

**PROSPEROUS WISHES FOR
THE YEAR OF THE DRAGON**



ANA NEWS

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Asian
Neuropsychological
Association

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MESSAGE FROM THE PRESIDENT

Dear ANA family,

I hope that all your New Year celebrations were with great joy and optimism and rich in traditions. On behalf of the Executive Committee, I extend my heartfelt wishes for a year filled with prosperity, abundance, and success to all our members. May this year bring you ample opportunities for personal and professional growth, and may you find fulfillment in all your endeavors.

It was a delightful experience to come together and commemorate our achievements at the 52nd Annual North American INS Meeting held in New York City. A special thank you goes out to our dedicated Membership Committee for orchestrating a memorable social hour at the Hard Rock Café. The conference's overarching theme revolved around Culture and Connectivity, and I am proud to acknowledge that our ANA community has been at the forefront of embodying these ideals through our work on a global scale and our relentless advocacy for unity and collaboration. During our business meeting, committees and task forces had the opportunity to showcase their accomplishments from the past year, which I am delighted to outline below.

The Trainee Committee remains at the forefront of fostering inter-organizational partnerships, collaborating closely with our sister organizations to curate valuable resources. These resources include links to mentoring programs, resources offered by identity-based organizations, and support for internship and fellowship application processes. The committee has been productive in facilitating professional development and networking opportunities, providing ANA



Trainee Members with easier access to connect on personal and professional growth topics. Additionally, there is enthusiasm and priority in supporting international students through enhanced resources and mentorship initiatives tailored to their specific needs and experiences.

The Advocacy Committee has been dedicated to advancing equity and inclusion within our field and empowering our membership with timely, relevant, and practical resources. One highlight includes hosting a webinar series on culturally relevant supervision in collaboration with esteemed organizations such as HNS, SBN, QNS, WIN, and ANST. Additionally, committee members showcased their project titled "Global Experiences of Asian Neuropsychologists," presenting findings from a comprehensive survey exploring various aspects of training, clinical work, teaching, research, advocacy, and leadership

among practicing Asian neuropsychologists worldwide. This project sheds light on important issues such as barriers, gaps, and experiences of discrimination within the profession. The committee has taken proactive steps to promote equity and advocacy by creating bimonthly Equity and Advocacy Bulletins. The committee has also launched a new "Stay in the Know" email series to inform members about relevant neuropsychology advocacy initiatives.

The Education Committee remains committed to providing valuable support to our membership through a series of insightful webinars. These sessions cover various topics, including the Neuropsychological Care of Children with Traumatic Brain Injury, Investigating real-world cognitive dysfunction in multiple sclerosis using smartphone technology, and Tips and Discussions about Applying for Postdoctoral Fellowship. Other webinar topics include ABPP Oral Exam Preparation, Towards Inclusive Supervision, Lifestyle Design for Neuropsychologists focusing on Healthy Work-Life Balance, and Setting Up and Running an Independent Practice in Clinical and Forensic Neuropsychology. An upcoming webinar will explore Practice and Ethical Considerations using AI/Chat GPT. Notably, the committee's mentorship program continues to flourish, currently supporting forty mentor-mentee pairs!

The Media Committee has been instrumental in supporting various ANA committees by facilitating the dissemination of information about events and resources. Their efforts have been pivotal in ensuring members are well-informed and engaged in the association's activities. They have also diligently managed ANA's presence on social media platforms such as Facebook and Twitter/X, ensuring timely updates and interactions with the community. There is a plan to expand ANA's reach by establishing a presence on LinkedIn, so stay tuned and follow ANA's LinkedIn page. As always, the Newsletter team deserves immense

praise for their outstanding dedication and creativity in crafting our newsletter. Their commitment to excellence is evident in every edition, as they consistently deliver engaging and informative content that keeps our members informed and inspired.

Along with planning the best social events at INS meetings, the Membership Committee successfully completed the 2024 elections. Congratulations on our newly elected executive committee members, President-Elect Dr. Alexander Tan, Member-at-Large Dr. Yu-Ling Chang, and Treasurer-Elect Dr. George Lin. We look forward to your collective leadership and contribution to our board. The committee proudly manages 229 active members representing 12 countries, representing Asian sub-ethnicities, including Afghani, Burmese, Chamorro, Chinese, Filipino, Hmong, Indian, Indonesian, Japanese, Kazakh, Korean, Laotian, Malaysian, Mongolian, Pakistani, Singaporean, Sri Lankan, Taiwanese, Tibetan, Tongan, and Vietnamese. To align with ANA's goal to expand our membership internationally and streamline access by removing barriers to membership for individuals, the committee proposed a tiered dues structure to tailor membership fees for those outside of the United States, which the Executive Committee approved to be implemented soon.

After meticulous planning, the Research Committee recently launched the first virtual research symposium, which included original work from trainees and researchers at all levels, spanning dissertation proposals to case presentations. Dr. Daryl Fuji's captivating keynote set the tone for the 4-hour event, urging our research community to embrace cultural diversity and equality. Thirteen oral presentations across multiple sessions, six poster presentations, and engaging Q&A sessions enriched our understanding of Asian neuropsychology. The diverse array of speakers and topics provided invaluable insights into Asian neuropsychology, from subjective cognitive decline to the impact of cultural

factors on dementia symptoms. Paper sessions explored intersections of socio-environmental factors, cultural considerations, and biological markers, deepening our understanding of cognitive health across diverse contexts. Poster presentations reviewed linguistic influences, mental health predictors, and cultural factors. This remarkable turnout for our inaugural event signifies a promising future for ANA research initiatives, which will include a monthly research office hour launched in the Summer and a research workshop followed by the Fall/Winter.

The International Liaison Task Force recently completed its international survey to examine the training and professional statuses of clinical neuropsychologists in Asia. Participants from Taiwan, Japan, Malaysia, Iran, Hong Kong, Bangladesh, India, Thailand, Vietnam, the Philippines, and Saudi Arabia contributed to the survey. The task force reported that the landscape of clinical neuropsychology in Asia is characterized by variability in training models, barriers, and the necessity for standardization of training guidelines. Additionally, there is a lack of clarity regarding the educational pathways, clinical training, and professional recognition of clinical neuropsychologists across the continent. These preliminary findings were shared at the INS New York meeting, with further discussions and presentations to be held during the upcoming 2024 Global Neuropsychology Congress meeting in Portugal.

In collaboration with the American Psychological Association, the ANA Optional Practical Training (OPT) Task Force has undertaken various initiatives to support international students pursuing doctoral degrees in clinical psychology and neuropsychology. These efforts include advocating for clinical psychology to be considered as a science, technology, engineering, and mathematics (STEM) degrees, organizing a webinar to address challenges in doctoral training, and conducting a survey to understand barriers. Specifically,

task force members surveyed training directors regarding their knowledge and experiences with challenges encountered by international students. A total of 118 surveys were completed, with participation from 40 Graduate Training Directors, 50 Internship Training Directors, and 28 Fellowship Training Directors. Findings were presented at the recent INS meeting, with plans to publish a STEM OPT fact sheet for doctoral degree holders, host an annual Q&A session, establish a mentorship program, compile internship and fellowship opportunities, and disseminate survey findings to support international students in their academic and professional endeavors.

In the upcoming year, our Executive Committee will launch several initiatives aimed at enhancing our community's professional development and engagement. These include creating a mentoring program for board certification, organizing a series of workshops to foster trainee leadership skills, and establishing a clinical consultation corner. Furthermore, we will collaborate with advisors and leaders of our Special Interest Groups to develop a Resource Webpage and Repository. To ensure inclusivity and open communication, we will host multiple virtual town hall meetings and encourage active participation from all members. We look forward to hearing from and connecting with each of you more in the coming months.

In closing, I extend my gratitude to each member of our ANA family for their dedication and contributions. Together, we have celebrated our achievements, fostered collaboration, and advocated for equity and inclusion within our field. As we embark on the journey ahead, I am confident that our shared efforts will lead to a year of growth, innovation, and collective success for our Association.

With warm regards,
Christopher Minh Nguyen, PhD, ABPP
President, Asian Neuropsychological Association

FEATURED NEUROPSYCHOLOGIST: DR. YOKO OKAMURA

BY AYA HANEDA, M.A.

Dr. Yoko Okamura is a professor of clinical neuropsychology in the Department of Psychology at Senshu University in Japan. She currently teaches clinical neuropsychology to students at Senshu University. She previously worked as a psychologist for 10 years in a rehabilitation hospital where she conducted psychological assessments and cognitive rehabilitation for patients experiencing brain injury. In Japan, the way psychologists work within the field of clinical neuropsychology has not been sufficiently defined. It is Dr. Okamura's strong desire to train as many clinical neuropsychologists in Japan as possible with sufficient required knowledge and skills.

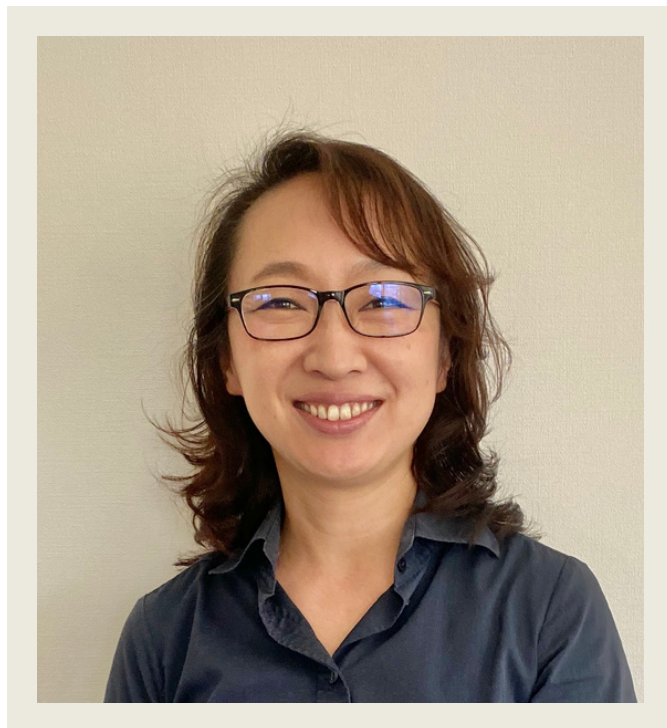
In this issue, we explored Dr. Okamura's journey as a neuropsychologist in Japan, delving into her career trajectory, insights into the field, and experiences with mentorship.

What cultures do you identify with?

I am Japanese, born and raised! I have never lived outside of Japan. However, I lived in the UK for one year from 2014-2015 during a sabbatical!

To establish yourself as a neuropsychologist in Japan, are there specific requirements?

There is currently no minimum requirement or defined trajectory to becoming a neuropsychologist in Japan. The term "neuropsychologist" may encompass any individual who engages in research in the field of neuropsychology. This means that any individual, even those with undergraduate degrees in physiology, cognitive psychology, or psychology, could identify themselves as a



neuropsychologist if they performed research in neuropsychology. However, there is a recent initiative to establish a certification process for individuals aspiring to be recognized as a clinical neuropsychologist.

Can you tell me your background and schooling? What was your path to neuropsychology like?

I received my undergraduate degree in psychology from Tokyo Women's Christian University, my master's degree in Disability Sciences from Tsukuba University, and my PhD in Education from Tsukuba University. I did not pursue a clinical psychology degree as the degree itself is viewed as a career towards a psychotherapist in Japan. I was more interested in a career where I could provide psychological assessment and cognitive rehabilitation to individuals with disabilities than becoming a psychotherapist.

There are currently no formal courses available

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(CONTINUED)

in neuropsychology. Therefore, my initial exposure to neuropsychology was facilitated by a mentor who served as a professor specializing in pediatric psychology. Specifically, he focused on children with cerebral palsy in the Department of Disability Sciences at Tsukuba University. As a faculty member in the rehabilitation department, he taught classes on neuropsychological and psychological assessment, as well as cognitive rehabilitation for individuals who had experienced brain injuries. In his classes, I learned about measures including the Wechsler Adult Intelligence Scale (WAIS) and the Wechsler Intelligence Scale for Children (WISC.) It is also worth noting that a significant portion of the students in the rehabilitation department comprised of students studying occupational and physical therapy.

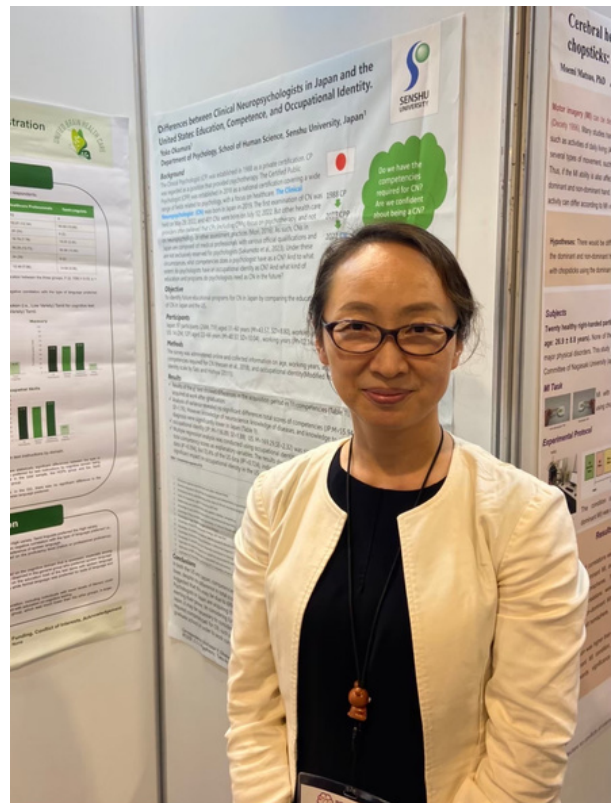
Throughout my undergraduate studies, my focus was on the examination of children with cerebral palsy and evidence-based interventions in assisting individuals who have experienced brain injuries. This interest persisted into my graduate years, leading me to pursue a degree in cognitive rehabilitation for cerebral palsy. However, following my exposure to neuropsychology through my mentor, my interest in the field deepened. I began to delve into understanding the neuropsychological outcomes for children with cerebral palsy, and exploring how such insights could enrich and refine treatment approaches.

Following the completion of my PhD, I served as a psychologist in a rehabilitation center for 10 years, contributing to both the inpatient and outpatient departments. Within the hospital setting, I functioned as a clinical neuropsychologist, conducting

neuropsychological assessments, devising cognitive rehabilitation treatment plans, and delivering cognitive rehabilitation therapy. Additionally, I actively participated in research endeavors, specifically involved in translating the WAIS into Japanese, ultimately expanding my understanding of intelligence and cognitive abilities.

Since your career trajectory to neuropsychology was different, how would you describe a “typical” neuropsychologist trajectory in Japan?

Since there is no distinct designation for neuropsychologists in Japan, individuals typically follow a common path when pursuing



PHOTOS COURTESY OF DR. YOKO OKAMURA

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a career as a "Certified Public Psychologist" or "Clinical Psychologist." This involves completing a 4-year undergraduate program in psychology, followed by a 2-year graduate program specializing in the training of "Certified Public Psychologists" and "Clinical Psychologists." However, within this standard trajectory towards becoming a "Certified Public Psychologist" or "Clinical Psychologist," there is minimal exposure to the field of neuropsychology and limited opportunities to develop sufficient neuropsychological competency.

I would say that the typical route to becoming a neuropsychologist involves gaining experience in this specialized field by working for example, within a rehabilitation center or a hospital. This experience will follow obtaining certification as a "Certified Public Psychologist" or "Clinical Psychologist" and entails working in a clinical setting to build expertise as a neuropsychologist.

During my student years, navigating my career was considerably challenging as the clinical psychology program was in its early stages, with a predominant focus on analytical psychology. Given my interest in the assessment and training of individuals with disabilities, I decided to pursue my master's degree in Disability Sciences. In Japan, disability science wasn't widely recognized as a branch of clinical psychology for those in the clinical psychology field. Despite this, I obtained my clinical psychologist license through special exception, as my background was perceived as falling within related areas.

Although I am now confident in my competence as a clinical neuropsychologist,

my journey included studying neuropsychology at the Graduate School of Disability Sciences, rather than through a course explicitly designed for clinical psychologists. Notably, there was no dedicated neuropsychology course at Tsukuba University's Graduate School of Disability Sciences. The faculty and students primarily comprised of occupational therapists and speech therapists working in rehabilitation, prompting me to pursue independent study by attending meetings, participating in study groups, and obtaining practical training in hospitals.

It is crucial to highlight that Japan lacks formal training courses for neuropsychologists. To the best of my knowledge, only 4-5 faculty members specializing in neuropsychology within the clinical psychology domain are currently working at universities in Japan.

What is your daily role as a neuropsychologist and professor at Senshu University?

My time is allocated across various responsibilities including teaching, university administration, research, and patient care. Approximately, half my time (50%) is dedicated to participating in university administrative meetings. Another 40% is devoted to teaching both undergraduate and graduate courses in neuropsychology. About 7% of my time is focused on research activities. The remaining portion of my time is committed to developing cognitive rehabilitation for adults and the geriatric population who have experienced brain injury.

Regarding my teaching responsibilities, I teach a Master's level class that integrates

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neuropsychological assessment in the first half and cognitive rehabilitation in the second half. Specifically, I cover neuropsychological assessments in the initial quarter and provide instruction on cognitive rehabilitation for individuals who have undergone brain injuries. Additionally, I educate licensed public psychologists within the university setting on neuropsychology.

Regarding my research, my interest lies in the relationship between executive functioning and prospective memory, the development of executive functioning assessments, and increasing awareness about cognitive disabilities in Japan. Besides that, I am also interested in increasing competency through working with larger organizations for the certification of clinical neuropsychology and creating curriculums for clinical neuropsychology.

How do you perceive the state of neuropsychology in Japan in comparison to other countries, such as the United States?

I believe there are significant differences in the field of neuropsychology in Japan when compared to other countries, such as the United States. Firstly, there is a notable disparity in the number of clinical neuropsychologists practicing in Japan. It is estimated that around 50,000 clinical psychologists and approximately 200 clinical neuropsychologists are employed in Japan. While I am unable to provide you with exact figures, a substantial portion of the clinical neuropsychologists in Japan hold master's degrees. Typically, neuropsychologists in Japan find employment in hospitals or university settings.

The process of conducting a neuropsychological assessment also differs between Japan and the United States. In Japan, patients are referred by a physician. Following the assessment, the neuropsychologist provides feedback on the patient's strengths and weaknesses, but the ultimate diagnosis and treatment plan are determined by the physician. Japan's healthcare system is physician-centric, and decisions regarding patient care are predominantly made by physicians. Notably, health insurance in Japan does not cover psychotherapy and neuropsychological assessments. Thus, I also believe this impacts interest in beginning a career in clinical neuropsychology.

Moreover, the classification of psychologists in Japan differs. Interestingly, psychologists, occupational therapists, and speech therapists are grouped under a broader category. Occupational and speech therapists can conduct neuropsychological assessments after receiving brief training from a supervisor and attending classes about neuropsychological assessments.



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What do you recommend for trainees in Japan who are interested in neuropsychology and want to pursue a career as a neuropsychologist?

I recommend students become involved in psychological organizations including the Japan Society for Higher Brain Function (<https://www.higherbrain.or.jp/>), Neuropsychology Association for Japan (<http://www.neuropsychology.gr.jp/en/index.html>), and Association of Rehabilitation Psychologists (<https://www.normanet.ne.jp/~RPA/>). These associations hold regular meetings as well as training in neuropsychology.

What do you envision or what are your hopes for neuropsychology in Japan?

My hope is to see a continued growth in the number of clinical neuropsychologists in Japan, with these professionals actively involved in teaching and sharing knowledge with aspiring students in the field of neuropsychology. While there has been an observable increase in the number of clinical neuropsychologists in Japan in recent years, and their importance is recognized within the medical community, there is still room for improvement. In the short term, I believe it is crucial to enhance awareness of neuropsychology among students and encourage active participation in neuropsychological organizations. As an example, I have recently been appointed as a faculty member for training in the Japanese Psychological Society, the oldest national psychological association in Japan. During my term, I hope to organize training sessions focused on neuropsychology.

Furthermore, within the last two years, the

Japan Society for Higher Brain Function achieved a significant milestone by introducing the first certification for clinical neuropsychologists. Notably, this certification, established by the organization in Japan, is more of a private initiative and is not government-related. The certification process involves a half-day paper-and-pen test, and to date, approximately 500 individuals have successfully obtained the title of clinical neuropsychologist through this certification.

For our readers who are beginning or transitioning to a career in research--such as graduate students, postdoctoral fellows, and brand-new faculty members--What are some areas for future research that you would encourage others to be involved in?

I think it would be a wonderful opportunity for the field of clinical neuropsychology in Japan to have board-certified professionals in clinical neuropsychology come to the country to impart their knowledge through teaching neuropsychology courses. Furthermore, engaging in research and fostering collaboration between neuropsychologists in Japan and their counterparts abroad could enhance the awareness and significance of neuropsychology among individuals in Japan.

What would others be surprised to learn about you?

Before attending graduate school, I spent three years working in sales for a cosmetic company, primarily focusing on planning the launch of cosmetic products. However, my continued interest in disability science, fueled by my brother's Down Syndrome diagnosis, led me to the decision to return to school. I realized that I

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wanted to pursue a path aligned with my passion rather than continuing in a sales career.

What do you find most rewarding/interesting/challenging/fulfilling about your work?

Witnessing the transformation of my students into accomplished clinical neuropsychologists and observing their contributions to the field brings me a sense of fulfillment. I am consistently thrilled to witness their influence on the expanding neuropsychology community. I genuinely believe that my students' dedication to neuropsychology, as well as their continual enhancement of skills and knowledge, is crucial for the advancement of the field in Japan, serving as my primary motivation. As I continue to educate and guide my students, my aspiration is to witness them assume leadership roles in shaping the future of neuropsychology.

What is a fun fact about you?

A fun fact about me would be that during my childhood I learned English participating in plays in English!



"MY HOPE IS TO SEE A CONTINUED GROWTH IN THE NUMBER OF CLINICAL NEUROPSYCHOLOGISTS IN JAPAN, WITH THESE PROFESSIONALS ACTIVELY INVOLVED IN TEACHING AND SHARING KNOWLEDGE WITH ASPIRING STUDENTS IN THE FIELD OF NEUROPSYCHOLOGY."

RESEARCH HIGHLIGHTS

BY IVY CHO, M.A., JAS CHOK, B.S., JIE CHANG, M.A., AND JESSIE LI, M.A.

The following articles were featured in a special issue of *The Clinical Neuropsychologist*, titled "International Perspectives on Education, Training and Practice in Clinical Neuropsychology".

Kim, M.S. & Chey, J. (2016). Clinical neuropsychology in South Korea. *The Clinical Neuropsychologist*, 30(8), 1325-1335. <https://doi.org/10.1080/13854046.2016.1212097>

Neuropsychology in South Korea began in the late 1980s and early 1990s with the growing appreciation for psychology and increased support for research within the field of neuroscience. The growth of neuropsychology was supported by the establishment of the first neuropsychology laboratory in South Korea by Dr. Jeanyung Chey and the publication of a normative study of the Luria-Nebraska Battery published by Dr. Min-Sup Shin in 1999. Moreover, The Korean Society for Neuropsychology Research was founded during this time and since then has played a critical role in the development and provision of neuropsychological services in South Korea.

At the time this article was published, a Certificate of Clinical Psychology was required to practice neuropsychology in South Korea. As such, the majority of those practicing neuropsychology are clinical psychologists (requiring a master's degree followed by a three-year internship at a Korean Clinical Psychology Association-accredited institution). Recent changes have been proposed to allow PhD candidates without master's degree to apply for clinical internships to expedite the process of doctoral-level psychologists. Following the three-year internship, board certification involves written and oral examinations.



PHOTO COURTESY OF FAHRUL AZMI

The need for services provided by clinical psychologists have increased over the past 20 years, and a greater number of neuropsychological tests have been standardized for use in South Korea adding to the depth and breadth of neuropsychological evaluations. Despite this growth of neuropsychology in South Korea over the years, there continues to remain a gap in formal training, curricula, training, and credentialing in clinical neuropsychology which remains to be reconciled for the future.

Kumar, J.K. & Sadasivan, A. (2016). Neuropsychology in India. *The Clinical Neuropsychologist*, 30(6), 1252-1266. <https://doi.org/10.1080/13854046.2016.1197314>

Neuropsychology in India has rapidly developed since its formal development as a specialization in 1975 by Prof. C. R. Mukundan. The establishment of a neuropsychology wing at NIMHANS marked a significant turning point that led to ongoing advancements. Presently, new techniques are being used to understand cognitive functioning, the development of Indian norms for internal use, and the expansion of cognitive retraining programs. These advancements contribute to the range of services provided to many individuals.

RESEARCH HIGHLIGHTS

(CONTINUED)

To become a neuropsychologist in India, individuals must first be a qualifying clinical psychologist. In India, to practice as a clinical psychologist, earning a two-year RCI recognized M.Phil degree in Clinical Psychology is required after completing a Masters in Psychology. There are currently 24 approved institutions offering an M.Phil in Clinical Psychology. The M.Phil is a multidisciplinary program that consists of a two-year supervised clinical training and internship providing related clinical psychology services in a psychiatric setting. Students rotate through providing services in different settings and complete a dissertation. Notably, there is only one location that neuropsychology training is provided in, the Neuropsychology unit at NIMHANS.

There are several large challenges that neuropsychologists face in India. In particular, the diverse languages, access to neuropsychological services, limited awareness within both patients and professionals about the field, and a lack of training programs result in difficulties obtaining neuropsychological testing. Despite these limitations and a shortage of neuropsychologists in India, ongoing initiatives aim to overcome these by increasing the number of trained, development of normed assessments, and the quality of research.

Chan, A.S., Sze, S.L., Cheung, M.C., Han, Y.M.Y. (2016). Development and application of neuropsychology in Hong Kong: Implications of its value and future advancement. *The Clinical Neuropsychologist*, 30(8), 1236-1251. <https://doi.org/10.1080/13854046.2016.1196732>.

Neuropsychology in Hong Kong began in the 990s by United States trained scholars, Agnes Chan, PhD, and Tatia Lee, PhD. Dr. Chan established the Hong Kong Neuropsychological

Association (HKNA) in 1998, which facilitated the sharing of neuropsychological knowledge between eastern and western countries.

At the time this article was published, there were no formal requirements for specialized training in neuropsychology. Neuropsychologists in Hong Kong generally comprise of master's level clinical psychologists practicing in hospital or medical centers, government or non-government organizations, and psychology departments at universities. Since a master's degree was sufficient to qualify as a clinical psychologist in Hong Kong, the pursuit for additional training was relatively low. Furthermore, there were overlapping responsibilities between clinical psychologists and clinical neuropsychologists, which reduced the distinction of neuropsychology as a profession in Hong Kong.

Given the diversity of language, education, ethnicity, and culture within Hong Kong, the authors discussed the importance of locally developing measures and or adapting existing measures to ensure that culture and language are adequately validated for use with a Hong Kong Chinese population. The authors also presented a list of commonly used neuropsychological tests in Hong Kong.

The authors called for the establishment of a



PHOTO COURTESY OF RUSLAN BARDASH

RESEARCH HIGHLIGHTS

(CONTINUED)



PHOTO COURTESY OF JAY

mandatory registration system with board certification, guidelines and examination procedures to qualify psychologists to practice neuropsychology, and a division for neuropsychologists within the Hong Kong Psychological Society (HKPS) to ensure adherence to guidelines and evaluation criteria. The authors also called for increased education and communication between clinical psychologists and other professions about the value of neuropsychologists.

Chan, R.C.K., Wang, Y., Wang, Y., Cheung, E.F.C. (2016). Practice, training, and research in neuropsychology in mainland China: challenges and opportunities. *The Clinical Neuropsychologist*, 30(8), 1207-1213. <https://doi.org/10.1080/13854046.2016.1217353>.

Neuropsychology in mainland China developed in three stages: publication of neuropsychological case studies between the 1930s to 1960s, formal recognition of the field in the 1980s, and the establishment and rapid development of neuroimaging centers and cognitive neuroscience research since the 1990s.

Currently, there are no formal programs in clinical neuropsychology training in mainland China, although there are opportunities for

graduate and continuing education training. Neuropsychologists working clinically in mainland China are mostly neurologists, some with neuropsychology training overseas. A background in psychology is not common among Chinese neuropsychologists; however, this is changing with increasing collaboration between psychologists, neurologists, and other rehabilitation professionals. There are currently no clinical forensic psychologists in mainland China.

Neuropsychological rehabilitation in mainland China is typically provided by medical and other rehabilitation professionals, mostly within public settings. Most are physical rehabilitation services, with limited cognitive and neuropsychological rehabilitation services. The existing cognitive rehabilitation services address neurosurgery, stroke and brain lesions. In 2010, some rehabilitation services, including cognitive impairment training and assessment of daily functioning became covered by medical insurance. Recently, there are efforts to increase community access to rehabilitation services, but financial barriers remain.

The authors identified a main challenge for neuropsychology in China to be the “training and quality control for neuropsychological practice,” as a formal registry or branches of psychological associations that cater specifically to neuropsychologists has not been established. Neuropsychologists in China use similar neuropsychological instruments as those used in North America and Europe (e.g., WAIS, MMSE,) that have been validated with Chinese populations. There are discussions and research involving the development of culturally valid neuropsychological tests in mainland China. Finally, with mental health being increasingly valued by governments and the general public, there are opportunities for growth in clinical and research areas of neuropsychology.

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PHOTOS COURTESY OF CHRISTOPHER NGUYEN, PHD AND JULIA CHEN, PHD





Asian Neuropsychological Association

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