

DEC 11 2021

ANA NEWS

VOLUME 2, ISSUE 4



Happy Holidays
From our family to yours

ANA Elections

Message From The President

2

Featured Neuropsychologist

Dr. Jon Evans, President-Elect of INS

4



MESSAGE FROM THE PRESIDENT

Dear ANA Family:

We continue to weather the pandemic, and it remains uncertain if we will be congregating at INS this year. However, rest assured that we will host a Zoom meeting to celebrate our newly elected officers and grant recipients.

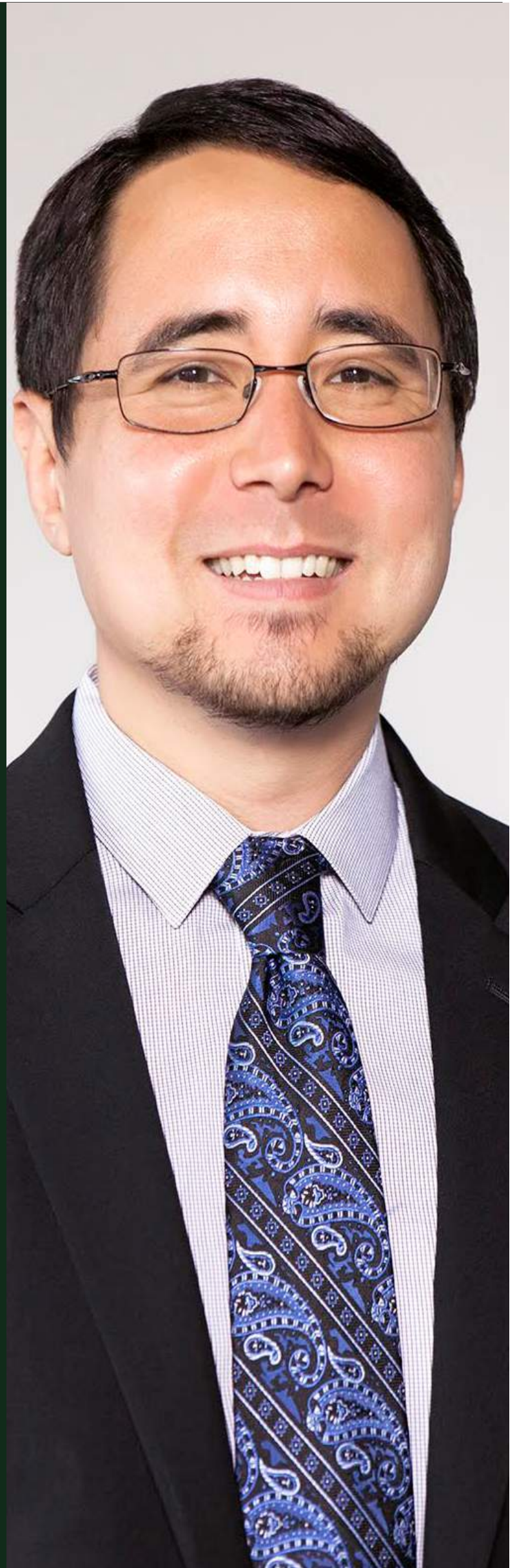
ANA continues to offer monthly webinars/office hours for its members that I encourage all members to check out. In addition, we continue to develop our repository of studies and measures for AAPI populations. If you are interested in assisting with this project, do not hesitate to reach out to the Resource Committee or the executive board.

I am delighted to share that we have two very qualified candidates running to be your next president. In addition, we will be electing a second Member-at-Large to serve on our executive board. This will be the first ANA election and set the stage for future leadership transfers in our organization. It is exciting to see new and familiar faces step up to leadership positions within ANA. The amount of work and commitment they put into the organization shows that our organization is here to stay. It remains a privilege to serve as your president through 2022.

I wish you a very happy and healthy new year (Gregorian, Chinese, or otherwise).

With gratitude,

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

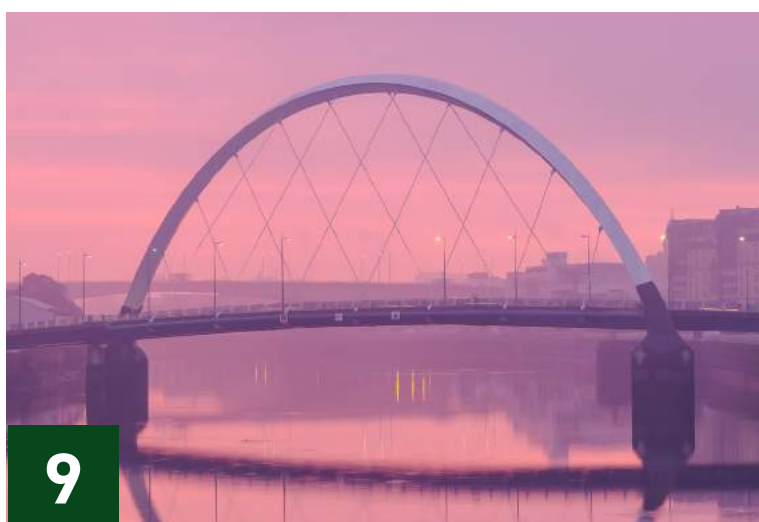




4



6



9



12

President Message

by Nicholas Thaler, Ph.D., ABPP-CN

02

Featured Neuropsychologist: Jonathan Evans, Ph.D.

by Jessie Li, M.A.

04

Research Highlights

by Ivy Cho, M.A. and Jessie Li, B.S.

06

Committee Updates & Highlights

by ANA Committee Chairs

09

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Featured Neuropsychologist: Jonathan Evans, Ph.D.

by Jessie Li, M.A.

The path to the future

In this issue, we invited Dr. Jon Evans, the President Elect of the International Neuropsychological Society (INS) to share his vision in building a more diverse, interconnected future in neuropsychology

Jonathan Evans, Ph.D., is a Professor of Applied Neuropsychology at the University of Glasgow and Honorary Consultant Clinical Neuropsychologist with NHS Greater Glasgow and Clyde. Dr. Evans was the first Clinical Director of the Oliver Zangwill Centre for Neuropsychological Rehabilitation in Ely, Cambridgeshire. He is now Programme Director for the Clinical Neuropsychology training programme at the University of Glasgow. Dr. Evans is the President-Elect of the International Neuropsychological Society.

Dr. Evans, what motivated you to be a neuropsychologist? How did you get into this career?

I developed an interest in clinical psychology during my undergraduate studies and tried to move towards that. It is very competitive to get into clinical psychology training programs, and I worked in an assistant psychologist role in an intellectual disability service to gain experience to support my application to these programs. In the United Kingdom (U.K.), we train as clinical psychologists before training as neuropsychologists.

I was interested in neuropsychology, but I was also interested in psychotherapy. Under Professor Barbara Wilson, I learned about neurorehabilitation,



and she was an inspiration to me as someone who took the principles of clinical psychology and neuropsychology into rehabilitation with acquired brain injury.

How has your path changed from what you expected as you gain more experience?

Neuropsychology is about assessment and diagnosis and contributes to diagnostic assessment. It also has an important role in neurorehabilitation. However, the extent that neuropsychologists are engaged in neuropsychological rehabilitation varies around the world. I am keen to promote and do work that highlights the value of a neuropsychological perspective in rehabilitation.

I believe this highlights our abilities to identify deficits, support, retrain, and re-establish cognitive functions and help patients to manage cognitive impairments in a way that allows them to return to things that are important to them.

Most importantly, we have to understand the context of what is happening for them, how their disability is viewed or perceived, and how families manage impairment. There are many reasons why it is essential to take the best of science and practice to consider the context of rehabilitation.

I have also recently developed an interest in cross-cultural neuropsychology after working with international students in my program. The program I run is based on the training of clinical neuropsychologists in the U.K. Within this program, each year we have a small group

I noticed significant disparities in access to neuropsychology within countries and parts of the population that do not have access to neuropsychological services and parts of the world where there is no tradition of neuropsychology, with few tools available.

In talking to colleagues and students in various parts of the world, I realized that we as a global neuropsychological community could help one another develop these tools and access for people around the world.

My vision for INS is to continue working on supporting the development of neuropsychology in places where it has not been well-developed.

INS has a strong scientific tradition in high income countries, and we hope to expand that around the world.

As a clinician, you work with a limited amount of people. As a teacher, you can teach 30 people, and they will all work with 30 times as many patients as you can work with.

Within INS and my role as an educator, the real privilege and pleasure is the ability to pass on knowledge and skills to other people, knowing they will use that knowledge to help even more patients.

What words of wisdom would you share with our readers?

Think globally, think internationally, think outside of what you are studying, where you live, and what is happening worldwide. Learn from the best knowledge and practices from around the world. Take the time to get to know people and get involved with organizations. If

“Most importantly, we have to understand the context of what is happening for them, how their disability is viewed or perceived, and how families manage impairment.”

of international students.

I realized I was interested in what content we are teaching about neuropsychology in the U.K. and how it is (or is not) relevant for our international students in their home context.

For example, I have worked with students who have adapted assessment batteries for use in various countries, which sparked my interest in test adaptation and cultural relevance from one context transferring to another.

I am interested in the challenges that emerge to ensure that our tests meet the needs of people being assessed in different linguistic, educational, and cultural contexts. I hope to support colleagues in developing neuropsychology in countries where it has not been developed.

On the flip side, I also hope to support colleagues in countries where neuropsychological services are developed to ensure services are accessible to and relevant for individuals of all backgrounds.

What were some themes you noticed in your work that motivated you towards seeking leadership within INS? What is your vision for the future of INS?

The INS Global Engagement Committee funds workshops designed to support international development, which will hopefully stimulate and provide encouragement to continue developing the field of neuropsychology.

What do you find most rewarding/interesting/challenging/fulfilling about your work with INS and as an educator?

I feel very privileged to have had great teachers and mentors throughout my early training and career. They gave me the opportunity to acquire knowledge and skills.

you work in various organizations, it gives you the opportunity and platform to do other good things.

I am keen to support neuropsychological development in Asia. The INS meeting in 2023 will be held in Taiwan, and there is great potential to develop the field in other parts of Asia. That is something I am really looking forward to. I hope everyone with an interest in Asian neuropsychology will attend and participate in that meeting.

Research Highlights

by Ivy Cho, M.A., Jessie Li, B.S., and Jas Chok, B.S.

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

1. Evaluating the Beijing Version of Montreal Cognitive Assessment for Identification of Cognitive Impairment in Monolingual Chinese American Older Adults

The Montreal Cognitive Assessment (MoCA) has been widely studied for use in Chinese-speaking groups internationally.

However, there is limited research for its use among older monolingual Chinese-speaking immigrants living within the United States. This population is important to study as acculturation can influence cognitive performance.

In this study, the authors aimed to (1) evaluate a Chinese version of the MoCA (MoCA Beijing) in detecting mild cognitive impairment (MCI) and dementia from normal cognition in older monolingual Chinese-speaking immigrants living in the U.S., and (2) determine the optimal cutoff scores for each diagnostic category.

Participants included 179 older monolingual Chinese-speaking immigrants from the National Alzheimer's Coordinating Center Uniform Data Set.

Multiple linear regression models analyzed the relation between demographic variables and total MoCA scores, and the highest Youden index determined diagnostic cutoffs.

Overall, the authors interpreted these findings



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as supportive of the MoCA Beijing to be a valid screener for cognitive decline.

Interestingly, while age and education significantly predicted cognitive performance, other variables related to acculturation (i.e., primary dialect and the total number of years residing in the U.S) were not.

Specifically, the MoCA Beijing was a valid screener in

detecting MCI from normal cognition for adults older than 65 (ages 66-75: sensitivity = 0.71, specificity = 0.73; ages 76-94: sensitivity = 0.71, specificity = 0.74).

Moreover, a cutoff score of 18 was recommended for those with nine years of education or less (sensitivity = 0.73, specificity = 0.88), and a cutoff score of 22 was recommended for those with 9-12 years of education (sensitivity = 0.91, specificity = 0.73).

Adequate specificity (0.83) but low sensitivity (0.59) was seen for those with 12 or more years of education.

The MoCA Beijing was also valid in detecting dementia, with a cutoff score of 21 (unstratified and unadjusted for age and education; sensitivity = 1.00, specificity = 0.83).

However, a small sample size cautioned against the use in adults younger than 65.

Overall, this study supports that the MoCA Beijing is a valid screener for older monolingual Chinese-speaking adults living in the U.S.; however,



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Research Highlights

(Continued)



cutoff scores must consider the effects of relevant demographic variables found in this study.

2. White matter pathways underlying Chinese semantic and phonological fluency in mild cognitive impairment

Amnesic mild cognitive impairment (aMCI) is characterized by memory impairment in the

context of normal general cognitive function without dementia. The authors of this study characterized aMCI as a significant memory impairment without the presence of dementia.

They posited that individuals with aMCI have an increased risk for Alzheimer's disease (AD) and explored:

- (1) diffusion tensor imaging to examine if task-specific and language-specific white matter was correlated between semantic fluency (SF) and phonological fluency (PF) in Chinese speakers;
- (2) if SF was worse in Chinese speakers with MCI;
- (3) fluency test performance at different time points (15, 30, 45, and 60 seconds)

The study categorized MCI into two types, single-domain aMCI (S-aMCI), characterized by isolated memory impairment, and multidomain aMCI (M-aMCI), characterized by wide-spread cognitive dysfunction.

The sample consisted of 86 Chinese older adults without dementia; 50 participants with MCI, and 36 healthy controls matched in age and education.

Within participants with MCI, 24 met criteria for S-aMCI, and 26 met criteria for M-aMCI. Fluency measures noted above were administered in Chinese.

Additionally, a neuropsychological battery examining learning and memory, executive

function, attention, and language domains was administered.

This battery included the following measures: Boston Naming Test; Logical Memory and Visual Reproduction subtests from the Wechsler Memory Scale-III; Matrix Reasoning; Digit Span and Vocabulary subtests from the Wechsler Adult Intelligence Scale-III; modified Wisconsin Card Sorting Test; Color Trails Test part 1 and 2; the Framingham Stroke Risk Profile; and the Clinical Dementia Rating scale. Diffusion spectrum imaging was also obtained.

Both aMCI groups demonstrated more significant deficits in SF than PF compared to controls.

Researchers suggested that this finding was due to cognitive demands on executive functioning and reliance on the corpus callosum and ventral stream fibers.

Moreover, performance on both Chinese fluency tests was more bilaterally involved than on English fluency tests. These results indicate that SF may be vulnerable in the early stages of the MCI-dementia continuum.

While investigators completed a thorough medical record review, they were unable to determine the origin of MCI.

Despite this limitation, these findings illuminate language pathways possibly related to AD development, and tracts related to Chinese language processing.



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Research Highlights

(Continued)

These results invite further investigation into linguistic and cultural differences in language processing.

3. Characteristic differences in the mini-mental state examination used in Asian countries

In this study, researchers sought to compare and modify current versions of the mini-mental state examination (MMSE) from multiple Asian countries to develop a single, culturally and linguistically competent version of the MMSE for use across Asian countries.

Results from MMSEs from 11 Asian countries (including China, Hong Kong, India, Indonesia, Japan, Korea, Malaysia, Philippines, Singapore, Taiwan, and Thailand) were collected, translated into English, and analyzed.

The authors suggested six modifications for the creation of a culturally-appropriate MMSE for use across Asian countries, including:

(1) replacing a question about the season with the current time of day or upcoming festivals consistent with the lunar calendar;

(2) changing the naming of a country to an administrative district, such as a hospital or home, was suggested.

In addition, registration and recall varied based on words or syllables for each language. Replacing an English-focused ability to spell the word "WORLD" to another word, sentence, or phrase in an Asian language with five syllables, was also suggested.

They also suggested that each country have

a specific phrase or sentence with a different meaning, and adjust for mannerisms, to adapt language and related functions.

Lastly, attention, calculation, and repeat were incomparable and suggested to be adjusted for international use in Asia.

Overall, researchers emphasized that translation of the English MMSE to various languages without understanding how culture impacts the interpretation of these results makes multinational, cross-cultural studies difficult.

The study authors also shared their hopes of expanding future research into how individual cultures adapt cognitive tests to best suit their needs to use this knowledge in developing a standardized, cross-culturally sensitive cognitive measure in Asia. Ultimately, they discussed their desire and hopes of conducting multinational studies that utilize cross-culturally sensitive cognitive measures for Asian patients.

COMMITTEE ANNOUNCEMENT

DR. CHRISTOPHER NGUYEN IS LOOKING FOR INTERESTED ANA MEMBERS TO FORM A LEWY BODY DEMENTIA AMONG AAPI SPECIAL INTEREST GROUP. IF INTERESTED, PLEASE EMAIL CHRIS NGUYEN (CHRISTOPHER.NGUYEN@OSUMC.EDU) FOR DETAILS.

CALLS FOR SUBMISSIONS

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

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



©Adobe Stock. The Clyde Arc (Squinty Bridge) above the River Clyde at sunrise on a winter morning, Glasgow, Scotland

Committee News & Highlights

In the spirit of building a strong community and desire to provide a space for members to learn and be empowered to participate more with ANA, we will be including a section highlighting updates from each ANA committee. We hope to use this section as a way to facilitate information and participation in our ANS community, so that *everyone* has access to a seat at the table.

Education Committee

The ANA Education Committee welcomes all inquiries at anaeducationcomm@gmail.com. This account is routinely checked by all ANA Education Committee members.

Description your committees' mission, duties, and how to join:

The ANA Education Committee's mission is to address professional development needs of neuropsychologists of Asian descent, those working with individuals of Asian descent, and international colleagues who are providing neuropsychological services to Asian populations. We aim to support all neuropsychology service providers at all stages of their careers through our webinar series and mentoring program, which are available to all ANA members. All Education Committee seats have been filled at this time. Stay tuned on the ANA Listserv for future openings!

Updates about ongoing projects/initiatives:

We are actively recruiting mentors and mentees to join our newly launched Mentorship Program (ANA membership required), which aims to provide professional and personal guidance and growth for those interested in research and/or the practice of clinical neuropsychology. It also provides an excellent networking opportunity. Another exciting development is Virtual Office Hour, which launched in September 2021. Virtual Office Hour is designed to supplement the existing ANA webinar series to provide a more interactive forum for attendees to speak with an expert facilitator. Each Virtual Office Hour will be held by a different facilitator on a different topic, which will be announced in advance on the ANA listserv. Past topics included forensic neuropsychology and navigating the training experience as an international trainee. Stay tuned to the ANA Listserv for more to come (ANA Membership required to access listserv)!

Resource updates:

Webinar recordings and slides are made available to all ANA members, who may access them by logging into their account at <https://the-ana.org/>. For information on how to become a member of ANA: <https://the-ana.org/become-a-member/>

Recruitment notices:

We welcome your suggestions and feedback for future webinars, office hour topics, etc. Please email them to the ANA Education Committee at anaeducationcomm@gmail.com

Membership Committee

Description your committees' mission, duties, and how to join:

ANA Membership Committee aims:

- 1) to expand the ANA membership to include all students and professionals who are interested in neuropsychology and in working with the Asian population both domestically and globally, 2) to oversee nomination and election of ANA leadership while upholding diversity and equity principles, and
- 3) to continually promote the engagement and sense of community within the ANA. To join, please contact membership.ana@gmail.com

Updates about ongoing projects/initiatives:

Our most important initiative at this time is to hold the first election for two positions on the ANA Executive Committee (President -Elect and Member at Large). Call for nominations were posted to the listserv and we have some great candidates who are excited to continue serving our community. The ANA community will have an opportunity to get to know these candidates via their statements which will be posted on the ANA website. Electronic voting will be used for our elections and **EVERY** ANA member will be able to participate.

Resource updates:

Please check out our website for information about candidates and vote!

Recruitment notices:

The ANA Membership committee is planning to recruit 1-2 professional members who would like to serve in our committee. An announcement will be made on the listserv in the near future.

Student Committee

Description your committees' mission, duties, and how to join:

The ANA Student Committee is made up of eight neuropsychology trainees from various Asian backgrounds. We strive to unite trainees of Asian decent at all levels (undergraduate students to post doctoral fellows) and those who closely work with the Asian population to create an enriching environment with resources, mentorship, and support. Any trainee can join the Student Committee by becoming an ANA member.

Updates about ongoing projects/initiatives:

Each summer, we hold elections for the Student Committee but ANA trainees can participate at any time by joining the various socials, webinars, and joining our new peer mentorship program.

Resource updates:

None noted

Recruitment notices:

Continue to watch out for our community corner and research digest on the ANA listserv as well as trainee highlights and neuropsych quizzes on the ANA social media platforms. We would love to hear from you so please feel free to reach us with any questions and/or comments at



Committee News & Highlights

(Continued)

anastudentcommittee@gmail.com.

Advocacy Committee

Description your committees' mission, duties, and how to join:

The ANA Advocacy Committee (ANAAAC) aims to advocate, collaborate, support and educate Asian and Asian American neuropsychologists, trainees, and others within the broader neuropsychology and public community. The committee will:

1. Promote local, state, and national legislation and policies aimed at addressing injustices and disparities that impact neuropsychological health care and training/career needs for Asians and Asian Americans.
2. Collaborate with a larger multicultural coalition of neuropsychologists and trainees devoted to providing an active voice and united front to address racial inequities and disparities in neuropsychology.
3. Support, both actively and in spirit, those who are impacted by societal disparity and injustice within ANA and beyond.
4. Educate to increase multicultural competency among ANA members and the larger neuropsychology community.

Updates about ongoing projects/initiatives:

Check them out on the [ANA website here](#)

Resource updates:

Check out our [Equity & Advocacy Bulletins](#) and [Resources!](#)

Recruitment notices:

Advocacy Committee is recruiting new members! ANA members from all levels of training and career stages are eligible to apply for a committee position. Those applying for a chair position must be a career-level neuropsychologist. We aim to maintain diversity within our committee to ensure that our advocacy initiatives represent the full spectrum of our ANA membership, and thus, we strongly encourage those who identify with underrepresented groups within the ANA to apply. Please see attached for more information about the committee's mission and member responsibilities. To apply, please complete the form at this link.

Resource Committee

No updates



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