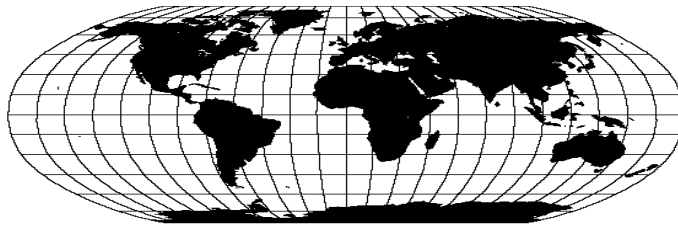


# INS



# NET

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## Message from the INS President

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At this mid-way point of my term as INS president, I would like to discuss the various ways in which the society is attempting to fulfill its mission to “promote the international and interdisciplinary study of brain-behavioral relationships throughout the lifespan.” Both the *international* and *interdisciplinary* strengths of the organization were on display at the summer INS meeting in Krakow, Poland. Over 450 scientists and practitioners from Europe, North and South Americas, Africa, Australasia, and Asia were in attendance. The theme of the meeting, “Developing Connections between Neuropsychology and Neuroscience,” highlighted the critical ways in which the field of basic neuroscience can inform applied neuropsychological research and vice versa. The interdisciplinary flavor of the meeting was enhanced by the co-sponsorship of Polish societies representing the fields of neuroscience, psychiatry, psychophysiology, and, of course, neuropsychology.

The venue for the meeting was the Jagiellonian University, one of the oldest institutions of higher learning in the world, with distinguished alumni

including Nicolaus Copernicus and John Paul II. Several INS members contributed to making this meeting such a success: the local organizers, Piotr Wolski and Emilia Lojek; the program co-chairs, Anna Grabowska and Peter Arnett; the Continuing Education Chair, Jennifer Manly; and Executive Secretary, Robert Bornstein and his office. As we reflect on the accomplishments of the Krakow meeting, we can look forward to the 2011 summer meeting to be held in Auckland, New Zealand (July 6-9).

The summer meetings, jointly sponsored by organizers from the host countries and the INS, provide one important avenue for increasing communication and collaboration among neuropsychologists throughout the world. Another important approach to fostering cultural diversity involves the workings of the International Liaison Committee (ILC). The ILC was formed shortly after Charles Matthews’ pivotal 1992 presidential address awakened the membership to the idea that for the

society to prosper, we must become more relevant to neuropsychologists throughout the world. The ILC has succeeded in providing resources and contacts for neuropsychologists worldwide, but especially in developing regions where such opportunities may be limited. We welcome Mariana Cherner as the new chairperson of the ILC and Patricia Klaas as the editor of this newsletter, the INSNET. On behalf of the INS, I would like to extend our heartfelt thanks for the hard work and dedication of longtime chairperson, Bernice Marcopulos, and INSNET editor, Helen Haanes.

I would like to emphasize that with over 5,000 members, the INS is simply not content to rest on our laurels. Our goal over the next year is to develop a roadmap that further increases the impact and value of the society to the professional life of clinicians and scientists around the world. We invite your suggestions and hope to share with you our plans for the future of the INS in short order.

### Contents of this issue:

**Stephen M. Rao**

Message from the INS President, p. 1

**Gerhard Müller & Barbara Wilson**

7<sup>th</sup> Satellite Symposium on Neuropsychological Rehabilitation, p. 2

**Sureyya Dikmen & the Neurotrauma Research Group (NTRG)**

Traumatic Brain Injury Research in Latin America, p. 3

**INS Annual Meeting 2010—Acapulco, Mexico, p. 7**

**Forthcoming Conferences, p. 7**

**To read INSNET on-line and to access back issues, go to:**

**<http://www.ilc-ins.org/INSNETnewsletters.shtml>**

Finally, I want to thank the INS membership for the privilege of serving as your president. I am also looking forward to seeing you at the 39<sup>th</sup> annual INS meeting in Boston (February 2-5, 2011). With invited plenary lectures from such leading scientific luminaries as Richard Davidson, Randy Buckner, Dan Schacter, Sue Corkin, Jeremy Schmahmann and a wide range of high quality continuing education workshops, it promises to be among one of our most important scientific and educational meetings to date.

**7<sup>th</sup>  
Satellite Symposium  
on  
Neuropsychological  
Rehabilitation**

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The Neuropsychological Rehabilitation SIG recently held its 7<sup>th</sup> annual meeting in conjunction with the Neuropsychological special interest group of the World Federation of Neuro-Rehabilitation in Krakow, Poland, on July 5-6, 2010. All our meetings are held

immediately after the midyear meeting of the International Neuropsychological Society (INS).

At our first meeting in 2004, in Uluru, Australia, we decided that we would have an annual symposium. At the second meeting in Galway, Ireland we considered establishing a new international society comprised primarily but not exclusively of neuropsychologists, occupational therapists, and speech and language therapists.

Discussions with many people and groups followed. Mike Barnes persuaded us to become a special interest group within the WFNR; this was confirmed at our third meeting in Liechtenstein in 2006.

The first meeting after joining WFNR was in San Sebastian, Spain in 2007, followed a year later by a meeting at Iguazu Falls, Brazil (2008), and then Tallinn, Estonia (2009) and now Krakow, Poland (2010). Our meetings last two days, with no parallel sessions in order to promote a collegial atmosphere and encourage every delegate to attend each session. Apart from the opening invited talk, traditionally given by Barbara A Wilson (chair), all presentations are free papers selected by a program committee.

We also have two poster sessions, one each day, and recently included data blitz sessions for a selection of posters whereby the presenting author speaks for five minutes about his or her poster using a maximum of three slides. These latter sessions are very popular.

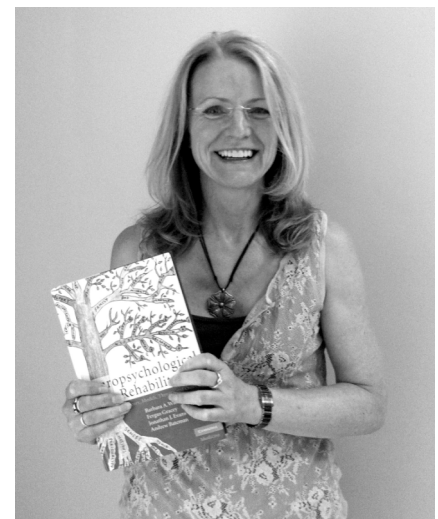
Our meetings cover all aspects of neuropsychological rehabilitation including assessment, cognitive, emotional and psychosocial

rehabilitation, family issues, methodology, new technology and outcome measures. We cover all age groups, from children to elderly people with dementia, and build in plenty of time for discussion.

In Krakow, the program chair was Dr. James Malec from the United States who was assisted by a program committee of 20 people from 12 different countries. The organizers were Gerhard Mueller and Herbert Koenig from Germany (International Academy of Applied Neuropsychology with a website at [www.koenigundmueller.de](http://www.koenigundmueller.de)) who have now organized five of our meetings.

We had 142 attendees from 21 countries. The biggest group was from the United Kingdom (51), then Germany (16) and Australia and Sweden (12 each).

For the first time, we offered two prizes: one for the best data blitz, won by Theresa Powell and Nivya Krishnan from the United Kingdom for their poster: "A single case design, involving the use of an electronic assistive device to improve cooking safety in a man with severe memory problems."



The other prize was for the best poster, won by Kevin Wingeier and his colleagues from Switzerland for their poster entitled “Neuropsychological long-term sequelae after hemorrhagic isolated stroke during development.”

The next meeting will be in Rotorua, New Zealand, on July 4-5, 2011 just prior to the INS 2011 Midyear Meeting in Auckland, New Zealand. Jennie Ponsford from Melbourne, Australia will be the program chair.

***Traumatic  
Brain Injury  
Research  
in  
Latin America***

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Traumatic brain injury is of major public health significance, affecting approximately 1.4 million people in the United States each year (Thurman et al., 1999). Of these, about 50,000 die and 230,000 are admitted to an acute care hospital and survive until discharge (Thurman et al., 1999). About 1.1 million are seen in emergency rooms and discharged, and countless others are either not reported or are only seen in private doctor’s offices. An estimated 80,000 to 90,000 persons are left with long-term disability (Sosin et al., 1995). The CDC estimates that at least 5.3 million Americans, approximately 2% of the U.S. population, currently have a long-

term or lifelong need for help to perform activities of daily living as a result of a TBI (Thurman et al., 1999).

Given the rate of mortality and disabilities, the cost of TBI is high both economically and in terms of the suffering engendered. Estimated lifetime costs were \$56.3 billion in those injured in 1995 (Thurman et al., 1999) and \$60 billion in those injured in 2000 (Finkelstein et al., 2006). The majority of the cost is not for direct health care, but is rather incurred by lost productivity and dependency of survivors on others.

The incidence and prevalence of TBI in much of Latin America are not documented. Although current epidemiological data about TBI in Latin America are rare, the 1996 Global Burden of Disease Report found Latin America to have the highest incidence of intracranial injury in the world due to road traffic accidents and violence (Murray 1996).

A prospective, observational study of TBI in Argentina was reported by our group (Rondina et al., 2005). In this study, outcomes of a group of TBI subjects were compared to similar study samples in the U.S. The Key findings from the Rondina et al. 2005 study were: 1) Virtually all patients were discharged from the hospital to home, due to lack of rehabilitation for TBI; 2) 30% more patients expired in-hospital in the Argentine sample than in the U.S. sample; 3) 53% more of the Argentine patients died of secondary complications than neurological insult.

Preliminary research in Latin America (Rondina et al., 2005) has revealed several important gaps in

the ability to understand and treat TBI in those countries. First, the lack of research capacity in much of Latin America renders uncertainty about the magnitude of the problem, patient characteristics, treatment methods, and outcomes. Without systematic research in those countries and translating results into practice, conditions such as substandard treatment, poor outcomes, and a life of disability will persist.

The second gap concerns the applicability of published studies in general, and practice guidelines in particular, in developing countries. Fundamental differences in trauma care in developing countries make the generalization of the vast majority of trauma publications a concern for most trauma management situations in low to middle income countries. We do not know what aspects of the guidelines are either feasible or effective in resource-poor environments. As such, both the ability to follow guidelines, as well as the efficacy of those guidelines, comes into question.

Third, with some exceptions, most Latin American countries lack rehabilitation for patients with brain trauma, and neuropsychological assessment is essentially non-existent. This creates a new population of severely disabled people who are being discharged to home without assessment or treatment for the profound neurobehavioral deficits associated with brain trauma (Rondina et al., 2005).

Clearly, clinical researchers in Latin America need to generate internally relevant and applicable guidelines for treatment of severe TBI, as well as for treatment of

other traumas and serious illnesses, based on their own data. It is possible that under certain circumstances the application of guidelines developed in the U.S. and other high income countries could produce more harm than good.

### **The Intra Cranial Pressure (ICP) Study**

In this article we describe the current collaborative work between researchers in the United States and Latin America (NTRG group) directed at increasing scientific knowledge to improve outcomes of those sustaining traumatic brain injury and improving research capacity in Latin America. A current major undertaking of the group is a randomized controlled trial of ICP monitoring.

For over 30 years the academic community in the developed world has believed that monitoring intracranial pressure (ICP) is necessary to direct aggressive management of severe traumatic brain injury (TBI). However, with respect to improving patient outcomes, the efficacy of basing treatment on monitored ICP values has never been tested in a Class I randomized controlled trial (RCT). In other countries most clinicians assess intracranial pressure indirectly based on clinical signs or neuroimaging results, and use ICP management protocols. Even in the United States, ICP monitoring is not consistently used in managing patients with severe TBI. (Ghajar et al., 1995).

The question is whether treatment informed by ICP monitoring is superior to that based on indirect assessment of intracranial pressure. Thus, this is an important question

for resource-rich environments as well as for resource poor countries. Such a trial could not be performed where ICP monitoring had become a practice guideline, such as in the United States, because it will require withholding standard ICP monitoring from some of the subjects. It could be performed in countries or hospitals where ICP monitoring is not practiced since in that environment the trial will involve providing the more sophisticated treatment tools for some patients rather than withholding that treatment from patients.

This project is supported by National Institutes of Health (NIH) Fogarty International Center (FIC) program, *Brain Disorders in the Developing World: Research Across the Lifespan* and National Institutes of Health Neurological Disorders and Stroke (NINDS).



The purpose of this 5-year project, which began in 2007, is to test the effect of ICP monitor-based management of patients with severe TBI on outcomes at hospital discharge and at 3 and 6 months after injury. This randomized controlled trial is being conducted in 6 centers: 4 in Bolivia and 2 in

Ecuador. The hypotheses of the study include 1) that patients with severe TBI whose acute care treatment is managed using ICP monitors will have significantly lower mortality and better neuropsychological and functional recovery at 6 months post-trauma than those whose treatment is managed with the standard protocol, and 2) that incorporation of the ICP monitor into the care of these patients will minimize secondary complications and decrease length of stay in the ICU.

In addition, an important component of the FIC's Brain Disorders program is to build capacity in low to middle income countries to conduct high quality research about brain pathologies that constitute important public health problems in their communities.

Investigators in the trial receive didactic training in research methodology as well as being mentored through their participation and close oversight of their work as part of the trial. Some of the Latin American collaborators have received extensive research training, including getting experience in running a study and providing training and monitoring of the personnel at the sites. Participation in the trial is an important route toward collaboratively establishing independent, self-sustaining, and productive research centers in Latin America. A description of the study follows.

**Subjects:** These are adult patients who have sustained a severe brain injury (GCS 3-8). After eligibility is determined and consent obtained from family members within 24 hours of injury, they are

randomized into ICP arm or standard care arm. Outcomes at 3 and 6 months are assessed by examiners blinded to group membership.

**Measures:** A broad range of measures are collected on each patient and these include:

- 1) Acute data: Demographics, injury and its severity, vital signs, other treatments, CTs, other surgeries, etc.
- 2) Outcome data: At 3 months after injury, subjects are evaluated on measures reflecting functional abilities in everyday life and include the Glasgow Outcome Scale Extended (GOSE) (Wilson et al., 1998) and Disability Rating Scale (Rappaport et al., 1982).

At 6 months after injury, the battery includes, in addition to these functional measures, a battery of measures that examines important neuropsychological constructs which are sensitive to the integrity of brain functions, including TBI. This battery was selected based on the literature and the University of Washington investigators' prior work with TBI.

In choosing the specific measures, considerations were given so that:

- 1) they cover different aspects of functioning that are clinically relevant and likely to be affected by head injury;
- 2) the measures possess good psychometric properties with respect to sensitivity, validity, and reliability;
- 3) the measures are appropriate for use with a broad spectrum of head injury severity and likely to be responsive to treatment effects directed at improving outcome and;
- 4) most importantly, the measures have been translated, adapted and validated for use with Spanish

speakers (Artiola i Fortuny et al., 2000; Cherner et al., 2007). The neuropsychological constructs examined included working memory, speed of information processing, memory and learning, executive functions, and motor speed and dexterity

#### **Training of Personnel at the Trial Sites**

A comprehensive training program specific to this study was conducted, including introductory meetings as well as multiple training sessions that targeted each phase of the patients' interaction with the study – screening in the emergency department (ED), consenting family members, randomization, placement of the ICP catheter, acute care data collection, provision of treatment and standard care protocols, in-hospital assessments, and post-discharge follow-up for outcome assessments.

With respect to outcome assessments, two Argentinean physicians (Petroni, Lujan) had prior training and extensive study experience in outcome measurements including in functional status measurements. Staff from the Department of Psychiatry at the University of California in San Diego (UCSD) provided Drs. Petroni and Lujan a week-long training on the standard administration and scoring of the neuropsychological test battery, and were certified at the end of that process.

They, in turn, trained the outcome examiners to administer the neuropsychological assessments. Upon demonstrating proficiency, these examiners were subsequently certified by UCSD staff.

#### **Monitoring the Quality of the Outcome Data Collected:**

All outcome data collected are scanned and sent to Rosario, Argentina, University of Washington (UW) and University of California San Diego (UCSD) to check their accuracy. Functional status measures are double checked and corrected at Rosario.

The administration, scoring, and coding of neuropsychological measures are double checked and corrected by investigators at UCSD and UW. A bilingual psychometrist at UCSD, under Dr. Mariana Cherner's supervision, provides written feedback to the outcome examiners to point out any errors in test administration or scoring, or to reconcile other discrepancies and to provide further training to the examiners.

Dr. Cherner and the bilingual examiner conduct conference calls once a month with each site, in order to provide feedback for recent cases, discuss any concerns and answer examiner questions. The corrections on neuropsychological measures are then sent to Rosario, where the paper forms are corrected and the data entered.

As of April 2010, we entered 121 participants into the trial, 65% of all eligible patients who were screened. For those eligible and not entered, 25 did not have a relative present to consent, 33 were transferred to other hospitals, 5 refused consent, and there was no monitor available for 3.

Current 6-month follow-up rate is 96% which is exceptionally good for this population in any country.

Current enrollment is 78% of that expected to date. Based on the current enrollment rate and the addition of centers, the trial is expected to reach its enrollment goal of 324 participants by August of 2011.

## Discussion

This study has several relevant aspects. It is trying to answer an important patient management issue to improve outcome following severe TBI. Second, the study is training new independent researchers to conduct high quality studies in their communities to improve outcomes of this major condition.

Finally, and very importantly for neuropsychologists, it uses a battery of neuropsychological measures as primary measures to determine whether the intervention worked.

Cognitive problems are sensitive to the effects of TBI, and usually are the cause of disabilities in everyday life in TBI. Because of their sensitivity and relevance to everyday life, they are important to include as outcome measures in intervention trials. Logistically, they are also important to use because they improve the power of the study to detect change and thus require smaller sample size. The neuropsychologist is an important collaborator in medical intervention studies dealing with conditions affecting the brain and brain functions.

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**INS  
Annual Meeting  
2010—  
Acapulco, Mexico**

The 38th Annual Meeting of the International Neuropsychological Society in Acapulco, Mexico, addressed the field of cognitive neuroscience broadly instead of focusing on a specific theme.

This larger perspective included basic, applied, clinical, and translational science methods; the full developmental spectrum (pediatric, adult, aged); and methodological, diagnostic, outcome, and rehabilitation studies.

Transdisciplinary symposia incorporated multiple approaches (e.g., genetic and behavioral studies; imaging and treatment studies). Submissions that introduced approaches utilizing participants from different cultural backgrounds and cross-cultural applications of neuropsychological assessment instruments were also encouraged.

This unique program for 2010 featured invited lectures with several speakers from Latin-America such as Humberto Nicolini from Mexico and Michelle Valdez Soza from Cuba. Approximately 100 papers were submitted from Latin-America and also included were two invited symposia from the most important neuropsychological societies in Latin-America: ALAN (Asociación Latinoamericana de Neuropsicología/Latin-American

Neuropsychological Association) and SLAN (Sociedad Latinoamericana de Neuropsicología/Latin-American Neuropsychological Society).

A memorial symposium in honor of Edith Kaplan was organized by Dean Delis. Dr. Kaplan (1924-2009) is noted for her innumerable contributions to the field of neuropsychology.

The program committee consisted of members from diverse geographic regions and of varying experience, including different ages and types of populations. A total of 873 abstracts were submitted and only approximately 2% were not accepted for the final program. Of the accepted submissions, 727 were poster presentations, 87 were symposia summaries or abstracts, and 38 were oral paper presentations; the remaining 6 were invited lectures.

The majority of submissions were from the United States (660), with 26 other countries represented, including Canada (65), Mexico (61), Australia (18), and the United Kingdom (9). Submissions were also received from the Netherlands, Spain, Colombia, New Zealand, Norway, Sweden, Brazil, Poland, Hungary, Japan, Portugal, Cuba, Cyprus, Denmark, Finland, Greece, Ireland, Israel, Italy, Luxembourg, Puerto Rico, Slovenia, South Africa, Switzerland, and Taiwan. The individual sessions were well attended.

While the weather was not always cooperative, this did not appear to deter the attendees. Acapulco and the Fairmount proved to be excellent choices for the conference.

To read abstracts from this meeting, go to the 2010 JINS supplemental issue 1 on the Cambridge University Press website: [http://journals.cambridge.org/jid\\_INS](http://journals.cambridge.org/jid_INS).

Recordings of all sessions may be purchased as CD-ROMs, DVDs or downloads from Fleetwood Onsite Conference Recording at <http://www.fleetwoodonsite.com/index.php?cPath=60>.

**Forthcoming  
Conferences**

**7th World Stroke Congress**

October 13-16, 2010

Seoul, Korea

email: [stroke2010@kenes.com](mailto:stroke2010@kenes.com)

[www.kenes.com/stroke2010](http://www.kenes.com/stroke2010)

**British Neuropsychological Society Autumn Meeting**

October 20-21, 2010

London

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web site: [www.the-bns.org/index.html](http://www.the-bns.org/index.html)

**48th Annual Meeting of the Academy of Aphasia**

2010 Meeting

October 24-26, 2010

Athens, Greece

web site: [academyofaphasia.org](http://academyofaphasia.org)

**IX Congreso Argentino de Neuropsicología**

11,12 y 13 de Noviembre 2010

Buenos Aires

email: [sonepsa@gmail.com](mailto:sonepsa@gmail.com)

web site: [www.sonepsa.com.ar](http://www.sonepsa.com.ar)

**39th Annual Meeting of the INS Intl. Neuropsychological Society**

February 2-5, 2011  
Boston, Massachusetts  
ins@osu.edu  
web site: [www.the-ins.org/39th-annual-meeting-february-2011](http://www.the-ins.org/39th-annual-meeting-february-2011)

**7th Annual Update Symposium on Clinical Neurology & Neuropsychology**  
Tel Aviv, Israel  
February 21-22, 2011  
[seminars@isas.co.il](mailto:seminars@isas.co.il)  
<http://www.isas.co.il/neurophysiology2011/index.php>

**13th Annual Meeting: Genes, Brain and Behavior**  
May 11-14, 2011  
Rome, Italy  
Sponsored by the International Behavioural and Neural Genetics Society (IBANGS)  
email: [marialuisa.scattoni@iss.it](mailto:marialuisa.scattoni@iss.it)  
web site:  
[www.ibangs.org/](http://www.ibangs.org/)

**2011 Mid-Year Meeting of the INS**  
July 6-9, 2011  
Auckland, New Zealand  
email: ins@osu.edu  
web site: [the-ins.org/future-meeting-of-ins](http://the-ins.org/future-meeting-of-ins)

**8th IBRO World Congress - International Brain Research Organization**  
July 14-19, 2011  
Florence, Italy  
web site:  
[www.ibro2011.org/site/home.asp](http://www.ibro2011.org/site/home.asp)  
web site:  
[www.ibro.info/Pub/Pub\\_Front.asp](http://www.ibro.info/Pub/Pub_Front.asp)

**For more conferences, see the ILC web site**  
**Conferences page:**  
[www.ilc-ins.org/news.shtml](http://www.ilc-ins.org/news.shtml)

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