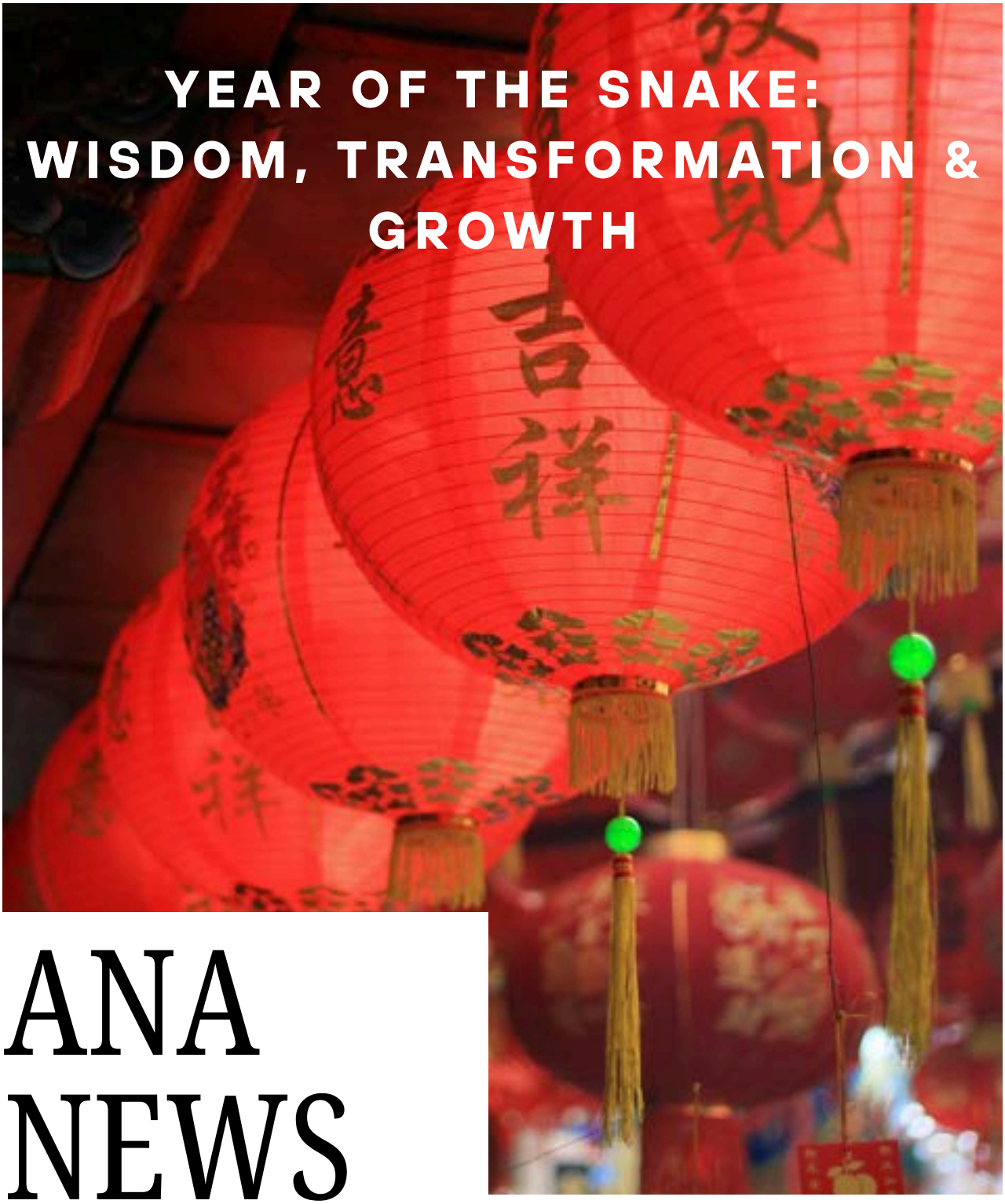

YEAR OF THE SNAKE: WISDOM, TRANSFORMATION & GROWTH

ANA NEWS

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Asian Neuropsychological Association

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MESSAGE FROM THE PRESIDENT

Dear ANA Family,

It is an honor to serve as your fourth president. For those that have not yet met me, I am a pediatric neuropsychologist at Children's Hospital of Orange County. Since ANA's inception, I have contributed to the organization's "early career" phase by helping build both internal structure and external relationships. Now, I look forward to serving the organization as it transitions to its "mid career" phase by strengthening foundations and initiating expansions to enhance our longevity. ANA's primary strength has always been its collectivism, and my efforts are only possible in collaboration alongside this year's Executive Committee members: Treasurer Dr. George Lin, Secretary Dr. Katee Yang, Members-at-Large Drs. Yu-Ling Chang and Saranya Patel, and Trainee Representative Dr. Laurie Chin. Notably, I am stepping into the extraordinary shoes of Past President Dr. Christopher Nguyen, and I am grateful for the remainder of his time on the Executive Committee and the legacy he is leaving behind.

For me, the most important part of being an ANA member has always been the community. Thus, I feel the highest priority of my ANA presidency is finding ways to give back to the community, and we look forward to further investing in our members through various avenues. For example, we recently transitioned to a Steering Committee model of governance, allowing our organization to strengthen pipelines to leadership, improve communication across groups, and benefit from more collective wisdom and insight. We also empowered our Optional Practical Training and International Liaison Task Forces to become Ad Hoc Committees, supporting all of their important initiatives focused on advocating for our international trainee and professional members. Finally, we recently started the Board Certification Pipeline Task Force to support all of our membership pursuing board certification in clinical neuropsychology. This group is working hard to liaison with organizations such as the American Board of Clinical Neuropsychology to reduce barriers

for our members, while also running a board certification preparation program which just accepted its first cohort!

I have also always been impressed by ANA's dedication to ensuring the accessibility and provision of excellent, culturally sensitive neuropsychological services for all individuals of Asian descent. Thus, we look forward to further enriching our community by strengthening availability and accessibility of resources and education to all of our members. Recently, ANA developed a new book series (spearheaded by Drs. Lauren Mai and Lindsay Vo): A Clinical Guide to the Neuropsychological Health of Immigrant Populations. The first book in the series, How to Support the Neuropsychological Health of the Vietnamese Diaspora, has just been published and represents an amazing accomplishment for our organization. Our Advocacy, Education, Media, Membership, Research, and Trainee Committees also continue to work on various meaningful initiatives and collaborative projects to enrich our community and our membership's clinical, scholarly, education, and advocacy endeavors. The success of ANA has always been a result of the enthusiasm and efforts of its members, and there are plenty of ways to get involved. So if you are looking for a way to contribute, please do not hesitate to reach out!

Finally, while this year has already been full of growth, it has also been equally full of challenges, particularly in relation to the current political climate. As we continue to navigate these times, we are sure it will be in continued solidarity with our sister organizations HNS, SBN, and QNS. As one step, we recently initiated our joint Community Circles initiative as a welcoming and inclusive space to build community, share experiences, and support one another. Earlier this year, I ushered in the Year of the Snake with my family. As I reflect on 2025 thus far, I am reminded of the significance of the Snake zodiac sign in Chinese culture. The Snake is recognized for its ability to shed its skin for growth, adjust to different environments, and traverse situations with cunning. As 2025 continues, I am filled with hope and confidence that we can collectively embrace progress and new opportunities, adapt to changing and challenging circumstances, and lean on our wisdom and intuition as we move forward.

Sincerely,

Alexander Tan, Ph.D., ABPP-CN
President, Asian Neuropsychological Association

FEATURED NEUROPSYCHOLOGIST: DR. CHRISTINA WONG

BY JESSIE LI, M.A.

Christina Wong, PhD, ABPP, is a board-certified clinical neuropsychologist in the Department of Neurology at Westchester Medical Center (WMC) in Valhalla, NY. She conducts outpatient neuropsychological assessments for adult patients with different conditions including Alzheimer's disease and related dementias, movement disorders, traumatic brain injury, and epilepsy. She also works with the WMC inpatient neurology consultation team to provide inpatient evaluations. Dr. Wong was a co-chair of the inaugural ANA Advocacy Committee and a former ANA member-at-large. She is currently a co-chair of the ANA Board Certification Pipeline Task Force, KnowNeuropsychology Board Member, and is a member of the New York State Association of Neuropsychology Legislative Committee.

In this issue, we explored Dr. Wong's journey to become a neuropsychologist and delve into the inspiration behind her research interests.

What motivated you to be a neuropsychologist? How did you get into this career?

I was exposed to brain imaging and research early on. My dad was a nuclear medicine technician and then a data manager at Brookhaven National Laboratory on Long Island. He worked with a medical group that conducted neuroimaging research on different conditions including depression, ADHD, and drug addiction. My mom worked in healthcare; she was a nurse manager in a nursing home. I started college thinking I would go pre-med but it did not feel like a good fit. By my second semester, I started taking psychology classes and eventually majored in psychology and minored in neuroscience. While I was an undergrad at the University of Connecticut, I worked in a research lab with Dr. Deborah Fein on a study of individuals who were diagnosed with autism in childhood but lost their autism diagnosis when they got older. A neuropsychology specialization was available in their graduate program, and that was where I learned about neuropsychology and received advice about pursuing this career path from graduate students and mentors in the lab.

What cultures do you identify with? Is there a history of migration in your family? What languages did you speak as a child/growing up?

I identify as biracial, Chinese and German. My dad is Chinese; he grew up in Hong Kong and immigrated to the U.S. in his early 20s. My mom is of German descent, and her family has been in the U.S. for several generations. She grew up in Detroit, Michigan and most of her family is in the Midwest. Growing up, I learned a little bit of Cantonese from my grandmother who only spoke Cantonese; however, we mainly spoke English at home.

FEATURED NEUROPSYCHOLOGIST: DR. CHRISTINA WONG

(CONTINUED)

Looking back, how has your cross-cultural journey unfolded throughout your life? What was it like in your family when you applied for college? How was it different when you applied for graduate school?

My cross-cultural journey has definitely been shaped by being mixed-race. Growing up White and Asian is a different experience from someone who may be a first-generation immigrant or identify as fully Asian. Having a White, non-immigrant parent to help navigate school and other community settings is something I recognize as a privilege. However, I grew up in a small town that was mostly White, and even being of mixed background was seen as being a minority. Similar to others who are biracial, there can be a sense of not fitting in 100% in different groups. Among my father's family, almost all of my relatives are Chinese and speak Cantonese, so I've always felt a little bit on the outside when we get together. But I also see it as a privilege that I've been exposed to Chinese culture through that side of my family and am grateful for that aspect of my identity. Before joining ANA, I worried that I wasn't "Asian enough" to be part of an identity-based group, but it was really encouraging to see Dr. Nick Thaler, who was the president of ANA when I joined, embracing his mixed-race background. I think that helped give me the confidence to apply for leadership positions within ANA, and ANA has overall been an inclusive and welcoming community.

My parents were college educated and supportive of me applying and going to college, though I think they held some views about "appropriate" career paths, which did not originally include psychology. Culturally, especially among the Chinese side of my family, there tends to be a view that encourages you to not acknowledge emotional difficulties or "weakness." My dad was not particularly understanding of why someone would seek therapy or what a career in psychology could look like. Once I figured out my path was in clinical psychology, they were supportive despite not having experience with applying to graduate school; however, I was able to seek mentorship for that from others.

What were some of your expectations for your career path when you first started this process? How have your own expectations or goals evolved as you've navigated the early stage of your career as a neuropsychologist?

My first impression of neuropsychology was in a neuropsychology research lab. I wanted to have a research component of my career, possibly doing imaging research but was not sure in what area. I worked as a research assistant at a neuroimaging center on autism and ADHD studies for 2 years before attending graduate school, but I was also exposed to Alzheimer's disease (AD) projects there, which shifted my trajectory towards working with adults. I always thought that I wanted a combination of time spent on research and clinical work, and I think my graduate advisor, Dr. Lisa Rapport, and my program (Wayne State University) prepared me well for that.

My post-doc was 50% research and 50% clinical time. My first job after fellowship was at Cleveland Clinic Nevada and included a

FEATURED NEUROPSYCHOLOGIST: DR. CHRISTINA WONG

(CONTINUED)

combination of research, clinical work, and training, which was what I was ideally seeking to do at that time. I pursued grant funding through a center grant and eventually had 50% clinical and 50% research time. I had started working toward applying for independent research funding. I was also granted administrative time related to health equity leadership-based work at the center; I appreciated that they provided protected time for that. I liked having my hands in many different areas.

In 2023, we were living in Las Vegas and decided to move to New York to be closer to family, and I accepted a fully clinical position at Westchester Medical Center, where I currently work. This was a change from what I expected to be doing. I do not have dedicated research time, although there are opportunities to get involved in various projects. I am currently mentoring medical students on projects with a psychology component and would like to be able to supervise graduate students in neuropsychology in the next year or two. I have a good balance with my position and being able to focus on things outside of work, too. Since I moved to New York, I joined a rowing team. Having interests and goals outside of work has been beneficial for overall work and life balance for me. Throughout graduate school and training, we place so much energy into the things we need to do now that it does not leave a lot of energy and mental space for focusing on other things. Trying to be intentional about dividing my time and energy has been helpful.

I don't think I had specifically envisioned involvement in professional organizations when I was starting my neuropsychology journey, but it has been one of the most rewarding parts of my early career. ANA was the first organization I became involved in, and now I'm part of KnowNeuropsychology. I've really enjoyed the collaboration and opportunities to work on projects to improve access to neuropsychology.

What motivated you to seek board certification in neuropsychology?

I received mentorship about board certification since graduate school and my practicums. I had the opportunity to work at the Ann Arbor VA and the Rehab Institute of Michigan. Many of my supervisors were board certified, and there were postdoctoral didactics about board certification that I attended as a practicum student. Even at that level, I was exposed to the idea that board certification is something to work towards in our field to help recognize competency in neuropsychology. I appreciate that it's helpful for patients to know that their providers underwent a rigorous process, ensuring the quality of neuropsychology services.

I began the board certification process after completing postdoc. It was helpful to know people who shared their board certification journey, and there was strong encouragement at my place of work to become board certified. I took the written exam about 6 months after postdoc, and then had a delay where it took me a long time to select my practice samples. Once my practice samples were approved though, I scheduled the first available oral exam and

FEATURED NEUROPSYCHOLOGIST: DR. CHRISTINA WONG

(CONTINUED)

took that in April 2023. Overall, the board certification process took me about 4.5 years. It was challenging because my daughter was 10 months old when I started my job and studied for the written exam, but I wanted to keep up the momentum from the didactic training I received on internship and postdoc.

What was the inspiration behind your research interests in understanding risk factors for dementia, social determinants of health, improving early detection of Alzheimer's disease, and identifying biomarkers for predicting cognitive decline?

My first exposure to AD research was as a research assistant at an Alzheimer's Disease Neuroimaging Initiative (ADNI) site before graduate school. For my dissertation, I wanted to focus on older adults and conducted my dissertation on how hearing loss impacts verbal memory assessment. I had been interested in Dr. Mark Bondi's research on mild cognitive impairment and Alzheimer's disease for a long time. He was one of my supervisors on internship, and I was accepted for a postdoctoral position in his lab at VA San Diego. There I was involved in projects that examined neuropsychological classification criteria to detect mild cognitive impairment. I was interested in how we can optimize the number of tests and which tests were examined to improve classification of mild cognitive impairment.

In my first position, there were some ongoing projects that I joined. I participated in a collaboration with the University of Nevada, Las Vegas (UNLV) to examine blood-based inflammatory markers to identify which participants would progress to dementia or experience cognitive decline. I was also the co-director of the Clinical Core for an exploratory Alzheimer's Disease Research Center (ADRC) grant focused on AD in rural communities.

Dr. Sid O'Bryant was on our advisory aboard for the exploratory ADRC, and he invited me to work on a project through the Health and Aging Brain Study - Health Disparities (HABS-HD) based on my interest in how contextual factors are related to cognitive aging. HABS-HD includes large cohorts of non-Hispanic White, Mexican American, and African American participants that they are following and characterizing. Through this project, I examined how neighborhood disadvantage, as measured by the Area Deprivation Index, is associated with cognition in older adults.

My research has evolved and led to different projects, but I remain interested in examining rural living, neighborhood disadvantage, and the intersection of those factors.

What have been major takeaways that you have noticed in your work to improve access to care for culturally and linguistically diverse patients?

It is important to assess the need in the area you are working in. In Las Vegas, there is a large Hispanic population, and Spanish interpreters were the most requested based on data pulled from our electronic medical record. We did not have the option to provide in-person interpreters for

FEATURED NEUROPSYCHOLOGIST: DR. CHRISTINA WONG

(CONTINUED)

neuropsychological assessments at our center. We worked with our bilingual technician, Kimberly Cobos, and consulted with others who had expertise in neuropsychological assessment of bilingual and monolingual Spanish-speaking adults, including Dr. Paola Suarez and Dr. Jesús Barreto Abrams, to develop our assessment process and battery, and provide case consultation. Through this, we established a system to use virtual interpreters for interviews, a bilingual technician to complete testing in Spanish, and feedbacks with a virtual interpreter. Regarding the consultation, we worked with our clinic's leadership and consultants to develop a paid consultation agreement.

One thing that stood out to me was that even if you provide a certain service, such as neuropsychological assessments in Spanish, it is also important to address other aspects of the healthcare experience. I was working with different groups within our center to understand the process of how we were connecting to interpreters when a patient with limited English proficiency called our center, how we were asking about preferred language, and who was eligible for financial assistance. I surveyed providers outside of neuropsychology to see how well phone/virtual interpreters were working for their services and gathered patient education materials in different languages. We were also doing dedicated outreach to medical offices in our area that served primarily Spanish speaking patients, updated our informational brochures in Spanish, and helped advertise a caregiver program that was conducted in Spanish. We became a formal partner of the Nevada Minority Health Equity Coalition. Also, following something I heard Dr. Tedd Judd recommend in a presentation, we developed a document within our clinic on the history of Hispanic individuals in Las Vegas that included information such as most common countries of origin, educational systems in those countries, common reasons for immigration, and current social and cultural factors to consider. We often discussed that it was one thing to provide a particular service, but we had to address other barriers outside of neuropsychology as well that might affect the patient's experience.

FEATURED NEUROPSYCHOLOGIST: DR. CHRISTINA WONG

(CONTINUED)

In what ways do you think we could work towards promoting neuropsychology's role in social justice advocacy?

I worked on a book chapter on this topic that was led by Dr. Mirella Díaz-Santos in a book edited by Dr. Farzin Irani, Cultural Diversity in Neuropsychological Assessment. This was a helpful experience in which I learned from others who are doing meaningful work in that area. First, it describes barriers to engaging in advocacy work and why neuropsychologists are well positioned to advocate for social change. The chapter outlines that neuropsychologists can engage in advocacy work on an individual or microsystem level; this may look like helping a patient find a service or therapy in their preferred language or connecting them with a community program to address certain needs. This also includes self-examination to consider our own privileges and assessing our own strengths and areas of growth in order to best serve our patients. Advocacy can also be at the level of making changes within in our centers or institutions, and we can advocate at the larger, exosystem levels such as advocating for access to insurance and for mental healthcare coverage. Our work as neuropsychologists and as social justice advocates can come through in many different ways. I think we can work toward promoting neuropsychology's role in social justice advocacy by making it a more common part of conversations with colleagues and trainees, modeling our engagement in it, and working with our institutions to value and recognize work in this area. I think having actual training in advocacy during graduate school would be beneficial; I felt like I really didn't know where to start or how to be most effective when I wanted to get involved in this area of work.

What and in which direction do you think the field needs to continue working on to improve?

It has been a challenging time lately with division in our country and field on various topics. I appreciate the momentum, especially with the Minnesota Training Guidelines, and efforts from many different professional organizations on how to best serve and improve access to our services for underrepresented or marginalized populations. I think we need to support our trainees to retain and build a diverse workforce. A really great example of this is the OPT Task Force in ANA that has worked to educate and advocate for the way training programs are classified to help with qualifying for visas that would support completing a 2-year postdoc in neuropsychology. There are a lot of difficult systems to navigate within graduate school and training, and those challenges can be amplified for our international trainees. It's helpful for more individuals in our field, even those who are not directly affected by those factors, to be informed about barriers and engage in advocacy.

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

While I was living in California, I took a backpacking training course through the Sierra Club with my husband. When I had some time off between internship and

FEATURED NEUROPSYCHOLOGIST: DR. CHRISTINA WONG

(CONTINUED)

fellowship, we backpacked for 3 weeks in the Sierra Nevada mountains on the John Muir Trail from Mount Whitney to Yosemite. It was a very cool experience to disconnect from "regular life" and just be focused on how far we needed to go, where we would get water, and where we were going to sleep. This is one of my proudest non-academic accomplishments.

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

Everyone has a different journey in neuropsychology. There is no right way to pursue a career in this field, and I think it's important for people to see what interests and excites them and move towards those things. It is good to have mentors from different areas to help you explore and learn, and it does not have to be a direct trajectory.

Transitioning from my first to second position, I was off of work for about 8 months and stayed with family. It was not what I expected, but I was actually glad I could take
that time. It also came with anxiety and worry about what it would mean for my career, but it worked out. It was a move that considered my priorities outside of work including family. Everyone has a unique journey and it's normal to experience bumps along the way.

How can ANA support you?

ANA can support me by continuing to be a great community and an organization that is bold enough to speak out when there is an issue relevant to our field and community where we can have an impact. I've received a lot of support from mentors and colleagues within ANA and hope to do the same for others.

RESEARCH HIGHLIGHTS

BY IVY CHO, M.A., JAS CHOK, M.S., & NUMFON VILAY, M.S.

Robust reference group normative data for neuropsychological tests accounting for primary language use in Asian American older adults

While demographically adjusted norms exist for neuropsychological assessments, there remains a lack of robust normative data specifically established for older Asian American populations. As such, this study aimed to examine whether the usage of English spoken as a primary or secondary language should be considered when developing normative data for individuals from underrepresented backgrounds.

The study included 338 older Asian American participants (ages 55 to 91) from the National Alzheimer's Coordinating Center (NACC) database who were cognitively healthy at both baseline and the first follow-up visit. Cognitive status was determined by a clinician based on the Clinical Dementia Rating and neuropsychological testing. Tests administered included the Mini-Mental State Exam, Logical Memory I and II, Digit Span Forward and Backward, Animal and Vegetable Fluency, Trail Making Tests A and B, Digit Symbol, and the Boston Naming Test. Additionally, some reported languages spoken, other than English, included Vietnamese, Mandarin, Cantonese, Thai, Tagalog, and Korean.

PHOTO COURTESY OF AFLO IMAGES

Between primary and secondary English speakers, the results demonstrated significant differences in test performance, particularly on measures of mental status, verbal fluency, naming, attention, and executive functioning. These findings underscore the importance of accounting for language background in neuropsychological assessments involving older Asian American adults. Moreover, the study provides regression-based equations that may be helpful in calculating demographically adjusted scores when incorporating factors such as education, sex, age, and English language status.

The management of dementia worldwide: A review on policy practices, clinical guidelines, end-of-life care, and challenge along with aging population

Dementia affects approximately 50 million people globally, increasing by 10 million annually. The World Health Organization (WHO) estimates cases will reach 152 million by 2050 due to global aging. Alzheimer's disease (AD) accounts for 50–70% of all dementia cases. Dementia imposes a substantial health and financial burden, with 2019 costs estimated at $1.3 trillion globally. Despite the high prevalence, dementia remains incurable, and current treatments are limited to delaying progression and managing symptoms. The findings from a 2022 review on the management of dementia worldwide is summarized below.

RESEARCH HIGHLIGHTS

(CONTINUED)

BY IVY CHO, M.A., JAS CHOK, M.S., & NUMFON VILAY, M.S.

Targeted medical interventions and specialized nursing care can enhance quality of life and delay decline. Effective dementia care requires continuous, holistic, and integrated services across all stages, from early detection to end-of-life care. The WHO recommends a seven-stage model of care, , and many countries have introduced national strategies emphasizing early detection, caregiver support, and community-based care.

Diagnosis commonly involves cognitive screening tools like the MMSE and MoCA, with additional tests to determine dementia subtype. Pharmacological treatments can be used for mild-to-moderate AD and even or even for severe stages. Non-pharmacological approaches (e.g., cognitive training, music or art/music therapy, physical exercise, and dietary changes) are also widely recommended to support cognitive and physical health.

As symptoms worsen, end-of-life care becomes essential, emphasizing comfort, managing symptoms, and reducing unnecessary interventions. While palliative care models across the European Union are underscored, some countries report suboptimal end-of-life care and dying experience in nursing homes. Key challenges include delayed diagnosis, inadequate caregiver support, and limited public awareness. Addressing these requires global commitment to community-based services, policy integration, scientific research, and social acceptance to ensure better outcomes for individuals with dementia and their families.

The utility of word list and story recall for identifying older U.S. Chinese immigrants with cognitive impairment

Memory tests are an imperative component of neuropsychological assessments, particularly in the assessment of dementia. Currently, there is limited literature regarding the use of word lists and story memory tests in older Chinese immigrants with limited English. Given the gap in the literature, the current study aimed to investigate the following: 1) the use of Chinese-language translations of story and word list memory tests in differentiating cognitive diagnoses (i.e., differentiating between normal aging, MCI, and dementia); and 2) comparing the predictive accuracy of these tests. To study these 2 aims, 210 Chinese immigrants (ages 60 and over) were enrolled into the Alzheimer's Disease Research Center (ADRC) at Ichan School of Medicine at Mount Sinai and asked to complete a battery of Chinese-language translations of cognitive tests. Specific to verbal memory tests, participants completed the Logical Memory subtests of the Wechsler Memory Scale Fourth Edition and Philadelphia Verbal Learning Test. The results supported that translated version of these tests was able to differentiate between normal controls, participants with MCI, and dementia. Moreover, the results were suggestive that delayed recall measures were the most sensitive in detecting MCI and dementia groups compared to immediate or recognition measures. Overall, the findings of this study support that these translated tests may have diagnostic value for older U.S. Chinese immigrants.

INS CONFERENCE 2025
TRANSLATIONAL SCIENCE FOR BRAIN HEALTH EQUITY

NEW ORLEANS, LOUISIANA
FEBRUARY 12-15, 2025

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新年好　恭喜发财　새해 복 많이 받으세요　CHÚC MỪNG NĂM MỚI

WELCOME 2025!

CELEBRATING NEW YEAR ACROSS ASIAN CULTURES

BY NUMFON VILAY, M.S.

AS WE STEP INTO 2025, MANY ASIAN COMMUNITIES AROUND THE WORLD HONOR THE NEW YEAR WITH CELEBRATIONS RICH IN TRADITION, CULTURAL PRIDE, AND A STRONG SENSE OF TOGETHERNESS. ACROSS EAST, SOUTHEAST, AND SOUTH ASIA, DIVERSE CUSTOMS MARK THE ARRIVAL OF THE NEW YEAR—EACH WITH ITS OWN DISTINCTIVE RITUALS AND MEANINGS. DESPITE THEIR DIFFERENCES, THESE CELEBRATIONS ARE UNITED BY SHARED VALUES OF HOPE, RENEWAL, REFLECTION, AND REVERENCE FOR ELDERS.

สะบายดีปีใหม่　สุขสันต์วันปีใหม่　புத்தாண்டு வாழ்த்துக்கள்　শুভ নববর্ষ

EAST ASIAN LUNAR NEW YEAR

Chinese New Year marks the beginning of the lunar calendar and typically falls between late January and February. It spans 15 days of festivities, featuring symbolic foods, red envelopes (hongbao), lion and dragon dances, and fireworks to chase away bad luck. Each year is associated with a zodiac animal, shaping traditions and themes for the year ahead. 2025 marks the year of the snake!

Tết shares the same lunar calendar date as Chinese New Year but reflects unique Vietnamese customs. It emphasizes honoring ancestors, cleaning the home to sweep away bad luck, and preparing traditional foods like sticky rice cake (bánh chung/bánh tết). Families gather to welcome a fresh start and pay respects to elders in vibrant, flower-filled celebrations.

One of Korea's major holidays, Seollal, also emphasizes honoring ancestors and family harmony as part of their new year's celebrations. Seollal is marked by wearing traditional hanbok, playing folk games, and performing a deep bow to elders for blessings (sebae). Families come together to prepare and eat rice cake soup (tteokguk) symbolizing growing a year older, as well as other delicious foods such as mandu and jeon.

SOUTHEAST ASIAN NEW YEARS

For Southeast Asian countries, their New Year celebrations occur in mid-April and are centered around water, both symbolically and literally. Songkran in Thailand, Pi Mai in Laos, and Khmer New Year in Cambodia feature joyful water fights to wash away bad luck and sins. It symbolizes a time for purification, renewal, and showing respect to elders. These multi-day festivals blend spiritual rituals at temples with vibrant street celebrations and community events.

SOUTH ASIAN NEW YEARS

Falling in April, Sri Lankan (Avurudu) and Tamil (Puthandu) New Year celebrations follow solar calendars. Marked by astrological timings, people welcome the new year with rituals like lighting oil lamps, making traditional sweets, and engaging in community games such as sack races and balancing games. It is a time of harmony, renewal, and reconnecting with cultural values. The new year is marked by activities such as cleaning the home, decorating with kolams, wearing new clothes, visiting temples, and enjoying a traditional feast. This feast includes a table laid out with oil lamps, milk rice, and a variety of accompanying traditional sweets.

Celebrated on April 14 or 15, Pohela Boishakh marks the first day of the Bengali calendar and is based on the spring festival. The festival is called 'Noboborsho' or 'Borsho Boron Utshab'. It is a secular, vibrant celebration filled with colorful processions (Mangal Shobhajatra), music, and fairs. People wear red and white, enjoy traditional foods, and greet each other with "Shuvo Noboborsho"- Happy New Year! People also clean their houses and decorate their homes, yards, streets, and walls with traditional designs called 'Alpana' (an old custom).

Asian Neuropsychological Association

E-mail us at **newsletter@the-ana.org**