

## INTERNATIONAL NEUROPSYCHOLOGICAL SOCIETY LIAISON COMMITTEE NEWSLETTER

*Message  
From The Editor*

Happy New Year and welcome to the first issue of INSNET for 2004. This issue commences with two special feature articles. In the first article, Dr. Yana Suchy presents a fascinating insight into the state of clinical neuropsychology in the Czech Republic. The second article is a joint effort by Drs. Maria Luisa Bringas, Eduardo Cairo and Tedd Judd. It provides an account of the clinical practice and research in neuropsychology in Cuba.

Also included in this issue is a report written by Professor Agnes Chan, Chair of the International Neuropsychology Conference: Recent Advances in the East and West. In it she summarizes some of the highlights of this recently held conference in Hong Kong.

A new feature included in this issue is the profiling of a neuropsychological assessment instrument suitable for cross-cultural application. The first contribution to this feature is a non-reading multilingual alternative to the Stroop Color-Word Test, developed by Dr. Manuel A. Sedo.

I want to thank all the contributors for their interesting input to the INSNET. I also want to encourage contributions from our readers to future issues.

If you have any relevant ideas or experiences please forward them to me for review and potential publication.

David Shum, Ph.D.  
School of Applied Psychology  
Griffith University  
Nathan QLD 4111  
Australia  
Tel (+617) 3875 3370  
Fax (+617) 3875 3388  
Email: [d.shum@griffith.edu.au](mailto:d.shum@griffith.edu.au)

*Czech Republic:  
Trials and Tribulations of  
Clinical Neuropsychology  
in the Heart of Europe*

*by Yana Suchy, Ph.D.  
University of Utah*

E-mail: [yana.suchy@psych.utah.edu](mailto:yana.suchy@psych.utah.edu)

“There are 10 of us, and we are all going to the INS in Berlin,” Dr. Petr Kulistak told me when I first contacted him in the spring of 2003 to inquire about the state of clinical neuropsychology in the Czech Republic. As it turned out, however, Dr. Kulistak was kept from going to Berlin by medical problems, and six of the remaining nine Czech neuropsychologists were apparently kept home by the prohibitively high costs of conference attendance. Two of the three who made it to Berlin were unable to meet with me, and so I ended up meeting with Dr. Kulistak’s fellow, Dr. Iva Gregorova. The following information about the state of neuropsychology in the Czech Republic is based on my interview with Dr. Gregorova, my emails with Dr. Kulistak, and information available on the Czech Neuropsychology website.

ABOUT THE COUNTRY

Czech Republic, the western portion of the former Czechoslovakia, is a small country of about 10 million people. Despite their small numbers, Czechs have made their mark on the world, producing some rather impressive personalities. To name a few, Czechs have given us the forefather of genetics, Gregor Mendel; the composer of “The New World Symphony,” Antonin Dvorak; the author of “America,” Franz Kafka; the director of “One Flew Over the Cuckoo’s Nest,” Milos Forman; the former U.S. Secretary of State Madeleine Albright; and, for better or for worse, the founder of McDonald’s restaurant, Ray Kroc.



Czech Republic is wedged between Germany, Poland, Austria, and Slovakia. Over the past several centuries, Czechs have enjoyed only glimmers of independence from larger and more powerful European countries, such as, for example, the former Austro-Hungarian Empire. Most recently, in 1989, the Czech Republic freed herself from 41 years of communist rule and 21 years of occupation by the former Soviet Union. Today, 15 years after the so-called Velvet Revolution that led to the downfall of communism in that country, the Czech Republic continues to struggle with how to manage its

newly found democracy, prosperity from tourism, and the freedom to engage in business. It is within this historical context that neuropsychology in today's Czech Republic struggles for survival and growth.

#### HISTORY OF NEUROPSYCHOLOGY IN THE CZECH REPUBLIC

The beginnings of Czech neuropsychology date back to the 1950s when Drs. Svancara and Svancarova studied neurologic disorders in children. Although several other researchers subsequently expressed interest in the new discipline, perhaps the most significant events for Czech neuro-psychology occurred in the 1970s. First, in 1970, a selection of Luria's work was translated into Czech, and this selection was included among the reading requirements for certain undergraduate courses at the Charles University in Prague. Then, in 1973, Alexander Luria visited Czechoslovakia and gave a series of lectures in a variety of medical and educational settings. Subsequently, in 1974, two Czech psychologists (Drs. Mika and Jelinkova) visited Moscow and studied under Luria during their six-month stay. Upon their return to Prague, Dr. Mika started teaching an undergraduate course, Introduction to Neuropsychology, at the Charles University. Finally, in 1977, Dr. Richter translated into Czech the work of Anne-Lise Christensen.

However, neuropsychology as a discipline in its own right did not begin to take form until the 1980s. This institutionalization of neuropsychology is largely due to the efforts of Drs. Riegrova and Langmeier, who developed the first two graduate courses in Neuropsychology and secured a neuropsychology faculty line at the Institute for Continuing Education of Physicians. These efforts were further boosted by Dr. Riegrova's trips to Canada, and the fact that she managed to bring back home with her a copy of the first edition of Kolb and Whishaw's

#### *Fundamentals of Human Neuropsychology.*

At this point, readers need to appreciate that all these activities were initially happening against the backdrop of a fairly oppressive communist regime. Thus, for both political and economic reasons, obtaining western testing materials, journals, or books was very difficult for Czech scientists and practitioners. However, the fall of communism in 1989 opened the doors to collaboration with western scientists and Czech expatriates, and the newly found freedom allowed Czech neuropsychologists to join western organizations such as NAN and INS. This increased openness has also allowed Czech neuropsychologists to present their work at international meetings and conferences.

#### CHALLENGES

Perhaps the greatest challenge for Czech neuropsychology today is how to stimulate the growth of the discipline. Ten neuropsychologists for a country of 10 million is a remarkably small number. Compared to the U.S., Czech Republic has about 20 times fewer neuropsychologists per capita. Dr. Kulistak explains why: "Clinical neuropsychology is a subspecialty of clinical psychology. However, due to the heavy emphasis placed on psychotherapy early in graduate training, without comparable emphasis on brain-behavior relationship, only a few individuals have chosen to specialize in neuropsychology. In other words, by the time they are ready to specialize, Czech psychology students come to view neuropsychology as "too biological and not related to the psyche (!!!)" (Emphasis and exclamation points are Dr. Kulistak's).

In addition, economic and political developments have also precluded steady growth of the discipline. In particular, the health care system has been hit hard by the transition from the socialized economy to the free

market economy. As a result, hospitals and clinics are rarely solvent, and thus are forced to prioritize when investing their limited resources. Under such circumstances, disciplines that focus on saving human lives are understandably given priority over neuropsychology. Consequently, there is a limited market for neuropsychology, and this further discourages students from entering the discipline.

#### CATCH 22

Dr. Kulistak feels that in order to facilitate the growth of neuropsychology in Czech Republic, it is necessary to increase the exposure of undergraduates to neuropsychology, increase the number of practicum/internship sites and the number of qualified neuropsychology supervisors, and improve appreciation of neuropsychology by other disciplines. In other words, it comes down to education. However, there is a Catch 22 here: In order to increase the number of sites that offer neuropsychology training, one first needs to increase the number of neuropsychologists in the country. And one can't increase the number of neuropsychologists without increasing the number of training sites.

One may wonder, then, if training outside the country wouldn't be the best solution to this problem. However, financing such an undertaking is no small matter. In particular, Czech currency still compares somewhat unfavorably to the western currency, and the average annual income in Czech Republic is simply not sufficient to finance extended training stays in Western Europe or North America. Although some funds for training are available, such funds are subjected to a double standard that many readers may find familiar: In particular, physicians' training abroad may be sponsored by western pharmaceutical companies, but as of yet, no funds have been dedicated to neuropsychology training abroad.

## RESOURCES AND CURRENT STATE

Today, because of the above challenges, neuropsychology in the Czech Republic may not be exactly flourishing. Nevertheless, it continues to hang on. Czech neuropsychologists periodically publish in western journals, and regularly in the journal *Czechoslovak Psychology* (as of yet, their small numbers do not warrant a Czech journal dedicated to neuropsychology).

In terms of neuropsychological testing materials, many well-known instruments have been translated into Czech and normed with Czech populations. These include the WAIS-III and WAIS-R-NI, WMS-R, the Halstead-Reitan Neuropsychological Battery, Wide Range Achievement Test, phonemic fluency tests, Stroop Color-Word Test, Porteus Mazes, Rey Complex Figure, and many others.

In addition, several sites now have fMRI capabilities. The use of functional imaging is primarily clinically oriented, although it is beginning to generate research as well. The availability of this cutting edge technology may further encourage exchange of trainees between the Czech Republic and western countries.

Czech neuropsychologists have a web site that lists various local and international conferences, continuing education courses, and publications. (see [www.neuropsychologie.cz](http://www.neuropsychologie.cz).)

Perhaps one way the international neuropsychological community might assist Czech neuropsychologists would be to offer scholarships for Czech graduate students and postdoctoral fellows, as well as to help increase the visibility of neuropsychology in the Czech Republic by holding one of the mid-year INS meetings in the beautiful Czech capital, Prague.

## CLINICAL NEUROPSYCHOLOGY TRAINING IN CZECH REPUBLIC

Clinical neuropsychology training in Czech Republic follows the same conceptual model as that in the United States. In particular, clinical neuropsychology trainees are expected to gain solid clinical psychology training before proceeding to specializing in neuropsychology. Therefore, training expectations in both clinical psychology and clinical neuropsychology are described below.

*Clinical Psychology Training.* Clinical psychology is considered a specialty within psychology, and to complete this specialty, the following is required. First, students work toward a Masters degree in *General Psychology*, with the recommendation, but not a requirement, of a PhD. It is further recommended (but not required) that students' Masters theses and dissertation topics be from the area of clinical psychology. The clinical specialization requirements, which basically translate into what would be licensure requirements in the U.S., consist of the following:

- 30 months of supervised inpatient or outpatient clinical work, including
  - at least one month in a pediatric setting
  - at least one month in a psychiatric setting
  - at least one month in a consultation-liaison setting
- Completion of short courses in First Aid, Public Health and the Law
- Theoretical Competencies
  - Clinical Diagnostics
  - Developmental Psychology
  - Psychopathology
  - Psychotherapy
  - Psychosomatics/Health Psychology
  - Ethics
  - Educational Psychology
  - Introduction to Psychopharmacology
  - Biological Psychology
- Practical Competencies and Experience
  - Assessment of children up to age 6 years (5 assessments)

- Assessment of school age children age 7 to 15 years (5 assessments)
- Assessment of adolescents age 13 to 18 years (5 assessments)
- Cognitive, neurocognitive, and personality assessments with the focus on differential diagnosis (20 assessments)
- Psychotherapy (at least 5 hours per patient within a three-month period; 20 patients)
- Group and community psychotherapy (20 sessions)

*Clinical Neuropsychology Training.* Training in clinical neuropsychology is not fully formalized, but consists of coursework, as well as supervised practical training in a neuropsychological setting (such as neurology clinics or rehabilitation institutes) that takes place in the framework of obtaining the competencies required for specialization in clinical psychology.

## AUTHOR'S NOTE

I would like to express my appreciation to Dr. Petr Kulistak, who provided me with most of the material in this article. Dr. Kulistak has an appointment in the Department of Neurology at the Institute for Continuing Education of Physicians, and works as a neuropsychologist in the neurology clinic of the University Thomayer Hospital in Prague and in the Army Rehabilitation Hospital in Slapy. He is also an adjunct in the Psychology Department at the Charles University in Prague.

## ***Neuropsychology in Cuba***

***by Maria L. Bringas, Ph.D.  
International Center for  
Neurological Recovery  
(CIREN)***

**E-mail: [maluisa@neuro.ciren.cu](mailto:maluisa@neuro.ciren.cu)**

***Eduardo Cairo, Ph.D.  
Faculty of Psychology***

**University of Havana**  
E-mail: [cairo@psico.uh.cu](mailto:cairo@psico.uh.cu)

**Tedd Judd, Ph.D., ABPP-CN**  
**Private Practice, Bellingham,**  
**WA, USA**  
E-mail: [t.judd@comcast.net](mailto:t.judd@comcast.net)

Cuba has a well-developed profession of neuropsychology that ranks favorably in Latin America. It has the added distinction that clinical neuropsychological services are free and equally accessible to all Cubans according to medical need. The education of neuropsychologists is also free. Cuba's neurological rehabilitation has attracted a significant volume of "medical tourism" from around the world. Neuropsychology functions within comprehensive public health care and educational systems in a society with well-developed attention to disability rights. Massive population-based programs for helping the disabled are currently underway, many especially targeted towards better understanding and treatment of neurological and psychiatric diseases. These programs offer unique opportunities for research and international collaboration in neuropsychology.

## HISTORY

Cuba's initial experiences in neuropsychology began in the 1970s when the first psychologists, who studied in the former Soviet Union, returned to Cuba after finishing their postgraduate studies with Alexander R. Luria, L. Tsvetkova, and E. Xomskaya at the Lomonosov University of Moscow.



One of these, Dr. Eduardo Cairo, is now senior professor at the Faculty of Psychology, University of Havana, the flagship institution of higher education in Cuba. He is also editor of the Cuban Psychology Journal and has been active in the Latin American Neuropsychology Society and other international organizations. He has written a number of books on neuropsychology and currently directs a program for child neuropsychology.

## NEUROPSYCHOLOGISTS IN CUBA

There are about 20 neuropsychologists in Cuba, and many other psychologists who do some work in the field. A course in neuropsychology has been part of the university training of all Cuban psychologists. Those clinical psychologists who work in hospital neurology and neurosurgery departments receive further training from experienced neuropsychologists. For example, senior researcher Clemente Trujillo has been at the National Institute for Neurology and Neurosurgery for 31 years and has trained many of the neuropsychologists in Cuba.

Cuban neuropsychologists use a predominantly Lurian and Vygotskian approach to evaluation and rehabilitation. Other instruments used include Folstein's Mini-Mental State Exam, Section 20 of the Schedules for Clinical Assessment in Neuropsychiatry, and the Evaluación Neuropsicológica Breve en Español, (NEUROPSI, Brief Neuropsychological Evaluation in Spanish, by Ostrosky-Solis, Ardila, and Roselli). The Halstead-Reitan Battery was introduced into Cuba by Pedro Ferreira, a U.S. neuropsychologist born in Cuba. It is used for cases requiring more detailed evaluation but has the disadvantage that the norms are from the U.S.

## CURRENT CLINICAL PRACTICE

Health care in Cuba is free and universal. Most neuropsychologists work in departments of neurology and

neurosurgery, with a few in departments of psychiatry and rehabilitation. They receive referrals from specialist physicians, but not from primary care. Common clinical tasks are to determine for the physician the presence, severity, and localization of brain damage; differential diagnosis of dementia versus depression; and the quality of neurosurgery as measured by post-surgical cognitive deterioration.

The National Institute for Neurology and Neurosurgery in Havana was the first place where clinical neuropsychological assessment began in 1969. It has an active research and training program, with three neuropsychologists.

The Centro Internacional de Restauración Neurológica (International Center for Neurological Restoration, CIREN, [www.ciren.ws](http://www.ciren.ws)) is a 252-bed rehabilitation hospital in Havana with units for pediatrics, movement disorders, spinal cord injury and neuromuscular disorders, sleep disorders, neurosurgery, static lesions (mostly traumatic brain injury and cerebral vascular accidents), and REBIOGER (a center for health enhancement and longevity). They have served patients from 70 countries in the last decade, mostly from Latin America. The primary source of referral is Mexico, and for this population the age and education norms of the NEUROPSI are especially appropriate. The center integrates conventional and high technology techniques such as neurosurgery for Parkinson's disease, MRI and SPECT scanning along with complementary therapies such as antioxidants, magnetic stimulation, holistic therapies and others. CIREN has five neuropsychologists, including the first author of this article. In addition to many well-known neuropsychological tools, they use DIANA, a computer program developed at the Cuban Neuroscience Center (CNC, [www.cneuro.edu.cu](http://www.cneuro.edu.cu)). This program administers adapted versions of 27 standard neuro-

psychological tests (e.g., Wisconsin Card Sort, Stroop, Token). A companion program, "Mindtracer," is used to generate individualized cognitive rehabilitation tasks, recording reaction time and quality of performance.

Special education in Cuba is mostly carried out in specialized classrooms and schools within an interdisciplinary team model. The role of neuropsychology in that model is to provide an adequate theoretical approach to brain dysfunction and its assessment and treatment.

Although forensic psychology and psychiatry have important roles in the Instituto de Medicina Legal (Legal Medicine Institute), the field of forensic neuropsychology is underdeveloped. The Institute does sometimes request neuropsychological services to determine brain damage in selected cases.

#### CURRENT RESEARCH

Cuban neuropsychology is well integrated into other branches of the neurosciences such as the cognitive neurosciences and neuroimaging. Cuba has the advantage of a national health care system that makes it relatively easy to carry out population studies and to validate neuropsychological instruments. Just one example of such a study is a prospective follow up of thousands of subjects with mild cognitive impairment, involving the participation of hundreds of family doctors and complemented by the use of computerized neuropsychological tests and neuroimaging studies devised by CNC. This center has specialized in developing and introducing into the country cost effective technology for the neurosciences within a national network of diagnostic services, a model that has already been transferred to several other countries. Of particular note is the creation of Brain Electrical Tomography, an inexpensive electrophysiological neuroimaging technique.

CIREN receives patients from throughout Latin America, which can contribute to a normative database and the interchange of experiences with neuropsychologists from their countries of origin. CIREN has research projects addressing executive function disturbances in Parkinson's disease; extension of restriction therapy for motor neglect to the treatment of aphasia; neuropsychological assessment of patients for bilateral pallidotomy in generalized dystonia; cognitive effects of subthalamotomy in Parkinson's disease; and functional MRI for the determination of laterality in epilepsy surgery candidates, among others.

Special mention should be made of the CNC and its Department of Cognitive Neurosciences which not only carries out basic research in subjects such as visual attention and face processing, but also is active in the national coordination of massive population-based studies of a broad spectrum of neurological and psychiatric disorders including sensory deprivation, autism, schizophrenia, the dementias, learning disabilities and others.

In addition to these projects in Havana, there are research projects in other Cuban cities like Santa Clara, Cienfuegos and Santiago de Cuba, in their universities and neurological hospitals.

Cuba belongs to the Sociedad Latinoamericana de Neuropsicología (Society for Latin American Neuropsychology, SLAN) with the VI Congress of this society being held in 1999, at Varadero Beach, Cuba, with more than 700 attendees. Cuban neuropsychologists are also members of the Asociación Latinoamericana de Neuropsicología (Latin American Neuropsychology Association, ALAN), based in Colombia, and have participated in its Cerebro y Mente (Brain and Mind) Congresses.

#### FUTURE PLANS

In spite of these achievements a number of important issues must be addressed:

The number of specialists practicing neuropsychology has to be increased. In particular, more emphasis should be placed on cognitive rehabilitation, increasing the services available to the population both at a community and hospital level. This will be a consequence of the aforementioned population studies.

Future research goals include using event-related evoked potentials as a clinical tool for evaluating patients with communication difficulties, and using functional MRI to document changes resulting from neurological rehabilitation.

A major objective is to create a Masters or Diploma program in neuropsychology that could have a common base with other programs already established elsewhere in Latin America for professional certification. Another goal is for an independent neuropsychology society. Professional meetings currently take place through the Sociedad de Neurociencias de Cuba (Cuban Neurosciences Society, SONECUB), the Sociedad de Psicólogos de Cuba, (Cuban Psychology Society), and others.

Cuban neuropsychologists look forward to increased contacts with other parts of the international neuropsychology community via INS, the International Liaison Committee, individual contacts, and other channels. They welcome responses to this article.

### ***International Conference of Neuropsychology Held in Hong Kong***

***by Professor Agnes Chan  
Department of Psychology  
The Chinese University of  
Hong Kong***

**E-mail:** [aschan@psy.cuhk.edu.hk](mailto:aschan@psy.cuhk.edu.hk)

On the 9<sup>th</sup> to 12<sup>th</sup> of December, 2003, over 200 researchers and health care providers gathered at the Chinese University of Hong Kong for a conference entitled “*An International Conference of Neuropsychology: The East Meets the West.*” The purpose of the conference, as stated in the title, was to encourage communication between researchers in Asia and in Western countries. This conference can be considered a milestone for the development of neuropsychology in China in two ways. It was the first neuropsychology conference held in China, and it was also the first conference to be jointly organized by institutions/organizations in China and in the United States. The organizers of the conference included the Chinese University of Hong Kong, the National Institute of Mental Health, the American Psychological Association, the Chinese Academy of Science, the Hushan Hospital and the Hong Kong Neuropsychological Association.

The presentations by researchers in parallel sections filled up the two-day program. Some sections were particularly interesting and quite unique to most western researchers. For instance, there was a symposium on the recent development of neuropsychology in Asia with presenters from Mainland China, Taiwan and Hong Kong introducing the history and development of neuropsychology in these regions. The theme of another symposium was discussing whether traditional Chinese medicine can possibly be a complementary intervention for brain disorders. Research utilizing various Chinese medicinal methods including herbal medicine, mind-body exercise and acupuncture were discussed. It is very encouraging to learn that researchers have begun to use functional imaging techniques to study the effect of Chinese medicine on cognitive functions.

This conference not only has encouraged some collaboration between researchers in China and the

United States, but also has established a foundation of collaboration among Chinese researchers in different regions (i.e., Mainland China, Hong Kong and Taiwan). As some senior American neuropsychologists at the conference said, the current development of neuropsychology in China is similar to that of the United States in the 1960s. The prospect is bright and encouraging!

***The “Five Digit Test”: A Color-Free Non-Reading Alternative to the Stroop***

**by Dr Manuel A. Sedo**  
**Private Practice, Boston, MA**  
**U.S.A.**  
**E-mail: [manuel@sedo.net](mailto:manuel@sedo.net)**

The items on the FIVE DIGIT TEST (FDT) are groups of digits or stars that are presented in arrangements like those seen on playing cards. Presented this way, digits can be alternatively read and counted when the “number” of digits does not fit their arithmetic “value” (two 5s, three 1s, etc). This parallels the conflict found in the Stroop Color-Word Test (Stroop, 1938). Additionally, the FDT allows the testing of subjects who might not be suitable with the Stroop: color-blind subjects, younger children, semi-illiterate adults, and dyslexic subjects. At the same time, the test has become “multilingual,” as numbers can be equally read in many languages. (There is even an ideographic form that was researched in Continental China). The FDT allows a very low academic level comparison between subjects in different social, cultural and linguistic groups.

Each of the four parts of the FDT yields a reading time for a page of 50 items. (Examiners may use phonetically-presented answer sheets when the language is not totally familiar to them). The first half of the test measures speed of production: Part 1, reading groups of digits; and

Part 2, counting groups of stars. The second half of the test measures response inhibition: on Part 3 the subject counts conflictive items and avoids reading them; and on Part 4 the subject switches ten items between the mental task of counting and the mental task of reading the number whenever the item has a darker frame. Part 4 parallels the “fourth situation” introduced by Bohnen et al., (1992). The four parts require identical verbal responses but reading times should increase steadily from each situation to the next.

Correlations between the FDT and the Stroop were .71, .64, .66 and .65, (significant at  $p = .001$ ) (Sedo & Decristoforo, 2001). Comparing mature adults and stroke patients, the FDT classified 97.5% of the subjects. Classifications based on FDT and Stroop were not significantly different. FDT may load on different attributes of attention and response inhibition, with emphasis on controlled processing (Lang, 2002).

**Example of the 5DT items:**  
 (Note: for the actual test, 50 test items are presented in each part. Only 3 items are included here as examples).

**Part 1: Reading**  
 “Read one number in each box”

1	4 4	3
	4 4	3
		3

(answer: 1, 4, 3)

**Part 2: Counting**  
 “Count the stars in each box”

*	* *	*
	* *	*
		*

(answer: 1, 4, 3)

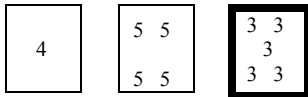
**Part 3: Choosing**  
 “Count the numbers in each box”

5	1 1	4
	1 1	4
		4

(answer: 1, 4, 3)

#### Part 4: Switching

"Count the numbers like you did before; but when you come to a box with a darker frame, change the rule and read the number."



(answer: 1, 4, 3)

#### References

Bohnes, N., Jolles, J., & Twingstra A. (1992). Modification of the Stroop Color Word Test improves differentiation between patients with mild injury and matched controls. *The Clinical Neuropsychologist*, 6, 174-184.

Lang, J.A. (2002). Validation of the Five Digit Test in a clinic sample: An alternative to the Stroop Color-Word Task with possible cultural implications. San Francisco: Alliant International University.

Sedo M.A., & DeCristoforo, L. (2001). All language verbal tests free from linguistic barriers. *Revista Española de Psicología*, 3, 68-82.

Stroop J.R. (1935). Studies of interference in serial verbal reactions. *Journal of Experimental Psychology*, 18, 643-661.

**3rd Annual Vivian Smith  
Advanced Studies Institute  
of the International  
Neuropsychological  
Society**

### THE HUMAN FRONTAL LOBES

**June 21-July 16, 2004**

Xylocastro, Greece

The third annual summer institute offers an exciting month of study opportunities for students in psychology, cognitive neurosciences and related disciplines who have

completed at least one year of graduate study or are 2nd year residents in neurology or psychiatry. For additional information about how to apply, please visit our website.

APPLICATION DEADLINE: January 20, 2004

E-mail: [Maribel.Briones@uth.tmc.edu](mailto:Maribel.Briones@uth.tmc.edu)

Website:

<http://www.uth.tmc.edu/clinicalneuro/institute/2004/index.html>

### **Featured International Neuropsychology Conferences**

### **25<sup>th</sup> ANNUAL CONFERENCE OF THE NEW YORK NEUROPSYCHOLOGY GROUP**

*Cross Cultural Challenges to  
Neuropsychology's Brain  
Theories and Clinical Practice*

**May 1, 2004**

The 25<sup>th</sup> Annual Conference of the New York Neuropsychology Group is a joint meeting with the Psychology Forum, and the New York Academy of Science. The conference will present critical analyses of fundamental problems of cross-cultural neuropsychology, past efforts to deal with them, current practices and new proposals.

Conference organizers:

Alizah Brozgold, PhD

Rehab Med, Link 1, St Vincents Med  
Ctr. 170 W. 12<sup>th</sup> St., NY 10011.

Email: [AZBrozgold@aol.com](mailto:AZBrozgold@aol.com)

Frank LeFever, PhD

NYNG (Pres.) & NYAS Psychology  
Forum.

Email: [Fflefever@yahoo.com](mailto:Fflefever@yahoo.com),  
[franklefever@nyng.org](mailto:franklefever@nyng.org)

REGISTRATION AND  
INFORMATION ONLINE AT:  
<http://www.nyng.org/>

### **8<sup>th</sup> NORDIC MEETING IN NEUROPSYCHOLOGY**

**August 26-29, 2004**

The 8<sup>th</sup> Nordic meeting, sponsored by the Finnish Neuropsychological Society (FNS), will be held in Turku, Finland. The meetings, which have become a well-established tradition over the past two decades, provide a unique opportunity for neuropsychologists to be acquainted with up-to-date knowledge shared by renowned Nordic and international experts.

DEADLINE FOR ABSTRACT  
SUBMISSION (in all areas of  
neuropsychology): **30<sup>th</sup> April 2004**

Official congress language: English

Contact:

Congress Office

University of Turku

Lemminkaisenkatu 14-18 B

20520 Turku, Finland

E-mail: [congress@utu.fi](mailto:congress@utu.fi)

Website:

<http://congress.utu.fi/neuro2004>

### **Conference Bulletin Board**

**February 4-7, 2004**

32<sup>nd</sup> Annual Meeting

International Neuropsychology Society  
Baltimore, Maryland

E-mail: [ins@osu.edu](mailto:ins@osu.edu)

Website:

<http://www.the-ins.org/meetings/>

### **February 24-27, 2004**

Restauración Neurológica 2004  
Habana, Cuba  
Organized by Centro Internacional de  
Restauración Neurológica (CIREN)  
Abstracts due Oct. 31, 2003, in  
English  
Economic support available for  
students  
Contact: Professor Jorge A. Bergado  
E-mail: [bergado@neubas.sld.cu](mailto:bergado@neubas.sld.cu)  
or [rn2004@neuro.ciren.cu](mailto:rn2004@neuro.ciren.cu)

Website:

<http://www.ciren.ws/rt2004/restauracionneurologica2004i.htm>

### **April 18-20, 2004**

First Congress of the European  
Neuropsychological Societies  
Modena, Italy  
Organized by Società Italiana di  
Neuropsicologia (SINP)  
British Neuropsychological Society  
(BNS)  
Société de Neuropsychologie de  
Langue Française (SNLF)  
Gesellschaft für Neuropsychologie  
(GNP)  
E-mail: [i.bortolotti@planning.it](mailto:i.bortolotti@planning.it)

Website:

<http://www.planning.it/congressi/neuropsychology/home.htm>

### **May 27-28, 2004**

AEP Section on Neuroimaging  
London  
E-mail: [info@irbd.org](mailto:info@irbd.org)

Website:

<http://www.irbd.org>

### **July 7-10, 2004**

3rd Joint Meeting of ASSBI  
(Australian Society  
for the Study of Brain Impairment)  
and INS/  
INS 27th Annual Mid-Year Meeting  
Brisbane, Australia  
E-mail: [neuropsych@tourhosts.com.au](mailto:neuropsych@tourhosts.com.au)

Website:

<http://www.the-ins.org/meetings/>

### **July 10-14, 2004**

European Brain & Behaviour Society  
36th EBBS Meeting  
in association with FENS  
Lisbon, Portugal

Website:

<http://www.ebbs-science.org>

### **July 12-13, 2004**

Australia's Red Centre - ULURU  
(Ayers Rock)  
Deadline for Abstracts (250 words):  
16 Jan. 2004  
E-mail: [rtate@med.usyd.edu.au](mailto:rtate@med.usyd.edu.au)  
or [barbara.wilson@mrc-cbu.cam.ac.uk](mailto:barbara.wilson@mrc-cbu.cam.ac.uk)

## ***International Liaison Committee Members***

### **Bernice A. Marcopulos, Chair**

Neuropsychology Lab  
Western State Hospital, Box 2500  
Staunton, VA 24402-2500, USA  
E-mail: [bmarcopulos@ilc-ins.org](mailto:bmarcopulos@ilc-ins.org)

### **David Shum, INSNET Editor**

School of Psychology  
Griffith University  
Nathan QLD 4111  
Australia  
E-mail: [d.shum@griffith.edu.au](mailto:d.shum@griffith.edu.au)

### **Deborah L. Scheffel,**

**Support Consultant Program**  
University of Northern Colorado  
McKee Hall, Room 30  
Greeley, CO 80634, USA  
E-mail: [deboras.scheffel@unco.edu](mailto:deboras.scheffel@unco.edu)

### **William Seidel**

**Book & Journal Depository  
Coordinator**  
71 Cochrane Avenue  
Hastings On Hudson, NY 10706  
E-mail: [Wseidel@ompus.inj.com](mailto:Wseidel@ompus.inj.com)

### **Kathy Pond, Program Assistant**

E-mail: [KLPOND@aol.com](mailto:KLPOND@aol.com)

### **Kathy May, Web Site Assistant**

E-mail: [Kmay2k@earthlink.net](mailto:Kmay2k@earthlink.net)

*INSNET is the free  
newsletter  
of the International  
Liaison Committee of the  
International  
Neuropsychological  
Society and is published  
twice a year.*