President’s Message
Dr. Christopher Nguyen

Featured Neuropsychologist
Dr. Farzin Irani

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MESSAGE FROM THE PRESIDENT

Dear ANA Family,

It was great seeing you at INS San Diego! I was reminded of how fun it was to connect with friends and meet colleagues the old-fashioned way: in person. Our annual meeting highlighted how much we have accomplished as an association—and our social hour reinforced how strong we have become as a community. In the next few years, our Executive Committee aims to create programs to build upon this great foundation we have inherited so that we can continue to serve the evolving needs of our ANA membership, the field of neuropsychology, and our colleagues worldwide.

We want to announce some exciting leadership transitions. Congratulations to Drs. Julia Chen, Chrissy Lee, Lisa Graves, and Neha Dext for their nomination and acceptance for the Chair positions of the Advocacy, Education, Media, and Resource Committees, respectively. Thank you to Drs. Rowena Ng, Shenhoo Pudumjee, Angelies Cheung, and Sara Chan for their leadership and contributions as past committee chairs. Our new leaders will join the current chairs of the Membership, Research, and Student Committees, Drs. Porrselvi AP, Elizabeth Choi, Preeti Sunderaraman, and Erin Kaseda, M.S., in our quarterly inter-committee meetings with the Executive Committee to discuss cross-committee collaborations. The Education and Research Committees will be collaborating on a research-focused mentorship program to launch soon!

Our three ANA task forces have been productive with meaningful activities for which we are so grateful. The ANA’s OPT Task Force, led by Drs. Doris Hong (Past Chair) and Kritika Nayar (Chair) was formed to support international trainees and professionals in clinical neuropsychology. International trainees from psychology doctoral programs are granted one year of work authorization (Optional Practical Training, [OPT]) after completing their doctoral degree, which for clinical neuropsychology trainees, poses a substantial barrier for those wishing to pursue a two-year post-doctoral fellowship. The task force has emerged as a leading group across psychology in raising awareness and advocating for tangible support for trainees and training programs.

The ANA’s INS Taiwan Task Force, led by Drs. Daryl Fujii, Porrselvi AP, and Wei-Yu Cheng have been actively coordinating our academic presentations for the conference. Please stay tuned for updates on the specific topics and presentations for the INS 2023 Taiwan meeting. The Membership Committee has actively planned the Social Hour and materials for the ANA booth. Please mark your calendar for July 7th for our ANA-Taiwan Social. We’d love to see you there!

The ANA’s International Liaison Task Force was recently formed to enhance our support for existing international members, expand our professional connections in Asia, and facilitate collaborations in education, clinical, and research activities where appropriate, with current members from India, Japan, Malaysia, Taiwan, and the UK. The task force will meet throughout the year to discuss strategies and recommendations on how the vision/mission of ANA can be enhanced to empower neuropsychologists of Asian descent worldwide.

It is an honor to begin my service as the third president of our Association. I am incredibly privileged to have the opportunity to collaborate with numerous passionate, skilled, and highly regarded colleagues who share the same objective of advancing the ANA’s vision: to ensure the accessibility and provision of excellent, culturally sensitive neuropsychological services for all individuals of Asian descent. I value your feedback and ideas, so please feel free to reach out to me anytime at president@the-ana.org.

Sincerely,

Christopher Minh Nguyen, Ph.D.

NEWSLETTER TEAM

CO-EDITORS

Jessie Li, M.A.
Ivy Cho, M.A.

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Jas Chok, B.S.
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Featured Neuropsychologist: Farzin Irani, Ph.D., ABPP-CN
by Jas Chok, B.S.

In this issue, we look to Dr. Farzin Irani to share her career path, perspectives on the field, and mentorship.

Farzin Irani, Ph.D., ABPP-CN is a first-generation immigrant from India who is fluent in Gujarati and Hindi. She is a board-certified neuropsychologist whose background includes a Ph.D. from Drexel University, a pre-doctoral internship at Brown University, and post-doctoral fellowship at the University of Pennsylvania. She is currently active in private practice, teaching, writing, editing, and serving various local and national neuropsychology and cultural groups. She recently edited a clinical handbook that assembled case studies from across the world to increase understanding of cultural diversity in neuropsychology. She recently finished her term as Secretary for ANA.

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

Thank you for that question. My path to neuropsychology was not a straight one. Like many people, it started in a Master’s program. I did a Master’s in Counseling before I started my doctoral program, and I wanted to work with schools and the community as a counselor.

I had never heard of neuropsychology until I went to work as a research coordinator at the University of Pennsylvania in the Department of Neuropsychiatry. There, neuropsychologists worked on a team doing a variety of work ranging from neuromaging to computerized neuropsychological testing. That is where I first became exposed to the field of neuropsychology. While I was there, I volunteered to observe a brain autopsy, and my mind was blown; I got to see this 3-pound organ in slices and began to put structural and functional connections together. I said to myself, “Wow, this organ is impacting so much of what we do and how we behave, think, and feel.” That is where I was hooked and how I started on my path toward neuropsychology.

What cultures do you identify with?

I was born in India and immigrated to the West as a preteen. I consider myself bicultural because I value my own Indian origins and have also integrated into the mainstream Western culture. I speak Gujarati and Hindi and come from a small religious minority community in India called Zoroastrians or Parsis. My positionality is also influenced by my reduced hearing and other aspects of who I am. I am a cis-woman, and at this point in my life, I identify as being well-educated, mid-career, and being privileged enough to own a private practice. However, that was not true earlier in my life because I certainly did have barriers related to finances, language, and the immigrant experience, but, at this point, this is where I am.

Looking back, how has your cross-cultural journey unfolded throughout your life and career?

Cross-culturally I have had many lived experiences that led to where I am at now in terms of what I do now. It was all about brains. Regardless, I remember my supervisors and myself struggling with what to do with somebody’s Working memory wasn’t there. What do you do? We simply managed with whatever tools we had at the time when it came to testing or norms or even just thinking about what things were important. I remember the very first time I saw the ‘pretest’ on the Boston Naming Test. I was like there is no way me coming from India at that time would have known what a pretest is. Aspects of who we are, are always present in everything we do professionally and personally.

What were some of your expectations for your career path when you first started this process?

I was not expecting to be in mid-career, in private practice, and doing so much service. I did the master’s program and ended up in a PhD program. What do you think that we as a field need to continue doing differently based on what you learned throughout your career?

Nothing, or maybe the same. I would tell others to not be defined by what you learned in the Master’s program. I remember talking very much about culture and my identity and what I thought was important. It was a game-changer. It has been really important for me to be reflective as they go through this career path. It can be easy to get into a “go go go” mode where you are going through practicum, internship, to post-doc, and then to board certification or whatever your first job is. It can be very easy to get into that mode, but it is important to pause and reflect on whether the things you are doing are consistent with your values and giving you fulfillment. Some of us feel happy doing one thing, whereas some of us need a lot more to keep us fully fulfilled career-wise, and that is okay too.

What has been the biggest change you have seen in relation to cultural neuropsychology?

Since the public murder of George Floyd and so many others, racial injustices have been unveiled much more publicly. We are now having professional conversations about justice, diversity, equity, and inclusion — in ways I have never seen before. It is now at the forefront of our dialogues in our field. That is an awesome place to be because these are dialogues that people have been trying to have for a long time.

We are definitely having more national conversations about inequities and racism and all the other -isms that we are affected by. We have also now reached a place where we have professional cultural identity groups. The Hispanic Neuropsychological Society (HNS) has been around for a while. They were here way before any of the others. ANA was the second cultural identity group that entered the field, then the Society for Black Neuropsychology and the Queer Neuropsychological Society. This has been transformational in many ways for us to have these spaces created to meet other people and create a community so that we can learn, advocate, grow together, and support. It is a game-changer. It has been really important and centered how we think about things — away from the dominant culture and towards centering all of our communities.

In contrast, what and in which direction do you think that we as a field need to continue working on to improve?

We have started conversations that are important for our field, but we have yet to reach a place where DEI is integrated in a transformational way, meaning it is not present in everything we do. Recently, I heard Dr. Antonio Puente say, “There is no such thing as cultural neuropsychology. Neuropsychology is cultural.” That was something that stuck with me.

We need to move away from this sizing of certain people doing culturally centered work.
Not everybody is doing it, so what ends up happening when you have just a few people doing this work is that you end up with invisible labor. You need to call it the minority tax, which is when a few people, usually BIPOC individuals, are doing this extra work and not getting credit for it. Our field needs to do better by acknowledging the labor of the people who are doing this invisible work that many people are doing and for everybody to take care of each other.

What motivated you to seek board certification in neuropsychology?

There is no better way to demonstrate commitment to yourself and others than by going through a process that will give you an understanding of how to reflect on your knowledge base and skill set when it comes to neuropsychology. I always had board certification in the back of my mind. I never thought that I would not receive it, so it was almost like I did not see my training as being complete until I finished getting board certified.

Do you have any tips or words of wisdom you would like to share with those who are engaging (or planning to engage) in this process?

Continue to engage and plan to engage in the process. We are in a world that is very reader friendly, and the point was to help people who are experiencing them and use the supports that organizations like ANA and all of the other sister organizations are providing to empower you to speak up and pursue paths that feel gratifying to you. There are so many opportunities out there at this point.

"The ocean is wide. You can drink as much of it as you want." Do it. Take the sip you need from your glass, for the respective. Do things that are consistent with what fulfills you. ANA itself is a support, I give hats off to Drs. Daryl Fuji, Nick Thaler, Mimi Wong, and Lauren Mai, who conceptualized and had the foresight to create ANA. The existence of the organization is support enough for me.

Are there any suggestions you would like to share with our early and mid-career readers?

Do you have any tips or words of wisdom for current graduate students and mentors?

The main message would be to do self-reflective along the way. Take advantage of being in training. You do not have to know it all right now. The advantage of being in training is that you are there to learn. So learn, ask questions, challenge, and share your process. It can be a challenge for you to figure out who you are, and doing neuropsychology in different parts of the world where there are different cultures of neuropsychology too. It was mind-blowing and opened me up. I hope it helps other people also grow through the process of doing neuropsychology in different parts of the world — since this is a case study book. We tried to make it also very reader friendly, and the point was to help people learn about each other.

What would you like others who are starting graduate school to know? What can you draw rewarding and fulfilling part of the work you do?

I would say that neuropsychology can be what you make it to be. It is amazingly flexible, so you can do whatever it is that you see fit. You can really see the sexiness of brains, seek out all the neuroanatomy and psychometrics, and all that stuff to help impact the lives of people in different ways. You can get in my job teaching if that is what you want to do, impact your knowledge to others. You can choose to do that research, sharing knowledge. You can do advocacy that can change the culture at macro system levels, as well as have an immediate impact on the local level, the people, and organizations that you are working with. It is impactful work, and it could be really fun to do. You can make it whatever you want to make it. There is no one path that needs to be taken at all.

What are some facts your colleagues and students would be surprised to learn about you?

I love learning. I love learning as much as I can. I do not find this work to be burdensome at all. The other thing I think is important for trainees to hear, was that I was rejected from doctoral programs twice before I finally got into my training. So never give up, you land where you need to land eventually. I believe that wherever you go, whenever you end up in your path is where you are supposed to be.

Do you have any tips or words of wisdom you would like to share with our early and mid-career readers?

I do not know how surprising it would be, but my family and I travel a lot. We have traveled to almost every continent. We have an app that tracks where we have traveled, and we have got over 30 countries under our belt. The only continents we have yet to go to are Antarctica and Australia. The other thing I will share is if you have not met me in person, I am actually really short. I am less than five feet. I am tinny in person, so I love all this virtual stuff because nobody knows.

The other and the thing I think is important for trainees to hear, was that I was rejected from doctoral programs twice before I finally got into my training. So never give up, you land where you need to land eventually. I believe that wherever you go, whenever you end up in your path is where you are supposed to be.
Research Highlights
by Jessie Li, M.A., Jas Chok, B.S., and Jie Chang, M.A.

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

1. Examining memory performance in body dysmorphic disorder (BDD): A comparison study with obsessive compulsive disorder (OCD)

Both body dysmorphic disorder (BDD) and obsessive-compulsive disorder’s (OCD) clinical profile can be associated with significant neuropsychological or cognitive deficits. Compared to BDD, OCD has extensive research on cognitive functioning; as such, there is a need for increased research examining the effect of BDD on memory.

To learn about BDD’s impact on memory, the authors directly compared memory functioning among a healthy control group (n = 26), patients with BDD (n = 19), and patients with OCD (n = 15) in Tehran, Iran. The following neuropsychological tests were administered to examine the patient’s cognitive functioning: Rey-Osterrieth Complex Figure Test, Logical Memory, Verbal Paired Association, Digit Span, and Spatial Span subtests from the Wechsler Memory Scale-III.

Results from this study suggested that participants with BDD had more severe memory deficits relative to the healthy controls and OCD group. While BDD patients demonstrated significantly poorer performance on spatial working memory, compared to the control and OCD groups, both BDD and OCD groups showed similar verbal memory challenges, specifically on Logical Memory. Additionally, BDD patients displayed an impaired ability in working memory, specifically, the ability to hold and manipulate verbal and spatial information simultaneously.

The findings theorize the underlying cognitive challenges that might contribute to BDD’s presentation and note possible areas to target in treatment through cognitive training. Further research focusing on different areas of cognitive functioning in BDD may aid in developing interventions for various memory deficits, such as utilizing organizational strategies to reduce repetitive behaviors like mirror-checking or hyperactivity on minor details. Ultimately, by targeting memory functioning, clinical symptoms may also be ameliorated simultaneously.

2. Effects of language and acculturation on neuropsychological performance of Japanese Americans

Given the relative shortage of guidance on interpreting neuropsychological performance data of Japanese Americans, the present study examined the effects of language and acculturation in neuropsychological performances of 100 Japanese Americans aged 45 and above. Half of the participants identified as being Japanese-dominant in their language abilities, and the other half English-dominant. Cognitive abilities investigated include naming (verbal and olfactory), language fluency, and learning and memory (verbal, visual and olfactory modalities).

The English-dominant group performed better than the Japanese-dominant group on naming tests. Acculturation level explained group differences in odor and verbal naming, and language dominance explained additional variance beyond acculturation on verbal naming as measured by the Boston Naming Test-2 (BNT-2). The English-dominant group was better at identifying odors common to American culture. Acculturation level predicted better performance in verbal and odor learning for the English-dominant group. However, no group difference was observed for visual learning as measured by the Brief Visuospatial Memory Test-Revised (BVMT-R). Acculturation level also explained group differences in verbal fluency performance.

Researchers concluded that dominant language is a significant predictor of neuropsychological performance in Japanese Americans. In most instances, the performance difference could be accounted for by acculturation level, except in verbal naming. The BVMT-R emerged as minimally affected by language dominance in this population, whereas BNT-2 was susceptible to influences of both acculturation and language. This study was limited by the lack of data on participants’ cognitive performance in Japanese. Finally, the researchers recommended considering generational status, education and immigration history when interpreting neuropsychological performance in Japanese American examinees.

3. Study of neuropsychological deficits in late onset depression

The current study sought to examine neuropsychological performance in older adults with late-onset depression (LOD), and compared performance to a healthy control (HC) group. Participants with a Montgomery-Asberg Depression Rating Scale (MADRS) score of five or less, with presence of psychotic symptoms, catatonia, suicidal risk requiring electroconvulsive therapy (ECT) or a Hindi Mental Status Examination (HMSE) score of less than 24 were excluded from the study. Participants with decompensated or severe medical illnesses and severe visual or hearing impairment were also excluded from the study. The sample included an LOD group of 76 older adults with onset of mild or moderate depression (as defined by DSM-IV-TR) after age 50, and an HC group of 76 older adults matched for age, gender, and education, with no history of psychiatric illness.

Both groups were administered the Geriatric Depression Scale (GDS), MADRS, Hamilton Anxiety Scale (HAS), HMSE, and the NIMHANS Neuropsychological Battery for Elderly (NNBE). Researchers explored common vascular risk factors and found a statistically significant proportion of participants with diabetes mellitus (DM) in the LOD group but no significant differences were found for hypertension. No significant differences were present in regard to age, sex, and education level between groups. On cognitive testing, results indicated diffuse deficits including attention, executive function, visual-spatial skills, and verbal and visual memory in the LOD group. Recognition memory and logical memory were relatively well preserved in the LOD group in comparison to HC. Researchers also found a negative impact of depression severity on attention and executive functions.

Limitations of the current study include inability to establish cognitive deficits as a direct cause of depression, due to most LOD patients taking psychotropics at the time of assessment. Researchers also acknowledge that white matter hyperintensities and medial temporal atrophy impact cognitive functioning, and how the absence of this information is limiting. The participants included in this study were representative of a hospital sample, and thus the findings cannot be generalized to community settings. Researchers emphasized the need for routine assessment of cognitive functioning in older adults with depression, and encouraged future research to consider medication effects and screening for amyloid biomarkers to exclude Alzheimer’s pathology in future samples.
ANA Leadership Transitions
by Jessie Li, M.A.

The ANA Executive Board and Committees have recently undergone leadership transitions. We would like to express our deepest gratitude and thanks to our former chairs for their service, and extend a warm welcome to the incoming chairs!

Executive Board
Former President: Nicholas Thaler, Ph.D., ABPP-CN
New President: Christopher Nguyen, Ph.D.
Former Secretary: Farzin Irani, Ph.D., ABPP-CN
New Secretary: Rowena Ng, Ph.D.
Former Treasurer: Michelle Madore, Ph.D.
New Treasurer: Shehroo Pudumjee, Ph.D.
Former Member-At-Large: Alexander Tan, Ph.D.
New Member-At-Large: Yue Doris Hong, Psy.D. & Christina Wong, Ph.D.
Former Student Representative: Jennifer Lee, Ph.D.
New Student Representative: Erin Kaseda, M.S.

Education Committee
Former Co-Chairs: Angeles Cheung, Ph.D., ABPP & Michelle Chen, Ph.D.
Incoming Chair: Chhissay Jisun Lee, Ph.D.

Resources Committee
Former Chair: Jasdeep Hundal, Psy.D., ABPP-CN
Incoming Chair: Neha Dixit, Ph.D.

Advocacy Committee
Former Co-Chairs: Rowena Ng, Ph.D. & Shehroo Pudumjee, Ph.D.
Incoming Chair: Julia Chen, Ph.D.

Media Committee
Former Chair: Sara Chan, Psy.D.
Incoming Chair: Lisa Graves, Ph.D.

OPT Task Force
Former Chair: Yue Doris Hong, Psy.D.
Incoming Chair: Kritika Nayar, Ph.D.

Committee News & Highlights
by Ivy Cho, M.A.

Education Committee
The ANA Education Committee welcomes all inquiries at education@the-ana.org.

Description your committees' mission, duties, and how to join:
The ANA Education Committee seeks to ensure the relevance, accessibility, and quality of education opportunities for ANA members and the broader neuropsychology community. Our mission is to provide a platform for professional development, networking, and collaboration among ANA members.

Updates about ongoing projects/initiatives:
ANA Mentorship Program: Professional members mentoring graduate-level students members.
- Expansion of Mentorship Program to: ABPP Mentorship to professionals
- Apply for the ANA Mentorship Program Mentors: HERE
- Mentees: HERE

Webinar Series: ANA Education Committee is dedicated to continue monthly programming for ANA members on neuropsychological, cultural, and supervision/training related topics.
- February and March 2023 Topic: Two part series - Dr. Angeles Cheung (previous Education Committee Chair) discusses private practice
- April and May 2023: Two part series - Dr. Chhissay Lee (new chair)

Office Hours: On hold due to minimal engagement. Focus group questionnaires will be distributed in the upcoming quarter to re-assess need and potential topics of discussion.

Resource updates:
Webinars and slides are available to members on the website, see Education Tab.

Recruitment notices:
None at this time.

Student Committee
Description your committees' mission, duties, and how to join:
The purpose of the ANA Student Committee is to create a central group led by trainees (students, interns, and postdoctoral fellows) under the auspice of the larger ANA organization in order to increase trainee membership, participation, and collaboration; to keep ANA informed of trainee needs within ANA and the field of neuropsychology; and to create an interactive environment that enriches the relationship between trainees and current professionals. The mission of the ANA Student Committee is to: a) foster a community for neuropsychology trainees of Asian descent or trainees working with individuals of Asian descent; b) promote the professional development, cultural competency, and international collaboration of ANA trainees; and c) enhance ANA’s mission to ensure the accessibility and provision of excellent, culturally sensitive neuropsychological services for individuals of Asian descent with trainee-led initiatives. The ANA Student Committee has established many initiatives, including our monthly Community Corner bringing you ANA committee updates, trainee resources, and discussions. Our monthly Research Digest showcases the latest in research relevant to ANA’s mission. We hold regular events to provide additional resources, networking opportunities, and space for trainees to connect and discuss their experiences, often in collaboration with trainees from the Society for Black Neuropsychology and the Hispanic Neuropsychological Society. Finally, the committee has developed a peer mentorship program, including a resource drive for mentors and mentees. You can also see updates and content relevant to our students on social media such as Twitter (@AsianNeuropsych) and the ANA Facebook. Connect with us through email: anastudentcommittee@gmail.com. Interested in getting involved? The Student Committee’s Peer Mentor Program is currently recruiting for new mentors and mentees! The Student Committee will also be recruiting for 3 new members in Summer 2023.
The INS Taiwan Meeting is going to be held in Taipei, Taiwan, as our first ever meeting in East Asia, in association with the Taiwan Association of Neuropsychological Development and Mental Rehabilitation (TANDMR).

The conference will be held between July 6 and 8, 2023, and we are having a special city tour on July 9. The program can be checked here.

Keynote Speakers:

Dr. Jonathan Evans, Ph.D., Professor  
Keynote Speech 1: “Grand Challenges for Global Neuropsychology”

Dr. Masaru Mimura, Ph.D., Professor  
Keynote Speech 2: “Early Detection of MCI and Dementia”

Dr. Akira Midorikawa, Ph.D., Professor  
Keynote Speech 3: “Paradoxical functional facilitation in various brain injuries and diseases”

Dr. Michael Chee Wei Liang, Ph.D., Professor  
Keynote Speech 4: “Napping: A Contemporary Review of an Age Old Practice”

Dr. Rumi Tanemura, Ph.D., Professor  
Keynote Speech 5: “Friendly assistive technology for patients with cognitive impairments”

Dr. Vicki Anderson, Ph.D., FAPS, FASSA, FAAHMS, FASSBI  

CE Courses:

Min-Fang Kuo, Ph.D. “The principles of transcranial direct current stimulation (tDCS) and apply tDCS protocols for clinical treatment”

Nara Andrade, Ph.D., Professor “Social Cognition in Pediatric Neuropsychology”

Alberto Luis Fernández, Ph.D., Professor “Bias and equivalence in cross-cultural assessment”

Melissa Lamar, Ph.D., Professor “Exploring the Past, Present, and Future or Cerebrovascular Disease & Cognitive Aging”

Pre-Opening Symposium:

“Interventional Neuromodulation in Psychiatric and Neurologic Conditions”

Presenters:

Shawn McClintock, Ph.D. “The neurocognitive effects of magnetic seizure therapy in the treatment or psychiatric illnesses”

Benjamin M. Hampstead, Ph.D., ABPP-CN “Transcranial direct current stimulation across the aging-dementia continuum”

Michael A. Nitsche, M.D. “Medication effects on stimulation-induced Neuromodulation”

We hope to create a conference where researchers from around the world can network and promote the further development of neuropsychological research, especially in Asian countries. We have diverse topics, and cutting-edge studies will be presented by well-established speakers from all over the world. We are especially thrilled to have Drs. Min-Fang Kuo and Nitsche who are world-renowned experts in neuromodulation, such as transcranial direct current stimulation (tDCS).

We look forward to seeing you at the INS Taiwan meeting!
Community News
Announcements & Recognition

Preeti Sunderaraman, Ph.D. published an article with the ECNPC committee, on which she was the Science Officer, and recently retired from this position. Dr. Sunderaraman’s publication can be found here. Congratulations, Dr. Sunderaraman!

The Advocacy Committee recently published an article about continuing education in diversity and multicultural factors. The publication can be found here. Congratulations, Dr. Ng, Dr. Pudumjee, Ms. Aratsu, Dr. Chen, Ms. Do, Dr. Hong, Ms. Lanza-Gregory, Dr. Miao, Dr. Nguyen, and Dr. Wong!
ANA will soon have official merchandise for purchase! The ordering system will be launched in celebration of AANHPI heritage month, and beyond!