotion processing in self-relevant contexts: Evidence from event-related potentials.
67	**T. Zurlinden**	Utilizing the Sleep Approach Avoidance Task in Sleep Research:
Inclusion and Diversity/Multiculturalism		
68	**A. Alioto**	Cardiorespiratory Fitness Predicts Executive Functioning Performance in Urban Latin Americans
69	**K. Conde**	The Role of Social Support and Executive Function on the Health Advantage in Latino Older Adults
70	**K. Dorsman**	"Mentes Activas, Cerebros Saludables" - Lessons from the Recruitment of Spanish-Speaking Latinos in Brain Health Studies at UCSF
71	**A. Fernandez**	Performance of Argentinian and American Samples on the Multicultural Neuropsychological Scale
72	**E. Flores**	Ethnic Differences in Stroop Task Performance Among College Students
73	**C. Gallagher**	Bilingual Disadvantage and Neuropsychological Correlates of Non-Verbal Task Switching
74	**L. Kamalyan**	Influence of Educational Background, Childhood Social Environment, and Language Use on Cognitive Test Scores among Spanish-Speaking Latinos Living Near the US Mexico Border
75	**S. Kennedy**	Personalized Medicine & Neurocognitive Research: The Importance of Integrating Persons with Disabilities
76	**J. Knight**	The Effect of Ethnicity on the Symbol Digit Modalities Test in Traumatic Brain Injury Survivors and Healthy Adults
77	**U. Dominguez**	**Neuroethics and biomarkers**
78	**P. Litvin**	The Impact of Length of Instructions on Cognitive Performance in Bilingual and Monolingual Traumatic Brain Injury Survivors
79	**A. Mejia**	Survival Differences Between Ethnoracial Groups in Lewy Body Dementia
80	**M. Nakhla**	Relationship Between Self- and Informant-Reports of Subjective Cognitive Decline with Dementia Rating Scale Scores in Hispanics: A Preliminary Study
81	**C. Pagan**	Cultural Predictors of Information Processing in Ethnically Diverse Individuals

82	D. Peterson	Moderating Influence of Depression on the Relationship between Loneliness and Cognition in Elderly African Americans
83	W. Qi	Systematic Review of Normative Neuropsychological Date for People Speaking Chinese Languages
84	R. Smetana	The Blind Spot in Neuropsychology: Understanding the Limitations for Assessing Individuals with Blindness or Visual Impairments
85	K. Stypulkowski	Mediating Effects of Education, Depression, and Diabetes on Cognition in Mexican Americans
86	I. Walker	Advancing Multicultural Competency: Moving Towards a More Integrative Approach
Assessment/Psychometrics/Methods (Adult)		
87	M. Staios	Investigating Validity of Visuoconstructional Assessment Methods within Healthy Elderly Greek Australian Migrants: A Quantitative and Qualitative Investigation
Acquired Brain Injury (TBI/Cerebrovascular Injury & Disease - Adult)		
88	K. Lindberg	Clinical Utility of the ACT in Brain Injury
Stroke/Cerebrovascular Injury & Disease (Adult)		
89	T. Bull	Predicting Driving Risk with the D-KEFS TMT in Adults Following Stroke

Poster Session 6: Adult Assessment 2, Cancer, & Genetic Disorders, Thursday, 2/6/20 from 4:00-5:15

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

52	J. Becker	The Association Between Cognitive Impairment and Self-Regulatory Styles in Breast Cancer Survivors with Comorbid Diabetes
53	S. Braun	Relationship Between Motor and Cognitive Functioning in Primary Brain Tumor Patients
54	E. Butterbrod	Postsurgical Cognitive Impairment Predicts Decreased Survival Time in Patients with Glioblastoma
55	C. Evans	Late Cognitive Outcomes Following Proton Radiation in Pediatric Patients with Brain Tumors
56	K. Hardy	Impaired Neurocognitive Functioning 3 Months Following Diagnosis of High-Risk Acute Lymphoblastic Leukemia (ALL): A Report from the Children's Oncology Group (COG)
57	A. Heitzer	Effect of Sensorineural Hearing Loss on Neurocognitive and Adaptive Functioning in Pediatric Embryonal Brain Tumor Patients
58	N. Kelly	Comprehensive Neuropsychological Assessment and Re-evaluation of a Patient Undergoing CAR T-Cell Therapy for Refractory Pre-B Cell Acute Lymphoblastic Leukemia
59	E. Koevoets	Do Hippocampal Volume and Cognitive Reserve influence Memory Performance in Chemotherapy-Exposed Breast Cancer Survivors?
60	R. Landsman	Overly Positive Affect Presentations in Pediatric Midbrain Tumors
61	H. Luu	Factors that impact quality of life in brain tumor patients
62	E. Moscato	Perceptions of Neurocognitive Late Effects and Neuropsychological Testing among Survivors of Pediatric Brain Tumors and their Caregivers
63	I. Paltin	Neuropsychological Functioning Five Years Post Whole Ventricular Proton Radiation Therapy: A Case Series
64	K. Oswald	Relationship between Motor Functioning and Academic Skills in Survivors of Pediatric Cancer in the Context of Intellectual Functioning
65	A. Perez	Reliability and Validity of a New Self-Report Index of Cognitive Concerns in Cancer Patients
66	R. Peterson	Remediation of Working Memory and Math Deficits in Childhood Neuro-Oncology Survivors: A randomized controlled trial
67	A. Saavedra	Processing Speed in Pediatric Cancer Patients with Mixed Language Dominance: Psychosocial Considerations
68	N. Scheman	Understanding Differences in Depressive Symptoms for Pediatric Brain Tumor Survivors and Comparison Classmates: The Contribution of Cognitive Late-Effects and Family Environment
69	K. Sekhar	Precision medicine as a tool for Predicting Neuropsychological Decline Associated with Treatment for Breast Cancer: A case series
70	C. Semerjian	"My Child Didn't Want to Be Different": Investigating Caregiver Perceptions of Psychosocial Challenges with Schooling after Diagnosis and Treatment in Survivors of Childhood Cancer
71	S. Singh	Neurocognitive and Psychiatric Sequelae of Acute Lymphoblastic Leukemia with CNS Involvement: A Case Study
72	V. Torres	The Impact of Socioeconomic Status (SES) on Cognitive Outcomes Following Radiotherapy for Pediatric Brain Tumors: A Prospective, Longitudinal Trial
73	L. Wall	The association of early life-stress on neuropsychological performance in breast cancer survivors (BCS)
74	A. Williams	Chronic Cardiopulmonary Conditions and Neurocognitive Function in Adult Survivors of Childhood Cancer
75	S. Withrow	Impact of Chemotherapy on Cognitive Functioning and Psychological Well-Being Among Women with Breast Cancer
Genetics/Genetic Disorders		
76	M. Lee	Examining Attention Problems Associated with KCNJ11 Mutations
77	A. del Castillo	Impact of MEK1/2 Inhibition on Neurocognitive Functioning in Children and Adults with Neurofibromatosis Type 1 (NF1) over a One-Year Treatment Period
78	S. Duley	Variability in Neuropsychological Phenotypes Across Developmental Stages in Children with 22q11.2 Deletion Syndrome
79	D. Dupont	Association Between the APOE e4 Allele and Verbal IQ in Young Children.
80	D. Glad	Comparison of Measures for Identification of Social Difficulties in Early Childhood for Children with Neurofibromatosis Type 1
81	M. Godfrey	An Exploratory Examination of Memory Abilities in Youth with DS with and without Suspected Sleep-Related Breathing Disorders
82	J. Janusz	Profile of Developmental Skills in Infants with Klinefelter Syndrome (XXY) Identified by NIPT
83	J. Liu	Cognitive Variation in Microdeletions on 8q22.2: A Case Report
84	A. Miele	Neurocognitive Functioning in Danon Disease: Case Report of Two Brothers
85	C. Moreau	Brain-Wide Connectome Analyses Suggest Shared Mechanisms Across Eight High-Risk Neuropsychiatric Mutations
86	M. Myers	Cognitive Function in a Clinical Sample of Persons with Sotos Syndrome
87	S. Pardej	Parent report vs. lab based measures: Motor and attention functioning as predictors of working memory in children with neurofibromatosis type 1
89	B. Yund	Longitudinal Examination of Temperament and Executive Functioning in Children with Neurofibromatosis type 1
Assessment/Psychometrics/Methods (Adult)		
90	R. Guha	Incorporating Eye Tracking in Rorschach Inkblot Test
91	R. Guha	Eye Movements as Indicators of Performance Parameters During Relational Reasoning Tests

Poster Session 7: Psychiatric Conditions & Intervention, Friday, 2/7/20 from 10:15-11:30

Behavioral Neurology/Cerebral Lateralization/Callosal Studies		
01	a. doroshin	Frontal Lobe Function, Corruption, and Risk
02	K. Cowan	Using Semantic Similarity to Analyze Strategy Formation in Individuals with Agenesis of the Corpus Callosum
Cognitive Intervention/Rehabilitation		
03	S. Baumgartner	Psychosocial Functioning in Veterans Following a Cognitive Rehabilitation Group
04	B. Bedir	Investigating the Effectiveness of an Attention and Executive Function (A/EF) Intervention for Preschoolers
05	M. Bertolin	Cognitive Predictors of Change in Quality of Life in Veterans Participating in Compensatory Cognitive Training (CCT)
06	S. Braun	Working Memory Training for Adult Primary Brain Tumor Patients: A Proof-Of-Concept Study
07	N. Guo	**Neuropsychological Rehabilitation for People with Impaired Mental Function or Nervous System Structure in Vocational Rehabilitatior**
08	A. Exline	The Utility of Neuropsychological Evaluation for Chiari Malformation - A Case Study
09	B. Gorter	Enhancing Hope by Imagining a Values-Driven Future
10	B. Gorter	Using Personal Values to Enhance Adaptive Prospection in Dysphoria
Emotional and Social Processes		
11	B. Gorter	Affective Change in Prospection: The Role of Quality vs. Content
Cognitive Intervention/Rehabilitation		
12	O. Huss	Updating the Everyday Cognition (ECog) Scales
13	H. KAUR	Effectiveness of a Caregiver delivered Home based Comprehensive Neuropsychological Rehabilitation for Post Stroke Aphasia: A Randomized Controlled fMRI Study
14	D. Landínez	Working Memory Training After Stroke
15	P. Litvin	Reading of Low Frequency Words as a Predictor of Functional Outcome in Moderate-to-Severe Traumatic Brain Injury
16	C. Maxson	Combining Behavioral Activation and Prospection Results in Increased Behavioral Engagement
17	S. McClintock	Development and Utility of New Cognitive Training Intervention for Patients with Parkinson Disease with Freezing of Gait: Preliminary Findings
18	L. Miller	Investigating Relationships Between Motivation and Executive Function in Adherence to Treatment Recommendations After Brain Injury
19	m. novoa ramirez	Design and Validate a Neuropsychological intervention Protocol for Patients with Intensive Post-intensive Care Syndrome in the city of Cúcuta.
20	C. Oliveira	A Proposal for an Integrated Behavioral Health Continuity of Care Model in Neuropsychological Assessment and Treatment
21	A. Polsinelli	Mental health care needs of patients with brain tumor in multidisciplinary brain rehabilitation

23	**D. Saldana**	Correlates of the Effectiveness of Chess Training as Cognitive Training for Children with Attentional Problems
24	**C. Tocci**	Robustness of Attention Networks Across Multiple Sessions: Relevance to Cognitive Rehabilitation
Emotion Regulation		
25	**J. Chiang**	Assessing the Feasibility of Examining the Effects of Physiological Self-Monitoring in Children and its Effects on Anxiety and Executive Functioning: A Proposed Research Intervention
26	**W. Killgore**	Trait Extraversion is Associated with Increased Suicidal Ideation During Sleep Deprivation
Mood & Anxiety Disorders		
27	**W. Killgore**	Enhancing Fear Extinction Recall in PTSD using Blue Light Therapy
Emotion Regulation		
28	**H. Lee**	Positivity Effect for Memory in Older Adults with Subjective Cognitive Decline: A Comparison with the Normal Elderly and the Patients with Amnestic Mild Cognitive Impairment
29	**M. Mather**	Associations Between Executive Function and Emotion Dysregulation in Younger and Older Adults
30	**S. Parikh**	The Distress Tolerance Scale and Executive Functioning in a Mixed Medical Sample
31	**E. Taylor**	Habitual Caffeine Intake and Emotional Control
32	**E. Taylor**	Morning Chronotype is Associated with Higher Trait but not Ability EI
33	**K. Wesbecher**	How do MBIs improve depression: Valence or self-related processing?
Emotional and Social Processes		
34	**D. Abrams**	Determining Relationships among Empathic Skills, Executive Functions, and Autism Spectrum Disorder Traits
35	**I. Anlap**	The Effects of Gratitude on Wellbeing are Mediated by Social Support
36	**S. Babad**	Adverse Childhood Experiences and Cognitive-Emotional Domains of Ego-Strength and Loneliness in Emerging Adults
37	**J. Borod**	The Effect of Gender on Producing and Evaluating Facial Emotional Expression in Parkinson's Disease (PD) and Healthy Adult Controls (HCs)
38	**M. Cornwell**	Integrating Emotion Perception Tasks from the New York Emotion Battery into a Comprehensive Measure of Neuropsychological Change across the Lifespan
39	**M. Cottingham**	Intolerance of Uncertainty in a Neuropsychological Population
40	**K. Jensen**	A Case Study Examining Social Communication Deficits as a Link Between Visuospatial Neurodevelopmental Delays and Pathological Personality in Adulthood
42	**S. Leib**	Working memory mediates the relationship between depressive symptoms and accurately recognizing happy and sad faces in bipolar disorder
43	**J. Lengenfelder**	Theory of Mind in Traumatic Brain Injury: Reading the Mind in the Eyes Test
44	**S. MacPherson**	Executive Abilities do not Underlie Age-related Differences on the Edinburgh Social Cognition Test (ESCoT)
45	**M. McCurdy**	Behavioral Regulation and Peer Acceptance in Youth with Neurofibromatosis Type 1
46	**T. McKinney**	Acculturation, but not ethnicity, relates to test taking approach on Raven's matrices
47	**T. McKinney**	Higher Fluid Intelligence is Related to Higher Task Engagement, but not Task Effort
48	**C. Nembhard**	THE RELATIONSHIP BETWEEN FORGIVENESS, OPTIMISM, GRATITUDE, AND LIFE SATISFACTION
49	**M. Rattinger**	It's who you know: Intergroup friendships, anxiety, and attentional bias for outgroup threat
50	**I. Tourgeman**	**The Interceding Effects of Social Cognition and "Cold" Cognition in Emotional Functioning Post-TBI**
51	**M. Scase**	Fearing Compassion Impacts Psychological Well-being but has no Effect on Physiological Indicators.
52	**J. Vanuk**	Lifetime Stress Exposure During Adulthood is Associated with Lower Emotional Intelligence
53	**S. Zodrow**	Patterns of Neural Activation Predictive of Emotional State
Mood & Anxiety Disorders		
54	**K. Bessette**	Six Clusters Relevant to Mood Disorders Identified from Empirically-Derived Cognitive Factors
55	**H. Bogoian**	Dimensions of Depression and Cerebellar Subregion Volumes in Older Adults
56	**S. Bottari**	Hyperarousal Symptoms and Decreased White Matter Integrity Predict Poorer Sleep Quality in Combat-Exposed Veterans With and Without PTSD and Mild TBI
57	**L. Caraballo**	Externalizing Disorders in the Offspring of Mothers with Dysthymic Disorder and Major Depressive Disorder
58	**J. Carrasco**	Cognitive Correlates of Daily Stressful Life Events in Individuals with and without Bipolar Disorder
59	**R. Easter**	In-group advantage and facial emotion perception in remitted major depressive disorder compared to healthy controls
60	**S. Gade**	Memory and Processing Speed in Depressed Adults
61	**R. Huber**	Executive Function and Suicide Behavior in Children with Bipolar Disorder: Preliminary Analyses from the Adolescent Brain Cognitive Development (ABCD) Study
62	**A. Isaia**	Executive Functioning and Family Functioning in Adolescents with a Broad Range of Mood Severity
63	**D. Marshall**	Cognitive Performance Among Individuals with Bipolar Disorder Taking Lithium Verse Other Mood Stabilizers
64	**R. Cervantes**	**Symptoms of Depression and Anxiety and Functional Outcome Following Traumatic Brain Injury**
65	**D. Lopez**	SPECT Cerebral Blood Flow Differences During Concentration in the Limbic System, Basal Ganglia, Cerebellum and Occipital Region Between Diagnosed Generalized Anxiety Disorder (GAD) and Post-Traumatic Stress Disorder (PTSD) in an Adult Sample
66	**A. Mathew**	Deficits in Spatial Working Memory and Re-experiencing Symptoms in Veterans with PTSD
67	**E. Parrish**	Relationships Between Daily Mood States and Real-Time Cognitive Performance in Individuals with Bipolar Disorder and Healthy Comparators
68	**R. Piers**	Association Between Depression and Cognitive Function Moderated by ApoE4 Status: Framingham Offspring Study
69	**S. Pocius**	Connectivity Within the Cognitive Control Network Decreases with Disease Progression in Major Depressive Disorder
70	**Y. Nomura**	**Do Anxious Mothers Have Fearful Babies?**
71	**A. Robinson**	Perfectionism, State Anxiety, and Cognitive Function in College Students
72	**A. Tart-Zelvin**	Spatial Working Memory in Individuals with Bipolar Disorder with and without Comorbid Substance Use Disorders
73	**B. Trinidad**	SPECT Cerebral Blood Flow Differences Between Diagnosed Depression and Comorbid Depression and Generalized Anxiety Disorder in an Adolescent Sample
Neuropsychiatry/Psychopharmacology		
74	**M. Bowdren**	Neurocognitive Change in Patients Undergoing Ketamine Infusion Treatment: Preliminary Findings in a Mixed Behavioral Health and Chronic Pain Sample
75	**B. Castelluccio**	Neuropsychological Correlates of Delusions in Neurocognitive Disorders
76	**J. Frias**	Off-Label Psychopharmacological Treatments for Impulse-Control
77	**K. Marrero**	**Treatment Efficacy of Oxytocin on Individuals with Borderline Personality Disorder and Antisocial Personality Disorder**
78	**M. McPhee**	Rhythmic Sensory Stimulation for the Treatment of Severe Behavioural and Psychological Symptoms of Dementia: A Pilot Feasibility Study
79	**M. van Wees**	**The Relation of Alcohol-Related Compensatory Eating Behavior to Iowa Gambling Task Performance: Gender as a Moderator**
Schizophrenia/Psychosis		
80	**J. Suhr**	**Semantic Infrequency in High Schizotypy: A Qualitative Analysis of Semantic Fluency in Schizotypy**
81	**M. Blair Thies**	The Role of Striatal Connectivity in Neuropsychological Functioning and Treatment Response for Schizophrenia Spectrum Disorders
82	**J. Stinson**	**Functional Correlates of the Neuropsychological Assessment Battery Screening Module in Outpatients with a Schizophrenia Spectrur**

83	C. Eskridge	Latent Factor Structure of a Neuropsychological and Neurophysiological Battery Across Psychotic Disorders
84	M. Gotra	Disruption of Spatial Working Memory Maintenance in Psychosis Probands
85	V. Martin	Predicting Perceptual Aberration by the Aberrant Salience Inventory and Multidimensional Schizotypy Scale-Brief in a Non-Clinical, Urban Sample
86	M. Matsui	Study on frontal personality characteristics of schizophrenia
87	T. Nguyen	Gut-brain axis: Alterations in the gut microbiome are associated with executive function in schizophrenia
88	A. Phili	Neuropsychological Characteristics of Suicide Attempters and Nonattempters with Schizophrenia
89	E. Wallace	Neurocognitive Differences in Schizophrenia Spectrum Disorders and Neurocognitive Disorders in an Inpatient Psychiatric Setting
Executive Functions/Frontal Lobes		
90	C. Lantrip	Childhood Trauma, but not Adult Trauma, is Related to Daily Executive Functioning in those with Subjective Cognitive Complaints
Medical/Neurological Disorders/Other (Adult)		
91	M. Cherrier	Cognitive and subjective side effect ratings following exposure to oxycodone in middle age and older adults with unhealthy alcohol consumption patterns.

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

Aging

01	M. Acevedo-Molina	Emotion matters: Episodic future thinking in young and older adults.
02	A. Albright	Cognitive Screening in Geriatric Primary Care in the Deep South
03	C. Alexander	Cardiovascular Risk and Cognition in Healthy Older Adults
04	S. Andersen	Familial Longevity is Associated with a Slower Decline in Processing Speed
05	A. Apple	Memory-related brain resilience is associated with increased functional connectivity across multiple brain networks
06	J. Avila	Race/Ethnicity Modifies the Effect of Cognitive Reserve on Memory and Language Trajectories
07	N. Banerjee	Measuring Frailty in Middle-Aged and Older Adults and its Association with Cognition
08	J. Bernstein	Age and Cognitive Performance Are Associated With Driving Self-Regulation But Not Dangerous Driving Behaviors: Pilot Findings in a Cognitively Healthy Sample Using Unobtrusive Automobile Sensor Technology
09	C. Bocti	What is Normal in Cognitive Aging ? - White Matter Hyperintensities and Cortical Thickness Associated with Lower Performance in the Healthy Aged
10	A. Boeve	Does Sleep Contribute to Dual-Task Gait Disturbances Beyond Executive Attention in Older Adults?
11	L. Boots	Subgroups of Cognitive Aging in Community-Dwelling Older Adults: A Latent Class Analysis
12	E. Boutzoukas	Contribution of region specific white-matter hyperintensities in cognitive aging
13	A. Bradford	Reward Learning in Late Life Depression
14	H. Brunet	Semantic Clustering May Bolster Verbal Learning in Women with Mild Cognitive Impairment
15	L. Campbell	Nonlinear Effects of Blood Lipids and Inflammation Markers on Cognition with Healthy Aging: A Study from The Human Connectome Project – Aging (HCP-A)
16	C. Caughie	The Impact of Age-Based Stereotypes on Objective Cognitive Performance and Subjective Cognitive Concern in Older Adults
17	Y. Chang	Cognitive reserve moderates changes in executive function associated with ApoE e4 in cognitively intact older adults
18	S. Cooper	Neuropsychiatric symptoms differentiate cognitive status and domains of impairment
19	R. Correia	Relationship Between Age and Cognitive Components of ToM and Empathy in Highly Educated - High Functioning Adults
20	I. Cota	The Role of Hypertension in Cognition and Arterial Stiffness in Older Adults Without Dementia
21	K. Crespo	Ethnicity moderates the relationship between sleep quality and learning, delayed memory, and processing speed
22	L. D'Errico	Characterizing Dual-Task Gait-Brain Behavior Relationships in Older Adults
23	C. Dion	Associations of Stroke Risk and Frontal Lobe Leukoaraiosis with Digital Clock Drawing
24	J. Dixon	Predictors of Cognition in a Multi-Ethnic Sample of Midlife Women: A Longitudinal Study
25	C. Do	Examining the Relationships Between Depressive Symptomology, Cognition, and Sleep in Older Adults
26	M. Estrella	Associations of perceived neighborhood environment with cognitive function among middle-aged and older women and men: Hispanic Community Health Study/Study of Latinos and its Sociocultural Ancillary Study
27	N. Evangelista	Independent Contributions of Dorsolateral Prefrontal Structure and Function to Working Memory in Older Adults
28	S. Evans	Heart Rate Variability as a Potential Biomarker for Future Cognitive Decline in Cognitively Intact Elders with Subjective Memory Complaints
29	C. Fonseca	Mild Anxiety is Associated with Increased Cerebral Blood Flow in Nodes of the Salience Network in Cognitively Normal Older Adults
30	E. Formanski	Leukoaraiosis and Mental Set During Number Placement in Clock Drawing
31	M. Frank	The Relationship Between Religiosity, Spirituality, and Cognitive Change in the Wisconsin Longitudinal Study
32	A. Morlett Paredes	The Role of Diet and Cognition Among Older Adults From Italy and Mexico
33	L. Gaynor	Amyloid positivity impacts trial-specific visual object discrimination performance in cognitively normal older adults
34	J. Germain	Functional Brain Activity During Emotion Regulation in Older Adults
35	C. Hardcastle	Lateralized Hippocampal Contributions to Cognition in Healthy Older Adults
36	H. Hausman	The Role of Resting-State Network Functional Connectivity in Cognitive Aging
37	C. Hays	Interaction of APOE, Cerebral Blood Flow, and Cortical Thickness in the Entorhinal Cortex Predicts Memory Decline
38	C. Hays	Anterior Cingulate Structure and Perfusion is Associated with Cerebrospinal Fluid Tau Among Cognitively Normal Older Adult APOE ε4 Carriers
39	J. Jang	Apathy and Anterior Cingulate Functional Connectivity in Community-living Older Adults without Dementia
40	K. Jean	APOE Status is Related to Functional Independence but Not White Matter Microstructure Within the Corona Radiata in a Sample of Older Adults
41	J. Jo	Midlife Stress Events Accelerates Brain Aging in Older Adults
42	K. Kadey	Mid-life and Late-life Changes in BMI are Associated with Cognitive Change in Older Adults
43	E. Kapoulea	Does brain activation during perception of sweet taste differ between middle-aged and older Apolipoprotein ε4 carriers and non-carriers?
44	J. Katschke	An Estimation of Delta, a Latent Factor of Dementia, in a Cognitively Healthy Sample of Older Adults
45	J. Kraft	Structural Neural Correlates of Speed of Processing
46	P. Lam	Comparison of Deep Learning Methods for Brain Age Prediction
47	D. Leibel	Telomere Attrition and Age-related Cognitive Decline: Disparities by Poverty Status and Race
48	C. Lindbergh	Perceived Stress and Apolipoprotein E Status Moderate the Relationship Between β-Amyloid and Processing Speed in Clinically Normal Adults
49	F. Lopez	Neuropsychological Correlates of a Virtual Spatial Navigation Task in Older Adults
50	M. Lucas	Sex-Based Differences in Brain Activation During Active Walking According to White Matter Integrity
51	T. McGibbon	Detecting Pre-Clinical Signs of MCI or Dementia in Healthy Elderly Populations: a New Paradigm, the Verbal Associative Learning & Memory Task (VALMT), for Assessing Rapid Forgetting
52	C. McKenzie	The Influence of Brain Reserve and Cognitive Reserve on Executive Function Decline in Older Adults With and Without Alzheimer's Disease Pathology
53	T. Mcmillan	The Effects of the Ketogenic Diet on Physical Health and Cognition: the Maine Syracuse Longitudinal Study

54	L. Minto	The Effect of Aerobic Exercise on Symptom Dimensions of Depression in Older Adults
55	R. Mis	Longitudinal Trajectories of Cognitive Change in Healthy Older Adults
56	C. Nester	"Is Your Mind as Clear as it Used to be?" Utilizing Subjective Cognitive Complaints to Identify Healthy Older Adults at Risk for Motoric Cognitive Risk Syndrome
57	B. Pace	Grey Matter Volume and Intra-individual Variability in Performance on Letter Fluency in Older Adults
58	J. Palms	Is More Better?: Cognitive Reserve Composites v.s. Individual Factors to Predict Executive Function in Older Adults
59	J. Pham	Caregiver Approaches to Long-Term Care Planning in Early-Onset Alzheimer's Disease
60	E. Pugh	Social Factors that Predict Cognitive Decline in Elderly African-Americans
61	E. Richardson	Cognitive Predictors of Decline in IADLs in The Irish Longitudinal Study on Ageing (TILDA)
62	A. Robertson	Diversity of Aging Perceptions Among Older Adults
63	T. Robinson	A Multi-Method Investigation of the Personality Correlates of Functional Ability in Older Adults
64	L. Rotblatt	Ten-Year Longitudinal Trajectories of Older Adults' Systolic Blood Pressure and Cognition: Evaluating the Influence of Antihypertensive Medication
65	V. Sanborn	LGG Probiotic Supplementation is Associated with Improved Cognitive Function in Healthy Middle-aged and Older Adults: A Randomized Clinical Trial
66	N. Sharifian	Longitudinal Associations between Contact Frequency with Friends and with Family, Activity Engagement and Cognitive Functioning
67	S. Simone	Pupillary Response During Verbal Fluency in Cognitively Normal and Cognitively Impaired Older Adults
68	S. Smith	Age-Related Regional Network Pattern of Cortical Thickness in Healthy Middle-Aged to Older Adults
69	H. Song	Interaction of WMH Volume and Sex on Heart Rate Response to Aerobic Exercise in Healthy Middle-Aged to Older Adults
70	P. Sunderaraman	Is financial awareness a unitary construct?
71	Z. Taiwo	Distinct Relationships between Symptom Dimensions of Late-Life Depression and White Matter Hyperintensities
72	B. Taylor	Predicting Reasoning Change Trajectories in ACTIVE: A Mixed Modeling Approach
73	K. Thomas	Word-list intrusion errors are associated with medial temporal lobe tau deposition, but not amyloid, in cognitively unimpaired older adults
74	S. Thomopoulos	Brain Amyloid Load is Associated with Faster Rates of Brain Atrophy in Normal Aging and Cognitive Impairment
75	J. Thompson	Ecological Validity of the Location Learning Test – Revised (LLT-R) for Informant-Rated Activities of Daily Living in Older Adults
76	S. Torres	Physical Health History, Subjective Cognitive Concerns, and Objective Cognition in a Rural-Dwelling Sample Living in West Texas
77	M. Ungrady	Eyetracking Patterns of High and Low Frequency Objects on the Boston Naming Test
78	V. Valsdottir	Cognitive Ageing Among Older Adults in Iceland: The AGES-Reykjavik Study
79	E. Woo	The Roles of Strategy Use and Memory in Everyday Problem Solving in Mild Cognitive Impairment
80	E. Woo	Executive Functioning and Memory in Real-World Problem Solving
81	E. Woo	Complex Prospective Memory in Mild Cognitive Impairment and Alzheimer's Disease
82	B. Yew	Dynamic Cerebrovascular Function in Aging and Cognition: Investigation Using a Novel Neuroimaging Approach
83	A. Zaheed	Prospective Associations Between Insomnia Symptoms and Cognitive Domains Among Older Adults
Language and Speech Functions/Aphasia		
84	F. Anzaki	Analysis of Auditory Pathway Based on Auditory Brainstem Response in People who Stutter
85	M. Barker	Semantic Dysfunction in Preclinical bvFTD: Deficient Semantic Control or Degraded Concept Knowledge?
86	M. Hamberger	Auditory and Visual Naming Tests for Older Adults
Visuospatial Functions/Neglect/Agnosia		
87	A. Champod	Development of a Game-Like Prism Adaptation Protocol for Use in Electroencephalographic Studies
88	E. De Haan	A Visual Illusion that influences Perception and Action through the Dorsal Pathway
89	S. Holden	Validation of the Colorado Posterior Cortical Questionnaire
HIV/AIDS/Infectious Disease		
90	L. Campbell	Peripheral Inflammation is Associated with Memory Decline in Older Persons Living with HIV
MCI (Mild Cognitive Impairment)		
91	J. Szajer	Process Error Scores as Predictors of Progression to Mild Cognitive Impairment in a Diverse Sample from the Framingham Heart Study

Poster Session 9: Alzheimer's Disease, Neuroimaging, & Other, Friday, 2/7/20 from 3:30-4:45

Dementia (Alzheimer's Disease)		
01	M. Acevedo-Molina	Sex differences in object naming in individuals with early-onset autosomal-dominant Alzheimer's disease.
02	P. Aduen	What is the effect of APOE genotype in pathological burden and cognitive performance in non-demented individuals with autosomal dominant Alzheimer's disease?
03	D. Archer	Free-water in white matter tracts projecting from the hippocampus relates to longitudinal cognitive decline.
04	F. Arias	Detecting Alzheimer's disease and Other Related Dementias in the Preoperative Setting Using Abbreviated Cognitive Screening Instruments
05	K. Balthrop	Longitudinal Cognitive Changes in Down Syndrome With and Without Dementia
06	E. Boozer	The Montreal Cognitive Assessment (MoCA) for Prediction of Functional Status in Dementia
07	J. Boscarino	Investigating Neuropsychological and Neuropsychiatric Profiles of Alzheimer's Disease and TDP-43 Pathologies
08	c. boyle	Non-specific estrogen therapy is associated with greater volume in brain regions implicated in Alzheimer's disease
09	E. Brickell	Predicting Conversion to Alzheimer's disease from normal cognition using machine learning techniques
10	A. Carlew	Factors Associated with Functional Decline in a Diverse Alzheimer's Disease Sample
11	T. Choudhury	Cognitive and Neuropsychiatric Indicators of Adaptive Function in Alzheimer's Disease
12	A. Davoudi	Using Digital Clock Drawing Test Features with Machine Learning Models to Classify Patients with Dementia and Non-Dementia Peers
13	E. Dubon	Mini Mental Status Examination predicts Cognitive Impairment in Alzheimer's Disease
14	G. Eglit	Non-Linear Relationships Between CSF and PET Tau Measures: Implications for Longitudinal CSF Tau Dynamics
15	H. Gonzalez	Discrepancy in Category and Letter Fluency Task Performance is Associated with a Biological Marker of AD in Cognitively Normal Elderly
16	E. Gosselin	Neuropsychological Correlates of False Memories in Mild Cognitive Impairment and Alzheimer's Disease
17	A. Hammond	Baseline Cognitive Status of Two Classifications of MCI and Conversion to Alzheimer's Disease: The Cache County Memory Study
18	J. Harp	Characteristics of a Short Battery for Assessing Alzheimer Disease-Related Dementia in Adults with Down Syndrome
19	E. Jonaitis	An Interactive Tool for Estimating Absolute and Relative Performance Percentiles
Other		
20	B. Arredondo	Healthcare Utilization of Individuals in General Neurology following Neuropsychological Consultation
Dementia (Alzheimer's Disease)		
20	T. Karpouzian-Rogers	NIH Toolbox In The Trajectory From Healthy Cognitive Aging to Alzheimer's Type Dementia
21	D. Kolcz	A Case Study Demonstrating Performance Validity Concerns in Young-Onset Alzheimer's Disease
22	G. Lee	Associations Between Subjective Memory Complaints, Objective Memory Performance, and Psychological Factors in Older Adults with Varying Exposures to Dementia
23	Z. Lubline	Primary Progressive Aphasia with Probable Alzheimer's Disease and a Left Temporal Arachnoid Cyst
24	A. Maresco	Alzheimer's Disease and Cognitive Functioning: The Effects of Music Therapy

25	**J. Martinez**	Subjective cognitive complaints and their relation to episodic memory and sex in a Colombian cohort with autosomal-dominant Alzheimer's disease
26	**J. Miller**	Semantic Clustering in Verbal List Learning in a Mixed Clinical Sample of Older Adults
27	**S. Moeller**	Longitudinal Functional Decline in the Aphasic Variant of Alzheimer's Disease
28	**D. O'Shea**	Structural Imaging and Cerebrospinal Fluid Biomarker Associations with Cognitive Decline Defined by the DELTA Score
29	**L. Pick**	Bilingual Neuropsychological Evaluation of Alzheimer's Dementia Among Culturally Deaf Adults: A Multi-Case Study
30	**J. Presas Heredia**	Decrease of verbal fluency in Amnesic mild cognitive impairment, mild and moderate Alzheimer's disease.
31	**J. Presas Heredia**	Verbal fluency as a differential diagnosis for Alzheimer's type dementia and vascular dementia.
32	**C. Presley**	Neuropsychological Test Data as a Predictor of Life Expectancy in Alzheimer's Disease
33	**S. Prieto**	Genetic Risk for Alzheimer's Disease Moderates the Association Between Hippocampal Volume and Episodic Memory Performance Among Older Adults
34	**C. Qian**	Early Impairment of Semantic Memory Network in Older Adults Without Dementia
35	**G. Reynolds**	Subjective Cognitive Decline in a Registry Sample: Relation to Psychiatric History, Loneliness, and Personality
37	**J. Saurman**	Alzheimer's Disease Biomarkers and Subjective Cognitive Complaints in African Americans and Whites
38	**T. Slonim**	Hyperactivation in the Entorhinal Cortex during Sucrose Evaluation is Associated with Poorer Inhibition in Males with Metabolic Syndrome
39	**J. Springer**	Multimodal Treatment of Cognitive Decline: A Discussion of Two Case Studies
40	**E. Auday**	Validation of the Quick Dementia Severity Rating System (QDRS) in a Large Memory Disorders Clinic Sample
41	**E. Sundermann**	CSF Inflammatory Markers Relate to Poorer Cognition in Women but not in Men Across the Aging-MCI-AD Continuum
42	**S. Tran**	Semantic Network Changes in Alzheimer's Disease
43	**T. Webber**	Normative Factor Scores for the Uniform Dataset 3.0 Battery Differentiate Severities and Etiologies of Cognitive Impairment
44	**A. Weinstein**	Social Support and Alzheimer's Disease Pathology in a Community-Based Sample of Older Adults
45	**J. Yanez**	Socially Responsible Neuropsychology in Action: Bilingual Alzheimer's Disease in Two Highly Educated Bilingual Latina Women
46	**M. Zielinski**	The Effect of Marital Status on Cognition in Alzheimer's Patients
Multiple Sclerosis/ALS/Demyelinating Disorders		
47	**O. Berenholz**	The Contribution of Anxiety and Performance Validity to Cognitive Performance in Multiple Sclerosis Patients
Neuroimaging		
48	**E. Brenner**	Examining the Relationship between Cognitive Reserve and Network Connectivity on Memory in Individuals with MCI
49	**D. Callow**	Microstructural Plasticity in the Hippocampus of Healthy Older Adults Following Acute Exercise
50	**S. Clark**	Functional Connectivity Strengthens During Adolescence in Cortico-Cortical but not Cerebello-Cortical Networks
51	**S. Crowley**	Magnetic Resonance T1w/T2w Ratio Identified Changes in the Cortico-Striatal Loop in Individuals with Parkinson's Disease
52	**A. Derbie**	Modulation of Allocentric Spatial Coding in Precuneus and Frontal Eye-field are Associated to Changes in White-matter Integrity
53	**H. Dotterer**	Psychopathic Traits are Related to Distinct Patterns of Neural Connectivity at Rest Using a Personalized Directed Connectivity Approach in a Diverse, Low-Income Community Sample
54	**N. Emmert**	The Utility of a Clinically Available Quantitative Brain MRI Program in Differentiating MCI due to Alzheimer's or Vascular Disease.
55	**M. Franczak**	A Longitudinal Case Study of Logopenic Primary Progressive Aphasia: A Look at the Added Value of a Clinically Available, Quantitative Volumetric Program
56	**S. Glazer**	Examining Social and Cognitive Working Memory in Pediatric Brain Tumor Survivors via Task Performance and Structural Volumetrics
57	**H. Guzman**	Theory of Mind-Related BOLD Signal Activation in Pediatric Brain Tumor Survivors
58	**C. Hinkle**	The Role of the Dorsolateral Prefrontal Cortex in Optimism and Pain
59	**U. Holmes III**	Investigating the role of the Default Mode Network in Subjective Cognitive Decline
60	**K. Igwe**	The Relationship between Hippocampal Cerebral Blood Flow and Neurometabolites in Middle-Aged Adults
61	**S. Jurick**	Neurosubstrate changes during matrix reasoning task following therapy in Veterans with co-occurring PTSD and Alcohol Use Disorder
62	**Y. Kim**	Theory of Mind in Pediatric Brain Tumor Survivors: Associations with Corpus Callosum Integrity and Volume
63	**B. Laney**	Limbic Volumes Associated with Temperament and Emotion Regulation in Survivors of Pediatric Brain Tumor
64	**M. McKenna**	Evaluating the Predictive Ability of Resting-State Networks for Sustained Attention in Aging
65	**A. Mendez Colmenares**	White Matter Imaging and Cognition: Comparisons Between the T1w/T2w Ratio and Diffusion Tensor Imaging Measures in Healthy Older Adults
66	**T. Merkley**	Self-Reported Sleep Quality and Cortical Thickness at 3-Months Post-Mild Traumatic Brain Injury
67	**L. Merrill**	Incidental Findings on Neuroimaging in a Study of Pediatric Brain Tumor Survivors Compared to Healthy Controls: Clinical and Research Implications
68	**L. Miller**	The Effects of Blue Light on Brain Activation (fMRI) and Self-reported Visual Comfort, Glare, and Quality
69	**D. Murdaugh**	Multimodal Neuroimaging Differences in Survivors of Childhood Acute Lymphoblastic Leukemia Compared to Age-Matched Controls
70	**J. Nielsen**	Impacts of Neighborhood Socioeconomic Status and Experience of Stress on Cortical Structure in Early Adolescence
71	**R. Nurgitz**	Mind Wandering and Academic Success: Insight into Student Learning and Engagement
72	**A. Raikes**	Vestibular and Emotional Symptoms Are Associated with Altered Large-Scale Resting-State Functional Connectivity After Mild Traumatic Brain Injury
73	**D. Ross**	Cortical Thickness and Prefrontal Cortex Activation During Dual-Task Walking in Older Adults
74	**D. Shortell**	Relationship Between Change in GABA Concentration Over Creatine and Change in Self-Reported Alcohol Consumption in People Living With HIV
75	**S. Steinberg**	Cerebellar Contributions to Working Memory in Young and Older Adults
76	**J. Stocks**	The Relationship between Cortical Neurodegeneration and FDG-PET Hypometabolism as a Disease Marker Across Stages of Alzheimer's Dementia
77	**R. Sullivan**	Examination of Gender and Aerobic Fitness on the Impact of Cannabis Use on Brain Structure in Young Adults: Correlated with Neuropsychological Performance
Other		
79	**y. ban**	Effects of Task Difficulty on Intra-individual Reaction Time Variability in Older Adults with Subjective Cognitive Decline: A Comparison of Older Adults with Normal Cognition and Amnestic Mild Cognitive Impairment
80	**A. Bullock**	Alterations in Cognitive Symptoms of PTSD are Correlated with Somatic Symptoms
81	**S. Foss**	Maternal Childhood Maltreatment, but not Prenatal Stress, is Inversely Associated with Infant Cognitive Development
82	**A. Gavarrete Olvera**	Effects of Reading ability on BNT and FAS Performance in Ethnically Diverse Individuals
83	**E. Kalon**	Attentional Bias to Alcohol and Marijuana-Related Stimuli in College Students
84	**V. Kordovski**	The Neurocognitive Correlates of eHealth Fact and Symptom Internet Search Skills in Young Adults
85	**L. Lagerstrom**	The Cognitive Effects of Waist-to-Hip Ratio in a Young Adult Population
86	**E. McConathey**	Subjective Sleep Quality and Gender Related to Sustained Attention in College Soccer Players
87	**A. Nicoletta**	Cognitive Functioning and Perceived Executive Dysfunction Relate to Poor Sleep
88	**A. Oh**	Billing the New Neuropsychological Testing Codes: What is Reasonable?
89	**J. Pliskin**	Detection of Invalid Performance in a Clinical Sample Using Recognition Memory Tests: Comparing Multiple Embedded Validity Indices across Three Memory Tests

90	S. Scratch	Beyond Tokenism: Meaningful Engagement of Parents Improves Pediatric Neuropsychological Research
91	C. Sofko	Olfactory and Neuropsychological Functioning in Olfactory Reference Syndrome
92	I. Tourgeman	Systematic Review of the Impact of Spices on Neuro-protection and Neuro-learning

Poster Session 10: Neurological & Cerebrovascular Disorders, Saturday, 2/8/20 from 9:00-10:15

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

01	S. Al-Momani	Neurocognitive Predictors of Community Integration Following Rehabilitation from Acquired Brain Injury
02	T. Worthington	**Harnessing Technology for Scalable Care and Research: Feasibility of Telerehabilitation and Web-Based Outcomes for Chronic Acqui**
03	B. Brett	Distinct Latent Profiles of Symptom and Cognitive (Neuropsychological) Function Two Weeks Post-TBI: A TRACK-TBI Study
04	M. Cissne	Modulating Effects of Trait Anxiety on Quality of Life in Traumatic Brain Injury
05	T. Cothran	Traumatic Brain Injury is Associated with Brain Amyloid Load but Not Tangle Density in a Community Cohort
06	A. Cwiek	Executive Functioning Profiles in Injuries Affecting the Central Nervous System
07	R. Ellison	Blast Versus Blunt-Force: Mechanism of Traumatic Brain Injury and Cognitive Outcomes in OEF/OIF Veterans
08	S. Esbit	Discrepancies Between Working Memory and Clustering Strategies in Total Recall Performance for Mild
09	S. Greif	A Priori Predictors Not So Potent: Prognostication of Invalid Performance on Computerized Assessment in a Traumatic Brain Injury Sample
10	G. Hromas	Cognitive Dysfunction Discrepancies after Mild Traumatic Brain Injury
12	P. Litvin	Reading of Low Frequency Words as a Predictor of Global Cognition in Traumatic Brain Injury
13	C. Moreno	Risk factors of concussion were not associated with MULES performance in a university-based student population
14	M. Obolsky	The Role of Posttraumatic Stress Disorder Symptom Severity on Neurocognitive Performance Within an Electrical Injury Sample
15	E. Polejaeva	Relative Diagnostic Utility of the N-back and PASAT-R in Traumatic Brain Injury
16	B. Su	The Association Between Illness Representations and Quality of Life in Patients with Traumatic Brain Injury is Mediated by Executive Functions
17	M. Sullan	Cognition and Counting Sheep: Sleep Duration Affects Cognitive Test Scores for ABI Patients at Discharge from Post Acute Rehabilitation
18	J. Tessier	Vocational Multitasking Ability in Traumatic Brain Injury
19	R. Thayer	Cognitive Function and History of TBI in New Soldier Recruits in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS)
20	A. VandenBussche Jantz	The Impact of Rehabilitation Needs on Satisfaction with Life: A VA TBIMS Study
21	A. Wisinger	The Relationship Between Behavioral Reactivity and Apathy in Brain-Injured Individuals

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

22	E. Botchway	Sleep Disturbances in Young Adults who Sustained Traumatic Brain Injury in Childhood: Relationship with Fatigue, Depression, and Quality of Life
25	K. Knestrick	The impact of animal assisted therapy in pediatric ABI rehabilitation
26	E. LeBlond	Investigating the Relationship Between Parental Responsiveness and Outcomes of Very Early Traumatic Brain Injury
27	J. Smith-Paine	Investigating the Relationship Between Self-Regulation (Effortful Control) and Outcomes of Very Early Traumatic Brain Injury
28	N. Thomas	Needs and Service Utilization Following Pediatric Traumatic Brain Injury
29	C. Vaughan	The Psychometric Properties of an Eye-Tracking Device for Typically Developing Children

Medical/Neurological Disorders/Other (Adult)

30	D. Ayala	Sleep Apnea and Cognitive Performance in Older Adults: What is the Role of Vascular Risk Factors on Cognitive Deficits?
32	C. Grasso	Exposures, Health, and Neuropsychological Outcomes in Gulf War Veterans 25+ Years Post War
33	D. Kelly	Neuropsychological Predictors of Post-Shunt Surgery Outcomes in Idiopathic Normal Pressure Hydrocephalus
34	C. Mayfield	Insurance Provider and Medical Length of Stay as Predictors for Admission FIM scores in a SCI Population
35	M. Monette	Differing Processing Speed Abilities Across Measures in Individuals with Type 2 Diabetes
36	E. Pollner	Neurocognitive change over the course of a 3-day external lumbar drain trial in patients with suspected normal pressure hydrocephalus
37	L. Ratcliffe	Insurance Provider and Rehabilitation Length of Stay as Predictors for Discharge FIM scores in a SCI Population
38	A. Rochette	Cognitive Function as a Robust Predictor of Repeat Fallers in Older Adults Admitted for Post-Acute Care
	T. Rhoads	Performance Validity Testing in Presurgical Chronic Pain Patients Undergoing Evaluation for Spinal Cord Stimulator Implantation
39	S. Rogers	How Does Education Differentially Impact Cognitive Decline in Alzheimer's vs. Parkinson's Diseases?
40	S. Serva	Patient Characteristics from the Colorado Posterior Cortical Atrophy BioRegistry
41	A. Winters	Behavioral Inhibition Subscales and Neuroticism Relate to Poor Sleep
42	C. Zundel	A Longitudinal Assessment of Health Symptoms and the Association with Neurotoxicant Exposures in 1991 Gulf War Veterans: The Ft. Devens Cohort

Medical/Neurological Disorders/Other (Child)

43	P. Albert	Socialization and Cognition in Children with Liver Disease
44	H. Aleksonis	Quantification of White Mater Hyperintensities in Long-Term Survivors of Childhood Cerebellar Tumor: Associations with Cognition
45	C. Berger	OPGs in the NF1 Population: Assessing the Cognitive and Psychosocial Burden
46	A. Child	Neuropsychological Functioning in a Pediatric Patient with Right Hemisphere Polymicrogyria and Partial Epilepsy: A Case Report
47	E. Fields	Fatigue and Verbal Fluency Performance in Pediatric-Onset Multiple Sclerosis
48	M. Fox	Executive Control Network Recruitment During Attention and Working Memory Tasks in Survivors of Childhood Brain Tumors
49	K. Hageboutros, PsyD	Neuropsychological Functioning in Youth with Anti-NMDA Receptor Encephalitis (anti-NMDARE)
50	S. Koch	Oral Hydroxyurea Therapy in Children with Sickle Cell Disease: Impact of Treatment Adherence on Neuropsychological Performance
51	A. Krentzel	Long-Term Cognitive Outcomes in a Sample of Pediatric Patients with Anti-N-Methyl-D-Aspartate Receptor Encephalitis (Anti-NMDARE)
52	H. Lange	Impact of Emotional and Behavioral Functioning on Academic Performance in Craniofacial Populations
53	H. Lange	Neuropsychological, Emotional, and Behavioral Functioning in Adrenoleukodystrophy Pre and Post Stem Cell Transplant
54	D. Leopold	Disentangling Attentional Difficulties: Preliminary Reliability and Construct Validation of Sluggish Cognitive Tempo in Pediatric Spina Bifida
55	D. Leopold	Sluggish Cognitive Tempo in Spina Bifida: Prevalence and Comorbidities in a Clinical Pediatric Sample
56	Z. Mestre	Association of BMI, diet, physical activity and cognition in children: An Adolescent Brain Cognitive Development (ABCD) study.
57	L. Nicholson	Neuropsychological functioning and academic achievement in pediatric sickle cell disease: the influence of sleep on performance
58	T. Nyman	Converging and Diverging Developmental Trajectories of Siblings with Different Neurologic Complexities
59	B. Schneider	Neurodevelopmental Implications of Heterotaxy Syndrome: A Multi-Case Study
60	E. Semmel	Attention, Working Memory, and Processing Speed as Mediators of the Relationship Between Neurological Risk and Adaptive Functioning in Survivors of Pediatric Brain Tumors
61	C. Shields	Relative Contribution of Adolescent and Parent Executive Functioning on Eating Behaviors and BMI among Low-Income Adolescents
63	E. Turner	The Role of Sleep-Disordered Breathing in Neurocognitive Functioning Among Youth with Sickle Cell Disease
64	J. Wallace	NIH Toolbox Emotion Battery: Psychometric Properties Among Children and Adolescents with Congenital Heart Defects
65	A. Whitaker	Utility of the Purdue Pegboard Test in Sickle Cell Screening
67	B. Yaffe	The Attention, Memory, and Frontal Abilities Screening Test (AMFAST): A Clinical Efficacy Study in a Sample of Children, Adolescents, and Young Adults with Complex Medical Conditions.

Stroke/Cerebrovascular Injury & Disease (Adult)		
69	**M. Dulay**	Prediction of clinical depression a year after stroke
70	**M. Ho**	Processing Speed in Patients with Carotid Artery Stenosis Concomitant with Vascular Cognitive Impairment
71	**Y. Hsu**	Prospective Memory and Medical Adherence in Hypertension
72	**H. KAUR**	Does Neuropsychological Rehabilitation lead to Return To Work in Post Stroke Aphasia? Findings from a Randomized Controlled Trial
73	**D. Arenas**	**Working Memory Dysfunction After Stroke: A Systematic Review**
74	**E. McIntosh**	Vascular Risk Factors Mediate Association between Chronic Stress and Memory Performance
75	**S. Na**	Verbal Memory and White Matter Integrity Differences in Individuals with Metabolic Syndrome Compared to Healthy Peers
76	**G. Stefanatos**	Dissociation of auditory temporal processing impairments in Verbal Auditory Agnosia
Stroke/Cerebrovascular Injury & Disease (Child)		
78	**J. Lenihan**	Perinatal Arterial Ischemic Stroke and the Impact of Secondary Sequalae on Neurocognitive Development
80	**R. Peterson**	Parent Perceptions and Mental Health Following Neonatal Stroke: Impact on the child's cognitive and psychological functioning
Stroke/Vascular Cognitive Impairment		
81	**C. Howard**	The Association of Cardiovascular Risk Factors with Regard to Cognitive Functioning Among Older Community-Dwelling African-Americans
82	**H. Kim**	Long-Term Blood Pressure Patterns in Midlife and Dementia in Late Life: Findings from the Framingham Heart Study
83	**S. Lugtmeijer**	Neural Organization of Visual Working Memory and Episodic Memory: Insight from Stroke Patients by Lesion Symptom Mapping
84	**S. McNally**	CHA2DS2-VASc-HSF Stroke Risk Score, Lesion Load, and Executive Functioning in Older Adults without Atrial Fibrillation
85	**P. Smith**	Metabolic Mechanisms of Lifestyle-Related Neurocognitive Improvements
86	**H. Torrico-Teave**	Subjective Cognitive Decline and White Matter Lesions in Hereditary Small Vessel Disease and their Relation to Cognition
Acquired Brain Injury (TBI/Cerebrovascular Injury & Disease - Adult)		
87	**R. Green**	Integrated Research and Treatment of Chronic and Progressive Neurological Disorders: Developments in Telerehabilitation

Poster Session 11: Malingering, Executive Function, & Addiction, Saturday, 2/8/20 from 10:45-12:00

Addiction/Dependence		
01	**A. Albertazzi**	Decreased fMRI Activation in Reward Regions in Nicotine Users
03	**A. Ford**	Cognitive Recovery in Early Substance Abuse Treatment
04	**J. Hennies**	Nicotine Effects on Activation in the Insula, Primary Taste Cortex
05	**R. Hughes**	"Hot" but not "Cold" Executive Functions Predict Days to Relapse in Veterans After AUD Treatment
06	**R. Hughes**	Trans-Diagnostic Profiles of Alcohol Consumption: "Hot" and "Cold" Executive Functioning in Women
07	**G. Robinson**	Association Between Level of Smoking, Executive Functioning, and Cognitive–Affective Motives for Smoking Maintenance in African American Daily Smokers
08	**S. Sarkissians**	Attention and Early Abstinence in Alcohol Dependent Individuals
09	**T. Wanger**	Amygdala activity during an effortful working memory task is related to dependence in smokers
Drug/Toxin-Related Disorders (including Alcoholism)		
10	**S. Belkonen**	Changes in Functioning After Yellow Jacket Stings and Acute Prednisone Use: A Case Study
11	**J. Bright**	Cortical Morphometry in Middle Aged and Older Adults with Histories of Substance Misuse
12	**B. Diaz**	Abstinence and Visual-Motor Integration in a Sample of Multiple Drug Consumers
14	**K. Maple**	Opiate Use and Neuropsychological Performance in Veterans with HIV
16	**I. Pacheco-Colón**	Disentangling Longitudinal Associations between Adolescent Cannabis Use, Decision Making, and Episodic Memory
17	**R. Thayer**	Cannabis Use and Cognitive Function Among Older Adults
Executive Functions/Frontal Lobes		
18	**L. Bennett**	Visually and Verbally Mediated Trail Making Tests in Relation to Digit Span
19	**D. Bernat**	Predicting DKEFS Performance via Demographic Variables: Implications for Premorbid Functioning
20	**C. Bolton**	Utility of the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) Executive Errors Scale in a Clinical Sample of Older Adults
21	**S. Brothers**	Reappraising the Role of Cognitive Reappraisal: How it Relates to Expressive Suppression and Executive Functioning
22	**L. Everett**	Examining the Influence of Pre-Military Trauma on Neuropsychological Performance in Post-9/11 Veterans with Combat-Related PTSD: Implications for Deficits in Working Memory and Emotion Regulation Strategies
23	**M. Fischer**	Effective Working Memory Functioning Despite Impaired Long-Term Memory in Temporal Lobe Epilepsy
24	**B. Fusco-Gessick**	Average Sleep Duration But Not Sleep Variability Predicts Performance on Cognitive Control Tasks
25	**B. Gimbel**	The Relationship Between Neuropsychological Functioning and Psychopathology in a Homeless and Highly Mobile Youth Sample
26	**J. Guler**	Working Memory and Sleep Disturbance among Preschoolers Exposed to Trauma
27	**M. Harrell**	Exploring the construct validity of PEBL: an open-source cognitive task experiment package
28	**C. Kaiver**	Effects of Sedentary Behavior and Adipose Tissue on Cognition in Adolescents and Young Adults
29	**J. Karr**	Associations Between Executive Functions, Personality, and Leadership
30	**M. Kassel**	Task load impacts selective attention to speech: A multitask paradigm in healthy adults
32	**M. Kryza-Lacombe**	Executive Functioning Moderates Neural Connectivity During Reward Processing in Youth
34	**D. Lopez Hernandez**	The Influence of Bilingualism and Traumatic Brain Injury on Verbal Fluency
35	**A. McGrath**	Differences in O-Span Working Memory Capacity Based on Health Behavior Engagement
36	**R. Mis**	Differential Contributions of Executive Function Components to a Virtual-Reality Assessment of Everyday Functioning
37	**C. Mitzkovitz**	Further Validation of a Novel Behavioral Measure of Delay-Discounting with Measures of Delayed Gratification, Impulsivity, and Vaping
38	**M. Moore**	Weight Status and Executive Functioning among African American Youth Referred for Neuropsychological Evaluation
39	**N. Nadwodny**	Where the Gap Closes in ASD Youth Between the Inner and Parental Experience of Anxiety
40	**D. Nguyen**	Self-Reported Executive Function Problems in Veterans with Combat-Related PTSD
41	**E. Johnson**	The Iowa Gambling Task as part of a Neuropsychological Test Battery
42	**C. Quinn**	Investigation of judgment ability in patients with Frontotemporal Dementia
43	**C. Reed**	Does Modality Make a Difference? Visually and Verbally Mediated Trailmaking Tests in Relation to a Stroop Task.
44	**R. Roth**	Corporal Punishment in Childhood is Associated with Self-Rated Executive Functions in Bahamian College Students
46	**R. Rugh-Fraser**	The Effect of Preferred Language on Tasks of Executive Functioning in Bilingual Traumatic Brain Injury Survivors and Healthy Adults
47	**S. Arastu**	Effortful Control, Executive Function, and Medical History: A Multimodal Investigation Among Youth Athletes
48	**M. Sedo**	5-min. "FIVE DIGIT TEST" to detect MCI (or any other neurological dysfunction) in English or any other foreign or indigenous language
49	**Y. Shishido**	Do Children With and Without Intellectual Disability (ID) Differ in Executive Behavior? Investigation of the Clinical Utility of the BRIEF2 in Children with ID
50	**J. Barnett**	Examining the Relations between Exercise Intent, Consideration of Future Consequences, and Cognitive Regulation
51	**R. So**	Maternal Cumulative Lifetime Stress in Pregnancy Predicts Executive Functioning in Girls at Age 3 Years
52	**G. Spadoni**	EXECUTIVE FUNCTION DEFICITS IN CHILDREN WITH OPPOSITIONAL DEFIANT DISORDER
53	**L. Strainge**	Executive Functioning Predicts Medication Non-Adherence Among Emerging Adults

54	**S. Rahman**	Executive Dysfunction is Associated with Poorer Healthcare Internet Navigation Skills
55	**L. Turkelson**	The Effect of Doubt and Working Memory Load on Evidence Accumulation
56	**E. Van Etten**	White matter integrity mediates the relationship between Body Mass Index and executive function in healthy older adults.
57	**A. VandenBussche Jantz**	The Modified Mini-Mental State (3MS) Examination and MMSE: Comparing Two Common Screeners' Ability to Predict Executive Functioning
58	**M. Welsh**	History of Childhood Maltreatment and Current Trauma Symptoms Predict Go No Go Performance in Emotion Contexts
59	**A. Wisinger**	Unexpected Relationships between Executive Functioning, Verbal Delayed Recall and Semantic Knowledge
60	**R. Wong**	A Multimethod Taxometric Examination of the Latent Structure of Executive Functions
61	**R. Ziemnik**	Effect of Cohabitation in Older Adult Couples on Executive Functioning and Life Complexity in Predicting Daily Medication Management.
Forensic Neuropsychology/Malingering/Noncredible Presentations		
62	**M. Abraham**	Sensitivity and Specificity of the Word Choice Test Among Criminal Defendants: Clinically Useful or Not?
63	**M. Basso**	The Perceptual Memory Test: Follow-up Data Regarding a Novel PVT
64	**H. Clark**	Base Rates of Invalidity in Non-Forensic Clinical Patients with an External Incentive of Social Security Disability
65	**B. Clark**	The Progressive Visual Memory Test (PVMT): A New Approach to Assessing Performance Validity
66	**C. Cook**	Impact of Invalid Responding on Self-Reported Postconcussive Symptoms and Functional Impairment
67	**J. Fox**	Differentiating Perpetrators of Intimate Partner Violence from Other Violent Offenders Using a Statistical Learning Model: The Role of Cognition and Life History Variables
68	**M. Harris**	High Rates of Structured Inventory for Malingered Symptomatology (SIMS) Elevations in Neuropsychological Patients
69	**S. Hunter**	Do neuropsychologists find pediatric patients more credible than adults? Exploring potential for age bias in neuropsychological effort testing
70	**J. Kirk**	Using embedded WISC-V subtest scores to assist in detecting noncredible performance among a diverse clinical pediatric sample
71	**J. Kirk**	Using the WISC-V Digit Span to assist in detecting noncredible performance among a diverse clinical pediatric sample
72	**J. Lace**	Detecting Noncredible Performance Within the Neuropsychological Assessment Battery, Screening Module: A Simulation Study
73	**P. Litvin**	Evaluation of Demographically Adjusted Scores of the Finger Tapping Test as a Performance Validity Measure in Acute and Chronic Traumatic Brain Injury
74	**S. Markuson**	Efficiency of the TOMMe10 as a Validity Indicator in Pediatric Populations
75	**A. McKinstry**	Comparison of Neuropsychological Test Performance and PVT Performance in ADHD and non-ADHD Cases
76	**A. McKinstry**	Examination of Performance Validity Testing in ADHD Referrals
77	**A. Meneses**	The Impact of Depression and Cardiovascular Risk Factors on Performance Validity Tests in Veterans
78	**M. Morrison-Steele**	The impact of MSVT performance on the WISC-V among a diverse clinical pediatric sample
79	**C. Mullen**	Refining Rey Complex Figure Recognition Performance Validity Equation Cutoffs by Diagnosis in a Rehabilitation Setting
80	**R. Mulligan**	Classification Accuracy of TOMM Supplementary Indices Among Test Coached Simulators
81	**S. Patrick**	Detecting Simulated Versus Bona Fide Traumatic Brain Injury Using Pupillometry on the TOMM
82	**J. Quattlebaum**	The Relationship Between Clinician-Judged Credibility of Patient Report During Clinical Interview and Objectively Determined Validity Status
83	**A. Rosen**	The Effects of Chronic Cannabis Use on Eyewitness Memory and Neuropsychological Functioning
84	**J. Rusbatch**	Internship and Postdoctoral Training in Malingering and Validity Testing: A National Survey of Clinical Neuropsychology Training Sites
85	**A. Sabelli**	Performance Validity Cutoffs Developed for the CPT-II Can Be Applied to the CPT-3
86	**K. Sheikh**	Cross-Validation of the Hopkins Verbal Learning Test-Revised Recognition Discrimination as an Embedded Validity Measure in a Non-Veteran Outpatient Sample
87	**K. Sheikh**	RBANS PVI and CRIER Validity Indicators Misclassify Valid Older Adults Diagnosed with Mild Cognitive Impairment and Dementia as Producing Invalid Profiles
88	**K. Sheikh**	The Utility of Recognition Hits and Recognition Discrimination from the BVMT-R as Embedded Performance Validity Tests in a Non-Veteran Clinical Outpatient Sample
89	**R. Thompson**	The Golden Stroop Color and Word Test as an Embedded Validity Indicator in A Sample of Youth Athletes
90	**S. Tierney**	Examining the Miller Forensic Assessment of Symptoms Test (M-FAST): Utility and Validity within a Diverse Clinical Setting
91	**T. Turner**	Poor Effort on Cognitive Testing During Baseline Testing in a Randomized Controlled Trial (RCT) Involving US Army Officers Predicts Subsequent Failure in Ranger School.
92	**D. Whiteside**	Replication of the Cognitive Bias Scale (CBS) for the Personality Assessment Inventory (PAI) in a mixed neuropsychological sample
93	**E. Williamson**	"Performance Validity" as a Function of Diagnosis Threat: A Look at the Morel Emotional Numbing Test