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# ANA NEWS

VOLUME 2, ISSUE 2

## Happy New Year

Defining prosperity in 2021

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# MESSAGE FROM THE PRESIDENT

Dear ANA Family:

It is an honor to serve as your second president. We have all faced an extremely challenging year and I look forward to a better 2021. Our membership is growing and we have solidified our committees, membership dues, and by-laws. If you are reading this and want to be involved, please reach out. We are always looking for enthusiastic members who want to see our organization grow. Plans for 2021 include developing additional webinars and research programs, organizing more funding opportunities for our members, setting up more socials, strengthening ties with our sister organizations including HNS and SBN, and holding our first elections.

Our new board includes Farzin Irani, Ph.D., ABPP-CN who alongside Christine Wong, Ph.D., turned the ANA Advocacy Committee into an idea that sprang from the listserv (courtesy of Sara Chan, Psy.D.) into a fully-fledged and thriving program. Also joining us is Michelle Madore, Ph.D., who brings with her the experience our organization needs to move to the next level. Dr. Madore has served as chair of the Ethnic Minorities Affairs subcommittee and was the financial officer for the Division of Filipino Americans since 2014.

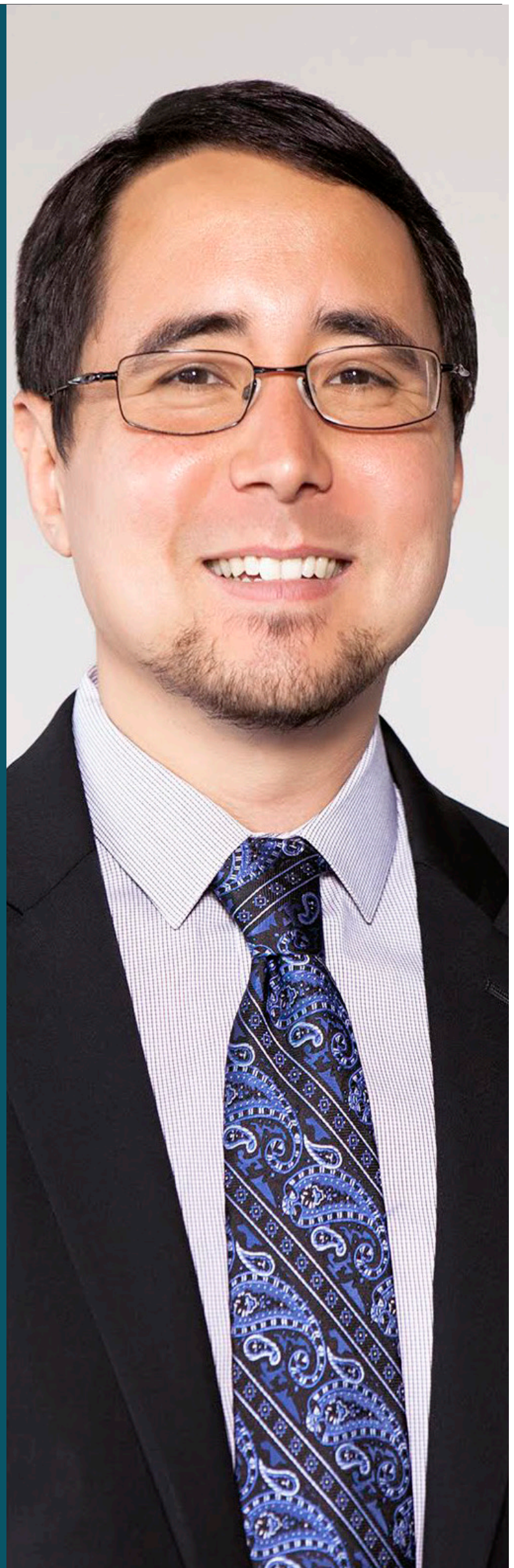
I am also delighted to announce that Alexander Tan, Ph.D., the former chair of the student committee, will be joining us as the Member-at-Large. Filling in his shoes is Jennifer Lee, M.A., who will continue where Dr. Tan left off in growing the student organization. ANA is also delighted to keep on Daryl Fujii, Ph.D., who will serve on the board this year as Past President. This organization would simply not exist without Dr. Fujii's guidance and leadership, for which we are forever thankful.

ANA would also not exist without our past board members Mimi Wong, Ph.D. and Lauren Mai, Ph.D., who together had a vision to bring to neuropsychology a space for Asians and Asian Americans to find representation. Fortunately, both will stay on in our advisory committee and Dr. Wong will also chair the membership committee. Also leaving the board is Jasdeep Hundal, Psy.D., ABPP-CN, who will transition as chair of the resource committee, which will serve as the hub for culturally appropriate measures across the pan-Asian community. Rounding out our committees include Christopher Nguyen, Ph.D. for media, and Angeles Cheung, Ph.D., ABPP-CN for education.

I am excited to see where ANA takes us these next few years, in part due to the accomplished individuals who have and continue to serve in our organization. I close by circling back to my initial invitation: ANA is nothing without its members and we welcome all who would like to contribute with open arms. Here's to a brighter future for us all.

Best wishes,

*Nicholas S. Thaler, Ph.D., ABPP-CN*



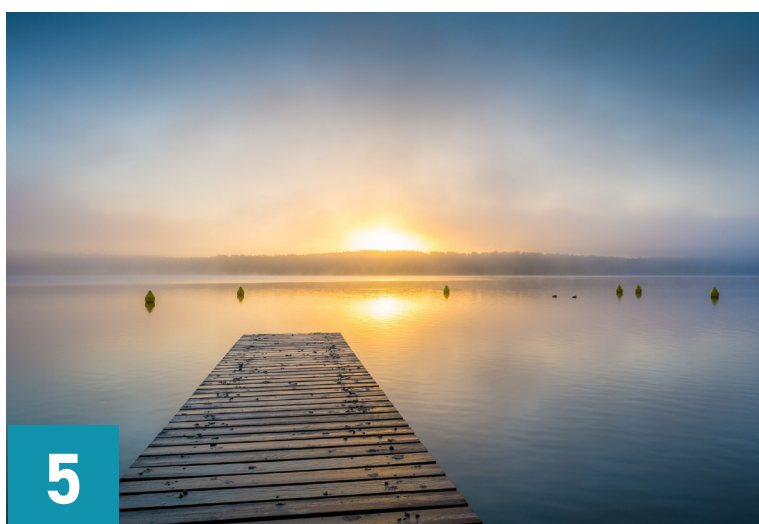




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## NEWSLETTER TEAM

### EDITOR

SARA CHAN, PSY.D.

### WRITERS

LAWRENCE CHAN, M.A.

JESSIE LI, B.S.

IVY CHO, M.A.



# From The Editor: The Only Constant Is Change



©Adobe Stock. Woman receiving a COVID-19 vaccine

J. R. R. Tolkien hit the nail on the head when he wrote about feeling like butter that has been spread over too much bread, in the literary treasure, the Lord of the Rings. Certainly, it has been remarkable how many variations of this phrase we all have encountered this year, and we still have time before it ends.

In our inaugural issue, we have said how we value our readers and fellow members here at ANA. That is why we are announcing a new vision for our newsletter and a format that will accomplish this.

From the start, my goal here has been aimed at connecting a broader audience of readers and members with contextually-relevant information to better serve our patients. At the precipice of every major catastrophe in human history, we have managed to find a way to safeguard our future from past tragedies. I choose to believe that is true for us now.

In addition to improving the readability and web-accessibility of our newsletter, we will provide increased curation for the subjects and topics covered in each issue. Some of the topics covered will be ethical issues regarding how scientific knowledge is founded and intended to be used, and some will include the application of this knowledge in our working contexts.

Last year, we were a biannual publication. This year, thanks to the invigoration from our team of new writers, we are committed to producing one issue every three months. These publications will continue with the eventual goal of producing feature articles and content on a monthly basis, once we seamlessly integrate with our organizational website.

However, this process will take time. That is why we will be particularly relying on the feedback and thoughts from you, our readers and members, to guide us in moving intentionally. This is why we are also announcing and inviting members to submit thoughts and comments through two new formats; letters to the editor, and/or written opinions or prose pieces.

Our efforts in the past year helped begin some important discussions related to the intersecting identities that we and our patients hold. Building on our understanding requires that we continually return to meet at the table, an effort that I am committed to pursuing.

Thank you for your conversations. It is a privilege for me to share this connection with you.

*Sara Chan, Psy.D.*

## How to submit letters to the editor:

We encourage a diversity of voices and views in our letters. Letters should preferably be within 150 to 175 words, refer to an article in the most recent issue, and include the writer's name, address, and phone number, and addressed as "Letter to the Editor" in the email title. To limit potential security risks, the letter must be embedded as plain text in a non-encrypted email (i.e., no attachments).

Please send all letters to:  
[the.ana.newsletter@gmail.com](mailto:the.ana.newsletter@gmail.com)

## How to submit opinion essays (op-eds):

We will accept opinion pieces on any topic that directly relates to the provision of quality care by and for people of Asian descent. Essays should preferably be within 300 to 750 words, but essays will be accepted as long as the length is within reason. Annotations and references should be included, if made.

Writers should clearly indicate the following at the beginning of their essays: full name, address, and phone number. Essays should be titled, "Opinion Essay." To limit potential security risks, all essays must be embedded as plain text in a non-encrypted email (i.e., no attachments).

Please send all op-eds to:  
[the.ana.newsletter@gmail.com](mailto:the.ana.newsletter@gmail.com)



# Research Highlights

by Ivy Cho, M.A., Lawrence Chan, M.A., & Jessie Li, B.S.

Readers will find direct links to the respective articles by clicking on article titles.

## 1. Origins Matter: Culture Impacts Cognitive Testing in Parkinson's Disease

Cross-cultural neuropsychological research conducted in the United States is often confounded by group differences in education, socioeconomic status, and health.

In contrast, Toronto, Canada represents a multicultural society where half of the immigrants have immigrated under the “economic” status (i.e., are well-educated and selected for their ability to contribute to Canada's economy). In addition, Canadian immigrants are often healthier, having lower rates of diabetes and cardiovascular disease compared to individuals born in Canada. Hence, examining multicultural biases on neurocognition in Toronto can reconcile the limitations associated with group disparities in education, socioeconomic status, and health.

In this study, the authors aimed to compare visuoperceptual skills, attention, memory, and executive functioning between Canadians with advanced Parkinson's disease born in Anglosphere countries to patients born in non-Anglosphere countries.

Patients from Anglosphere countries ( $n = 248$ ) included Canada, UK/Ireland, and the United States, and patients from non-Anglosphere regions ( $n = 167$ ), included the Americans/Caribbean ( $n = 24$ ), Central, South, and West Asia ( $n = 59$ ), East and Southeast Asia ( $n = 32$ ), and Europe ( $n = 40$ ).

Specifically, patients born in non-Anglosphere countries performed more poorly on all visuoperceptual tasks (Judgement of Line Orientation, Object Decision, Silhouettes, copy of the Rey-Osterrieth Complex Figure) and select executive function tasks (Matrix Reasoning, Wisconsin Card Sorting Test, and Category Fluency); this was not better explained by demographic or clinical variables, including sex, education, occupational attainment, disease duration, motor scores, % levodopa response, and levodopa equivalence daily dose.

Interestingly, group differences were mediated by the Historical Index of Human Development (HIHD; an index of social and economic health) of their native country at time of birth. These findings suggest that cultural biases not only remain following immigration, but non-verbal



©Adobe Stock. Older woman with Parkinson's Disease.

and visuoperceptual tests, often interpreted to be culturally fair, show a strong cultural bias.

Therefore, clinical practice should take into consideration cultural biases, specifically in immigrant patients from countries with a low HIHD, regardless of their English proficiency, education, occupational attainment, and years since immigration. Moving forward in the “new normal” of COVID-19.

## 2. Effects of age and education on clock-drawing performance by elderly adults in China.

Researchers from this study sought to investigate the effects of gender, age, and education on Clock Drawing Test (CDT) scores in a sample of 885 (females = 445) older, community-dwelling adults in China. Final analyses included participants with the following inclusion criteria: (1) Chinese-speaking individual age 65 and above; (2) normal

cognitive functioning based on Clinical Dementia Rating Scale (CDR) scale and minimum Mini-Mental State Examination (MMSE) score of 24; (3) sufficient visual and hearing ability to complete interview and evaluation; (4) no history of neurological or psychiatric disease or any signs of cognitive decline. Participant ages ranged from ages 65 to 93 ( $M = 74.94$ ,  $SD = 6.17$ ). Most participants obtained up to a high-school level education (53.33%), some up to a primary-level education (24.64%), and some up to university-level education (22.03%). Clock drawings were scored using the Schulman scoring system (i.e., 5 perfect clock, 0 inability to draw a clock).

Results indicated that age and education affected CDT performance, but gender did not. Previous studies demonstrate this same pattern that older age is related to lower CDT performance, and it is hypothesized that this decrease in performance is related to cognitive aging. While previous studies have found conflicting conclusions about the role of education on CDT performance, this study found that CDT scores were statistically different among the three educational levels. No significant gender differences were found, consistent with most previous studies.

Limitations of this study include skewed CDT score distribution and subjective skewing of results from the Schulman scoring system. While this study provides preliminary normative data on CDT performance for elderly populations in China stratified by age and education and may serve as a reference, researchers emphasize the need for further research to establish normative data.



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# Research Highlights

(Continued)

## 4. Determining appropriate screening tools and cut-points for cognitive impairment in an elderly Chinese sample.

This study aimed to explore screening cut-points for cognitive tasks to aid in accurate and early detection of mild cognitive impairment (MCI) and Alzheimer's disease (AD) from a culturally and socially relevant perspective. A sample of 1,027 older Chinese residents of Shanghai (267 MCI, 50 diagnosed with AD, 710 control) completed a comprehensive series of cognitive tasks. Participants were between the ages of 57 and 97 ( $M = 72.54$ ,  $SD = 8.40$ ).

Results indicated that the Mini-Mental State Examination (MMSE) and the Montreal Cognitive Assessment (MoCA) were the best differentiators of normal cognition, MCI and AD.

More specifically, the MoCA was more accurate for detecting MCI, and the MMSE was more accurate for detecting AD. Younger participants with higher education required only mild impairment to meet screening criteria, whereas older participants with lower formal education required higher degrees of impairment. Both measures were found to have high negative predictive values for MCI and AD, with some positive predictive values. MMSE and MoCA scores to indicate impairment were higher in males than females for MCI, but the same for AD.

Overall, the researchers recommended:

1) MMSE scores below 25.5 and MoCA scores below 22.5 may indicate the presence of MCI, while MMSE scores below 23.5 and MoCA scores below 19.5 may indicate the presence of AD

2) As age increases, cutoff scores for MCI and AD should be decreased (i.e., age-corrected)

3) cutoff points should increase proportionally to years of formal education increase (i.e., education-corrected).

Limitations of this study include inability to generalize findings to rural settings in China, and needing a larger sample to strengthen findings. However, the results provide guidance for detection of MCI and AD within an urban, older Chinese population.

## 5. A Normative Study of the Color Trails Test in the Adult Indian Population

The objective of this investigation was to compare the Color Trails Test (CTT) and the Trail Making Test (TMT) and establish convergent validity within the Indian population. In addition, the authors hoped to establish a normative sample stratified by age, gender, and educational attainment for the Indian population.

Utilizing archival data retrieved from Akshaya Psychological Services in Bangalore, India, the final sample included 669 community-dwelling participants who were deemed medically and psychiatrically healthy based on an exclusion criterion.

Five age groups were formed: 18-29, 30-39, 40-49, 50-59, and 60-69. Gender groups consisted of 365 males (54.60%) and 304 females (45.40%). Educational attainment was grouped into two cohorts ( $\leq 15$  years,  $\geq 16$  years) as the authors found further dividing the group led to a low participant number (i.e., less than 10



©Adobe Stock. Pier over sea against sky during sunset

participants).

From their analyses, the researchers found a strong correlation between performances on the TMT-A and the CTT-1 trials when assessing completion time. They also found a strong correlation between performances on TMT-B and the CTT-2 trials, contradicting previous literature, which failed to find a strong correlation between these measures in a predominantly Caucasian population.

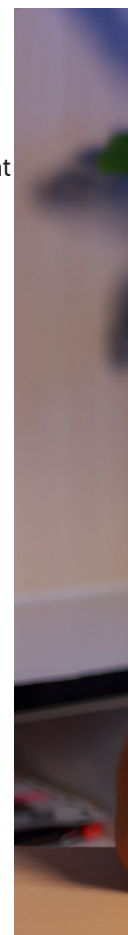
Additionally, the investigators found age and educational attainment have a significant impact on performance on the CTT, consistent with prior research. Finally, this publication provides culturally appropriate normative data for the CTT among the Indian population.

Regarding limitations, the authors noted how India is an extremely geographically diverse country with approximately 22 different languages and how this study does not account for this factor. Additionally, the majority of the participants were from Urban settings, making generalizability to rural populations questionable.

The authors' future directions will include further stratification for educational attainment groups (i.e., those with less than 12 years of education and those with 12-15 years of education) and increasing the size of older adult subgroups (60-69 and beyond) to generate meaningful regression-based normative data for commonly used neuropsychological tests among the Indian population.



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# Committee Updates

by Alexander Tan, Ph.D.

While 2020 has been a remarkably challenging year, it has also been a year of significant growth for ANA, evidencing the value of community and solidarity during a time of chaos and discord. As we enter ANA's third year, I am excited to highlight the recent wonderful accomplishments of our committees:

The Media Committee, currently chaired by Dr. Christopher Nguyen, continue to bring you the most up-to-date communication through all of our digital platforms. They are an impressive group; you do not have to look further than the professionalism of this newsletter to appreciate the talents of this team. Most recently, they have rolled out our new and improved website (<https://the-ana.org/>), and they have reached over 250 followers on Facebook (Asian Neuropsychological Association) and a striking 1,300 followers on Twitter (@Asian Neuropsych)!

The Membership Committee, currently chaired by Dr. Mimi Wong, have been instrumental in the growth of ANA's membership, which as of January 2021 has reached 358 members. Due to their efforts, we have an incredibly diverse representation of career stages, ethnicities,

languages, and countries of practice. Most recently, they have implemented updates to the website including a new membership portal, a directory, and a simple way to pay your dues.

The Education Committee, currently co-chaired by Drs. Angeles Cheung and Michelle Chen, are a testament to ANA's mission to provide education and mentorship to our members at every career stage, particularly our trainees. They have initiated a series of webinars covering topics from internship and fellowship interviews to ABPP board certification, and they are in the process of restructuring our mentorship program to support our young neuropsychologists. We are excited for their upcoming webinar: "Neuropsychological Testing with Mandarin- and Cantonese-Speaking Individuals" by Dr. Cheung on Tuesday, February 16th, at 2pm PST/5pm EST.

The Student Committee, currently chaired by Jennifer Lee, continue to demonstrate the impressive work and extraordinary value of all of our neuropsychologists in training; in fact, this category currently makes up 52% of ANA's membership. They have been essential for bringing together

our membership into a community, including collaborating with student representatives of every other major neuropsychological organization. Most recently, they organized our very first ANA Conference Award; congratulations to winners Lisa Graves, Aya Haneda, Mariam Hussain, and Sadie Shin!

The Resource Committee, currently chaired by Dr. Jasdeep Hundal, have supported ANA's mission for research and providing resources to increase competency in neuropsychological services provided to persons of Asian descent. They are full of exciting projects, with active Asian-Indian, Korean, Chinese, and Vietnamese subcommittees, multiple resource papers in progress or under review, and the development of a database of culturally relevant neuropsychological measures. Congratulations to Nguyen et al. and the Vietnamese Neuropsychology Network for their recent poster "Systematic Review of Neuropsychological Tests and Normative Neuropsychological Data for the Vietnamese-Speaking Population" at this month's INS conference!

The formation of our newest committee, the Advocacy Committee, currently chaired by Dr. Cristina Wong, have truly been our advocacy champions, providing an active voice and unified front without through joint initiatives with our sister organizations, and providing resources for education and self-reflection within to our membership. Most recently, they began publishing their exciting new Equity & Advocacy Bulletin bringing you the most up-to-date advocacy events and efforts!

As your new Member-at-Large, I hope to not only continue bringing you updates from our committees, but also to be a voice for all of ANA's members. Please do not hesitate to reach out to us with your feedback and suggestions. I look forward to the committees' next exciting accomplishments, all of the involvement of our members to come, and a brighter new year for us all.

Sincerely yours,

Alexander Tan, Ph.D.



Woman celebrating Chinese New Year via video-call.



# Featured Neuropsychologist: Bernice Marcopulos, Ph.D., ABPP-CN

by Jessie Li, B.A., & Sara Chan, Psy.D.

## Conversations that matter

**I**n this issue, we share a conversation with Dr. Bernice Marcopulos in reflecting the changes over the past year, board-certification, the changing landscape of neuropsychology, and her insights on some of the biggest sociopolitical challenges that come with the work of a neuropsychologist.

Bernice A. Marcopulos, Ph.D., ABPP-CN is a Board Certified Neuropsychologist and current Professor of Graduate Psychology at James Madison University in Harrisburg, VA. Dr. Marcopulos also holds a position as a Associate Professor of Psychiatry and Neurobehavioral Sciences at the University of Virginia (UVA) Health Sciences Center in Charlottesville, VA. Her career experiences include being the Director of the Western State Hospital (WSH) Neuropsychology Laboratory in Staunton, Virginia for 20 years and co-director for the UVA/WSH post-doctoral fellowship in Clinical Neuropsychology. She has served as a Board Member and Oral Examiner for the American Board of Clinical Neuropsychology, and she currently chairs the Examination Committee of the ABCN. Dr. Marcopulos was recently appointed to be the 2020 Executive Director for the American Academy of Clinical Neuropsychology (AACN) and the American Board of Clinical Neuropsychology (ABCN).

**Dr. Marcopulos, what motivated you to be a neuropsychologist? How did**



### you get into this career?

I began as a journalism major, but discovered my interest in neuropsychology after taking a physiological psychology course and working in a rat research lab to explore animal models of Parkinson's disease at University of Florida. I attended the University of Victoria for grad school focusing on neuropsychology, where I earned my M.A. and Ph.D. Through my mentors' help and guidance at University of Victoria, I began socializing and forming my identity as a neuropsychologist in the field.



### Can you speak to some of the relationships you developed through the board-certification process?

I have made some of my best friends through the American Board of Clinical Neuropsychology (ABCN), and I love that I can interact and work with similarly dedicated people. I believe neuropsychologists can be incredibly detail-oriented. We can also be some of the most “overcommitted people on the planet” and always get things done. Since becoming board certified, I noticed more opportunities open up for me in forensic neuropsychology. Through the board certification process, I learned the importance of self-confidence and appreciating my abilities.

COVID-19 has pushed us towards using technology that has been available to us (e.g., telehealth) but has not been used. It has encouraged our field to grow and consider the possibilities of neuropsychology in the future. There are many other ways we could collect brain-behavior data and serve our patients. It is crucial to explore how our brains are affected by COVID-19, and our field must be “upfront and center” looking at these effects to better serve our patients.

We now know that COVID-19 enters the brain. Many patients who have recovered from COVID report cognitive symptoms. Neuropsychologists are already receiving referrals to understand what cognitive functions may have been affected and how it is

I think it is so important for people in our field to travel outside our country to broaden their horizons, especially today. I think we need to be able to look at ourselves from the outside and see how other countries and cultures view us.

**I agree with you. I also want to recognize that the academic landscape has shifted for faculty in the United States, particularly in the past year.**

**What have you found to be conversations that are particularly challenging to navigate this past year?**

There are three main topics that are the

**“I have a lot I wish we can talk about with the current climate, but I never know if and how I should be bringing it up. Is it right for me to say something when I see it upsetting me?”**

I want readers to know that the board is a welcoming organization that wants to see neuropsychologists become certified. There is an abundance of support and guidance throughout the board certification process.

### How would you describe your cultural background?

I am a second-generation Pole and identify strongly with Polish culture. After graduating, I completed by Fulbright Program at the University of Warsaw in Poland, where the Luria approach is the “heritage of [neuropsychology] practice”. Through this experience, I engaged in dialogue about tests used in America and how they could be applicable in Poland. Since then, I have been teaching in the Warsaw International Studies in Psychology (WISP) program every Summer since 2012. My favorite part of teaching through the WISP program is that students are not just Polish, but rather an international group of students from all over the world. The students who take my courses are getting their degrees in clinical psychology with a concentration in either psychotherapy or neuropsychology.

### How do you foresee COVID-19 impacting the day-to-day tasks and responsibilities of neuropsychologists in the next few years?

impacting their daily lives.

Neuropsychologists should take a leading role in understanding the effects COVID may have on the brain over the long term. The International Neuropsychological Society has a special interest group (SIG), established by HIV researchers Drs. Emilia Łojek in Poland and Lucette Cysique in Australia. The SIG is working to establish assessment and research protocols for COVID-19.

**You have a unique experience in working with an academic role both in this country and internationally. Will you say more about what insights you have gained from this role?**

I am so thankful for the experiences I had that broadened my horizons. The profession of neuropsychology looks different in various countries; some countries only require Master’s level education, for example, which is very different from how we practice in North America.

It has made me realize that our field and practice is very North American-centric. Our norms and tests are primarily for the majority culture in North America. Even INS is primarily North American! To me, this kind of ethnocentricity feels very uncomfortable because we are not in tandem with other countries.

most difficult for me: race, the elections, and COVID-19. I truly think that we need to have these conversations and discussions, but I also recognize that as a person of the majority culture, I find myself being hesitant and unsure on how best to start these conversations.

I have a lot I wish we can talk about with the current climate, but I never know if and how I should be bringing it up. How do I be an ally in these times? These are such difficult questions to answer and now that I am a professor, these topics are much more upfront and challenging because I need to address it, and we all need to address it. I think I am still learning how to do that.

*\*Editorial disclaimer: This article was reviewed and edited by Dr. Marcopulos.*





©Adobe Stock. Ceremony of Thaipusam at Batu Caves, Malaysia

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