

CURRICULUM VITA

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Name: William E. Rinn
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Date of Birth: December 27, 1945
Place of Birth: Detroit, Michigan

Education:
1977 B.A. Wayne State University (Honors Psychology, 2nd major: Sociology)
1982 M.A. State University of New York at Stony Brook (Experimental Psychology)
1983 Ph.D. State University of New York at Stony Brook (Experimental Psychology)

Internships:
1980-1981 Intern in Clinical Neuropsychology, West Haven V. A. Medical Center, West Haven, Connecticut. APA approved internship in Neuropsychology, integrated with Yale Medical School Neurology, Neurosurgery, and Psychiatry residency programs.
1983-1984 Postdoctoral Intern, Division of Neuropsychology, Henry Ford Hospital, Detroit, Michigan. APA approved internship with major focus in neuropsychology, and secondary focus on clinical psychology.

Licensure:
1985 Massachusetts Psychology License
1990 Massachusetts Health Care Provider License

Certifications:
1996 American Psychological Association Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders
1996 Diplomate American Board Of Forensic Examiners

Academic Appointments:
1984-1987 Research Fellow in Neurology, Harvard Medical School
1987- 2001 Instructor in Neurology, Harvard Medical School
2001-2008 Instructor in Psychology, Department of Psychiatry, Harvard Medical School

Hospital Appointments:
1980-1981 Psychology Associate, Clinical Neuropsychology, West Haven Veterans Administration Medical Center, West Haven, Connecticut
1983-1984 Postdoctoral Intern, Division of Neuropsychology, Henry Ford Hospital, Detroit, Michigan
1984-1988 Staff Neuropsychologist, Spaulding Rehabilitation Hospital, Boston Massachusetts
1988-2005 Associate Director of Neuropsychology, Spaulding Rehabilitation Hospital, Boston, Massachusetts
2000-2008 Neuropsychologist, Massachusetts General Hospital
2003-2006 Neuropsychologist, Edith Nourse Rogers VA Medical Center, Bedford Massachusetts
2008- Neuropsychologist, Consulting Staff, Spaulding Rehabilitation Hospital, Boston Massachusetts

Other Professional Positions:

1979,1981 Programmer and Consultant, Social Science Data Laboratory, State University of New York at Stony Brook

Awards:

1976 National Science Foundation Undergraduate Research Grant
1979 Sigma Xi Grant in Aid of Research
1982 State University of New York at Stony Brook, Biomedical Research Award
1982-1983 State University of New York at Stony Brook, Department of Psychology Fellowship Award for Excellence in Research

Memberships:

1977- American Psychological Association
1978- International Neuropsychological Society
1986- Massachusetts Psychological Association
1988- Massachusetts Neuropsychological Society
1996- Member American Board of Forensic Examiners
1996- American Psychological Association Division 50: Addictive Behavior

Research and Clinical Interests:

I maintain an active interest in my early work on the neuropsychology of volitional versus spontaneous behavior, particularly in relation to facial expression, but also in relation to addictive disorders. I have strong clinical and research interests in the addictions, and I have conducted complete neuropsychological and addiction assessments on more than 2500 patients in the Addiction Treatment Program at Spaulding Rehabilitation Hospital. I have conducted research to investigate the predictors of treatment outcome, the cognitive and affective structure of addiction denial, and the prevalence and types of brain damage that are associated with various types of substance abuse. More broadly, I have investigated the underlying cognitive and affective structure of the addictive behavior and its relationship to executive dysfunction. My caseload also includes a substantial focus on traumatic brain injury, neurodegenerative diseases, encephalitis, and vascular encephalopathies. I have a substantial research involvement in determining the nature of spatial attention and its distribution and measurement. A consistent theme in my career has been the development of instruments and procedures for the detection, measurement, and analysis of psychological and neuropsychological functions.

Teaching Experience:

1977 Teaching Assistant, Introductory Psychology, Department of Psychology, State University of New York at Stony Brook
1978,1979 Senior Instructor, Experimental Psychology Laboratory, Department of Psychology, State University of New York at Stony Brook
1979 Teaching Assistant, Research Design, Psychology Department, State University of New York at Stony Brook
1978 Lecturer on hemispheric lateralization for affect: Issues and models. Burke Rehabilitation Center, White Plains, New York
1983 Lecturer on nonverbal communication in the congenitally blind: Anomalies of facial expression in the early visually impaired. New York Association for the Blind.
1985,1986 Lectures on clinical assessment of cognitive status in the elderly. Massachusetts General Hospital Gerontological Graduate Nursing Program.
1986 Lecturer on treating the brain damaged alcoholic. Alcohol Rehabilitation Program, Spaulding Rehabilitation Hospital.
1987 Lecturer on mental decline in normal aging. Grand Rounds, Spaulding Rehabilitation Hospital.
1988 Lecturer on subclinical dementia in the elderly. Grand Rounds, New England Memorial Hospital.

1988 Lecturer on health and dementia in old age. Boston Veterans Administration Outpatient Clinic.

1991 - Faculty member Spaulding-Massachusetts General Hospital Psychiatry Fellowship in Alcoholism and Chemical Dependency

1992 Lecturer on anosognosia and addiction denial. Physicians Wednesday Conference, Spaulding Rehabilitation Hospital.

1993 - 2007 Lecturer on assessment of alcohol related brain damage. Psychology Interns, Massachusetts General Hospital, Psychological Assessment Center

1994 Lecturer on substance abuse and disorders of communication. Conference sponsored by Speech & Language and Communications Departments of Massachusetts General Hospital.

1995 Lecturer on substance abuse among head injured persons. Traumatic Brain Injury Program, Spaulding Rehabilitation Hospital.

2003 Lecturer on Neuropsychology of Substance Abuse and Addiction. Boston Psychoanalytic Institute.

2004 - Lecturer on Addiction Neuropsychological Issues, Massachusetts School of Professional

2004 Lecturer on Neuropsychology of Facial Expression. Psychology Interns and postdoctoral fellows, VA Medical Center, Bedford, MA

2004 Lecturer on Motor and Sensory Testing, Psychology Interns and postdoctoral fellows, VA Medical Center, Bedford, MA

2004-2006 Lecturer on Addiction Neuropsychological Issues, graduate students, Massachusetts School of Professional Psychology

2008 Lecturer on Korsakoff's Syndrome and Alcoholic Dementia. Psychological Assessment Center, Massachusetts General Hospital

2008 Lecturer on neuropsychology of volitional vs spontaneous facial movement. Psychology Interns, Massachusetts General Hospital, Psychological Assessment Center

CME Lectures

1987 Lecturer on evaluation of cognitive deterioration in normal aging. One of four presenters In CME course Recent Advances in Geriatric Medicine, Spaulding Rehabilitation Hospital, Harvard Medical School.

1988 Lecturer on role of illness in normal age-related reduction of mental abilities. Guest lecturer at John Bodin Symposium, Middlesex Memorial Hospital, Middletown, Connecticut.

1988 Lecturer on clinical differentiation of dementia from depression in the elderly. Guest lecturer at John Bodin Symposium, Middlesex Memorial Hospital, Middletown, Connecticut.

1992 Lecturer on Alcoholic denial as cognitive deficit. Grand Rounds, CME Lecture, Westborough State Hospital.

1992 Lecturer on Alcohol and brain damage. CME Lecture. Office for Treatment Improvement.

2005 Lecturer on the Structure of Addiction Denial. Grand Rounds CME presentation, Tewksbury Hospital, MA

2007 Lecturer on Traumatic Brain Injury and Alcohol. Grand Rounds CME presentation, Tewksbury Hospital, MA

Principal Clinical and Hospital Service Responsibilities:

1980-1981 Psychology Associate, Clinical Neuropsychology, West Haven V. A. Medical Center. Patients included adults and children with seizure disorders, and adults with stroke, brain tumor, head trauma, neurotoxic insult, mental retardation, psychiatric illness, progressive degenerative neurologic diseases, and patients from neurosurgery program. Activities included neuropsychological assessments, counseling patients and family regarding management of impairments, participation in sodium amytal procedures, development of neuropsychological rehabilitation procedures, and investigation of reduction

in frequency of seizures through psychophysiological interventions.

1983-1984 Postdoctoral Intern, Neuropsychology, Henry Ford Hospital. Eight month rotation in Neuropsychology included neuropsychological assessment, presentations at rounds and hospital conferences on behavioral medicine and child neuropsychology. Four month full time Inpatient Psychiatric rotation, and twelve month part time outpatient psychotherapy rotation; individual and group treatment, with cognitive-behavioral and psychodynamic approaches with a wide spectrum of psychiatric disorders.

1984 - Neuropsychologist, Spaulding Rehabilitation Hospital. Responsibilities include assessment of brain damage in a broad range of patients from all clinical wards of the hospital, development of assessment instruments and procedures, development of statistical database for neuropsychological exam findings, research on anosognosia in strokes, addiction denial, and prediction of treatment outcome in alcoholism and chemical dependency.

1988- 2005 Associate Director of Neuropsychology, Spaulding Rehabilitation Hospital, Boston, Massachusetts. Responsibilities included recruiting, managing personnel issues, test development, coordinating billing issues, monitoring quality and timeliness of Neuropsychology assessments and reports, teaching of psychiatry fellows, and program development in the SRH Chemical Dependency Program.

2003-2005 Neuropsychology contractor Edith Norse Rogers VA Medical Center. Responsibilities include training and supervision of neuropsychology interns, and organization of research projects in neuropsychology and in the addictions.

BIBLIOGRAPHY

Original Reports:

1. Tweedy JR, Rinn WE, Springer SP. Performance asymmetries in dichotic listening: The role of structural and attentional mechanisms. *Neuropsychologia*. 1980;18:331-338.
2. Dwyer JH, Rinn WE. The role of the right hemisphere in contextual inference. *Neuropsychologia*. 1981;19:479-482.
3. Levine DN, Rinn WE. Optico-sensory ataxia and alien hand syndrome following posterior cerebral artery territory infarction. *Neurology* 1986; 36:1094-1097.
4. Levine DN, Calvano R, Rinn WE. The pathogenesis of anosognosia for hemiplegia. *Neurology* 1991; 41:1770-1781.
5. Rinn WE, Desai N, Rosenblatt H, Gastfriend DR. Addiction denial and cognitive dysfunction. *J Neuropsychiatry and Clinical Neuroscience* 2002; 14:1,52-57
6. Rinn WE. Non-alcoholic Korsakoff syndrome: Review and case study. (in preparation, 2008)

Reviews, Book Chapters

1. Rinn WE. The neuropsychology of facial expression: A review of the neurological and psychological mechanisms for producing facial expressions. *Psychological Bulletin* 1984;95:52-77.

2. Rinn, WE. Mental decline in normal aging: A review. *Journal of Geriatric Psychiatry and Neurology* 1988; 1:144-158.
3. Rinn, WE. Neuropsychology of facial expression. In: Feldman R, Rime B, editors. *Fundamentals of nonverbal behavior*, Cambridge & New York: Cambridge University Press; 1991.

Letters to the Editor

1. Rinn WE. In reply: Response to Dr. Strauss' comments on Addiction denial and cognitive dysfunction. *J Neuropsychiatry and Clinical Neuroscience* 2002;
2. Rinn WE. Emotional facial expression and Parkinson's disease: a response to Bowers (2006). *Journal of the International Neuropsychological Society* 2007; 13.

Papers Presented:

1. Novelty RA, Rinn WE, Williamson P, Spencer D. A case of selective cognitive improvement following complete long term remission of intractable psychomotor epilepsy. Paper presented at the meeting of the International Neuropsychological Society, Atlanta, Georgia, 1980, February.
2. Rinn WE, Delaney RC. A simplified procedure for the neuropsychological rehabilitation of patients with disturbances of body schema. Presented at the meeting of the International Neuropsychological Society, Pittsburgh, Pennsylvania, 1982, February.
3. Rinn WE, Friedman C, Meller P. An investigation of the personality correlates of lateral gaze preference and facial asymmetry. Presented at the meeting of the International Neuropsychological Society, Pittsburgh, Pennsylvania, 1982, February.
4. Rinn WE, Friedman C, Meller P. Left face dominance for spontaneous emotional expressions: Neuropsychological implications. Presented at the meeting of the American Psychological Association, Washington, D. C., 1982, August.
5. Rinn WE. Effects of subject age on facial expressive asymmetry. Presented at the meeting of the American Psychological Association, Toronto, Canada, 1984, August.
6. Bleasie S.J., Au R, Du Y, McKee A, Devine S, Rinn W, Denison H, O'Connor M, Beiser A, Cabral H, Auerbach S, Seshadri S, Wolf P, Kaplan E. Relating clock drawing performance and Alzheimer's disease pathology in the Framingham Heart Study. Presented at the meeting of the International Neuropsychological Society, Portland, Oregon, 2007, February. Abstract published in the *Journal of the International Neuropsychological Society*, Volume 13, Supplement S1, February 2007, p 80.
7. Divine S, Rinn W, Denison H, O'Connor M, Au R, Wolf P, Kaplan E. The Framingham Heart Study Clock Scoring Protocol: An introduction. Presented at the meeting of the International Neuropsychological Society, Portland, Oregon, 2007, February. Abstract published in the *Journal of the International Neuropsychological Society*, Volume 13, Supplement S1, February 2007, pp 33-34.
8. Divine S, Au R, Beiser A, Du Y, Denison H, Rinn W, O'Connor M, Seshadri S, O'Connor M, Wolf P, Kaplan E. Normative Data for the Clock Drawing Test: Results from the Framingham Offspring Cohort. Presented at the meeting of the International Neuropsychological Society, Waikoloa, Hawaii, 2008, February. Abstract published in the *Journal of the International Neuropsychological Society*, Volume 14, Supplement S1, February 2008, pp 73-74.

9. Divine S, Au R, Beiser A, Du Y, Denison H, Rinn W, O'Connor M, Seshadri S, O'Connor M, Wolf P, Kaplan E. Clock to Command Drawing Errors in Aging: Norms from the Community-based Framingham Heart Study Offspring. Presented at the meeting of the International Neuropsychological Society, Waikoloa, Hawaii, 2008, February. Abstract published in the Journal of the International Neuropsychological Society, Volume 14, Supplement S1, February 2008, pp 74.
10. Denison H, Au R, Beiser A, McKee A, Himali J, Devine S, Rinn W, O'Connor M, Auerbach S, Seshadri S, Wolf PA, Kaplan E. AD Pathology in Visual Association Cortex linked to Clock Drawing Performance in the Framingham Heart Study. Presented at the meeting of the International Neuropsychological Society, Waikoloa, Hawaii, 2008, February. Abstract published in the Journal of the International Neuropsychological Society, Volume 14, Supplement S1, February 2008, pp 74.
11. Rinn W, Au R, Du Y, Beiser A, Devine S, Denison H, O'Connor M, Seshadri S, Wolf PA, Kaplan E. Normative and Clinical Characteristics of a Clock Drawing Test Protocol Using Large Preprinted Circle Stimuli. Presented at the meeting of the International Neuropsychological Society, Waikoloa, Hawaii, 2008, February. Abstract published in the Journal of the International Neuropsychological Society, Volume 14, Supplement S1, February 2008, pp 74.

Clinical Communication and Nonprint Materials

1. Addiction Recovery Prognosis Inventory. Developed 1987-2002. This is a structured assessment of factors that predict treatment outcome in the addictions, based on published research. I have disseminated this 20 page instrument to students and colleagues beginning in 1987, including a 2001 presentation to Behavioral and Mental Health staff at Spaulding Rehabilitation Hospital.
2. Addiction Denial Questionnaire. Developed 1989-2002. This is a list of eleven carefully crafted questions that are designed to reveal hidden addiction denial. Although there is some overlap, each item assesses a specific dimension of denial. The questions are formulated to be nonspecific and to evoke an opinion (e.g., "Do you have a tendency to drink more than you should?" rather than "Do you consume more than six alcoholic beverages per day?"). This structure is based on published research findings. I also developed visual basic software to analyze the patient's responses in several different dimensions. I have disseminated this questionnaire (not the software) to well over 1000 professionals at my lectures and teaching activities, and I have placed it in the public domain. I am aware that it is in regular use in some settings.
3. Microsoft Access Database of Neuropsychological Findings. This represents my encrypted and deidentified neuropsychological findings on more than 1000 neuropsychological assessments, and includes neuropsychological and addiction information. It allows preliminary assessment of the relationship between various neuropsychological variables. E.g., patients high in addiction denial have greater cognitive impairment. E.g., among alcoholics, adequacy of smooth pursuit eye movements correlates with a great many cognitive scores. The records in the database cannot be disseminated, but they provide information that permits useful retrospective analysis.
4. Line Bisection Test and Analysis Software. This is software I wrote in Microsoft Visual Basic that analyzes the distribution of the patient's visual attention, in terms of precision, leftward or rightward bias, the distribution of errors, and the patient's susceptibility to stimuli that are calculated to bias their attention to the left or right of center. The software generates several graphic displays of the distribution of their errors under various conditions. At this time, the program is in use by me and by a limited number of former trainees.
5. Large Circle Clock Drawing Test. This is an improvement over the traditional clock drawing test that is commonly used in neuropsychological evaluations. I originally developed this in 1988 as a screening instrument to be used at intake in the SRH addiction program, and it continued in that use

until the program closed in 2003. The test consists of a large (18 cm) preprinted circle, on which the patient is instructed to write numerals to produce a clock. The large circle elicits more severe errors and specific errors that are rarely seen in traditional clock drawing tests. The circle contains hidden markings that allow for easy objective measurement of errors. A software program guides the scoring, and checks for twenty specific errors and anomalies that are often seen in the clock drawings of brain-damaged patients. In collaboration with neuropsychologist Edith Kaplan, I made minor modifications to the test in 2004-2006, and it is now used by the Framingham Heart Study.

Abstracts:

1. Rinn WE. The neuropsychology of facial expression in the congenitally blind. *Dissertation Abstracts International*. 1983; 44:2584B