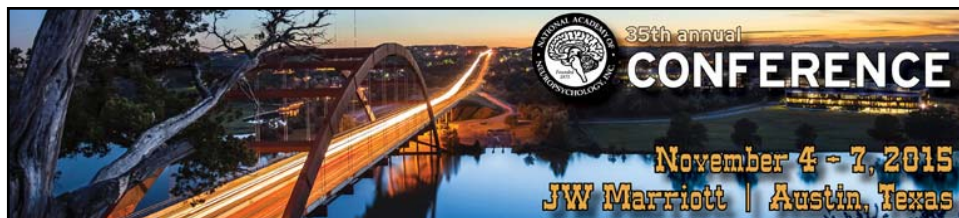
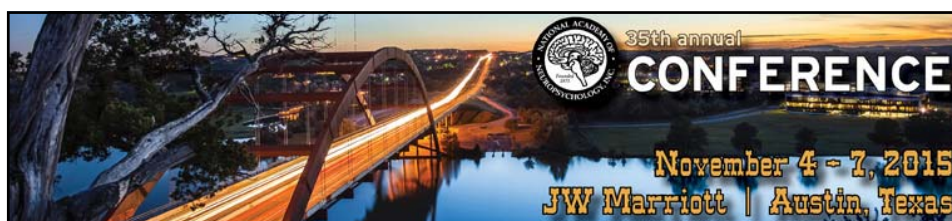


**The American Board of Pediatric  
Neuropsychology Workshop:  
Historical Perspectives,  
Application Process, Examination Statistics**



**Financial Disclosure**

**I have no financial relationships to disclose**



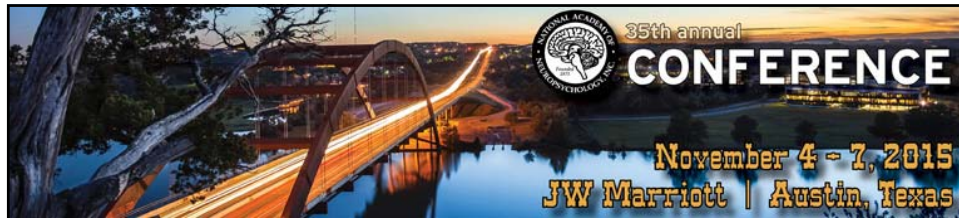
## Historical Context

- There were several issues in the early 1990's that led to the need for a separate board in pediatric neuropsychology
- The issues can be divided into:
  - Political
  - Philosophical
  - Practical



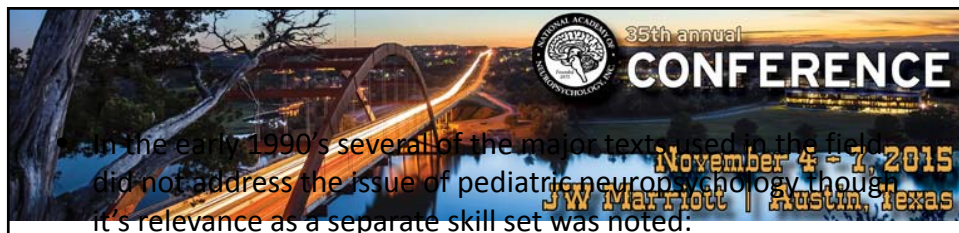
- The founding members of ABPP began with a question:
- Is an evaluation of neuropsychological functioning possible on an infant/toddler/young child?
- At the time (early 1990's) the position of those reviewing applications for board certification in neuropsychology indicated that no such evaluation was possible\*
  - The position of the founding members was that it was not only possible, it was often necessary.
    - This has proved to be increasingly true today where research and evaluations are routinely conducted (e.g. Developmental Delays, Autism, Communication Disorder) on young children (less than 3)

\* Franklin, R., Wasserman, T (1994)



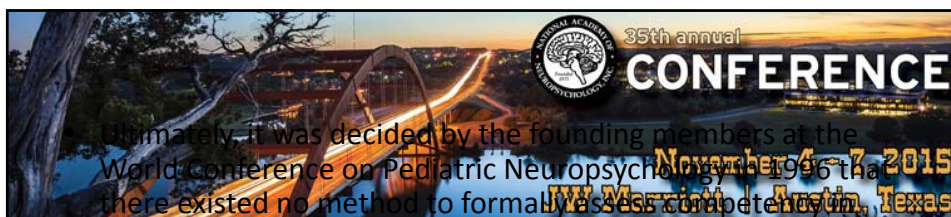
## Cont...

- Ostensibly, the concerns of the reviewers were based on the belief that no/limited instruments were available for the purpose
- This is the hallmark of the philosophical difference between the mindset of general neuropsychology boarding and ABPdN with respect to pediatrics
  - ABPdN's position is that downward extension of adult instruments often is inconsistent with the needs of pediatric patients
  - ABPdN believes that the field of pediatric neuropsychology represents a paradigm shift to include the incorporation of developmental issues into all aspects of patient care (assessment, treatment and consultation)



In the early 1990's several of the major texts used in the field did not address the issue of pediatric neuropsychology though its relevance as a separate skill set was noted:


- Muriel Lezak, in the preface to the 3rd Edition of Neuropsychological Assessment, 1995 (Chapter 1, p 7) notes: "The assessment of children and the consideration of brain disorders presenting prior to maturity have their own conceptual framework, methods, and data, which are outside the scope of this book."
- The NEPSY, one of the first standardized "batteries" for children age 3-12 was not released in the US until 1998
- Ten (10) journals devoted exclusively to pediatric neuropsychology were not in existence prior to 2000



Ultimately, it was decided by the founding members at the World Conference on Pediatric Neuropsychology in 1996 that there existed no method to formally assess competency in pediatric neuropsychology and that the current boards were either unwilling or unable to do so.

### Decision

- There was an ongoing paradigm of “downward extension” of test instruments to children that was philosophically troubling to many neuropsychologists working with children
- There was a danger in continuing to treat competency assessment in a “general manner” given the increase in early diagnosis and intervention in children with a variety of CNS conditions and most current texts were not sufficiently covering the needed material
- Thus, the ABPdN was formed



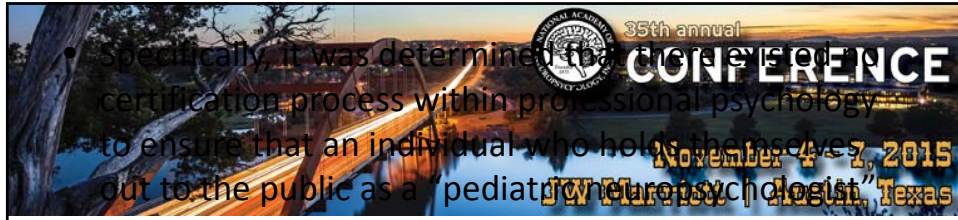
### History of the Board

Clinical practitioners representing institutions hiring pediatric neuropsychologists formed a coalition in 1996 to advance their belief that a unique interplay exists between neuro-developmental issues and neuropsychological assessment that require special sets of expertise not readily assessed by existing boarding entities.

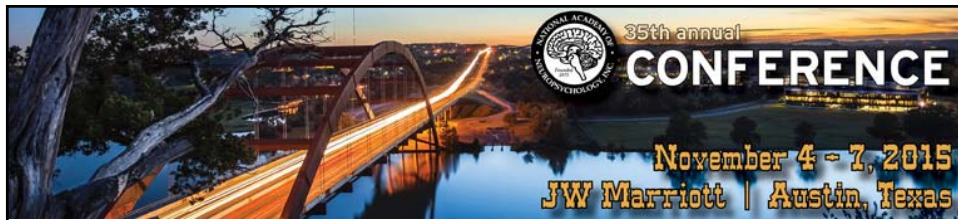
### Historical Review

- There were additional concerns that:
  - pediatric neuropsychology was taught and evaluated through an adult paradigm
  - there was insufficient consideration to the patient-environmental factors
    - » School
    - » Family
    - » Therapists (OT, PT, SL, ABA)

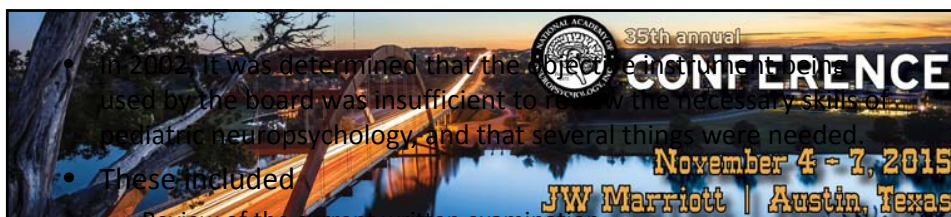





- Specifically, it was determined that there is a need for a certification process within professional psychology to ensure that an individual who holds themselves out to the public as a "pediatric psychologist" was
  - examined and found competent in that area
  - examined by practitioners competent in that area
  - examined at multiple levels of training
    - Graduate Coursework
    - Internship/Post Doctoral Residency/Fellowship
    - Continuing Education
    - Continued Practice



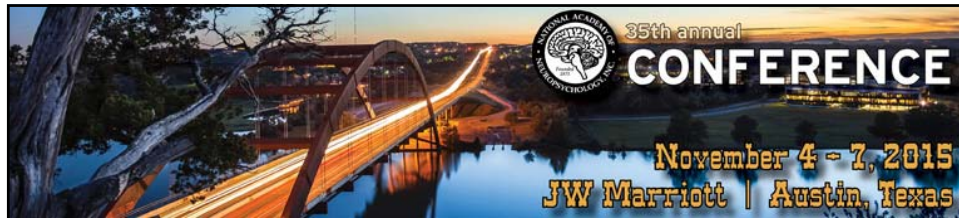
- Following discussions with colleagues, who are members of medical practice boards (i.e. child neurology), ABN and several ABPP boards, the coalition elected to establish an independent certifying authority.
- This authority developed an examination using a purely objective evaluation method in order to create a credentialing format that could reliably evaluate for content validity.
  - Written, Multiple Page Application
  - Written, multiple choice examination



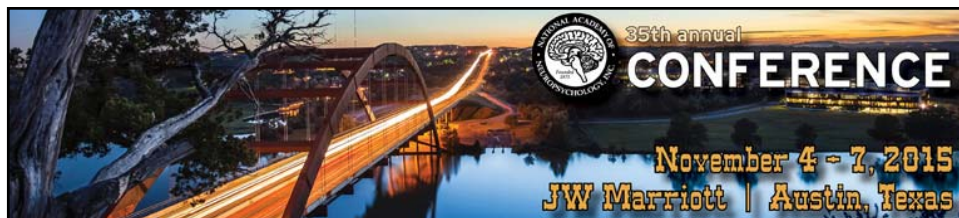
- In 2002, it was determined that the objective instrument being used by the board was insufficient to review the necessary skills of pediatric neuropsychology, and that several things were needed.
- These included
  - Review of the current written examination
  - Revision of the current application with the inclusion of Clinical Case Vignettes
  - Review of a written work sample
  - An oral exam requirement
- It was concluded that the examination procedures had to reflect the board's intention to inclusively assess for competence within the field of pediatric neuropsychology. A request for a new transparent, objective, and ecologically valid credentialing process for pediatric neuropsychologists was accepted.




- Over the following calendar year, the ABPdN temporarily ceased accepting new applications for membership. During that time, the board
  - Retained the services of Martin Rohling, Ph.D., a consultant published in the area of board examinations, to revisit and improve the ecological validity of the ABPdN examination.
  - Following the consultant's recommendations, the board made several significant changes to the typical procedures for examination.
  - These changes included
    - Greater consideration of review on the background and training of the applicants for examination
    - Offering the written and the oral examination to applicants on the same day
    - Changing the threshold for passage to standards consistent with other medical boards.



- The ABPdN required those members who were certified before the addition of the oral and written sample exams to go through the new credentialing process. Those members certified prior to October 2002 must submit work samples for review and sit for the oral examination to maintain their certification.

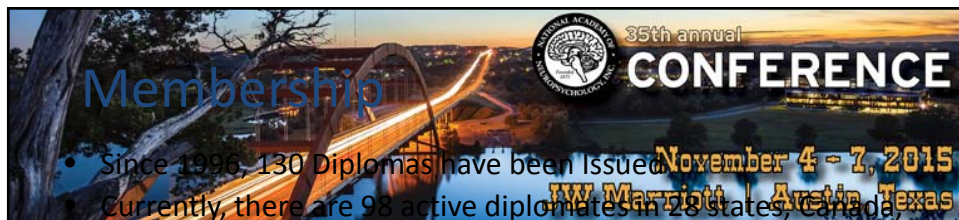


- The application process was reopened in October of 2003 and the first written and oral exam took place at the meeting of the National Academy of Neuropsychology in 2004.
- In 2006, the examination process was changed so that examinees will submit their work sample (now referred to as Practice Sample) at a minimum of 30 days prior to the day of the written and oral examination.
- In addition, the Practice Sample allows for submission of a pediatric neuropsychology assessment or intervention.



**Recent Changes**

- In 2009
  - The Oral Examination was changed to reflect a more broad fact-finding section that could be tailored to the practice of the examinee
  - The Fact-Finding section was expanded to include clinical cases from the following domains:
    - Neurodevelopmental Disorders (ADHD, LD, & PDD)
    - TBI
    - Epilepsy
    - Medical Conditions



**Membership**

- Since 1996, 130 Diplomas have been Issued
- Currently, there are 98 active diplomates in 28 states, Canada, England and Puerto Rico
- There are 25 candidates in the boarding process
  - Thirteen (13) currently are scheduled in 2015-16
- There are approximately 18-20 applicants for the 2015 calendar year
- The board moved to a multi-city examination model in 2010 with cohorts at NAN and in the following areas
  - Los Angeles
  - South Florida
  - Chicago
  - Boston





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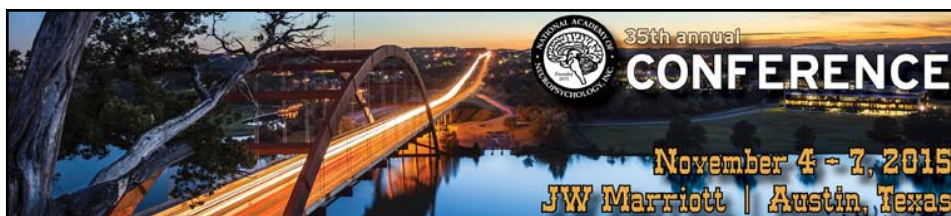
ABPP (N = 3,442)

- Clinical 1312
- Neuropsychology 838
- Forensics 268
- Counseling -197
- Health -163
- Child & Adolescent -162
- Rehabilitation - 153
- CBT -138
- Couples & Family - 119
- Psychoanalysis -116
- School - 87
- Police & Public Safety - 55
- Organizational & Business - 44
- Group - 43
- Geropsychology >20

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ABN - 410

ABPdN - 130



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## Rationale for Specialty

- It is our belief that the development of Pediatric Neuropsychology as a separate specialty is a natural evolution of the field of neuropsychology.
- ABCN and ABN represent “general” or “lifespan” boards in clinical neuropsychology that allow for members to define “Areas of Practice or Subspecialties”, which may include pediatrics, geriatrics, etc.
- ABPdN certifies competency in the Specialty Area of Pediatric Neuropsychology, which goes beyond the general knowledge base of Clinical Neuropsychology and does not rely on self-designation for identification of competent practitioners or examiners.

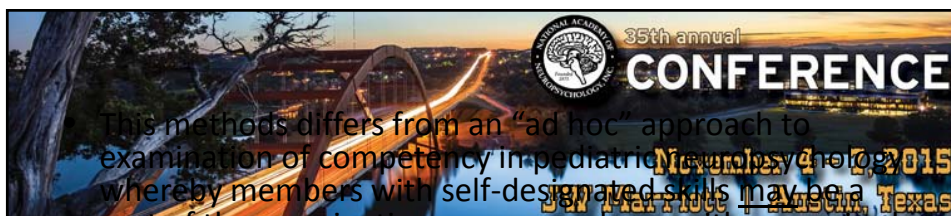


Major Differences:

- Application
  - ABPdN – reviews training (coursework, internship, post doc, oral work, continuing education, current practice) for competency in pediatric neuropsychology.
  - Case vignettes are included to allow the reviewers to gauge the applicants sensitivity to the differences in assessment and treatment of pediatric patients with neuropathological conditions.

**Cont...**


- Written Examination
  - ABPdN's examination covers (pediatric neurosciences [neuroanatomy & neuropathology], psychological and neurological development, neuropsychology and neurological diagnostics, psychometrics, ethics & legal, interventions, research design for application). Thus, there is coverage to general and pediatric neuropsychological issues.
- Practice Sample
  - ABPdN examines Practice Samples for competency in pediatric neuropsychology by a panel of three examiner's that are board certified in the area.
- Oral Examination
  - ABPdN provides three Oral Examiner's with board certification in pediatric neuropsychology.



This methods differs from an "ad hoc" approach to examination of competency in pediatric neuropsychology whereby members with self-designated skills may be a part of the examination process and are neither required to be present nor to pass the candidate for successful completion of the exam process.

- In addition, there is a thorough written examination in pediatric neuropsychology as opposed to the addition of a small percentage of items in the area of pediatrics as a part of a more general exam for which these items are not scored separately and are not required to be passed by a potential pediatric candidate.
- This doesn't mean one process is better, just different.

**Cont...**

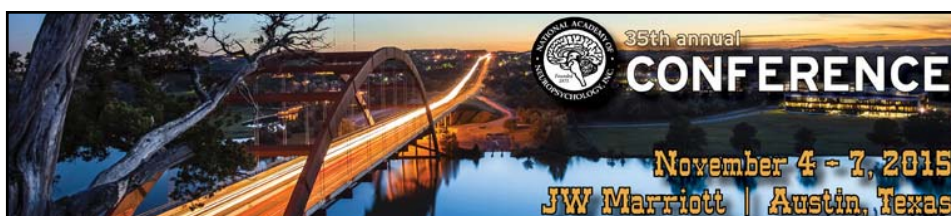


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Cont...

it is therefore theoretically possible for a candidate (with no training in pediatric neuropsychology, adult work samples and no questions passed in pediatrics on the written examination and no questions asked by the oral examiners and then for that member to go on to "self-designate" board certification in "Pediatric Neuropsychology" simply because that is an "area of practice" for them.

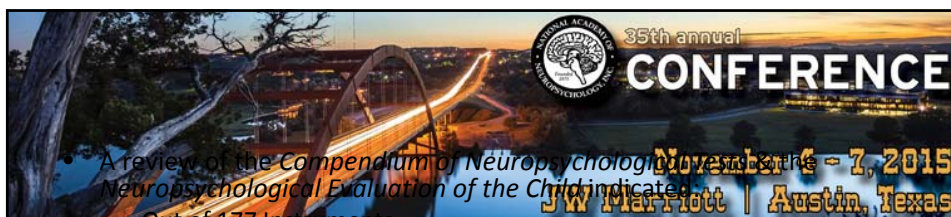
- The ABPdN examination process was designed to go beyond the "general area of specialization" and to define a set of skills necessary for practice in pediatric neuropsychology.



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## Assessment of Need for Specialty

- It is the belief of ABPdN that there has been a growing development in the field of professional psychology that supports the need for a specialty board in pediatric neuropsychology.
- Levels of need
  - Graduate education
    - Coursework- an increase has been seen among APA-accredited programs and Division 40 member programs of courses in pediatric neuropsychology separate from general and adult
    - Texts – Since the inception of ABPdN, 158 books have been published in the area of pediatric neuropsychology
    - Journals – Over 25 journals have been established with coverage to the area of pediatric neuropsychology




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• A review of the *Compendium of Neuropsychological Evaluation of the Child* indicates:  
Out of 177 Instruments

**Skill Set**

- 61 Instruments were designed exclusively for Children
  - Intelligence Tests – 11
  - Achievement Tests – 3
  - Attention Tests – 11
  - Memory Tests – 9
  - Executive Functions – 10
  - Language Tests – 10
  - Visual/Spatial Tests – 4
  - Motor Tests – 2
  - Batteries – 2
- There are at least 14-20 tests that were designed for adults that have been effectively downwardly extended into young children.
- Thus the area of needed knowledge for assessment within the field can be as large as 75-80 different test (not including batteries with multiple sub-tests)

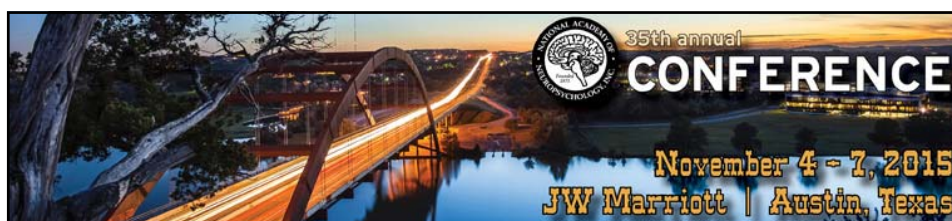


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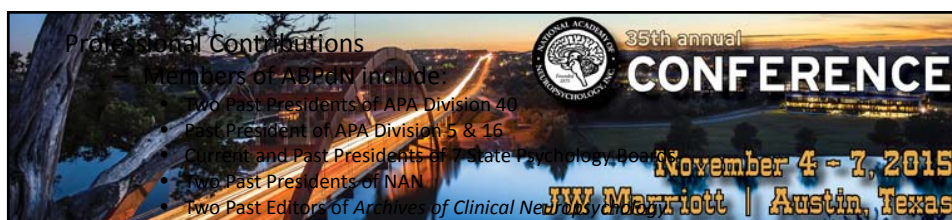
- Internships
  - APPIC lists 247 internship spots for training in pediatric neuropsychology
  - APA Division 40 lists 126
- Post Doctoral Residencies
  - APPCN lists 37 fellowship spots for training in pediatric neuropsychology
  - APA Division 40 lists 144 fellowship spots for training in pediatric neuropsychology
- Major Need
  - It is estimated that the current training organizations could produce approximately 100-140 well –trained pediatric neuropsychologists per year
- Certification
  - Since 2005, approximately 10-15% have applied for ABPdN designation
  - ABPP is at approximately 3-4% per year





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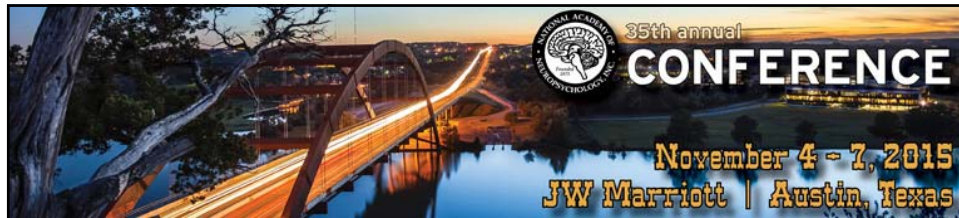
- Professional
  - As stated ABPPdN will certify 130 members with verified competency in pediatric neuropsychology by the end of 2015.
    - 2 new applications are requested per month
    - 15-20 applications are submitted per year
    - 10-15 applicants are examined per year
    - 8-12 members are added per year



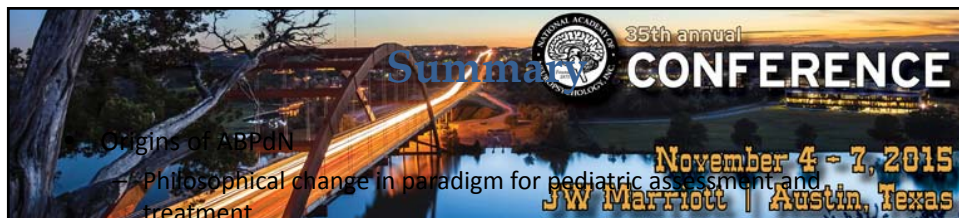
### Professional Contributions

#### Members of ABPPdN include:

- Two Past Presidents of APA Division 40
- Past President of APA Division 5 & 16
- Current and Past Presidents of State Psychology Boards
- Two Past Presidents of NAN
- Two Past Editors of *Archives of Clinical Neuropsychology*
- Current Editor of *Archives of Clinical Neuropsychology*
- Current Editor, *Psychological Assessment*
- Past Editor, *Journal of School Psychology*
- Past Editor, *Applied Neuropsychology*
- Eight Prescribing Psychologists
- Moderator of PEDS-NPSY (1600+ member list-serve)
- Members Appointments Include:
  - Harvard University
  - Stanford University
  - University of Minnesota
  - Tulane University
  - Indiana University
  - University of Alberta
  - James Madison University
  - New York University
  - over 35 other Universities and Colleges
- Members Publications Include:
  - Over 5000 books, chapters, peer-reviewed scholarly articles



- Thus, there is evidence of an increased need for Pediatric Neuropsychology at all levels:
  - Student
  - Consumer
  - Professional
- In addition, the growth and relevance of ABPdN within the field suggests that this need is met through ABPdN.

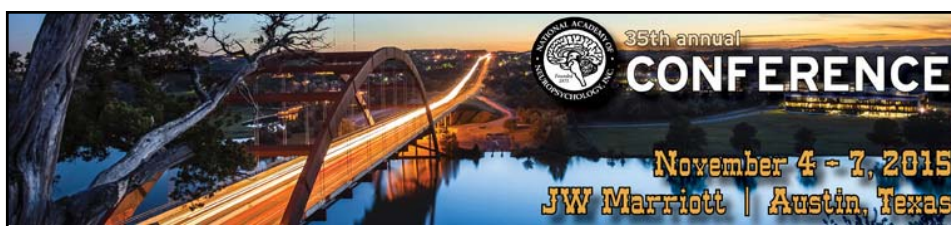


- Origins of ABPdN
  - Philosophical change in paradigm for pediatric assessment and treatment
  - Political change needed because of an unwillingness to consider the evaluation of young children
  - Practical changes that have increased the scientific foundation for the practice of pediatric neuropsychology
- Rationale of ABPdN
  - competency in pediatric NP is assessed deliberately at all phases of the evaluation and all members (past or future) complete the same examination procedures [There is no Grandfather Clause]
- Support for ABPdN
  - At the student, internship, residency/fellowship, professional and consumer level



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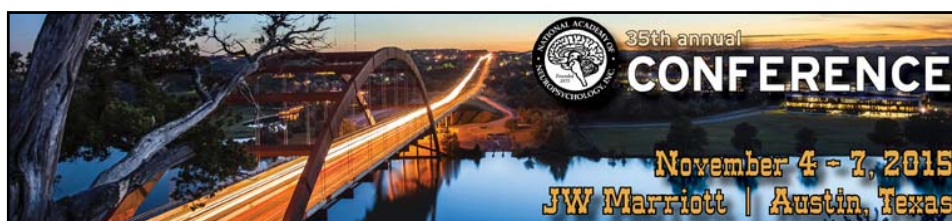
- 2008
  - American Academy of Pediatric Neuropsychology
  - All members of AAPdN are immediately inducted into the Academy as Fellows
- 2008
  - American College of Professional Neuropsychology
    - Co-sponsor national conference in spring
    - 2009, 2010 and 2011
- 2013
  - AAPdN Conference
    - Fall, 2014 in Chicago (151 attendees)
- 2014
  - Journal of Pediatric Neuropsychology (Springer)

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## Academy Benefits

- Journal of Pediatric Neuropsychology
- Annual Conference in Pediatric Neuropsychology (Los Vegas, April 2016)
- CEU webinar series for all members
- Reimbursement increases in some states
- Access to academy list-serve and resources
- Book Series



## Application Process

- Qualifications
- A successful applicant for Board Certification in the specialty of pediatric neuropsychology must meet each of the following eligibility criteria:
  - A doctoral degree from a regionally accredited program in applied psychology. The program, at the time the degree was awarded, must be 1) approved by the APA and/ or the CPA or 2) be listed in the ASPPB/National Register publication *Doctoral Psychology Programs Meeting Designation Criteria*. Membership in the National Register of Health Service Providers in Psychology, the Canadian Register of health Service Providers, or those holding the Certificate of Professional Qualification qualify as meeting the doctoral requirements for membership.



- cont...
- An APPIC or APA accredited internship that must include at least a 50% concentration in neuropsychology.
  - Two years of postdoctoral supervised neuropsychology experience, at least 50% of which is pediatric oriented
- OR**
- at least two years of Organized training and experience in the neurosciences, pediatrics, assessment, rehabilitation, and psychopathology. This requirement is not satisfied by workshops and weekend conferences. (After December 31, 2004, training consistent with the Houston Conference is an acceptable model for providing the background necessary for eligibility, provided that the postdoctoral training and experience is at least 50% pediatric oriented.)

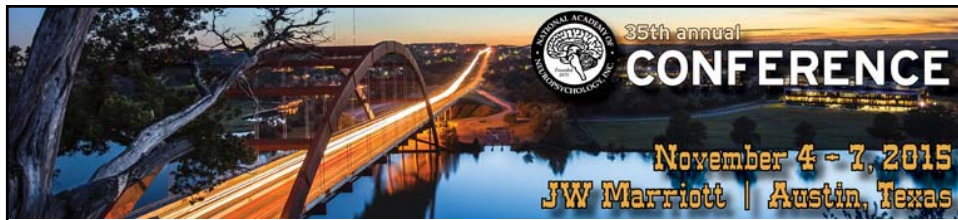




Each applicant reviewed by the Board must submit data along the following domains:

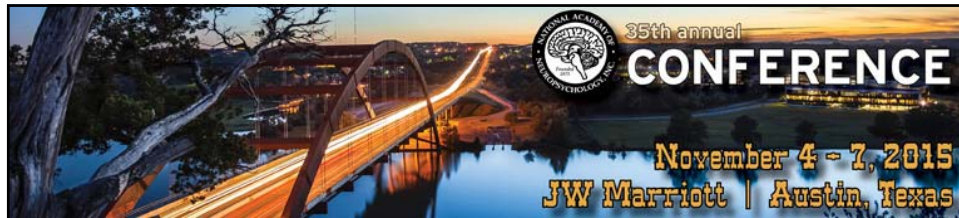
## Application Review Process

- Education
  - Undergraduate Degree Transcript
  - Graduate Degree Transcript
  - Internship Verification Contact Information
  - Post Doctoral Residency Verification Contact Information
  - Post Doctoral Fellowship Verification Contact Information (if applicable)
  - Detailed Description of Training in Pediatric Neuropsychology (Narrative)



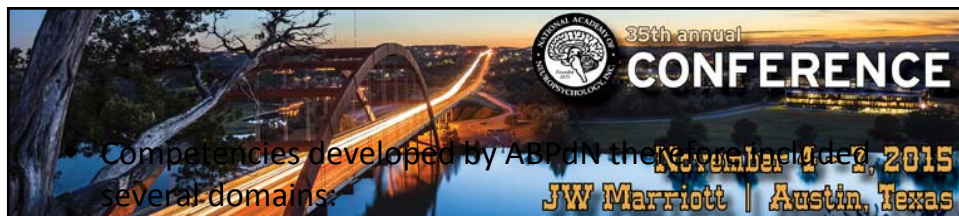
## cont...

- Detailed Description of Training in Pediatric Neuropsychology (Narrative)
  - Each applicant will be asked to outline their training in the area of pediatric neuropsychology
  - Reviewers are interested in the ultimate outcome of the training experience
  - It is important for the applicant to detail skill acquisition at all levels of training



### cont...

- ABPdN subscribes to the “horizontal” and “vertical” training and professional development goals of the 1998 Houston Conference guidelines.
- It is our position that the development of competent professional psychologists and pediatric neuropsychologists should be integrated. Thus, our training model ensures that applicants have attained the general skills necessary to function as a professional psychologist as well as the skills necessary to function as pediatric neuropsychologists.
- Our goal is to credential those applicants who can demonstrate a formal training experience in professional psychology and pediatric neuropsychology. Thus, continuing education and workshop training are considered more appropriate for skill maintenance and are not an appropriate substitute for formal training.



Competencies developed by ABPdN therefore included several domains:

- General Psychology (1)
- Clinical Psychology (2)
- Clinical Neuropsychology (3)
- Pediatric Neuropsychology (4)


### cont...

- Knowledge from each of these domains may be acquired through multiple pathways including graduate coursework, training placements and other formal didactic experiences.



General Competencies defined:

- General Psychology
  - Child and Adult Development
  - Statistics and Research Methods
  - Cognition, Affect and Learning
  - Biological Basis of Behavior
  - Cultural and Ethnic Diversity
- Clinical Psychology
  - Psychopathology
  - Cognitive Assessment
  - Personality Assessment
  - Intervention Techniques
  - Professional Ethics
  - Basic Psychometric Theory
- Clinical Neuropsychology
  - Neuroanatomy & Neuropathology
  - Neuroimaging & Functional Neuroanatomy
  - Psychopharmacology
  - Neuropsychology of Behavior
- Pediatric Neuropsychology
  - Pediatric Neuropsychological Assessment
  - Pediatric Neuropsychological Interventions
  - Research Design and Analysis in Pediatric Neuropsychology
  - Practical Implications in Pediatric Neuropsychological Assessment




Doctoral Training

- Training should begin at the doctoral level which provides the basic foundation in general and clinical psychology. In addition, it is expected that most practitioners in pediatric neuropsychology will receive didactic training in clinical neuropsychology and pediatric neuropsychology. Post-graduate coursework is acceptable provided that the coursework is part of an organized training program in clinical and pediatric neuropsychology. Workshop training and conference attendance is not considered sufficient for establishing the foundation skills necessary to meet this requirement; rather, these latter activities are more appropriate for skill maintenance and refinement that occurs at the professional level.
- Doctor education in general psychology, clinical psychology, clinical neuropsychology and pediatric neuropsychology occurs at a regionally accredited program in applied psychology that are accredited by the APA, CPA, or is listed in the publication *Doctoral Psychology Programs Meeting Designation Criteria*.



## Example: General Neuropsychology

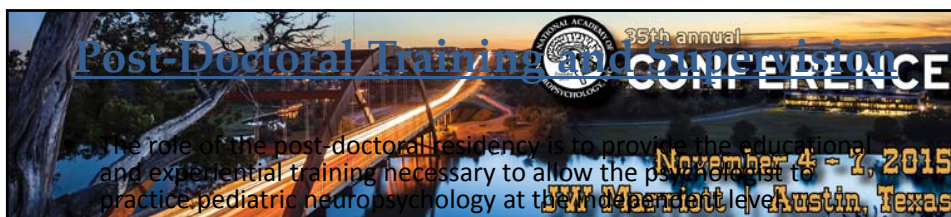
- Graduate School – University of Example
  - Neuroanatomy & Neuropathology (3 credits)
    - This course provided an overview of basic neuroanatomy and disorders of the central nervous system.
    - Adult, pediatric and geriatric disorders were considered in this course.
  - Neuropsychological Assessment (3 credits)
    - This course covered the administration, and interpretation of the HRNB along with several of the most common adult, geriatric and pediatric instruments.
  - Advanced Neuropsychological Assessment (3 credits)
    - This course covered more complicated forms of neuropathology across the age ranges and involved weekly batteries on adult and pediatric cases.
  - Neuropsychological Intervention Techniques (3 credits)
    - This course provided specific interventions for different types of neurological disorders.
    - This course covered adult and pediatric populations.
  - Advanced Neuropsychological Practicum I & II ( Institution Name)
    - Adult, adolescent and child evaluations conducted at a residential treatment facility for patients with traumatic brain injuries and other severe forms of neuropathology.



## Internship Training

Training continues at the pre-doctoral internship. It is expected that students will complete a general rotation in clinical psychology. Historically, a 50% guideline was used to determine the minimum amount of time the intern should spend in pediatric neuropsychology. However, internships with less time in pediatric neuropsychology will be considered provided that the potential applicant can bring evidence of training in pediatric neuropsychology at other levels (post-doctoral residency, fellowship, supervised professional experience). The internship should be completed at an APA, APPIC or CPA accredited setting, or the equivalent.

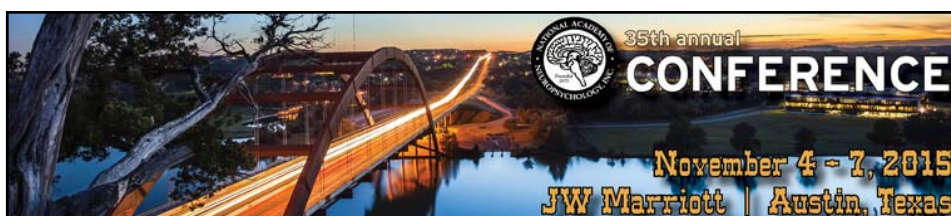




## Post-Doctoral Training and Supervision

The role of the post-doctoral residency is to provide the educational and experiential training necessary to allow the psychologist to practice pediatric neuropsychology at the independent level.

- Training at this level should be conducted in an organized setting and is a requirement for future practice and eventual board certification. It is expected that this will be a two-year process and be consistent with the aspirational goals of the Houston Conference Guidelines (some minor deviations may occur). To be considered an organized experience, the residency must occur on a minimum half-time basis.
- Entry into a post-doctoral residency in pediatric neuropsychology should commence after completion of the internship and doctoral degree. It is expected that upon commencement of a post-doctoral residency that a strong foundation in clinical psychology, general psychology, basic neurosciences and pediatric neuropsychology has occurred.

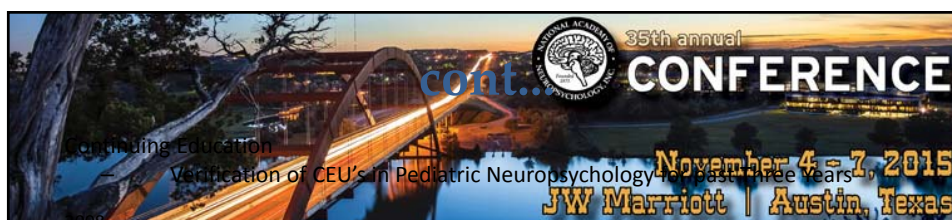


## Example: Pediatric Neuropsychology

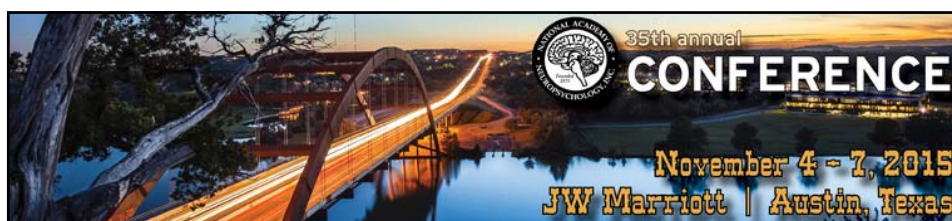
- Fellowship (Two Year Residency – Example Neurological Center)
  - Clinical Supervision
    - Worked directly under the department head of neuropsychology to conduct evaluations on adults and pediatric patients with a variety of neurological conditions (TBI, ADHD, LD, PDD, seizure disorders).
    - In year two, spent 90% of clinical time with children under the supervision of 3 neuropsychologists.
    - Met regularly with neurologists and neurosurgeons for training and case presentations.
  - Received weekly supervision from neuropsychology supervisors Neuropathology Lab (2 semesters of a 1 credit lab )
    - This lab was conducted once per month at Example Hospital in a grand rounds format with attending neurologists, residents and medical students.
    - This lab dealt with more severe and unusual forms of neuropathology using imaging, lab results, histology and clinical examination.
    - This lab was lead by two pathologists and one neurologist



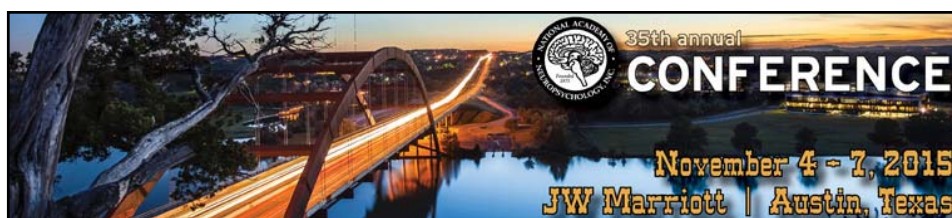
- All pediatric neuropsychologists are expected to engage in continuing education. The goal of continuing education is to maintain competency in the field and/or acquire new knowledge or skills that are of a direct extension of practitioner's area of expertise.
- Continuing education is not by itself an acceptable method for acquisition of the skills of pediatric neuropsychology or to be considered sufficient to call oneself a pediatric neuropsychologist.
- Continuing education is also an inappropriate method for acquiring major skill sets that deviate substantially from those acquired through formal training.



- Verification of CEU's in Pediatric Neuropsychology for Past Three Years
- 2008
- Autism Society of America Conference – Date, Location
  - Topic: varied
  - Hours: 30
  - APA Workshop – Date, Location
  - Topic: Autism and Asperger's Disorder
  - Hours: 7
- 2009
- Course Taught – Pediatric Neuropsychology – Example University
  - Topic: Pediatric Neuropsychology
  - Hours: 21
  - American Academy of Forensic Psychology Conference – Date, Location
  - Topic: Clinical Assessment of Malingering & Deception, Independent Psychological Evaluations in Civil Cases
  - Hours: 8

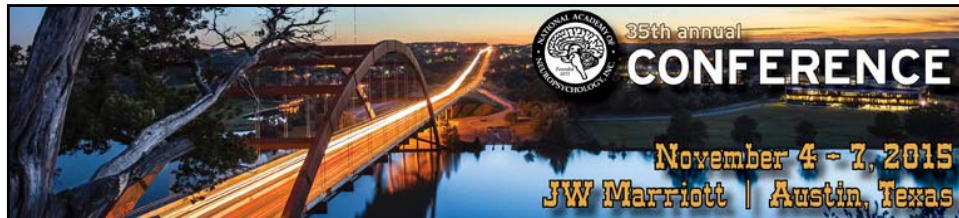


- Clinical Work
  - Clinical Appointment Verification Contact Information
  - Breakdown of Clinical Practice by Age, Disorder, & Ethnic Background (on Application)
  - Completion of Clinical Vignettes
- Educational Appointment (if applicable)
  - Academic Institution Verification Contact Information



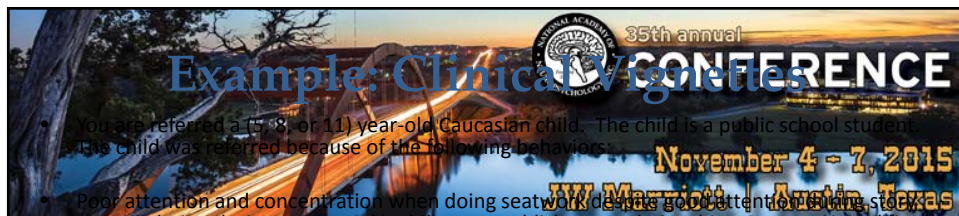
## Example: Employment

- Example Neurological Center – Phoenix, AZ
  - 2000 - Present – Staff Neuropsychologist
    - Currently provide pediatric services for the neuropsychology department, including:
      - Outpatient neuropsychological evaluations
      - Inpatient pediatric neuropsychological consultations
      - Supervision of interns on the pediatric rotation in conjunction with Example University
      - Supervision & consultation with staff therapist on pediatric cases
      - Research studies on ADHD, Dyslexia, and Seizure Disorders



## Example: Practice Description

- 2002 - Present
  - I accepted a full-time position at Example Neurological Center. I work primarily in pediatrics.
    - Current Practice Load by Diagnosis:
      - ADHD – 30%
      - LD – 15%
      - PDD – 10%
      - TBI – 10%
      - Seizure D/O – 15%
      - Genetic – 5%
      - Other Medical – 10%
      - Misc – 5%
    - Current research involves:
      - World Domination




## Example: Clinical Vignettes

- You are referred a (5, 8, or 11) year-old Caucasian child. The child is a public school student. This child was referred because of the following behaviors:
  - Poor attention and concentration when doing seatwork; does not attend to the teacher's time; isolation during recess and inability to establish peer relationships; Poor gross and fine motor skills including difficulty printing, cutting, and drawing; Unusual behaviors including flapping, hypersensitivity to noise in the cafeteria, perseveration on the theme of dinosaurs as well as needing to be first in line. Although the child appears to be verbally bright, he/she sometimes doesn't make sense and obtained an intellectual score in the Borderline range when tested by another psychologist.

### Questions:

- Detail what information will you want to obtain from the family and why?
- What further information will you want to obtain from the teacher?
- What might be your hypothesis as to the reason for this child's problems?
- Why might this child, who appears to be verbally bright, score in the Borderline range on an IQ test?
- What tests would you include in your battery and why?
- What are some recommendations you might make to the school before you begin your evaluation and why?





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**Application Review**

**Standards for Board Certification**

**Credential Review Procedures** – Members of American Board of Pediatric

Neuropsychology are required to have had a careful examination of their background and training before they are invited to submit to a knowledge and practical skills examination by their peers. The basis of this examination includes a review of the following areas:

- Assessment
- Intervention
- Pediatric Neurosciences
- Ethics and legal issues
- Consultation
- Supervisory Skills

- This credential review ensures that the applicant has a valid license to practice at an independent level, appropriate doctoral education (see ABPdN Manual), requisite training, and experience. The applicant will also be asked to provide responses to two (2) Clinical Case Vignettes in pediatric neuropsychology to demonstrate their clinical acumen and decision-making skills. The initial review by the exam coordinator will ensure that the applicant is free from ethical or legal infractions. After the applicant's file is complete, at least two reviewers will review the application for the requisite training, experience, and licensure.



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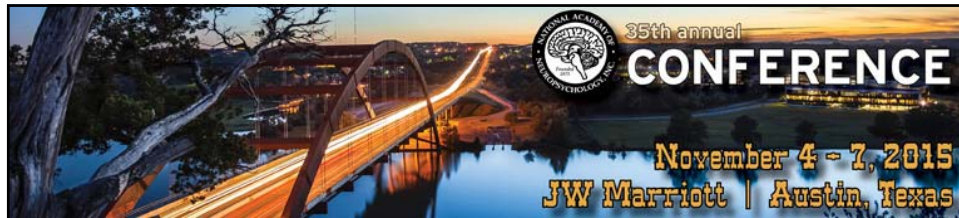
**Application: Final Words**

The examination committee will review all applications for completeness and authenticity.

- A completed application is reviewed and a decision is made as to whether the candidate meets minimal education, training, and experience criteria for board eligibility.
- State or province of licensure and the Ethics Committee of the American Psychological Association are contacted by the ABPdN to insure that the candidate is in good standing in terms of being licensed and not been sanctioned for breach of ethics or violations of the law.

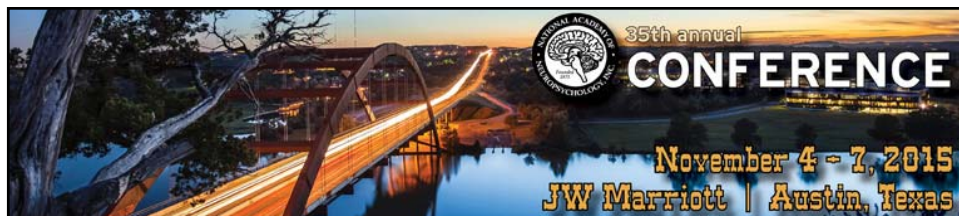
A completed application will require the following:

- Copy of state license(s)
- Malpractice Certificate
- Official transcripts
- Copy of National Register/CPQ attestation (if applicable)
- Copy of Curriculum Vitae
- Copy of other board certifications (if applicable)
- Pediatric Neuropsychological work history
- Vignette Response
- Payment of Fee
- Reference(s)



## cont...


- Once an application is approved by the ABPdN Examination Committee, the candidate is notified of credential approval and informed that he or she may now sit for the written exam. Once the candidate has determined when they intend to take the written/oral examination, they will need to inform the board, in writing, no less than 90 days in advance. The purpose in requesting the advance notice is for scheduling purposes and to make certain that there are sufficient examiners and written exam forms available.



## Practice Sample

### Purpose

- The purpose of the Practice Sample is to determine the applicant's overall knowledge in the area of clinical practice. While the Written Examination was designed to assess content-specific knowledge with regards to the field of pediatric neuropsychology, the Practice Sample is a way for the board to evaluate the day-to-day skills of the applicant. To that end, the sample should reflect a typical patient seen in the applicant's clinical practice. Practice Samples are not limited to pediatric neuropsychological assessments.




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The procedures for these samples are as follows:

**If the applicant is providing a neuropsychological evaluation:**

- Prepare one neuropsychological evaluation report sample demonstrating your **typical** work.
- PLEASE do not send in work reflecting a case that is diagnostically unusual or something that you think demonstrates uncommon diagnostic acumen. We want to see what you do every day;
- Your work sample must include your written report, case notes, raw data protocols, and the supportive medical documentation for your opinions
- Your work sample is due no less than 1 month before you take oral and written exam and must be tendered no more than one year after your application has been approved.
- Once your sample is approved, you will be prompted to prepare for the oral and written exam.

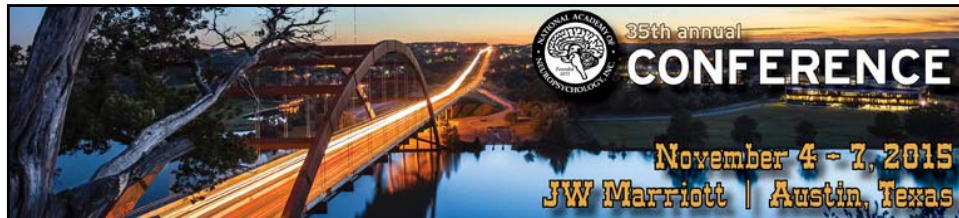


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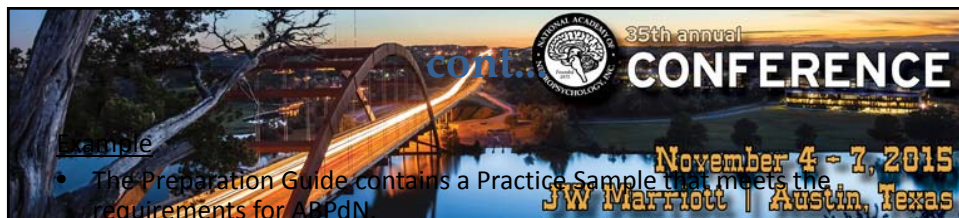
**If the applicant is providing either an intervention or a supervision session:**

- Provide a careful and thorough case analysis of the material that will be covered during the session to be viewed. This analysis should include background, diagnoses to be covered, methodological approaches, and a reference bibliography that specifically supports your approach and work. Please make certain that the latter includes the specific page references for the examiners to review.
- Do not expect that your reviewers will have access to your texts or journals. Remember that they will be working to determine if you have reasonably applied the material you cited to the case in question.
- Provide 4 copies of a video of your neuropsychological intervention or supervision. This should be no less than 30 minutes in length, but no more than 1 hour.
- Your practice sample is due no less than 1 month before you take oral and written exam and must be tendered no more than one year after your application has been approved.
- One your sample is approved, you will be prompted to prepare for the oral and written exam.



## Practice Sample Review

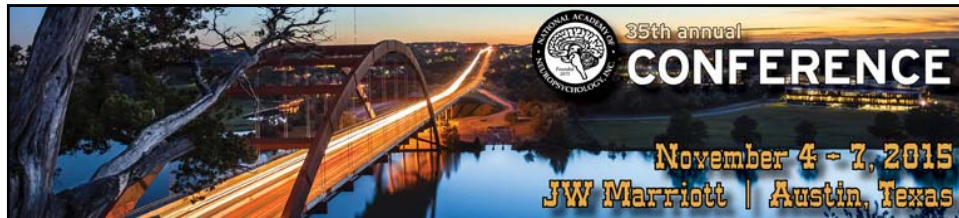
- This practice sample will be forwarded to a panel of reviewers. If the sample does not meet ABPdN standards, the problems identified will be carefully delineated and feedback will be provided in order to assist the applicant in working toward the standard.
- The review process includes 11 criterion including ethics (which must be passed) and each criteria is scored on a Likert scale
- Two examiners will review the work samples. Acceptable work is defined as a passing score by two examiners. If one of the two examiners deems the work samples inadequate, the work samples will be passed to a third examiner who will be unaware that they are the third examiner.
- If the sample is found lacking by the third examiner, then the candidate will be informed of the weaknesses, provided with an opportunity for direction, and be offered the opportunity to resubmit remediated written samples.



### Example

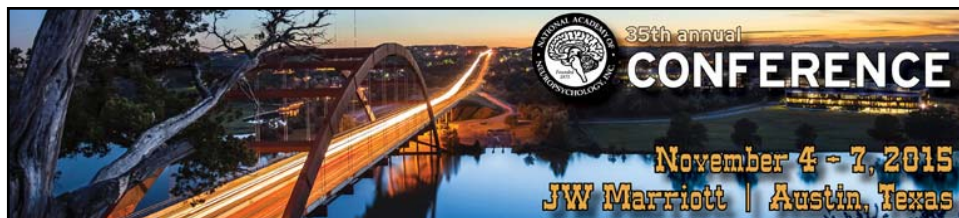
- The Preparation Guide contains a Practice Sample that meets the requirements for ABPdN
- Although there are many methods and instruments available for the examination of pediatric neuropsychology patients, ABPdN reviewers will pay close attention to the standards outlined in the training manual available online





## Practice Sample Dos and Don'ts

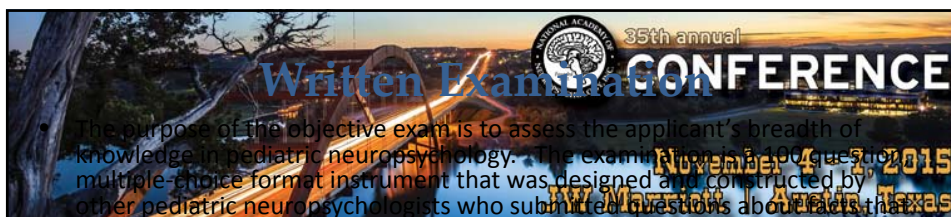
- Do
  - Present a case that is typical of your practice
  - Present case where history and relevant information is available
  - Test data (if applicable) was obtained in all domains related to the child's needs and their specific pathology
  - Deal effectively with conflicts in the data
  - Interpret all findings and consider potential alternatives
  - Provide useful recommendations that are consistent with the child's current environment(s)
  - Provide a diagnosis that accounts with all presenting issues
  - Consider all relevant referrals needed



## Practice Sample Dos and Don'ts

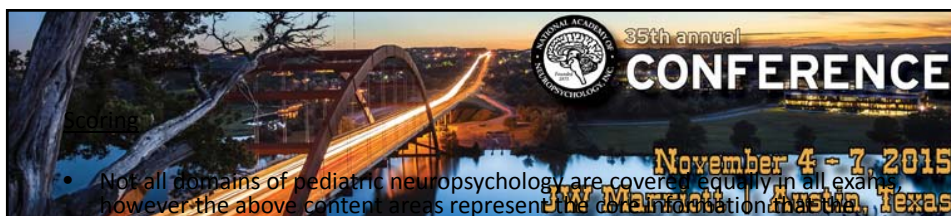
- Don't
  - Pick a case that you think demonstrates your clinical acumen
  - Provide a case with limited history or accompanying information (if applicable)
  - Rely on broad instruments to inform multiple domains
  - Assume the purpose of the evaluation is simply to derive a diagnosis
  - Pick a case that is exclusively clinical or school based\*

\*Please feel free to call the Exam Chair if help is needed



The purpose of the objective exam is to assess the applicant's breadth of knowledge in pediatric neuropsychology. The examination is a 100-question multiple-choice format instrument that was designed and constructed by other pediatric neuropsychologists who submitted questions about areas that they believed were critical or important in the practice of pediatric neuropsychology. The questions were first assessed for face validity, clustered for content area, rank ordered, deleted or refined, re-analyzed, debated, approved and then compiled. Each exam may include the following basic core areas of review:

- I. Psychometrics
- II. Pediatric neurosciences
- III. Psychological and neurological development
- IV. Neuropsychological and neurological diagnostics
- V. Ethics and legal issues
- VI. Research design review for clinical application
- VII. Intervention techniques
- VIII. Consultation and supervisory practices

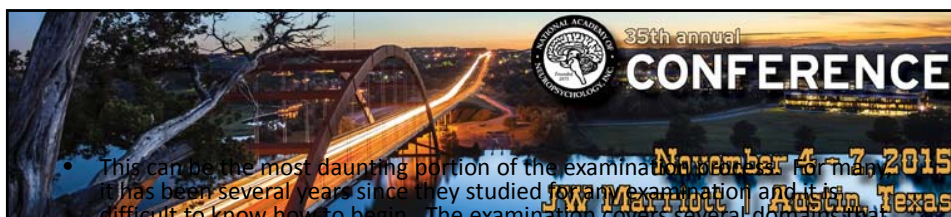


scoring

- Not all domains of pediatric neuropsychology are covered equally in all exams; however the above content areas represent the information that the applicant should reasonably expect to see on the written objective exam. A passing score on this examination is currently set at 70% (70 out of the 100 questions correct).

**cont...**

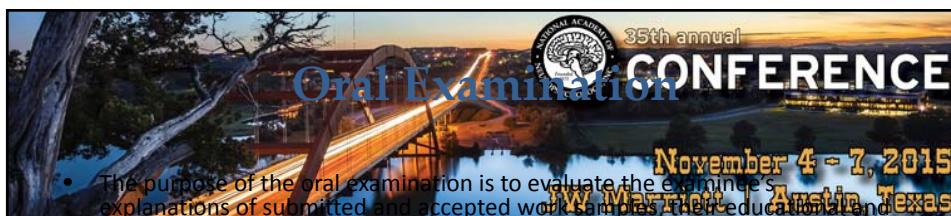
- The examination may include up to 25 additional items that are "research" items and are used for standardization purposes. These items will not be identified separately and your responses to these items will not be calculated when arriving at your final score.
- A person not passing this phase of examination will be allowed to retake this portion of the examination at its next administration. Since scoring of the written examination takes place at a later date, the examinee will sit for the oral examination in the same week regardless of their performance on the Written Examination.



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• This can be the most daunting portion of the examination for many. It has been several years since they studied for an examination and it is difficult to know how to begin. The examination covers several domains that most pediatric neuropsychologists will have extensive knowledge of and will “carry around in their heads” from working in the field. The examination also contains material from several of the most useful texts in the field. A recommended reading list is included in the Preparation Guide. Care should be given to those listed in bold. Applicants should pay particular attention to the texts on neural-development, neuroanatomy and neuropathology. This material is quite prevalent on most examinations.

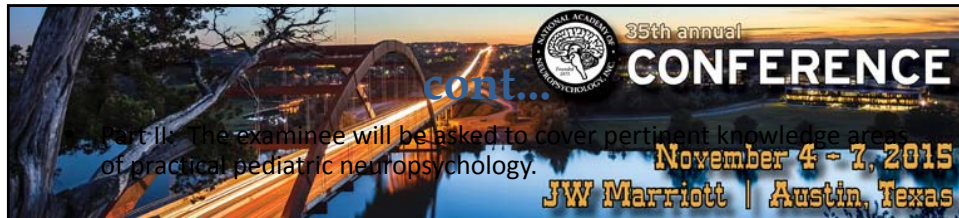
- Time management and good study habits will lead to the best results. Applicants are strongly encouraged to discuss with their mentors the best ways to prepare for the examination. Again, this is the portion most often failed by applicants and there is no shame in this. To date, all applicants who have chosen to retake the examination have passed.



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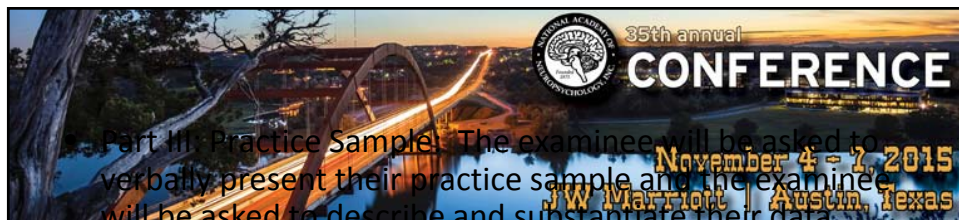
**Oral Examination**

- The purpose of the oral examination is to evaluate the examinee's explanations of submitted and accepted work samples, their educational and professional history as well as current practice, and other clinical/knowledge base and ethical considerations. The oral examination is to be administered in a collegial, non-threatening forum.
- Part I: The examinee will have the opportunity to explain their background.
- The examinee will be asked to provide a verbal history of their educational and professional background. Special consideration should be given to their pediatric neuropsychological training and background.
- The examinee will be asked to explain their current role as a pediatric neuropsychologist and with what issues their typical clientele present.



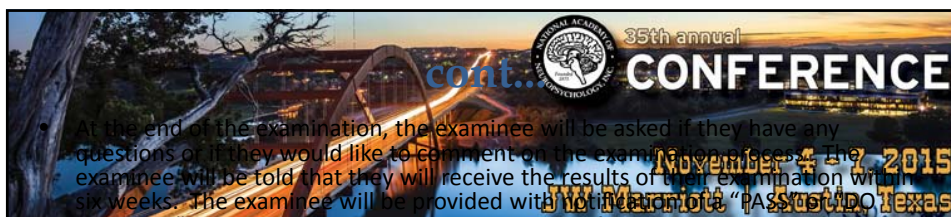
Possible topics include:

- 1. Please reflect upon the differences between pediatric neuropsychology and adult neuropsychology.
- 2. Please review developmental factors that should be considered in a pediatric neuropsychological evaluation.
- 3. Please review factors that are germane to pediatric traumatic brain injury (TBI) that are not as much of a factor in adult TBI, etc.



- Part IV: Fact Finding The examiners will present clinical cases (medical or neurodevelopmental) to the applicant. The examinee will be required to identify the main issues in those scenarios and discuss appropriate responses, assessment and interventions.





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- At the end of the examination, the examinee will be asked if they have any questions or if they would like to comment on the examination process. The examinee will be told that they will receive the results of their examination within six weeks. The examinee will be provided with notification of a "PASS", "DO NOT PASS" grade along with a written explanation for how their evaluation was considered and quantified, as well as recommendations for remediation if this is required.
- The examiners will not discuss their opinion of the examinee's performance with each other. The examiners will enter their scores and notes on a predetermined scoring sheet. The scoring sheet includes a section reflecting the endorsement or failure of the applicant. Each examiner on the panel must provide a written explanation with specific reasons for their decision, with particular attention paid to areas reflecting weakness if a "DO NOT PASS" conclusion is reached. These scoring sheets shall then be tendered to the Chair of the Oral Examination panel within 24 hours of the examination. There shall be no discussion among the examiners about the examinee until the Examination Chair has received all of the scoring sheets.




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**SCORING PROCESS**

Each domain area of the oral examination will be ascribed a judgment of: 'No pass', 'Borderline', 'Pass', or 'High Pass'.

- Fail** – (1 point) The examinee did not show the requisite knowledge base needed in order to perform as a competent, unsupervised practitioner in pediatric neuropsychology.
- Borderline** – (2 points) The examinee is able to express the requisite knowledge base, but could benefit from further training or supervision.
- Pass** – (3 points) The examinee expresses the requisite knowledge base at a competent level and can practice as a pediatric neuropsychologist independently and without supervision.
- High Pass** – (4 points) The examinee expresses a superior knowledge base and can practice as a pediatric neuropsychologist independently and without supervision.

The total points possible from each examiner is sixteen (16) and a passing cumulative score is eleven (11) points. The total points possible from the Oral Examination Board is forty-eight (48) and a passing cumulative score is thirty-four (34) points (70%). An examinee passes with a cumulative score of >34 or passing scores by 2 of the 3 examiners.




Pass Rates and Statistics (as of October 1, 2014)

- The total number of neuropsychologists who have submitted applications for certification.
  - 177

### Examination Statistics


- The number of applicants who were granted the opportunity to sit for the exam.
  - 142
- Of those who were denied, how many eventually returned following additional training.
  - 7

Pass Rate For Application Submission – **84%**



Written Examination

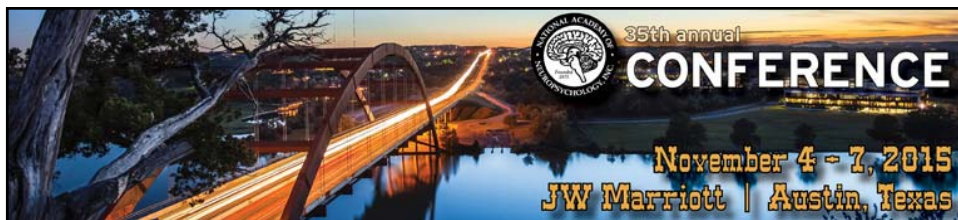
- The total number of neuropsychologists who took the Written Examination during the initial phase of ABPdN boarding (1996-2002) was 45.
  - Eight percent (8%) failed multiple sections and never took the exam again. Of those that persevered, several failed sections and chose to retake them. Thirty-five candidates ultimately passed all 5 sections and became boarded members (35/45 = 78% pass rate).
  - The number of applicants attempting the Written Examination since 2004 is 101. The Pass Rate was 80/101 (79%).
  - The most commonly failed domain was Pediatric Neuroscience.
- Thus, the overall Pass Rate for the Written Examination is **79%**.



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cont... Oral Examination

- The percentage of previously boarded and new members completing the Oral Examination is 66%.
- Since 2004, the pass rate for new applicants is 81%.
- The total pass rate for applicants/previous members passing the Oral Examination is  $125/156 = \underline{79\%}$



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**Overview**

- Pass Rates for each stage of the examination are 77-84%.
- Applicants who pass all stages on the first attempt = 67%



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