

**NAN 2009 OFFICER CANDIDATES  
POSITIONS ON THE ISSUES**

**CANDIDATES FOR PRESIDENT-ELECT**

**Judith R. O’Jile, Ph.D.**

**1. How does your background qualify you for this office?**

My experiences, within and outside of NAN, have provided me with the knowledge necessary for this office. I have been an active member of NAN for many years, attending every conference since I joined as a student member and presenting at most of them. I have helped to select posters for the conference as well as judging posters for student awards. My experience on the Program Committee includes Program Chair of the 2006 San Antonio conference, Past Program Chair, and Exhibit Coordinator. These roles have involved extensive interaction with NAN members, students, exhibitors, and speakers. I have been honored by being named a Fellow of NAN. Additionally, I have served on the Executive Council of my state psychological organization and have worked as a liaison with the Red Cross in my state. More recently, my participation in Division 40 includes membership on the Division 40 WIN Committee.

As a neuropsychologist, I have worked in both a university hospital and a VA system. My experiences teaching, supervising students, and maintaining a research program, in addition to my other qualifications, have given me the background needed to provide effective leadership as NAN continues to address the issues facing Neuropsychology today.

**2. What do you see as the major challenges to neuropsychology in the next five years? How do you believe NAN, under your leadership, can be effective in meeting these challenges?**

The major challenges facing neuropsychology are many. At the forefront is our professional identity; many healthcare professionals do not understand our role in the care of patients. Therefore, it is not surprising that insurance companies and government policy makers also lack this understanding, leading to reductions in reimbursement. Although the NAN leadership has worked diligently to deal with this issue, continuing efforts need to be made. This will entail a surge in efforts related to education, advocacy, and cooperation with insurance companies, other healthcare disciplines, and government agencies. Neuropsychologists have a wealth of experience and knowledge, but we must establish new ways to convey this information to others. I would support efforts to improve the recognition of neuropsychology on community, state, and federal levels.

A related concern is the establishment of appropriate qualifications for those who practice neuropsychology. It will not be of any benefit to make neuropsychology a word recognized easily by consumers and others in related fields, if they do not understand the basic differences between neuropsychologists and those who “do” neuropsychology without the proper training.

Lastly, we need to realize that research in Neuropsychology is increasing exponentially. There are many neuropsychological journals as well as those that deal with neuropsychological principles more tangentially. It is very difficult to stay current with cutting edge research; I would work with the Education Committee to try to develop new methods to keep our members abreast of the newest developments in our field, allowing us to be the best practitioners possible.

### **3. How would you promote professional practice?**

NAN exemplifies the promotion of professional practice, making it a unique organization within the field of Neuropsychology. Many options have been developed by NAN to improve professional practice. This includes the annual conference which is dedicated to providing the latest research data, basic science material (such as neuroanatomy), and clinical expertise to our membership. ACN, the NAN journal, as well as the NAN research grants, and position papers are all products of NAN's endeavors to help the practitioners, whatever their practice setting. I consider these to be some of NAN's most fundamental activities and would give them my strongest support.

I would also support the continuing work of the PAIC in its many faceted endeavors to improve the status of Neuropsychology. It is equally important to develop new practice opportunities, giving our members the opportunity to use their skills in new arenas. However, the most critical aspect of practice promotion is education of policymakers, consumers, and other health care providers. A corollary to this is the importance of forming alliances with other health care providers, such as the efforts of Dr. Ruben Echemendia to ally NAN with the American Academy of Neurology. It is by effort toward all of these facets of practice that NAN will optimize the opportunities of its members.

### **4. How do you plan to bridge science and practice?**

Because I am a clinician and a researcher, I understand the importance of the relationship between science and practice. Neuropsychology is based on data gathered over many years of research, and the continuous flow of new data improves our ability to provide the best clinical practice. NAN has done an exceptional job of giving practitioners mechanisms to keep their practice up-to-date by integrating the latest research findings into their patient evaluations. The annual conference is a vehicle that gives clinicians, not only the opportunity to learn, but also the opportunity to network with other clinicians to determine the best ways to bridge science and practice. To enhance this, we may wish to consider having seminars that pair researchers and clinicians that share the same areas of interest. Or alternatively, we could ask all speakers at the conference to dedicate a specific portion of their talk to clinical applications. Additionally, NAN has provided other outlets for research findings in its journal as well as its grants program. I would support all of the avenues of research dissemination developed by NAN, because I think they give excellent opportunities to minimize the gap between science and practice. However, NAN can only offer information to its membership; ultimately, it is up to each individual to apply research findings to their clinical practice.

## **CANDIDATES FOR PRESIDENT-ELECT**

**Alexander I. Tröster, Ph.D.**

### **1. How does your background qualify you for this office?**

Over the past decade I have represented neuropsychology's interests and held leadership positions on committees of national and international organizations dealing with both professional and scientific issues in clinical neuropsychology (e.g., co-chair of NAN's Policy and Planning Committee, APA Division 40 Practice Advisory Committee, APA Division 40 Science Advisory Committee). My experience serving on physician groups' committees and task forces to highlight neuropsychology's contributions to research and patient care (e.g., Congress of Neurological Surgeons, Movement Disorder Society, and American Academy of Neurology) prepare me to represent NAN's interests at medical organizations. In addition to administrative roles, I have almost two decades' experience as a scientist practitioner. Currently, as a Professor of Neurology at the University of North Carolina – Chapel Hill, I maintain a clinical practice in a large, multispecialty group and I am very familiar with practice building, reimbursement and quality improvement issues. As a researcher, I have published over 150 scientific articles and chapters, serve on 5 journal (including ACN) editorial boards and have investigator initiated foundation and industry grants. I am also a NAN Fellow and past recipient of the Academy's early career and scientific contributions to clinical neuropsychology awards. As a former director of an internship program admitting 15-18 interns annually, and as director of a postdoctoral training program, I understand the challenges that recent graduates of neuropsychology programs face. As an administrator I have experience in promoting high training standards and increasing funding levels.

### **2. What do you see as the major challenges to neuropsychology in the next 5 years? How do you believe NAN, under your leadership, can be effective in meeting these challenges?**

Challenges in clinical, educational, and research arenas can only be mastered if NAN anticipates and identifies challenges and is proactive in problem-solving. I would work with the board and its committees to take such an approach. NAN has made great strides pursuing a forward-looking strategic plan, and it is important for future leaders to ensure continuity of existing programs while planning and implementing new initiatives. In the clinical arena one critical question is how we can best provide top quality care to the largest proportion of patients needing services, efficiently, effectively, and at a reasonable cost (and fair income). NAN can facilitate neuropsychological service provision to a growing segment of the population that is un(der)insured and underrepresented by establishing relationships with public health agencies and primary care providers. Primary care professional associations must be made aware of the importance of neuropsychology. Patients burdened by higher insurance premiums, deductibles, and coinsurance often have to choose between services and must be informed of the value of neuropsychology, for example, by creating a consumer-oriented web page and by interfacing with patient advocacy groups, many of which maintain blogs. In the education arena, we need to eliminate bottlenecks from doctoral programs to internships to postdoctoral fellowships to jobs and have a pragmatic training model viewed as a continuum rather than separate programs. NAN should explore programs akin to medical residencies. In the research arena, NAN must identify novel funding sources and incorporate new technologies (e.g., imaging, computerized and adaptive testing, and cognitive remediation).

### **3. How would you promote professional practice?**

It is important to seize potential advantages offered by new technologies, e.g., functional imaging (for which CPT codes exist), and computerized and adaptive assessment. But, it is critical that new technologies meet rigorous quality standards. A broader armamentarium of tools makes neuropsychologists attractive to consumers and partners. NAN needs to continue efforts to have a voice in Washington and be involved in the new universal health care initiative. NAN can take a leading role in promoting links to industry (e.g., trials evaluating outcomes of cardiac, spinal and brain stimulation). NAN might promote networks of practitioners to partner with the increasing number of private/hospital physician practices involved in pharmaceutical trials.

Neuropsychological measures, although facing some regulatory hurdles in trials, are increasingly viewed as potential primary outcome measures in conditions wherein gross functional measures lack sensitivity (e.g., MCI). Neuropsychologists, regardless of practice setting should become partners in public health efforts. Neuropsychologists' roles in forensic consulting, military and DVA will also expand given current operations and training for these roles is critical. NAN can also take the lead in minimizing problems accompanying future practice changes. For example, ICD-10 implementation, while pushed back from 2011 to 2013, will require substantial software and possible hardware upgrades for most practices. The codes in ICD-10 will increase manyfold (from about 13,000 to 68,000). It is important that practitioners know how to use these codes effectively vis-à-vis CPT and ongoing liaison with payers will be critical. Support of technician use in certain states also continues to be needed.

### **4. How do you plan to bridge science and practice?**

NAN might bridge science and practice by addressing practice and training issues in medical school settings since this is the arena where most clinical neuropsychological research is done. An increasing number of positions are "soft money" positions, challenging especially recent graduates to balance research and practice demands as research funding dries up and the number of uninsured patients mandated to be served by most medical schools rises and pressures clinical revenues. One avenue to address this issue is for NAN to promote neuropsychologists' cross-training (or even altering training models) to include, for example, basic genetics and molecular biology, and prepare clinical neuropsychology graduates for meaningful roles in translational research. Curriculum builders need to evaluate whether students will be better served by traditional courses in history and systems, for example, or newer courses in research conceptualization and grant writing, functional imaging, and molecular biology. NAN will need to continue its collaboration with sister organizations to evaluate and create training models of relevance in the next decade. NAN does, and will need to continue to find ways to increase revenue streams to its foundation and support of early career neuropsychologists and collaborative research networks of community practitioners. NAN needs to continue IT improvements, increase member awareness of research funding opportunities, and provide summaries of the most important research presented at the annual meeting. The Annual NAN Conference and DistanCE programs, gems among NAN education programs, continually evolve and must remain responsive to needs of members to bridge science and practice.

## **CANDIDATES FOR MEMBER-AT-LARGE**

**Donna K. Broshek, Ph.D.**

### **1. How does your background qualify you for this office?**

I believe that my background is well-suited to represent the broad membership of NAN. As a neuropsychologist within an academic medical center, I am primarily a clinician, but I am also involved in training, research, and administrative duties. As a clinician, I understand the difficulties of reimbursement issues and providing care for under-insured patients. My department moved to an individual cost center basis several years ago so I am responsible for paying my share of the overhead and practice expenses through patient collections. As a result, I am very well aware of the impact of financial pressures on clinical practice. As Director of Training within my clinic and also Director of the Medical Psychology Fellowship Program, I am very invested in developing the next generations of neuropsychologists. In addition, I have been involved in research throughout my career and feel that it informs and enhances clinical practice. I was Program Chair of NAN last year and had the opportunity and privilege to coordinate the annual conference in New York. I believe that the broad array of conference workshops I arranged for the conference reflects my belief that NAN succeeds because of our diversity – diversity in professional backgrounds, professional interests, patient populations, and gender and ethnicity. This year, I am fortunate to be the Chair of the Women in Leadership Committee of NAN with the goal of encouraging the leadership potential of our female members and working on public service projects that benefit all of our members.

### **2. What do you see as the major challenges to neuropsychology in the next 5 years? How do you believe NAN, under your leadership, can be effective in meeting these challenges?**

I anticipate that the major challenges within the next 5 years will come from both within and outside of our profession. Internally, I think we will need to focus on our unifying goals and to resist pressures that might seek to divide us. Regardless of whether a neuropsychologist performs assessments, provides intervention services, or conducts research, we have a common interest in increasing our understanding of our patients and providing, recommending, or empirically evaluating various treatments designed to improve their quality of life. External pressures will come from potential changes in our health care system and competition with other health care providers for clinical and research funds. Neuropsychologists will need to be actively involved in any discussions regarding national health care and/or restructuring of reimbursement. We also need to promote and publicize the role of neuropsychologists so that the public and lawmakers understand our significant contributions to health care. We also need to emphasize that neuropsychologists are uniquely qualified to conduct research by virtue of our training and experience in psychological and neurological conditions and the scientific method. NAN is uniquely poised to develop consensus among neuropsychologists and promote our field to the public at large. I believe that one of my strengths is taking the time to understand divergent view points and working to find commonalities and consensus building. If I am fortunate enough to be elected, I believe that I can use these skills to enhance NAN's ability to cope with both internal and external pressures.

### **3. How would you promote professional practice?**

NAN has done an excellent job of promoting professional practice through the NAN PAIC and through Dr. Tony Puente's work on CPT codes. If elected, I would strongly support the continued work in these areas including the continued development of additional resources for clinicians that are available through the NAN website and through communications with PAIC members. In addition, I would work to increase the visibility of neuropsychology as a profession on Capitol Hill so that we are part of the dialogue in the restructuring of health care. I would also seek to continue and extend the work of current Board members who have established active collaborations with related organizations such as the American Academy of Neurology. Increasing the visibility of neuropsychology and NAN to the public and to our colleagues in neurology, neurosurgery, primary care, and other medical and psychological specialties will increase understanding of the value of our work and how our professional practice can make significant contributions to individual patient care and to health care in general. Regardless of exciting technology that can increase our awareness of brain functioning, neuropsychologists are vital to assessing the impact of disease on the neuropsychological functioning of individual patients. I would strive to ensure that the public and other professionals are informed that neuropsychologists are uniquely poised to understand and evaluate the functional abilities of patients and that this holds true even with the growth of neuro-technology such as fMRI, PET, and MEG.

### **4. How do you plan to bridge science and practice?**

Most importantly, I believe in promoting a greater understanding that science and practice are not dichotomous, but exist on a continuum within neuropsychology. Clinicians may be exclusively engaged in clinical practice, but their work is informed by science. Researchers seek to increase our understanding of brain-behavior relationships so that patients might benefit from new assessment procedures or new treatments. Science and practice are both integral aspects of neuropsychology. I would like to foster greater communication between researchers and clinicians so that each can inform the other. Many clinicians identify important scientific questions, but do not have the resources or experience to investigate them. Creating a forum whereby clinicians can post potential research ideas that can be pursued by neuropsychologists who are actively involved in clinical research would enhance the field for the benefit of all, including patients who stand to benefit from new innovations. Similarly, researchers could post information about clinical trials and query their practitioner colleagues about potential areas for further empirical evaluation. While the daily work activities of clinicians and researchers may be quite different, both strive to increase our understanding of brain-behavior relationships and increasing communication between neuropsychologists along the science and practice continuum would increase collaboration, enhance science, and improve patient care.

## **CANDIDATES FOR MEMBER-AT-LARGE**

**John DeLuca, Ph.D.**

### **1. How does your background qualify you for this office?**

In addition to my specific activities with NAN (see candidate statement), I have been very involved with clinical neuropsychology in general. I served on the Task Force on Education, Accreditation, and Credentialing in Neuropsychology for Division 40 when it was reconstituted in 1993. I subsequently served on the Education Committee of Division 40 from 1995 to 2004. I served as the Newsletter Editor for Division 40 between 1995 and 2001. I have been on the program committee for both Division 40 and the International Neuropsychological Society (INS) and have also served on the Continuing Education Committee of INS. I am currently on the Editorial Board of *Neuropsychology*, and *Neuropsychology Review*, as well as several other journals such as *Rehabilitation Psychology*, and the *Archives of Physical Medicine and Rehabilitation*. I served previously on the editorial boards of the *Journal of Clinical and Experimental Neuropsychology* and the *Journal of the International Neuropsychological Society*. I am practicing Clinical Neuropsychologist, specializing in the assessment and treatment of persons with multiple sclerosis and traumatic brain injuries. I have been the training director for a post-doctoral fellowship program in Neuropsychology for almost 20 years. I also served as one of the delegates for the Houston Conference, which developed guidelines for education and training in clinical neuropsychology. Taken together, in addition to over 20 years of neuropsychological research, I believe my experience in education, training, clinical work and service has provided me with the experiences necessary to take on a leadership role at NAN.

### **2. What do you see as the major challenges to neuropsychology in the next 5 years? How do you believe NAN, under your leadership, can be effective in meeting these challenges?**

I view challenges as opportunities, and there are many for our field. Neuropsychological researchers are now seeing more funding opportunities for the first time in 8 years. This is not only through traditional federal sources like NIH or NSF through “stimulus” money, but the war on terror has also produced a variety of other opportunities to continue to develop neuropsychological science and to apply this knowledge through training, education and practice. It is true that clinicians have experienced challenges to reimbursement as well as numerous other roadblocks to practice. However, the war on terror has also resulted in many of our soldiers returning with brain injuries, PTSD and other conditions which affect their community re-integration. Clinical neuropsychologists are uniquely qualified to assess, treat and serve our returning veterans. NAN has been very involved (often behind the scenes) in ensuring that clinical neuropsychologists are key players in working with our wounded warriors. I wholeheartedly support these efforts and will work to strengthen these relationships. Improvements in education, training and teaching should always be a major goal for NAN. I feel that NAN’s Education Committee should be at the forefront of advances in training by taking a leadership role in designing and implementing the follow-up to the Houston Conference to more effectively train the next generation of clinical neuropsychologists. The next 5 years will bring new initiatives and models of training, and I will see that NAN is at the table as one of its leaders.

### **3. How would you promote professional practice?**

I have been involved in shaping professional practice for two decades, mostly through working on committee's designed to promote the maturation of the education and training of future clinical neuropsychologists. For example, I served as a delegate for the Houston Conference which has paved the way for the next generation of clinical neuropsychologists. However, as part of the leadership of NAN, I will work to ensure that the issues related to practice are one of the top priorities when forging the vision and mission of NAN. Issues related to professional reimbursement policies should always remain a central concern within the NAN Board. I fully support Dr. Puente's efforts to ensure that CPT codes and reimbursement policies appropriately reflect our clinical practice. The Professional Affairs and Information Committee (PAIC) is a critically important committee. Its role is to increase practitioner knowledge, provide advocacy services to consumers about neuropsychological services, as well as a host of other services to and for the practitioner. I plan on providing my full and active support to this committee. For example, I will work to ensure that the unique services offered by clinical neuropsychologists are fully integrated into the system of care for our returning veterans.

### **4. How do you plan to bridge science and practice?**

Practice requires scientific foundation; therefore, neuropsychological research must address a wide range of questions. For instance, research focusing on understanding basic human functioning (e.g., differentiate processing speed from working memory) becomes the "basic sciences" for practice. Neuropsychological research must concentrate on the actual application and promotion of practice (e.g., how does impaired processing speed affect working memory performance). Lastly, research must focus on how neuropsychological evaluation predicts everyday life activities (e.g., how does impaired processing speed predict return to work decisions). NAN plays a significant role in the transfer of such scientific knowledge to clinical neuropsychologists, largely through its annual conference. The NAN Clinical Research grants play a central role in funding practice-oriented research projects. As a member of the committee since its inception, I work hard to keep the focus practice oriented. However, keeping the practitioner updated on scientific knowledge must be through extensive collaboration between NAN and individual practice. I am committed to working with the practicing community through PAIC to find ways to inform practitioners on the latest science. For example, clinical neuropsychologists can bill for clinical work involving functional MRI (fMRI). However, most neuropsychologists are unaware of such opportunities, and more importantly, require additional (and significant) skills. This new role for practice is an example of how neuropsychologists must forge a leadership role in this new clinical area. I feel my 20 years of experience in research, training, and practice provides me with the background necessary to help bridge the opportunities between science and practice.