



## INTERNATIONAL NEUROPSYCHOLOGICAL SOCIETY LIAISON COMMITTEE NEWSLETTER

### *Presidential Message*

**By Leslie J Gonzalez Rothi, Ph.D.**

Brain Rehabilitation Research Center  
VAMC (151A)  
1601 SW Archer Road  
Gainesville, Florida 32608  
Tel: +(352)-376-1611 ext. 6603  
Fax: +(352)-379-2332  
Email: [gonzaljr@neurology.ufl.edu](mailto:gonzaljr@neurology.ufl.edu)

Welcome to another issue of INS NET. In this issue we focus on the training and practice of neuropsychology in a wide variety of locations in the Pacific Rim, each with its own languages, cultures, and influences. This issue testifies to the commonality of our mission in neuropsychology to understand brain-behavior relationships at the same time that it underscores the tremendous diversity of the contexts in which we operate. And the diversity of our various communities, cultures, and languages can often inhibit our opportunities to embrace our common mission. Recognizing this, the Board of Governors of INS established a subcommittee on international membership to identify ways to enable active participation by INS members of diverse cultures, communities and languages. This Diversity Subcommittee includes Lucia Braga (Brazil), Michael Corballis, New Zealand, Edward De Haan (The Netherlands), Michael Kopelman (England), Bernice Marcopulos, USA, and Ann Watts (South Africa) who serves as chair. I urge any of you who have thoughts on this issue to

communicate directly with the subcommittee members.

### *Message from the Chair*

The recent INS meeting in Stockholm was excellent. The local organizers did a superb job preparing a meeting with stimulating scientific content, combined with social venues to allow for more intermingling of conference attendees.



*Elizabeth Warrington and Anne-Lise Christensen enjoying the INS reception at the Stockholm City Hall*

There were many opportunities to share ideas and experiences, and to begin joint clinical and research ventures across cultures and geographical regions. For instance, an impromptu meeting was organized by Dr. Gunilla Oberg of Denmark to establish an interest group devoted to transcultural assessment issues. Approximately 20 people attended this meeting with a strong interest in generating ideas for more valid assessments, such as collaborative norms projects.

We are currently trying to organize an e-mail discussion group devoted to cross-cultural issues. If you are interested in joining this discussion group, please contact Dr. Oberg ([idgo@dadlnet.dk](mailto:idgo@dadlnet.dk)) or me ([bmarcopulos@ilc-ins.org](mailto:bmarcopulos@ilc-ins.org)). Also, don't forget to visit the International Liaison Committee website ([www.ilc-ins.org](http://www.ilc-ins.org)) for more information on our programs.

Bernice A. Marcopulos, Ph.D., ABPP-CN

### *Special Feature: Neuropsychology in the Pacific Rim*

#### **Culturally sensitive strategies for practicing neuropsychology in Hawaii**

Daryl Fujii, Ph.D., ABPP-CN  
Department of Psychology  
Hawaii State Hospital  
45-710 Keaahala Road  
Kaneohe, Hawaii 96744  
Tel: +(808) 236-8493  
Fax: +(808) 247-7335  
E-mail: [defujii@hsh.health.state.hi.us](mailto:defujii@hsh.health.state.hi.us)

Douglas Umetsu, Ph.D., ABPP-CN  
Neuropsychology Service  
Department of Psychology  
Tripler Army Medical Center  
1 Jarrett White Road  
Honolulu, HI 96859-5000  
Tel: +(808)-433-1498  
Fax: +(808)-433-1466  
Email:  
[Douglas.Umetsu@haw.tamc.amedd.army.mil](mailto:Douglas.Umetsu@haw.tamc.amedd.army.mil)

Tanya J. Schwartz, Ph.D., ABPP-CN  
Rehabilitation Hospital of the Pacific  
226 North Kuakini Street  
Honolulu, HI 96817  
Tel: +(808)566-3761  
Fax: +(808)566-3859  
E-mail: [tanyaschwartz@hawaii.rr.com](mailto:tanyaschwartz@hawaii.rr.com)

Gayle Hostetter, Ph.D., ABPP-CN  
KCPC, Kapiolani Medical Center for  
Women and Children  
Harbor Court, 22nd Floor  
55 Merchant Street  
Honolulu, HI 96813  
Tel: +(808)-535-7700  
Fac: +(808)-535-7722  
E-mail: [gayleh@kapiolani.org](mailto:gayleh@kapiolani.org)

Practicing neuropsychology in Hawaii can be challenging given the unique diversity of ethnic groups. According to the 2000 census, the ethnic breakdown in Hawaii is 41.6% Asian, 24.3% Caucasian, 9.4% part-Hawaiian/Pacific Islander, 1.8% African-American, 1.6% other. In Hawaii, working with ethnic populations that are minorities in other parts of the United States is standard.



In working with minority populations, cultural awareness is essential. Familiarity with the American Psychological Association Board of Ethnic Minority Affairs (1993) cultural guidelines and culturally fair conceptualization of cognitive functioning as proposed by Nell (2000) are important to develop a culturally aware mindset on working with minorities.

Equally important is practical understanding of the different cultures, their beliefs, language, educational systems, and their traditions. This knowledge is essential for interpreting test results within a proper context, and also guides the development of rapport

to elicit the client's optimal performance. Familiarity with the client's culture can be directly obtained by asking the person or their family to educate you about themselves. When requesting such information it is important to remember to be respectful of cultural differences. Books such as *People and Cultures of Hawaii* (McDermott et al., 1980) are informative.

Familiarity with the cultures that have been in Hawaii for generations leads to the understanding that these groups do not automatically need unique culture-based modifications since they have been well-assimilated into the U.S. culture. The more challenging cases are immigrant populations with English as a second language and who primarily are non-English speaking. In Hawaii many of these people may immigrate from the Philippines, Vietnam, Thailand, Samoa, Tonga, and Korea. Optimally, the assessment would be done by a neuropsychologist fluent in the language and/or culture, who possibly might even be of the same ethnicity. However, the availability of such a professional may be limited depending on the locale and culture of the client.

Due to the limited validity of standardized tests with non-Western cultures, a multi-method approach should be employed, with history taking and observations becoming much more salient in the assessment process. Of particular importance is obtaining information from collateral sources about functional changes in the client and understanding what behavior is considered normal in the client's ethnic and sociocultural context. For example, what is the norm for someone who comes from a Laotian farming community with little formal education? Recognition of the client's behavior in relation to neurobehavioral syndromes can help corroborate hypotheses about cerebral dysfunction.

Test selection may emphasize nonverbal tasks with the caveat that these tests are often not 'culturally fair' but may be relatively less language-dependent. When possible, it is preferable to use

translators who have been educated about the testing process and who are not giving answers or cues to the client. Nonstandardized test administrations and testing of limits can provide qualitatively useful information. However, it is important to document non-standardized administration in reports.



Test interpretation can be better refined with local norms. Since such norms are typically not available, clinicians should take a cautious, conservative approach in reporting cognitive strengths and weaknesses in test performance. All test interpretations and diagnoses should be tentative with abundant qualification of results.

American Psychological Association Board of Ethnic Minority Affairs. (1993). Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations. *American Psychologist*, 48, 45-48.

Nell, V. (2000). *Cross-cultural neuropsychological assessment: Theory and practice*. Mahwah, New Jersey: Lawrence Erlbaum Associates.

McDermott, J., Tseng, W. S., & Maretzki, T. W. (1980). *People and cultures of Hawaii*. Hawaii: University of Hawaii Press.

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### Being a neuropsychologist on Guam

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Pamina J. Hofer, Ph.D.  
University of Guam Station  
PO Box 5208  
Mangilao, GU 96923-5208, USA  
Tel. +(671) 734-0382 ext. 9694  
Fax. +(671) 734-0393  
E-mail: [dr.pamina@hofer.com](mailto:dr.pamina@hofer.com)

Being a neuropsychologist on Guam means never having to say you're sorry.

(There aren't any others – who will know if what you're saying is true?). It lends a new meaning to 'ethical', as there aren't any colleagues to peer over your shoulders or mutter expletives at your interpretations of results. It means you have to work extra hard and be 'overly' concerned that you're not getting lazy in your adherence to standardized procedures – especially since few of the patients have ever seen (or will ever see) a psychologist again.

Of course, being a neuropsychologist on Guam means there are no normative data. Not really. Not for the clients who speak languages typically undocumented in the normative literature (Chamorro, Guam's indigenous tongue; Palauan; Chuukese; Ilocano or Tagalog, the primary languages of the Philippines; Japanese; Mandarin Chinese; Korean; or Vietnamese). This is even more important for the offspring of 'mixed' marriages – such as Turkish/American, Chinese/Filipino, or Japanese/Chamorro. And where documentation for bilinguals exists, there is a dearth of literature on individuals who are tri- or quadrilingual.



Being a neuropsychologist on Guam means being unable to find M.A. level graduate students to assist with research, as there is no Ph.D. program on the island. The excellent students whom you try to encourage to go on with graduate studies end up taking jobs in the government, and typically make \$40K plus benefits their first year. Being a neuropsychologist on Guam means seeing families that have an

average of 8 children – so genetically-related difficulties such as AD/HD and learning disabilities abound. However, you can never be certain a child meets the DSM criteria that “intelligence testing procedures reflect adequate attention to the individual's ethnic or cultural background”, as none of the Pacific Island children have the “relevant characteristics ...represented in the standardization sample”. It's also difficult to differentiate Learning Disorders from “normal variations in academic attainment” or from “lack of opportunity, poor teaching, or cultural factors.” The public schools never have enough certified teachers, so they use school aides (some of whom don't have high school diplomas) to teach. Fewer than 50% of students who enter high school graduate, and there are never enough books for every child to have their own. (This year, they've also asked children to bring their own toilet paper).

Being a neuropsychologist on Guam means being required to function like a 'Mom and Pop' store: Doing any or all of the functions of a clinical psychologist, from University lecturing to AD/HD evaluations, to assessment of seminary candidates, including a Rorschach. It means having children, adolescents, adults, and older adults as clients – most of whom do not speak English as a first language. It means leaving the office to do feedback sessions in schools, as well as all too frequently being called to court. It means performing fitness for duty assessments on police department members, tests of malingering on criminal defendants, and behavior management plans for adults with dual (MR/schizophrenia) diagnoses.

Being a neuropsychologist on Guam means assessing patients with late stage dementia secondary to syphilis and children who've had viral encephalitis. It means explaining to families that there are better ways to treat sundowning than tying Grandma to a tree. It means assisting with the evaluation of Kurdish and Burmese refugees, temporarily on Guam after they've been salvaged from war zones. It means performing

emergency therapy after airline crashes. It means routinely evaluating head injuries in children who were riding in the back of pickup trucks (which is legal as long as an adult was back there too), and attending funerals for bicycle riders who didn't wear a helmet.

Being a neuropsychologist on Guam means never being farther than 9 miles from a beach, never enduring temperatures below 75 degrees Fahrenheit, and never going a week without seeing a full and brightly colored rainbow. It means being surrounded by coral reef, being able to put your face in the water (as warm as any bath) for a snorkel and feeling as though you're swimming in an aquarium. It means having neighbors who complain if you don't borrow anything. It means forgetting what it's like to wear closed shoes or pantyhose. It also means having colleagues who wonder at your lack of a tan, and marvel that you can be as Type A here as anywhere in the world.

Being a neuropsychologist on Guam means feeling needed, and feeling as though your 10-hour days were never enough.

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### The practice of clinical neuropsychology in the Philippines

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Lourdes K. Ledesma, Ph.D.  
Neurodevelopmental Center  
St. Luke's Medical Center  
279 E. Rodriguez Sr. Blvd.  
Quezon City  
1102 Philippines  
Tel: +(632) 892-7205  
Fax: +(632) 816-4798  
Email: [lkledsma@info.com.ph](mailto:lkledsma@info.com.ph)

In the mid 1970s an exchange program between the University of the Philippines and the French government led to the training of the first three neuropsychologists in the Philippines. One was a neurologist, one a neurosurgeon, and the third a nurse. All of them were connected with the University of the Philippines –

Philippine General Hospital – the largest tertiary care facility in the country. However, upon their return, they did not engage in the practice of neuropsychology but instead returned to their respective specialties. Hence, it was only when I arrived from Boston in 1980 that the first neuropsychological assessment clinic was established.



Today, clinical neuropsychology as a sub-specialty is highly valued, especially among medical practitioners, educators, and families of patients in need of this service. Currently, there are 4 centers in metro Manila that conduct neuropsychological assessments. Two are in private hospitals and two are in government hospitals that cater to indigent patients. The two clinics that attend to pediatric cases are part of multi-disciplinary units composed of child neurologists, developmental pediatricians, child psychiatrists, occupational therapists, speech therapists, as well as special educators. The two clinics that work with adult cases are part of the Neurology departments of the hospitals they are located in.

Patients from all over the country have to come to Manila for their assessment. With such cases, we have to formulate recommendations that can be implemented by regular teachers, family members and caregivers since there are no special education or rehabilitation

facilities in many of the provincial areas. Presently, there is no university that offers a formal degree program in clinical neuropsychology. Rather, this is offered as a course within clinical psychology in a few institutions like the University of the Philippines, Diliman campus. In addition, students who are interested in learning more about the specialty have an opportunity to train in any of the four centers under my supervision.

Over the past 22 years, there have been 3 other neuropsychologists who have trained in the United States. One is no longer practicing, another has opted to remain in the United States, but the third has returned to work with me in one of the pediatric clinics.

The practice of clinical neuropsychology in a developing country with a multi-lingual population like the Philippines is challenging to say the least. Due to the disparity among the various socio-economic groups, western developed tools are often not applicable to patients with limited educational opportunities who reside in deprived communities. Hence, one of our thrusts in research is to develop methods and materials that are appropriate to the Filipino population. Among these is a quick screening tool for pre-schoolers at risk for developing learning disabilities based on an indigenous game called “piko” that is similar to hopscotch. Another is a screening scale for dementia designed for our elderly with minimal or no literacy. Understandably, limited funding sources contribute to the challenges we face and force us to be creative in solving the problems we are faced with.

There are also no epidemiological studies for any of the conditions that benefit from a neuropsychological evaluation. At the moment, our other researches focus on baseline studies on autism, language delays, learning disabilities, dementia, stroke, and the like, in the hopes that these will eventually evolve into well-designed epidemiologic studies

In response to the need for more clinical neuropsychologists in the country, the

College of Medicine of the University of the Philippines, spearheaded by the Department of Neurosciences at the Philippine General Hospital, is proposing a Master’s of Science in the Neurosciences with Clinical Neuropsychology as one of the tracks. The program will be based on that recommended by Division 40 of the American Psychological Association. Hopefully, in due time, this sub-specialty – which is very much in its infancy in the Philippines – will be able to contribute its share to the vast and ever-growing knowledge base of neuropsychology.

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### Neuropsychology in Columbia

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David A Pineda, MD, MSc.  
Asociacion Colombiana de Neuropsicologia  
Carrera 46# 2-SUR-45 OF.254  
Medellin - Colombia  
Tel: +(574) 311-9993  
Fax: +(574) 573-0865  
Email: [dpineda@epm.net.co](mailto:dpineda@epm.net.co)

Alfredo Ardila, Ph.D.  
12230 NW 8<sup>th</sup> Street  
Miami Fl 33182  
Tel: 305-5517975  
Email: [ALFREDOARDILA@cs.com](mailto:ALFREDOARDILA@cs.com)

Sporadic descriptions of neuropsychological disorders (e.g., aphasia) are found since the beginnings of psychiatric and neurological practice in Colombia. In 1963 A. Rosselli presented the first clinical description of the dementia associated with normal pressure hydrocephalus, further analyzed by S. Hakim y R. Adams. During the late 1970’s some neuropsychological practice occurred at the Neurological Institute of Colombia and the *Hospital Militar Central* (Bogota).

In August 1980 the Neurological Institute of Colombia organized an International Meeting of Neuropsychology in Bogota. Over 700



participants representing 14 different countries attended this meeting. In 1982 the Colombian Association of Neuropsychology (*Asociación Colombiana de Neuropsicología*) was founded, beginning with an original gathering of about 30 members, not only neuropsychologists, but also linguists, neurologists, psychiatrists, and speech pathologists. During 1982 and 1983 an unsuccessful attempt was made to create a graduate program in neuropsychology, with the assistance of a collaboration between the Neurological Institute of Colombia and the University of *Los Andes*.

During the early 1980s over two dozen papers dealing with neuropsychology topics were published by the journal *Neurología en Colombia*. In addition, two monographs (*Neuropsychological Assessment and Aphasia*) were also published. The *Asociación Colombiana de Neuropsicología* began a series of courses on neuropsychological topics that ultimately would result in the publication of over a dozen books and monographs. These significantly contributed to the further development of neuropsychology in Colombia.

During 1982-1985 the *Boletín, Sociedad Latinoamericana de Neuropsicología* (Bulletin Latin American Society of Neuropsychology) was published. The Bulletin was printed in Mexico but sourced from Colombia. This Bulletin represented a major communication link among the different neuropsychology groups in Latin America. It also marked the initial step in the creation of a Latin American Society of Neuropsychology.

In 1986 another neuropsychological society was created in Medellín, Colombia: *Sociedad Neuropsicológica de Antioquia* (SONA), which has been working to follow the *Asociación Colombiana de Neuropsicología*. More than 50 international papers have been published by the members of both the Colombian neuropsychological societies. In 1993 the first Masters Program of neuropsychology in South America was created by Dr. David A Pineda. It began

in the Universidad de San Buenaventura de Medellín with 10 graduate students and was led by Dr. Alfredo Ardila. This Masters Program has graduated 25 neuropsychologists, who are working as professors in different universities of Colombia, Ecuador, Puerto Rico and México. At this moment 22 students are currently enrolled in the program.



The Masters Program has generated a group of researchers, *Grupo de Neuropsicología y Conducta*, which is recognized as the official research group by the Colombian Department of Science and Technology (*Colciencias*). More than 15 projects have been developed, and more than 30 international papers have been published, by this group. A journal – *Revista de Neuropsicología, Neuropsiquiatría y Neurociencias* – was founded in 1999 with the participation of all Colombian neuropsychological associations and the *Asociación Latinoamericana de Neuropsicología*. This journal has published four volumes of two issues each.

In 1994 the *Grupo de Neurociencias de Antioquia* was formed by Dr. Francisco Lopera. This group has worked on the neuropsychology and genetics of hereditary Alzheimer's disease, caused by a PS1 mutation. In addition, this group is developing an international collaborative project on the genetics of attention deficit and hyperactivity disorder (ADHD) with the National Institute of Mental Health (NIMH). Five international papers on this project were published during 2000-2001.

Two international congresses (*Congreso*

*de cerebro y mente*) were celebrated in Colombia in April 1999 and 2001, with more than 400 participants, which have integrated the presentations of research on neuropsychiatry, neuropsychology, cognitive neuroscience, behavioral neurology and learning disabilities. The third version of this meeting will be on April 22<sup>nd</sup> – 25<sup>th</sup> 2003 in Medellín, Colombia, with invited professors from Spain, Mexico, Puerto Rico, the United States and Costa Rica. Topics of this meeting will include the neuro-psychology of the emotions, of substance abuse, and of learning disabilities.

Neuropsychology as a discipline has a consolidated and strong position in Colombia, as reflected in the many and varied professional and research activities, including a very recognized production of international professors, papers, projects and meetings.

The address for correspondence with ACNPs - SONA is as follows:

ACNPs - SONA  
 Grupo de Neurociencias  
 Universidad de Antioquia  
 Calle 62 # 52-72  
 Medellín- Colombia  
**Tel:** (574) 5106920  
 (574) 5106922  
 (574) 5106923  
**Fax:** (574) 5730865  
**E-mail:** dpineda@epm.net.co

### ***Vivian Smith Advanced Studies Institute 2002***

"Language and the Brain," the first annual summer institute sponsored by the Vivian Smith Advanced Studies Institute, took place June 19 to July 17, 2002, in Xylocastro, Greece. Participants were required to have either completed at least one year of graduate study in neuropsychology or be second-year residents in neurology or psychiatry. Seventy-one students from

nineteen countries attended. Final selection was based upon academic standing, demonstrated interest as outlined in an essay, a letter of reference, and proficiency in English, the language of the Institute. Financial support included all tuition and a stipend of \$1000 for hotels and meals.

This four-week learning experience, designed to promote knowledge and increase professional contacts, offered fourteen courses taught by seventeen international instructors. Students were required to take a total of forty hours in such courses as Neurolinguistic Aspects of Bilingualism, Developmental Dyslexia and Cognitive Neurolinguistics. Upon completion, students received certificates of attendance. In addition, students had the option of obtaining course credits from their home institutions.

The city of Xylocastro provided an array of free services for the Institute and its participants -- ground transportation from Athens International Airport to Xylocastro, classroom space with internet connections, 15% discounts at a number of local restaurants, and transportation expenses for a one-day excursion.



Xylocastro is located about 75 miles from Athens and is only a short distance from the archeological sites of Olympia, Delphi, Mycena, Korinth, and Epidavros. Participants also had free access to many of the city's summer activities, including concerts, theater performances, and athletic facilities. Planning for the 2003 summer institute, to be held again in Xylocastro, is

currently underway. Top researchers in the field will be invited to teach courses on the topic of "Memory and Amnesia." For more information, go to: <http://www.uth.tmc.edu/clinicalneuro/institute>

### First-hand Report

Alberto Luis Fernandez  
 Instituto de Neuropsicología  
 Arquitecto Thays 60  
 Nueva Cordoba CP 5000  
 Cordoba, 5000  
 Argentina  
 Tel: +(54) 351-464-9283  
 Fax: +(54) 351-464-9283  
 Email: [neuorehab@onenet.com.ar](mailto:neuorehab@onenet.com.ar)

Last summer I had the opportunity of participating in the Vivian Smith Advanced Studies Institute held in Xylocastro, Greece. The topic was the neuropsychology of language and the experience of taking these courses was one of the happiest periods of my life.

First, I must highlight the quality of the teachers. I took courses with Dr. Andrew Kertesz, Dr. Carlo Semenza, Dr. David Francis and Dr. Jack Fletcher. Updated information and the attitudes of the teachers, who were open to discussing their data, made them very profitable. The courses were organized with theoretical and clinical data in some cases, which gave me a clear picture of aphasic and dyslexic disorders. Although I could take only three courses out of many offered, I know from the other students that they share my feelings.

Secondly, I would like to highlight the special atmosphere. One of the main components was the heterogeneity of our group of more than seventy students from all around the world. This cosmopolitan group was very enriching because it allowed us to see a different point of view of the practice of our discipline as well as to know different idiosyncrasies.

The other ingredient was the natural environment itself. Xylocastro is a small town with few hotels. This proximity allowed us to share social gatherings and

travels, which led to the development of strong social and personal links. In some cases they were so strong that it was really hard to say goodbye.

Furthermore, as a consequence of these relationships, interesting professional links were developed that will last beyond our participation in these seminars. For instance, with the help of one of my classmates I contacted other people working in the cross-cultural neuropsychology field. This is something I have been trying fruitlessly to achieve for two years.

Finally, I would like to recognize the hard work and good disposition of the organizers. We all know how difficult and laborious it is to organize such an event. To coordinate so many aspects and so many people living in different places is strenuous. However, the good will of both the American and local organizers made the seminars run smoothly.

In summary, the experience makes a great contribution to the field of neuropsychology by promoting both scientific and social interchanges among people from all over the world who are working in neuropsychology. Last but not least, I'd like to thank Dr. Marcopulos of the International Liaison Committee and Michelle Fitzgerald, organizer of the seminars, who helped me to be there.

### *Featured Local Neuropsychological Society*

#### **The Hong Kong Neuropsychological Association (HKNA)**

The HKNA was established in October 1998. It aims to promote the advancement of knowledge in neuropsychology among local practitioners and to encourage and facilitate clinical and theoretical research in neuropsychology in Hong

Kong. It also aims to promote and facilitate communication with relevant professional organizations within the local community, mainland and overseas. After 4 years of development, the HKNA has become a forum for local professionals who are interested in neuropsychology to share ideas and to collaborate.

The activities of the Association include regular professional meetings, organizing interest/discussion groups, holding seminars/workshops by local and overseas speakers, and conducting research and publication of a quarterly newsletter. Membership is open to all professions related to neuropsychology.

Our connection and communication with overseas professionals is substantial. The Association consists of well-known overseas advisors including Dr. Marilyn Albert, Dr. Dean Delis, Dr. Igor Grant, and Dr. David Salmon. The HKNA has organized several workshops, one by Dr. Edith Kaplan in 1998 and another by Dr. Robert Heaton in 2000.

For individuals interested in our association, or wanting further information, please contact:

Dr. Agnes Chan  
([aschan@psy.cuhk.edu.hk](mailto:aschan@psy.cuhk.edu.hk))  
or Ms. Sonia Chang  
([sysonia@netvigator.com](mailto:sysonia@netvigator.com)).

### **Facts about Hawaii, The Aloha State**

The state of Hawaii consists of eight main islands: Niihau, Kauai, Oahu, Maui, Molokai, Lanai, Kahoolawe and the Big Island of Hawaii. The Hawaiian Archipelago includes over 130 scattered points of land stretching some 1,600 miles in length from the Kure Atoll in the north to the Island of Hawaii in the south. Hawaii is the most isolated population center on the face of the earth. Hawaii is 2,390 miles from California; 3,850 miles from Japan; 4,900 miles from China; and 5,280 miles from the Philippines.

Approximately 1.2 million people live in

Hawaii. There are no racial or ethnic majorities in Hawaii; everyone is a minority. Caucasians (Haoles) constitute about 34%; Japanese-American about 32%; Filipino-American about 16% and Chinese-American about 5%.

Honolulu, on the island of Oahu, is the largest city in the world -- at least it has the longest borders. According to the state constitution, any island (or islet) not named as belonging to a county belongs to Honolulu. This makes all islands within the Hawaiian Archipelago that stretch to Midway Island (1,500 miles northwest of Hawaii) part of Honolulu. Honolulu officially then is about 1,500 miles long or longer in total distance than halfway across the 48 contiguous US states.

***Come join us!***  
**INS 31<sup>st</sup> Annual Meeting**  
**February 5-8, 2003**  
**Honolulu, Hawaii, USA**

Each of Hawaii's nine largest islands has its own symbol. These symbols are used in Hawaiian leis. All are native to Hawaii or were introduced by early Polynesian voyagers except for the Maui rose. The Ilima (Sida fallax) leis of Oahu are among the most treasured. They are very hard to make, yet only last a few hours. Ilima plants were probably the only ones cultivated by early Hawaiians as lei flowers. At one time, only royalty were allowed to wear ilima leis. The flowers of the ilima plant were once used as a laxative for children, and the root bark mixed with the flowers was used as an asthma remedy.

The Hawaiian flag was designed at the request of King Kamehameha I. It has eight stripes of white, red and blue representing the eight main islands of the archipelago. The flag of Great Britain is emblazoned in the upper left corner to honor Hawaii's friendship with the British. The combination of the stripes of

the US flag and the Union Jack of Great Britain is said to have pleased the merchant shippers of both nations. This flag was adopted for official state use in 1959.



The official flower of Hawaii is the Hibiscus or Pua Aloalo. The official bird of Hawaii is the Nene Goose.

### ***Featured Neuropsychological Conference***

#### **Conference on Transcultural Neuropsychology**

**Date:** December 3-4, 2002

**Location:** Copenhagen, Denmark

#### **Registration and Secretariat**

Danish Resource Center for Brain Injury (Videnscenter for Hjerneskaede), Sanatorievej 26, 7140 Stouby, tel.: (45) 7589 7877  
e-mail: [info@vfhj.dk](mailto:info@vfhj.dk)

**Abstract deadline:** October 26, 2002

Submissions to

[idgo@dadlnet.dk](mailto:idgo@dadlnet.dk)

#### **Websites:**

[www.vfhj.dk](http://www.vfhj.dk)

[www.neuropsychologi.dk](http://www.neuropsychologi.dk)

#### **Participants**

Day one will be devoted to topics of interest for a wide range of professionals who provide diagnostic services, care, therapy, rehabilitation or other forms of assistance to individuals who are, or are suspected of being, afflicted with brain dysfunction. Day two will focus more narrowly on neuropsychological issues, particularly on assessment of neuropsychological functions. This program mainly will be of interest to neuropsychologists, but other participants are welcome.

**Language:** English

**Location:** Borups Højskole, Frederiksholms Kanal 24 in the heart of Copenhagen. The area is well served with public buses.

**Fees:** 500 Danish crowns for the first day only, 1000 crowns for both days. Buffet lunches and refreshments are included in the price.

### **BOOK DEPOSITORY**

The B&J Depository now has quite an inventory of materials, the titles of which can be reviewed at the ILC website. If you are affiliated with a university or college neuropsychology program in need of additional materials for their students, please visit the website, fill out an application and email it in. We look forward to hearing from you.

**Genevieve Riley, Ph.D.**  
Email: [genre1302@webtv.net](mailto:genre1302@webtv.net)

### **Conference Bulletin Board**

**Society for Neuroscience 32<sup>nd</sup> Annual Conference**  
**Date:** November 2-7, 2002  
**Location:** Orlando, Florida  
**Website:**  
<http://apu.sfn.org/AM2002Splash.cfm>

**6<sup>th</sup> International Conference: Alzheimer's Disease/Parkinson's Disease**  
**Date:** May 8-12, 2003  
**Location:** Seville, Spain  
**Abstract Deadline:** Dec. 1, '02  
**Website:**  
<http://www.kenes.com/adpd/call.htm>

**5th World Congress on Brain Injury**  
**Date:** May 23-26, 2003  
**Location:** Stockholm, Sweden  
Call for abstracts deadline Feb. 4, 2003  
**Website:**  
[www.congrex.se/braininjury](http://www.congrex.se/braininjury)

**25<sup>th</sup> International Epilepsy Congress**  
**Date:** October 12-16, 2003  
**Location:** Tunis, Tunisia  
**Email:** [info@epilepsycongress.org](mailto:info@epilepsycongress.org)  
**Website:**  
<http://www.epilepsycongress.org>

### **Future INS Meetings**

**INS 31<sup>th</sup> Annual Meeting**  
**February 5-8, 2003, Honolulu, Hawaii, USA**



**INS 25<sup>th</sup> Mid-Year Meeting July 16-19, 2003, Berlin, Germany**

**INS 32<sup>nd</sup> Annual Meeting**  
**February 4-7, 2004, Baltimore, Maryland, USA**

**INS 26<sup>th</sup> Mid-Year Meeting July, July 7-10, 2004, Brisbane, Australia**

If you would like to suggest a location for a future INS conference, or would like more information about upcoming INS conferences, contact the INS office (INS Executive Secretary's Office Tel (614) 263-4200, Fax (614) 263-4366 Email: [osu-ins@postbox.acs.ohio-state.edu](mailto:osu-ins@postbox.acs.ohio-state.edu)) or visit the INS website <http://www.osu.edu/ins/meetinfo.html>

### **International Liaison Committee Members**

**Bernice A. Marcopulos, Chairperson**  
Neuropsychology Lab  
Western State Hospital, Box 2500  
Staunton, VA 24402-2500, USA  
email: [bmarcopulos@ilc-ins.org](mailto:bmarcopulos@ilc-ins.org)

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**Nancy A. Pachana, Editor of INS-Net**  
School of Psychology  
University of Queensland  
Brisbane, QLD 4072  
AUSTRALIA  
email: [npachana@psy.uq.edu.au](mailto:npachana@psy.uq.edu.au)

**Genevieve Riley, Book Depository**  
email: [genre1302@webtv.net](mailto:genre1302@webtv.net)

**Deborah L. Scheffel, Support Consultant Program**  
University of Northern Colorado  
McKee Hall, Room 30  
Greeley, CO 80634, USA  
email: [debora.scheffel@unco.edu](mailto:debora.scheffel@unco.edu)

### **Interesting Web Sites**

For links to many neuropsychology resources check out the following:

**British Neuropsychology**  
<http://www.neuropsychology.co.uk/>

**Brain-Behavior: Neuro Realms**  
<http://www.geocities.com/SoHo/Coffeehouse/6389/divinestra02.html>

**Laboratory of Neuropsychology**  
<http://neuron.nimh.nih.gov/>

**MedFriendly.com**  
<http://www.medfriendly.com>

**International Liaison Committee of the INS**  
<http://www.ilc-ins.com/>

**Editor**  
**Nancy A. Pachana, Ph.D.**  
School of Psychology  
University of Queensland  
Brisbane, QLD 4072  
AUSTRALIA

**Tel (+617) 3365-6832**  
**Fax (+617) 3365-4466**

**Email:**  
**npachana @ psy.uq.edu.au**