INS News

A PUBLICATION OF THE INTERNATIONAL NEUROPSYCHOLOGICAL SOCIETY

2026
Issue 1

INS | WHERE THE WORLD MEETS

THE INS NEWSLETTER TEAM

Greetings!

We're so excited to share this milestone with you. In this issue, we honor the 57 inaugural INS Fellows whose dedication and vision inspire us all, introduce the Awardee Mentorship Program (AMP-INS) to support the next generation, and highlight a clinical case that reminds us why our work matters every day. You'll also find stories of global collaborations showing how our community is making a real difference around the world—and many more exciting news! Please feel free to contact me at any time at **rj@the-ins.org** if you have any questions or comments. Enjoy reading!

Rhalf Jayson F. Guanco, PhD
INS Newsletter Editor

"Promoting the international and interdisciplinary study of brain-behavioral relationships throughout the lifespan. Emphasizing science, education, and the applications of scientific knowledge."

T. Rune Nielsen, PhD
Annual Awards

Ruchika Prakash, PhD
Special Interest

Talia Robinson, PhD
Clinical

Tricia Merkley, PhD
Clinical

Trevor Wu, PhD
Clinical

KC Hewitt, PsyD
Science

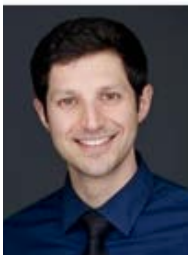
Victor Del Bene, PhD
Science

Omar Alhassoon, PhD
Global

Lena Dobson, PhD
Global

Daliah Ross, PhD
Social Media

Ryan Van Patten, PhD
NavNeuro



John Bellone, PhD
NavNeuro

Nicole Eng, MA
Student and Trainee

Christine Mullen, PsyD
INS Membership Engagement Commitee Chair

Unai Diaz-Orueta, PhD
GEC Deputy Chair

Leigh Schrieff-Brown, PhD
GEC Chair

MORE INFO

THE INS GOVERNANCE

We invite you to meet the current INS Governing Board members below.

INS OFFICERS

Mary Kosmidis, PhD
President
Feb 2025 – Feb 2028

Miriam H. Beauchamp, PhD
President Elect
Feb 2026 - Feb 2029

Natalia Ojeda, PhD
Past President
Feb 2024 – Feb 2027

Alberto Fernandez, PhD
Secretary
Feb 2021 - Feb 2027

Ozioma Okonkwo, PhD
Treasurer
Feb 2020 - Feb 2030

MEMBERS-AT-LARGE

Maiko Sakamoto, PhD
Feb 2024 - Feb 2027

Kendra Anderson, PhD
Feb 2024 - Feb 2027

Sanne Franzen, PhD
Feb 2024 - Feb 2027

Paul Bangirana, PhD
Feb 2025 – Feb 2028

Anny Reyes, PhD
Feb 2025 – Feb 2028

Tricia Williams, PhD
Feb 2024 - Feb 2027

Lingani Mbakile-Mahlanza, DPsyc
Feb 2026 - Feb 2029

T. Rune Nielsen, PhD,
Feb 2026 - Feb 2029

Christopher Nguyen, PhD
Feb 2026 - Feb 2029

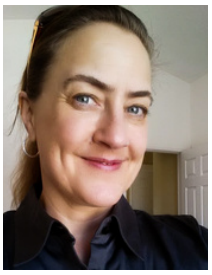
PHOTO/CANVA

THE INS GOVERNANCE

STAFF

Marc Norman, PhD
Executive Director

Tandy Pietro
Executive Operations Director



Chantal Marcks
Director of Events

Jamie Wilson
Admin. Coordinator
Bookkeeper

Shelbie Humenberger
Program Assistant

INS International Neuropsychological Society
Founded in 1967

The International Neuropsychological Society (INS) was founded in 1967 as a scientific and educational organization dedicated to enhancing communication among the scientific disciplines which contribute to the understanding of brain-behavior relationships. The Society currently has more than 3000 members throughout the world and from various areas of practice.

The International Neuropsychological Society (INS) is dedicated to advancing the science and practice of neuropsychology and related brain health professions through interdisciplinary collaboration, global outreach, and innovative research. We strive to promote understanding of brain-behavior relationships, foster professional development, and support diverse educational opportunities for clinicians, researchers, and trainees. INS is committed to enhancing global health and well-being by disseminating knowledge, advocating for equity in care, and embracing cultural and scientific diversity to address the dynamic challenges of brain health worldwide.

Membership in the Society includes an online subscription to the Journal of the International Neuropsychological Society: JINS, which is currently published ten times per year (with two additional, online-only supplements). The Society holds two meetings each year, including its Annual Meeting every February in North America, and its Mid-Year Meeting every July in a different location worldwide.

PHOTO/CANVA

CONTENTS

SOCIETY NEWS

SPECIAL FEATURES

PHOTOS FROM CANVA

CONTENTS

STANDING FEATURES

PHOTOS FROM CANVA

MEMBER RESOURCES

PHOTO/CANVA

INS PRESIDENT'S CORNER

Outgoing INS President's Message

The INS President's Corner features the latest updates on our society's initiatives, upcoming events, and the vision guiding our global neuropsychology community forward. In this edition, insights are shared by Dr. Natalia Ojeda, the outgoing President of the International Neuropsychological Society, as she reflects on her leadership journey and reaffirms her commitment to our shared mission of advancing neuropsychology worldwide.

Dear Colleagues,

Happy New Year, if you are based in a part of the globe where the new year has already started. I wish you a 2026 full of health, success and prosperity in your personal and professional projects. I hope all is well with you, wherever you are in the world.

In my last INS Newsletter as president, I want to honor all professionals who are delivering health services around the globe and trying to help other people. Sometimes this is in very difficult circumstances and/or with limited resources.

Natalia Ojeda, PhD
Outgoing INS President

As I write this Newsletter, the INS community is working extremely hard as the date for our Philadelphia annual meeting is approaching. Times are changing and while the implementation of artificial intelligence continues everywhere and gradually modifies our working habits, we are analyzing the impact that its implementation may have on our profession as part of the actions included in "the age of innovation".

The 54th Annual North American Meeting, February 4-7th: The Age of Innovation

During February 4-7th 2026, we had an in-person scientific gathering at the 54th Annual North American Meeting in historic Philadelphia, Pennsylvania, USA. The theme for the meeting was "Neuropsychology in the Age of Innovation". We were aware of the changes that were being implemented in technology and addressed their impact on the brain-behaviour relationships. I wanted to congratulate our program chairs, Dr. Ruchika Prakash and Dr. David J Schretlen, for putting together a truly exciting program.

At the same time, our focus remained on supporting the development of our science and practice in ways that made the knowledge about brain-behaviour science and practice relevant to communities around the globe. As always, there were a wide range of options with 12 CE credit workshops, 7 plenary sessions, 6 invited symposia, papers, and poster presentations.

Topics included neuroimaging, neuromodulation, virtual reality, the use of AI, community engaged research, cross cultural science, functional outcomes assessment methods, rehabilitation, and forensics, as well as sessions focused on clinical populations including TBI, dementia and neurodevelopmental disorders, among many others. There was clearly something for everyone!

INS PRESIDENT'S CORNER

Outgoing INS President's Message

Among the invited symposia, we had a Women Leaders Symposium, co-chaired by our SIGs chair, Dr. Ruchika Prakash, and our Education Committee chair, Dr. Sarah McPherson. There were five current or past presidents of professional societies in around the world, including from Europe, Australia, INS, México as well as others. Another important events during the Philly meeting was a symposium in memory of Dr. Bob Bilder, who passed away in 2025. This "In memoriam" included presentations from Dr. Rus Bauer and Dr. Bill Barr, Dr. Lucia Cavanaugh, April Thames, and Dr. Paul Craig, who discussed the enormous and valuable legacy of Bilder´s work. This symposium took place on Thursday, February 5th.

We celebrated another "In memoriam" for our colleague Marcel Kinsbourne with presentations from Dr. Margaret O'Connor, Dr. Merril Hiscock, Dr. Ray Jackendoff, and Dr. Morris Moscovitch, on Friday, February 6th.

We had the opportunity to also honor all the 2026 INS awardees: The INS Postdoc Award awardee was Dr. John Finley from the USA, the Early career awardee was Kelsey Thomas from the USA, the Mid Career Award went to Dr. Shawn McClintock from the USA, the Lifetime Career Research was Dr. Sanne Schagen from the Netherlands, the Mentoring awardee was Dr. Yaakov Stern from the USA, and our Distinguished Career Award was for Dr. Lance Trexler from the USA. Awardees were recognized in the Award Ceremony, and they presented their science during the meeting. Congratulations to all of them!

The society was fully alive and active in a very busy year. Many of our news items were announced weekly in our emails, but I would have liked to also share some initiatives and highlights here.

Future Meetings

During the meeting at NOLA we reviewed extensively the economic situation of the society, strengths and weaknesses. Fortunately, we are in overall good shape despite overcoming challenges such as the pandemic. I want to thank our Treasurer and our Finance Committee for their work. Nevertheless, the board is actively exploring potentials for the diversification of income and funding. There are so many exciting activities developing currently!

Upcoming Meetings

Our July Meeting 2026 will take place in Dublin. This meeting is hosted by the International Neuropsychological Society, the Psychological Society of Ireland – Division of Neuropsychology, and the British Psychological Society – Division of Neuropsychology, under the theme "Neuropsychology Without Limits: Expanding Horizons". We welcome contributions from across the globe that target the traditional topics related to diagnosis, assessment and rehabilitation of different populations (clinical and non-clinical) across the lifespan, with an emphasis on the challenges posed by technologies, on how neuropsychology can overcome inequalities and be truly inclusive from a gender, race, background and culture perspective. Do not miss the opportunity to submit your science and join us there! You can check the website here.


INS 2026
PHILADELPHIA | FEB 4-7
NEUROPSYCHOLOGY
In the Age of
INNOVATION

INS PRESIDENT'S CORNER

Outgoing INS President's Message

Committee News

I am very grateful to Dr. Lena Dobson, chair of the Science Committee, for her outstanding leadership. I do not have enough words of gratitude to her for her insight and new projects in which she put her full energy for success. Dr. Dobson is completing her term at the Philly meeting, and the INS made a public call to elect a new chair. We are proud of our brilliant candidates that were willing to lead the committee. A panel is currently working on the interviews and reviewing their Bios to make a recommendation to the board. We feel very grateful for their wiliness to serve.

The INS board voted and approved Dr. Melissa Lamar as the INS representative for the executive committee to the organization of the second Global Neuropsychology Congress being held in 2028.

NEW at INS

Fellow of the INS Initiative (FINS) Update

Applicants for FINS have been notified about their candidacy. We congratulate our new Fellows for their longstanding commitment and meaningful INS contributions! Being in the first inductee cohort is a truly special achievement, and we are honored to recognize their dedication and impact.
Peer reviewed elected members will be publicly announced at the Philadelphia Award's Ceremony, and they will receive a formal certificate and a pin accrediting their status of Fellows of the INS. The Awards Ceremony will be Wednesday, February 4th from 5:30-6:30pm. This ceremony will mark the beginning of what we expect to be a lasting tradition of recognizing excellence and commitment within our membership. If you haven´t apply yet, follow our website for the next call.

While FINS serves as a distinct honor in recognition of individual dedication and service, it is important to highlight that that proceeds from FINS applications will be directed to the Charles Matthews Fund (CMFs), one of INS's major initiatives supporting education, training, and global engagement in neuropsychology. If you want to read more information about past awardees funded by the initiative, you can do so here. If you are willing to make a donation to the CMF program, please do so here. Much appreciated!.

There is a one-time FINS application fee, equal to a single year of INS membership.

Webinars

Our INS webinar program continues to provide fantastic talks on a wide range of key issues in neuropsychology. One of the great privileges of being INS President is the opportunity to invite a colleague to deliver a webinar. We enjoyed the INS Presidential Webinar on December 2nd by Professor Dame Til Wykes from the King's College London, entitled: "Food for Thought? Improving thinking skills in people with schizophrenia". This is a 1 hour CE event. If you missed this excellent update, you can watch it at our website here.

Dr. Wykes is a world leader in neuropsychological rehabilitation research and the coordinator of the Cognitive Remediation Working Group (CREW) with a focus on mental health and people with schizophrenia, psychosis and related disorders.

INS PRESIDENT'S CORNER

Outgoing INS President's Message

We had up to 31 webinars in 2025. We are working on delivering outstanding options for 2026. Do not miss updating yourself with the NavNeuro podcast for continued excellent opportunities.

Dr. Wykes is a world leader in neuropsychological rehabilitation research and the coordinator of the Cognitive Remediation Working Group (CREW) with a focus on mental health and people with schizophrenia, psychosis and related disorders.

The Bright INS Future

The INS is working on a new Strategic Plan (SP). As a preliminary phase, a working group has completed a huge amount of work reviewing the interest of members involved in the different aspects of the society, and they provided an informative report to the board. I want to thank the committee members and thank our INS members who generously offered their time to complete the interviews.

Technology and Communications

The new INS Website has been developed and now is accessible to make it easier to help you find information when needed.

If you have not done so yet, please follow us on our Social Media platforms. We have INS accounts on LinkedIn, Instagram, Twitter/X, Facebook, and BlueSky. We're @INSneuro across platforms. This is a great way inform yourself on all the best of INS, including all educational opportunities and latest news, as well as getting in touch with our community in a more direct way. And of course, please always read our journal JINS, where you will be able to appreciate the excellent work of our current editor Dr. John L. Woodard and the editorial board.

INS PRESIDENT'S CORNER

Outgoing INS President's Message

And finally….

I want to express my deepest gratitude to the Board of Directors, INS Committees, our Task Forces, our Special Interest Groups, and our past presidents who were always there to support me. I want to also thank our INS Office team of Tandy Pietro, Jamie Wilson, Chantal Marcks, and Shelbie Humenberger, and in particular to Dr. Marc Norman, our Executive Director. A special thank you also to Dr. RJ Guanco who is our INS Newsletter Editor and does an incredible job putting together our newsletters – Thank you all!

Muchas gracias to all of you for your invaluable support and hard work over this past year. I could have not made it without you. You cannot imagine how active the society is, and the number of activities, initiatives and programs keep growing!

Finally, I want you to join me in a warm welcoming to our incoming president, Dr. Mary Kosmidis. I wish her a very successful presidency. I am looking forward to continuing work with and for you!

Finally, I want to send our full support to all members that are undergoing stressful times for any reason. I am aware that some of you are facing challenges that were hard to imagine not that long ago. I also want to congratulate those that have achieved tremendous accomplishments in the last year. The global situation in the world and in some regions in particular, is more demanding than ever. I wish you resilience. Please find in our community a network of support and inclusion. If we remain together, we will overcome it together.


FEB 4-7
International Neuropsychological Society
INS
INS
NATALIA
OJEDA DEL POZO
INS 2026
NEUROPSYCHOLOGY
INNOVATION
Natalia Ojeda del Pozo
BOARD MEMBER
NEURO
INTERVENTIONS SIG
CULTURAL SIG
SOCIAL COGNITION SIG

INS PRESIDENT'S CORNER

Incoming INS President's Message

The INS President's Corner offers the most recent updates on our society's initiatives, upcoming events, and the vision guiding our global neuropsychology community forward. In this edition, gain insights from Dr. Mary Kosmidis, Incoming President of the International Neuropsychological Society, as she shares her vision and commitment to advancing neuropsychology worldwide.

Mary Kosmidis, PhD
Incoming INS President

I am honored to have been elected INS president and truly impressed by the wide range of current activities, the complexity of the society's structure, and the deep commitment of all who hold positions within the Society, that I have encountered in my year on the Board of Directors (BoD) as President elect. I am grateful for the warm welcome by all those who play critical roles on the BoD and in the administration. I am grateful to past president, Dr. David Loring, for sharing his experiences with me and his sound perspective; the executive director, Dr. Marc Norman, for his guidance based on his detailed knowledge of the recent administrative history of INS; to the treasurer, Dr. Ozioma Okonkwo, for bringing me up-to-date on the intricacies of the financial aspect of the Society; and to the secretary, Dr. Alberto Fernandez, for his copious minutes chronicling past and recent decisions on which I can rely for a depth of understanding of our mission.

Kudos goes to the committee and SIG chairs, and the journal editorial team for their extensive work and informative updates, as well as to the Policy & Procedures update team for their herculean task. Most of all, I am grateful to the outgoing president, Dr. Natalia Ojeda del Pozo, for her active effort to include me in the various aspects of the INS governance, providing a true training ground, and serving as a role model of a genuinely dedicated INS president.

Professional Background and INS Involvement

For those of you who don't know me, I completed all my studies in the US, worked at NIMH as a staff fellow and in private practice, then moved to Greece where I have been on the faculty in the School of Psychology of Aristotle University of Thessaloniki, the largest (in terms of faculty) psychology department in the country, that -- among other things -- provides graduate training in clinical neuropsychology. While I've been a member of INS since the early 1990's, my active involvement began in the early 2000's, when, in collaboration with Dr. Andrew Papanicolaou, the founder, I organized the Vivan Smith Advanced Summer Institute of the International Neuropsychological Society. For five summers, the 4-week summer institute offered a series of courses taught by experts in their field from around the world, many of whom were active INS members. The Institute brought together leaders in neuropsychological research and clinical practice and approximately 500 graduate students and postdoctoral researchers, many of whom have since taken on leadership roles in INS and other multinational societies, and advanced the study and practice of neuropsychology in leading universities around the globe.

> ***"I am honored to have been elected INS president and truly impressed by the wide range of current activities, the complexity of the society's structure, and the deep commitment of all who hold positions within the Society..."***

INS PRESIDENT'S CORNER

Incoming INS President's Message

A Global Vision for INS

The international focus and outreach of INS have been especially important to me as someone living abroad, where I initially encountered limited awareness of neuropsychology, restricted research infrastructure, and a legal framework for psychological practice that differed from my training in the US. Of course, over the years neuropsychology has grown immensely around the world, both in terms of public awareness and its attractiveness to students, professionals and academicians. Therefore, I have been happy to help promote our field's increased embrace of cultural issues and globalization over the years, which culminated in the Global Neuropsychology Congress in Portugal a couple of years ago, with another one in the works for 2028! Despite the Society's international character, however, a large portion of its membership is based in the US. Changes over the past year with respect to research funding in the US, as well as changes in health policies and priorities, will undoubtedly have an impact on our functioning as a society and may pose significant challenges in terms of membership involvement and engagement. Yet, this is also the time to mobilize our unique ability to promote our knowledge about brain health, in the interest of the communities that we serve. Moreover, I hope that we can bridge potential gaps in the programs offered by INS to keep it relevant to the needs and interests of its membership.

Looking Ahead

Another opportunity for the Society has to do with the ever (and rapidly) evolving technology sector vis-à-vis its interaction with neuropsychology. While neuropsychological science and practice have always been multidisciplinary endeavors, current developments are expanding to encompass even more technological innovations, in both research and service provision. As the upcoming conference theme indicates, groundbreaking changes are occurring in healthcare overall, as well as in the assessment and rehab fronts of neuropsychology. Advances in virtual reality technology, artificial intelligence, etc. are promising new, efficient, and very engaging ways to provide optimum neuropsychology services. This is a critical point in the history of neuropsychology; thus, it is imperative that we remain an integral part of these developments to ensure that they adhere to the key principles of our science and the ethical standards of our profession.

Finally, although there remains much to explore and discover about the brain and its functioning, our current knowledge has reached a point at which we can offer sound advice on issues related to health policy. Indeed, the outgoing INS president has served as an advisor to the World Health Organization on brain health related to schizophrenia, and other INS members may be playing similar roles in local and/or national health policy. As new research continues to elucidate risk factors and identify prevention interventions for widespread or community-based health issues, it is incumbent upon us to inform the public and policymakers to help ensure optimal brain health across the lifespan.

As incoming president of INS, I look forward to the work ahead of us, as well as to seeing you all in Philadelphia at what promises to be an exciting conference focused on Neuropsychology in the Age of Innovation!

PHOTO/CANVA

PHOTO/CANVA

INS MEMBERSHIP ENGAGEMENT COMMITTEE

Chair's Message

The INS Membership Engagement Committee (MEC) is committed to the growth and retention of INS members through outreach efforts and enhancing member experience by integrating member feedback and showcasing the plentiful benefits of membership. Please visit the Membership Levels and Benefits page for the full list ranging from discounts for on-demand CEs, free electronic access to JINS, and award opportunities. The MEC also oversees the newsletters of the society, the INSNET (published by the GEC), and social media.

Membership Engagement Updates

The Membership Engagement Committee is excited to share several updates and highlights as we continue strengthening connection, access, and engagement across the International Neuropsychological Society community.

Christine Mullen, PsyD
Chair, INS MEC

Sponsored Membership Program

INS members may contribute $40 to sponsor a membership for an individual who would otherwise be unable to afford dues. Sponsored memberships provide a full fee waiver for individuals from low- and lower-middle-income countries (not all may receive dues waiver), as defined by World Bank country classifications. This initiative supports global access, inclusion, and participation across INS. Donate here.

Emeritus Status – Updated Eligibility Criteria

Eligibility criteria for Emeritus Membership have been updated. Members no longer need 10 consecutive years of INS membership; instead, 10 years of collective membership now fulfills the requirement. Members with questions regarding eligibility or status changes are encouraged to contact the INS Office. Click here for INS Office contact information.

Celebrating a Successful Annual Conference

The Annual Conference in Philadelphia was a tremendous success, featuring outstanding science, meaningful dialogue, and reconnection across the INS community. Congratulations and sincere thanks to Program Co-Chairs Dr. Ruchika Prakash and Dr. David Schretlen for their leadership in delivering an exceptional program. View conference photos and relive the moments here.

INS MEMBERSHIP ENGAGEMENT

CHAIR'S MESSAGE

Looking Ahead: Mid-Year Meeting in Dublin

We look forward to connecting with colleagues in Dublin for the 2026 Mid-Year Meeting, Neuropsychology Without Limits: Expanding Horizons. Abstract submissions are now open, and the meeting promises engaging science, global perspectives, and the unmistakable energy of Dublin—where rich history, lively culture, and conversation tend to continue well beyond the conference halls. Click here for meeting details & abstract submission.

Website Updates

We're pleased to share that updates to the INS website are underway, with additional enhancements coming soon. These improvements are designed to help members more easily connect with the many benefits of INS membership, including:

- Access to INS meetings, education, and scientific programming
- Opportunities for mentorship, leadership, and service
- Networking with an international community of neuropsychologists
- Professional recognition through awards and fellowship opportunities

Explore membership benefits here.

Thank You for Your Feedback

Thank you to everyone who has taken the time to complete INS surveys. Your input is invaluable in helping us better understand members' needs, priorities, and experiences, and in guiding the work of the Membership Engagement Committee. Survey feedback directly informs committee initiatives, supports strategic planning efforts, and helps strengthen the Society as a whole. We are grateful for your engagement and for sharing your perspectives as we continue working to enhance the value and impact of INS for our global community.

Thank you for your continued engagement—we look forward to staying connected and to seeing many of you at upcoming INS meetings.


INS 2026
PHILADELPHIA | FEB 4-7
NEUROPSYCHOLOGY
In the Age of
INNOVATION

INS INAUGURAL FELLOWS

FINS MEMBERSHIP COMMITTEE

The 57 inaugural Fellows of the International Neuropsychological Society (FINS) were honored for their exceptional service, leadership, and lasting contributions to INS. The founding group of FINS Fellows was formally honored together at the 2026 North American Meeting in Philadelphia, marking the beginning of a meaningful and enduring tradition within the global community. Each Fellow received a commemorative FINS pin as a symbol of this milestone achievement.

The 2026 North American Meeting marked the introduction of the inaugural class of Fellows of the International Neuropsychological Society (FINS), recognizing 57 INS members for their sustained and meaningful contributions to the Society and to the field of neuropsychology. This new fellowship designation represents a major milestone for INS, formally acknowledging long standing professional engagement and service that advances the Society's mission.

David Loring, PhD, FINS
Chair, FINS Membership Committee

Dr. David Loring, who led the full development of FINS and designed its distinctive tail-fin pin, was presented with the very first FINS pin by Dr. Natalia Ojeda at the Board meeting. The presentation, thoughtfully captured by Dr. Anny Reyes, highlights both the careful design of the pin and the dedication behind the creation of FINS.

FINS recognition is distinct from other INS awards and honors and is designed to reflect the breadth of ways members contribute to INS and the discipline. Contributions recognized through FINS include leadership and governance roles, scholarly and scientific activity, mentorship and training, editorial and peer review service, meeting participation, and other forms of sustained professional engagement. Eligibility requires a minimum of five consecutive years of professional INS membership and documented achievement in one or more of these areas.

Beyond individual recognition, the FINS program directly supports the broader mission of INS through financial contributions to the Charles G. Matthews International Neuropsychological Development Fund. Established in honor of former INS President Chuck Matthews, the Matthews Fund supports education, training, clinical services, and research initiatives, with particular emphasis on regions where neuropsychology is less well developed. Proceeds from FINS applications are directed to this fund, uniquely linking fellowship recognition with tangible investment in the global growth and equity of neuropsychology.

INS INAUGURAL FELLOWS

FINS MEMBERSHIP COMMITTEE

Robert Bilder, PhD, FINS

Dr. Robert Bilder, who passed away last year, was included as part of the FINS inaugural class. Dr. Bilder's influential scholarship, exceptional mentorship, and decades of service to INS and to neuropsychology more broadly exemplified the depth of commitment the FINS designation is intended to recognize. A recipient of the INS Distinguished Career Award in 2024, his legacy continues to meaningfully influence contemporary neuropsychology research and practice.

Applications for the 2027 FINS class will be accepted following the 2026 INS Mid Year Meeting in Dublin. Full eligibility criteria are available on the INS website. The FINS Membership Committee includes David Loring, Tricia Williams, and Anny Reyes.

INS
Founded in 1967
International Neuropsychological Society

The inaugural Fellows of the International Neuropsychological Society (INS) were formally honored during the 2026 North American Meeting in Philadelphia, USA, in recognition of their exceptional contributions, leadership, and lasting impact on the Society and the field of neuropsychology.

INS INAUGURAL FELLOWS
FINS MEMBERSHIP COMMITTEE

Celebrating excellence across the globe: we proudly present the 57 inaugural Fellows of the International Neuropsychological Society (INS). These distinguished individuals are honored for their exceptional scholarly contributions, sustained leadership, and enduring impact on both the Society and the global advancement of the field of neuropsychology.

Natalia Ojeda, PhD, FINS
University of Deusto
Spain

Jonathan Evans, PhD, FINS
University of Glasgow
Scotland

Miriam Beauchamp, PhD, FINS
University of Montréal
Canada

Ozioma Okonkwo, PhD, FINS
University of Wisconsin
USA

Erica Kornblith, PhD, FINS
University of California, San Francisco
USA

Bruce Hermann, PhD, FINS
University of Wisconsin
USA

Sarah MacPherson, PhD, FINS
The University of Edinburgh
Scotland

Emma Rhodes, PhD, FINS
University of Pennsylvania
USA

Holly Miskey, PhD, FINS
Salisbury VA Medical Center
Australia

Jason Brandt, PhD, FINS
Johns Hopkins University
USA

John DeLuca, PhD, FINS
Kessler Foundation
USA

Ruchika Prakash, PhD, FINS
The Ohio State University
USA

Rhalf Jayson Guanco, PhD, FINS
Adventist University of the Philippines
Philippines

Christina A. Palmese, PhD, FINS
Icahn School of Medicine at Mount Sinai
USA

Stuart R. Steinhauer, PhD, FINS
University of Pittsburgh
USA

Sallie Baxendale, PhD, FINS
University College London
United Kingdom

INS INAUGURAL FELLOWS

FINS MEMBERSHIP COMMITTEE

Celebrating excellence across the globe: we proudly present the 57 inaugural Fellows of the International Neuropsychological Society (INS). These distinguished individuals are honored for their exceptional scholarly contributions, sustained leadership, and enduring impact on both the Society and the global advancement of the field of neuropsychology.

Fiona Kumfor, PhD, FINS
University of Sydney
Australia

Laura Hokkanen, PhD, FINS
University of Helsinki
Finland

Derin Cobia, PhD, FINS
Brigham Young University
USA

Cady Block, PhD, FINS
Mayo Clinic, Jacksonville
USA

Unai Diaz-Orueta, PhD, FINS
Maynooth University
Ireland

John L. Woodard, PhD, FINS
Wayne State University
USA

Robert Mapou, PhD, FINS
Oceanside Neuropsychology
USA

Duke Han, PhD, FINS
University of Southern California
USA

Christopher Nguyen, PhD, FINS
The Ohio State University
USA

Lena Dobson, PhD, FINS
ScandicNeuro
USA

Mary H. Kosmidis, PhD, FINS
Aristotle University of Thessaloniki
Greece

Kenneth Podell, PhD, FINS
Houston Methodist
USA

Keith O. Yeates, PhD, FINS
University of Calgary
Canada

Felicia C. Goldstein, PhD, FINS
Emory University
USA

Sarah Raskin, PhD, FINS
Trinity College
USA

Grant L. Iverson, PhD, FINS
Harvard Medical School
USA

INS INAUGURAL FELLOWS
FINS MEMBERSHIP COMMITTEE

Celebrating excellence across the globe: we proudly present the 57 inaugural Fellows of the International Neuropsychological Society (INS). These distinguished individuals are honored for their exceptional scholarly contributions, sustained leadership, and enduring impact on both the Society and the global advancement of the field of neuropsychology.

Russell M. Bauer, PhD, FINS
University of Florida
USA

Jacqueline Anderson, PhD, FINS
University of Melbourne
Australia

Kylie Radford, PhD, FINS
University of New South Wales
Australia

Sharon Truter, PhD, FINS
Rhodes University
South Africa

Elizabeth A. C. Kera, PhD, FINS
Hackensack Meridian Neuroscience
USA

Dawn Bowers, PhD, FINS
University of Florida
USA

Katherine Bangen, PhD, FINS
University of California, San Diego
USA

Martin Woon, PhD, FINS
West Tennessee Healthcare
USA

Allan Yozawitz, PhD, FINS
Syracuse, NY
USA

Stephen R. Hooper, PhD, FINS
University of North Carolina
USA

Michael Kopelman, MD, PhD, FINS
King's College London
United Kingdom

Karen Blackmon, PhD, FINS
Dartmouth-Hitchcock Medical Center
USA

Bernice Marcopulos, PhD, FINS
James Madison University
USA

Margaret O'Conner, PhD, FINS
Harvard Medical School
USA

Alberto Fernandez, PhD, FINS
Loyola Marymount University
USA

Vicki Anderson, PhD, FINS
Murdoch Children's Research Institute
Australia

INS INAUGURAL FELLOWS

FINS MEMBERSHIP COMMITTEE

Celebrating excellence across the globe: we proudly present the 57 inaugural Fellows of the International Neuropsychological Society (INS). These distinguished individuals are honored for their exceptional scholarly contributions, sustained leadership, and enduring impact on both the Society and the global advancement of the field of neuropsychology.

Marc Norman, PhD, FINS
University of California, San Diego
USA

Suzanne Penna, PhD, FINS
Emory University
USA

Meryl Butters, PhD, FINS
University of Pittsburgh
USA

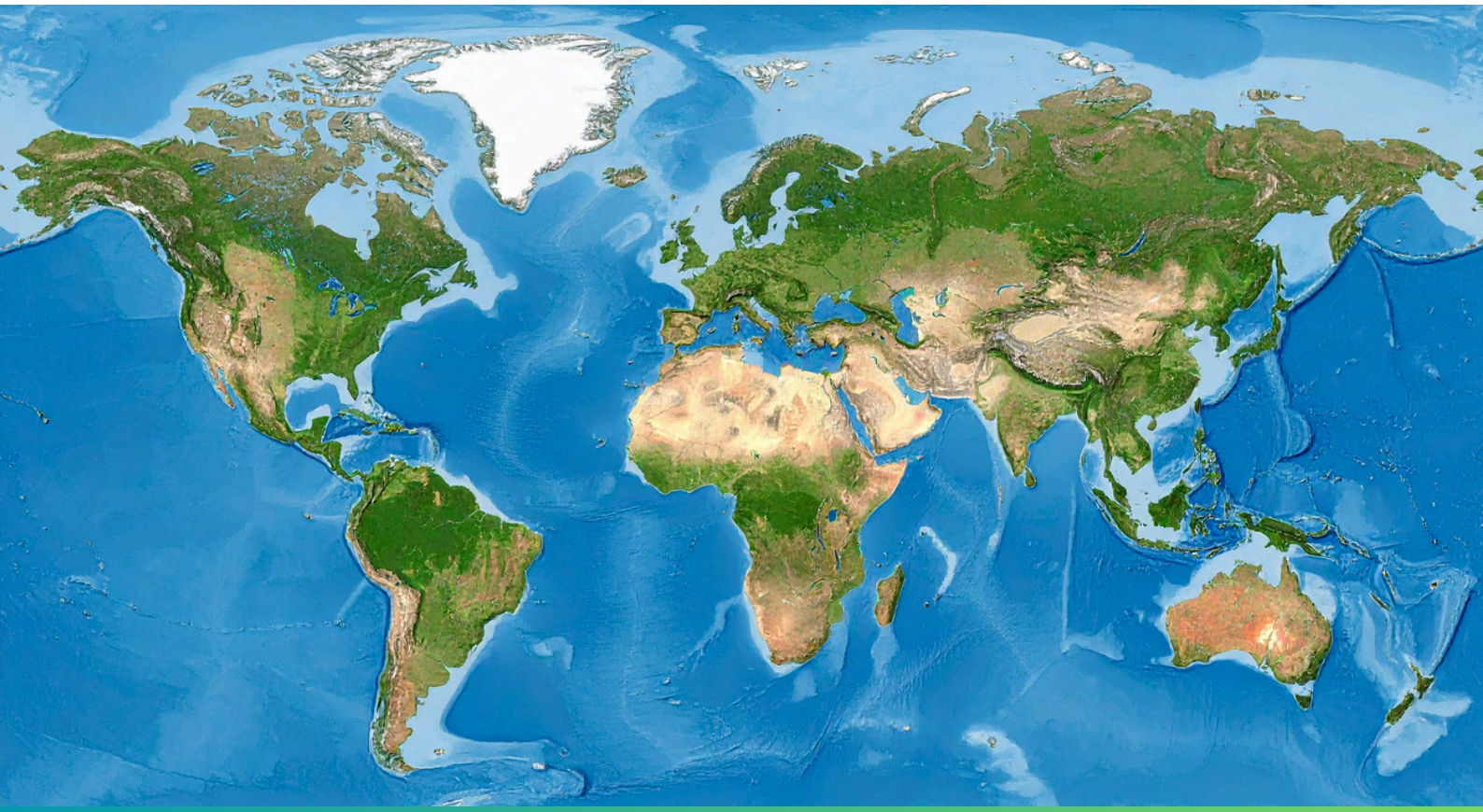
Aparna Dutt, PhD, FINS
Duttanagar Mental Health Centre
India

Amy Heffelfinger, PhD, FINS
Medical College of Wisconsin
USA

Kristy A. Neilson, PhD, FINS
Marquette University
USA

Paul L. Craig, PhD, FINS
Anchorage, Alaska
USA

David W. Loring, PhD, FINS
Emory University
USA



INS MEETING IN DUBLIN, IRELAND

FINS MEMBERSHIP COMMITTEE

Registration for the INS 2026 Mid Year Meeting, which will be held at Trinity Business School in Dublin, from the 22nd-24th July 2026 is now open!


Stage Door Café
Dublin's Best Breakfast
TATTOO ART ROOM STUDIO
STAGE DOOR CAFÉ
FALAFEL
There are no strang
TATTOO

LISTEN IN: NAVNEURO PODCAST

Unmasking LATE: Understanding a Newly Defined Cause of Memory Loss in Older Adults– A Conversation with Dr. David Wolk

John Bellone, PhD, ABPP, NavNeuro Co-Creator & Co-Host, Kaiser Permanente, San Bernardino, CA, USA
Ryan Van Patten, PhD, ABPP, NavNeuro Co-Creator & Co-Host, Providence VAMC & Department of Psychiatry and Human Behavior, Brown University, Providence, RI, USA

Navigating Neuropsychology (NavNeuro) is an INS-partnered podcast series that includes conversations with experts in neuropsychology about cutting-edge scientific findings, debates within the field, and the latest in assessment and intervention. You can listen to NavNeuro episodes online or anywhere you listen to podcasts.

The journey into understanding the complexities of age-related cognitive decline recently took a significant turn with the formal recognition and definition of the neurodegenerative condition known as LATE: Limbic-predominant Age-related TDP-43 Encephalopathy. In a recent episode of Navigating Neuropsychology, hosted by Drs. Ryan Van Patton and John Bellone, leading expert Dr. David Wolk discussed this critical, newly described condition. LATE is a clinical-pathological disease resulting in brain dysfunction and cognitive decline in older adults. Critically, LATE often overlaps with Alzheimer's disease (AD) but possesses distinct features that are vital for clinicians and researchers to understand.

At the core of LATE is the aggregation of the protein TDP-43. While its normal function is to regulate RNA processing inside the cell's nucleus, in disease states TDP-43 is cleared from the nucleus and forms clumps, or protein aggregates, in the cytoplasm. This type of pathology was initially recognized in 2006 as a key feature in conditions such as Amyotrophic Lateral Sclerosis (ALS) and frontotemporal lobar degeneration (FTLD). In LATE, the protein aggregates primarily target the limbic system, particularly the hippocampus. This localization makes the medial temporal lobe a "hot spot for neurodegenerative conditions in general."

As the name suggests, LATE is strongly age-dependent, typically affecting the "oldest old cohorts, in the 80s or after." Dr. Wolk noted that estimates suggest that "about 30 to 40% of individuals 80 or over have some degree of LATE."

David Wolk, PhD

This prevalence, particularly in the oldest segments of the population, highlights its immense public health importance.

Because both LATE and AD target the medial temporal lobe, they both cause amnestic (memory-based) syndromes, making clinical differentiation challenging. However, there are key distinctions. AD is generally considered an "amnestic multi-domain syndrome" where memory loss is accompanied by language, visuospatial, and executive deficits. In contrast, LATE typically presents as a "more purely amnestic syndrome" in which memory impairment is the most isolated and salient feature.

PHOTO/CANVA

LISTEN IN: NAVNEURO PODCAST

Unmasking LATE: Understanding a Newly Defined Cause of Memory Loss in Older Adults– A Conversation with Dr. David Wolk

Another important difference is the pace of the condition. Dr. Wolk commented that LATE is "very slow-moving." Clinicians might encounter a patient whose memory has been severely impaired for years, yet other cognitive functions remain relatively spared – a scenario less typical five years into an AD progression. A vital tool for differentiating LATE is structural magnetic resonance imaging (MRI). LATE is associated with pronounced atrophy of the hippocampus. Patients with LATE tend to show more atrophy than expected for their level of memory impairment. This severe hippocampal atrophy is a core feature that shifts the clinical thinking toward LATE.

Due to LATE's prevalence and clinical mimicry of AD, Dr. Wolk and his colleagues recently published clinical diagnostic guidelines. Even without a definitive in vivo biomarker for TDP-43, these guidelines are seen as crucial. Dr. Wolk argues that a disease entity cannot be properly studied until researchers can clinically follow individuals likely affected by it, allowing for richer data collection on genetics and cognitive phenotypes. Furthermore, in the modern era of precision medicine, patients "just want to know what they have," and a clinical label allows for better prognostic information and facilitates inclusion in potential future clinical trials.

The clinical criteria distinguish between two scenarios: LATE as a primary driver of symptoms and LATE co-occurring with AD. To diagnose Probable LATE (where LATE is the primary driver), the patient must have the core amnestic syndrome, evidence of severe hippocampal atrophy (often visible on MRI), and, crucially, be amyloid negative. If a patient is amyloid negative, Dr. Wolk confirms, "now you really kind of know Alzheimer's is highly unlikely to be in the picture."

For patients who are amyloid positive, biomarkers of tau pathology are used. If a patient is amyloid positive but tau negative (meaning they likely have preclinical AD), LATE can still be considered the primary driver of their memory loss because significant tau pathology is generally required for AD symptoms to manifest.

While LATE is currently diagnosed definitively only postmortem, research is rapidly developing new biomarkers. Additionally, the definition of LATE has critical implications for AD treatment. Because LATE frequently co-occurs with AD, this mixed pathology is associated with more rapid cognitive decline than either condition in isolation. Therefore, identifying LATE is vital for prognostication and for understanding how effective anti-amyloid treatments are in people with co-pathologies. Dr. Wolk stresses the importance of studying outcomes in these mixed-pathology patients because "it's incumbent on the field to start to really try to categorize these patients so that we can move the field forward."

CE credits are available for select episodes. Click to listen to the NavNeuro Podcast on any of the following:

The INS neither promotes nor recommends any commercial products or services discussed in this episode.

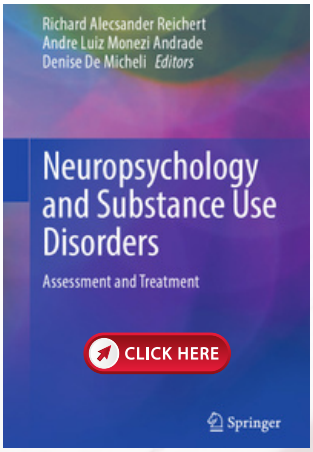
PHOTO/CANVA

WHAT WE'RE READING

Recent Upcoming Books of Interest

Rhalf Jayson F. Guanco, PhD, INS Newsletter Editor

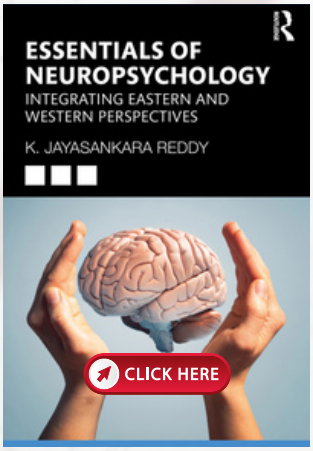
The INS team is always on the lookout for new and interesting books that may be of interest to our membership. A noteworthy release is shown below. Please note that inclusion in the newsletter does not constitute an official endorsement of any of the following publications. Click the icon “click here” to access the book.



Neuropsychology and Substance Use Disorders: Assessment and Treatment

Richard Alecsander Reichert; Andre Luiz Monezi Andrade; Denise De Micheli (2025)

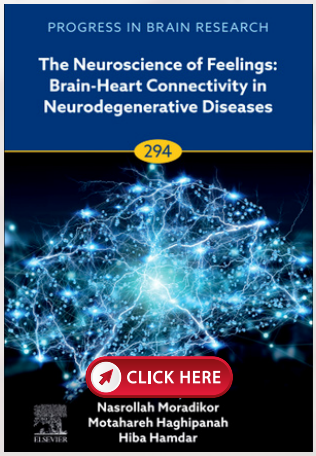
This book is a comprehensive guide for health professionals working with psychoactive drug use and dependence who want to learn the nuts and bolts of the neuropsychology of substance use disorders. It presents the basic foundations of neuropsychology, including a historical overview of studies and research, theoretical and conceptual bases, and practical applications to the area of psychoactive drug use and dependence. It also includes a comprehensive introduction to the history, theoretical models, diagnostic criteria and epidemiology of substance use disorders.



Essentials of Neuropsychology: Integrating Eastern and Western Perspectives

K. Jayasankara Reddy (2024)

This comprehensive textbook offers a holistic integration of both the research and clinical aspects of neuropsychology. Combining Eastern and Western perspectives, it explores latest developments, current scope, and significant challenges in the field to provide a detailed understanding of brain and behavior from research and intervention methods to rehabilitation and applications. Each chapter in the book includes an introduction to the topic, an overview of the latest research in the field, and a discussion of the future directions that research can take.



The Neuroscience of Feelings: Brain-Heart Connectivity in Neurodegenerative Diseases

Nasrollah Moradikor, Motahareh Haghipanah, Hiba Hamdar (2025)

The Neuroscience of Feelings: Brain-Heart Connectivity in Neurodegenerative Diseases, Volume 294 explores the complex interplay between emotions and brain function+G147, covering topics such as The role of heart-brain connectivity in neurodegeneration: mechanisms and impacts, Cardiovascular influence on cognitive decline: the heart's role in neurodegenerative disorders, Autonomic nervous system dysregulation in neurodegenerative diseases: bridging brain and heart, Heart rate variability as an indicator of brain health in neurodegeneration, and much more.

BRAIN TEASERS

Boost your Brainpower with these fun brain-stimulating challenges

Rhalf Jayson F. Guanco, PhD, INS Newsletter Editor

This section of the newsletter highlights entertaining brain teasers! Have a try of the brain-stimulating activities below. This section is only created for fun and mental exercise. Our aim is for you to have an engaging experience while taking a break from the content of the newsletter. In this issue, your job is to spot the differences in the pictures below.

1

Spot the difference: Butterfly bamboozle
There are five differences between these pictures. Can you find them all?

Reader's Digest by Lucie Turkel

2

Spot the difference: Junk drawer
There are five differences between these pictures. How many can you find?

Picture 1 Answer: Clockwise from top left: (1) Twig deleted. (2) Small bloom added. (3) Leaf flipped upside down. (4) Small bloom added. (5) Orange flower changed to yellow.
Picture 2 Answer: Clockwise from top left: (1) Blue pin case changed to green. (2) Purple square bead deleted. (3) Moon charm was flipped. (4) Yellow button deleted. (5) Blue needle deleted.

CLINICAL CASE

Clinical Case: Writing without Reading? A Neurorehab Referral

Tricia L. Merkley, PhD, ABPP
Assistant Professor & Clinical Neuropsychologist
Brigham Young University, Provo, UT, USA

The INS Newsletter Clinical Case Co-editors Talia Robinson, PhD, Tricia Merkley, PhD, and Trevor Wu, PhD have a purpose of sharing novelty in clinical neuropsychology practice through a clinical case report to assist neuropsychology professionals in enhancing their clinical skills and decision-making abilities.

Overview

A 63-year-old, right-handed, white female with 9 years of education had a left posterior cerebral artery (PCA) stroke and was admitted to the inpatient neurorehabilitation unit (NRU) once she was medically stabilized. Speech therapy consulted rehabilitation psychology due to concerns about apparent inconsistencies in the patient's behavior; the patient claimed that she was unable to read, although the speech therapist had observed her writing without difficulty. There was no reported history of dyslexia or other learning disorder. NRU staff suspected fabrication of symptoms given the unusual presentation, although a motive for secondary gain was not identified. Following discharge from the NRU, she was referred for outpatient neuropsychological assessment at approximately 4 months post-stroke. While base rates are low, alexia without agraphia should be considered in the differential, particularly if neuroimaging is consistent with such a presentation.

Tricia Merkley, PhD, ABPP

Case Background

Psychosocial History: The patient completed 9 years of high school, earned a GED, and attended some college courses (less than a full year). No history of childhood learning disorders was reported, although she repeated her kindergarten year. Prior to the stroke, the patient worked full-time in a collections call center. Her prior functional status was independent for all ADLs and IADLs. She is divorced. Since discharge from the NRU, the patient has been residing with her daughter's family and they have been assisting with her care.

Medical History: The patient presented to the emergency room following an incident at work in which she froze, "not knowing where she was or what to do." Initial ED workup revealed elevated blood pressure. Initial head CT showed evidence of old stroke, and the patient was discharged to home in the care of her primary care provider. She was followed by her PCP multiple times and her blood pressure was stabilized via medication adjustment. The patient was noted to demonstrate increased anxiety, confusion, crying for no apparent reason, and short-term memory loss. Follow-up MRI showed evidence of acute left occipital infarct, and the patient was transferred to the emergency room.

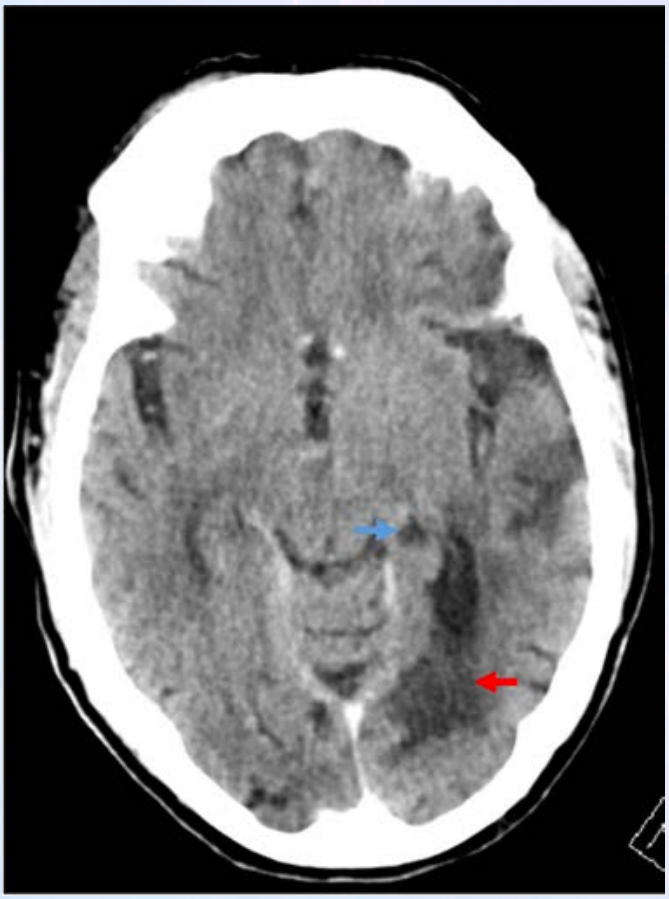
Once stabilized, she was transferred to acute neurorehabilitation for a brief stay. Medical history is otherwise significant for deep vein thrombosis, pre-diabetes, untreated sleep apnea, and hypertension. Medications at the time of the outpatient neuropsychological assessment included gabapentin, sertraline, amlodipine, metformin, and meclizine.

Substance Use History: She smokes three cigarettes daily. Prior to the recent stroke, the patient smoked 1 to 1.5 packs of cigarettes daily. She denied a history of alcohol or recreational drug use.

Mental Health: Per the medical record, mental health history is reportedly remarkable for depression several years ago. However, during the clinical interview the patient did not acknowledge having had any episode of depression in the past. She has never received any form of psychiatric or psychotherapeutic treatment.

Prior Mental Status Assessment: During a brief inpatient assessment by a rehabilitation psychologist, she obtained a score of 14/30 (impaired range) on the SLUMS. She was grossly oriented at that time. Performance was notable for poor recall of a 5-word list (despite adequate initial encoding), difficulty with a complex mental arithmetic problem, imprecise clock drawing with omission of numbers, and poor auditory comprehension/retention of a short story.

Figure 1. CT scan of a different patient with similar location of infarct



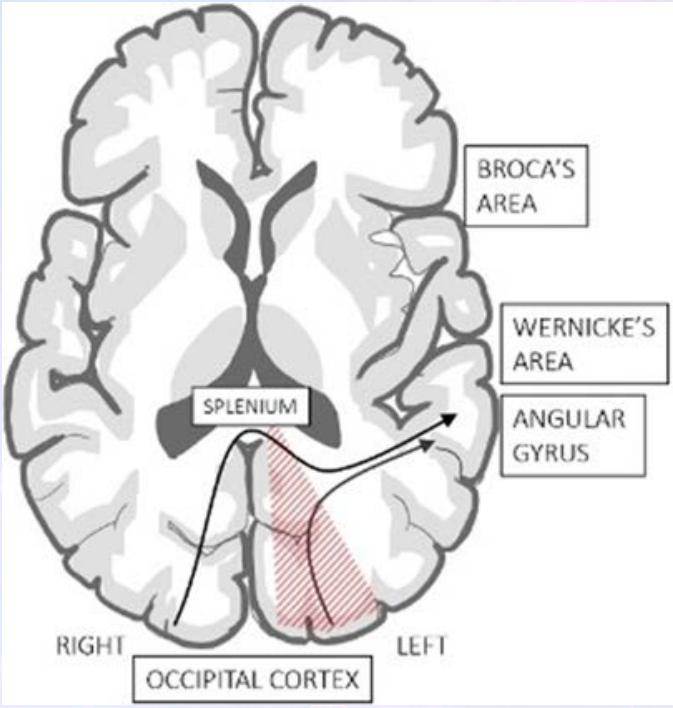
Neuroimaging is not currently available for this patient, although it was similar to what is shown in this figure from Carranza-Rentería and Swerdloff, 2024 (doi: 10.7759/cureus.58309; although the patient's infarct was located more superiorly). This noncontrast head CT demonstrates hypodensity in the medial temporo-occipital lobe (red arrow) and the splenium of the corpus callosum (blue arrow).

Notes: 1. The CT scan is in radiological view (left hemisphere is on the right side of the image). 2. Carranza-Rentería and Swerdloff, 2024 is an open access article distributed under the terms of the Creative Commons Attribution License CC-BY 4.0., which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. Also of note, additional neuroimaging and video demonstrating functional abilities of the patient (CT scan shown here) at day 1 post-stroke are also available in the Carranza-Rentería and Swerdloff, 2024 article.

CLINICAL CASE

Clinical Case: Writing without Reading? A Neurorehab Referral

Figure 2. Alexia without agraphia localization and anatomy



There is direct damage to the left visual cortex causing a right homonymous visual field deficit. Outflow tracts from the intact right visual cortex traveling across the splenium to the angular gyrus and other language areas are interrupted disrupting the understanding and pronunciation of written language.

Cheema, I., & Chen, T. (2021). Alexia without Agraphia as a Manifestation of Posterior Reversible Encephalopathy Syndrome. The Canadian journal of neurological sciences. Le journal canadien des sciences neurologiques, 48(5), 727–729. https://doi.org/10.1017/cjn.2020.251
Reproduced with permission.

Current Functioning

The patient reported that since the stroke, she has not experienced significant improvement in her cognitive functioning. She endorsed short-term memory deficits, word-finding difficulties, reduced processing speed, poor attention and concentration, and executive dysfunction (e.g., multi-tasking, problem-solving). She endorsed significant difficulties with reading, noting that although she was able to identify individual letters and write, she was unable to read written text. The patient reported feeling "a little down" and more emotional than prior to the stroke. Her difficulties with reading have been particularly frustrating for her. Her daughter indicated that the patient's mood appeared to worsen as the patient has become more aware of her difficulties with cognition and vision. The patient and her daughter also reported social withdrawal. The patient acknowledged changes in mood and endorsed difficulties with motivation but was not in full agreement with the daughter's reported observations of depressed mood.

The patient reported that her headaches continue to occur almost daily (although headache was reportedly absent during the current evaluation), which has not responded to medication. She noted continued visual disturbance (right visual field cut) since the stroke. The patient and her daughter noted considerable daytime fatigue, and she has difficulty initiating sleep. The patient reported that she has been trying to eat more healthfully, and recently lost approximately 20 pounds.

The patient and her daughter reported no problems maintaining basic activities of daily living, although she requires encouragement to shower.

She currently receives 24-hour supervision, and she expressed some concern regarding safety if she were unsupervised. Her daughter has assisted her with managing finances since the stroke and also assists with medication management. The patient reported that she is responsible for maintaining the cleanliness of the kitchen at her daughter's home.

The daughter reported that the patient stopped preparing meals following incidents of leaving the stove turned on while unattended. Her typical day includes cleaning the kitchen and watching television. She reportedly stopped driving following the stroke and has not returned to work.

Neuropsychological Evaluation Results

Behavioral Observations: The patient was accompanied to the appointment by her daughter and arrived on-time for the evaluation. She was alert and oriented to person and partially oriented to time and place. She ambulated independently with a wide-based gait. She was appropriately dressed for the setting, with fair grooming. Hearing was adequate for testing purposes. Vision was notable for right homonymous hemianopia, although vision was otherwise adequate for testing purposes with the use of corrective lenses and placement of visual stimuli within her left visual field. Speech was fluent and of normal rate, prosody, and volume. Intermittent paraphasic errors were noted. Thought processes were concrete. Judgment/insight appeared to be limited. The patient was a fair historian; her daughter provided much of her recent history.

On the BDAE, the patient was able to write readily to dictation, and she demonstrated good penmanship. However, she was unable to read simple words, and she had difficulty reading her own handwriting following a delay. She was observed to attempt to read letter by letter, and she then put the letters together to form a word (when she was able to recall all the letters). On one of the reading tasks, she read "black" when the written word was "purple." Affect was restricted; mood appeared dysphoric. Behavior was generally pleasant and cooperative, although she became irritable towards the end of the testing session. Performance validity indicators were within normal limits on 3/3 embedded measures. The results are thought to accurately reflect her level of functioning at the time.

Test Results: Reported performance on cognitive tests is based on comparison with age-based norms unless otherwise indicated. Demographically adjusted T-scores are reported for WAIS-IV, WMS-IV, and WCST measures, where available. Heaton norms are used for the Verbal Fluency (FAS/Animals), Trails A & B, Boston Naming Test, and Grooved Pegboard test. AACN Uniform Test score labels are used for performance-based measures.

Measure	Score	Range
Orientation:		
O-log	25/30	WNL
Estimate of Premorbid Functioning		
Demographic Estimate	**SS=97 (42%ile)**	Average
Intellectual Functioning:		
WAIS-IV		
Verbal Comprehension Index	***78 (7%ile)**	Below Average
Similarities	ss=5; T=37	
Information	ss=7; T=49	
Perceptual Reasoning Index	***71 (3%ile)**	Below Average
Block Design	ss=5; T=33	
Matrix Reasoning	ss=5; T=35	
Full Scale IQ	***67 (1%ile)**	Exceptionally Low
Verbal Memory:		
WMS-IV		
Logical Memory I	ss=5; T=35	Below Average
Logical Memory II	ss=4; T=29	Below Average
Recognition	14/30, ≤2 cum. %	
CVLT3 (Standard)		
Learning Trials	4,4,5,6	
Total words	25, SS=73 (4%ile)	Below Average
Short delay (words)	1/16, ss=3	
Short delay cued (words)	2/16, ss=2	
20' delay (words)	2/16, ss=4	
20' delay cued (words)	2/16, ss=2	
Delayed Recall	SS=58 (<1%ile)	Exceptionally Low
Recognition Hits	13/16, ss=7	
Recognition False Alarms	3 f+, ss=10	
Recognition Discrimination	ss=9	
Total Intrusions	9; ss=5	
Total Repetitions	3; ss=11	
Visuospatial Memory:		
BVMT-R (Form 1)		
Learning Trials	1,1,2	
Total	4/36, T<20	Exceptionally Low
25' delay	3/12, T=25	Exceptionally Low
Recognition Trial	5/6 with 0 f+	
Discrimination Index	5, 11-16%ile	
WAIS-IV		
Working Memory Index	**SS=83 (13%ile); T=42**	Low Average
Digit Span	ss=8; T=47	
Digits forward	Longest=7, Raw=10, ss=10	
Digits backward	Longest=4, Raw=8, ss=10	
Digits sequential	Longest=3, Raw=4, ss=5	
Arithmetic	ss=6; T=40	

Processing Speed:		
WAIS-IV		
Processing Speed Index	**SS=56 (<1%ile); T=20**	Exceptionally Low
Symbol Search	ss=3; T=26	
Coding	ss=1; T=16	
Oral Trail Making A	z=-0.36 8", 0e	Average
Executive Functioning:		
Oral Trail Making B	z=-0.91 50", 1e	Low Average
WCST		
Total Categories	0/6, 2-5%ile	Below Average
Total Errors	37, T=33	Below Average
Perseverative Errors	27, T=33	Below Average
Failures to Maintain Set	2	
Phonemic Fluency	T=36	Below Average
F, A, S (3 x 1' intervals)	24 words	
Language:		
Semantic Fluency	T=36	Below Average
Animals (words in 1')	12 words	
Boston Naming	46/60; T=38	Low Average
Additional w/ semantic cues	+ 3/8 words	
Additional w/ phonemic cues	+ 5/15 words	
BDAE IV. Reading		
A. Basic Symbol Recognition		
1. Matching Across Cases and Scripts	7/8, z= -2.49	Exceptionally Low
2. Number Matching		
a. Fingers to Arabic Numbers	4/4	
b. Arabic Numbers Matched to Dot Patterns	3/4	
B. Word Identification		
1. Picture-Word Match	6/10, z= -11.05	Exceptionally Low
D. Derivational and Grammatical Morphology		
1. Matching to Spoken Sample		
a. Free Grammatical Morphemes	7/10	
E. Oral Reading		
1. Basic Oral Word Reading	0/30	
BDAE V. Writing		
A. Mechanics of Writing		
Well-Formedness of Letters	18/18, z=0.37	Average
Correctness of Letter Choice	24/27, z=-5.5	Exceptionally Low
Motor Facility	18/18	
Fine Motor Coordination:		
Grooved Pegboard		
Right hand (dominant)	171", T=15	Exceptionally Low
Left hand	191", T=21	Exceptionally Low
Mood/Other Self-Report:		
Geriatric Depression Scale–15	6/15	Mild
Geriatric Anxiety Scale–10	11/30	Moderate to Severe

CLINICAL CASE

Clinical Case: Writing without Reading? A Neurorehab Referral

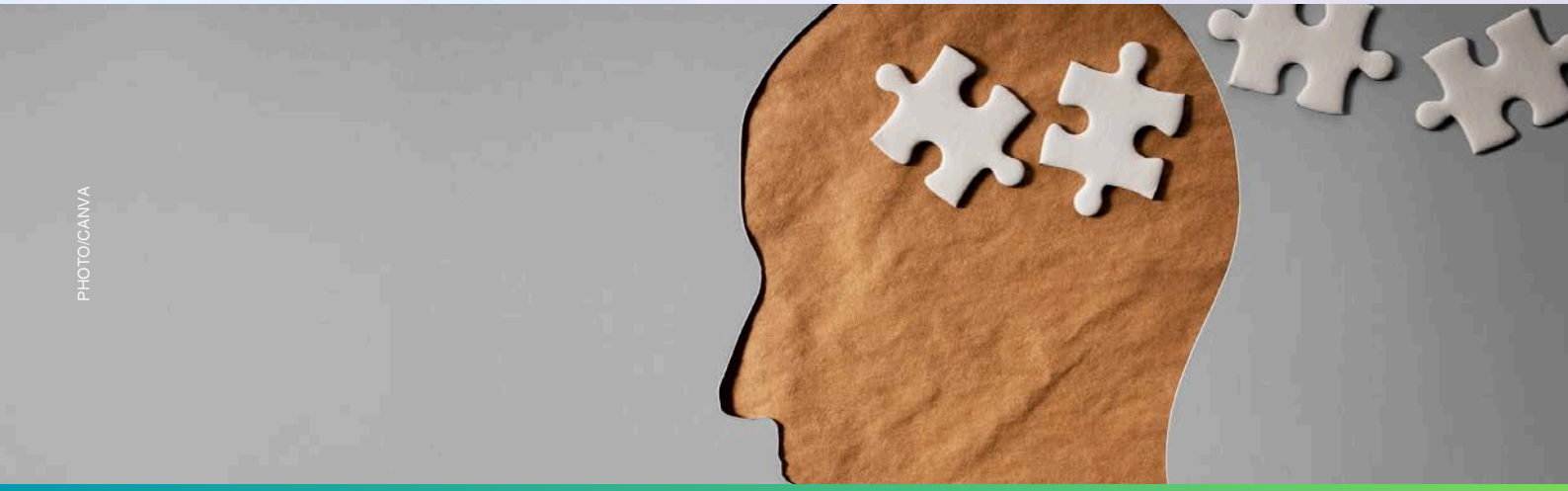
SUMMARY/IMPRESSIONS

The patient suffered a left PCA stroke involving the left parieto-occipital lobe and left aspect of the splenium of the corpus callosum. Now at 4 months post-stroke, the patient and her daughter reported concerns regarding persistent functional impairment, headaches, right visual field cut, and cognitive impairment, including inability to read, poor memory, word-finding difficulty, slowed information processing speed, confusion, and poor decision-making. During the current evaluation, the daughter also reported significant concerns about the patient's depressed mood.

On neuropsychological testing, deficits were observed across multiple cognitive domains, with greatest impairment in reading within the context of intact spontaneous writing and auditory comprehension. The current findings are also notable for significant weaknesses in learning and memory, executive functioning, and severely slowed speed/dexterity of both hands. Memory performance was characterized by reduced learning curve, with moderately to severely impaired spontaneous recall and variable benefit from cuing for recognition. Processing speed was highly variable (severely impaired to average range), with poorer performance on tasks that require visuoperceptual processing.

In contrast, other aspects of cognitive functioning were relatively better preserved, including attention/working memory (low-average range), and aspects of language and fund of knowledge (low-average range).

Overall, the current results reflect a decline from prior cognitive functioning. The current findings of alexia without agraphia and right homonymous hemianopia are consistent with residual effects of the patient's left parieto-occipital stroke, with involvement of the splenium of the corpus callosum. It is possible that additional factors may also contribute to her cognitive functioning including sleep disturbance, untreated sleep apnea, headaches, mood concerns, and recent adjustment of prescription medications. To the extent that some of these additional factors are adequately addressed, she may experience some improvement in cognitive performance. Given that the stroke occurred approximately 4 months ago, she may yet experience further recovery of cognitive functioning. However, cognitive weaknesses are likely to persist, and she will likely continue to benefit from supervision and assistance for activities of daily living.



PHOTO/CANVA

CLINICAL CASE

Clinical Case: Writing without Reading? A Neurorehab Referral

COMMENTARY

Alexia without agraphia is a known (but exceptionally rare) neurological condition of acquired inability to read despite preservation of writing abilities. It is typically understood to be a disconnection between visual cortex in the language-dominant hemisphere and cortical regions implicated in reading. Given the rarity of this condition, published base rates are not available although case reports exist (for example, see Jauregui et al., 2025; Mulroy et al., 2011; Robinson et al., 2016; Sharma et al., 2014). In addition to presentation following stroke, alexia without agraphia has also been reported secondary to brain tumor (Tang et al., 2025; Bhat et al., 2022), posterior cortical atrophy (Fragassi et al., 2011), progressive multifocal leukoencephalopathy in chronic lymphocytic leukemia (Avila, 2019), and posterior reversible encephalopathy syndrome (Cheema & Chen, 2021).

An occipital lobe lesion that involves the splenium of the corpus callosum could disconnect the visual cortex from the angular gyrus, which is what appears to have happened for this patient. She was still able to see in her left visual field, but the visual information was not able to cross over to the left angular gyrus due to the corpus callosum involvement. The patient was still able to recognize letters but not words. Interestingly, the right hemisphere may have recognized that one of the words was a color; she read “black” when the written word was “purple.” Such semantic errors are observed in deep dyslexia. This observation is consistent with reports that the right cerebral hemisphere possesses some language functions, including semantic processing (Taylor and Regard, 2003).

Alexia with agraphia (impairment in both reading and writing) has been observed for lesions involving the angular gyrus. The fact that this patient was still able to write (but not read what she had written) indicates that the angular gyrus was spared from the stroke, and the neuroimaging appears to confirm this.

Per the available literature, prognosis for patients with alexia without agraphia is variable (see Cohen et al., 2016; Daniel et al., 1992; Lanzinger et al., 1999) and likely depends on factors including etiology, health status, the presence of complicating factors, etc. Some patients may regain reading skills quickly, while others may continue to demonstrate slow reading in the long-term.

Given that alexia without agraphia is such a rare and unusual condition, healthcare providers may be prone to assume that the patient is fabricating symptoms, and malingering and factitious disorder may be suspected in such cases. Neuropsychologists should be aware that alexia without agraphia is a known neurological condition, and observation of occipital lesion that involves the splenium of the corpus callosum should be recognized as supporting evidence. The neuropsychologist can play a key role in educating the patient, caregivers, and healthcare providers on the nature of the condition and associated reading and visual deficits. Such patients will require assistance reading information, particularly for sensitive decision-making (e.g., medical, legal, financial).

CLINICAL CASE

Clinical Case: Writing without Reading? A Neurorehab Referral

CASE HIGHLIGHTS

- Neuropsychologists should be aware that alexia without agraphia is a known (albeit rare) neurological condition. Unusual presentations do not automatically indicate malingering or factitious disorder.
- Neuropsychologists should be able to recognize features of alexia without agraphia (and associated syndromes) and integrate supportive evidence from neuroimaging and neuropsychological assessment in diagnostic impressions.
- Neuropsychologists should be prepared to educate patients, caregivers, and other healthcare providers about alexia without agraphia and other rare neurological conditions.

REFERENCES

Avila J. D. (2020). Alexia Without Agraphia as the Initial Manifestation of Progressive Multifocal Leukoencephalopathy in Chronic Lymphocytic Leukemia. The Neurohospitalist, 10(1), 71–72. https://doi.org/10.1177/1941874419840900

Bhat, D. I., Santosh Kumar, S. A., Pai, S. S., & Chandramouli, B. A. (2022). Alexia Without Agraphia: Can Write But Not Read!. Neurology India, 70(5), 2231–2242. https://doi.org/10.4103/0028-3886.359157

Carranza-Rentería, O., & Swerdloff, M. A. (2024). Clinicoradiological Features of Alexia Without Agraphia. Cureus, 16(4), e58309. https://doi.org/10.7759/cureus.58309

Cheema, I., & Chen, T. (2021). Alexia without Agraphia as a Manifestation of Posterior Reversible Encephalopathy Syndrome. The Canadian journal of neurological sciences. Le journal canadien des sciences neurologiques, 48(5), 727–729. https://doi.org/10.1017/cjn.2020.251

Cohen, L., Dehaene, S., McCormick, S., Durant, S., & Zanker, J. M. (2016). Brain mechanisms of recovery from pure alexia: A single case study with multiple longitudinal scans. Neuropsychologia, 91, 36–49. https://doi.org/10.1016/j.neuropsychologia.2016.07.009

Daniel, M. S., Bolter, J. F., & Long, C. J. (1992). Remediation of alexia without agraphia: a case study. Brain injury, 6(6), 529–542. https://doi.org/10.3109/02699059209008150

Fragassi, N. A., Chiacchio, L., Errichiello, L., Pappatà, S., Tedeschi, M. R., Striano, P., & Striano, S. (2011). Posterior cortical atrophy with prominent alexia without agraphia in a Tourette syndrome. Neurological sciences : official journal of the Italian Neurological Society and of the Italian Society of Clinical Neurophysiology, 32(6), 1129–1133. https://doi.org/10.1007/s10072-011-0760-8

Jauregui, R., Greenberg, J., Kuball, P., Newbold, D. J., Patel, R., & Staudinger, R. (2025). Alexia without agraphia: from infarctions to malignancies. Practical neurology, 25(3), 246–249. https://doi.org/10.1136/pn-2024-004235

Lanzinger, S., Weder, B., Oettli, R., & Fretz, C. (1999). Neuroimaging findings in a patient recovering from global alexia to spelling dyslexia. Journal of neuroimaging : official journal of the American Society of Neuroimaging, 9(1), 48–51. https://doi.org/10.1111/jon19999148

Mulroy, E., Murphy, S., & Lynch, T. (2011). Alexia without agraphia. Irish medical journal, 104(4), 124.

Robinson, J. S., Collins, R. L., & Mukhi, S. V. (2016). Alexia Without Agraphia in a Right-Handed Individual Following Right Occipital Stroke. Applied neuropsychology. Adult, 23(1), 65–69. https://doi.org/10.1080/23279095.2014.973495

Sharma, B., Handa, R., Prakash, S., Nagpal, K., Bhana, I., Gupta, P. K., Kumar, S., & Sisodiya, M. S. (2014). Posterior cerebral artery stroke presenting as alexia without agraphia. The American journal of emergency medicine, 32(12), . https://doi.org/10.1016/j.ajem.2014.04.046

Tang, R., Ishihara, R., Siliezar, P. D., Laylani, N. A., Mortensen, P., & Lee, A. G. (2025). Alexia without agraphia secondary to glioblastoma multiforme. Canadian journal of ophthalmology. Journal canadien d'ophtalmologie, 60(6), e970–e972. https://doi.org/10.1016/j.jcjo.2025.06.009

Taylor, K. I., & Regard, M. (2003). Language in the right cerebral hemisphere: contributions from reading studies. News in physiological sciences : an international journal of physiology produced jointly by the International Union of Physiological Sciences and the American Physiological Society, 18, 257–261. https://doi.org/10.1152/nips.01454.2003


EXIT
EXIT

GLOBAL ENGAGEMENT

Neuropsychology in Brazil: A Field in Expansion and Consolidation

The Global Engagement section of the newsletter is devoted to the most recent advancements and progress in neuropsychological development across the globe. Join us in exploring neuropsychology in Brazil, presented by Sharon Sanz Simon,PhD and Maira Okada Oliveira, PhD.

Sharon Sanz Simon, Ph.D.

Neuropsychologist and Assistant Professor at Rutgers University. She completed her Ph.D. in Sciences at the University of São Paulo, a research fellowship at Harvard Medical School, and postdoctoral training at Columbia University. Currently, she is a researcher at the Krieger Rutgers Klein Alzheimer's Research Center and director of the EngAGING lab at the Department of Psychiatry at Rutgers New Jersey Medical School.

Maira Okada de Oliveira, Ph.D

Graduated in Psychology, with a Master's and Ph.D. in Sciences from the Department of Neurology at the Hospital das Clínicas, University of São Paulo Medical School (HCFMUSP). She is a specialist in Neuropsychology. Currently, she is a researcher at the Cognitive and Behavioral Neurology Group (GNCC) and the Cognitive Disorders Reference Center (CEREDIC), both at HCFMUSP, Brazil, and an Atlantic Fellow for Equity in Brain Health at the Global Brain Health Institute (GBHI) at UCSF.

The Development of Neuropsychology in Brazil

In the past 50 years, neuropsychology in Brazil has developed and expanded enormously, with a major impact on the country's scientific, clinical, and educational fields. The history of Brazilian neuropsychology started in the 1970s with initial publications and services, and rapidly gained traction in universities, hospitals, rehabilitation centers, clinics, forensic investigations, and research in different areas. In 1988, the Brazilian Society of Neuropsychology (SBNp) was founded, a relevant initiative to connect health providers, educators, researchers, and students, and a key step in expanding the field. Despite the 50-year trajectory, neuropsychology in Brazil can still be considered a relatively young field, as it was only formally recognized as a psychology specialty in 2004. This was an important shift in Brazilian neuropsychology that accelerated the development of training programs, residency, internships, courses, conferences, and certifications in the country. Although neuropsychology is a well-established practice in Brazil, the field is still maturing, rapidly advancing in training quality, access to clinical care, and research impact.

GLOBAL ENGAGEMENT

Neuropsychology in Brazil: A Field in Expansion and Consolidation

Neuropsychology training differs by country: Brazil's case

It is relevant to highlight that training in psychology and neuropsychology varies depending on the country and cultural context. These differences may impact the training characteristics (e.g., length or emphasis), quality, hours of practice, and challenges in cultural adaptation and instrument norms. For instance, in Brazil (in contrast to the US), a master's or PhD is not required to become a licensed clinical psychologist and/or neuropsychologist. A psychologist can become a certified neuropsychologist with fewer years of training (7-8 years) than in the US, where it typically takes around 12 years, considering undergraduate, master's, PhD, and postdoctoral training. These differences in training have a major impact on how a neuropsychologist is trained in Brazil, typically with more emphasis on clinical practice rather than research. Fortunately, this scenario has been changing in recent years, with more Brazilian neuropsychologists seeking research training in Brazil and abroad.

Specifically, after a 5-year undergraduate degree in Psychology, which confers a title and clinical license, psychologists in Brazil can attend a postgraduate lato sensu program, such as a specialization or a residency in neuropsychology, with an average duration of two years. Few of these specializations provide formal certification and the title of neuropsychologist. However, typically, to become a certified neuropsychologist in Brazil, a psychologist must prove two years of work experience and pass a national written exam. This exam tests theoretical concepts and clinical skills based on a series of cases that require interpretation of neuropsychological findings. This exam is led by the Brazilian Federal Council of Psychology and formalizes the title of certified neuropsychologist in Brazil. In addition, regional psychology councils and professional associations play a fundamental role in defining ethical guidelines and promoting continuing education. In recent years, efforts have intensified to improve certification processes and standardized training, aiming to strengthen professional identity and the regulation of an expanding field. Critically, more efforts have been made to better connect clinical care and research, strengthening evidence-based practice.

PHOTO/CANVA

GLOBAL ENGAGEMENT

Neuropsychology in Brazil: A Field in Expansion and Consolidation

Beyond the Assessment: Neuropsychological Interventions in Brazil

Based on our experience working in the neuropsychological field in Brazil and the US, it has been remarkable to note differences in how clinical neuropsychology is implemented in both countries. First, most of the neuropsychological services in Brazil are based on private practice, as there are still relatively few hospitals, rehabilitation centers, and clinics that provide specialized neuropsychological services, especially outside the major cities. Second, in Brazil, neuropsychologists often provide assessments and interventions, including cognitive rehabilitation/training protocols, sometimes combined with cognitive behavioral therapy (CBT) components. Furthermore, it is common to see neuropsychologists also offering psychotherapy services, mostly based on CBT approaches, but also psychodynamic and psychoanalytical approaches. These practices sometimes pose challenges and spark debates regarding evidence-based treatments used by psychologists and neuropsychologists in Brazil, where psychoanalysis is still a strong practice and a controversial topic.

To the best of our knowledge, an important characteristic of Brazilian neuropsychology is the emphasis not only on assessment but also on neuropsychological intervention, which contrasts with other countries, such as the US, where the main neuropsychological services focus on assessment. In the US, it is common to see neuropsychological intervention (e.g., cognitive rehabilitation, training, remediation) being provided typically (but not always) by other professionals such as speech therapists, social workers, and occupational therapists. Historical reasons likely influenced differences across countries, as we know that Brazilian neuropsychology was largely influenced by prominent figures in neuropsychological/cognitive rehabilitation, like Prof. Barbara Wilson, who helped implement services and train neuropsychologists in Brazil. Also, other professions were key to developing the neuropsychology discipline in Brazil, like speech therapists, occupational therapists, and medical doctors, which shaped the characteristics of Brazilian neuropsychology.

Scientific Production and Research

Brazilian science has been thriving in the past decades with increased international collaborations and impact in different countries, including Latin America. For instance, in 2024, the University of São Paulo was ranked the best university in Latin America & the Caribbean. Nevertheless, Brazilian research faces major challenges in public funding, and the academic career in the country is often perceived as not economically attractive and/or stable, with limited academic positions. Therefore, in this context, it is not a surprise that Brazilian neuropsychologists are mainly involved in clinical practice rather than research.

GLOBAL ENGAGEMENT

Neuropsychology in Brazil: A Field in Expansion and Consolidation

Despite this, Brazilian neuropsychological research has gained international recognition, especially in areas such as epilepsy, Alzheimer's disease and related dementias, neurodevelopmental disorders, and the effects of social determinants on cognitive and brain health. Brazilian scientists increasingly contribute to prestigious journals, participate in global research initiatives (e.g., Global Brain Health Institute), and receive awards from international organizations, including the International Neuropsychological Society. Several universities and institutes house important research groups in neuropsychology. The field also benefits from strong collaborations with departments of neurology, psychiatry, geriatrics, pediatrics, and neuroscience, promoting interdisciplinary work and innovation. These collective research efforts resulted in an advancement in the translation and cultural adaptation of several neuropsychological tests and behavior questionnaires, which had a great impact on Brazilian public health, clinical care, and scientific rigor.

Present and future challenges: access, cultural validation, and online services

Brazilian neuropsychology continues to rapidly advance; however, it faces important challenges. Among them is the need to expand access to neuropsychological services in different Brazilian regions, to less privileged areas beyond the wealthier urban centers, typically in the south/southeast regions. A potential future path is to better integrate neuropsychological services with public health policies. Linked to that, it is key to better integrate culturally appropriate assessment instruments, considering the diverse ethnoracial Brazilian populations, including rural and indigenous communities. The profound educational disparities in Brazil challenge Brazilian neuropsychology to develop and/or validate instruments that are effective for assessing cognition in individuals with low education and illiteracy, which would enhance access to neuropsychology services and better healthcare, with a great public health impact. Furthermore, there is still a lack of Brazilian norms for relevant neuropsychological tests, which limits neuropsychological assessment and intervention in the country.

Although neuropsychological assessment can still be considered an expensive examination with limited health insurance coverage in Brazil, the growth in the field has increased the availability of services in different price ranges, but also with variable quality, requiring more regulation. A recent change, especially after the pandemic, is the use of online platforms and social media to disseminate neuropsychology in Brazil. On one hand, online dissemination can have a positive impact on health education. On the other hand, it seems to facilitate a "commercial" approach to neuropsychological assessment, with a lack of quality control. For example, brief online courses to learn tests without necessarily having neuropsychological knowledge, the sale of unapproved courses on social media, and "influencers" providing "tips" for brief neuropsychological assessments and reports, sometimes exposing part of the cognitive tests. These actions may compromise the quality of clinical services and reports, ultimately harming the population. This context suggests that strengthening professional training, continued education, and certification in neuropsychology are promising paths to consolidate the expansion of high-quality neuropsychology in Brazil.

PHOTO/CANVA

SOCIAL MEDIA

Follow us on Social Media to stay connected

The Social Media Committee (SMC) of the INS strives to promote and magnify the INS as well as its global membership through the use of social media applications such as Twitter (@INSneuro), Instagram (@INSNeuro), Linkedin, and Facebook (search for International Neuropsychological Society). Get to know the committee members in this section led by the chair Dr. Daliah Ross.

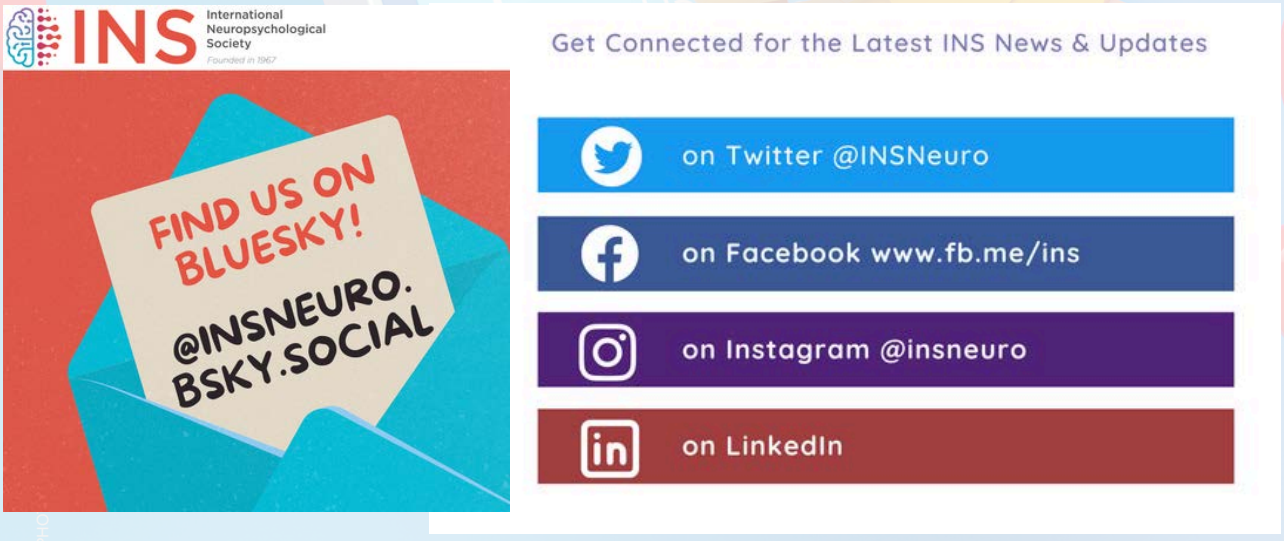
Daliah Ross, Ph.D.
Clinical Neuropsychology
Postdoctoral Fellow
Brown University

Grace Goodwin, M.S.
Ph.D. Candidate in Clinical Psychology
University of Nevada, Las Vegas

Jotie Mondair, M.S., LPC, ATRBC
Psychology Resident
Philadelphia College of Osteopathic Medicine

Jun Min Koay, Psy.D.
Neuropsychologist & Assistant Professor of Psychology
Mayo Clinic

Giselle Carollo-DuPrey, M.S.
Psy.D. Candidate
California Lutheran University




4
Ruchika Prakash

STUDENT AND TRAINEE

Trainee Spotlight: Introducing our New and Incoming Co-Chairs

Nicole Eng, MA

In this section, we will introduce our new and incoming Co-Chairs of the student-run standing committee, which is dedicated to supporting student and trainee professional development, fostering meaningful contributions to neuropsychological science, and creating opportunities for leadership and active involvement within the International Neuropsychological Society (INS).

Non-North American

Levi Muyela

Nairobi, Kenya, Graduate student in Clinical Psychology at the University of Nairobi

Fun fact: I dream of farming (coffee and fish) as a side hustle.

Q1. What motivated you to join the INS SLC?

INS plays a critical role in shaping the future of neuropsychology globally, and I wanted to contribute to making the society more inclusive, accessible, and responsive to the needs of trainees navigating different training contexts.

Q2. What are you hoping to accomplish during your term?

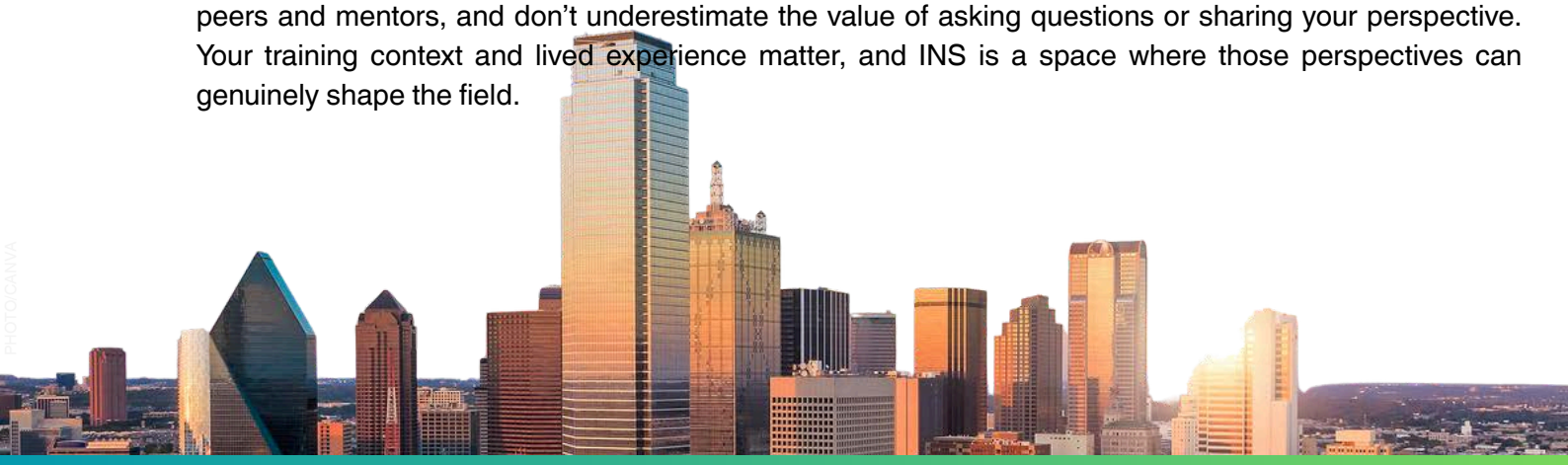
During my term, I hope to strengthen trainee engagement, particularly for international and early-career members who may feel disconnected due to geography or resource limitations. I would like to contribute to initiatives that enhance mentorship, research exposure, and professional development while fostering a stronger sense of community among trainees.

Q3. What are some INS SLC initiatives, projects, or resources you're excited about or want to see developed for trainees?

I'm especially excited about mentorship initiatives and trainee-focused educational resources. I would love to see more content tailored to trainees outside North America and Europe—such as guidance on conducting neuropsychological research in low-resource settings, culturally responsive assessment, and alternative training pathways. Expanding virtual poster engagement and peer-led workshops would also be incredibly valuable.

Q4. What advice would you give to new In-Training Members of INS?

Be proactive and visible—INS offers far more than conferences alone. Attend trainee events, reach out to peers and mentors, and don't underestimate the value of asking questions or sharing your perspective. Your training context and lived experience matter, and INS is a space where those perspectives can genuinely shape the field.



STUDENT AND TRAINEE

Trainee Spotlight: Introducing our New and Incoming Co-Chairs

Nicole Eng, MA

North American

Jackob Thorn

Atlanta, GA, USA

Doctoral Intern at the University of Oklahoma and 5th year student in Mercer University's Clinical Psychology Doctoral Program

Fun fact: I love doing very bad impressions of C-list celebrities, and my proudest achievement in life is learning all of the lyrics to Billy Joel's "We Didn't Start the Fire."

Q1. What motivated you to join the INS SLC?

Prior to joining the INS SLC, I served as both Chair of the Georgia Psychological Association of Graduate Students (GPAGS) and a voting member on the board of directors for the Georgia Psychological Association (GPA). These positions provided me with an operationalized understanding of the important role played by professional organizations in shaping, growing, and protecting our field's scope of practice—work that I am quite passionate about in neuropsychology.

Moreover, I believe that trainee involvement in INS, whether it be through engagement in overarching policymaking or the creation of unique educational and training opportunities, is crucial for the ongoing success of the organization. The unique perspective offered by trainees has profoundly impacted the field of neuropsychology in so many positive ways, and I am excited to be a part of that ongoing process.

Q2. What are you hoping to accomplish during your term?

Broadly, during my term as North American Co-Chair, I hope to continue to build upon the excellent work of the INS SLC in emphasizing global outreach and involvement as a top priority. Neuropsychology, as a defined area of study and practice, remains in its infancy. The active inclusion of new and different voices at this stage of its development, bringing with them different cultural, methodological, and/or theoretical perspectives, is necessary to ensure the continued creation of an innovative science and praxis, one that is unbounded by a restrictive internal homogeneity.

Q3. What are some INS SLC initiatives, projects, or resources you're excited about or want to see developed for trainees?

I am thrilled by a number of INS SLC projects, and I am particularly excited by those initiatives that provide trainees with unique educational experiences. The ability of students to engage with and learn from so many accomplished researchers, clinicians, and educators through various talks and discussion series is critical. For students and trainees who, for various reasons, may have less access to information regarding neuropsychology, including potential career paths and mechanisms of attainment therein, these experiences can prove all the more invaluable.

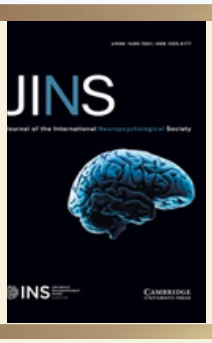
Q4. What advice would you give to new In-Training Members of INS?

Stay as active as you can, talk to people, and do not be afraid to reach out to others. My training journey started with an unprompted email to a neuropsychologist who I assumed was too busy and too important to ever respond—I was wrong. There is a lot to learn, but there are countless people who are willing to help along the way.

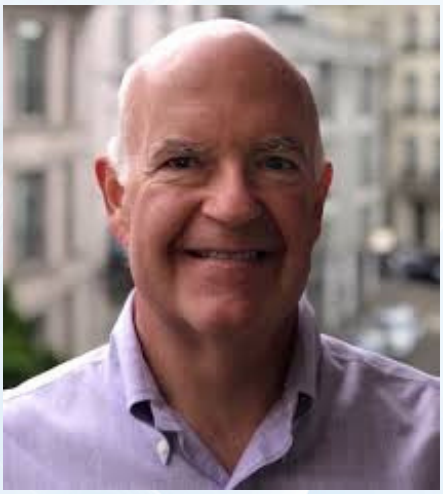

EXIT
LONGCHAMP
CULTURAL SIG
SOCIAL COGNITION SIG

JINS OPEN-ACCESS

Get a look at the recently published open-access articles from JINS



JINS is the official Journal of the International neuropsychological Society with a membership of over 4,700 international members from a variety of disciplines and reaches over 9,000 subscribers Worldwide. JINS publishes empirically-based articles covering all areas of neuropsychology and the interface of neuropsychology with other areas like cognitive neuroscience. JINS is published by Cambridge Press. Below are some **open-access** articles you might want to check out.



John L. Woodard, PhD
Editor

Network co-activation relates to executive function following pediatric traumatic brain injury

Findings illustrate the implications of disrupted downregulation of the default mode network by the SN following pediatric brain injury. They also demonstrate how disruption in functional connectivity may underlie poor executive function after childhood traumatic brain injury. Click here.

Billetdeaux, K. A., Ontiveros, F., Galloway, H. F., Vannatta, K., Lo, W., Cunningham, W. A., … Hoskinson, K. R. (2026). Network co-activation relates to executive function following pediatric traumatic brain injury. Journal of the International Neuropsychological Society, 1–9. doi:10.1017/S1355617725101781

Machine learning prediction of dementia conversion in mild cognitive impairment: A two- to six-year follow-up study

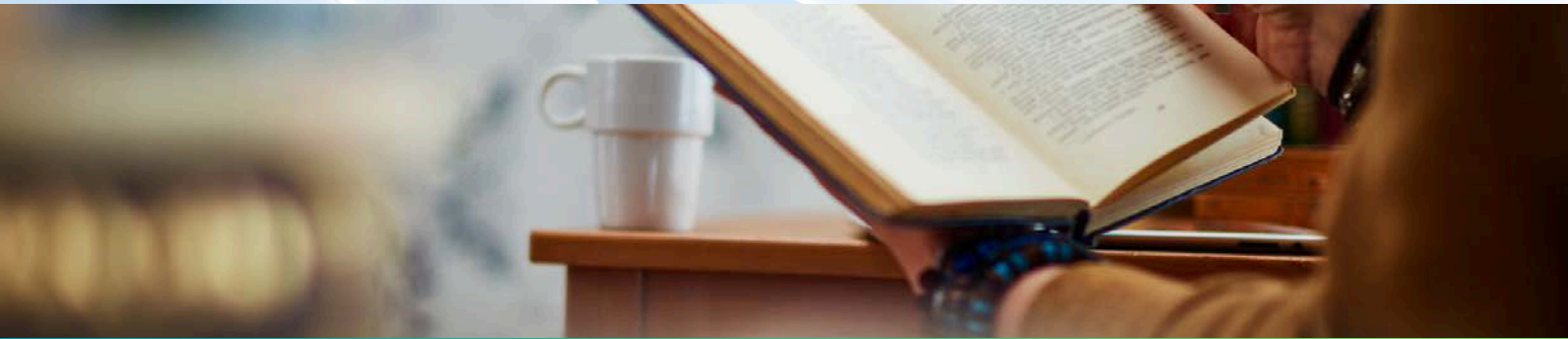
ML models incorporating clinical and cognitive change data can accurately predict dementia conversion in MCI, supporting their utility in clinical decision-making. Click here.

Thorvaldsson, V., Svensson, J., Basic, E., Jonsson, M., Kettunen, P., & Wallin, A. (2026). Machine learning prediction of dementia conversion in mild cognitive impairment: A two- to six-year follow-up study. Journal of the International Neuropsychological Society, 1–13. doi:10.1017/S135561772510177X

Association between childhood war exposure and late-life cognition and incident MCI and dementia

The present findings suggest that better cognitive performance and lower likelihood of MCI or dementia were associated with being exposed to significant hardships, such as war, during middle childhood, regardless of potentially confounding factors. Further studies are needed to shed light on this relationship. Click here.

Moza, S., Scarmeas, N., Yannakoulia, M., Dardiotis, E., Hadjigeorgiou, G. M., Sakka, P., & Kosmidis, M. H. (2025). Association between childhood war exposure and late-life cognition and incident MCI and dementia. Journal of the International Neuropsychological Society, 1–10. doi:10.1017/S1355617725101690



JINS OPEN-ACCESS

Get a look at the recently published open-access articles from JINS

Validation of the Sydney Language Battery naming subtest and utility of latency analysis in characterizing language impairment in multiple sclerosis

These findings support the validity of the SYDBAT and value of the latency analysis in characterizing language impairment in MS. Use of the SYDBAT and latency considerations contribute to a broader assessment with a briefer administration time compared to gold-standard evaluation. The study thereby offers clinicians an enhanced toolkit to more effectively and appropriately evaluate language functioning and supplement standard cognitive evaluation in this population. Click here.

Hudson, A., Roberts, S., Malpas, C. B., Rayner, G., & D'Aprano, F. (2025). Validation of the Sydney Language Battery naming subtest and utility of latency analysis in characterizing language impairment in multiple sclerosis. Journal of the International Neuropsychological Society, 1–8. doi:10.1017/S1355617725101513

CALL FOR PAPERS: Special Issue on Dual Diagnoses and Neuropsychological Functioning in Pediatric Populations

This special issue invites submissions that examine how dual diagnoses or co-occurring problem symptoms influence neuropsychological functioning in pediatric populations. The primary aim is to advance understanding of whether comorbid conditions—such as depression, anxiety, or sleep disturbances—contribute to additional neuropsychological impairments beyond those associated with neurodevelopmental disorders, acquired (traumatic) brain injuries, or other medical conditions that affect brain function.

We particularly welcome studies exploring the combined impact of multiple conditions, for example, the co-occurrence of a neurodevelopmental disorder and an acquired brain disorder, and how such combinations shape cognitive, emotional, and behavioral outcomes.

Special issue editors: Lin Sørensen, Brian Kavanaugh, and Steinunn Adolfsdottir

CAMBRIDGE

LET'S SYNC UP!

INS Global Engagement Committee RECP

The Research and Editing Consulting Program (RECP) is a program of the INS Global Engagement Committee that is designed to provide English language editing and statistical consulting to international colleagues who wish to publish their research in English language journals.

Looking for help with English language editing or help with research design or statistics?

Consider contacting the INS Global Engagement Committee's Research and Editing Consulting Program (RECP). Our mission is to support global researchers in the field of neuropsychology to publish their research in English-language journals. The RECP facilitates research dissemination in neuropsychology by matching those needing English language, research design, and/or statistical support with volunteer experts. Members of the neuropsychology professional community, including NAN, SCN (Division 40), or INS members are eligible to become volunteer consultants.

For further information about utilizing the RECP for your own research or becoming a consultant, contact Dr. Anthony Risser for more information through his email arisser@adler.edu

MENTORED FOR IMPACT!

Awardee Mentorship Program (AMP-INS)

Daryl Fujii, PhD, VA Pacific Island Health Care Services, 459 Patterson Road, Honolulu, Hawaii, USA

The Awardee Mentorship Program (AMP-INS) supports INS member awardees from low- and middle-income countries (LMICs) by providing tailored, in-depth mentorship across all stages of scientific publication—from study design and analysis to manuscript development and submission. Unlike traditional editing services, AMP-INS emphasizes skill-building and long-term academic growth, engaging mentors with expertise in areas such as statistics, cultural adaptation, and scientific writing to help build sustainable research capacity and increase the visibility of neuropsychological work from underrepresented regions.

Rationale and Need: LMIC researchers often face barriers to academic publishing due to limited access to mentorship, training, and editorial resources. By supporting INS research-related awardees—individuals already demonstrating initiative and commitment to neuropsychology—INS can help amplify global contributions to the field and invest in future leaders.

Daryl Fujii, PhD

Eligibility: Mentorship is available to current Matthews Fund and INS Conference awardees who are INS members in good standing. In the future, support may also be extended to LIMC researchers referred by other INS Programs.

Oversight and Structure: AMP-INS will be housed under the Global Engagement Committee (GEC) and led by a steering committee consisting of the following members and their expertise:

- Jonathan Evans (UK) – international student supervision
- Brandon Frank (USA) – statistician
- Sanne Franzen (Netherlands) – cross-cultural neuropsychological assessment
- Daryl Fujii (USA) – international publication review
- Melissa Lamar (USA) – INS resource consultant
- Rachel Maina (Kenya) - statistics
- Chris Nguyen (USA) – test translation and adaptation
- Anthony Risser (USA) – manuscript editing
- John Woodard USA) – JINS liaison

MENTORED FOR IMPACT!
Awardee Mentorship Program (AMP-INS)

Coordination with Other INS Programs: While AMP-INS shares goals with the Research and Editing Consultant Program (RECP) and Mentorship Committee (MC), its scope is distinct.

- The RECP provides manuscript editing and design/statistical advice to a broad range of international authors.
- The MC supports professional development across career stages.
- The AMP-INS, by contrast, offers intensive, project-based mentorship specifically for research awardees from LMIC, guiding them from idea to publication and focusing on skill transfer rather than service delivery.

To ensure alignment, minimize redundancy, and maximize coordination, AMP-INS includes liaisons from the RECP, MC, and Science Committee to maintain regular communication with these programs.

Mentorship Process: Annually, up to seven awardees will be invited to participate. Following a needs assessment, a tailored mentorship plan will be developed. For example, Dr. Evans may interview the awardee and identify areas for support. Dr. Nguyen may consult on test translation. Dr. Fujii may consult on manuscript development. Dr. Lamar may assist in finding INS content expert mentors. Dr. Frank may provide statistical consultation. Dr. Risser may assist in the early and later stage of draft development. Support may begin at project initiation or upon completion and will last up to one year.

Deliverables: Each mentee will aim to produce a peer-reviewed publication, preferably in JINS, and or a conference presentation at an INS meeting.

ONLINE CONTINUING EDUCATION

See Upcoming Events of Interest to INS Members

Continuing Education or CE credit(s) can be earned by attending INS meetings, listening to Navneuro Podcasts, and watching INS-hosted Webinars. 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.

Continuing Education Opportunities and Options

The International Neuropsychological Society, Inc. is recognized by the New York State Education Department's State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0154.

You must attend the entire course to receive credit; partial credit is not awarded for partial attendance. Home study courses require participants to pass a quiz to confirm their learning, and participants in both home study (webinars, podcasts, and JINS articles) and live activities (in person CE courses at INS meetings) are asked to complete an evaluation to rate their overall experience.

To ensure relevance, CE activities are no longer offered after approximately three years from their live date.

MORE INFO

Watching

CE for INS Webinars

LEARN MORE

Listening

CE for INS-NavNeuro Podcasts

LEARN MORE

INS

A Publication of the International Neuropsychological Society
2319 South Foothill Drive, Suite 260 | Salt Lake City, UT 84109

PHOTO/AIGENERATED