International Neuropsychological Society

42nd Annual Meeting February 12-15, 2014

Translating Evidence into Practice

KEYNOTE PRESENTATIONS

WEDNESDAY, FEBRUARY 12

Toward the Development of a Rehabilitation Treatment Taxonomy: A Conceptual Framework
John Whyte, M.D., Ph.D.

THURSDAY, FEBRUARY 13

Mild Cognitive Impairment Comes of Age
Glenn Smith, Ph.D.

Hemodynamic Factors Underlying the Pathogenesis and Clinical Expression of Alzheimer's Disease
Angela Jefferson, Ph.D.

Update on Acute Effects and Early Recovery After Mild TBI: Lessons from Sports Concussion
Michael McCrea, Ph.D.

Ecologically Valid Methods of Assessment in Neuropsychology.
Chaired by Deirdre Dawson, Ph.D.

Best Practices for Enhancing Cognitive Recovery: Restoration, Compensation, and Can We Tell the Difference?
Featured Debate

A Social Neuroscience Perspective on Adolescent Risk-Taking
Laurence Steinberg, Ph.D.

FRIDAY, FEBRUARY 14

Why is Autism More Common in Males?
Simon Baron-Cohen, Ph.D.

Age-Related Memory Decline: New insights from Imaging, Genetics, and Biomarkers
Andrew Saykin, Psy.D.

Clinical Trials of Behavioral Interventions in Neurologic Patients: Developing Evidence
Chaired by Sureyya Dikmen, Ph.D.

Traumatic Brain Injury – The Challenge to Improve Outcome
Jennie Ponsford, Ph.D.

SATURDAY, FEBRUARY 15

Sifting Through the Smoke: Uncovering the Impact of Marijuana Use on Neurocognition
Chaired by Raul Gonzalez, Ph.D.

International Neuropsychological Society
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International Neuropsychological Society

42nd Annual Meeting

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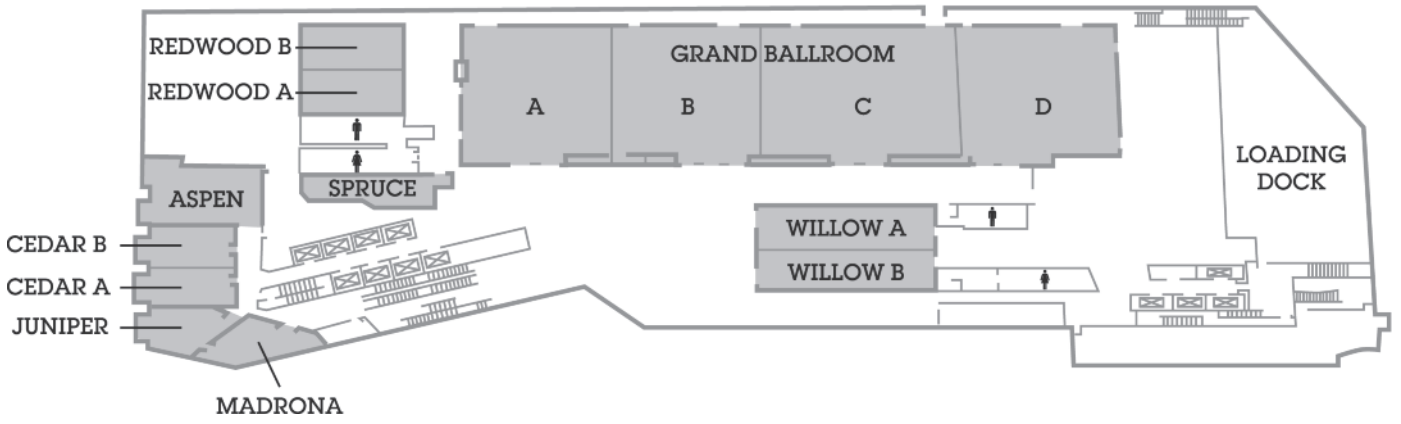

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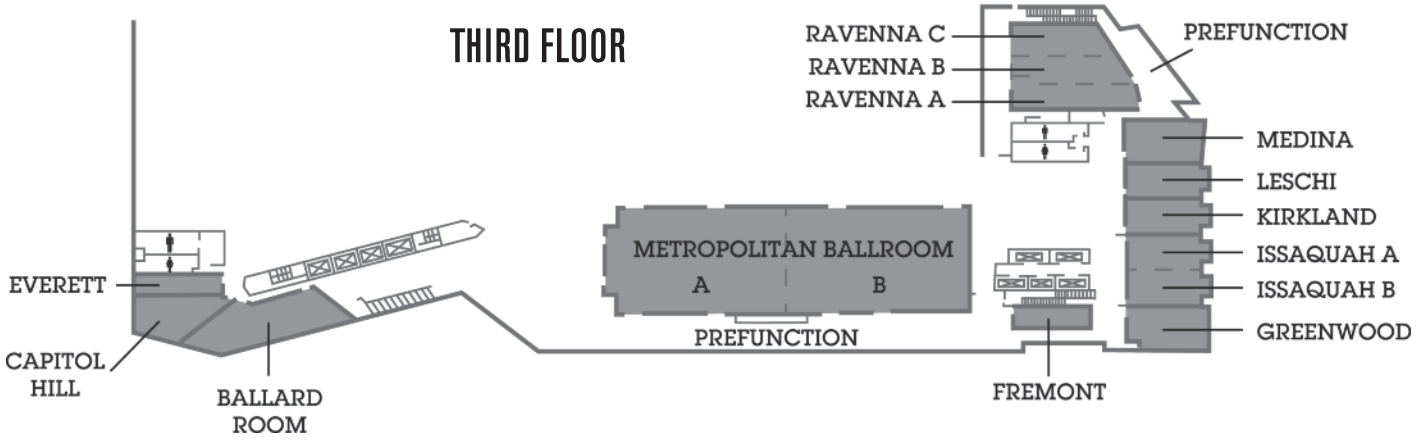

February 12-15, 2014

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PLEASE NOTE: All abstracts are available for viewing on the INS Website:

http://www.the-ins.org/scientific-program

42nd Annual Meeting
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February 12-15, 2014 *Sheraton Seattle Hotel* *Seattle, Washington*

Welcome Address

It is with tremendous pleasure that I welcome you to the 42nd annual meeting of the International Neurosychological Society, in the scenic coastal seaport city of Seattle, Washington. Seattle is the largest city in the Pacific Northwest region and one of the fastest growing cities in the United States. Situated between the Pacific Ocean and Lake Washington, which creates a scenic backdrop, Seattle is a major gateway for international trade, a center of technology and sustainable development.

Seattle is also the hub of some of the finest translational neuropsychology research in the USA. It is therefore fitting that the theme of this conference is "Translating Evidence into Practice." There has been exponential growth in neurosciences research in the past decade. The challenge now is it to use this knowledge to inform clinical practice. One of the core goals of INS is to bridge the gap between basic science and clinical practice and as such its meeting represents the ideal forum in which to address this issue.

The Invited keynote speakers and symposiasts will demonstrate the ways in which basic research can inform and be applied in the context of a broad range of developmental, injury-related, neurosychiatric and degenerative conditions and inform rehabilitation. There will also be an emphasis on ways in which neurosychology can be practised in a scientific but also ecologically valid manner and the methodological challenges of translational research. We are indebted to these eminent speakers for their contributions to this inspiring and diverse program. We also thank the many other contributors to this vibrant program of platform papers, symposia and posters, including many students.

The quality of the conference program and strength of adherence to this theme owes much to the dedicated hard work of Jennifer Vasterling, the Program Chair, who has been tireless in her pursuit of scientific excellence, ably assisted by her executive program committee and a large and diverse scientific program committee, all of whom deserve heartfelt thanks for their hard work.

Thanks are also due to Raul Gonzalez, the INS Chair of Continuing Education has embraced the challenging task of organizing a stimulating CE program which is also in line with the conference theme with his usual helpful enthusiasm.

Another key feature of this year's program in Seattle will be a farewell to Bob Bornstein. Bob has served the INS, first as a member of the Board of Governors, and for the past 20 years as its Executive Secretary. He has guided INS to become a thriving and prosperous, multi-disciplinary and truly international organisation. We owe him a great debt of thanks, just as we do the INS office staff, Sue O'Brien, Ave Sofranko, Susan Wheatley and Polly Tasset who will also step down after this meeting. They have all contributed significantly to the smooth running of so many aspects of the Society, including the INS meetings such as this one, over many years. It has been an absolute pleasure and privilege to work with this team as INS President.

Jennie Ponsford
INS President

INS 42nd Annual Meeting: General Information

The INS 42nd Annual Meeting is held at the Sheraton Seattle Hotel. Please refer to the Program Overview for room locations for the General Meeting and CE Sessions.

Registration Desk Hours:

Tuesday:	4:00 – 7:00 PM
Wednesday:	8:00 AM – 5:30 PM
Thursday:	7:00 AM – 5:00 PM
Friday:	7:00 AM – 4:00 PM
Saturday:	7:00 – 11:00 AM

Speaker Ready Room for Oral Presenters

The Speaker Ready room is located in the **Spruce Meeting Room** on the second floor adjacent to the INS Registration desk. All speakers (paper, symposia, invited talks, and Continuing Education faculty) are required to check-in at the speaker ready room. Speakers are not permitted to use their own computer during their presentation. A technician will assist you in loading your presentation onto a central computer, and it will be transferred to the computer in your designated presentation room. This will ease the transition between sessions where time is extremely tight. We strongly encourage speakers to check-in as far in advance of your presentation as possible, preferably the day before your presentation if possible.

Speaker Ready Room Hours in the Spruce Meeting Room:

Wednesday:	8:00 AM – 1:00 PM and 3:00 – 5:00 PM
Thursday:	7:00 – 11:00 AM and 1:00 – 4:00 PM
Friday:	7:00 – 11:00 AM and 1:00 – 3:00 PM
Saturday:	7:00 – 10:30 AM

Poster Presentations

Poster sessions will be located in the Metropolitan Ballroom. The number of the poster board on which the poster appears is to the left of the presenter's name in the Final Program (see Section II). An INS volunteer will distribute Velcro dots to fasten the poster to the board. The volunteer will be inside the exhibit hall 10 minutes prior to the start of each poster session. No other devices such as tape push pins, or staples are permitted.

How to Obtain Your Continuing Education Credits

- **Upon entrance to the session, collect an attendance slip from the proctor (only available for the first 10 minutes of the session).**
- **Complete the attendance slip and turn it in to the proctor at the end of the session.**
- You must attend the entire session to be eligible for credit.
- **ASHA Members only**-must also complete an ASHA CEU Participant Form available at the INS registration desk.
- Visit the INS website at www.the-ins.org and follow the "Obtain CE credit from 42nd Annual Meeting" link that is posted on the home page of the INS site. Choose the course(s) that you attended from the list of courses.
- Enter your email address.
- Complete the short evaluation form for each session you attended.
- A certificate will automatically be generated for you to download

PLEASE NOTE: It may take up to 24 hours after the completion of the session for the individual tests to appear.
HANDOUTS FOR CE WORKSHOPS ARE AVILABLE ONLINE ONLY

Interview Rooms
Madrona, Cedar A and Cedar B are designated as interview rooms. The rooms will be open beginning Tuesday, February 11th at 7:00 a.m. through Saturday, February 15th until noon. Please check the message boards for posted interviewing opportunities. *Interviews are arranged independently between the interviewers and candidates. INS is not responsible for coordinating interviews.*

Exhibits
We invite you to stroll around the following exhibitors' booths located in the Metropolitan Ballroom. Many journals, books, and testing materials can be found at discounted prices.

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Brain vision LLC
Sierra Tucson

Exhibit Hours

Wednesday:	3:00 – 6:00 PM
Thursday:	8:30 AM – 5:00 PM
Friday:	8:30 AM – 4:00 PM
Saturday:	8:30 – 11:00 AM

INS Membership Application
We welcome new members to INS! If you are interested in membership, please visit the INS registration desk. An online membership application is also available on the INS website www.the-ins.org

INS Receptions
Receptions are intended for registered meeting attendees only. The Welcome reception will begin at 6:30 P.M. on Wednesday, February 12th in the Grand Ballroom Foyer. Another reception will follow the INS Business Meeting on Friday, February 14th at 6:00 PM in the Grand Ballroom Foyer.

Future INS Meetings
We welcome your participation in future meetings of INS. Visit the INS website for more information, including the Calls for Abstracts.

July 9-11, 2014	Jerusalem, Israel
Feb. 4-7, 2015	Denver, Colorado
July 1-4, 2015	Sydney, Australia
Feb. 3-6, 2016	Boston, Massachusetts

Program Overview

Time	Wednesday, February 12, 2014		
9:00 AM - 12:00 PM	**CE Workshop 1: Clinical Trials in Neuropsychological Rehabilitation: Challenges and Solutions** *Location: Grand Ballroom A* *Presenters: Tessa Hart, John Whyte*	**CE Workshop 2: Defining Neuropsychological Deficits Associated with ADHD and Response to Stimulant Medication: A Decade of Progress Based on Studies of Neuroanatomy, Neurochemistry, and Neurodevelopment** *Location: Grand Ballroom D* *Presenter: James M Swanson*	**CE Workshop 3: Aging and Everyday Functioning: Measurement, Correlates and Intervention** *Location: Willow* *Presenters: Maureen Schmitter-Edgecombe, Sarah Tomaszewski Farias*
12:00 PM - 3:00 PM	**Student Lecture: Function and Anatomy of the Temporal Lobe Memory System** *Location: Grand Ballroom B&C* *Presenters: Rus Bauer, Erin Bigler*		
1:00 PM - 4:00 PM	**CE Workshop 4: Clinical fMRI: New applications for Neuropsychological Research and Practice** *Location: Grand Ballroom A* *Presenters: Susan Bookheimer, Agatha Lenartowicz*	**CE Workshop 5: Ethical, Clinical, and Research Considerations for Cultural Neuropsychology** *Location: Willow* *Presenter: Jennifer Manly*	**CE Workshop 6: Behavioral Interventions to Prevent or Delay Dementia** *Location: Grand Ballroom D* *Presenters: Glenn Smith, Melanie Chandler Greenaway, Julie Fields, Dona Locke*
3:00 PM - 4:15 PM	**Poster Session 1: Cancer, Medical/Neurological Disorders in Children, TBI in Children, Adult TBI I** *Location: Metropolitan Ballroom*		
4:15 PM - 5:15 PM	**Invited Address: Toward the Development of a Rehabilitation Treatment Taxonomy: A Conceptual Framework (CE Session A)** *Location: Grand Ballroom B&C* *Presenter: John Whyte*		
5:30 PM - 6:30 PM	**Awards Ceremony** *Location: Grand Ballroom B&C*		
6:30 PM - 7:30 PM	**Wednesday Evening Welcome Reception** *Location: Grand Ballroom Foyer*		

Program Overview

Time	Thursday, February 13, 2014		
7:20 AM - 8:50 AM	**CE Workshop 7: Prism Adaptation, Motor Training, and Spatial Neglect** *Location: Redwood* *Presenter: Anna Barrett*	**CE Workshop 8: Cognitive Aging and Dementia: Is White Matter what Matters?** *Location: Willow* *Presenter: Adam Brickman*	
9:00 AM - 10:00 AM	**Invited Address: Mild Cognitive Impairment Comes of Age (CE Session B)** *Location: Grand Ballroom B&C* *Presenter: Glenn Smith*		
10:00 AM - 10:15 AM	**Thursday AM Coffee Break** *Location: Ballroom Foyer/Metropolitan Ballroom*		
10:00 AM - 11:30 AM	**Symposium 1: The Changing Nature of Executive Control in Preschool: Using Statistical Modeling to Situate Neuroscience in Development** *Location: Grand Ballroom A* *Chair: Kimberly Espy*	**Paper Session 1: Language and Aphasia (Progressive and Non-progressive)** *Location: Grand Ballroom D* *Moderator: Lynn Maher*	
10:15 AM - 11:15 AM	**Invited Address: Hemodynamic Factors Underlying the Pathogenesis and Clinical Expression of Alzheimer's Disease** *Location: Grand Ballroom B&C* *INS Early Career Award Winner: Angela Jefferson*		
10:15 AM - 11:30 AM	**Poster Session 2 : Adult TBI II, Cognitive Rehabilitation, Cognitive Neuroscience** *Location: Metropolitan Ballroom*		
11:30 AM - 12:30 PM	**Invited Address: Update on Acute Effects and Early Recovery after Mild TBI: Lessons from Sports Concussion Research (CE Session C)** *Location: Grand Ballroom B&C* *Presenter: Michael McCrea*		
12:30 PM - 1:45 PM	**Poster Session 3: Language/Aphasia, Visuospatial/Neglect, Multiple Sclerosis/ALS, Subcortical Dementia/ MCI, Drugs/ Neurotoxicology** *Location: Metropolitan Ballroom*		
1:15 PM - 2:45 PM	**Invited Symposium: Ecologically Valid Assessment in Neuropsychology (CE Session D)** *Location: Grand Ballroom B&C* *Chair: Deirdre Dawson* *Discussant: Thomas Marcotte*	**Symposium 2: Diffusion Tensor Neuroimaging and Cognitive Development from Birth to Young Adulthood** *Location: Grand Ballroom A* *Chair: J. Michael Williams*	**Paper Session 2: Aging and Dementia** *Location: Grand Ballroom D* *Moderator: Lisa Delano-Wood*
2:00 PM - 3:15 PM	**Poster Session 4: Attention/ADHD, Learning Disorders, Genetics, HIV/AIDS/Infectious Diseases** *Location: Metropolitan Ballroom*		
2:45 PM - 3:00 PM	**Thursday PM Coffee Break** *Location: Ballroom Foyer/Metropolitan Ballroom*		
3:00 PM - 4:30 PM	**Featured Debate: Best Practices for Enhancing Cognitive Recovery: Restoration, Compensation, and Can we Tell the Difference? (CE Session E)** *Location: Grand Ballroom B&C* *Moderator: John Whyte*	**Paper Session 3: Child and Adult Survivors of Childhood Cancer** *Location: Grand Ballroom A* *Moderator: Mary Beth Spitznagel*	**Symposium 3: Preclinical Alzheimer's Disease: Biomarkers, Functional Relevance, and Preventative Strategies** *Location: Grand Ballroom D* *Chair: Ozioma Okonkwo* *Discussant: Sterling Johnson*
3:30 PM - 4:45 PM	**Poster Session 5: Symptom Validity/Effort Testing, Forensics, Assessment/Psychometrics/Methods in Adults and Children** *Location: Metropolitan Ballroom*		
4:45 PM - 5:45 PM	**Birch Lecture: A Social Neuroscience Perspective on Adolescent Risk-Taking (CE Session F)** *Location: Grand Ballroom B&C* *Presenter: Laurence Steinberg*		

Program Overview

Time	Friday, February 14, 2014		
7:20 AM - 8:50 AM	**Student Panel, Presented by the INS Student Liaison Committee** *Location: Grand Ballroom D*	**CE Workshop 9: This is Your Brain on Weed: The Neuropsychological Impact of Marijuana and Alcohol Use in Adolescence** *Location: Redwood* *Presenter: Susan Tapert*	**CE Workshop 10: Neuropsychology and Real World Functional Assessment: Success, Barriers and What the Future may Bring** *Location: Willow* *Presenter: Maria Schultheis*
9:00 AM - 10:00 AM	**Invited Address: Why is Autism More Common in Males? (CE Session G)** *Location: Grand Ballroom B&C* *Presenter: Simon Baron-Cohen*		
10:00 AM - 10:15 AM	**Friday AM Coffee Break** *Location: Ballroom Foyer/Metropolitan Ballroom*		
10:00 AM - 11:30 AM	**Symposium 4: Global Neuropsychology** *Location: Grand Ballroom A* *Chair: David Schretlen*	**Paper Session 4: Child and Adolescent TBI** *Location: Grand Ballroom D* *Moderator: Kelly McNally*	
10:15 AM - 11:15 AM	**Symposium 5: Item Response Theory and Rasch Analysis in Neuropsychology: Modern Methods for Refining, Calibrating, and Interpreting Measures** *Location: Grand Ballroom B&C* *Chair: Callie Tyner* *Discussant: Michael Thomas*		
10:15 AM - 11:30 AM	**Poster Session 6: Alzheimer's Disease, Medical/Neurological Disorders in Adults, Epilepsy/Seizures** *Location: Metropolitan Ballroom*		
11:30 AM - 12:30 PM	**Invited Address: Age-related Memory Decline: New Insights from Imaging, Genetics, and Biomarkers (CE Session H)** *Location: Grand Ballroom B&C* *Presenter: Andrew Saykin*		
12:30 PM - 1:45 PM	**Poster Session 7: Memory, Functional Imaging, Emotional Processes, Psychopathology/Neuropsychiatry, Autism Spectrum Disorders** *Location: Metropolitan Ballroom*		
1:30 PM - 3:00 PM	**Invited Symposium: Clinical Trials of Behavioral Interventions in Neurologic Patients : Developing Evidence (CE Session J)** *Location: Grand Ballroom B&C* *Chair: Sureyya Dikmen* *Discussants: Nancy Temkin, Charles Bombardier*	**Symposium 6: Neuropsychology, Technology, and the 21st Century** *Location: Grand Ballroom A* *Chair: Robert Kane*	**Symposium 7: Early Life Experience and Late Life Cognitive Change** *Location: Grand Ballroom D* *Chair: Bruce Reed*
2:00 PM - 3:15 PM	**Poster Session 8: Executive Functions/Frontal Lobes, Electrophysiology, Structural Imaging** *Location: Metropolitan Ballroom*		
3:00 PM - 3:15 PM	**Friday PM Coffee Break** *Location: Ballroom Foyer/Metropolitan Ballroom*		
3:15 PM - 4:15 PM	**Presidential Address: Traumatic Brain Injury - The Challenge to Improve Outcome (CE Session K)** *Location: Grand Ballroom B&C* *INS President: Jennie Ponsford*		
4:30 PM - 5:30 PM	**Ceremony to honor INS Executive Secretary Robert Bornstein: Reflections on a Quarter Century** *Location: Grand Ballroom B&C*		
5:30 PM - 6:00 PM	**INS Business Meeting** *Location: Grand Ballroom B&C*		
6:00 PM - 7:00 PM	**Friday Evening Reception** *Location: Grand Ballroom Foyer*		

Program Overview

Time	Saturday, February 15, 2014		
7:20 AM - 8:50 AM	**CE Workshop 11: Assessment and Enhancement of Decisional Capacity and Informed Consent: Ethical, Methodologic, and Pragmatic Considerations** *Location: Willow* *Presenter: Barton Palmer*		**CE Workshop 12: Individual, Social-environmental, and Treatment-related Influences on Long-term Functional Outcomes of Early Childhood TBI: Implications for Intervention** *Location: Redwood* *Presenter: Shari Wade*
9:00 AM - 10:30 AM	**Invited Symposium: Sifting through the Smoke: Uncovering the Impact of Marijuana Use on Neurocognition (CE Session L)** *Location: Grand Ballroom B&C* *Chair: Raul Gonzalez* *Discussant: Igor Grant*	**Symposium 8: Big-C, little-c: Brain-Behavior Bases of Exceptional and Everyday Creativity** *Location: Grand Ballroom A* *Chair: Robert Bilder*	**Paper Session 5: Adult TBI** *Location: Grand Ballroom D* *Moderator: Kati Pagulayan*
9:30 AM - 10:45 AM	**Poster Session 9: Aging, Behavioral Neurology, Cerebral Asymmetry/Callosal Disconnection, Cross-cultural** *Location: Metropolitan Ballroom*		
10:30 AM - 10:45 AM	**Saturday AM Coffee Break** *Location: Ballroom Foyer/Metropolitan Ballroom*		
10:45 AM - 12:15 PM	**Symposium 9: Vascular mechanisms contributing to the pathogenesis and clinical expression of Alzheimer's disease** *Location: Grand Ballroom B&C* *Chair: Angela Jefferson*	**Paper Session 6: Psychopathology, Emotion and Motivation** *Location: Grand Ballroom A* *Moderator: Michael Basso*	**Paper Session 7: Executive Functions** *Location: Grand Ballroom D* *Moderator: Robert Thoma*

Continuing Education Program

FORTY SECOND ANNUAL MEETING
FEBRUARY 12-15, 2014
SEATTLE, WASHINGTON

RAUL GONZALEZ, DIRECTOR OF CONTINUING EDUCATION

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

INS is approved by the American Psychological Association to sponsor Continuing Education for psychologists.
INS maintains responsibility for this program and its contents. All CE sessions are geared for advanced level instructional activity. Up to 23.5 Credit hours are available for this program

APPROVED PROVIDER ASHA CONTINUING EDUCATION AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

The International Neuropsychological Society is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. **See course information for number of ASHA CEUs, instructional level and content area.** ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

This course is offered for up to 2.35 ASHA CEUs
(Advanced level, Professional area).

IMPORTANT! PLEASE READ

Attendance slips will be passed out at all continuing education sessions. You must complete an attendance slip and give it to the proctor as you leave the session. Without this proof of attendance you will not be able to receive credit.
CE credit is issued for pre-meeting workshops and for select sessions offered during the scientific program. Pre-meeting workshops are not included in the meeting registration fee. You must register seperately to attend them. Your name badge is required for admittance and will contain the number of the courses for which you registered. While attendance at the scientific program sessions is included in your meeting fee, an additional payment is required for the option to earn CE Credit.

NOTE: Workshop handouts are available online only. No printed copies will be given out.

TO OBTAIN YOUR CONTINUING EDUCATION CREDITS:

Continuing Education Letters of Attendance for Psychologists (APA approved)
Evaluation forms and Certificates of Attendance for CE courses will be mounted online on the INS website. www.the-ins.org following the sessions. **IMPORTANT:** APA requirements mandate attendance for the full duration of the class and completion of an evaluation form.

Continuing Education Units for Speech-Language Pathologists (ASHA approved)
Speech-language pathologists must obtain an ASHA CEU participant form from the INS Registration Desk. Completed forms must be returned to INS at the end of the meeting. Credits for courses will be awarded by ASHA. Questions can be sent to the ASHA CEU Administrator: Cynthia Ochipa, E-mail: Cynthia.Ochipa@med.va.gov

Continuing Education Workshops

These continuing education workshops are not included in the meeting registration fee. You must register and pay separately in order to attend them. Regular fees apply to INS Members and Non-Members. Student Fees apply to INS associate members and non-member students/post-doctoral fellows/trainees

Wednesday, February 12, 2014 Morning Courses (9:00 AM – 12:00 PM)
3.0 CE Credits or .3 ASHA CEUs Registration Fees: Regular $75 Student $40

Clinical Trials in Neuropsychological Rehabilitation: Challenges and Solutions

Tessa Hart, Ph.D.
Institute Scientist Moss Rehabilitation Research Institute Elkins Park, PA, USA

John Whyte, M.D., Ph.D.
Director, Moss Rehabilitation Research Institute; Director: TBI Rehabilitation Research Hospital
Professor of Rehabilitation Medicine, Thomas Jefferson University;
Adjunct Professor of Physical Medicine and Rehabilitation; Temple University Philadelphia, PA, USA

Clinical trials aimed at improving neuropsychological function are increasingly important for developing the evidence base for both pharmacologic and behavioral (experience-based) interventions. In this workshop, we will review and discuss both conceptual and practical issues involved in designing and implementing clinical trials targeting cognitive, psychological and behavioral change. We review basic trial designs and their strengths and weaknesses with respect to internal and external validity; issues involving the selection or design of appropriate control conditions; and special problems such as masking. Issues related to experimental treatment implementation are also discussed, including therapist allocation and training, and assessment of treatment fidelity. While n-of-1 designs will be touched on, most of the workshop content will focus on group studies. Also addressed will be "macro" issues germane to clinical trial design such as consideration of the state of existing knowledge and the challenges of specifying the active ingredients in the complex, learning-based interventions that are widely used in neuropsychological rehabilitation. We will make frequent reference to a developmental framework in which different designs may be appropriate for addressing the distinct goals of different phases of research, from initial proof-of-concept studies to definitive clinical effectiveness trials.
At the conclusion of this presentation, attendees will be able to: (1) Describe at least 2 types of control conditions for behavioral clinical trials and the advantages and disadvantages of each; (2) Explain what masking is and list at least methods of achieving optimal masking in a behavioral clinical trial; (3) Describe at least 3 phases of research that may be needed along the trajectory toward clinical effectiveness studies, and the goals of each phase.

Defining Neuropsychological Deficits Associated with ADHD and Response to Stimulant Medication: A Decade of Progress Based on Studies of Neuroanatomy, Neurochemistry, and Neurodevelopment

James M. Swanson, Ph. D.
Professor of Pediatrics at UC Irvine, Child Development Center Irvine CA USA, Professor of Psychiatry at Florida International University, Center for Children and Families Miami FL, USA.

The core symptom domains of ADHD (inattention, impulsivity, and hyperactivity) suggest specific cognitive deficits and behavioral excesses that define this disorder, and for over 75 years stimulant medication has been a first-line treatment to correct these deficits and excesses. The three goals of this workshop are to provide (1) a brief history of theories of neuropsychological bases for this clinical practice, (2) an update of the hypothesis of etiological subtypes based on possible environmental and genetic causes, and (3) a review of an emerging consensus of dramatic short-term but negligible long-term benefits of stimulant medication.
First, several theories that influence modern concepts of ADHD will be reviewed, including the Sergeant's cognitive energetic theory of information processing, Posner's cognitive anatomical theory of attention, Barkley's response inhibition theory of executive function, Sonuga-Barke's delay aversion theory of choice, Castellano's resting state theory of the brain default mode network, and Volkow's dopamine theory of motivation and salience. Example neuropsychological tasks related to each of these theories will be described and discussed.

Second, recent application of two new approaches relevant to etiology and neuropsychology of ADHD will be described: (1) the developmental origins of health and disease (DOHaD) approach, which is based on the shaping of brain function by events during pregnancy, and (2) the rare variant, common disorder (RVCD) approach, which has been applied to suggest contributions of de novo genomic mutations to complex as well as Mendelian disorders.
Third, new information from longitudinal follow-up studies will be presented about the life course of ADHD, with a focus on (1) the observed patterns of the use of medication from childhood to adulthood and the tradeoffs of costs and benefits of long-term treatment and (2) alternatives and adjuncts to stimulant medication with an emphasis on recent applications of programs of cognitive training intended to correct underlying neuropsychological deficits associated with ADHD.
At the conclusion of this presentation, attendees will be able to: (1) recount theories of neuropsychological bases of ADHD and response to stimulants; (2) describe hypothesis regarding etiological subtypes of ADHD based on possible environmental and genetic causes; (3) describe current cognitive-behavioral and pharmacological treatments for ADHD.

Aging and Everyday Functioning: Measurement, Correlates and Intervention

Maureen Schmitter-Edgecombe, Ph.D.
Professor, Department of Psychology
Meyer Distinguished Professor Washington State University Pullman, WA, USA

Sarah Tomaszewski Farias, Ph.D., ABPP - CN
Associate Professor of Neurology University of California, Davis Medical Center Sacramento, CA USA

Neuropsychologists are often asked to answer questions about the effects of cognitive deficits on everyday functioning, and this is especially significant when working with an older adult population. This workshop will first review the strengths and limitations of common approaches to measuring everyday function in older adults and discuss challenges for everyday assessment. Second, the continuum of functional impairment form healthy aging through mild cognitive impairment and dementia will be reviewed along with an in-depth discussion of the neurobiological, cognitive, neuropsychiatric, environmental and physical determinants of everyday function. Recent research employing naturalistic direct observation to evaluate errors that occur when completing everyday activities (e.g., omissions, inefficient actions) as will the use of smart environment technology for activity recognition, functional assessment and prompting-based interventions will also be discussed.
At the conclusion of this presentation, attendees will be able to: (1) discuss different clinical and research methods used to measure the functional abilities of older adults; (2) identify cognitive and noncognitive contributors to the functional capacities of older adults and (3) describe the knowledge gaps and recent research that is being conducted to better understand the impact of age and disability on everyday functioning.

Wednesday, February 12, 2014 Afternoon Courses (1:00 – 4:00 PM)
3.0 CE Credits or .3 ASHA CEUs Registration Fees: Regular $75 Student $40

Clinical fMRI: New applications for Neuropsychological Research and Practice

Susan Bookheimer, Ph.D.
Joaquin Fuster Professor of Cognitive Neurosciences Department of Psychiatry and Biobehavioral Sciences
David Geffen School of Medicine at UCLA Los Angeles, CA, USA

Agatha Lenartowicz, Ph.D.
Assistant Professor, Department of Psychiatry and Biobehavioral Sciences,
David Geffen School of Medicine at UCLA Los Angeles, CA, USA

Functional MRI is increasingly playing a key role in forming our understanding of neuropsychology, from brain development, localization of function, and functional brain networks. FDA approved clinical applications of functional MRI remain limited to pre-surgical planning, typically for motor or language localization. However there are several new approaches in fMRI acquisition, analysis, and acquisition, that are highly relevant to our understanding of brain function and brain disorders, that will ultimately affect neuropsychological practice. This workshop will be divided into three broad sections which will present new conceptual and analysis approaches in functional brain imaging. The first section will discuss major approaches to brain connectivity, specifically functional connectivity and effective connectivity in activation imaging, resting state connectivity, and will go into details of the various approaches to analysis of resting state imaging

data. The major resting state networks will be presented and I will discuss various approaches to measuring resting state network function, analyzing resting state data, and how these networks relate to concepts in neuropsychological function. The second section will present graph theoretical approaches to analyzing imaging data, including resting state, activation, as well as structural MRI and DTI. This section will conclude with a brief review of connectivity results in some clinical groups. The final section will focus on the role of the clinical neuropsychologist in conducting and billing for clinical fMRI with an emphasis on more difficult applications, especially memory mapping, within the context of a Bayesian framework in data interpretation, including discussion of reliable analysis strategies, and interpretation within the context of theoretical concepts of memory. II will also discuss how to integrate diffusion tensor imaging into data interpretation, especially tractography for surgical planning.
At the conclusion of this presentation participants will be able to: (1) Identify the major resting state networks in the brain; understand interpretations of these networks, and identify several different approaches to identifying resting brain networks in fMRI Analysis; (2) Contrast resting state vs. activation fMRI approaches to network connectivity; understand functional and effective connectivity and learn about unique approaches to identify functional brain networks including simple connectivity, Psychophysiological Interactions, Dynamic Causal Modeling, and Granger Causality ; (3) Learn the basics of Graph theory and how it is applied to different imaging datasets. This will include concepts of small world networks, efficiency, path length, rich club, modularity and other graph theory concepts, and demonstrate some applications in clinical populations.

Ethical, Clinical, and Research Considerations for Cultural Neuropsychology

Jennifer J. Manly, Ph.D.
Associate Professor of Neuropsychology Taub Institute for Research on Alzheimer's Disease and the Aging Brain Columbia University Medical Center New York, NY, USA

Diversity of patients and research participants is increasing, and neuropsychologists must understand the potential influences of culture on cognitive test performance and have access to training and tools for the appropriate assessment of cognition across cultures. This workshop will provide an update on the results of the most innovative models, methodology and analytic approaches to investigation of cognitive test performance among culturally and linguistically diverse people. Key gaps in knowledge have been explored by integrating information about social factors, cardiovascular health, neuroimaging, neuropsychological function, biostatistics, and genetics. For example, recent work has addressed whether childhood and adult social experiences such as perceived discrimination, quality of education, and geographic/neighborhood differences have an effect on brain and cognition, whether cardiovascular disease mediates the relationship between social factors and cognition, and whether bilingualism confers a cognitive advantage or protection against cognitive aging. The workshop will also provide a theoretical framework for resolving controversy over use of ethnicity-specific norms and other ethical considerations for the clinical assessment of ethnic minorities and non-English speakers.
At the conclusion of this presentation, attendees will be able to: (1) describe techniques to assess cultural, linguistic, and educational experience during the neuropsychological testing session and relate these variables to test performance and risk for cognitive impairment; (2) determine when it is appropriate to use neuropsychological test norms for separate ethnic groups; (3) identify neuropsychological tests or test batteries in which modern psychometric techniques were used to develop culturally appropriate cognitive assessment instruments; and (4) assess competency to design, translate, administer, and interpret tests among ethnic minorities and non-English speakers.

Behavioral Interventions to Prevent or Delay Dementia

Glenn Smith, Ph.D., ABPP-CN
Julie Fields, Ph.D.
Melanie Chandler Greenaway, Ph.D. ABPP-CN ,
Dona Locke Ph.D., ABPP-CN
Healthy Actions to Benefit Independence in Thinking (HABIT) Program Department of Psychiatry and Psychology Mayo Clinic USA

People with Mild Cognitive Impairment (MCI) are at risk to progress to dementia, typically Alzheimer disease. However, research increasingly shows that behavioral intervention can limit functional decline and maintain quality of life, key outcomes of importance to these patients and their families. The session will introduce an intensive state-of-the-art behavioral approach to limiting functional decline in MCI offered Mayo Clinic sites in Minnesota, Florida, and Arizona..

This intervention is 5-component, 50-hour program being provided to nearly 150 patients per year. The 5 components are 1 hour each of: 1) daily physical exercise, 2) computer-based cognitive exercise, 3) patient and family education, 4) separate support groups for MCI patients and their care partners, and 5) a memory support system developed in a prior NIH study. This session will review supporting evidence for each of these separate interventions then present both patient and caregiver outcomes to date for the multicomponent program.
At the conclusion of this presentation, participants will be able to: (1) Discuss the current state of knowledge about the impact of behavioral interventions intended to prevent or delay dementia; (2) Describe a multicomponent intervention program (HABIT) that combines promising behavioral interventions to help maintain function in people with Mild Cognitive Impairment; (3) Explain the effect of behavioral interventions on caregivers of individuals with memory loss

Thursday, February 13, 2014 Breakfast Seminars (7:20 – 8:50 AM)
1.5 CE Credits or .15 ASHA CEUs Registration Fees: Regular $47 Student: $30

Prism Adaptation, Motor Training, and Spatial Neglect

Anna M. Barrett, MD
Director, Stroke Rehabilitation Research Kessler Foundation West Orange, NJ, USA

For over 50 years, optical prisms inducing laterally displaced movements have been used to study perceptual-motor learning. In 1990, client exposure to rightward-displacing prisms during inpatient therapy was reported to improve pathological spatial bias causing functional disability (spatial neglect), which predicts longer hospital stay and poor return of independence. Since then, the cognitive neuroscience community generated numerous studies of prism adaptation effects; we and others reported this treatment may selectively train spatial "Aiming" motor-intentional systems (Fortis et al., 2011). From animal literature to stroke/cognitive neurology, this course is a translational introduction to prism adaptation for spatial neglect: its brain basis, promise, currently-used protocols, and limitations in the clinical setting.
At the conclusion of this presentation, attendees will be able to: (1) list laboratory and clinic methods separating spatial Aiming from the traditionally-defined "Where" visual-perceptual bias in spatial neglect; (2) describe why bottom-up, motor learning approaches might be superior to explicit, verbal strategic training to activatesubcortical-cortical spatial Aiming networks; (3) list three knowledge gaps blocking translation of prism adaptation research to standard clinical practice.

Cognitive Aging and Dementia: Is White Matter what Matters?

Adam M. Brickman, Ph.D.
Herbert Irving Assistant Professor of Neuropsychology
Taub Institute for Research on Alzheimer's Disease and the Aging Brain
Department of Neurology, College of Physicians and Surgeons Columbia University New York, NY, USA

White matter takes up a considerable amount of the brain's real estate but has been relatively under-studied in the neuropsychological literature. Over the past several years, however, there has been an explosion in interest in normal white matter and white matter abnormalities as contributors to cognitive, motoric, and emotional functioning. This interest has been supported by technological innovations in neuroimaging that allow us to visualize, measure, and quantify various aspects of white matter microstructure and macrostructure. By applying modern neuroimaging techniques to aging humans and non-human primates, a consistent story has emerged that indicates that white matter abnormalities and degeneration may be primary sources of age-associated cognitive decline. More recently, white matter abnormalities have been implicated in the pathogenesis and clinical course of Alzheimer's disease, although there is some controversy surrounding this area of research. In the current workshop, we will review neuroimaging approaches to studying white matter, such as diffusion tensor imaging and T2-weighted magnetic resonance imaging, and discuss evidence that implicates white matter changes in cognitive aging and Alzheimer's disease.
At the conclusion of this presentation, attendees will be able to: (1) Become familiar with modern neuroimaging approaches to studying white matter; (2) Learn to evaluate evidence implicating white matter abnormalities in cognitive aging and dementia

Friday February 14, 2014 Breakfast Seminars (7:20 – 8:50 AM)
1.5 CE Credits or .15 ASHA CEUs Registration Fees: Regular $47 Student: $30

This is Your Brain on Weed: The Neuropsychological Impact of Marijuana and Alcohol Use in Adolescence

Susan Tapert, Ph.D.
Professor of Psychiatry, University of California San Diego
Chief of Psychology, VA San Diego Healthcare System San Diego, CA, USA

Adolescent alcohol and marijuana use are common, with 69% of U.S. 12th graders having at least tried alcohol, and 45% having experimented with cannabis. In adults, chronic use of these compounds has been associated with neuropsychological decrements. Recently, more is known about the neural sequelae in adolescents who use these substances. This course will first review findings from basic research that have led to the appreciation that adolescent exposure to these commonly used intoxicants can produce deleterious alterations in brain development and functioning. Second, current research will be discussed that is aimed at understanding functional differences among adolescent humans who use alcohol, marijuana, both, or neither, in terms of cognitive performance and brain integrity. Third, the course will cover new research that investigates recovery of diminished functions with abstinence.
At the conclusion of this presentation, attendees will be able to: (1) Summarize foundational neuroscience research on cannabis and adolescent alcohol use; (2) Recognize the neuropsychological profiles of youth with histories of heavy use of marijuana, alcohol, both, and neither.

Neuropsychology and Real World Functional Assessment: Success, Barriers and What the Future may Bring

Maria Schultheis, PhD
Associate Professor and Director of Clinical Training Psychology Department,
Drexel University Philadelphia, PA USA

While traditional neuropsychological measures have demonstrated their relevance to the understanding and assessment of specific cognitive abilities; however, one area that continues to have limited success is the ability to predict everyday functionally-relevant activities of daily living using neuropsychological measures. For example predicting vocational functioning, driving ability and managing everyday tasks such as food preparation or medication management. While, some gains have been made, criticism that these measures are not ecologically valid or that our methods do not approximate the real world that is being examined, remain. Part of the challenge may be in revisiting how we define individual versus more complex constructs of cognition. So therefore, since the real world often demands complex and dynamic cognitive processing, it is arguable that new methods and measurements for evaluating the relationship between cognition and everyday functioning are necessary. Researchers in this area have begun to develop innovative and novel measures of cognition to address this need. These new measures may: 1) incorporate new technologies which can offer more increased objectivity and sensitivity to measuring cognitive performance, or 2) may employ structured performance tasks that allow detailed evaluation of components of these behaviors and 3) may focus on complex cognitive constructs (e.g., multitasking). The current workshop aims to provide an overview of this growing area of research by providing a brief review of both theory and practical aspects of evaluating everyday functioning and present findings from current research that has examined the development of ecologically valid measures of cognition. The workshop will also discuss the practical challenges that remain to be addressed in this area of research. This novel approach in neuropsychological assessment may provide an integrated view of cognitive functioning and offer new methods for developing cognitive intervention and informing cognitive rehabilitation.
At the conclusion of this presentation, attendees will be able to: (1) Discuss theories related to conducting ecologically valid research in neuropsychology; (2) Describe how technology can be used to develop new methods for evaluating everyday activities; (3) Discuss unique benefits offered through the development of new measures for complex everyday activities; (4) Discuss unique challenges to the development and application of measures for complex everyday activities.

Saturday, February 15, 2014 Breakfast Seminars (7:20 – 8:50 AM)
1.5 CE Credits or .15 ASHA CEUs Registration Fees: Regular $47 Student: $30

Assessment and Enhancement of Decisional Capacity and Informed Consent: Ethical, Methodologic, and Pragmatic Considerations

Barton W. Palmer, Ph.D.
Professor, Department of Psychiatry University of California, San Diego La Jolla, CA, USA.

Researchers and clinicians working with neurocognitively impaired patients sometimes feel trapped in an ethical "Catch-22" in regard to informed consent. Treatment and sound clinical research are needed to foster individual well-being or general advances in treatment methods, yet the very nature of some neuropsychiatric conditions may include deleterious effects on cognition/mental status relevant to decisional competence. Yet, even among neurocogntively impaired persons, there remains considerable inter-person heterogeneity in level of decisional capacity. Thus, consideration of decisional capacity on an individual patient or participant level is often warranted. As a number of studies demonstrated poor interrater reliability in regard to competency determinations by expert clinicians, recent advances in empirical bioethics include the advent of several structured instruments for more psychometrically sound assessment of decisional capacity. There have also been several recent studies of methods to enhance the consent process itself. In this course we will review the ethical, methodologic, and pragmatic challenges in regard to identification and assessment of those at risk for impaired decisional capacity, including integration of neuropsychological results with the results from decisional capacity assessment tools as part of an overall decisional capacity assessment. We also consider practical means of fostering a more effective consent process.
At the conclusion of this presentation, participants will have a better understanding of: (1) the key ethical, theoretical, methodological, and pragmatic issues involved in assuring valid informed consent; (2) the strengths and limitations of existing structured instruments for assessing decisional capacity, as well as their use with neuropsychological data; (3) effective means of maximizing the quality of the consent process to maximize the ability for each patient to make meaningful consent (or assent/dissent) decisions about treatment or research participation.

Individual, Social-Environmental, and Treatment-Related Influences on Long-Term Functional Outcomes of Early Childhood TBI: Implications for Intervention

Shari Wade, Ph.D.
Professor of Pediatrics, Director of Research, Division of Physical Medicine and Rehabilitation, Cincinnati Children's Medical Center, University of Cincinnati College of Medicine, Cincinnati, OH, USA

Traumatic brain injury (TBI) has a peak in early childhood and emerging evidence suggests that early TBI may result in more persistent and pervasive functional consequences than TBI sustained at later ages. This workshop will examine the evidence regarding development differences in the functional outcomes of childhood TBI. It will also examine factors that influence outcomes following early TBI including acute injury factors, individual characteristics such as pre-morbid status and genetics, and social environmental features such as socioeconomic status, family environment, and parenting practices and interactions. Implications for intervention will be discussed and interventions addressing functional outcomes of early TBI reviewed. Finally, gaps in existing research and directions for further inquiry will be highlighted.
At the conclusion of this presentation, attendees will be able to: (1) Describe differences in outcomes following TBI sustained in early versus later childhood; (2) Identify individual (e.g., premorbid) and social-environmental factors that influence long-term functional outcomes; (3) Describe potential interventions to improve long-term outcomes.

Keynote Presentations

The following sessions are offered during the scientific program and attendance at these sessions is included in your meeting registration fee. You can earn CE credit for these sessions by paying an additional fee of $25 per credit hour for regular attendees or $14 per credit hour for students/postdoctoral fellows/trainees.
Please see the INS desk to purchase CE credit.

Wednesday, February 12, 2014 4:15-5:15 PM (1 CE Credit/.1 ASHA CEU)

Toward the Development of a Rehabilitation Treatment Taxonomy: A Conceptual Framework

John Whyte, M.D., Ph.D.
Director, Moss Rehabilitation Research Institute; Director: TBI Rehabilitation Research Hospital
Professor of Rehabilitation Medicine, Thomas Jefferson University;
Adjunct Professor of Physical Medicine and Rehabilitation; Temple University Philadelphia, PA, USA

Treatments must be clearly defined to be subjected to efficacy research, to allow replication of positive findings, and to facilitate dissemination of proven treatments to clinical practitioners. Yet, outside of pharmacologic treatments, there is no accepted system for defining and classifying treatments. Attempts to define rehabilitation sometimes settle simply for measures of quantity of contact (e.g., hours of "neuropsychological rehabilitation") without regard to the activities conducted during that contact time. Alternatively, treatments may be defined by the goal they are intended to achieve (e.g., "memory remediation treatment") potentially mixing vastly different treatment approaches as long as they hope to achieve a similar outcome. Neither of these approaches serves the above purposes. In this presentation I will discuss the work of a project attempting to develop a rehabilitation treatment classification system that is based on known of hypothesized active ingredients and, thus, aims to ultimately map onto empirical data about efficacy or inefficacy of those ingredients. The presentation will summarize the need for such a system, the many conceptual challenges that arise in attempting to develop an ingredients-based taxonomy, and the current state of attempts to address those challenges. Although the proposed approach aims to provide an organizing framework for rehabilitation treatment definition generally, specific challenges relevant to neuropsychological rehabilitation – where many of the relevant constructs are hypothetical and indirectly measurable – will be emphasized.

Thursday, February 13, 2014 9:00-10:00 AM (1 CE Credit/.1 ASHA CEU)

Mild Cognitive Impairment Comes of Age

Glenn Smith, Ph.D.
Healthy Actions to Benefit Independence in Thinking (HABIT) Program
Department of Psychiatry and Psychology Mayo Clinic USA

Recently, the American Psychiatric Association published new criteria for minor neurocognitive disorder and National Institute on Aging-Alzheimer's Association task forces released their proposed new criteria for Mild Cognitive Impairment (MCI) due to Alzheimer's disease. The American Psychological Association's updated its guidelines for the assessment of cognitive aging and dementia specifically references MCI. Early detection of Lewy Body disease, frontotemporal dementia and vacular cognitive impairment is increasingly possible. The concept of MCI has clearly been embraced in research and practice. Nevertheless, discrepancies still exist about the incidence, prevalence, rates of progression, and the utility of diagnosing the MCIs. This talk will discuss actors that contribute to the discrepancies. In addition, the utility of MCI as an opportunity for early intervention will be discussed.

Thursday, February 13, 2014 11:30 AM-12:30 PM (1 CE Credit/.1 ASHA CEU)

Update on Acute Effects and Early Recovery After Mild TBI: Lessons from Sports Concussion

Michael McCrea, Ph.D.
Professor of Neurosurgery and Neurology, Director of Brain Injury Research, Medical College of Wisconsin
Neuroscientist, Clement Zablocki VA Medical Cente, Milwaukee, Wisconsin, USA

The diagnosis and treatment of mild traumatic brain injury (mTBI) have historically been hampered by an incomplete base of scientific evidence to guide clinicians. Fortunately, the science of mTBI has advanced more in the last decade than in the previous 50 years, and now reaches a maturity point to drive an evidence-based approach to clinical assessment, management, and rehabilitation. Sport-related concussion has proven to be a valuable laboratory for the study of mTBI, yielding many seminal findings that have advanced our clinical and scientific understanding of mTBI. Collectively, findings from clinical and basic science now establish a foundation on which to build integrative theories and testable hypotheses around a comprehensive model of mTBI recovery. This symposium will summarize the latest evidence on the natural time course of acute clinical and physiological effects and recovery after mTBI, as well as integration of the evidence toward a neurobiopsychosocial model of mTBI. Discussion will focus on the translational significance of findings from the sports concussion research model to our broader scientific understanding of mTBI

Thursday, February 13, 2014 1:15-2:45 PM (1.5 CE Credit/.15 ASHA CEU)

Invited Symposium: Ecologically Valid Methods of Assessment in Neuropsychology

Chair: Deirdre Dawson, Ph.D.
Rotman Research Institute, Baycrest, Toronto, Ontario,
Associate Professor Department of Occupational Science, & Occupational Therapy, University of Toronto,
Heart & Stroke Foundation of Ontario Centre for Stroke Recovery

Traditional measures of assessment in neuropsychology typically require discrete responses to single events and are conducted in carefully, controlled environments thus limiting their ecological validity (generalizability and representativeness). This problem gives rise to the question of where a 'better' set of assessments might come from. This course begins by proposing a set of characteristics for ecologically valid assessment. Second, current research from multi-disciplinary perspectives will be discussed that has aimed to address the problem of developing ecologically valid assessment from four different perspectives: naturalistic assessments (e.g., the Multiple Errands Test), video ethnography, virtual reality (e.g., virtual environment-based neurocognitive assessment) and 'smart' environments. Presenters will address the strengths and weaknesses of these approaches in relation to their ability to characterize the impact of cognitive impairment on everyday life and discuss how different cognitive functions contribute to everyday multi-tasking. As a result of participation in this symposium, the learner will be able to: (1) describe the construct of ecological validity and the challenges inherent in characterizing the impact of cognitive impairment on everyday life; (2) assess the merit of four novel and leading edge research approaches in this area; and (3) critically appraise several specific ecologically valid assessments.

- ***Video Ethnography: A Veridicality Approach to the Assessment of Everyday Functioning in Schizophrenia***
  Elizabeth Bromley
  Despite recent advances in the neuropsychology of schizophrenia, few methods are available to explore the impact of neurocognition on behaviors performed in usual contexts. Data on the relationship between constructs of neurocognition and behaviors performed spontaneously in everyday settings are needed to characterize intermediate phenotypes of psychotic disorders, verify the clinical relevance of neurocognitive deficits, and identify the phenomenology that treatments would aim to improve. This presentation will describe a veridicality approach to ecological validity in which cognitively-driven, naturally-organized ordinary activities are rated from video. The video ethnography approach is modeled on observational methods used widely in ethology and education research. Using a follow-along method, ethnographers accompany subjects during activities in naturalistic settings. In a pilot study, we gathered 93 hours of video from 9 subjects with schizophrenia or schizoaffective disorder selected for high or low composite scores on the MATRICS Consensus Cognitive Battery (MCCB). To rate spontaneous behaviors, we modeled a measurement strategy on standard neurocognitive and functional assessments. We validated measures of 4 domains of everyday behavior (i.e., community performance indicators, CPIs): behavioral activity level, goal pursuit, social interaction, and problem solving. High and low MCCB subjects showed statistically significantly differences on all 4 CPIs, and MCCB composite scores were

correlated with all 4 CPIs (r .54 -.77; p<.01-.07). This presentation will review the psychometric properties critical to the validation of observational measures including face and content validity, behavioral (i.e., time) sampling, inter-rater reliability, test-retest reliability (i.e., stability across observation sessions), and minimization of reactivity. Video examples of problem solving will be shown to demonstrate similarities and differences with structured assessments.

- ***Virtual Reality Environments for Ecologically Valid Neuropsychological Assessment***
  Thomas Parsons
  Within this presentation, virtual reality-based neuropsychological assessments will be discussed. Emphasis will be placed upon the potential of virtual reality-based neuropsychological instruments to address real world outcomes. The advanced computer interfaces found in virtual reality offer potential for enhancing the accuracy in recording, coding, and storing of a range of neurobehavioral responses elicited from complex stimuli. Virtual environments may be uniquely suited for assessment of daily activities, allowing for presentation of three-dimensional objects in a consistent and precise manner, which participants can then manipulate depending on a range of task demands. The precise presentation and control of dynamic perceptual stimuli (e.g., visual, auditory, olfactory, and haptic) in the virtual environment offers neuropsychologists the opportunity to develop statistically and clinically significant tasks within a virtual world. Research conducted in the Clinical Neuropsychology and Simulation (CNS) lab at the University of North Texas that addresses both "construct driven" and "function led" approaches to virtual reality-based neuropsychological assessments will be discussed. Emphasis will be placed upon the need to develop virtual reality-based neuropsychological assessments that include 1) the control and rigor of technologically advanced computerized laboratory measures, 2) the psychometric rigor of traditional paper-and-pencil assessments, and 3) the representativeness of simulations approximating real life situations. The talk will conclude with some discussion of the need for rigorous analysis of the psychometric properties of virtual environments.

- ***Smart Technologies for Ecological Momentary Assessment and Intervention***
  Maureen Schmitter-Edgecombe
  Smart environment technologies have the potential to offer innovations for home-based prevention, early detection, promotion of independent living and ecological momentary intervention. Most current assessment and interventions methods used by neuropsychologists are typically limited to measuring a restricted set of variables at a few discrete time points in an office or laboratory setting. Technologies that make available continuous data captured within the individual's real-world environment could improve diagnostic decision-making and intervention by providing more impartial and frequent measures of change in an individual's functioning. In turn, the data derived from residents living in smart environments could be used to develop more ecologically valid assessment instruments. Research conducted in our smart-home testbed at Washington State University that addresses activity recognition, error detection, functional assessment and prompting-based interventions will be discussed. On-going longitudinal work with elderly participants who are living in their own smart homes will also be briefly discussed. The talk will end with some conversation of smart technology challenges.

Thursday, February 13, 2014 3:00-4:30 PM (1.5 CE Credit/.15 ASHA CEU)

Invited Debate: Best Practices for Enhancing Cognitive Recovery: Restoration, Compensation, and Can We Tell the Difference?

Moderated by: John White, M.D., Ph.D.
Director, Moss Rehabilitation Research Institute; Director: TBI Rehabilitation Research Hospital
Professor of Rehabilitation Medicine, Thomas Jefferson University;
Adjunct Professor of Physical Medicine and Rehabilitation; Temple University Philadelphia, PA, USA

Researchers and clinicians have debated for years the relative merits of attempts to restore impaired cognitive function vs. attempts to provide clients with ways to compensate for those impairments in order to achieve important functional goals. Restorative approaches hold out the promise of a more general benefit, since the restored process, arguably, would result in improvement in a wide range of activities that were formerly limited by the cognitive impairment being treated. Yet many are skeptical that such approaches are effective at all. In contrast, compensations provide more obvious and direct evidence of efficacy (the task that could not be performed before treatment now can be completed), but raise the concern that almost as many compensations may be needed as there are tasks to be performed. Further complicating this debate is the fact that many treatments are difficult to classify clearly as restorative or compensatory. Thus, their efficacy or inefficacy doesn't clearly settle the controversy. In this debate, 6 clinical and research experts in neuropsychological rehabilitation will

address the pros and cons of restorative vs. compensatory approaches to cognitive impairment, as well as the thorny definitional confusion that limits a clear resolution of this issue. At the conclusion of this presentation, attendees will be able to: (1) Provide 2 reasons that it may be difficult to classify a treatment clearly as restorative or compensatory; (2) Identify 2 treatment areas that have the strongest evidence for efficacy of restoration; (3) Define 1 type of evidence that would support the efficacy of each kind of treatment approach

Thursday, February 13, 2014 4:45-5:45 PM (1 CE Credit/.1 ASHA CEU)

Birch Lecture: A Social Neuroscience Perspective on Adolescent Risk-Taking

Laurence Steinberg, Ph.D.
Distinguished University Professor and Laura H. Carnell Professor of Psychology
Temple University, Philadelphia, PA, USA

Many forms of risky and reckless behavior are more common during middle and late adolescence than before or after. Conventional psychological explanations of this age trend have not held up to empirical test. This course will review recent findings from studies of adolescent brain development and illustrate the significance of this body of work for understanding adolescent risk-taking. The course first presents a model of adolescent risk-taking that links the behavior to a developmental mismatch between a highly aroused incentive processing system and a still maturing cognitive control system. Second, a program of empirical research in support of this model will be presented. Third, research showing how adolescents' inclinations toward risky behavior are exacerbated by the presence of peers will be presented. Finally, the implications of this work for policy and practice will be discussed.

Friday, February 14, 2014 9:00-10:00 AM (1 CE Credit/.1 ASHA CEU)

Why is Autism More Common in Males?

Simon Baron-Cohen, Ph.D.
Professor of Developmental Psychopathology, Director, Autism Research Centre
Cambridge University Cambridge, UK

Autism affects males much more often than females. In classic autism it is about 4:1 (male: female) whilst in Asperger Syndrome (AS) it is about 9:1. Under-diagnosis of females with AS due to better imitation and language skills, and greater social motivation to 'camouflage', may mean the true sex ratio in AS is closer to 4:1, but the male-bias needs an explanation. Hormones (e.g., the steroid hormones that brain development) and/or genetics (e.g., X-linked genes, or genes regulating and regulated by the steroid hormones) are strong candidate factors. Here I summarize work from our lab suggesting one steroid hormone, testosterone, measured in the womb is associated with individual differences in typical children's language and social skills, attention to detail and narrow interests, autistic traits, and later brain structure and function. A new large-scale study in collaboration with Denmark is testing if elevated prenatal steroids are associated with autism itself. Finally, evidence of steroid hormone dysregulation in autism and their family relatives is reviewed. A baby's sex steroid hormones are a key part of the puzzle of autism.
At the conclusion of this presentation, attendees will be able to: (1) Identify factors that contribute to sex differences in the prevalence of autism; (2) Describe the role of testosterone in neurodevelopment; (3) Describe current research studies examining how prenatal steroids may contribute to autism

Friday, February 14, 2014 11:30 AM-12:30 PM (1 CE Credit/.1 ASHA CEU)

Age-Related Memory Decline: New insights from Imaging, Genetics, and Biomarkers

Andrew Saykin, PsyD
Raymond C. Beeler Professor of Radiology and Imaging Sciences
Professor of Medical and Molecular Genetics, Director, Indiana Alzheimer Disease Center
Director, Indiana University Center for Neuroimaging, Indianapolis, IN USA

Recent evidence indicates that Alzheimer's disease (AD) develops over 1-2 decades prior to diagnosis. Although there is clearly heterogeneity, in the canonical case there is likely to be an asymptomatic phase, followed by subjective cognitive decline, mild cognitive impairment and ultimately dementia. Advances in neuroimaging, biomarkers and genetics are rapidly contributing to progress in understanding the neural basis of prodromal cognitive changes in those at risk for AD. The combination of multi-modality imaging (MRI and PET) with genetics, fluid biomarkers (blood, CSF) and cognitive assessment, especially in a longitudinal framework, has proven to be a powerful research paradigm. The Alzheimer's Disease Neuroimaging Initiative (ADNI) and related large scale studies provide extraordinary opportunities to longitudinally examine the relationship between memory and other cognitive domains with MRI, PET, fluid and genetic biomarkers. Selected examples using structural, functional and molecular biomarker data as quantitative phenotypes to probe the role of genetic variation in age-related memory changes will be presented including candidate gene, genome-wide association studies (GWAS) and exome sequencing. ADNI just completed whole-genome sequencing (WGS) on over 800 participants and there are major conceptual and computational challenges related to extracting the most important information from such "big data" sets. There are also controversies regarding return of research results to individuals (what, when & how). In the future personalized medicine of aging and cognitive health, feedback on cognitive function will likely be accompanied by analysis of imaging, biomarkers, genetic risk and tailored therapeutic options. Multidisciplinary expertise will be required and we all need to be ready.
At the conclusion of this presentation, attendees will be able to: (1) discuss current MRI, PET and fluid biomarkers targeting early stages of Alzheimer's disease; (2) discuss the relationship between biomarkers, stages of disease, genetic risk and clinical outcomes; and (3) discuss future directions for a personalized medicine of aging and cognitive health.

Friday, February 14, 2014 1:30-3:00 PM (1.5 CE Credit/.15 ASHA CEU)

Clinical Trials of Behavioral Interventions in Neurologic Patients: Developing Evidence

Sureyya S. Dikmen, PhD
Professor of Rehabilitation Medicine Adjunct Professor of Neurological Surgery, and Psychiatry and Behavioral Science University of Washington Seattle, WA USA

While much is known about impairments and disabilities in cognition, emotional health and functional limitations associated with diseases and insults to the brain, much less is known about how successful cognitive behavioral interventions are in these populations. In addition, such interventions are outside the reach of many patients due to cost, distance from health care providers, and transportation difficulties. Tele-health has proven effective in providing medical care but its success in delivering psychological interventions has not been well studied. In this symposium we present four randomized clinical trials primarily delivered by phone. Ehde will present the results of a trial involving treatment of chronic pain in subjects with MS and spinal cord injuries. The other three trials involved subjects with traumatic brain injuries. Fann will present the results of a trial for depression. Two of the other trials involved patients with moderate to severe traumatic brain injury, treated post acutely and targeting a broad range of difficulties. Dikmen will present the results of the single site and Bell that of the multisite trial. The results of these studies highlight a number of considerations for future studies of cognitive-behavioral interventions. Our discussants Charles Bombardier (Psychologist) and Nancy Temkin (Biostatistician) will address the role of non-specific effects and therapeutic relationships in controlled trials, inter-therapist and inter-site variability, and study design issues including choice of comparison treatments and of subjects as well as outcome measures and data analysis approaches. With the current emphasis on evidence-based medicine, we need to learn how to better evaluate treatments that could potentially improve the lives of so many people who have survived traumas and diseases of the brain and are living with their sequelae.
At the conclusion of this presentation, attendees will be able to: (1) discuss the complexities of testing the effectiveness of behavioral interventions; (2) describe the factors that may mask or mimic treatment effects (3) understand how to better design and evaluate behavioral interventions.

- ***Efficacy of Telephone-Delivered Cognitive Behavioral Therapy for Pain in Neurologic Conditions***
  Dawn Ehde
  Few people with chronic pain and neurologic conditions have access to in-person behavioral interventions for managing chronic pain, despite the evidence-base for such interventions in other populations such as low back pain. This presentation will discuss results from a randomized controlled trial evaluating the efficacy of a telephone-delivered cognitive behavioral therapy pain intervention (T-CBT) relative to a telephone-delivered pain education intervention (T-Ed) in a national sample (N = 207) of adults with acquired neurological disabilities, including multiple sclerosis and spinal cord injury. Methods: Participants (52 years old on average, 57% female) were randomly assigned to receive either 8 weekly 1-hour sessions of T-CBT or T-Ed, both adapted for neurologic conditions and delivered by telephone by trained therapists. The primary outcome was average pain intensity. Secondary outcomes included pain interference and psychological functioning; all were collected at pre-, mid-, post-, 3-, 6-, and 12-months post randomization.
  Results: Participants in both treatments had significant reductions in pain intensity; 30% of the T-CBT arm reported a clinically meaningful reduction in pain (> 30% reduction in pain intensity), whereas 28% of the T-Ed arm achieved this goal. T-CBT was superior to T-Ed in reducing pain interference and depression. Results were sustained at 6 and 12 months. Treatment satisfaction was high, with 98% of participants stating that they would recommend the study interventions. About 70% of participants noted no drawbacks of the phone-based intervention, although 24% would have wanted some in-person interaction.
  Conclusions: This study supports the feasibility of telehealth interventions for patients with chronic pain secondary to neurologic conditions and raises important questions regarding control group selection in randomized trials of behavioral interventions.

- ***Telephone and In-Person Cognitive Behavioral Therapy for Major Depression after Traumatic Brain Injury: A Randomized Controlled Trial***
  Jesse Fann
  Major depressive disorder (MDD) is common after traumatic brain injury (TBI). Less than half of individuals with TBI and MDD receive any depression treatment. We performed an RCT of telephone administered and in-person brief, structured cognitive behavioral therapy (CBT) for persons with TBI and MDD.
  100 adults with MDD within 10 yrs of complicated mild to severe TBI were randomized to: (1) telephone CBT (CBT-T), (2) in-person CBT (CBT-IP), or (3) Usual Care (UC). We used choice-stratified randomization to maximize ecological validity. CBT consisted of 12 sessions over 16 wks. Primary outcomes were change in depression severity on the Hamilton Depression Rating Scale (HAMD-17) and the Symptom Checklist (SCL-20) at 16 wks. Mixed effects regression models were used. We also assessed rates of MDD remission on the SCID and Patient Global Impression (PGI) scale and satisfaction with depression care.
  58 subjects received CBT (40 CBT-I, 18 CBT-IP) and 42 received UC. Subjects were 45.8 (SD 13.3) years old, 63% male, 90% White and 3.3 (SD 2.72) yrs post-TBI. 53% were depressed for >1 year and 38% had a history of pre-injury MDD. On the HAMD-17 there were no significant differences between the CBT and UC groups (p=.38) at 16 wks. On the SCL-20 there was a trend for the combined CBT group to improve more than UC (p=.068) and among completers the difference was significant (p=.014). The CBT-T group improved more than UC (p=.038), but the CBT-IP group did not (p=.18). 70% of the CBT-T group, 80% of the CBT-IP group and 57% of the UC group (p=.25) no longer met MDD criteria at 16 wks. CBT participants reported greater improvement on the PGI (p=.014) and greater satisfaction with depression care (p<.001), compared to UC. TBI severity and cognitive functioning did not modify treatment effects.
  Although further research is warranted, telephone CBT holds particular promise for enhancing access to effective depression treatment after TBI.

- ***The Effect of a Scheduled Telephone Intervention on Outcome After Moderate to Severe Traumatic Brain Injury***
  Sureyya Dikmen
  To test the effectiveness of a scheduled telephone based intervention involving counseling and education in improving behavioral outcomes as compared to usual care in persons with moderate to severe TBI
  Design: Two group randomized clinical trial carried out over the first year after injury
  Subjects: 171 adults with moderate to severe TBI were randomized into Telephone Intervention (TI) vs. Usual Care (UC) at the time of discharge from inpatient rehabilitation.
  Intervention: The intervention included 9 sessions carried out over the first year focusing on problems brought up by the subject and/or significant other. The calls consisted of counseling using motivational interviewing, education, and facilitating usual care appointments. The subjects were also given toll free number to contact the therapists as needed. The Usual Care group subjects were only seen for outcome assessments
  Outcome Measures: A composite outcome was used as the primary endpoint on an intent –to- treat basis. Secondary analyses involved individual measures. Outcome was assessed by measures of functional status, emotional health, and perceived quality of life.

At 1- year those who received the scheduled telephone interventions fared better on the primary composite outcome index ($p<.002$) as well as on some individual measures involving functional status, quality of wellbeing, and emotional health. However, there were no significant differences on vocational status or community integration.
Scheduled telephone based counseling and education responding to the varied needs of individual subjects and their significant others resulted in improved overall outcome, particularly in quality of wellbeing and emotional health when compared to usual outpatient care. Telephone counseling shows promise as a low-cost intervention that overcomes many barriers to outpatient rehabilitation interventions.

- ***The Effect of a Scheduled Telephone Intervention on Outcome After Moderate to Severe TBI***
  Kathleen Bell
  To confirm the effectiveness of Scheduled Telephone Intervention (STI) in improving outcomes in persons with moderate-severe TBI over 1-2 years post injury.
  Design: Multi-center 2 group randomized clinical trial
  Subjects: 433 adults with moderate-severe TBI were randomized into STI vs. Usual Care (UC) at inpatient rehabilitation discharge.
  Intervention: 12 sessions (3 to 4 days, 2-, 4-, 8-, and 12-weeks post discharge, and 5-, 7-, 9-, 12-, 15-, 18-, and 21 months post injury) focusing on self-identified problems. Master's-trained clinicians used a semi-scripted approach emphasizing self-management principles (personal autonomy, problem solving, and goal setting), education, and case management. Decision trees directed the clinicians to the intervention level needed (Level I – telephone based problem solving; Level II – local referrals; Level III – expert referrals; Level 4 – urgent). Telephone calls were digitally taped for review. The clinicians were supervised weekly by investigators. The UC group subjects were only seen for outcome assessments.
  Outcome Measures: A composite outcome at 1 year was the primary endpoint. Analysis on intent-to-treat basis used linear regression adjusted for site, Glasgow Coma Scale, race/
  ethnicity, age, FIM, sex, and Disability Rating Scale (DRS). Secondary analyses were conducted on individual and composite measures (FIM, DRS, community participation indicators, Glasgow Outcome Scale [Extended], Short Form-12 Health Survey, Brief Symptom Inventory-18, EuroQOL, and modified Perceived Quality of Life).
  Results: No significant differences were noted between the groups at years 1 or 2 for primary ($P=.987$ regression for year 1, $P=.983$ for year 2) or secondary analyses.
  Discussion: A number of factors may have entered into the lack of success of this trial: ineffectiveness of telephone-based counseling; insufficient fidelity to a treatment model; insufficient dose; difficulty in measuring effects of broad-based intervention.

Friday, February 14, 2014 3:15-4:15 PM (1 CE Credit/.1 ASHA CEU)

Presidential Address: Traumatic Brain Injury – The Challenge to Improve Outcome

Jennie Ponsford, Ph.D.
Professor of Neuropsychology, Monash University Director, Monash-Epworth Rehabilitation Research Centre, Epworth Hospital Melbourne, Australia

Traumatic brain injury (TBI) presents a number of unique challenges. It occurs most often in young people who are still establishing their independence and relationships and completing educational or vocational training, and who may have pre-existing social or psychiatric problems. It has diffuse and variable effects on the brain. Outcome studies show good independence in mobility and activities of daily living, but persisting difficulties with complex community-based activities, employment, study and personal and social relationships. Underpinning these difficulties are impairments of memory, attention, executive functions and behavioural control, with fatigue, sleep disturbance, anxiety and depression also associated with poor participation. In order to improve patient outcomes it is essential that we develop evidence-based methods of addressing each of these problems, whilst also focusing on individually meaningful goals and maximising family adjustment. Intervention studies addressing each of these core problems will be discussed.
At the conclusion of this presentation, attendees will be able to: (1) understand patterns of outcome following traumatic brain injury; (2) understand the major challenges faced by individuals with traumatic brain injury;
(3) discuss novel interventions being used to treat the core problems facing individuals with TBI, including impaired attention, memory, executive function, aggression, fatigue, sleep disturbance, anxiety and depression.

Saturday, February 15, 2014 9:00-10:30 AM (1.5 CE Credit/.15 ASHA CEU)

Sifting Through the Smoke: Uncovering the Impact of Marijuana Use on Neurocognition

Raul Gonzalez, Ph.D.
Associate Professor of Psychology Director of Substance Use and HIV Neuropsychology
Florida International University Miami, FL USA

Marijuana use has been on the rise in recent years, accompanied by a rapidly changing legal landscape. Twenty U.S. states have enacted medical marijuana laws, 15 have passed laws that decriminalize marijuana use, and two (Colorado & Washington) have legalized marijuana for recreational use. Several other states are considering changes to their current marijuana laws. Despite potential wide-ranging public health implications, science has not kept pace, but progress in understanding the neurocognitive impact of marijuana use is being steadily made. Thus, it is critically important for clinicians and researchers to understand how marijuana use may affect the neurcogntive functioning of their patients and research participants. This symposium will present cutting-edge findings from several laboratories studying the neurocognitive effects of cannabis use, and will include data collected from adolescents and adults, both when cannabis has been used recreationally or administered in a clinical context (including among persons living with HIV). Dr. Gonzalez will introduce the symposium and lead a presentation on the influences of neurocognitive functioning on symptoms of cannabis addiction and engagement in risky sexual behaviors among emerging adults; Dr. Tapert, will present on neurocognitive consequences of chronic marijuana use specifically among adolescents; Dr. Lisdahl will present on various moderators of marijuana's neurocognitive effects, including age of onset, gender, lifestyle, and genetics; Dr. Marcotte will present on the neurocognitive and functional impact (e.g., driving performance) of marijuana use when applied in a medical context. The symposium will end with a discussion from Dr. Igor Grant, which will broach the implications of the emerging evidence and future directions.

At the conclusion of this presentation, attendees will be able to: (1) describe the neurocognitive functions and brain systems most impacted by marijuana use; (2) appreciate the influence of various important factors (e.g., age, gender, amount of use) that may influence the effect of marijuana on neurocognition and other behaviors; (3) understand how marijuana use may impact neurocognitive and functional performance when used for medicinal purposes

- ***Consequences of Chronic Adolescent Marijuana Use***
  Susan Tapert
  Marijuana use is common in youth. Annual prevalence rates of 12th graders increased over the last decade (22% to 36%), while perceived "great risk" of use decreased (80% to 45%). Few rigorous studies have objectively evaluated neurocognition and brain health in adolescents with chronic use patterns. In a series of studies using monitored abstinence with adolescent marijuana users, single-trial learning and accuracy deficits were seen, even after 4 weeks of abstinence, compared to demographically matched controls. Verbal learning and memory and working memory show improvements with several weeks of abstinence. However, executive functioning and attention do not, suggesting these domains may be deficient prior to the onset of adolescent marijuana use, or recovery may take more than 4 weeks. Earlier initiation of marijuana use (e.g., before age 17) and more frequent use have been associated with poorer outcomes. Brain imaging studies have shown that these cognitive differences in adolescent marijuana users may be due to macrostructural brain alterations, poorer coherence in white matter fibers, and abnormalities of neural functioning (e.g., increased activation, and changes in neurovascular functioning). Group differences may reflect pre-existing brain architecture that leads to risky behaviors, and differences in brain tissue integrity following heavy marijuana use predict future increased drug use and delinquent behaviors. More longitudinal studies are needed to understand pre-existing differences and discrepancies that develop after the initiation of use, and clarify the degree to chronic marijuana use during adolescence contributes to psychiatric and cognitive well being in adulthood.

- ***Potential Moderators of Marijuana Effects: Age of Onset, Gender, Body Mass, and Genetics***
  Krista Lisdahl
  Marijuana (MJ) use is increasing, with 31% of emerging adults reporting MJ use (Johnston et al., 2012). Studies thus far have reported significant neurocognitive consequences of chronic MJ use in youth, although individual differences are also noted. This talk will present findings from a series of NIDA-funded studies examining moderators of the neurocognitive effects of MJ in youth. Across studies, neuroimaging and neuropsychological data was collected from regular MJ users and matched controls following a minimum of 7 days of abstinence. Exclusionary criteria across analyses included Axis I disorders (one study included ADHD), neurologic or major medical conditions, prenatal drug exposure, developmental delay. Age of onset: Consistent with Meier et al. (2012), we found that regular MJ use before age 16 was significantly associated with poorer executive functioning ($ps<.05$) and abnormal cortical thickness ($ps<.01$) in emerging adults with and without a diagnosis of ADHD. Gender: Our lab has found that in teens, gender moderates the effects of MJ on posterior PFC ($p<.06$) and

amygdala ($p<.05$) volumes, and verbal memory ($p<.05$). Body Mass Index (BMI): In MJ-using emerging adults, having a high BMI was associated with additional deficits in complex attention ($ps<.05$). Genetics: Thus far, our lab has found that individuals with the FAAH C/C genotype, linked with reduced cannabinoid signaling, demonstrate increased binge drinking, self-reported executive dysfunction, decreased complex attention ($ps<.05$), and marginally poorer sleep quality ($p=.13$). In summary, our research group has found at least four potential moderators of the neurocognitive effects of MJ use: age of onset (earlier age associated with increased deficits), gender (unique findings for each gender), BMI (higher BMI associated with increased cognitive deficits), and genetics (FAAH C/C genotype associated with poorer cognitive functioning). Clinical implications and future directions will be discussed.

- ***Decision-Making as a Moderator of Cannabis Use and Consequences from Use***
  Raul Gonzalez
  Cannabis use has been associated with neurocognitive deficits among adolescents and adults, particularly when use is frequent, of high dose, and with onset in early adolescence. Some deficits appear to recover with abstinence; however, deficits in decision-making (DM) may be longer-lasting. It remains unclear if deficits in DM (the ability to make choices with optimal longer-term outcomes among a set of alternatives) predate or emerge from heavy cannabis use. There are theoretical reasons to suspect both. We present data from a series of studies that examined relationships among DM, cannabis-use, and various outcomes. These are based on a sample of about 65 cannabis-using and 65 matched, non-using young adults (ages 17 – 24) with minimal history of neurological, mental health, or other substance use confounds. We found no significant differences between cannabis users and non-users on several measures of impulsivity, risk-taking, and DM, despite significant differences in their episodic memory performance. However, among cannabis users in the sample, DM performance was associated with more symptoms of cannabis use disorder and greater self-reported problems from cannabis use. Additional studies revealed that DM moderated the relationships between amount of cannabis use and risky sexual behaviors among cannabis-users, such that more cannabis use was associated with more risky sexual behaviors only among those with poorer DM. Of relevance to the growing national trends to legalize marijuana and promotion of medical benefits, we found that amount of cannabis use was positively correlated with self-reported perceived benefits from use, but only among those with poorer DM. Taken together, our data suggest that the DM abilities of cannabis users play an important role in how their use may impact their lives. Supported by K23DA023560, R01DA031176, and DA0331156 (PI: Gonzalez).

- ***Cognitive Impact of Medicinal Cannabis***
  Thomas Marcotte
  A review by the United States Institute of Medicine (1999) concluded that cannabinoids may have potential therapeutic effects for a number of medical conditions and that they "should be tested rigorously in clinical trials." A number of recent placebo-controlled clinical trials of medicinal cannabis suggest beneficial effects for pain and spasticity. One of the most common concerns regarding "marijuana as medicine" is the effect that THC may have on cognition and the ability to carry out everyday activities. This session reviews the cognitive effects (e.g., attention, processing speed, learning) of cannabis when administered at doses showing clinical benefit in pain (e.g., neuropathic) and spasticity associated with multiple sclerosis. In addition, data addressing the effects of medicinal cannabis on driving performance, as assessed on a simulator, will be presented. The effects of varying doses and administration methods (smoked, vaporized) will be discussed, as will directions for future research.

Disclosure Information for Continuing Education Sessions

The International Neuropsychological Society requires program planners and instructional personnel to disclose information regarding any relevant financial and non-financial relationships related to course content prior to and during course planning. The intent of this disclosure is not to prevent a speaker with a significant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether the speaker's interests or relationships unduly influence the presentation with regard to exposition or conclusion.
Relevant financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include "contracted research" where the institution gets the grant and manages the funds and the individual is the principal or named investigator on the grant.
Relevant non-financial relationships are those relationships that might bias an individual including any personal, professional, institutional, or other relationship. This may also include personal interest or cultural bias.

Scientific Program Chair: Jennifer Vasterling

Disclosure
Dr. Vasterling has no relevant financial or nonfinancial relationships to disclose.

Continuing Education Chair: Raul Gonzalez

Disclosure
Dr. Gonzalez has no relevant financial or nonfinancial relationships to disclose.

CE 1: Clinical Trials in Neuropsychological Rehabilitation: Challenges and Solutions

Presenter: Tessa Hart
Disclosure
Dr. Hart has no relevant financial or nonfinancial relationships to disclose.

Presenter: John Whyte
Disclosure
Dr. Whyte has no relevant financial or nonfinancial relationships to disclose.

CE 2: Defining Neuropsychological Deficits Associated with ADHD and Response to Stimulant Medication: A Decade of Progress Based on Studies of Neuroanatomy, Neurochemistry, and Neurodevelopment

Presenter: James M. Swanson
Disclosure
Financial: Dr. Swanson has financial relationships with several pharmaceutical companies, including Alza (and J&J, Janssen, Janssen-Ortho, and other components of the same company), Shire (and formerly Richwood), Novartis, UCB (and formerly MD Pharma), Celgene, Celltech, Gliatech, Lilly, Noven, and Purdue). He receives consulting fees, intellectual property rights, speaking fees, grants and/or honoraria in his roles as a consultant, member of an advisory committee, or independent contractor for one or more of these companies.
Nonfinancial: No relevant nonfinancial relationship exists

CE 3: Aging and Everyday Functioning: Measurement, Correlates and Intervention

Presenter: Maureen Schmitter-Edgecombe
Disclosure
Dr. Schmitter-Edgecombe has no relevant financial or nonfinancial relationships to disclose.

Presenter: Sarah Tomaszewski Farias
Disclosure
Dr. Farias has no relevant financial or nonfinancial relationships to disclose.

CE 4: Clinical fMRI: New applications for Neuropsychological Research and Practice

Presenter: Susan Bookheimer
Disclosure
Dr. Bookheimer has no relevant financial or nonfinancial relationships to disclose.

Presenter: Agatha Lenartowicz
Disclosure
Dr. Lenartowicz has no relevant financial or nonfinancial relationships to disclose.

CE 5: Ethical, Clinical, and Research Considerations for Cultural Neuropsychology

Presenter: Jennifer J. Manly
Disclosure
Dr. Manly has no relevant financial or nonfinancial relationships to disclose.

CE 6: Behavioral Interventions to Prevent or Delay Dementia.

Presenter: Glenn Smith
Disclosure
Financial: Dr. Smith receives author royalties from Oxford University Press
Nonfinancial: No relevant nonfinancial relationship exists

Presenter: Julie Fields
Disclosure
Dr. Fields has no relevant financial or nonfinancial relationships to disclose.

Presenter: Melanie Chandler Greenaway
Disclosure
Financial: Dr. Greenaway receives grants from NIH/NINR for her research
Nonfinancial: No relevant nonfinancial relationship exists

Presenter: Dona Locke
Disclosure
Dr. Locke has no relevant financial or nonfinancial relationships to disclose.

CE 7: Prism Adaptation, Motor Training, and Spatial Neglect

Presenter: Anna M. Barrett
Disclosure
Dr. Barrett has no relevant financial or nonfinancial relationships to disclose.

CE 8: Cognitive Aging and Dementia: Is White Matter what Matters?

Presenter: Adam M. Brickman
Disclosure
Financial: Dr Brickman receives consulting fees from Keystone Heart and is a member of its advisory committee
Nonfinancial: No relevant nonfinancial relationship exists

CE 9: This is Your Brain on Weed: The Neuropsychological Impact of Marijuana and Alcohol use in Adolescence

Presenter: Susan Tapert
Disclosure
Dr. Tapert has no relevant financial or nonfinancial relationships to disclose.

CE 10: Neuropsychology and Real World Functional Assessment: Success, Barriers and What the Future may Bring

Presenter: Maria Schultheis
Disclosure
Dr. Schulteis has no relevant financial or nonfinancial relationships to disclose.

CE 11: Assessment and Enhancement of Decisional Capacity and Informed Consent: Ethical, Methodologic, and Pragmatic Considerations

Presenter: Barton W. Palmer
Disclosure
Financial: Dr Palmer is one of the principal investigators on an NIMH STTR grant with Behavioral Tech Research, INC, and is working with them to develop/pilot test a potential informed consent aid.
Nonfinancial: No relevant nonfinancial relationship exists

CE 12: Individual, Social-environmental, and Treatment-related Influences on Long-term Functional Outcomes of Early Childhood TBI: Implications for Intervention

Presenter: Shari Wade
Disclosure
Dr. Wade has no relevant financial or nonfinancial relationships to disclose.

Session A: Toward the Development of a Rehabilitation Treatment Taxonomy: A Conceptual Framework

Presenter: John Whyte
Disclosure
Dr. Whyte has no relevant financial or nonfinancial relationships to disclose.

Session B: Mild Cognitive Impairment Comes of Age

Presenter: Glenn Smith
Disclosure
Financial: Dr. Smith receives author royalties from Oxford University Press
Nonfinancial: No relevant nonfinancial relationship exists

Session C: Update on Acute Effects and Early Recovery After Mild TBI: Lessons from Sports Concussion

Presenter: Michael McCrea
Disclosure
Dr. McCrae has no relevant financial or nonfinancial relationships to disclose.

Session D: Ecologically Valid Methods of Assessment in Neuropsychology

Presenter: Diedre Dawson
Disclosure
Financial: Dr Dawson in the principal investigator on grants from Ontario Neurotrauma Foundation and Canadian Institutes of Health Research
Nonfinancial: No relevant nonfinancial relationship exists

Presenter: Elizabeth Bromley
Disclosure
Dr. Bromley has no relevant financial or nonfinancial relationships to disclose.

Presenter: Thomas Marcotte
Disclosure
Dr. Marcotte has no relevant financial or nonfinancial relationships to disclose.

Presenter: Maureen Schmitter-Edgecombe
Disclosure
Dr. Schmitter-Edgecombe has no relevant financial or nonfinancial relationships to disclose.

Presenter: Thomas Parsons
Disclosure
Dr. Parsons has no relevant financial or nonfinancial relationships to disclose.

Session E: Debate-Best Practices for Enhancing Cognitive Recovery: Restoration, Compensation, and Can We Tell the Difference?

Presenter: John Whyte
Disclosure
Dr. Whyte has no relevant financial or nonfinancial relationships to disclose.

Presenter: Tessa Hart
Disclosure
Dr. Hart has no relevant financial or nonfinancial relationships to disclose.

Presenter: Jim Malec
Disclosure
Dr. Malec has no relevant financial or nonfinancial relationships to disclose.

Presenter: Michael Marsiske
Disclosure
Dr. Marsiske has no relevant financial or nonfinancial relationships to disclose.

Presenter: Catherine Mateer
Disclosure
Dr. Mateer has no relevant financial or nonfinancial relationships to disclose.

Presenter: Leslie Gonzalez-Rothi
Disclosure
Dr. Gonzalez-Rothi has no relevant financial or nonfinancial relationships to disclose.

Presenter: Barbara Wilson
Disclosure
Dr. Wilson has no relevant financial or nonfinancial relationships to disclose.

Session F: A Social Neuroscience Perspective on Adolescent Risk-Taking

Presenter: Laurence Steinberg
Disclosure
Dr. Steinberg has no relevant financial or nonfinancial relationships to disclose.

Session G: Why is Autism More Common in Males?

Presenter: Simon Baron-Cohen
Disclosure
Dr. Baron-Cohen has no relevant financial or nonfinancial relationships to disclose.

Session ***H: Age-Related Memory Decline: New insights from Imaging, Genetics, and Biomarkers***

Presenter: Andrew Saykin
Disclosure
Financial: Dr Saykin receives honoraria to support activity as Editor-in-Chief of *Brain Imaging and Behavior* and receives consulting fees and/or speaking fees from Arkley BioTek, Brin-Wojcicki Foundation, Eli Lilly, Pfizer, Siemens Healthcare, Springer, Welch-Allyn and research grants from the National Institutes of Health
Nonfinancial: No relevant nonfinancial relationship exists

Session J: Clinical Trials of Behavioral Interventions in Neurologic Patients : Developing Evidence

Presenter: Sureyya Dikmen
Disclosure
Dr. Dikmen has no relevant financial or nonfinancial relationships to disclose.

Presenter: Kathleen R. Bell
Disclosure
Dr. Bell has no relevant financial or nonfinancial relationships to disclose.

Presenter: Dawn Ehde
Disclosure
Dr. Ehde has no relevant financial or nonfinancial relationships to disclose.

Presenter: Jesse Fann
Disclosure
Dr. Fann has no relevant financial or nonfinancial relationships to disclose.

Presenter: Nancy Temkin
Disclosure
Dr. Temkin has no relevant financial or nonfinancial relationships to disclose.

Presenter: Charles Bombardier
Disclosure
Dr. Bombardier has no relevant financial or nonfinancial relationships to disclose.

Session K: Traumatic Brain Injury – The Challenge to Improve Outcome

Presenter: Jennie Ponsford
Disclosure
Dr. Ponsford has no relevant financial or nonfinancial relationships to disclose.

Session L: Sifting Through the Smoke: Uncovering the Impact of Marijuana Use on Neurocognition

Presenter: Raul Gonzalez
Disclosure
Dr. Gonzalez has no relevant financial or nonfinancial relationships to disclose.

Presenter: Igor Grant
Disclosure
Dr. Grant has no relevant financial or nonfinancial relationships to disclose.

Presenter: Krista Lisdahl
Disclosure
Dr. Lisdahl has no relevant financial or nonfinancial relationships to disclose.

Presenter: Susan Tapert
Disclosure
Dr. Tapert has no relevant financial or nonfinancial relationships to disclose.

Presenter: Thomas Marcotte
Disclosure
Dr. Marcotte has no relevant financial or nonfinancial relationships to disclose.

INS Awards

The International Neuropsychological Society maintains an awards program to recognize the achievements of our members. Awards are given to recognize early career research achievement; scientific achievements of individuals in the middle of their career (the Benton Award); and lifetime achievement in research, education and service in the related fields of Neuropsychology. Nominations for these awards are solicited from the membership each year and winners are selected by the Awards Committee with approval from the Board of Governors. This year the awards committee has chosen to bestow an award for early career research.
The Distinguished Career Award has been established by the INS Board of Governors to recognize senior individuals who are at or near the end of their careers, and who have made major, sustained contributions to the field of neuropsychology as well as to the INS
PAR, Inc, in conjunction with INS, has established an award to honor the contributions of Dr. Paul Satz. This award is bestowed upon an individual whose mentoring/teaching activities have made a profound impact on careers of students in the field of neuropsychology.
More information about the awards program can be found on the INS website.

The Early Career Award Presentation will be held on Thursday, February 13th 10:15-11:15 AM in the Grand Ballroom B&C

Angela Jefferson – Early Career Award

HEMODYNAMIC FACTORS UNDERLYING THE PATHOGENESIS AND CLINICAL EXPRESSION OF ALZHEIMER'S DISEASE

As the population ages, unhealthy cognitive decline and dementia are increasingly important public health issues. Vascular risk factors, such as hypertension, diabetes mellitus, and atherosclerosis, are associated with abnormal neuroanatomic changes, cognitive impairment, and clinical dementia in older adults. A poorly understood aspect of compromised vascular health and cognitive aging is the association between systemic hemodynamics (cardiac output or the amount of blood exiting the heart to perfuse the system) and brain aging. Clinical and epidemiological data from my laboratory suggests that, independent of shared vascular risk factors, modest reductions in cardiac output are associated with clinically detectable cognitive impairment, reduced gray matter volume, increased white matter hyperintensities, reduced normative cerebral blood flow (CBF) values, and incident dementia. These observations may be due to subclinical systemic blood flow altering CBF homeostasis. Such alterations are especially likely among older adults with age-related compromises in cerebral circulation control mechanisms, placing the brain at greater risk for cerebrovascular injury and Alzheimer's disease (AD) pathogenesis. While vascular pathology and AD pathology may develop independently, compromised cerebrovascular health propagates amyloid deposition, compromised β-amyloid clearance, and faster clinical manifestation and trajectory of AD. Thus, systemic hemodynamics may affect cerebral hemodynamics in older adults with compromised cerebral circulation control mechanisms by not only contributing to cerebrovascular injury but also proliferating the pathogenesis or exacerbation of amyloid deposition and subsequent neuronal injury. This presentation will review evidence to date from my laboratory linking hemodynamics and abnormal brain aging and highlight future strategies to delay abnormal cognitive aging

Please join us for an Award Ceremony on Wednesday, February 12th 5:30-6:30 PM in the Grand Ballroom B&C to honor these individuals:

Ida Sue Baron – Distinguished Career Award

Ida Sue Baron is a pioneer in pediatric neuropsychology. She received her doctorate from the University of Maryland in school psychology (Psychological Services in the Schools) with a minor in neuropsychology. Her dissertation work, a study of normal pressure hydrocephalus in children, arose from collaboration with pediatric neurosurgery. She established an active neuropsychology service at Children's National Medical Center, breaking new ground in the neurobehavioral assessment of children with medical and neurological disorders. She co-authored one of the first well-known texts in pediatric neuropsychology, Pediatric Neuropsychology in the Medical Setting and is currently working on the second edition of Neuropsychological Evaluation of the Child. She has continued to advance the science, education/training, credentialing, and practice of pediatric neuropsychology throughout her career and her efforts have culminated in 2013 in the achievement of subspecialty designation for pediatric neuropsychology by the American Academy of Professional Psychology.

Dr. Baron's research interests have focused on neurobehavioral outcomes of children with medical disorders, with a special focus on young children. For the past several years, she has led a research team at Inova Fairfax Medical System focusing on outcomes in children born prematurely. She established a research program that follows every premature child treated in the neonatal intensive care center using innovative evaluation tools. The body of work is producing ground breaking findings that inform our understanding of these children's developmental trajectories across different epochs of history and medical treatments.

The International Neuropsychological Society owes a special debt of gratitude to Dr. Baron. She has been on numerous program committees, served on the Board of Governors, and in particular, revitalized the Continuing Education Committee as chair from 1994 to 2000. Thanks to her efforts, continuing education at INS meetings is vibrant, addressing a broad range of topics and activities of benefit to the membership.

Dr. Baron has been a valued leader in clinical neuropsychology, serving as president of the American Board of Professional Psychology and taking on critical roles in the Society for Clinical Neuropsychology of the American Psychological Association. She is also a consummate and talented editor, contributing to our journals on editorial boards of Neuropsychology Review, Child Neuropsychology, Journal of the International Neuropsychological Society, Neuropsychology, Journal of Clinical and Experimental Neuropsychology, The Clinical Neuropsychologist, Assessment, and the Oxford University Press Neuropsychology Series.

Dr. Baron embodies the spirit and goals of the INS Distinguished Career award. Her contributions to neuropsychology and to the INS are remarkable for their broad and sustained impact across the scientific and professional landscape of neuropsychology.

Robert J Ivnik - Distinguished Career Award

Robert J Ivnik, PhD, ABPP-CN is Professor of Psychology in the Mayo Clinic College of Medicine and a Consultant in the Division of Neurocognitive Disorders at Mayo Clinic. A native of Joliet, IL he completed his undergraduate degree at Yale in 1971, and his PhD at Washington University in 1975. He interned at the University of Colorado Medical Center and then completed a post-doctoral fellowship at the University of Wisconsin Health Science Center. In 1977, he was recruited to Mayo Clinic in Rochester MN to establish a neuropsychology practice. He led the founding of the Mayo postdoctoral medical psychology training program in 1986. As chair of the Mayo Division of Psychology from 1991-1997, he promoted the standard that all psychologists are required to be certified by the American Board of Professional Psychology. In 2008, Dr. Ivnik became and continues to be the only non-physician among 103 Mayo staff members receiving the Distinguished Mayo Clinician award.

In the late 1980s he became chair and then executive director of the Midwest Neuropsychology Group (MNG). During his tenure, MNG played an important role in petitioning the APA to recognize neuropsychology as a speciality, and also in founding the American Board of Clinical Neuropsychology. Dr. Ivnik was an early and longstanding examiner for ABCN and served as ABCN president from 1997 to 1999. He served as a delegate to the training guideline conferences in 1992 and in Houston in 1997. He is proud that the vast majority of the 33 graduates of the Mayo Neuropsychology postdoctoral fellowships have obtained, or are currently pursuing, American Board of Clinical Neuropsychology certification. Those former fellows have dispersed across the country to varied settings, including university and VA medical centers, outpatient clinics, private practices, and industry and inspired their own students and colleagues to serve patients and the field with the same degree of care and excellence that Dr. Ivnik modeled to them.

Dr. Ivnik was elected an APA fellow in 1994 and served as Division 40 president from 2004-2005. He has been a member of INS for 39 years, serving on the INS program committee from 1997 to 1998. He has encouraged and supported all of his trainees to join and serve the organization as well. Dr. Ivnik's early research efforts included studies in epilepsy, MS and neuropharmacology. However, in the mid-eighties Dr. Ivnik was 'drafted' by neuroepidemiology and behavioral neurology

peers at Mayo to serve as the lead neuropsychologist on an Alzheimer's Disease Patient Registry (ADPR). Recognizing that the extant neuropsychological measures lacked adequate norms for older adults, Dr. Ivnik chose to focus on the normal controls in the ADPR, and launched the Mayo Older Adults Normative Studies (MOANS) which eventually included the Mayo Older African American Normative Studies (MOAANS) as well. He insisted that the MOANS and MOAANS norms be available for free to all who would care to use them. He used this series of studies not only to improve our ability to serve older adults, but also to examine and challenge some of the fundamental assumptions of clinical assessment prevailing at the time. He regularly shared what he had learned at INS conferences.

Bob, a basketball player at Yale, later became an avid runner and ran in the Boston Marathon. For relief to his knees, he has turned to cycling and enjoys long bike rides on the back roads of southeastern Minnesota. For all of his accomplishments, he is most proud of his family: spouse Marie, children Rick and Anne, their spouses, Stacey and Joe, and his 4 beautiful granddaughters, Sophia, Maya, Sabrina and Lily.

Catherine A. Mateer - Distinguished Career Award

Dr. Catherine Mateer is well known internationally for her work in the clinical assessment and management of cognitive and emotional difficulties following neurological injury. She began her career with a Master of Science degree in Communication Disorders from the University of Wisconsin, and then pursued a PhD in Psychology from the University of Western Ontario, and postdoctoral training in the Department of Neurological Surgery at the University of Washington.

In the 1980's, she began pioneering work in the area of cognitive rehabilitation as Clinical Director of the Good Samaritan Hospital Neuropsychology Service in Washington. She joined the Department of Psychology at the University of Victoria in Victoria, BC, Canada in 1994 as Director of Clinical Training for the Graduate Program in Clinical Psychology, and oversaw development of the Clinical Neuropsychology program. Subsequently, she served as Chair of the Department of Psychology, and for the last eight years has served as the Associate Vice President Academic Planning in the Office of the Provost at the University of Victoria.

Katy was a founding member of the Pacific Northwest Neuropsychology Society and served as its President in 1989-90. She served as a member of the Board of the International Neuropsychological Society (1991-1993), and as Secretary to the INS Board (2006-09). She served as a member of the Board of the American Academy of Clinical Neuropsychology (1996-2001), and President of AACN from 2002-2004. She is a Fellow of the American and the Canadian Psychological Associations, and is board certified in Clinical Neuropsychology by the American Board of Clinical Neuropsychology

Katy is the recipient of a number of awards including the APA Roger Barker Distinguished Research Contribution Award in Rehabilitation Psychology, the Mitchell Rosenthal Award from the American Congress of Rehabilitation Medicine, and an award from the British Columbia Psychological Association named in her honor, the Catherine Mateer Scientist-Practitioner Award.

She has authored three books on neuropsychological intervention and over 100 peer reviewed articles and book chapters on a wide range of topics in clinical neuropsychology. She has mentored over 30 students in the Clinical Neuropsychology Program, many of whom are currently making substantial contributions within the field on neuropsychology in their own rights. Through her accomplishments as a scientist, administrator, and educator, Katy has played a highly influential role within the field of neuropsychology and is a worthy recipient of this INS Distinguished Career Award.

Edith V. Sullivan - Distinguished Career Award

Edith V. Sullivan, Ph.D. is Professor of Psychiatry and Behavioral Sciences at Stanford University School of Medicine. She received her B.A., M.A., and Ph.D. in experimental psychology from the University of Connecticut. Following graduate school, she was a research scientist in the Graybiel Spatial Orientation Laboratory at Brandeis University and the Department of Psychology at the Massachusetts Institute of Technology (MIT).

Edie is a neuropsychologist who has championed putting the "neuro" back into neuropsychology and has done so in her research and through her editorship of *Neuropsychology Review*. Her research combines quantitative brain imaging and assessment of component processes of neuropsychological functions to the study of neuropsychiatric diseases and normal function over the life span. Her early work focused on Parkinson's disease, Alzheimer's disease, and schizophrenia. Over the last two decades, the mainstay of her research has been on both normal aging and alcoholism-related brain injury in human nonamnesic and amnesic alcoholism and animal models of excessive alcohol exposure. Combining neuropsychology with neuroimaging, her research has resulted in identification of brain circuitry disrupted in alcoholism and elucidation of spared circuits that have the potential to enable functional recovery with sobriety. Edie's interest in brain related conditions grew out of her experience as a researcher at MIT in the late 1970s to mid-1980s. There, she had the opportunity to work with the famous amnesic patient, H.M. Inspired by the component processes approach used in lesion research, she has applied these concepts to dissect impairments in cognitive and motor function in patients without focal lesions.

Edie is the author of more than 250 peer-reviewed papers and numerous chapters and reviews. She is currently editor-in-chief of *Neuropsychology Review*, and also serves on the editorial board of *Alcoholism: Clinical and Experimental Research, Brain*

Imaging and Behavior, Hippocampus, Frontiers of Neuroscience, and *Neurobiology of Aging*. Last year, she was the Keynote Speaker at the Inaugural Collaborative Meeting of the American Psychological Association Divisions of Psychopharmacology and Substance Abuse and Society of Addiction Psychology in Atlanta and the Keynote Speaker at the French Neuropsychological Society in Caen, France. She is the recipient of several NIH funding awards, including the Senior Scientist Research and Mentorship Award, a grant for international collaborations on alcoholism research, and an NIAAA MERIT award for studies of neural circuitry modification in alcoholism focused on frontocerebellar systems.

Dr. Sullivan has received a number of other prestigious awards, including the 2011 Research Society on Alcoholism Distinguished Researcher Award, presented jointly to Dr. Sullivan and her colleague Adolf Pfefferbaum, for 25 years of productive collaborative research. The University of North Carolina also paid tribute to their work with the Bowles Lectureship Award, which recognizes distinguished researchers whose work considerably enriched our understanding of alcohol-related problems. In March she will deliver the Keller Award Lecture of the NIAAA in acknowledgment of her contributions to research on alcoholism.

Edie has devoted the last four decades to her research endeavors, the mentorship of her students, and family. She is an inspiration to her colleagues and is much deserving of the INS Distinguished Career Award.

Dawn Bowers - The Paul Satz Award

Dawn Bowers, Ph.D. is a Professor of Clinical & Health Psychology and Neurology at the University of Florida Academic Health Center in Gainesville, FL. She received her Ph.D. in 1978 from the University of Florida after completing her dissertation, entitled, "Material-Specific Hemispheric Activation". Paul Satz, Ph.D. and Ken Heilman, M.D. were Co-Chairs of her dissertation committee. She was Edith Kaplan's first formal Clinical Neuropsychology Intern (1976-77); while in Boston, she was also supervised by Harold Goodglass and Martha Denckla. She was a Neurobehavioral Research Fellow at the University of Florida from 1978-1979 under Ken Heilman's mentorship. Dr. Bowers is Board Certified in Clinical Neuropsychology by the American Board of Clinical Neuropsychology (ABPP), is a Fellow of APA Division 40 (Society of Clinical Neuropsychology), and is a current member of the INS Board of Governors.

In the early years, Bowers was a key intellectual driving force in the Heilman lab, developing studies of lateralization of attention and the neglect syndrome. She worked together with other Heilman protégés, including Steve DeKosky, Branch Coslett, Kim Meador, Steve Nadeau, Leslie Gonzalez-Rothi and many others, in building a strong program of collaboration between neuropsychologists and behavioral neurologists that remains a model of interprofessional synergy today. In 1980, she joined the faculty in the Department of Neurology as an Assistant Professor, was promoted to Associate Professor in 1985, and was promoted to Professor in 2005. She is co-author of 3 books, the primary author of the Florida Affect Battery, a test of emotional perception, and has authored over 150 peer-reviewed publications and 17 book chapters. She has made major literature contributions to neuropsychology, including seminal studies of hemispatial attention and arousal, emotion perception, memory disorders, and most recently has made outstanding contributions to our understanding of nonmotor (emotional, cognitive, behavioral) symptoms of Parkinson's disease and other movement disorders. Her work has been funded by NIH, NIMH, NIDCD, the McKnight Foundation, the Michael J. Fox Foundation, and The National Parkinson Foundation.

During the first part of her career, she had her primary appointment in Neurology and adjunct status in Clinical & Health Psychology, but since 1998, her primary appointment has been in the latter department, and her role as a teacher, clinical supervisor, and research and professional mentor to undergraduates, graduate students, interns, and postdoctoral fellows in neuropsychology has flourished. She has chaired or co-chaired 15 Ph.D. dissertations and 15 M.S. theses and has served on an additional 33 Ph.D. committees and 46 M.S. committees. She has served as primary mentor for 5 NIH funded predoctoral NRSA awards (NINDS, NIMH), 2NIH funded postdoctoral awards (F32 NRSA, diversity supplement), and 1 K23 awardee. As trainees, her students have received a numerous awards for research productivity, including 5 recipients of APA (Division 40) Benton-Meier Neuropsychology Award, 3 recipients of Division 20/40 Walter McMillen Memorial Award in Parkinson disease, 4 recipients of NIA-T32 training fellowships in cognitive aging, 2 recipients of "Young Investigator" awards from the American Neuropsychiatric Association, and 3 students whose research was featured as a "Scientific Highlight" at the American Academy of Neurology meetings.

Dr. Bowers' approach to mentoring utilizes a combination of nurturance, tough love, modeling, and support, together with careful provision of intellectual and physical resources needed to insure productivity. She is deeply and personally committed to the well-being and professional development of her students, providing regular opportunities for discussion, problem-solving, and proactive planning. She combines a strong sense of caring with a keen appreciation of factors integral to the success of women as faculty members in academic health centers. Because she is so well-respected as a member of interprofessional health care and research teams, her students have wonderful opportunities to learn how to collaborate effectively and are themselves sought out for their expertise. Because of the breadth and depth of her mentorship experience, and because she has helped mentor many successful neuropsychologists in such expert fashion, she is most deserving of distinguished recognition with an award named after one of her own key mentors, Paul Satz, Ph.D.

The International Neuropsychological Society would also like to congratulate these award winners at the 42nd Annual Meeting. Their abstracts were selected by the Program Committee and noted as outstanding in their respective categories.

Nelson Butters Award

Presented for the Best Submission by a Postdoctoral Fellow

Joseph van Steenburgh

Johns Hopkins School of Medicine

Transcranial Direct Current Stimulation Changes Frontoparietal Control Network Connectivity Associated with Working Memory Performance in High-Functioning Autism

J. J. van Steenburgh, M. Varvaris, P. Chambers, T. D. Vannorsdall, B. Gordon, D. J. Schretlen

Poster Session 7: Friday, February 14, 2014 12:30-1:45 PM, Metropolitan Ballroom

Laird S. Cermak Award

Presented for the Best Submission in Memory Research

Lynn Oelke

University of South Florida

Source Memory and Generation Effects in Parkinson's Disease

L. Oelke, M. Szmyglewski, J. Sanchez-Ramos, C. Cimino

Poster Session 7: Friday, February 14, 2014 12:30-1:45 PM, Metropolitan Ballroom

Phillip M. Rennick Award

Presented for the Best Submission by a Graduate Student

Sara Heverly-Fitt

University of Maryland

Investigating a Proposed Model of Social Competence in Children with Traumatic Brain Injuries (TBI)

S. Heverly-Fitt, K. Rubin, E. Bigler, M. Dennis, H. Taylor, K. Vannatta, C. Gerhardt, T. Stancin, K. O. Yeates

Paper Session 4: Friday, February 14, 2014 10:00-11:30 AM, Grand Ballroom

The following students are recognized by the INS Student Liaison Committee for their meritorious submissions.

Ekaterina Dobryakova

Kessler Foundation

The Influence of Motivation on Cognitive Fatigue in Individuals with Multiple Sclerosis: A Theoretical Proposal with Functioning Neuroimaging Support

H. Genova, N. Chiaravalloti, J. DeLuca, G, Wylie

Paper Session 6: Saturday, February 15, 2014, 10:45 AM – 12:15 PM Grand Ballroom A

Barbara Fischer

Wm. S. Middleton Memorial VA Hospital

Blast-Related TBI Produces Differential Working Memory Performance and Brain Activation Compared to Civilian TBI

M. Parsons, S. Durgerian, C. Reece, L. Mourany, M.. Newsome, E. Beall, K. Koenig, M. Lowe, G, Losinsk, et al

Poster Session 2: Thursday, February 13, 2014, 10:15 – 11:30 AM Metropolitan Ballroom

John Medaglia

The Pennsylvania State University

The Cerebellum Differentially Contributes to Working Memory Function Follow Moderate to Severe Traumatic Brain Injury

J. Motter, C. Dougherty, E. Bryer, F. Hillary

Paper Session 5: Saturday, February 15, 2014 9:00-10:30 AM, Grand Ballroom D

Cristina Roman

The Pennsylvania State University

Decreased White Matter Integrity Predicts Hyperconnectivity Following Traumatic Brain Injury

H. Genova, N. Chiaravalloti, J. DeLuca, G, Wylie

Poster Session 2: Thursday, February 13, 2014 10:15 – 11:30 AM Metropolitan Ballroom

Laura Glass Umfleet

Medical College of Wisconsin

Verbal Memory and Visual Naming Outcome Following Left Anterior Temporal Lobectomy: A Comparison between Electrical Stimulation Mapping Paradigms

S. Swanson, D. Sabsevitz, W. Mueller, M. Raghavan

Poster Session 6: Friday, February 14, 2014 10:15 – 11:30 AM Metropolitan Ballroom

Ancillary Meeting Schedule

This listing is provided for the convenience of our attendees and may not be complete. Other meetings may be posted on the message boards located near the INS Registration Desk in the Grand Ballroom Foyer.

Meeting	Date	Time	Location
APPCN Postdoc Applicant Welcome Breakfast	Feb 11	7:00-9:00 AM	Aspen
APPCN Board Meeting		5:00-7:00 PM	Leschi
AACN Board of Directors Meeting	Feb 12	8:00 AM - 4:00 PM	Kirkland
SCN (Div 40) Executive Committee Meeting	Feb 12	7:30-11:30 AM	Ballard
ABCN Board of Directors Meeting	Feb 12	2:00-6:00 PM	Leschi
Div 40 Ethnic Minority Affairs: Positioning yourself for a career in Neuropsychology	Feb 12	5:30-6:30 PM	Aspen
Mentorship Networking Social Hour hosted by Div 40 Women in Neuropsychology (WIN)	Feb 12	5:30-6:30 PM	Issaquah AB
University of Michigan Alumni Reception	Feb 12	8:00-10:00 PM	Ravenna AB
APPCN General Membership Meeting	Feb 13	8:00-9:00 AM	Aspen
Working Group-Reporting Standards for Neuropsychology (invitation only)	Feb 13	8:00-9:30 AM	Ballard
AITCN Annual Meeting	Feb 13	9:00-10:00 AM	Leschi
ST Jude discussion group	Feb 13	1:00 - 2:00 PM	Leschi
Think/CENDA Consortium	Feb 13	3:00-5:00 PM	Ballard
CNS	Feb 13	4:45-7:00 PM	Leschi
Brown University Reception for Faculty/Trainees	Feb 13	6:30-8:00 PM	Issaquah AB
JINS Reception	Feb 13	6:00-8:00 PM	Ravenna ABC
ST Jude discussion group	Feb 14	10:00 - 11:00 AM	Leschi
Div 40 SCN Education Advisory Committee Mtg	Feb 14	10:00 - 11:30 AM	Kirkland
ADECN meeting on graduate training in clinical neuropsychology	Feb 14	12:30-1:30 PM	Issaquah A
University of Florida Gator Alumni Meeting	Feb 14	9:00-11:00 PM	Ravenna A

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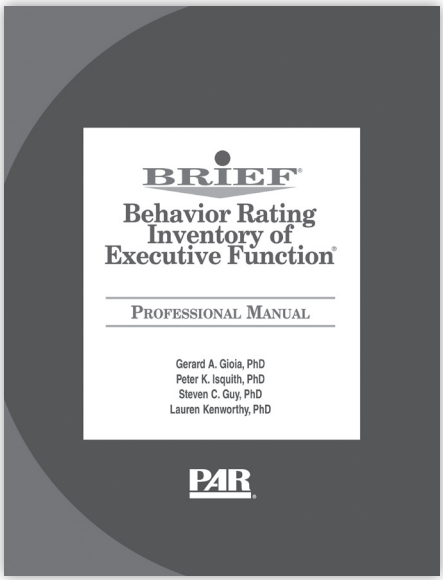

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Section 2

FINAL PROGRAM

Final Program
Forty Second Annual Meeting
International Neuropsychological Society

February 12-15, 2014
Seattle, Washington, USA

WEDNESDAY, FEBRUARY 12, 2014

9:00 AM–12:00 PM	**CE Workshop 1: Clinical Trials in Neuropsychological Rehabilitation: Challenges and Solutions** **Presenters: Tessa Hart , John Whyte** **Grand Ballroom A**
1. HART, T	Clinical Trials in Neuropsychological Rehabilitation: Challenges and Solutions
9:00 AM–12:00 PM	**CE Workshop 2: Defining Neuropsychological Deficits Associated with ADHD and Response to Stimulant Medication: A Decade of Progress Based on Studies of Neuroanatomy, Neurochemistry, and Neurodevelopment** **Presenter: James M Swanson** **Grand Ballroom D**
1. SWANSON, J	Defining Neuropsychological Deficits Associated with ADHD and Response to Stimulant Medication: A Decade of Progress Based on Studies of Neuroanatomy, Neurochemistry, and Neurodevelopment
9:00 AM–12:00 PM	**CE Workshop 3: Aging and Everyday Functioning: Measurement, Correlates and Intervention** **Presenters: Maureen Schmitter-Edgecombe, Sarah Tomaszewski Farias** **Willow**
1. SCHMITTER-EDGECOMBE, M	Aging and Everyday Functioning: Measurement, Correlates and Intervention
12:00–3:00 PM	**Student Lecture: Function and Anatomy of the Temporal Lobe Memory System** **Grand Ballroom B&C**
1:00–4:00 PM	**CE Workshop 4: Clinical fMRI: New applications for Neuropsychological Research and Practice** **Presenters: Susan Bookheimer, Agatha Lenartowicz** **Grand Ballroom A**
1. BOOKHEIMER, S	Clinical fMRI: New applications for Neuropsychological Research and Practice
1:00–4:00 PM	**CE Workshop 5: Ethical, Clinical, and Research Considerations for Cultural Neuropsychology** **Presenter: Jennifer Manly** **Willow**
1. MANLY, J	Ethical, Clinical, and Research Considerations for Cultural Neuropsychology

1:00–4:00 PM **CE Workshop 6: Behavioral Interventions to Prevent or Delay Dementia**
Presenters: Glenn Smith, Julie Fields, Melanie Chandler Greenaway, Dona Locke
Grand Ballroom D

1. SMITH, G — Behavioral Interventions to Prevent or Delay Dementia

3:00–4:15 PM **Poster Session 1: Cancer, Medical/Neurological Disorders in Children, TBI in Children, Adult TBI I**
Metropolitan Ballroom

Cancer

1. MOORE, C — Neurobehavioral Impact of Endocrine Therapy Following Chemotherapy for Breast Cancer
2. BERNSTEIN, LJ — Improved Knowledge, Self-Efficacy, and Behavioral Change in Women with Cancer-Related Cognitive Dysfunction Following a Brief Psychoeducational Intervention
3. LO, TT — Comorbidity and Education Influence Recovery of Executive Functioning in Breast Cancer Survivors
4. MENNING, S — Planning and Memory function in breast cancer patients – an fMRI study
5. VON AH, D — Perceived cognitive function in breast cancer survivors: Evaluating relationships with objective cognitive performance and other symptoms using the Functional Assessment of Cancer Therapy Cognitive Scale (FACT-Cog)
6. KIMBERG, C — Psychological Symptom Clusters Identified through a Computerized Diagnostic Interview for Survivors of Childhood Acute Lymphoblastic Leukemia (ALL)
7. KAVANAUGH, B — The Association Between Emotional-Behavioral Functioning and Attention and Executive Functions in CNS-Directed Pediatric Cancer Treatment
8. FONG, MW — Does Depression Play a Role in Cognitive Impairment of Stem Cell Transplant Candidates?
9. WILLARD, VW — Psychological Functioning in Pediatric Patients with Low Grade Gliomas Treated with Conformal Radiation Therapy
10. HOLLAND, A — Predictors of Utilization of School Services by Pediatric Survivors of Medulloblastoma and Pilocytic Astrocytoma
11. ROBINSON, KE — Predictors of Adaptive Functioning and Psychosocial Adjustment in Children with Pediatric Brain Tumor: A Report from the Brain Radiation Investigative Study Consortium
12. GROSCH, MC — Premorbid Functioning in Children Diagnosed with Brain Tumors
13. SMITH, K — Word Reading Skill From Childhood to Adulthood in Pediatric Medulloblastoma: A Case Series
14. NORRIS, T — Pediatric Cancer Case Study of Neurocognitive and Psychosocial Late Effects Following the Implementation of a Cognitive Remediation And Cognitive Skills Training Program
15. BANERJEE, P — Language Performance in Brain Tumor Patients: A Voxel-Based Lesion-Symptom Mapping Study
16. HARDY, KK — Computerized Assessment of Neurocognitive Functioning in Young Survivors of Childhood Cancer: A Pilot Study
17. HARDY, KK — Feasibility of Computerized Cognitive Training with Young Survivors of Childhood Cancer
18. AILION, A — Differential Developmental Trajectories of Reading and Abstract Reasoning Skills in Children with Brain Tumors: Role of Age at Diagnosis and Radiation
19. WALSH, K — Long-Term Neurocognitive Functioning in a Case Series of Medulloblastoma Survivors: The Impact of Cerebellar Mutism Syndrome
20. WALSH, K — Proton versus Photon Radiotherapy in Pediatric Brain Tumor Survivors: A Comparison of Neurocognitive Outcomes
21. LEO, P — Long Term Effects of Whole-brain Radiation Therapy on Cerebral White Matter Injury
22. RAGHUBAR, KP — Attention in Children with Brain Tumors Treated With or Without Radiation Therapy
23. LINDNER, OC — Cognitive impairments due to chemotherapy in young adult cancer survivors
24. EDELMANN, MN — Biomarkers Related to CNS Integrity during Treatment for Acute Lymphoblastic Leukemia
25. MAHONE, M — Age of Treatment Moderates Post-surgery Improvement in Processing Speed in Children with Brain Tumors
26. SCHREIBER, JE — Prospective, longitudinal assessment of attention following risk-adapted treatment for medulloblastoma: importance of multi-modal assessment
27. JAYAKAR, R — Adult Survivors of Pediatric Brain Tumor: Vulnerability of the Left Hippocampus and Verbal Memory Associations to Left versus Right Hippocampal Volumes
28. KRULL, KR — Computerized assessment of simple and complex processing speed in survivors of childhood cancer
29. CAPON, LM — Beyond Coding and Symbol Search: Processing Speed in Survivors of Childhood Cancer

Stroke/Aneurysm

30. HAJEK, C — Cognitive Functioning Following Pediatric Stroke: A Meta-Analysis

Medical/Neurological Disorders/Other (Child)

31. DINCES, SM — Hypothalamic-pituitary-adrenal Axis Function Predicts Child Neuropsychological Functioning at 3 Year Follow-up
32. DRAPEAU, C — Neuropsychological Functioning of Pediatric Patients with a Mitochondrial Disorder

TBI (Child)

74. ROSEMA, S — Young adults' and significant other's perspective of long-term psychosocial outcomes after childhood traumatic brain injury
75. HAASE, E — Relation of Depression, Anxiety and Self-Efficacy on Concussion Recovery in Adolescents
76. REESMAN, J — Symptom Report and Cognitive Exertion in School-Aged Children with Mild Traumatic Brain Injury
77. SADY, M — Correlates and Predictors of Cognitive Exertion Effects in Children and Adolescents with mTBI
78. COLLIER, S — What Does Performance Validity Test Failure Mean for Self-reported Postconcussive Symptoms after Pediatric Mild TBI?
79. PERRINE, K — Exaggeration and Somatization in Pediatric Post-Concussion Syndrome

TBI (Adult)

80. RABINOWITZ, AR — Apolipoprotein E Genotype and Concussion in College Athletes
81. RABINOWITZ, AR — Patients with Sports-Related mTBI Return to Activities More Rapidly than Patients with Motor Vehicle Crash-Related mTBI
82. BOSWORTH, C — Resting State Functional Connectivity and Cognition Changes in Professional Boxers
83. BIRATH, J — Coherence of Semantic Fluency Following Repeated Concussions in Retired Professional Football Players
84. HAMMOND, J — Longitudinal Examination of Attitudes and Behaviors Regarding Helmet Use Among Skiers and Snowboarders: 1999-2012
85. HAMMOND, J — Increasing the Knowledge of Concussion in Adults Overseeing Youth Sports: Baseline Findings
86. HAMMOND, J — Using the Transtheoretical Model of Behavior Change to Increase Bicycle Helmet Use
87. LARSON-DUPUIS, C — Impact of BDNF Val66Met polymorphism on olfactory functions of female concussed athletes
88. MANNINO, C — The Utility of the Neurobehavioral Rating Scale-Revised in Retired Professional Football Players
89. LOPEZ, WD — A Comparison of Methods to Extract Executive Ability from Trails B in Traumatic Brain Injury Survivors
90. LARA-RUIZ, J — Cognitive Function in Retired Professional Football "Speed Players"
91. CORONA, M — Emotional Functioning in Retired National Football League Players With and Without Hormonal Dysfunction
92. WRIGHT, MJ — An Index Incorporating Cognitive Reserve and Concussion History Predicts Long Term Cognitive Outcomes in Retired Professional Football Players
93. BELL, R — Assessing the Validity of the Montreal Cognitive Assessment in Collegiate Athletes
94. YUTSIS, M — Efficacy of donepezil in a newly acquired brain injury in the context of pre-existing vascular dementia
95. MARTIN, R — Sex differences in Edema following Traumatic Brain Injury
96. FEDIO, AA — Personal Creativity and Pro-social Behavior during Recovery from Traumatic Brain Injury
97. AHERN, D — Modified Attention Network Task Performance in Acute Mild Traumatic Brain Injury
98. SOBLE, JR — Is Sleep Apnea a Modifiable Mechanism Underlying Prolonged PTA Duration in Acute TBI Patients?
99. NORMAN, AL — Neurocognitive and Diffusion Tensor Imaging (DTI) correlates of mild traumatic bran injury (mTBI) in the acute care setting
100. MEDAGLIA, JD — The Relationship Between Blobs and Connections in Early Traumatic Brain Injury

4:15–5:15 PM — **Invited Address: Toward the Development of a Rehabilitation Treatment Taxonomy: A Conceptual Framework (CE Session A)**
Presenter: John Whyte
Grand Ballroom B&C

1. WHYTE, J — Toward the Development of a Rehabilitation Treatment Taxonomy: A Conceptual Framework

5:30–6:30 PM — **Awards Ceremony**
Grand Ballroom B&C

6:30–7:30 PM — **Wednesday Evening Welcome Reception**
Grand Ballroom Foyer

THURSDAY, FEBRUARY 13, 2014

7:20–8:50 AM — **CE Workshop 7: Prism Adaptation, Motor Training, and Spatial Neglect**
Presenter: Anna Barrett
Redwood

1. BARRETT, A — Prism Adaptation, Motor Training, and Spatial Neglect

7:20–8:50 AM **CE Workshop 8: Cognitive Aging and Dementia: Is White Matter what Matters?**
Presenter: Adam Brickman
Willow

1. BRICKMAN, A — Cognitive Aging and Dementia: Is White Matter what Matters?

9:00–10:00 AM **Invited Address: Mild Cognitive Impairment Comes of Age (CE Session B)**
Presenter: Glenn Smith
Grand Ballroom B&C

1. SMITH, G — Mild Cognitive Impairment Comes of Age

10:00–10:15 AM **Thursday AM Coffee Break**
Ballroom Foyer/Metropolitan Ballroom

10:00–11:30 AM **Symposium 1: The Changing Nature of Executive Control in Preschool: Using Statistical Modeling to Situate Neuroscience in Development**
Chair: Kimberly Espy
Grand Ballroom A

1. ESPY, KA — The Changing Nature of Executive Control in Preschool: Using Statistical Modeling to Situate Neuroscience in Development
2. GARZA, JP — Parsing Executive Control from Foundational Cognitive Abilities in Preschool: Application of the Bifactor Model to Examine Developmental Change
3. CLARK, CA — The Socio-Familial Context in Early Childhood and Mechanisms of Influence on Developing Executive Control in Preschool
4. NELSON, JM — Clarifying Pathways to ADHD Symptom Dimensions in Preschool Using Dualistic Models of Executive Control and Foundational Cognitive Abilities
5. SCHUTTE, AR — A Neural Network Model of Executive Control in Preschoolers

10:00–11:30 AM **Paper Session 1: Language and Aphasia (Progressive and Non-progressive)**
Moderator: Lynn Maher
Grand Ballroom D

1. SZELES, D — Consistency Promotes Fluency
2. ANTONUCCI, SM — How do Persons with Aphasia Use Semantic Feature Information during Lexical Retrieval: Evidence from Verbal-Description and Naming-to-Definition of Living and Nonliving Concepts
3. HENRY, ML — Phonological Processing in Logopenic and Nonfluent Variants of Primary Progressive Aphasia
4. PIGUET, O — Memory and Emotion Processing Performance Differentiates Between Nonfluent Primary Progressive Aphasia Syndromes
5. MILANO, N — Impairment of Propositional and Automatic Speech with Bilateral Mesial Frontal Atrophy: A New Primary Progressive Aphasia Variant?

10:15–11:15 AM **Invited Address: Hemodynamic Factors Underlying the Pathogenesis and Clinical Expression of Alzheimer's Disease**
Grand Ballroom B&C

1. JEFFERSON, AL — Hemodynamic factors underlying the pathogenesis and clinical expression of Alzheimer's disease

10:15–11:30 AM **Poster Session 2 : Adult TBI II, Cognitive Rehabilitation, Cognitive Neuroscience**
Metropolitan Ballroom

TBI (Adult)

1. KEATLEY, E — Neuropsychological Sequelae of TBI among Refugee Survivors of Torture
2. FISCHER, BL — Blast-Related TBI Produces Differential Working Memory Performance and Brain Activation Compared to Civilian TBI
3. ALMENDAREZ, CY — Fluency and Executive Dysfunction Among Service Members with Blast-Related Mild Traumatic Brain Injury
4. TATE, DF — Preliminary Findings of Reduced Fractional Anisotropy in Service Members with Blast-Related Mild Traumatic Brain Injury
5. TWAMLEY, EW — Cognitive Complaints in Veterans with TBI and their Relationship to Objective Measures of Cognition
6. TWAMLEY, EW — Neurocognition and Homelessness among OEF/OIF Veterans with Traumatic Brain Injury

Cognitive Intervention/Rehabilitation

Cognitive Neuroscience

89. NASSEHI, K — A Meta-Analysis: Alcohol Abuse Negatively Affects Social Cognition
90. PETTIT, C — Stress Responsiveness and Performance Monitoring: Potential Sex Differences
91. KNUDSEN, KS — Entertainment, Mind, and the Brain: A Neurocognitive Approach to Creative Achievement
92. SALAZAR, R — Impairments of executive and visuospatial function in motor symptom subtypes of Parkinson's disease
93. SALMINEN, L — Impact of the AGTR1 A116C Polymorphism on Subcortical Hyperintensities and Cognition in Healthy Older Adults
94. ANDERSON, J — Influence of Caffeine on Time Estimation
95. VADNAIS, S — Volumetric Differences in the Inferior Frontal Gyrus Predict Verbal Short-Term Memory Performance
96. ALTMANN, LJ — Semantic Priming of Action Initiation: Does it have therapeutic potential?

Imaging (Functional)

97. MELROSE, RJ — Functional Connectivity of Fronto-Parietal Networks in Mild Cognitive Impairment

11:30 AM–12:30 PM — Invited Address: Update on Acute Effects and Early Recovery after Mild TBI: Lessons from Sports Concussion Research (CE Session C)

Presenter: Michael McCrea
Grand Ballroom B&C

1. MCCREA, M — Update on Acute Effects and Early Recovery after Mild TBI: Lessons from Sports Concussion Research

12:30–1:45 PM — Poster Session 3: Language/Aphasia, Visuospatial/Neglect, Multiple Sclerosis/ALS, Subcortical Dementia/ MCI, Drugs/Neurotoxicology

Metropolitan Ballroom

Language and Speech Functions/Aphasia

1. YOCHIM, B — The Relationship Between Word Finding Difficulty and Frequency of Spoken Word Use
2. KARIDAS, S — Does the Use of Personally Relevant Stimuli in Semantic Complexity Training Facilitate Improved Functional Communication Performance Compared to Non-Personally Relevant Stimulus Items among Adults with Chronic Aphasia?
3. VERCHE, E — Memory problems in children with Specific Language Impairment
4. VERCHE, E — Executive Dysfunction in Specific Language Impairment
5. STEFANATOS, G — An Unusual Case of Aphasia with Coexisting Auditory Processing Disorder
6. ALTMANN, LJ — Differences in Dual Task and Group Effects in Sentence vs. Discourse Production in Parkinson's Disease
7. HUNG, J — An Eyetracking Investigation of Semantic Associations among Actions and Objects
8. MERENS, H — Switching and Clustering in Strategic Letter Word Generation: A Lesion Study
9. HAMBERGER, MJ — Does the Medial Temporal Region Mediate Naming?
10. CAHANA-AMITAY, D — Association of Homocysteine and C-reactive protein with language changes in the aging brain
11. KIM, G — Concordance between in vivo Structural Imaging and Postmortem Histopathology in Primary Progressive Aphasia with Alzheimer Pathology: A Case Report

Visuopatial Functions/Neglect/Agnosia

12. BYARS, JA — Higher Levels of Body Image Concern Are Associated With Allocentric Visuospatial Attention Bias
13. LAFO, JA — Visuoperceptual Task Impairments in Parkinson's Disease: A Pathway-specific Association of Executive Function and Memory?
14. BARRETT, AM — Leftward Where bias and rightward distraction in chronic neglect

Multiple Sclerosis/ALS/Demyelinating Disorders

15. CHENJI, S — Addenbrooke's Cognitive Examination: A possible screening measure for cognitive impairment in ALS patients
16. SUMOWSKI, JF — Paradigm shift in the study of reserve against cognitive impairment in neurologic populations
17. FORTE, M — Caprylic Triglyceride as a Potential Treatment for Cognitive Dysfunction in Multiple Sclerosis: A Case Series
18. FAYAD, A — Self-Report of Attention and Psychological Functioning Among Pediatric Multiple Sclerosis Patients and Sibling Controls
19. BERARD, J — Practice Effects on Measures of Information Processing Speed in Early-Phase Relapsing-Remitting Multiple Sclerosis
20. CANAS, A — Longitudinal Neuropsychological Assessment in Pediatric Multiple Sclerosis: Preliminary Findings
21. SPAT, J — The Effect of Time on Clustering and Switching Performance in Individuals with Multiple Sclerosis and Matched Controls
22. DENNEY, D — Differential Performance on Trail Making Tests A and B In Multiple Sclerosis
23. LOPES COSTA, SM — Effective Connectivity Differences In Processing Speed Deficits in MS

Dementia (Subcortical, Specific Disorders, MCI, etc.)

66. SULLIVAN, C — Regression-based Error Analysis in Behavioral Variant Frontotemporal Dementia (bvFTD)
67. NGUYEN, A — Differentiation of Behavioral Variant Frontotemporal Dementia (bvFTD) from Alzheimer's Disease (AD) Varies by Age of Onset
68. JERARD, T — Altruistic Giving is Compromised in Behavioral Variant Frontotemporal Dementia
69. KIELB, S — Episodic Memory Is A Clinical Indicator of Alzheimer Pathology Versus Frontotemporal Lobar Degeneration In Neuropathologically Characterized Primary Progressive Aphasia
70. NORDLUND, A — Neuropsychological Differences Between Incipient Alzheimer's Disease and Vascular Cognitive Disorder
71. STEED, D — Teasing Apart Concurrent and Predictive Influences on Dementia: Vascular and Neuropsychiatric Symptoms

Drug/Toxin-Related Disorders (Including Alcoholism)

72. KORNBLITH, ES — Association Between Long-term Environmental Mn Exposure and Verbal Fluency in Community-dwelling Adults
73. BOWLER, RM — Cognitive Function Related to Environmental Exposure to Manganese
74. KLINE, JS — Historical lead (Pb) exposure is associated with increased cognitive intra-individual variability
75. BAITZ, HA — Decision Making in Substance Users: Real-World Risk Behaviour and the Expectancy Valence Model
76. BLOMMAERT, K — Respond, Don't React: The Influence of Mindfulness on Risk-Taking Behaviour in Adolescents Diagnosed with Fetal Alcohol Spectrum Disorder
77. WILSON, MJ — Effects of Psychopathy on Reward-Based Decision-Making in Opiate, Stimulant and Polysubstance Users
78. WILSON, MJ — Reward-Based Decision-Making and Pathological Gambling in Different Types of Drug Users
79. MCCREA JONES, LA — Neurocognitive Plateau or Decline in Adolescents with Prenatal Alcohol Exposure:Implications for Assessment and Intervention
80. CATTIE, J — Methamphetamine Dependence is Associated with Deficits in Affective but not Cognitive Theory of Mind
81. SQUEGLIA, LM — Inhibitory Functioning during Early Adolescence Predicts Alcohol and Marijuana Use by Late Adolescence
82. SCHUSTER, RM — Assessment of Working Memory Functioning via Ecological Momentary Assessment in the Context of Simultaneous Cannabis and Tobacco Use

Cognitive Intervention/Rehabilitation

83. SZELES, D — Targeted Intervention Enhances the Relationship Between Left Hemisphere Lesion Size and Right Hemisphere Lateralization of Activity Following Stroke: an fMRI Study

1:15–2:45 PM — Invited Symposium: Ecologically Valid Assessment in Neuropsychology (CE Session D)
Chair: Deirdre Dawson
Discussant: Thomas Marcotte
Grand Ballroom B&C

1. DAWSON, DR — Ecologically Valid Assessment in Neuropsychology
2. SCHMITTER-EDGECOMBE, M — Smart Technologies for Ecological Momentary Assessment and Intervention
3. PARSONS, TD — Virtual Reality Environments for Ecologically Valid Neuropsychological Assessment
4. BROMLEY, E — Video Ethnography: A Veridicality Approach to the Assessment of Everyday Functioning in Schizophrenia

1:15–2:45 PM — Symposium 2: Diffusion Tensor Neuroimaging and Cognitive Development from Birth to Young Adulthood
Chair: J. Michael Williams
Grand Ballroom A

1. WILLIAMS, J — Diffusion Tensor Neuroimaging and Cognitive Development from Birth to Young Adulthood
2. OSIPOWICZ, K — Volumetric MRI and DTI Methods to Examine Cognitive Development
3. PATRICK, KE — Neuroimaging of Language Among Infants and Very Early Children
4. ZAMZOW, J — Neuroimaging of Language and Memory Among Children and Adolescents
5. TART-ZELVIN, A — Neuroimaging of Set Shifting, Working Memory, and Executive Control

1:15–2:45 PM — Paper Session 2: Aging and Dementia
Moderator: Lisa Delano-Wood
Grand Ballroom D

1. GUZMAN, VA — Reconsidering harbingers of Alzheimer's disease: Regional progression of white matter hyperintensities in the community
2. WEISSBERGER, G — Neuropsychological and Neuropathological Profiles of Hispanic Older Adults with Autopsy-Confirmed Alzheimer's Disease

3.	SKINNER, JS	Stroke Risk Profile as a Predictor of Cognition in Minority Elders
4.	BETTCHER, BM	Inflammation Deleteriously Relates to Corpus Callosum Integrity as a Function of Age
5.	REED, B	Estimated Reserve Modifies the Effect of Increasing Brain Pathology on Cognitive Decline in Aging

2:00–3:15 PM **Poster Session 4: Attention/ADHD, Learning Disorders, Genetics, HIV/AIDS/Infectious Diseases**
Metropolitan Ballroom

Learning Disabilities/Academic Skills

1.	REAMER, M	Relationship of the Student Adaptation to College Questionnaire to the Big Five Factors in Learning Disability Referrals
2.	PARK, SE	Comparing the components of the Five Factor Model with the Personality Assessment Inventory in learning disability referrals
3.	HOLCOMBE, BD	Exploring the Predictive Value of Childhood Obesity on Cognitive and Achievement Test Measures
4.	KUNKES, IB	A Comparison of Cognitive and Academic Functioning in Middle School-Aged Children with Attention-Deficit/Hyperactivity Disorder Versus Co-Occurring Attention-Deficit/Hyperactivity Disorder and Learning Disabilities
5.	HAHN-KETTER, A	Psychiatric Comorbidity in Adults with Learning Disorders and Attention Deficit Hyperactivity Disorder
6.	MCCURDY, MD	Screening for Learning Difficulty: Utility of Teacher Ratings on the Colorado Learning Difficulties Questionnaire
7.	HOLLAND, SC	Neuropsychological Functioning Among Children with Math Disabilities
8.	ELIAS, J	Algebra Refresher Interventions in Adults and Neuropsychological Correlates
9.	CIRINO, PT	Prediction of Algebra with Arithmetic and Neuropsychological Measures
10.	KORIAKIN, T	Severity of Sluggish Cognitive Tempo Predicts Reading Fluency in Children with Slow Processing Speed
11.	MARCHAND, M	Motor and Working Memory Abilities in Children with Learning Disabilities
12.	CASTO, B	Brain Mechanisms Underlying Typical Reading despite Poor Phonological Processing
13.	HICKS, KR	Neuropsychological Functioning Among Children with Reading Decoding and Comprehension Disabilities
14.	LOUGHAN, AR	Early Developmental Delays and Long-Term Outcomes: Emotional and Attention Disorders
15.	ALTMANN, LJ	The Complex Relationship between Word Reading, Nonword Reading, and Spelling
16.	HOADLEY, R	Cognitive and academic intra-individual variability in Attention-Deficit/Hyperactivity Disorder (ADHD) and Learning Disorder (LD)
17.	LI, ST	Contributions of Motor Coordination to Processing Speed and Academic Achievement
18.	JOHNSTON, K	Impact of Phonological Awareness, Executive Function and Vocabulary on Reading and Spelling Accuracy in Adults
19.	FRITZ, C	Predictors of Response to Intervention for Middle School Students with Reading Disabilities
20.	PETERSON, RL	Does Unequal Variance Cause Uneven Gender Ratios in Both High and Low Reading Ability?

ADHD/Attentional Functions

21.	BEEBE, DW	Impact of Sleep Restriction on Critical Skills for Novice Adolescent Drivers
22.	PERSAUD, AD	Addiction Acknowledgment and Attention in Adults with Cognitive Complaints
23.	KINGERY, KM	Reaction Time Variability Correlations Across Five Neuropsychological Tasks
24.	HELD, Z	Assessing Response Time Variability As A Predictor of Cognitive Fatigue
25.	MOYER, KH	Attention and Emotion Regulation in Social Functioning
26.	DELGATY, LE	Effects of Gender and ADHD Subtypes on Neuropsychological Measures of Attention, Executive Functioning and Social Cognition
27.	TAN, A	Sensitivity of Objective Measures of Executive and Social Functioning in Attention Deficit Hyperactivity Disorder
28.	BLACKHURST, Z	Executive Problems in Subclinical ADHD: a Difference in Quantity or Quality?
29.	ULLSPERGER, J	The Role of Executive Function in Predicting Severity and Impairment in Adult Attention Deficit Hyperactivity Disorder: Tasks versus Ratings?
30.	CULOTTA, PHD, V	A Comparison of Cognitive and Academic Functioning in Middle School-Aged Children with ADHD and ADHD with Comorbid Learning Disability: Performance On versus Off Stimulant Medication
31.	WEI, C	Examination of the Role of Negative Expectancies on Task Performance in Adults Concerned about ADHD
32.	ALLART, A	Cognition and Well-Being: The Relationship Between Executive Function and Quality of Life in Adults With Cognitive Complaints
33.	GAVIN, KJ	Perceptual Asymmetries and Lateralization in Adults with Attention Deficit Hyperactivity Disorder
34.	STELMOKAS, J	Evaluation of Meta-Cognitive Group Therapy for Adults with ADHD
35.	SESMA, H	Attention in Adolescents Born Moderately Preterm
36.	AUNE, E	The Validity of Self- versus Informant-reports of ADHD Symptoms in College Students: Cognitive and Academic Achievement Outcomes
37.	IVERSON, GL	Examining Preseason ImPACT® Scores in Adolescent Girls with Attention-Deficit Hyperactivity Disorder

HIV/AIDS/Infectious Disease

76. NAN, K — Profile and Vocational Relevance of Deficits in Prospective Memory Among Chinese Adults Living with HIV Infection
77. DEVLIN, KN — Metabolic Factors Are Associated With Cognitive Decline in HIV-1-Infected Persons
78. MARQUINE, MJ — HIV-infected Hispanics are at Increased Risk for Neurocognitive Impairment
79. WEBER, E — Differential Influence of Time-Based Prospective Memory Across Age and Antiretroviral Pill Burden on Adherence in HIV-Infected Adults
80. IUDICELLO, JE — Elevated levels of vascular endothelial growth factor (VEGF) are associated with neurocognitive impairment in HIV disease and methamphetamine dependence
81. ROURKE, S — Impact of HIV-associated Neurocognitive Disorders on Quality-adjusted Life Years and Medical Costs: Results from The Ontario HIV Treatment Network Cohort Study
82. ROURKE, S — The Veterans Aging Cohort Study Index Predicts Neuropsychological Impairment in HIV/AIDS: Results from The Ontario HIV Treatment Network Cohort Study
83. KARIMIAN, A — Performance-based measures of visuospatial functioning used to screen for HIV-Associated Neurocognitive Disorders (HAND) within the monolingual Spanish-speaking population
84. STEINER, A — Verbal fluency measures used to assess HIV-1-Associated Neurocognitive Disorders (HAND) within the monolingual Spanish-speaking population

Genetics/Genetic Disorders

85. FISHER, EL — Cognitive Development in a Young Child with Mucolipidosis Type IV over Time: A Case Report
86. RAO, R — Neurocognitive Profile of Partial Trisomy 2q: A Case Study
87. BYLSMA, FW — Precocious Onset of Genetically Confirmed Huntington's Disease
88. NEUGNOT-CERIOLI, M — Neuropsychological profiles of individuals with cobalamin C disease
89. FONG, MW — Neuropsychological Profile in Spinocerebellar Ataxia 17 (SCA 17): A Case Report
90. ALMKLOV, E — Structural and Functional MRI in Relation to Glutamate Receptor Gene (GRIN2B) Polymorphisms
91. POPA, AM — The Relationship of Premorbid Intelligence to Educational Achievement in Individuals with Sickle Cell Disease
92. FEE, R — Cognitive Skills of Boys with Becker Muscular Dystrophy Are More Similar to Peers than to Boys with Duchenne Muscular Dystrophy
93. PIERPONT, R — Attention and Executive Functioning in Children with Noonan Syndrome
94. CASNAR, C — Relations of Language Functioning to Attention, Functional Communication, and Social Skills in Young Children with NF1
95. KIEFEL, J — From Preschool to School-Age: Neurocognition and Adapative Functioning of Boys with Dystrophinopathy
96. GOODRICH-HUNSAKER, NJ — Altered fornix and cingulum integrity in children with chromosome 22q11.2 deletion syndrome and relationships with affective and adaptive functioning
97. WALSH, K — Cognitive and Psychological Factors Associated with Social Functioning in Children with NF1: Application of the Socio-Cognitive Integration of Abilities (SOCIAL) Model
98. LEAFFER, EB — Digit Span Performance in Children with Dystrophinopathy: A Verbal Span or Working Memory Contribution?
99. HINTON, VJ — Language Skills in Preschool Boys with Dystrophinopathy
100. GULLER, L — Cognitive Phenotype of PARK2-Associated Early-Onset Parkinson's Disease in Two Siblings

2:45–3:00 PM — **Thursday PM Coffee Break**
Ballroom Foyer/Metropolitan Ballroom

3:00–4:30 PM — **Featured Debate: Best Practices for Enhancing Cognitive Recovery: Restoration, Compensation, and Can we Tell the Difference?**
(CE Session E)
Moderator: John Whyte
Grand Ballroom B&C

1. WHYTE, J — Best Practices for Enhancing Cognitive Recovery: Restoration, Compensation, and can we tell the difference?

3:00–4:30 PM — **Paper Session 3: Child and Adult Survivors of Childhood Cancer**
Moderator: Mary Beth Spitznagel
Grand Ballroom A

1. NA, S — Effects of Radiotherapy on an Attention and Working Memory Task in Adult Survivors of Pediatric Brain Tumors
2. MCDONALD, BC — Altered Working Memory-Related Brain Activation after Leukemia Chemotherapy and Relationship to Academic Functioning
3. BRINKMAN, TM — Social Cognitive Deficits In Adult Survivors Of Childhood Brain Tumors
4. JACOLA, LM — Clinical Utility of the DKEFS for Identifying Executive Dysfunction in Childhood Cancer Survivors

5.	KRULL, KR	Longitudinal Decline in Verbal Intelligence and Memory Problems Among Adult Survivors of Childhood Acute Lymphoblastic Leukemia
6.	CONKLIN, HM	Change in Brain Activity among Childhood Cancer Survivors Participating in Computerized Working Memory Training

3:00–4:30 PM **Symposium 3: Preclinical Alzheimer's Disease: Biomarkers, Functional Relevance, and Preventative Strategies**
Chair: Ozioma Okonkwo
Discussant: Sterling Johnson
Grand Ballroom D

1.	OKONKWO, OC	Preclinical Alzheimer's Disease: Biomarkers, Functional Relevance, and Preventative Strategies
2.	RENTZ, D	Detecting Cognitive and Behavioral Evidence of Preclinical AD
3.	ROE, C	Preclinical AD Biomarkers are Associated with Poorer Driving Performance: Preliminary Results
4.	PETTIGREW, C	Medial Temporal Lobe Atrophy, APOE status, Cognitive Reserve and Risk of Clinical Symptom Onset During Preclinical AD
5.	RODRIGUE, K	Amyloid Deposition in Healthy Aging: Impact of Vascular and Genetic Risk
6.	OKONKWO, OC	Physical Activity Modifies Alzheimer Biomarkers in Preclinical AD: Evidence from the Wisconsin Registry for Alzheimer's Prevention

3:30–4:45 PM **Poster Session 5: Symptom Validity/Effort Testing, Forensics, Assessment/ Psychometrics/Methods in Adults and Children**
Metropolitan Ballroom

Malingering/Effort Testing

1.	LOUGHAN, AR	TOMM10e Utility: Assessing Effort in Children
2.	LOUGHAN, AR	TOMM Trial 1 Continues to Prove Validation of Effort in a Pediatric Sample
3.	MONTAGUE, E	Optimizing test performance with feedback about effort for adolescents with mild TBI
4.	SCHNEIDER, H	Utility of the Test of Memory Malingering (TOMM) in Preschool Children with and without ADHD
5.	DEGAIL, NM	ADHD Feigning Questionnaire In College Students
6.	SILVA, LM	Depressive Symptomatology, Abnormal Neuroimaging Findings, and Symptom Validity Performance in Electrical Injury
7.	GRILLS, C	Performance Validity Test And Neuropsychological Assessment Battery Screening Module Performance In An Active Duty Sample with a History of Concussion
8.	PAULSON, D	A Comparison of Two Embedded Effort Indices for the RBANS in a Memory Disorders Clinic
9.	PASTOREK, NJ	Incremental Effect of Declining Performance Validity Test Scores on Several Cognitive Measures in OEF/OIF/OND Veterans with a History of Mild Traumatic Brain Injury
10.	SOFKO, C	A Rarely Missed Items Index for the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)
11.	WILLIAMSON, KD	Discriminating Between ADHD, ADHD With a Comorbid Psychological Disorder and Malingered ADHD in a College Sample
12.	ROBINSON, J	Serial Position Effects in Effort Test Failures
13.	PROTO, D	The Influence of Successive Numbers of Validity Test Failures on Neuropsychological Testing Performance in Individuals with a History of Mild Traumatic Brain Injury
14.	MCCULLOCH, K	Incremental Classification Accuracy Across the Test of Memory Malingering (TOMM) Trials
15.	MCCULLOCH, K	Evaluation of Symptom Validity with the Neurobehavioral Symptom Inventory
16.	KLAS, P	Validity of the Neuropsychological Symptoms Assessment (NPSA): Preliminary Results
17.	MOHAMMED, S	Effort Exerted in Mandatory vs Voluntary Participation in Undergraduate Experiments
18.	CLARK, AL	Relationships Between Effort, Psychiatric Symptom Reporting, and Structural Brain Changes in OEF/OIF Veterans with History of Mild TBI
19.	SCHEIBEL, RS	Deployment-Related Mild TBI, Effort Testing, and Perceived Limitations in Community Reintegration, Social Participation, and Resiliency Among OEF/OIF Veterans
20.	DUNHAM, KJ	Specificity for Cognitively Impaired Individuals on the RBANS Effort Scale and Effort Index
21.	DUNHAM, KJ	Introduction to a New Profile Analysis on the Medical Symptom Validity Test
22.	ANDRESEN, EN	Relationships Between Personality Assessment Inventory and Victoria Symptom Validity Test Scores Change Across the Lifespan in a Mixed Clinical Sample
23.	SUGARMAN, MA	Embedded Measures of Effort in the Controlled Oral Word Association Test in a Clinical Sample
24.	ESTEVIS, E	The Judgment of Line Orientation Test as an Embedded Measure of Symptom Performance Validity
25.	LAU, L	Detection of Coached Neuropsychological Dysfunction: An Experiment Regarding Mild Closed Head Injury
26.	MILLER, A	A Comparison of the WMS Rarely Missed Index to the WAIS Reliable Digit Span in Depressed Inpatients
27.	BASSO, MR	Symptom Validity and Performance Validity: One or Two Constructs? A Structural Equation Modeling Study
28.	WISDOM, N	PTSD and Cognitive Functioning: Importance of Including Performance Validity Testing

Forensic Neuropsychology

29. LANSING, AE — Auditory Processing Deficits Among Incarcerated Youth: Contributors to Performance and Implications for Services
30. LANSING, AE — Non-Verbal Attention Skills Among Incarcerated Adolescents
31. BIDDLE, C — The Effect Of Hand Restraints On Forensic Neuropsychological Evaluations
32. LUU, H — Motor functioning tests as embedded performance validity measure in males
33. WARDIN, L — Digit span total raw score as an embedded performance validity test
34. MITCHELL, EH — The Relationship between Psychological Response Bias, Neurocognitive Symptom Validity, and Estimates of IQ in Criminal Defendants
35. REESE, C — Examining the MMPI-2-RF RBS, HHI-r, and FBS-r Validity Scales in Simulated Head Injury
36. UKUEBERUWA, DM — Simplifying Coping Measurement for the Clinic
37. VARGAS, G — Prevalence, Correlates, and Changes in Elevated Anxiety Levels in Multiple Sclerosis
38. RABINOWITZ, AR — The Effect of Motivation on Cognitive Test-Performance: Integrating Measures of Effort into Baseline Concussion Testing
39. MEYER, J — The Affective Word List: a Measure of Mood and Memory
40. MERRITT, VC — Baseline Predictors of Post-Concussion Symptoms in Collegiate Athletes

Assessment/Psychometrics/Methods (Adult)

41. SCHATZ, P — Improving the Psychometric Interpretation of ImPACT using Base Rate Analyses
42. PIERCY, JC — Exploring Dorsal "Cool" and Ventral "Hot" Executive Functions Using the Emotional Continuous Performance Task (EMO-CPT)
43. PIERCY, JC — Convergent Validity of Clinical and Functional Measures of Memory
44. BUELOW, MT — The Assessment of RIsky Decision Making
45. POSADA, C — Development of the Emotional Verbal Learning Test
46. LOCKWOOD, CA — Facial Affect Recognition in Veterans with PTSD
47. LOCKWOOD, CA — Cognitive Performance in a VA Sample with Chronic Pain
48. MCKENZIE, T — Normative Data for the Original Serial Sevens Test in a Legally Blind Veteran Population
49. LEITNER, D — A Comparison of the Buschke Selective Reminding Test and the California Verbal Learning Test - Second Edition in a Traumatic Brain Injured Population
50. KESSELS, RP — Assessment of Working Memory in Patients with Early Alzheimer's Disease: Comparing Working Memory Tests from the WAIS/WMS-III/IV
51. ABEARE, C — Predicting Estimated IQ with Verbal Fluency Response Characteristics
52. GLASS UMFLEET, L — WAIS-IV GAI, CPI, and FSIQ Discrepancies in Four Clinical Samples
53. GLASS UMFLEET, L — Prorating WAIS-IV Summary Scores for Patients with Relapsing-Remitting Multiple Sclerosis
54. ROSSETTI, M — Novel Upper Extremity Motor Tasks are Reliable and Sensitive to Deficits in Idiopathic Normal Pressure Hydrocephalus
55. BALLDIN, V — Validation of the Brief Cognitive Status Exam (BCSE) in a Mixed Clinical Sample
56. WONG, AL — Evaluating Alternate Versions of the Hopkins Verbal Learning Test and Complex Figures
57. GOLDSWORTHY, R — The Distinctions Between Self-Report and Behavioral Outcomes of Impulsivity Measures
58. PEDERSEN, HA — RBANS Story Recognition: A New Subtest with Promising Clinical Utility
59. WYMAN-CHICK, K — What does Visual Puzzles measure? Factor analysis in a mixed clinical sample
60. KILLGORE, WD — A Psychometric Validation of the Design Organization Test (DOT) in a Healthy Sample
61. XIE, SS — Performance of the Automated Neuropsychological Assessment Metrics (ANAM) in Detecting Cognitive Impairment in Heart Failure Patients
62. O' SHEA, DM — Validating a caregiver-based questionnaire to assess sexual behaviors in patients with brain injury, frontotemporal lobar degeneration and corticobasal syndrome
63. KRISHNAN, K — Change in Montreal Cognitive Assessment Over Time
64. FALKOWSKI, JA — Converting Montreal Cognitive Assessment to Mini-Mental State Examination Scores
65. OJEDA, N — Validation and Normalized data for the M-WCST (NORMACOG Project) in Spanish Population
66. NATELSON LOVE, MC — Alabama Brief Cognitive Screener (ABCs): Design and Initial Clinical Experience
67. FIELDS, KN — A psycholinguistic analysis of the Word Memory Test: Item level characteristics and variability
68. RUSS, K — The reliability of cognitive consistency: Cognitive intra-individual variability across two testing sessions
69. MCCLINTOCK, SM — Psychometric Properties of the NIH Toolbox Cognitive Battery in Patients with Parkinson Disease
70. VELLA, L — Cognitive Impairment Rates in a Sheltered Homeless Population
71. NOULLET, CJ — The Ecological Validity of Measures of Visual Attention in Community-Dwelling Older Adults
72. PULSIPHER, DT — Influence of Sociodemographic Variables on a Performance-Based Measure of Everyday Functioning
73. MARCOTTE, T — EEG-based Workload Estimates During Driving Simulation Predict On-road Performance
74. SCHULTHEIS, MT — Neuropsychology and Functional Activities of Daily Living
75. WHIPPLE, E — Cognition and driving in multiple sclerosis
76. MORSE, C — Multitasking and Vocational Functioning in Multiple Sclerosis: A Performance Based Assessment

77. GIOVANNETTI, T — Characterizing Everyday Functioning in Mild Cognitive Impairment with Performance-based Assessment and a Neurocognitive Model
78. BLACKSTONE, K — Metacognition of Everyday Multitasking Among HIV+ Adults
79. SANDERS, C — The map task: An Open-Ended Test of Planning Ability using Ecologically-Valid Stimuli in a Real-World Environment

Assessment/Psychometrics/Methods (Child)

80. POWELL, SK — Analysis of a Novel Model for Neuropsychological Services in a Pediatric Training Hospital: Creation of a Targeted Neuropsychological Assessment Clinic
81. ENNOK, M — Cognitive Processess Assessed by the Contingency Naming Test
82. MCKITTRICK, KJ — An Indepth Investigation of the Beery-Buktenica Developmental Test of Visual-Motor Integration-Sixth Edition: Evidence of a Flynn Effect and Relations with Intelligence
83. LOVELL, M — Normative data for the neuropsychological risk factors reported on the ImPACT neurocognitive test battery
84. IRWIN, J — Comparison of the Reynolds Intellectual Assessment Scales (RIAS) to the Wechsler Intelligence Scale for Children – Fourth Edition in Canadian Children
85. DE JONG, DM — Prenatal Tobacco Exposure and Preschoolers' Observed Externalizing Behavior under Conditions of Frustration
86. WELSH, J — Utility of the ImPACT with Deaf Adolescents
87. PATRICK, K — The Relationship Between Early and Later Language Skills in a Longitudinal Sample of Very Young Children
88. RAIFORD, SE — Validity of New WISC-V Visual Spatial, Fluid Reasoning, Visual Working Memory, Rapid Naming, and Visual-Verbal Associative Memory Subtests
89. HARDY, KK — Promoting Participation in Large, Multi-site Clinical Trials of Neurocognitive Functioning: Use of a Brief, Computerized Neurocognitive Battery for Pediatric Patients with Cancer

4:45–5:45 PM — **Birch Lecture: A Social Neuroscience Perspective on Adolescent Risk-Taking (CE Session F)**
Presenter: Laurence Steinberg
Grand Ballroom B&C

1. STEINBERG, L — A Social Neuroscience Perspective on Adolescent Risk-Taking

FRIDAY, FEBRUARY 14, 2014

7:20–8:50 AM — **Student Panel, Presented by the INS Student Liaison Committee**
Grand Ballroom D

7:20–8:50 AM — **CE Workshop 9: This is Your Brain on Weed: The Neuropsychological Impact of Marijuana and Alcohol Use in Adolescence**
Presenter: Susan Tapert
Redwood

1. TAPERT, S — This is Your Brain on Weed: The Neuropsychological Impact of Marijuana and Alcohol Use in Adolescence

7:20–8:50 AM — **CE Workshop 10: Neuropsychology and Real World Functional Assessment: Success, Barriers and What the Future may Bring**
Presenter: Maria Schultheis
Willow

1. SCHULTHEIS, M — Neuropsychology and Real World Functional Assessment: Success, Barriers and What the Future may Bring

9:00–10:00 AM — **Invited Address: Why is Autism More Common in Males? (CE Session G)**
Presenter: Simon Baron-Cohen
Grand Ballroom B&C

1. BARON-COHEN, S — Why is Autism More Common in Males?

10:00–10:15 AM **Friday AM Coffee Break**
Ballroom Foyer/Metropolitan Ballroom

10:00–11:30 AM **Symposium 4: Global Neuropsychology**
Chair: David Schretlen
Grand Ballroom A

1.	SCHRETLEN, DJ	Global Neuropsychology
2.	HOFER, SM	Integrative Analysis of Longitudinal Studies on Aging (IALSA): Challenges and Requirements for Quantitative Harmonization
3.	GROSS, AL	Big Questions in Cognitive Aging: An Integrative Analysis Approach
4.	SULLIVAN, C	Cognitive Aging on Four Continents
5.	SCHRETLEN, DJ	Cultural Differences in the Effects of Education and Illiteracy on Animal Naming

10:00–11:30 AM **Paper Session 4: Child and Adolescent TBI**
Moderator: Kelly McNally
Grand Ballroom D

1.	ARENIVAS, A	Neural activation on a working memory functional MRI task in pediatric sports-related concussion
2.	AMAYA-HODGES, M	Retrospective Reports of Pre-Injury Symptoms: Psychometric Properties and Clinical Utility for Pediatric Concussions
3.	JIVANI, S	Effects of Injury Severity on White Matter Tract Fractional Anisotropy in Chronic Pediatric Traumatic Brain Injury and the Relationship to Memory
4.	HEVERLY-FITT, S	Investigating a Proposed Model of Social Competence in Children with Traumatic Brain Injuries (TBI)
5.	HENDRIX, CL	Pragmatic language mediates the relationship between early childhood TBI and adaptive functioning

10:15–11:15 AM **Symposium 5: Item Response Theory and Rasch Analysis in Neuropsychology: Modern Methods for Refining, Calibrating, and Interpreting Measures**
Chair: Callie Tyner
Discussant: Michael Thomas
Grand Ballroom B&C

1.	TYNER, CE	Item Response Theory and Rasch Analysis in Neuropsychology: Modern Methods for Refining, Calibrating, and Interpreting Measures
2.	MILLIS, SR	Introduction to the Rasch model
3.	GIBBONS, LE	Item Response Theory Methods for Calibrating Multiple Tests of the Same Domain
4.	TYNER, CE	Pay no attention to that man behind the curtain: Psychometric considerations uncovered by Rasch analysis of a pediatric test of sustained attention
5.	THOMAS, ML	A Component Process Analysis of Working Memory Deficits Associated with Head Injury Using Multidimensional Item Response Theory

10:15–11:30 AM **Poster Session 6: Alzheimer's Disease, Medical/Neurological Disorders in Adults, Epilepsy/Seizures**
Metropolitan Ballroom

Dementia (Alzheimers)

1.	KERR, DL	Relationships between Brain Atrophy and Financial Capacity in Patients with aMCI and AD
2.	EMBREE, L	FDDNP-PET Imaging Identifies Alzheimer's disease-like Binding Patterns in Subjects with Non-Amnestic Mild Cognitive Impairment
3.	WIERENGA, CE	Altered Brain Response to Object Naming in Alzheimer's Disease Risk: A Simultaneous BOLD fMRI and Pseudocontinuous Arterial Spin Labeling Study at 3T
4.	HARTMAN, ER	Myelin Integrity and Trails B Performance in Normal Elderly, Mild Cognitive Impairment, and Alzheimer's Disease
5.	MCDONNELL, Z	Basal Ganglia Hyperintensities in Relation to the Modified Mini-Mental State (3MS) in the Cache County Study on Memory Health and Aging
6.	TSUI, YH	Scheltens et al. Ratings For White Matter Hyperintensities in the Cache County Study on Memory Health and Aging
7.	COHEN SHERMAN, J	Three-Word Bricolage: A New Task Distinguishes Mild Cognitive Impairment From Healthy Aging
8.	TANIGUCHI, A	California Verbal Learning Test (CVLT) Indices of Memory and Pattern Separation Correlate with Hippocampal Volume in Normal Aging, Mild Cognitive Impairment (MCI), and Alzheimer Disease (AD)

9.	BONNER-JACKSON, A	Longitudinal Changes in Semantic Memory Activation in Healthy Elders at Genetic Risk for Alzheimer's Disease: Results of a 5 Year fMRI Study
10.	EDMONDS, EC	Susceptibility of the Conventional Criteria for Mild Cognitive Impairment to False Positive Diagnostic Errors: Evidence from the Alzheimer's Disease Neuroimaging Initiative
11.	SHAKED, D	Memory Awareness Influences Modification of Everyday Activities in Cognitively Impaired Elders
12.	COSENTINO, S	Metamemory is Associated with Right Insular Volume in Healthy Aging and Alzheimer's Disease
13.	CINES, S	Disentangling The Link Between Awareness and Depression in Alzheimer's Disease
14.	WARD, A	Olfaction: A key to understanding neural degeneration in Alzheimer's disease?
15.	WEAKLEY, AM	Analysis of Verbal Fluency Ability in Alzheimer's Disease The Role of Clustering, Switching, and Semantic Proximities
16.	EDWARDS, M	Molecular Markers of Neuropsychological Functioning and Alzheimer's Disease
17.	GLENN, M	Temporal Associative Memory Differences in Healthy Older Adults with Pathological or Normal Cerebrospinal Fluid Markers of Alzheimer's Disease
18.	TRAVIS SEIDL, JN	Baseline Neuropsychological Test Performances Differ Between Rapidly and Slowly Progressing Alzheimer's Disease Patients
19.	MCLAUGHLIN, PM	Metacognition in Mild Cognitive Impairment and Alzheimer's disease
20.	MCLAUGHLIN, PM	Variability in Verbal Fluency Performance and Everyday Functioning in Mild Cognitive Impairment and Alzheimer's disease
21.	CARTER, K	The Relationship Between Atherosclerosis Progression and Cognitive Function
22.	PARIKH, M	Predicting the Rate of Decline in Alzheimer Disease: The Role of Neurocognitive Performance Features
23.	ALVERSON, WA	Progression and Stability of Cognitive Asymmetry in a Large Sample of Alzheimer's Disease Patients
24.	KANDAH, C	Longitudinal Performance on the Mini-Mental State Exam (MMSE) and the Mattis Dementia Rating Scale-2 (DRS)
25.	LANE, EM	The Impact of Diabetes Medications on Alzheimer's Disease and Vascular Neuropathology
26.	MULHAUSER, K	Group Differences Between Mild Cognitive Impairment, Vascular Dementia, and Alzheimer's Disease on the Geriatric Depression Scale
27.	JOLLIE, RG	The Relation Between Premorbid Occupation Level and Overall Cognitive Function in Parkinson's Disease
28.	LY, JJ	Deficits in Top-down Processing and Processing Speed in Alzheimer's Disease and Aging, Using the Attentional Blink Paradigm
29.	GIFFORD, K	APOE modifies the relation of cognitive complaints and episodic memory in older adults with mild cognitive impairment
30.	LAU, K	Early functional limitations increase risk of disability and dementia
31.	PARK, LQ	Memory and Executive Functioning Are Important Longitudinal Predictors of IADLs Across the Spectrum of Alzheimer's Disease
32.	FARRELL, M	Subjective word-finding difficulty predicts engagement in social leisure activities in Alzheimer's disease
33.	YOU, SC	Neuropsychiatric Symptoms Predict Functional Status in Alzheimer's Disease
34.	SOLOMON, T	Correlational Analysis of Five Commonly Used Measures of Cognitive Functioning and Mental Status: An Update
35.	DEBROS, GB	The Montreal Cognitive Assessment (MoCA) Is Superior to the Mini-Mental State Examination (MMSE) in Differentiating MCI from Normal Healthy Aging in Patients With Subjective Memory Complaints
36.	GURNANI, A	A Meta-Analysis Examining the Utility of Neuropsychological Tests in Diagnosing Neuropathologically Confirmed Alzheimer's Disease
37.	ENNOK, M	Assessment of Constructional Skills in Patients with Alzheimer's Disease and Parkinson's Disease with Dementia
38.	PENNEY, DL	What The Digital Clock Drawing Test (dCDT) Tells Us About The MoCA Clock Scoring Criteria
39.	PENNEY, DL	Working Harder But Producing Less: The Digital Clock Drawing Test (dCDT) Differentiates Amnestic Mild Cognitive Impairment And Alzheimer's Disease
40.	PENNEY, DL	Rare Errors In The Clock Drawing test: What Missing Hands And Numbers Tell Us
41.	PENNEY, DL	Detecting Mild Cognitive Impairment Using The MoCA Clock Drawing Subtest

Medical/Neurological Disorders/Other (Adult)

42.	SEICHEPINE, DR	Gulf War Illness: Chronicity of Health Symptoms in the Ft. Devens Cohort
43.	WALD, D	A Case Study of an Adult with Fahr's Disease
44.	SHIELDS, M	Physical Activity Level Predicts Reaction Time in Lean, not Obese, Individuals
45.	FEIGON, M	Cognitive Variables Predicting Performance on the Competency Rating Scale in African-Americans with Sickle Cell Disease
46.	MASON, LH	Residual Verbal Fluency Deficits in Anti-NMDA-receptor Encephalitis Status Post-plasmapheresis
47.	SONGY, C	Challenging the Odds: Recovering from West Nile Encephalitis
48.	JONES, J	The Cognition Index of the Parkinson's Disease Questionnaire-39: What does it really measure?
49.	JONES, J	Mood and Amotivation Symptoms in Parkinson patients with and without Mild Cognitive Impairment (MCI): Comparison of 3 MCI classification approaches
50.	LEMONDA, BC	A Data-Driven Approach to the Classification of Neurocognitive Subtypes of Parkinson's Disease: Clinical Correlations and Relationship to MDS Criteria

Epilepsy/Seizures

95. EICHSTAEDT, KE — Predicting Material Specific Memory Deficits Among Patients with Temporal Lobe Epilepsy with Performance Validity Tests and Rey Auditory Verbal Learning Test: Do Green's Word Memory Test Scores Share Variance with RAVLT?
96. COLLINS, R — Perceived Competency and Quality of Life Deficits in Individuals Experiencing Psychogenic Non-epileptic Events
97. BALDASSARRE, M — Neuropsychological profiles associated with epilepsy, non-epileptic seizures and Psychiatric Disorders

Dementia (Subcortical, Specific Disorders, MCI, etc.)

98. WEISSBERGER, G — Elevated Pulse Pressure is Associated with Executive Dysfunction in Hispanic Older Adults

11:30 AM–12:30 PM

Invited Address: Age-related Memory Decline: New Insights from Imaging, Genetics, and Biomarkers (CE Session H)

Presenter: Andrew Saykin
Grand Ballroom B&C

1. SAYKIN, AJ — Age-related Memory Decline: New Insights from Imaging, Genetics, and Biomarkers

12:30–1:45 PM

Poster Session 7: Memory, Functional Imaging, Emotional Processes, Psychopathology/Neuropsychiatry, Autism Spectrum Disorders

Metropolitan Ballroom

Memory Functions

1. OKAHASHI, S — Activation of the Prefrontal Cortex during Free-recall Task using Unrelated/Related Word List: a fNIRS Study
2. BINDER, A — Recognition Memory for Negative Stimuli: Complex Associations with Emotion Regulation
3. KUHN, T — Temporal Lobe Memory Circuits: White Matter Integrity and Memory Performance in Temporal Lobe Epilepsy
4. SOLOMON, T — A Proof of Concept Study for a Randomized Double-Blind, Placebo Controlled, Parallel Group, Efficacy Study of AlphaBrain(TM) Administered Orally
5. MAGNUSON, SA — The Effects of Stroke on Prospective Memory
6. WOODS, SP — Implications of Prospective Memory for Real-World Functioning: A Meta-Analysis
7. RASKIN, S — Using a Measure of Prospective Memory to Predict Onset of Dementia
8. BENEDETTO, A — Prospective Memory and Natural Actions Tasks in Individuals with Traumatic Brain Injury
9. HUA, M — Metacognitive Awareness of the Prospective Memory in Time-based and Event-based tasks
10. PARK, P — Effects of Facial Attractiveness on Memory for Faces in Patients with Parkinson Disease
11. OELKE, L — Source Memory and Generation Effects in Parkinson's Disease
12. MCALISTER, C — Noncontent Memory and Its Relation to Everyday Functioning in Individuals with Mild Cognitive Impairment
13. KIRTON, JW — Cognitive Sequelae of Increased Body Mass Index
14. PAINTER, KN — Obesity Relates to Decreased Verbal Memory in Adolescents
15. BUTTS, AM — Case Study: Intact Procedural Memory with Dense Amnesia in an Adolescent with Bilateral Medial Thalamic and Hippocampal Lesions
16. LOUGHAN, AR — Visual Memory testing in Children with Developmental Disorders: CMS Visual Memory versus the Rey Complex Figure Recall
17. JORDAN, LL — Pediatric Verbal "Memory" Impairments Stem from Encoding Deficits
18. CONSTANCE, JM — An Investigation of Rote and Semantically-Related Verbal Short-term Memory in a Children with RD and/or ADHD

Imaging (Functional)

19. MCINTOSH, E — Investigating the associations between brain activation and depressive symptoms and measures of adiposity during hedonic evaluation of sucrose
20. RAO, JA — Depression and Aging Interact in Producing Aberrant Activation of Frontostriatal Circuits in Major Depressive Disorder
21. RAO, JA — Disruption of Response Inhibition Circuits in Prodromal Huntington Disease
22. MANNING, J — Decreased Functional Connectivity In The Reward System In Social Anxiety Disorder
23. BROWN, GS — Dissociable Neural Networks are Preferentially Engaged During Allocentric and Egocentric Spatial Learning
24. ZLATAR, ZZ — Hippocampal Cerebral Blood Flow and Sedentary Behavior in Older Adults: An Arterial Spin Labeling Study
25. HANTKE, N — Multi-Voxel Pattern Analysis of Famous and Non-Famous Names in Older Adults
26. SUGARMAN, MA — Functional Correlates of Verbal Working Memory in Healthy Aging and Early Alzheimer's Disease
27. LE BERRE, A — Functional Network of Metamemory Performance During an Episodic Feeling-Of-Knowing Judgment
28. LAM, J — A Problem-Solving Task Specialized for Functional Neuroimaging: Validation of the Scarborough Adaptation of the Tower of London (S-TOL) using Near-Infrared Spectroscopy

71. GAVRON, L — Social Functioning and Social Cognition as Related to Coping Strategies in Individuals with Schizophrenia
72. BUCHHOLZ, A — Beyond General Neuropsychological Deficits, Familiality of Working Memory Impairment is Evident in Schizophrenia but Not in Schizoaffective and Psychotic Bipolar Pedigrees

Autism Spectrum Disorders

73. VAN STEENBURGH, JJ — Transcranial Direct Current Stimulation Changes Frontoparietal Control Network Connectivity Associated with Working Memory Performance in High-Functioning Autism
74. KENWORTHY, L — Randomized Controlled Effectiveness Trial of Executive Function Invention for Children on the Autism Spectrum
75. CARSON, AM — Electroencephalogram Coherence in Teens with and without Autism Spectrum Disorders
76. MCLEAN, R — Executive Function Deficits are Associated with Adaptive Function Impairment in Individuals with Autism and Average IQ
77. HAISLEY, LD — Relationship Between Executive Functioning and Restricted and Repetitive Behaviors in 8-10 Year Olds with Autism Spectrum Disorders
78. SONGY, C — Using the Variable of Impulsivity on the Test of Variables of Attention to Improve Medication Management in Children with Asperger's Disorder and Attention-Deficit/Hyperactivity Disorder
79. WODKA, E — Relationship between Attention, Hyperactivity/Impulsivity, and Sensory Behavior in Autism
80. HUNT, I — Cognitive Control and Performance Monitoring in Individuals with Autism Spectrum Disorders: A Meta-Analytic Review
81. CLAWSON, A — Watching Others: Cognitive Control During Observation in Autism
82. WELLER, JA — Do Internalizing Disorders Change Performance on Measures of Cognition and Emotion in Children with Autism Spectrum Disorder (ASD)?
83. PERREAULT, A — Local Information Influences Visual Shape Perception in Autism
84. DUMAS, K — Altered Visually Driven Dampening of Auditory Processing in Children with Autism
85. DUFFIELD, T — Neuropsychological Investigation of Stability of Motor Functioning in Autism Spectrum Disorder (ASD)
86. FUKATSU, R — Motor Functioning in Young Children with Autism
87. TROYB, E — Do Restricted and Repetitive Behaviors During Early Childhood Predict School-Age Outcome Among Children with Autism Spectrum Disorders?
88. DUVALL, S — Examining Gender Differences in Autism Spectrum Disorder
89. NAIR, A — Differential patterns of disrupted functional connectivity between thalamus and prefrontal and temporal cortex in Autism Spectrum Disorders (ASD)
90. LUDWIG, N — Behavioral Validation of a Novel Measure of Social Attribution: The Dynamic Interacting Shape Clips (DISC)
91. GRANADER, Y — Exploring Cogmed in Children with Autism Spectrum Disorders
92. TRONTEL, H — Intellectual Functioning and Differences in Memory Performance in Autism

1:30–3:00 PM — Invited Symposium: Clinical Trials of Behavioral Interventions in Neurologic Patients : Developing Evidence (CE Session J)

Chair: Sureyya Dikmen
Discussants: Charles Bombardier, Nancy Temkin
Grand Ballroom B&C

1. DIKMEN, S — Clinical Trials of Behavioral Interventions in Neurologic patients : Developing Evidence
2. EHDE, DM — Efficacy of Telephone-Delivered Cognitive Behavioral Therapy for Pain in Neurologic Conditions
3. FANN, JR — Telephone and In-Person Cognitive Behavioral Therapy for Major Depression after Traumatic Brain Injury: A Randomized Controlled Trial
4. DIKMEN, SS — The Effect of a Scheduled Telephone Intervention on Outcome After Moderate to Severe Traumatic Brain Injury
5. BELL, K — The Effect of a Scheduled Telephone Intervention on Outcome After Moderate to Severe TBI

1:30–3:00 PM — Symposium 6: Neuropsychology, Technology, and the 21st Century

Chair: Robert Kane
Grand Ballroom A

1. KANE, R — Neuropsychology, Technology, and the 21st Century
2. PARSONS, TD — Virtual Environment-Based Computerized Neuropsychological Assessment Devices
3. BIGLER, ED — 21st Century Integration of Neuroimaging with Neuropsychology
4. CHEN, AJ — From Brains to Games: Technology Contributions to Sharpening Cognitive Functioning after Brain Injury
5. CULLUM, M — Teleneuropsychology: Evidence for Remote Neuropsychological Assessment

1:30–3:00 PM **Symposium 7: Early Life Experience and Late Life Cognitive Change**
Chair: Bruce Reed
Grand Ballroom D

1. REED, B — Early Life Experience and Late Life Cognitive Change
2. MUNGAS, D — Demographic diversity and cognition in late life: Determinants of baseline differences are not mirrored in longitudinal change
3. MELROSE, RJ — Low Physical Growth and Childhood SES Increase the Rate of Cognitive Decline in Late Life: Findings from the UC Davis Aging Diversity Cohort
4. BARNES, L — Early-life adversity and late-life cognitive decline among diverse older adults
5. ZAHODNE, LB — "Good Enough Schooling": Only Early Education Protects against Late-Life Cognitive Decline
6. BOYLE, P — Potential mechanisms linking childhood circumstances to trajectories of cognitive aging

2:00–3:15 PM **Poster Session 8: Executive Functions/Frontal Lobes, Electrophysiology, Structural Imaging**
Metropolitan Ballroom

Executive Functions/Frontal Lobes

1. SANZ, JH — Executive Function and Quality of Life in School Age Children with Congenital Heart Disease
2. KRIVITZKY, L — Executive Functioning Profiles in Children with a history of Pediatric Stroke
3. ARTNAK, M — Executive Functioning and Quality of Life in Pediatric Congenital Adrenal Hyperplasia Patients
4. MIETCHEN, JJ — Executive Function and Sleep-Related Disordered Breathing among Adolescent Behavioral Weight Loss Program Participants
5. WOODS, SE — The Mediating Role of Executive Function in the Link Between Parenting and Children's Physical Aggression
6. HENRIQUEZ, SM — Executive Functioning in Ethnic Minority Youth and Reporter Congruence in Relationship with Objective Measure Performance
7. GUSTAFSON, EL — A Targeted Executive Functioning Intervention Model for Vulnerable Youth
8. KASZYNSKI, KL — Executive Functioning, Temperament, and Antisocial Personality Disorder in Homeless Youth
9. ARES, K — The Relationship between Executive Functioning, Memory, and Risk Taking Behaviors in Homeless Youth
10. MOLNAR, AE — Unique and Shared Executive Functioning Deficits in Children with ADHD or Dyslexia when Not Controlling for Intellectual Functioning
11. GERST, EH — Performance and Behavioral Executive Function Measures and Academic Outcomes in Children
12. LALONDE, G — Links Between Early Childhood Language And The Development Of Executive Functions
13. MCCUE, KA — Specificity of Deficits in Executive Functioning in Youth with Nonverbal Learning Disability and Attention Deficit Hyperactivity Disorder
14. DIQUATTRO, ME — Executive Functioning in Children with Autism, Attention-Deficit/Hyperactivity Disorder, and Comorbid Autism and Attention-Deficit/Hyperactivity Disorder
15. CIRINO, PT — Incorporating Executive Function into Reading Instruction
16. BERMUDEZ, CI — Transcranial Doppler Velocity Levels in relation to Memory and Executive Functioning in Children with Sickle Cell Disease
17. MOORE, WR — Fostering an understanding of the bilingual advantage in young adults: Application of a comprehensive model of executive function
18. DUVALL, S — Multimodal Executive Function Measurement in Preschool Children Born Very Low Birth Weight and Full Term: Relationship Between Performance, Parent Report and Observational Coding
19. CHIASSON, V — Neuropsychological Outcomes After Early Frontal Lesion : A Case Study
20. BUELOW, MT — The Influence of an Additional 100 Trials on Iowa Gambling Task Performance
21. BUELOW, MT — Association Between the Delay Discounting Task and Individual Deck Selections on the Iowa Gambling Task
22. BUELOW, MT — Social Exclusion Affects Risky Decision Making
23. BUELOW, MT — Relationships between Personality Characteristics, Mood, and the Columbia Card Task
24. MAGRYS, S — Alcohol and Acute Stress Interact to Increase Impulsive Responding Among Undergraduates
25. SUNDERARAMAN, P — The Influence of Cognitive Abilities on Different Aspects of Everyday Decision Making Competency in Young Adults
26. LANTRIP, C — Relationship between Emotion Regulation Strategies and Executive Functions in Adolescents' Daily Lives
27. GRAEFE, AC — Decision Making and Executive Functioning Correlates of Risky Driving Behavior in Young Adults
28. RHODEWALT, L — Executive Problems, Neuroticism, and Affect Suppression: Cognitive and Personality Contributions to Unhealthy Coping
29. RAAK, J — The Impact of Working Memory and Scenario Intuitiveness on Moral Judgments
30. FRANCHOW, EI — Abnormally-High Affect Suppression and Longer Motor Planning Time: an Executive Effect
31. WEISE, RM — The Relationship Between Social Support and Executive Function
32. HULL, A — Subjective Cognitive Dysfunction: Understanding the Relationship Between Self-report of Cognitive Difficulties, Neurocognitive Performance, Social and Emotional Functioning, and Pain
33. WIDMANN, G — The Influence of Obsessive Compulsive Symptoms on Executive Functioning

34. RHODES, E — Perseverations and Related Graphomotor Errors Related to Leukoaraiosis Assessed with a Visual Working Memory Test: A Two-Factor Model
35. TART-ZELVIN, A — Perseverations and Graphomotor Errors Produced on a Visual Serial List Learning Test in Epilepsy
36. COHEN, J — A Pilot Study of Sex Differences in Graphomotor Planning as a Sign of Differential Executive Impairment in Vascular Aging
37. WIENER, JR — Motor Perseverations in Frontal Versus Non-frontal Primary Brain Tumors
38. COHEN, ML — Endogenously and Exogenously Evoked Movement Preparation, Initiation and Reprogramming in Parkinson's Disease
39. BOTT, NT — Sensitive Measures of Executive Function Deficits in Non-demented Parkinson's Disease
40. BOTT, NT — Strategy Use on the D-KEFS Design Fluency Test: Relationships with Personality and Creativity
41. LIM, R — A Quantitative Review of Cognitive Training Effects on the Executive Functions of Older Adults
42. SUTTON, KA — Physical Exercise Interventions for Executive Functions at Later Age: An Evaluation of Pre-Post Controlled Trials
43. DIRENFELD, E — Further Examination of a Cross-Cultural Executive Functioning Screener and its Utility in Clinical Populations
44. BLINKOFF, DC — Examining Convergent Validity of a Novel Set of Executive Function Measures
45. HUA, M — The Taiwan Odd-Even Number Sequencing Test: An Alternative Measuring Working Memory Function
46. ELLIOTT, CS — Evaluating Planning Models with Traditional Cognitive Tests and a Performance-based Test of Everyday Action
47. CRANE, NA — Developing Dimensional, Integrated Constructs of Self-Report and Neuropsychological Data for Inhibitory Control
48. WITKIN, GA — ASL-Based Clustering on F-A-S Among Deaf College Students
49. HAYWARD, E — The Effects of Bilingualism on Executive Functioning in a Clinic-Referred Population
50. KEEN, LD — Influence of Interleukin-6 on Neurocognitive Performance in A Community-Based Sample of African Americans
51. DULAY, MF — Comparison of Cognitive Profiles After Frontal Versus Cerebellar Stroke
52. MACKAY-BRANDT, A — Preliminary Lifespan Trajectories of Cognitive, Behavioral, and Neuroimaging Data from the NKI-Rockland Sample Open Access Dataset
53. MEIER, IB — Lobar Microbleeds Are Associated With Decline In Executive Functioning
54. DUGGAN, EC — Derivation and Convergent Validity Analysis of a Screener for the Behavioral Assessment of Executive Functions in Young Adults
55. CREVIER-QUINTIN, E — The Integrative Neuropsychological Theory of Executive-Related Abilities and Component Transactions (INTERACT): Best Predictors of Performance Across the Adult Lifespan
56. KARR, JE — The Sensitivity of Executive Functions to Multiple Self-Reported Concussions
57. HILL, K — The Influence of Treadmill Walking on Working Memory and Attention: Paced Auditory Serial Attention Task (PASAT) Performance

Electrophysiology/EEG/ERP

58. HILL, K — Electrophysiological Indicators of Error Awareness and Performance Monitoring
59. JANG, K — An Event-related potential study of spatial working memory in nonclinical individuals with ADHD traits
60. HIGHSMITH, J — Predicting Anterior Cingulate Cortex and Behavioral Responses to Errors: What do Executive Function Measures Tell Us?
61. ANNETT, RD — Comparison of Mu-Rhythm Suppression in Term and Preterm Infants
62. DIONNE-DOSTIE, E — The Use of Event-Related Potentials in the Study of the Development of Audiovisual Integration Abilities in Children
63. PETERS, JB — Neurophysiological Correlates of Task-Switching in Typically Developing Children and Adolescents
64. LUKIE, CN — Developmental Changes in the Reward Positivity: An Electrophysiological Trajectory of Reward Processing
65. MOORE, RD — The Influence of Cardiorespiratory Fitness on Strategic, Behavioral, & Neuroelectric Indices of Arithmetic Cognition in Preadolescent Children
66. PERRY, CE — Anesthesia Exposure, Cognitive Functioning, and Performance Monitoring in Older Adults
67. PERRY, CE — ApoE Genotype, Performance Monitoring, and Attention in Older Adults
68. FARRER, TJ — Attention and Dopamine Function in Relation to Performance Monitoring in Community-Dwelling Older Adults: An Event-Related Potential Study
69. DIETZ RENFROE, J — Electrocortical Correlates of Preparation for Action in Parkinson Disease: Role of Incentive Motivation
70. BEAULIEU, C — Electrophysiological correlates of implicit motor sequence learning
71. HENNING, DA — Single Bouts Of Physical Activity Sustain Neural Inhibition
72. BICKEL, K — Individual Differences in Coping Mechanisms Influence Electrophysiological Responses to Novel Visual Affective Stimuli
73. LEHOCKEY, KA — Investigating Arousal and Attention Mechanisms of Inhibition

Imaging (Structural)

74. KILLGORE, WD — Physical Exercise Correlates with Hippocampal Volume in Healthy Adults
75. KILLGORE, WD — Gray Matter Volume within the Medial Prefrontal Cortex Correlates with Behavioral Risk Taking

76.	KILLGORE, WD	Sex Differences in Threat Evaluation of Emotionally Neutral Faces
77.	MEKOTA, RM	Structural Bain Abnormalities in Combat-Exposed Veterans with Posttraumatic Stress Disorder
78.	BUTTS, AM	Cortical Thickness Changes Following Brief Attention Training
79.	LANCASTER, MA	Longitudinal White Matter Changes across the Alzheimer's Disease Risk Continuum: A Diffusion Tensor Imaging Study
80.	KAY, CD	Motor Timing Intraindividual Variability and Structural Volumes in Healthy Aging and Mild Cognitive Impairment
81.	LEE, SE	An Examination of Memory Performance and Anterior and Posterior Hippocampal Volume in Typically Developing Children and Children with ADHD and/or Developmental Dyslexia
82.	BREWSTER, R	Double Dissociation Between Integrity of White Matter Tracts, Attention, and Verbal Memory Skills in Adolescents with Congenital Heart Disease
83.	MURRAY, A	Cerebral Neonatal Pathology Predicts Adverse Attention and Processing Speed Outcomes in Very Preterm/Very Low Birth Weight Children
84.	KRISHNAN, K	Longitudinal Analysis of DTI in a Sample of Professional Boxers
85.	WILDE, EA	Serial Diffusion Tensor Imaging in Subacute Uncomplicated Mild Traumatic Brain Injury

3:00–3:15 PM **Friday PM Coffee Break**
Ballroom Foyer/Metropolitan Ballroom

3:15–4:15 PM **Presidential Address: Traumatic Brain Injury - The Challenge to Improve Outcome (CE Session K)**
INS President: Jennie Ponsford
Grand Ballroom B&C

1.	PONSFORD, J	Traumatic Brain Injury - The Challenge to Improve Outcome

4:30–5:30 PM **Ceremony to honor INS Executive Secretary Robert Bornstein: Reflections on a Quarter Century**
Grand Ballroom B&C

5:30–6:00 PM **INS Business Meeting**
Grand Ballroom B&C

6:00–7:00 PM **Friday Evening Reception**
Grand Ballroom Foyer

SATURDAY, FEBRUARY 15, 2014

7:20–8:50 AM **CE Workshop 11: Assessment and Enhancement of Decisional Capacity and Informed Consent: Ethical, Methodologic, and Pragmatic Considerations**
Presenter: Barton Palmer
Willow

1.	PALMER, BW	Assessment and Enhancement of Decisional Capacity and Informed Consent: Ethical, Methodologic, and Pragmatic Considerations

7:20–8:50 AM **CE Workshop 12: Individual, Social-environmental, and Treatment-related Influences on Long-term Functional Outcomes of Early Childhood TBI: Implications for Intervention**
Presenter: Shari Wade
Redwood

1.	WADE, SL	Individual, Social-environmental, and Treatment-related Influences on Long-term Functional Outcomes of Early Childhood TBI: Implications for Intervention

9:00–10:30 AM **Invited Symposium: Sifting through the Smoke: Uncovering the Impact of Marijuana Use on Neurocognition (CE Session L)**
Chair: Raul Gonzalez
Discussant: Igor Grant
Grand Ballroom B&C

1. GONZALEZ, R — Sifting through the Smoke: Uncovering the Impact of Marijuana Use on Neurocognition
2. MARCOTTE, TD — Cognitive impact of medicinal cannabis
3. TAPERT, SF — Consequences of Chronic Adolescent Marijuana Use
4. GONZALEZ, R — Decision-Making as a Moderator of Cannabis Use and Consequences from Use
5. LISDAHL, K — Potential Moderators of Marijuana Effects: Age of Onset, Gender, Body Mass, and Genetics

9:00–10:30 AM **Symposium 8: Big-C, little-c: Brain-Behavior Bases of Exceptional and Everyday Creativity**
Chair: Robert Bilder
Grand Ballroom A

1. BILDER, RM — Big-C, little-c: Brain-Behavior Bases of Exceptional and Everyday Creativity
2. KAUFMAN, SB — Opening up Openness to Experience
3. BILDER, RM — The Biology of Creativity: Trans-Species Studies of Creative Cognition
4. VARTANIAN, O — Neuroimaging of Creativity: A Domain Specific Story
5. JUNG, RE — Creative Networks: Implications for Big C and little c

9:00–10:30 AM **Paper Session 5: Adult TBI**
Moderator: Kati Pagulayan
Grand Ballroom D

1. DOUGLAS, J — Evaluating the Efficacy of Communication-specific Coping Intervention for Adults with Traumatic Brain Injury (TBI)
2. CHIOU, KS — Time Matters: Cohort Performance Differences After Moderate to Severe Traumatic Brain Injury
3. MCDONALD, S — Communication disorders after severe traumatic brain injury: the role of Theory of Mind and executive function
4. MEDAGLIA, JD — The Cerebellum Differentially Contributes to Working Memory Function Follow Moderate to Severe Traumatic Brain Injury
5. TWAMLEY, EW — CogSMART Compensatory Cognitive Training for TBI: Effects in a Randomized Controlled Trial

9:30–10:45 AM **Poster Session 9: Aging, Behavioral Neurology, Cerebral Asymmetry/ Callosal Disconnection, Cross-cultural**
Metropolitan Ballroom

Aging

1. ZAIDI, KB — Agreeable Older Adults Can Read You Better: A Pilot Study on Personality and Theory of Mind
2. ROGERS, SA — The Cognitive Benefits for Older Adults to Be Open to New Experience
3. MYHRE, JW — Facebook for Seniors: The Effects of Online Social Networking on Cognitive Function in Healthy Older Adults
4. BALDWIN, AJ — How do Religious Beliefs and Age Influence Social Partner Choice and Memory?
5. MOLDOVAN, CP — Impact of Age, Education, and Spirituality on Cognitive Reserve in Healthy Older Adults
6. OKAHASHI, S — Relationship between the Resultant Acceleration during Written Task, Cognitive Function and Activities of Daily Living in Older Adults
7. SIMON, CM — Instrumental Activities of Daily Living Among Healthy Older Adults: Discrepancies Between Self-Report, Performance-Based, and Direct Observation
8. MEYERS, K — The Unique Contribution of Depressive Symptoms to Activities of Daily Living in Centenarians
9. BURK, M — Impact of Mood on Functional Status in Older Adults
10. PATEL, K — Gender Differences in Neuropsychological Predictors of Driving Hazard Perception
11. SELIGMAN, S — Relations Between Everyday Action Performance and Cognitive Functions in Healthy and Mildly Impaired Older Adults
12. SCHARAGA, EA — Efficient Assessment of Instrumental Activities of Daily Living Predicts Gait and Upper Extremity Functioning in Community-Dwelling Older Adults
13. XU, Y — Depressive Symptoms and Their Effect on Attention Among Healthy Older Adults
14. DALEY, RT — Emotional Perception in Alzheimer's Disease: Contributions to the Caregiving Experience
15. MEISTER, J — The Role of Mindfulness in Awareness of Cognitive Abilities
16. FISCHER, AL — Dissociable Mechanisms for Age Differences in Cognitive and Affective Theory of Mind: A Pilot Study Examining Neurocognitive Performance and Health Status as Modifiers
17. COOLIN, A — Modeling Individual Differences in Cognitive Functions Underlying Hindsight Bias in Older Adults
18. DE FRIAS, C — Health, Emotion Regulation, and Mindfulness Differentially Affect Compensatory Strategy Use

19.	LEVY, S	Blood Pressure, Trait Mindfulness, and Cognitive Function in Middle Aged and Older African Americans
20.	WILLIAMSON, JB	The Influence of Emotional Valence on the Chronology of Autobiographical Memory Salience
21.	SMART, CM	Iowa Gambling Task Performance Discriminates Older Adults with Subjective Cognitive Impairment from Healthy Controls
22.	OBERG, LK	Exploring the Relationship between Prospective Memory and Anterior Cingulate Cortex Volume in Older Adults With and Without Subjective Cognitive Impairment
23.	HAN, D	Decision Making and Cognition Discrepancies in Older Adults
24.	JEZNACH, A	Advance Care Plans Among Cognitively Impaired Older Adults: Findings from the Decedent Questionnaire in the Canadian Study of Health and Aging (CSHA)
25.	CANO, H	Correlation between performance in tasks of memory, working activity and years of school in a Mexican sample of elderly health adults
26.	WALTER, J	Middle Aged Adults with MDD Demonstrate More Pronounced Cognitive Deficits than Younger and Older Adults with MDD, Relative to Same-Age Peers
27.	ARJUNAN, A	Physical Activity as a Predictor of Fluid Intelligence in Older Participants
28.	SIEG, E	Vascular Aging: A Focus On The Impact of Cholesterol On Brain Structure And Function
29.	COOK, AH	Maintenance of Cortical Thickness in SuperAgers: A Key to Preserved Cognition in Advanced Age?
30.	GERTSBERG, AG	Magnetic Resonance Imaging Predictors of Processing Speed in the Normal Aging
31.	EWALD, IJ	Reduced Cerebral Blood Flow Predicts Subsequent Cognitive Decline in Older Adults: An Arterial Spin Labeling MRI Study
32.	ZUIDEMA, ET	Learning to Slow Down, Slowing Down to Learn: How Leisure Activities Relate to Neuropsychological Functioning in Older Adults
33.	MATTHEWS, MA	Different Contributions of Family History and Genetic Risk on 5-year Cognitive Changes in Healthy Older Adults
34.	COMBS, HL	Age and IQ Moderate Practice Effects of Verbal Memory Ability in Older Adults
35.	GEFEN, T	Quantitative Examination of Alzheimer Pathology in the Cingulate Cortex of Cognitive SuperAgers
36.	LARSON, MJ	The Influence of Telomere Length on Cognitive Functioning in Healthy Community-Dwelling Older Adults
37.	BARRERA-MARTINEZ, LM	Predictors of Longitudinal Change in White Matter Hyperintensities
38.	WILLIS, SL	Moderating Effects of APOE, Hypertension and Alzheimer Disease on Cognitive Trajectories in Normal Aging
39.	NATION, DA	Pulse Pressure and Cognitive Decline by APOE Genotype: Results from the Framingham Heart Study
40.	BOTT, NT	Young at Processing Speed: Anatomic and Genetic evidence in "Superagers"
41.	SCOTT, SE	Impact of the Serotonin Transporter Polymorphism on Emotion Identification in Healthy Older Adults
42.	ROBINSON, P	On the Relationship Between the Hippocampus and Default Mode Network Connectivity: Age and Gender Effects
43.	SEGERSTROM, SC	Persistent but not Phasic Cortisol Elevations Correlate with Poorer Verbal Memory in Older Adults
44.	KESSELS, RP	Working Memory Binding and Episodic Memory Formation in Aging, MCI and Alzheimer's Dementia
45.	MCGREGOR, KM	Visual Gain Modulation in Older Adults - Effects on Movement Tracking
46.	FRAZIER, DT	Insulin-resistance Is Negatively Associated With Working Memory Performance in Older Normal Adults
47.	SZELES, D	Diminished Vowel Letter Fluency Not Enhanced with Normal Aging
48.	SUNG, J	Deficits of case marker assignment in passive sentences for mild cognitive impairment: Evidence from a Subject-Object-Verb language
49.	SANDERSON-CIMINO, M	Early Detection of Global Cognitive Decline In Older Adults
50.	GERSTENECKER, A	Constructing An Equation To Predict Conversion From Mild Cognitive Impairment To Dementia
51.	BELSER-EHRLICH, J	Validation of the Brief Fatigue Inventory in Community-Dwelling Older Adults
52.	SHUMAN, MJ	Development and Validation of the State Trait Inventory for Cognitive Fatigue (STI-CF)
53.	ENGLAND, S	The Relationship Between Turn Assessment and Visual Perception Abilities in Older Adults
54.	BREWSTER, P	Sensitivity of norm-referenced measures of reaction time variability to cognitive status in older adults: Evidence from the Victorial Longitudinal Study
55.	DUNN, CB	Spatial Learning in Aging: Search Strategies and their Relationship to Performance
56.	GARCIA, NE	Practice Effects and Longitudinal Change in Processing Speed and Executive Functioning Among Older Adults
57.	MULLIGAN, BP	Quantity and Quality of Trial-to-Trial Performance Fluctuation Predicts Self- and Informant-Ratings of Subjective Cognitive Impairment in Older Adults
58.	GICAS, K	Reduced Primacy and Recency Effects in Older Adults with Cognitive Disorders

Behavioral Neurology

59.	GICAS, K	Neurological Validators of Cognitive Profiles in the Marginally Housed
60.	BENSON, LM	Executive Dysfunction and Ataxia Severity in Spinocerebellar Ataxia (SCA)
61.	HUTCHISON, E	Nature and Laterality of Motor Symptoms in Parkinson's Disease and Relationship to Cognitive Profile
62.	HEILMAN, KM	Allocentric Neglect with Posterior Cortical Atrophy
63.	HYMEN, E	Dysfunctional Connectivity of Default and Emotion Networks are Uniquely Related to a History of Depression and Experience of Childhood Trauma

64. GERNER, GJ — Associations between Transcranial Doppler Head Ultrasound Resistive Indices in Asphyxiated Neonates Treated with Hypothermia and Early Childhood Neurodevelopmental Outcomes

Hemispheric Asymmetry/Laterality/Callosal Studies

65. VOS, L — Cognitive Inhibition Within And Across Hemispheres: Negative Stroop Priming
66. VOS, L — Lateralized Asymmetry And Sex Differences In Threat Appraisal And Detection
67. ISAAC, B — Negative Priming Stroop Task And Inhibition
68. SARA, NE — The Effects of Right Lateralized Cognitive and Physiological Stress on Right Brain Activation Using a Dual Concurrent Task Paradigm: A Double-Blind Placebo-Controlled Experiment
69. MANGUM, R — Twenty Questions Problem-Solving and Strategy in Individuals with Agenesis of the Corpus Callosum
70. ANDERSON, LB — Problem-Solving in Complete versus Partial Agenesis of the Corpus Callosum: The Iowa Gambling Task
71. REHMEL, JL — Comprehension of Proverbs in Individuals with Agenesis of the Corpus Callosum

Cross Cultural

72. EISMAN, G — The Relationship Between Time Perspective and Neuropsychological Test Performance
73. NAMAZI, S — A Snapshot Of Social Cognition As Measured By Social Skills Among Iranian American Children: The Role Of Parental Acculturation
74. AVILA, J — The Influence of Culture on Performance on Neuropsychological Measures That Require Little Verbal Mediation in English-Speaking and Farsi-Speaking Iranian Individuals
75. CELESTIAL, JE — Design Fluency among Filipinas/os & Filipina/o Americans (FFAs)
76. MARTINEZ, F — The Role of Academic Level and Achievement in Neuropsychological Test Performances of Minorities
77. COLLIER, S — Intellectual Outcome in Monolingual and Bilingual Pediatric Patients with Medulloblastoma
78. SUAREZ, PA — Advantages of bilingualism on test performance persist after accounting for sociodemographic variables among Spanish speakers tested in their native language
79. CHERNER, M — Halstead Category Test Norms for Native Spanish Speakers from the US-Mexico Border Region
80. WILSON, MD — Neurocognitive Impact of Race-Based Stress
81. VERNEY, SP — Cultural Considerations in the Neuropsychological Assessment of American Indian/Alaska Native Adults
82. BENNETT, J — Wechsler Assessment Tools and American Indian Children: A Review & Future Directions
83. SAYEGH, P — The Role of Neuropsychological Language Tests in Clinician-Rated Dementia Severity across Hispanics and Non-Hispanic Whites
84. PETRANOVICH, CK — The relationship of a lab-based measure of social information processing and parent-reported social competence in internationally adopted girls
85. ZAHODNE, LB — Depressive Symptoms Are More Strongly Related to Cognitive Performance among African American Elders
86. MEDINA, LD — Self-Construal as a Predictor of Cognitive Abilities in Healthy Aging

10:30–10:45 AM — **Saturday AM Coffee Break**
Ballroom Foyer/Metropolitan Ballroom

10:45 AM–12:15 PM — **Symposium 9: Vascular mechanisms contributing to the pathogenesis and clinical expression of Alzheimer's disease**
Chair: Angela Jefferson
Grand Ballroom B&C

1. JEFFERSON, AL — Vascular mechanisms contributing to the pathogenesis and clinical expression of Alzheimer's disease
2. BONDI, MW — The Need for Better Recognition of Multiple Pathologies in Alzheimer's Disease
3. BRICKMAN, AM — Considering the contribution of white matter hyperintensities to cognitive aging and Alzheimer's disease
4. LIBON, DJ — Defining Alzheimer's/Vascular Spectrum Syndromes: An Error Analysis
5. AU, R — Novel Vascular Brain Injury Score: Framingham Heart Study
6. JEFFERSON, AL — Methodological advances for assessing vascular contributions to Alzheimer's disease

10:45 AM–12:15 PM — **Paper Session 6: Psychopathology, Emotion and Motivation**
Moderator: Michael Basso
Grand Ballroom A

1. KEILP, JG — Neuropsychological Deficits in Past Suicide Attempters with Varying Levels of Depression Severity
2. SCOTT, J — A Quantitative Meta-analysis of Neurocognitive Functioning in Posttraumatic Stress Disorder (PTSD)
3. CALAMIA, M — Apathy in a Neuropsychological Patient Sample: Factor Structure and Clinical Correlates
4. TERZYAN, S — Anxiety and fear drive specific perceptual level shifts: Global vs. Local Processing
5. NONIYEVA, Y — Dissociable age-related changes in Neuroanatomical Regions for Emotion and Cognition
6. DOBRYAKOVA, E — The Influence of Motivation on Cognitive Fatigue in Individuals with Multiple Sclerosis: a Theoretical Proposal with Functional Neuroimaging Support

10:45 AM–12:15 PM **Paper Session 7: Executive Functions**
Moderator: Robert Thoma
Grand Ballroom D

1.	FEIGON, M	Cognitive Variables Predicting Activities of Daily Living in African-Americans with Sickle Cell Disease
2.	BOTT, NT	Strategy Use on the D-KEFS Design Fluency Test: Relationships with Cognitive Functioning, Executive Functioning, and Working Memory
3.	WHITESIDE, D	Verbal Fluency: Language or Executive Functioning Measure?
4.	CARBINE, K	The Influence of Treadmill Walking on Response Inhibition and Conflict Interference: Neuropsychological Implications
5.	HOTH, KF	Arterial Stiffening is Associated with Reduced Executive Function and Processing Speed in COPD

Disclosure Information for Paper, Poster and Symposia

All presenters are expected to disclose to the audience any significant financial interest or other relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and with any commercial supports of the activity. (Significant financial interest or other relationship can include such things as grants or research support, employee, consultant, major stockholder, member of speakers' bureau, royalties received etc.) The intent of this disclosure is not to prevent a speaker with a significant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether the speaker's interests or relationships unduly influence the presentation with regard to exposition or conclusion.

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Poster Session 1: Cancer, Medical/Neurological Disorders in Children, TBI in Children, Adult TBI I

- **NORRIS, T** *PEDIATRIC CANCER CASE STUDY OF NEUROCOGNITIVE AND PSYCHOSOCIAL LATE EFFECTS FOLLOWING THE IMPLEMENTATION OF A COGNITIVE REMEDIATION AND COGNITIVE SKILLS TRAINING PROGRAM*
  The intervention program described in this poster was supported by a grant from the Hyundai Foundation.

- **LINDNER, OC** *COGNITIVE IMPAIRMENTS DUE TO CHEMOTHERAPY IN YOUNG ADULT CANCER SURVIVORS*
  Supported by Medical Research Council

- ***I*VERSON, GL** *CONCUSSION HISTORY IN HIGH SCHOOL ATHLETES WITH SELF-REPORTED LEARNING DISABILITIES*
  This presentation includes demographic and survey information from the ImPACT(R) program (not the NP test results). Grant Iverson received research funding from ImPACT more than 7 years ago. Grant Iverson, Ph.D. has been reimbursed by the government, professional scientific bodies, and commercial organizations for discussing or presenting research relating to mild TBI and

Poster Session 2 : Adult TBI II, Cognitive Rehabilitation, Cognitive Neuroscience

- **WOODARD, JL** *A NEUROPSYCHOLOGICAL PROFILE OF BLAST-INDUCED TINNITUS*
  John Woodard received a small amount of consultation fees from Vista Life Sciences, the distributors of Automated Neuropsychological Assessment Metrics, in the past. He does not currently have a financial relationship with this company.

- **NOVACK, T** *THE EFFECT OF VISUAL PERCEPTUAL TRAINING ON SCREENING FOR DRIVING USING THE USEFUL FIELD OF VIEW TEST FOLLOWING MODERATE TO SEVERE TBI*
  Dr. Ball has the copyright to the UFOV test. Dr. Ball has stock in PositScience

- **MECHANIC-HAMILTON, D** *THE COGNITIVE FITNESS PROGRAM: A COMPREHENSIVE INTERVENTION TO INCREASE BEHAVIORS ASSOCIATED WITH SUCCESSFUL COGNITIVE AGING*
  The Cognitive Fitness Program is a fee-for-service program, which in-part supports the salary of some of the authors

- **HANCOCK, L** *PARTICIPANT SATISFACTION IN A RANDOMIZED CONTROLLED TRIAL OF COMPUTERIZED COGNITIVE TRAINING IN MS*
  PositScience provided researchers with copies of their software for participant use at a discounted research rate.

- **HANCOCK, L** *INVESTIGATING THE EFFECT OF FOCUSED COMPUTERIZED COGNITIVE TRAINING IN MULTIPLE SCLEROSIS: A PILOT STUDY*
  PositScience provided researchers with copies of their software at a reduced rate.

- **VANNORSDALL, TD** *IMPROVING COGNITION IN HEALTHY OLDER ADULTS WITH TRANSCRANIAL DIRECT CURRENT STIMULATION*

  Drs. Vannorsdall and Schretlen are entitled to a share of royalties on sales of the CIFA and BTA.

- **STRANG, J** *HOW TO DEVELOP AN EFFECTIVE INTERVENTION THROUGH THE PARTICIPATORY RESEARCH PROCESS: A CASE EXAMPLE IN AN EXECUTIVE FUNCTIONING INTERVENTION IN HIGH-FUNCTIONING AUTISM SPECTRUM DISORDERS*

  LA, LC, LK, KA, & MAW receive financial compensation for the use of Unstuck and On Target manuals.

Poster Session 3: Language/Aphasia, Visuospatial/Neglect, Multiple Sclerosis/ALS, Subcortical Dementia/ MCI, Drugs/Neurotoxicology

- **FORTE, M** *CAPRYLIC TRIGLYCERIDE AS A POTENTIAL TREATMENT FOR COGNITIVE DYSFUNCTION IN MULTIPLE SCLEROSIS: A CASE SERIES*

  This study is being funded by the MS Society. Accera, Inc. is providing study product.

- **MCCREA JONES, LA** *NEUROCOGNITIVE PLATEAU OR DECLINE IN ADOLESCENTS WITH PRENATAL ALCOHOL EXPOSURE:IMPLICATIONS FOR ASSESSMENT AND INTERVENTION*

  The co-author of this submission (Wayne V. Adams) is a co-creator of the Wide Range Assessment of Memory and Learning, Second Edition, which was utilized in this present study. However, the discussion will be limited to just the performance of the participants on this measure, and the measure itself, per se.

Poster Session 4: Attention/ADHD, Learning Disorders, Genetics, HIV/AIDS/Infectious Diseases

- **IVERSON, GL** *EXAMINING PRESEASON IMPACT® SCORES IN ADOLESCENT GIRLS WITH ATTENTION-DEFICIT HYPERACTIVITY DISORDER*

  This presentation includes a discussion of ImPACT(R). In the past, Grant Iverson received research funding from the company that publishes and distributes ImPACT. The past funding was more than 7 years ago. Grant Iverson, Ph.D. has been reimbursed by the government, professional scientific bodies, and commercial organizations for discussing or presenting research relating to mild TBI and sport-related concussion at meetings, scientific conferences, and symposiums. He has a clinical and consulting practice in forensic neuropsychology involving individuals who have sustained mild TBIs (including professional athletes). He has received research funding from several test publishing companies, including ImPACT Applications, Inc., CNS Vital Signs, and Psychological Assessment Resources (PAR, Inc.). He is a co-investigator, collaborator, or consultant on grants relating to mild TBI funded by several organizations, including, but not limited to, the Canadian Institute of Health Research, Alcohol Beverage Medical Research Council, Rehabilitation Research and Development (RR&D) Service of the US Department of Veterans Affairs, Vancouver Coastal Health Research Institute, and Roche Diagnostics Canada.

- **LOVELL, MR** *THE USE OF PSYCHOSTIMULANTS AMONG ADOLESCENT ATHLETES WITH REPORTED ADHD IMPACTS COMPUTERIZED NEUROCOGNITIVE BASELINE TEST PERFORMANCE*

  Mark R. Lovell, Ph.D. is a co-founder and Chief Scientific Officer of ImPACT Applications, Inc. and has a financial interest in ImPACT, a measure used in this study. Dr. Lovell did not have access to the raw data for this study. Phil Schatz, Ph.D. and Natalie Sandel, B.S. have worked as consultants to ImPACT. Gary Solomon, Ph.D. has no financial conflicts of interest.

- **DIAZ-ORUETA, U** *AULA VERSUS D2 TEST OF ATTENTION: CONVERGENT VALIDITY AND APPLICABILITY OF VIRTUAL REALITY IN THE STUDY OF READING DISORDERS. PRELIMINARY RESULTS*

  Unai Diaz-Orueta and Gema Climent work for the company Nesplora, where AULA test was developed.

Poster Session 5: Symptom Validity/Effort Testing, Forensics, ssessment/Psychometrics/Methods in Adults and Children

- **SOFKO, C** *A RARELY MISSED ITEMS INDEX FOR THE REPEATABLE BATTERY FOR THE ASSESSMENT OF NEUROPSYCHOLOGICAL STATUS (RBANS)*
  Pearson provided a student research discount on purchase of the RBANS testing materials used in initial data collection.

- **MARCOTTE, T** *EEG-based Workload Estimates During Driving Simulation Predict On-road Performance*
  Dr. Johnson is an employee of Advanced Brain Monitoring, Inc, and PI of the NIH STTR that funded the study.

- **LOVELL, M** *NORMATIVE DATA FOR THE NEUROPSYCHOLOGICAL RISK FACTORS REPORTED ON THE IMPACT NEUROCOGNITIVE TEST BATTERY*
  Mark R. Lovell, Ph.D. is co-founder and Chief Scientific Officer of ImPACT Applications, Inc. He had no access to raw data used in this study. Philip Schatz and Natalie Sandel have served as consultants to ImPACT.

- **RAIFORD, SE** *VALIDITY OF NEW WISC-V VISUAL SPATIAL, FLUID REASONING, VISUAL WORKING MEMORY, RAPID NAMING, AND VISUAL-VERBAL ASSOCIATIVE MEMORY SUBTESTS*
  Pearson is the presenters' employer, and publishes the product to be discussed. Pearson funded the research associated with this product and this presentation.

Poster Session 6: Alzheimer's Disease, Medical/Neurological Disorders in Adults, Epilepsy/Seizures

- **LOVELL, MR** *ADOLESCENT ATHLETES WITH A HISTORY OF SEIZURES REPORT A GREATER NUMBER OF SYMPTOMS AT BASELINE COMPARED TO MATCHED CONTROLS*
  Mark R. Lovell, Ph.D. is co-founder and Chief Scientific Officer of ImPACT Applications, Inc. and therefore has a financial conflict of interest. Dr. Lovell did not have access to the raw data used in this study. Philip Schatz, Ph.D. and Natalie Sandel have served as consultants to ImPACT. Gary Solomon, Ph.D. has no financial conflicts of interest.

Poster Session 7: Memory, Functional Imaging, Emotional Processes, Psychopathology/Neuropsychiatry, Autism Spectrum Disorders

- **RASKIN, S** *USING A MEASURE OF PROSPECTIVE MEMORY TO PREDICT ONSET OF DEMENTIA*
  Sarah Raskin is the author of the Memory for Intentions Test distributed by Psychological Assessment Resources

- **BENEDETTO, A** *PROSPECTIVE MEMORY AND NATURAL ACTIONS TASKS IN INDIVIDUALS WITH TRAUMATIC BRAIN INJURY*
  Sarah Raskin is the author of the Memory for Intentions Test (MIST) published by Psychological Assessment Resources

- **KENWORTHY, L** *RANDOMIZED CONTROLLED EFFECTIVENESS TRIAL OF EXECUTIVE FUNCTION INVENTION FOR CHILDREN ON THE AUTISM SPECTRUM*
  First author (LK) is a co-author of the BRIEF and receives royalties from PAR, INC. for sale of BRIEF materials. Authors LK, LC, MW, KA and LA are co-authors of the Unstuck and On Target curriculum and receive royalties from Brookes Publishing when it is sold.

Symposium 3: Preclinical Alzheimer's Disease: Biomarkers, Functional Relevance, and Preventative Strategies

- **RODRIGUE, K** *AMYLOID DEPOSITION IN HEALTHY AGING: IMPACT OF VASCULAR AND GENETIC RISK*
  A radiotracer was provided to the study at no coast by Avid Radiopharmaceuticals

Notes

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ASSESSMENT FOR THE MIND & BODY

Our instrumentation is designed to assist in the research and teaching of motor learning as well as investigate and assess the relationships between neurological processes and movements of the body.

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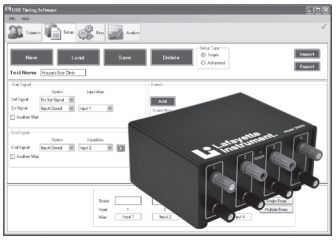

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International Neuropsychological Society

2014 MID-YEAR MEETING

July 9-11, 2014

Jerusalem
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Program Highlights

Our Keynote Speakers for the 2014 mid-Year Meeting will be **Erin D. Bigler, Ph.D.**, INS President, speaking on neuropsychology, networks and connectivity; **Eveline Crone, Ph.D.**, on the adolescent brain; **Gina Geffen, Ph.D.**, on teaching and clinical practice; **Avishai Henik Ph.D.**, on neurocognitive mechanisms of number processing and developmental dyscalculia; **Robert T. Knight Ph.D.**, on insights into human cognition from intracranial recording and **Rafi Malach, Ph.D.**, on free neuronal associations in the human brain. Two pre-meeting parallel workshops will be given by **Gordon J. Chelune, Ph.D.**, on Evidence-Based Practice and the use of reliable change methods and **Faraneh Vargha Khadem, Ph.D.**, on Hypoxia-ischaemia, hippocampal damage, and memory impairment: A causal sequence?

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