



Incorporated, 1981

**American Board of Clinical  
Neuropsychology**

## **American Board of Clinical Neuropsychology: Policies and Procedures**

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University of Michigan Health System**



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**VA Ann Arbor Healthcare System**



**Department of Psychiatry**  
**Medical School**  
**Department of Psychology**  
**School of Literature, Science**  
**and the Arts**  
**The University of Michigan**

## **Financial Disclosure**

**I have no financial relationships to disclose.**

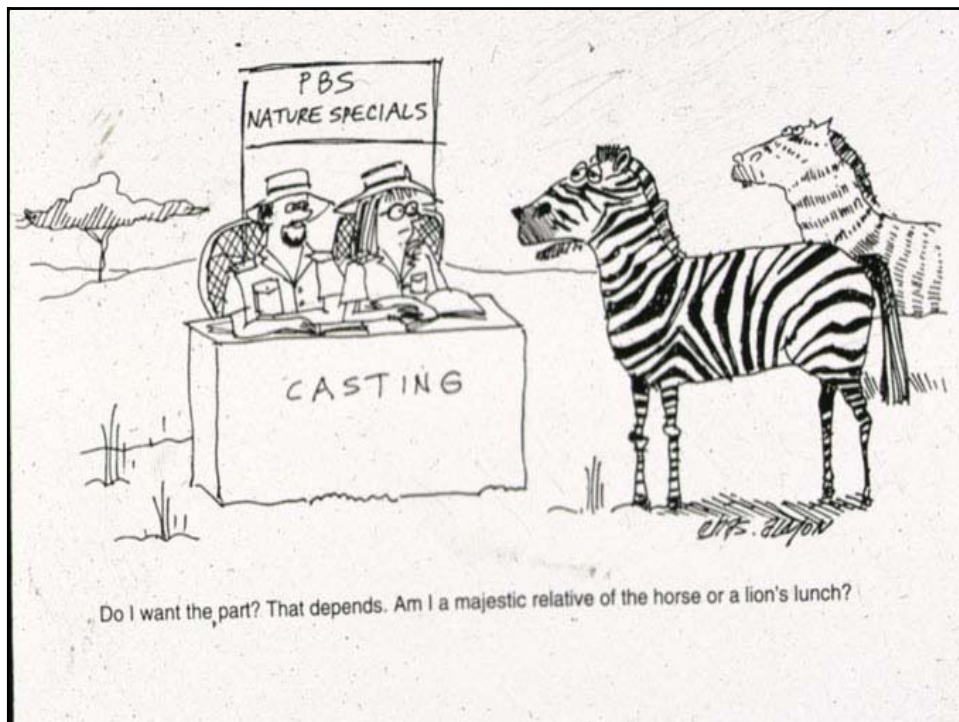
**Other relationships:**

**Employee of: Ann Arbor VA Healthcare  
System/University of Michigan Health System**

**Executive Director: American Board of Clinical  
Neuropsychology (ABCN) & American Academy of  
Clinical Neuropsychology (AACN)**

**Research support from: NIH**

**Support From: AACN**



## Purpose of the Examination

The examination for the diploma is designed to assess advanced competence in the practice of clinical neuropsychology. It is intended not just as a measure of fund of knowledge, but also as a tool to determine the effectiveness of application of neuropsychological principles in the clinical setting and the promotion of the welfare of the patient. *The examination is designed to provide a standard by which competence to practice Clinical Neuropsychology is judged.*

*Bieliauskas & Matthews, 1987*

## Why Board Certification?

- Protection of the patient is paramount!
- During earlier periods, multiple routes to clinical practice were followed. Multiple claims to competence still prevail.
- Even with formal training, level of training cannot be guaranteed, either by program or by student.
- Self-designation is not acceptable. Certificates of training are no better.
- Certification by examination by peers is the only appropriate method of assuring competence.

## Psychology Boards Analagous to Medical Boards

- State licensure is not appropriate for specialty regulation.
  - problems with generic licensure abound, including:
    - » understanding of specialty criteria difficult for legislators
    - » multiple claims to competence without appropriate exam
    - » sunseting
- Board certification is voluntary and regulated by the field.
  - medical specialties also not regulated at state level
  - AMA directory lists “self-designated” specialists

**The less we resemble high-level health care practitioners, the less we can be expected to be treated as equals.**

- General doctoral level training
- Post doctoral specialization
- *Specialty Board Certification!*

**Planning Group, Minneapolis,  
June, 1981**

Linas Bieliauskas

Louis Costa

Edith Kaplan

Muriel Lezak

Manfred Meier

Charles Matthews

Steven Mattis

Paul Satz

## Original ABCN Board, 1983

Arthur Benton	Charles Matthews, Sec.
Linas Bieliauskas	Steven Mattis, V. Pres.
Thomas Boll	Manfred Meier, President
Nelson Butters	Allan Mirsky
Louis Costa	Oscar Parsons
Leonard Diller	Homer Reed
Charles Golden (1984)	Byron Rourke
Gerald Goldstein	Paul Satz
Harold Goodglass	Aaron Smith
Edith Kaplan	Otfried Spreen
Muriel Lezak, Treasurer	Barbara Wilson
Joseph Matarazzo	

## ABCN BOD 2015

- |                                  |                                 |
|----------------------------------|---------------------------------|
| • Heather Belanger (2013-2018)   | William MacAllister (2015-2020) |
| • Jacobus Donders (2014-2019)    | Nathaniel Nelson (2013-2018)    |
| • Laura A. Flashman, (2010-2015) | Nancy Nussbaum (2012-2017)      |
| • Marsha Gragert (2014-2019)     | Robert Seegmiller (2015-2020)   |
| • Christopher Grote (2013-2018)  | Michael Schoenberg (2012-2017)  |
| • Laura Janzen (2011-2016)       | Beth Slomine (2012-2017)        |
| • Joseph Kulas (2013-2018)       | Anthony Stringer (2008-2017)    |
|                                  | Rodney Vanderploeg (2009-2014)  |

## **Officers and Appointees 2015-2017**

- |                            |                      |
|----------------------------|----------------------|
| • President                | Anthony Stringer     |
| • Vice President           | Nancy Nussbaum       |
| • Secretary                | Laura Flashman       |
| • Treasurer                | Joseph Kulas         |
| • ABPP Representative      | Deborah Koltai-Attix |
|                            |                      |
| • Executive Director       | Linas Bieliauskas    |
| • Exam Committee Chair     | Bernice Marcopulos   |
| • Local Arrangements Chair | Neil Pliskin         |

## **Myth # 10.**

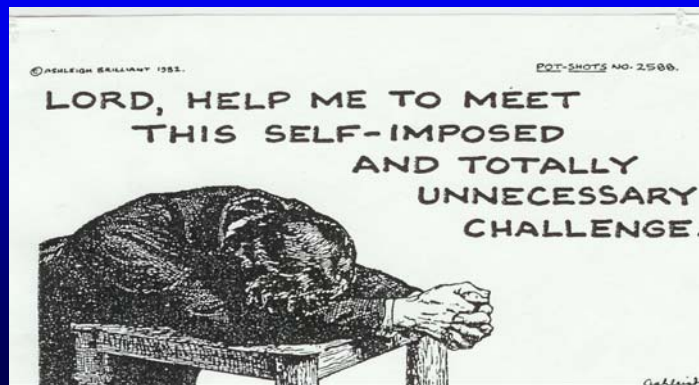
**I don't need an ABPP diploma. It looks plain  
and no one will notice that I have it.**

## Reality

- ABPP actually provides very nice diplomas, with gold leaf embossing, and it also provides the option of receiving the diploma professionally mounted with laquer and wood.
- Certificates are awarded at the ABPP convocation ceremony at each meeting of APA, where colleagues, friends, family, and significant others are welcome to attend.

## Myth #9.

- Nobody cares about ABCN/ABPP and very few people have the diploma.
- Why should I put myself through this?





## Reality

As of April, 2014, there are 1049 board certified Clinical Neuropsychologists, from 47 states, the District of Columbia, and 4 provinces. Since its inception, ABCN has awarded board certification to 1,077 individuals. In 2013, 130 candidates took the written exam and 96 took the oral exam.

The written exam is now computer-based, administered four times per year. There are two oral exams scheduled for 2015.

## Credential Review 2013

- Approved 115
- Under Review 0
- Pending/Deferred (Early App) 6
- Denied 1

## **Myth #8.**

- **ABPP is too expensive and it is too hard.**

## **Reality**

- **\$125 Application Fee (\$25 early application fee – for students)**
- **\$300 Written Examination Fee**
- **\$250 Practice Sample Fee**
- **\$400 Oral Examination Fee**
- -----

**The Examination Process Consists of:**

- **Submission and review of credentials.**
- **Written examination given four times per year, through ProMetrics, at an examination station convenient to you!**
- **Practice sample review and acceptance.**
- **Oral examination in Chicago.**

## **Myth #7.**

**If I don't pass my ABCN/ABPP examination,  
my career is over and I can never take it  
again.**

## **Reality**

**ABCN procedures provide for almost infinite  
retakes, always without prejudice after not  
passing once at any step, and mandating a  
three year waiting period after not passing  
twice. Not passing a third time simply  
means that one has to start over again.  
One never has the same reviewers or  
same examiners twice, and the reviewers  
or examiners do not know whether or not  
the candidate has taken the exam before.**

## **Myth #6.**

**Becoming board certified doesn't make any difference to my practice, so why should I go through the grief?**

## **Reality**

**The following benefits are associated with getting the diplomate:**

- **External credentialing by peers for practice competency, recognized in venues which require it (legal, managed care, hiring, etc.) & clearest evidence of competency in Clinical Neuropsychology.**
- **Equivalency to medical boards (important in medical settings).**
- **Important as training credential for accreditation.**
- **Listing in APA Register.**

## Further Benefits

- Pay differential in the armed services.
- Step pay differential in the VA.
- Reciprocity of license in most states to some degree.
- Requirement for Certificate of Professional Qualifications in Psychology as part of ASPPB; accepted in 34 jurisdictions and near approval in 11 more; must achieve state passing score on EPPP or qualify for waiver by having ABPP
- Personal validation of competency.

## APA Accreditation Handbook:

Psychologists administratively responsible for the training program....should be professional role models for faculty, staff, and students, as demonstrated (in addition to licensure/certification in the state in which they Practice) by recognition or distinction within professional associations, (e.g. APA fellowship in an appropriate division), or possession of an ABPP diploma in the appropriate specialty field...It is desirable that other professional psychology staff members be comparably qualified.

## **Additional Points:**

**APA Division 40 “Definition of a Clinical Neuropsychologist” (1988) specifies:**

***Attainment of the ABCN/ABPP Diploma in Clinical Neuropsychology is the clearest evidence of competence as a Clinical Neuropsychologist, assuring that all...criteria have been met***

## **Guidelines for Postdoctoral Training in Clinical Neuropsychology State:**

***A postdoctoral training program in clinical neuropsychology should be directed by a board-certified clinical neuropsychologist.***

***The program is designed to produce a competent practitioner in the areas designated...to provide eligibility for external credentialing and licensure...The latter also includes training eligibility for certification in Clinical Neuropsychology by the American Board of Professional Psychology***

The National Conference on Postdoctoral Training in Professional Psychology States:

*...director has expertise in an area of postdoctoral training offered, and has credentials of excellence such as the American Board of Professional Psychology diploma...*

## Postdoctoral Accreditation by APA

- Accredits postdoctoral residency programs providing education and training for entering professional practice at an advanced level of competency in one of the substantive traditional practice areas....or in a substantive specialty practice area.
- Substantive Practice Area =
  - Recognized by CRSPPP of APA or ABPP

## **The Houston Conference**

- specifies that education for specialty practice should continue through residency training, exit criteria for which include: “Eligibility for board certification in clinical neuropsychology by the American Board of Professional Psychology.”

## **Myth #5.**

**Qualifying for ABCN/ABPP requires that I be five years beyond my doctorate, and that I have completed formal postdoctoral training**



## Reality

- If one has appropriate training, one can apply for the ABCN/ABPP as soon as one gets their license.
- Postdoctoral training, according to the Houston Guidelines, is required for eligibility for anyone receiving their degree after January 1, 2005. Adjustments to this requirement for Canadian applicants are currently being studied.
- While postdoctoral training has certainly been the easy (and modal) route to demonstrating preparation for the specialty, other routes are also available for those graduating in the past, including extended specialty practice supported by external letters.

## Myth #4.

**ABCN/ABPP board certification is elitist and reserved for an “old boys” network, and non-famous neuropsychologists need not apply.**

## Reality

While almost all nationally-recognized, practicing Clinical Neuropsychologists hold the ABCN/ABPP diploma, most of those board certified are not “stars.” *Look at the current directory and see how many colleagues have passed the examination.* The notion of ABPP identifying only the “elite” has been dead for many years. ABCN has always been committed to identifying full practice competence, not identification of only the super achievers.

## Myth #3.

ABCN is a board whose examination is mainly “academic” or suited for “academics.”

## Reality

The notion that ABCN is “academic” is an often-circulated mistruth. *It is a lie and intended to mislead.* The majority of ABCN board certified neuropsychologists are in practice which is not affiliated with any academic institution. ABCN/ABPP has always provided an examination of competency to *practice*. Academics don’t need practice credentials.

## Myth #2.5

- ABCN is not friendly and exclusionary toward Child and Pediatric Neuropsychologists.

## Reality

- ABCN has always included child and pediatric neuropsychologists among its numbers and mandates that adult *and* pediatric neuropsychologists constitute their BOD.
- Most of the most prominent child/pediatric neuropsychologists in North America are boarded through ABCN.

## Child Subspecialty Certification added 2014

- Need to be board certified through ABCN
- Added application form
- Added written exam
- Added practice sample review

## Reality Continued

- According to the 2010 TCN/AACN Salary Survey, 40,7% of ABCN board certified respondents see pediatric patients in their practice (15.2% solely pediatric; 25.5% pediatric and adult).
- Consistent with these percentages, of psychology residents who responded, 37.5% identified as solely pediatric (23.4%) or as both pediatric and adult (14.1%)

## Reality Continued

- The ABCN written exam already consists of adult *and* child/pediatric questions.
- When so specified, practice samples are reviewed by child/pediatric specialists.
- When so requested, oral examiners include child/pediatric specialists for the practice sample and fact finding portions, within the limits of conflicts-of-interest
- The fact finding portion of the oral exams gives the choice of an adult or child/pediatric case.

## Myth #2.

Nobody passes the board exam and, in fact, its pass rates are lower than for comparable medical boards.



## Reality

- ABCN pass rates are quite fair and comparable to those of the medical boards. In 1994, the pass rate was 76% for the written exam and 66% for the oral exam. In 1995, the pass rate was 59% for the written exam and 68% for the oral exam. In other words, the majority of those taking the exam, pass.
- For comparative purposes, from the neurology portion of the exam for the American Board of Psychiatry and Neurology, in 1994, the pass rate was 64% for the written exam and 70% for the oral exam. In 1995, the neurology board pass rate was 52% for the written exam and 73% for the oral exam.

### Pass Rates for Recent Years

Year	Written Exam (neurology boards)	Oral Exam
1994	76% (64%)	66% (70%)
1995	59% (52%)	68% (73%)
1996	62% (66%)	72%
1997	64% (69%)	70%
1998	51% (65%)	61%
1999	76%	82%
2000	52%	73%
2001	74%	67%
2002	79%	73%
2003	72%	71%
2004	74%	72%
2005	59%	80%
2006	63%	81%
2007	61%	79%

### Recent Pass Rates (continued)

Year	Written Exam	Oral Exam
2008	69%	79%
2009	63%	89%
2010	66%	83%
2011	79%	85%
2012	67%	80%
2013	61%	75%
2014	60%	80%

## ABCN Written/ABPN Written

### Neurology/Child Neurology: 2002 – 2006

PART I (includes both neurologists and child neurologists):

New\* candidates 83%

Repeat candidates 26%

PART II: Neurology

New\* candidates 76%

Repeat candidates 77%

PART II: Child Neurology

New\* candidates 75%

Repeat candidates 78%

New candidates are those taking the examination for the first time on their most recent applications. They are not necessarily recent graduates of residency training programs.

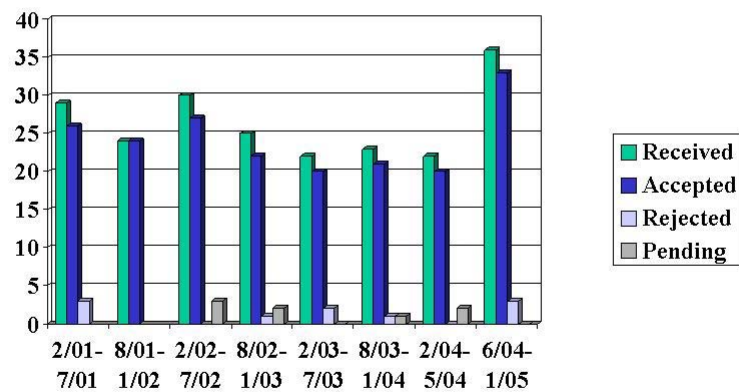
ABCN cumulative pass rate since 2002-2006 is 69%

## Cumulative Pass Rates

- From 1996 - 2006, the Oral Examination was administered to 371 candidates, with a Cumulative Pass Rate (1996-2005) of 72%.
- The Annual Pass Rate over those 10 years has fluctuated from a low of 55% in 1998
- to a high of 82% in 1999.



## ABCN Credentials Review



## Practice Sample Review

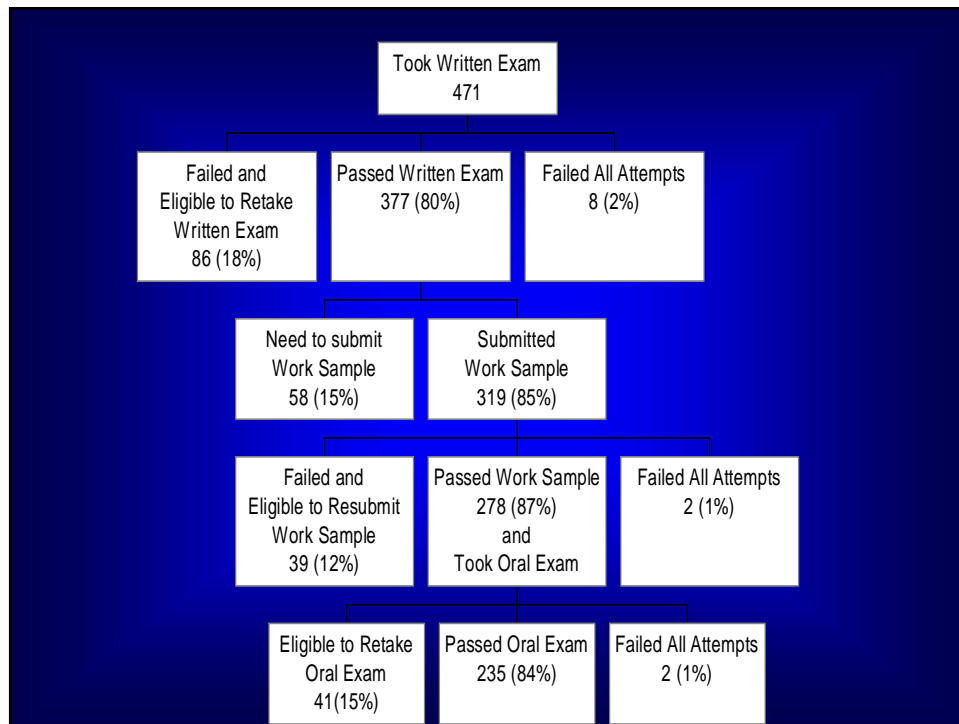
- 124 practice sample submissions received in 2014
- Of those, 88 were accepted (71%)
- This figure, however, represents only non-acceptance at any one point in time. Many just resubmit another practice sample.
- There is no limit to the number of practice samples which can be submitted during the seven year period.

## **Automatic Appeals**

- “Overturn” (send to oral exam) decision on 20% of 4th Reviews (2014)
- 100% passed the oral exam

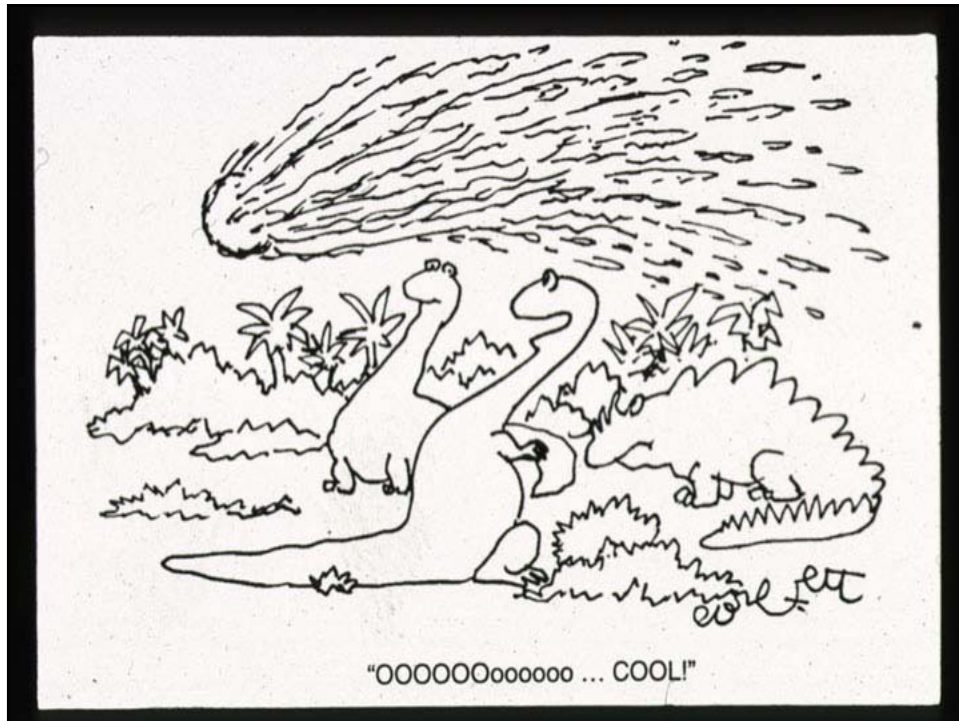
## **Pass Rates Overall for Ten Year Period**

- From 1993 to 2003, 471 applied for the exam
- Total failed all writtens: 1.7%
- Total failed all Practice samples: .42%
- Total failed all orals: .42%
- Total who failed process at some point: 2.55%
- Total who dropped out /not finished yet: 27.39%
- Total Passed + Total Dropped out/not finished yet: 77.29%



## Myth #1.

**ABCN/ABPP is the same as any other board,  
so why go through the bother?**



## Reality

Boards can be established at anyone's will in a free country. In medicine, there are over 100 boards, but there are only 22 recognized boards associated with the American Board of Medical Specialties (ABMS), the oversight board. Similarly, there are multiple boards in psychology, but only 13 are associated with the American Board of Professional Psychology (ABPP) as the oversight board since 1947. ABCN is the affiliated board of ABPP which is responsible for the examination in Clinical Neuropsychology.

## American Board of Medical Specialties (ABMS)

American Board of:	Approved
• Allergy & Immunology	1972
• Anesthesiology	1941
• Colon & Rectal Surgery	1949
• Dermatology	1931
• Emergency Medicine	1979
• Family Practice	1969
• Internal Medicine	1936
• Neurological Surgery	1940
• Nuclear Medicine	1971
• Obstetrics & Gynecology	1930
• Ophthalmology	1917
• Orthopaedic Surgery	1935

## ABMS (continued)

• Otolaryngology	1924
• Pathology	1936
• Pediatrics	1933
• Physical Medicine & Rehabilitation	1947
• Plastic Surgery	1941
• Preventive Medicine	1949
• Psychiatry & Neurology	1935
• Radiology	1935
• Surgery	1937
• Thoracic Surgery	1970
• Urology	1935

## American Board of Professional Psychology (ABPP)

- Established in 1947, replacing the APA Committee considering a credentialing body for psychologists.
- APA recognized that the same body could not carry out both membership advocacy and professional certification functions.
- APA gave \$2,000 loan to establish ABPP as a legally independent entity.
- Currently, there are 14 member boards, ABCN being one of them.

## American Boards of Professional Psychology (ABPP)

American Board of:	Approved:
• Clinical Child and Adolescent Psychology	2003
• Clinical Health Psychology	1991
• Clinical Neuropsychology	1983
• Clinical Psychology	1947
• Cognitive and Behavioral Psychology	1992
• Counseling Psychology	1947
• Couple and Family Psychology	1990
• Forensic Psychology	1984

## **American Boards of Professional Psychology (ABPP)**

- |   |      |
|---|------|
| • Geropsychology                                    | 2013 |
| • Group Psychology                                  | 1999 |
| • Organizational and Business Consulting Psychology | 1947 |
| • Police and Public Safety Psychology               | 2011 |
| • Psychoanalysis                                    | 1996 |
| • Rehabilitation Psychology                         | 1995 |
| • School Psychology                                 | 1968 |

## **Top 10 Reasons to Pursue ABPP/ABCN**

- Adapted with permission from “A Step-by-Step Guide to ABPP/ABCN Certification in Clinical Neuropsychology” by Armstrong, Beebe, Hilsabeck, & Kirkwood (in press).
- Sweet, J. J., Nelson, N. W., & Moberg, P. J. (2006). The TCN/AACN 2005 "salary survey": professional practices, beliefs, and incomes of U.S. neuropsychologists. *The Clinical Neuropsychologist*, 20, 325-364.

## Top 10 Reasons

- **Higher income**
  - Neuropsychologists with ABPP/ABCN earn, on average.
  - VA, Armed Services, and some medical institutions offer salary bonus benefits
- **Job satisfaction**
  - Neuropsychologists with ABPP/ABCN are more satisfied<sup>1</sup>
- **Job security**
  - Some jobs require board certification or its pursuit as a condition of employment (e.g., some medical school departments, accredited neuropsychology postdoctoral training programs)

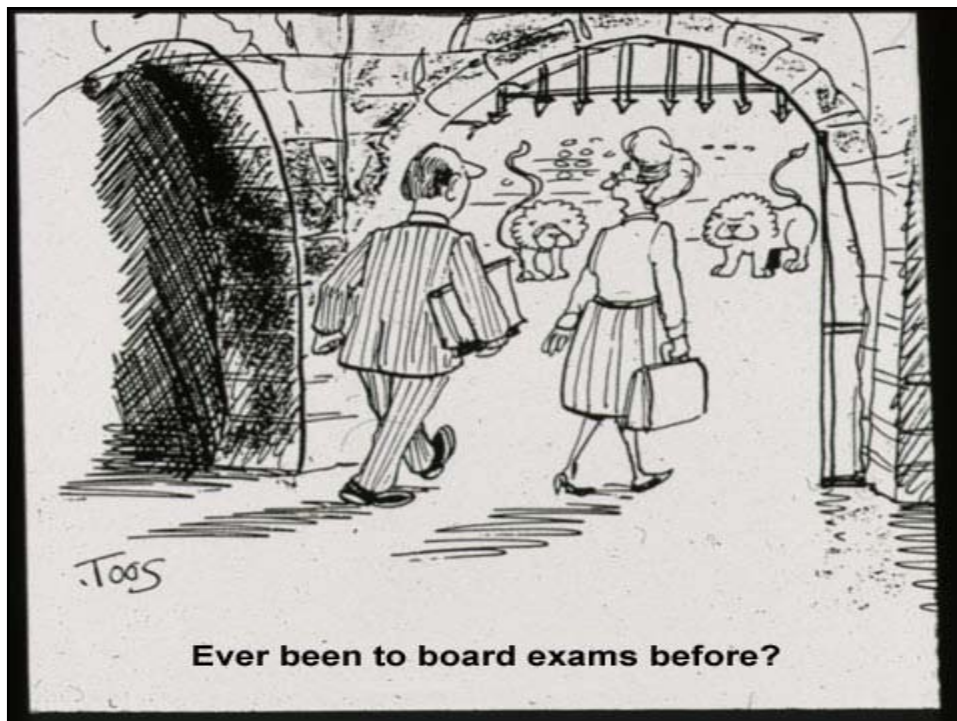
## Top 10 Reasons (continued)

- **Credibility**
  - Comparable to medical boards
  - Preferred in legal settings
  - Preferred in medical settings
  - Attracts trainees
- **License and practice mobility**
  - Enables licensing reciprocity in many states
  - Facilitates licensing in some states that do not allow reciprocity
- **Streamlined credentialing**
  - Reduces paperwork required by some state licensing boards
  - Meets strictest standards of insurance panels



## Top 10 Reasons (continued)

- Increased knowledge base
  - Preparation ensures breadth and depth of neuropsychological knowledge
  - Receipt of APA-approved CE credit upon completion of the process
- Reduced public confusion
  - **Clarifies to lay person that you have received substantial training and have been deemed competent by peers**
- Personal validation and satisfaction
  - Confirmation of your clinical neuropsychological skill set
  - Role model to colleagues and trainees
- Quality assurance
  - **Supports widespread use of training and practice standards**



# Administrative Structure for Application and Examination

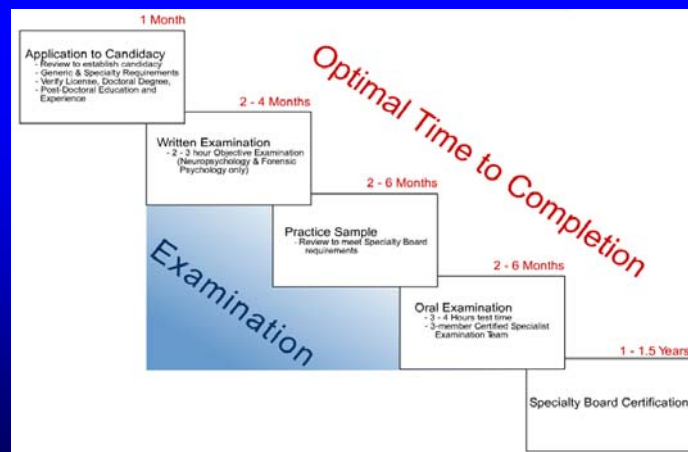
Application and Credentials Review

Written Examination

Work Sample Evaluation

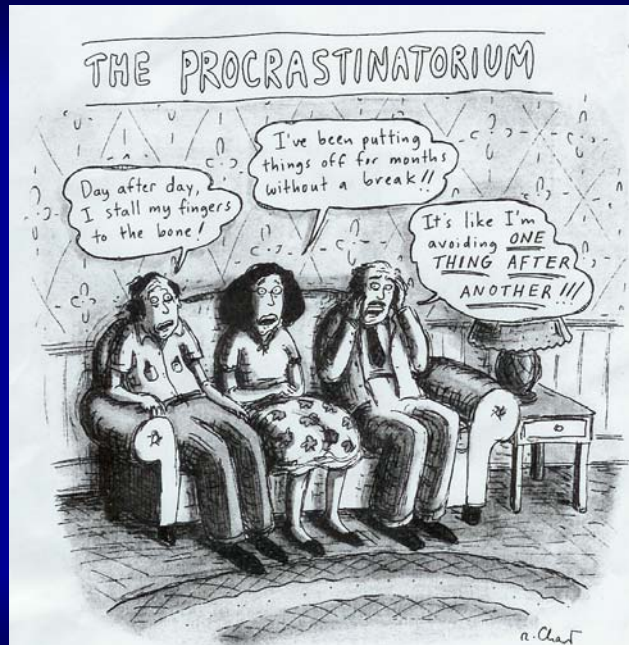
Oral Examination

## How Long Does it Take?



**But.....**

- Don't procrastinate!
- This can be done in a surprisingly quick way.....
- Just follow the steps!



The American Board of Professional Psychology's (ABPP) certification in Clinical Neuropsychology is a two-phase process. Each phase includes two steps. The first phase of this process focuses on assuring that the candidate has received appropriate education, training and supervised clinical experiences and evaluating a candidate's neuropsychological knowledge. This is accomplished in two steps: (1) Credential Review and (2) the ABCN Written Examination in Clinical Neuropsychology. The second phase of the certification process focuses on assuring clinical competence. This is also accomplished in two steps: (1) Practice Sample submission and review and (2) the ABCN Oral Examination in Clinical Neuropsychology.

#### Phase I

1. Candidate applies to ABPP for board certification in Clinical Neuropsychology, with a \$125 application fee. ABPP checks the applicant's transcripts, review credentials, and generally check the applicant's background as presented in the application.

2.

A. If not approved, the candidate is so notified with a description of areas of weakness or non-acceptability of credentials along with recommendations for strengthening the application, if any. Process ends here.

B. If the candidate wishes to reapply, he/she must demonstrate that their application has been improved and the application fee of \$125 must be paid again.

C. If approved, the application is forwarded to ABCN credentials committee which checks for compliance with ABCN-specific standards relating to education, training and experience.

3.

A. If the ABCN committee does not approve the application, it is returned to ABPP with the recommendation not to approve along with a description of weakness or non-acceptability of credentials as well as recommendations for strengthening application, if any. Process ends here.

B. If the candidate wishes to reapply, he/she must demonstrate that their application has been improved, the application fee of \$125 must be paid again, and credentials review proceeds from the beginning.

C. If the ABCN committee approves application, it is returned to ABPP with a recommendation to approve.

D. ABPP notifies the candidate of the results of the credential review procedure. Applicants whose credentials are approved become "candidates" for ABPP certification in Clinical Neuropsychology. The ABPP certification process must be completed within seven years from the date on which the candidate is notified that his/her credentials have been approved. The date on the applicant's credential review decision letter defines the start for this seven-year period.

4. ABPP instructs the candidate that the next step is to take the written examination which will be given through ProMetrics, four times per year. The candidate is instructed to contact ABCN directly to arrange for taking the next written examination and to forward a fee of \$300 to ABPP. ABPP forwards a copy of the candidate's file to ABCN for further processing. A candidate may take this Written Exam whenever it is offered after being notified of the credential review decision. The Written Exam may be taken no more than three times in the seven-year time period. Candidates who fail the Written Exam three times, or who fail to pass the Written Exam in the seven-year time period, are not permitted to move forward in the certification process and they do not receive ABPP certification.

5.

A. Candidates who do not pass the written examination on their first attempt are informed that they may take the examination again, within the seven year period without prejudice, after waiting for at least six months and resubmitting the then current examination fee. Process ends here unless the candidate chooses to reapply for the written examination.

B. Candidates who do not pass the written examination on their second attempt are informed that they may take the examination again, after waiting at least six months, within the seven year period without prejudice, upon resubmission of the then current examination fee. Process ends here unless the candidate chooses to reapply for the written examination.

C. Candidates who do not pass the written examination on their third attempt are not eligible to take it another time and the process ends here. In this instance a candidate would need to reinitiate the entire application process with appropriate fees if they wish to pursue candidacy for the diploma.

D. ABPP informs all candidates who pass the written exam of their results. ABPP also then directs each candidate to submit a Practice Sample to ABCN for review and a \$250 Practice sample review fee to ABPP.

## Phase II

In Phase 2, step 1, candidates submit a Practice Sample. Each Practice sample includes two cases that the candidate has completed without being supervised. This Practice Sample is reviewed for its acceptability for use during a candidate's oral examination. Every Practice Sample is reviewed by three ABPP-certified clinical neuropsychologists. Each reviewer rates the Practice Sample as either "acceptable" or "not acceptable" for use at the orals. At least two reviewers must rate the Practice Sample as "acceptable" before the candidate can be scheduled for the oral examination. Practice Samples that are rated as "not acceptable" by at least two reviewers are forwarded for automatic appeal. Non-accepted Practice Samples are then returned to the candidate with comments about the Practice Sample's strengths and weaknesses. The candidate repeats the Practice Sample submission and review process (using new case material with every submission) until a Practice sample is rated as "acceptable" for use at the oral examination.

1.

A. If a candidate's first Practice sample is not accepted, the candidate is so notified along with a description of its weaknesses along with recommendations for improvement, if any. The candidate may submit a new Practice sample without prejudice, but with a new Practice sample review fee to ABPP. If a candidate does not submit a new Practice sample, the process ends here.

B. If a candidate's Practice sample is not accepted for a second time, the candidate is so notified along with a description of its weaknesses along with recommendations for improvement, if any. The candidate may submit a new Practice sample without prejudice again, but with the Practice sample review fee to ABPP. If a candidate does not submit a new Practice sample, the process ends here.

C. The above procedures repeat themselves until a candidate's Practice sample is rated as acceptable for use at the oral exam. Whenever a Practice sample is not accepted, candidate may continue to submit a new Practice sample (always using new case material) until such time as a Practice sample is accepted or the seven-year period of examination expires. The current Practice sample review fee must be submitted to ABPP with every other Practice sample submission cycle.

D. When a Practice sample is accepted for use at the oral exam, the candidate and ABPP are so informed by ABCN. The candidate is notified that he/she is eligible to sit for the next oral examination where there is available space. Candidates will also be notified to submit the \$400 oral examination fee to ABPP.

2. After a candidate's Practice Sample is "accepted," the candidate may take the Oral Exam when it is next offered and there is available space.

A. Candidates who pass their Oral Exam are awarded ABPP certification in Clinical Neuropsychology and become American Academy of Clinical Neuropsychology (AACN) members. The names of candidates who pass the oral examination are presented to ABPP along with the recommendation that these candidates be awarded ABPP certification in Clinical Neuropsychology. If approved, ABPP then so informs the candidate and arranges for the award of the diploma in Clinical Neuropsychology.

B. Candidates who fail their Oral Exam may re-take the exam after having a new Practice Sample reviewed and "accepted," via the above-described procedures, provided that the seven-year limit has not expired. A candidate may take the Oral Exam no more than three times in the seven-year time period of their candidacy.

### General Comments

It is the candidate's responsibility to accomplish all tasks required for ABPP certification within the seven-year time limit. The applicant or candidate must pay all fees required during the certification process, including those required if steps in the process are repeated. There are current considerations to reduce the time limits, to 12 months at any stage.

Candidates who fail to obtain ABPP certification through the procedures specified here may re-initiate the process without prejudice by re-submitting their updated credentials for review. An applicant should understand that whenever a new application is initiated all previous actions will be regarded as if having never happened and no comparisons will be made between current and past procedures or actions. All candidates will be required to engage in the examination procedures that are current at the time of their re-application and which will incorporate any changes that have taken place since any prior application.

**Exceptions to these  
procedures may only  
be granted by a  
majority vote of the  
ABCN Board of  
Directors.**



## ABPP General Criteria

- Eligibility for Specialty Certification
- To attain board certification in a specialty, an applicant must meet the general and the specialty eligibility requirements which include:
- A doctoral degree from a program in professional psychology which at the time the degree was granted was accredited by the APA, CPA, or was listed in the publication *Doctoral Psychology Programs Meeting Designation Criteria*. Applicants credentialed in the most recent directory of the *National Register of Health Service Providers in Psychology*, the *Canadian Register of Health Service Providers in Psychology*, or the *Certificate of Professional Qualification in Psychology (CPQ)*, (ASPPB) qualifying as meeting the doctoral degree requirements.

## ABPP Criteria Continued

- Licensure or Certification at the independent practice level as a psychologist in the State, Province, or Territory in which the psychologist practices.
- Note: Limited exceptions exist for prior to 1983 doctoral preparation, degrees granted outside the U.S. or Canada, formal retraining, substantial equivalents to accreditation requirements, and licensure in jurisdiction of practice for some Federal employees. Exception criteria and procedures are available from Central Office.
- Specialty preparation for practice characteristic of the specialty, including appropriate doctoral education as a foundation for the specialty and such post-doctoral preparation as necessary to meet the standards of the specialty.

## ABCN Specific Criteria

- Areas of training and experience:
  - Basic Neurosciences
  - Clinical Neurology
  - Psychological Assessment
  - Clinical Neuropsychological Assessment
  - Psychological Intervention
  - Psychopathology
  - Neuropathology
  - Neuroanatomy

## Retrospective Criteria

- Minimal entry level criteria for the independent practice of clinical neuropsychology for those who completed their doctoral training:
  - a. Prior to 1981 should:
    - 1) hold a valid state or provincial license/certification for the independent practice of psychology
    - 2) have 4800 hours of postdoctoral experience in a neuropsychological setting, involving a minimum of 2400 hours of direct clinical service.

- b. From 1981 to 1989 should:
  - 1) hold a valid state or provincial license/certification for the independent practice of psychology
  - 2) have 1600 hours of clinical neuropsychological experience *supervised by a clinical neuropsychologist* at the predoctoral or postdoctoral level.

- c. After 1989 should:
  - 1) hold a valid state or provincial license/certification for the independent practice of psychology
  - 2) have successful completion of systematic didactic and experiential training in neuropsychology and neuroscience at a regionally accredited university
  - 3) have two or more years of appropriate *supervised* training applying neuropsychological services in a clinical setting

## The Houston Conference

- September 3-7, 1997
- Neuropsychology approved as a specialty by APA in 1996
- Need to establish a model of training
- 40 delegates, 6 planning committee members, 3-4 observers chosen from applicants from all constituencies in Clinical Neuropsychology
- Policy statement adopted by consensus
- Policy statement endorsed by *all* major neuropsychology organizations

## The Houston Conference

- Anyone graduating in 2005 or later must meet Houston Conference Guidelines
- Doctoral level graduate training, internship, and Includes 2 year accredited postdoctoral fellowship (adjustment being reviewed for Canadian citizens).
- Cannot be established on the basis of continuing education alone
- Training in multiple domains
  - Generic Psychology
  - Generic Clinical
  - Foundations for brain-behavior relationships
  - Foundations for practice of clinical neuropsychology

## Houston Conference Guideline Modifications

- Houston Guidelines require that the residency be the equivalent of 2 years and completed on at-least a half-time basis. ABCN will accept minor deviations from these requirements that may arise based on medical, personal or professional factors. Under these circumstance the candidate must provide written documentation from the residency director that the candidate:
  - 1) left the residency in good standing,
  - 2) met all requirements of the residency,
  - 3) obtained the requisite skills and knowledge base described by the [Houston Guidelines](#). •ABCN will not require that the faculty of the 2-year residency include a board certified neuropsychologist (as stipulated in the Houston Guidelines). However, under these circumstances the candidate may be asked to provide a curriculum vitae for their primary neuropsychology supervisors.

## Canadian Modifications

- The same didactic, academic and clinical training experiences at the Doctoral and Internship level will be required of Canadian and US applicants, including the same requirements for Knowledge Base and Skills.
- At the level of Residency Education and Training in Clinical Neuropsychology, Canadian applicants are required to have two years of full-time post-doctoral practice supervised by a practicing clinical neuropsychologist. Supervised practice should allow for an affiliation with or access to an academic medical center where the trainee can access patient rounds, didactic sessions and other training opportunities (e.g., medical rounds, imaging training, etc). Interactions with other residents in medical specialties and allied professions is encouraged but not required. Supervised practice should allow the applicant exposure to and experience with a broad range of medical/neurological disorders or conditions and train them in the provision of a variety of clinical neuropsychology services (assessment, history taking, interview, feedback, report-writing, consultation, program planning, and intervention). The exit criteria for the residency are the same, namely:

- Advanced skill in the neuropsychological evaluation, treatment and consultation to patients and professionals sufficient to practice on an independent basis;
- Advanced understanding of brain-behavior relationships;
- Scholarly activity, e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal or outcome assessment.
- A formal evaluation of competency in the exit criteria 1 through 3 shall occur in the residency program.
- Eligibility for state or provincial licensure or certification for the independent practice of psychology.
- Eligibility for board certification in clinical neuropsychology by the American Board of Professional Psychology.
- In summary, the only deviations from the Houston Guidelines is the requirement of at least one board-certified clinical neuropsychologist on the program's faculty (this is not yet strictly applied to the US residencies) and more flexibility for those who seek out comparable supervisory and training experiences where formal residency programs do not yet exist.

## The Houston Conference

- A clinical neuropsychologist is a professional psychologist trained in the science of brain-behavior relationships. The clinical neuropsychologist specializes in the application of assessment and intervention principles based on the scientific study of human behavior across the lifespan as it relates to normal and abnormal functioning of the central nervous system.

## The Houston Conference

- **Who should have specialty training?**
  - Persons who engage in specialty practice or supervise specialty practice.
  - Persons who call themselves “Clinical Neuropsychologists” or otherwise designate themselves as engaging in specialty practice.
  - Psychologists who engage in educating or supervising trainees in specialty practice.

## The Houston Conference

- **Skills**
  - Assessment
  - Treatment & Intervention
  - Consultation
  - Determination/Clarification of referral issues
  - Research
  - Teaching and supervision

## The Houston Conference

- Different knowledge base and skills can be established at different levels
- The conference established nothing new. It codified the existing state of education and training in Clinical Neuropsychology.
- A profession without a model is not a profession.

***MOC!!!!***





## Maintenance of Certification

- Specialists must complete MOC every ten years following initial board certification. MOC materials must be submitted nine years following certification (or last MOC renewal) and must document the professional activities that supported maintenance of specialty competencies during the two years prior to the submission (i.e., years 7 & 8 post-certification or last MOC renewal). Specialists who were board certified prior to January 1, 2015 who opt in to MOC may submit materials beginning in 2016, according to a timetable to be established by the ABCN Board of Directors.

## What does *MOC* Entail?

- The MOC process is comprised of two parts. Specialists will complete: (1) an electronic form, known as the ABCN Specialty Continuing Professional Development (SCPD) Grid, to document professional activities and calculate “credits” (Discussed earlier in [FAQ #2](#)); and (2) a minimum of four brief questions related to clinical practice and setting, a recent ethical/diversity issue encountered, and the means by which clinical efficacy is evaluated.
-

## Written Examination

- Prepared in conjunction with the Professional Examination Service (PES)
- Updated every 2-3 years by 30%
- Items rated for appropriateness as well as accuracy
- 125 multiple-choice items, covering 2 rubrics (25 are pilot items)
- *No longer* given at each of the four major neuropsychological meetings annually, INS, AACN, APA Division 40, and NAN.

## Upcoming Written Exams given through ProMetrics

- Four times per year
- At a Prometrics station close to home
- In 2014, two week periods beginning:

August 30-September 13,  
2014

(Deadline to register: July 25,  
2014)

November 29-December 13,  
2014

(Deadline to register: October  
24, 2014)

*Results 3-4 weeks after close of testing window.*

## Recommended Readings (updated editions)for Written Exam

- Lezak, Howieson, Bigler, & Tranel: *Neuropsychological Assessment (4<sup>th</sup> ed.)*. 2012, Oxford.
- Woolsey: 2003: *The Brain Atlas*. Fitzgerald Science Press.
- Kandel, Schwartz, Jessel: *Principles of Neural Science (4<sup>th</sup> ed.)*. 2000, Appleton & Lange.
- Adams & Victor: *Principles of Neurology (9<sup>th</sup> ed.)*. 2009: McGraw-Hill.
- Kolb & Wishaw: *Fundamentals of Human Neuropsychology*. 2008, Worth.
- Heilman & Valenstein: *Clinical Neuropsychology (5<sup>th</sup> ed.)*. 2011, Oxford.

## Recommended Readings

- J. Morgan & J. Ricker (Eds.), *Textbook of clinical neuropsychology*, Taylor & Francis, 2008.
- J. E. Morgan, I. S. Baron, & J. H. Ricker (Eds.), *Casebook of clinical neuropsychology*. 2010 New York: Oxford University Press.
- Bush, S. Ethical decision making in clinical neuropsychology. 2007. Oxford.
- Published practice guidelines (e.g., dementia, MCI, etc;) AACN, AAN

## Readings (continued)

The Following have Questions at end of each chapter:

- Weiner, Goetz, Shin & Lewis: *Neurology for the Non-Neurologist*. Lippincott, 2010.
- Nolte: *The Human Brain: An Introduction to Its Functional Neuroanatomy*. Mosby, 2008.

## Two Rubrics for Questions from Houston Conference

- Scientific Foundations for the Practice of Neuropsychology
  - Neuroanatomy throughout lifespan
  - Neurological disorders
  - Non-neurologic conditions
  - Research design and analysis
  - Neuroimaging and neurodiagnostic techniques
  - Neurophysiology and neurochemistry of behavior
  - Normal brain-behavior over the lifespan
  - History of theory, research, and practice in neuropsychology

## **Second Rubric**

- **Clinical Foundations for the practice of Neuropsychology**
  - Interview and assessment techniques
  - Psychometrics
  - Interventions
  - Practical Implications
  - Impact of personality and psychopathology
  - Professional issues and ethics
  - Individual differences and diversity

## **General Domains**

- **Neuropsychological Assessment**
  - Psychometrics & diagnostic (decision) theory
  - Interpretation of test results
  - Effects of normal aging and other demographic factors on test performance
  - Psychometric features of cerebral disease
  - Comparison of tests used in neuropsychological assessment and research

- **Clinical Neuropsychology**
  - Neurobehavioral characteristics of cerebral disease
  - Neurobehavioral syndromes
  - History of Clinical Neuropsychology
  - Theory of brain organization and functions
  - Theory of neuropsychological signs and symptoms of cerebral disease
- **Basic and Clinical Neurosciences**
  - History of neuroscience
    - » Persons
    - » Thoughts and concepts
  - Neuroanatomy (normal surface anatomy to types of cells, vascular system)
  - Neurophysiology (cell or tissue functioning, role of blood cells)
  - Neuropathology (types of abnormal cells, classification of tumors, histological characteristics of cerebral disease, vascular abnormalities)
  - Neuropharmacology & neurotransmitters in neurologic disease

- **Behavioral (Clinical) Neurology**
  - Neurological examination
  - Neurodiagnostic testing
    - » EEG
    - » Evoked Potentials
    - » Magnetoencephalograph
    - » Transcranial Doppler
  - Brain Imaging and Related Procedures
    - » CAT
    - » MRI
    - » FMRI
    - » PET
    - » SPECT
    - » Cerebral Blood Flow
    - » Skull X-Rays
    - » Angiography

- Neurologic signs and symptoms of disease (e.g., Glasgow Coma Scale, Confusional States, Parkinson Disease, Huntington Disease, Persistent Vegetative State, etc.
- Etiology, risk factors, course and prognosis of neurologic disease
- Treatment of neurologic disease (including untoward effects)
- **General Clinical Psychology**
  - Psychological and psychiatric examinations
  - Psychological disorders from DSM
    - » Psychological Assessment
    - » Psychological testing
    - » Psychological signs and symptoms of DSM psychiatric disorders
    - » Physical signs and symptoms of DSM psychiatric disorders
    - » Etiology, risk factors, course, and prognosis of psychiatric disorders
    - » Theories of cognitive psychology & its terminology
    - » Psychopharmacology in the treatment of psychiatric disorders (including therapeutic & side effects)

## **Hints for the Written Examination**

- Studying is important. Map out a study strategy and stick to it.
- Ask friends and colleagues who have gone through the process about books or programs which they found particularly useful.
- Think about forming study groups which cover topics and then members quiz each other.

## Practice Sample Submission

- A Practice sample consists of two cases
- The cases must be sufficiently different to demonstrate broad knowledge
- *Original* report, summary sheet, copy of raw test protocols

***Note: Supplementary materials NO LONGER REQUIRED!***

## Hints for Practice Sample

- Make sure cases are sufficiently diverse.
- Make sure cases are typical for your practice; do not labor to introduce exotic cases.
- Do *not* write overly long reports.
- Make sure all identifying information is removed.
- Make sure summary sheets are clear.
- Make sure all test protocols are correctly scored.
- Do *not* violate copyrights.
- Start looking for Practice samples now!
- Have ABCN/ABPP colleagues critique cases.



## Oral Examinations

Once a candidate is notified that their Practice samples have been accepted (not passed) for oral examination, they are asked to prepare to take the next available oral examination. Examinations are currently held at the University of Illinois at Chicago Medical Center, two times per year. For 2015, the exams will be offered in April, and November. With four examination teams, 48 candidates can be accommodated at each exam.

The examination committee of ABCN selects the examiners from a fixed cadre of examiners, selected for high quality of past exam administrations or high probability of effective examination based on training experience. The examiners represent the diversity of board certified clinical neuropsychologists, including gender, region, child/adult emphasis, and seniority.

When Practice samples are accepted, the candidate is asked to confirm their attendance at the examination. Suggestions are given to the candidates for reasonable accommodations close to the exam site and some arrangement is usually made to secure reduced rates (though this is not always possible).

Chicago has been chosen to be the standard site for oral examinations because of:

- Central location for travel
- Reasonable cost
- Opportunity for collateral activities
- Examination facilities in an appropriately respectful setting for the profession
- Standardization of examination procedures

## Hints for all parts of oral exam:

- Time management is crucial
  - 45-55 minutes for each part of exam
  - Time allowed to get organized
  - Do not ask irrelevant questions
- Pencil and Paper allowed
  - Notes may be taken during exam, including at the beginning to help get organized, if necessary
  - No notes may be taken from the exam
- Remember it is less what you know and more how you think.
- Stay Relaxed! Avoid being argumentative or defensive.
- Remember - all examiners are hopeful that you will *pass* the examination.

## Oral Exam Hints (continued)

- Ask ABCN/ABPP colleagues what strategies they used to get through the process.
  - Study Habits
  - Organization During the Exam
  - Anxiety
- Find colleagues who will give you pep talks!

## ETHICS and PROFESSIONAL ISSUES

- Background questioned as to professional development to see why you think and practice the way you do
- As with all parts of the exam, priority is that decisions made and conclusions reached are *Logical, Reasonable, and Defensible*
- Educational background, training background, continuing education, ongoing professional activities

### American Board of Clinical Neuropsychology, Inc. Outline for Ethics & Social Responsibility Examination

- | Candidate                                       | Examiner<br>Date |
|---|------------------|
| 1. Educational background                       |                  |
| a. General                                      |                  |
| b. Neuropsychology                              |                  |
| 2. Clinical training - internship               |                  |
| a. General                                      |                  |
| b. Neuropsychology                              |                  |
| 3. Postdoctoral clinical education and training |                  |
| a. General                                      |                  |
| b. Neuropsychology                              |                  |
| 4. Other background in Neuropsychology?         |                  |
| 5. Research?                                    |                  |
| 6. Publications?                                |                  |
| 7. Nature of practice.                          |                  |
| 8. Continuing Education.                        |                  |

9. Involvement in local, state, regional, national, international organizations
  - a. Attendance of meetings
  - b. Presentations at meetings
  - c. Professional organizational Practice
10. Teaching and/or clinical supervision of students
11. Have they ever been the subject of any inquiry concerning clinical or ethical matters?
12. Ever denied a requested privilege?
13. Ever have a granted privilege rescinded?
14. Ever encounter an ethical issue (e.g., involving others' behavior)?
15. What educational activities have you engaged in that were related to ethics (e.g., formal Continuing Education or self-directed study).
16. Recognizes own limitations or weaknesses (e.g., any type of referral that would be turned down or sent elsewhere)?

## **Ethics and Professional Issues**

- Vignette
- Identification of ethical issues embedded within the vignette
- Identification and resolution of ethical issues in personal experience
- Description of training, background, and approach to Clinical Neuropsychology
- Continuing education strategies
- Professional Involvement

## Sample Ethics Vignette

You have been asked by a family physician to evaluate a 22 year old woman for what she describes as memory difficulties. On examination, you find some inconsistent difficulties with recall and some motor tasks, but otherwise record a performance which is generally within normal limits. Your primary approach to neuropsychology has been via assessment, with very little therapy training or experience. However, since you are concerned about the apparent memory difficulties, you refer the patient to another psychologist in your group practice who provides cognitive rehabilitation.

## Continued....

The treating psychologist primarily prescribes a series of computer exercises for the patient which he has developed from a "common sense" approach to retraining of cognitive symptoms. During treatment, the patient is charged both for her visits and for the retraining software which she is encouraged to take home and practice. Within one month of beginning treatment, the patient calls you and reports that her symptoms have rapidly improved. She is grateful for your thorough evaluation and invites you to dinner, during which she also discusses an idea for greatly expanding evaluations leading to "more effective" use of cognitive retraining software. This eventually leads to a romantic, social, and business relationship which you and the patient move independently from the group practice. Your former partner agrees to provide software to you at a wholesale price which you can then sell at retail for prescription to your clients.

## **GENERAL PRINCIPLES**

Principle A: Beneficence and Nonmaleficence

Principle B: Fidelity and Responsibility

Principle C: Integrity

Principle D: Justice

Principle E: Respect for People's Rights and Dignity

## **ETHICAL STANDARDS**

### *1. Resolving Ethical Issues*

1.01 Misuse of Psychologists' Practice

1.02 Conflicts Between Ethics and Law, Regulations,  
or Other Governing Legal Authority

1.03 Conflicts Between Ethics and Organizational Demands

1.04 Informal Resolution of Ethical Violations

1.05 Reporting Ethical Violations

1.06 Cooperating With Ethics Committees

1.07 Improper Complaints

1.08 Unfair Discrimination Against Complainants  
and Respondents

## 2. Competence

### 2.01 Boundaries of Competence

### 2.02 Providing Services in Emergencies

### 2.03 Maintaining Competence

### 2.04 Bases for Scientific and Professional Judgments

### 2.05 Delegation of Practice to Others

### 2.06 Personal Problems and Conflicts

## 3. Human Relations

### 3.01 Unfair Discrimination

### 3.02 Sexual Harassment

### 3.03 Other Harassment

### 3.04 Avoiding Harm

### 3.05 Multiple Relationships

### 3.06 Conflict of Interest

### 3.07 Third-Party Requests for Services

### 3.08 Exploitative Relationships

### 3.09 Cooperation With Other Professionals

### 3.10 Informed Consent

### 3.11 Psychological Services Delivered To or Through Organizations

### 3.12 Interruption of Psychological Services

#### *4. Privacy And Confidentiality*

##### 4.01 Maintaining Confidentiality

##### 4.02 Discussing the Limits of Confidentiality

##### 4.03 Recording

##### 4.04 Minimizing Intrusions on Privacy

##### 4.05 Disclosures

##### 4.06 Consultations

##### 4.07 Use of Confidential Information for Didactic or Other Purposes

#### *5. Advertising and Other Public Statements*

##### 5.01 Avoidance of False or Deceptive Statements

##### 5.02 Statements by Others

##### 5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

##### 5.04 Media Presentations

##### 5.05 Testimonials

##### 5.06 In-Person Solicitation

#### *6. Record Keeping and Fees*

##### 6.01 Documentation of Professional and Scientific Practice and Maintenance of Records

##### 6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Practice

##### 6.03 Withholding Records for Nonpayment

##### 6.04 Fees and Financial Arrangements

##### 6.05 Barter With Clients/Patients

##### 6.06 Accuracy in Reports to Payors and Funding Sources

##### 6.07 Referrals and Fees



## 7. Education and Training

7.01 Design of Education and Training Programs

7.02 Descriptions of Education and Training Programs

7.03 Accuracy in Teaching

7.04 Student Disclosure of Personal Information

7.05 Mandatory Individual or Group Therapy

7.06 Assessing Student and Supervisee Performance

7.07 Sexual Relationships With Students and Supervisees

## 8. Research and Publication

8.01 Institutional Approval

8.02 Informed Consent to Research

8.03 Informed Consent for Recording Voices and Images in Research

8.04 Client/Patient, Student, and Subordinate Research Participants

8.05 Dispensing With Informed Consent for Research

8.06 Offering Inducements for Research Participation

8.07 Deception in Research

8.08 Debriefing

8.09 Humane Care and Use of Animals in Research

8.10 Reporting Research Results

8.11 Plagiarism

8.12 Publication Credit

8.13 Duplicate Publication of Data

8.14 Sharing Research Data for Verification

8.15 Reviewers

## 9. Assessment

9.01 Bases for Assessments

9.02 Use of Assessments

9.03 Informed Consent in Assessments

9.04 Release of Test Data

9.05 Test Construction

9.06 Interpreting Assessment Results

9.07 Assessment by Unqualified Persons

9.08 Obsolete Tests and Outdated Test Results

9.09 Test Scoring and Interpretation Services

9.10 Explaining Assessment Results

9.11. Maintaining Test Security

## 10. Therapy

10.01 Informed Consent to Therapy

10.02 Therapy Involving Couples or Families

10.03 Group Therapy

10.04 Providing Therapy to Those Served by Others

10.05 Sexual Intimacies With Current Therapy Clients/Patients

10.06 Sexual Intimacies With Relatives or Significant Others of  
Current Therapy Clients/Patients

10.07 Therapy With Former Sexual Partners

10.08 Sexual Intimacies With Former Therapy Clients/Patients

10.09 Interruption of Therapy

10.10 Terminating Therapy

## Hints for Ethics & Professional Issues

- Know APA Ethical Principles.
- Know *why* something is unethical, not just “because APA says so.”
- Know what to do when confronted with ethical issues.
- Think through logic of *why* you do what you do, where you came from, where are you going.
- Be aware of current issues in psychology and neuropsychology.
- Identify how you keep abreast of your field.

## Practice Sample Points

- demographic data Knowledge of patients (including appropriate demographic data)
- contributing factors, e.g., medications, etc. Consideration of appropriate etiologies and contributing factors, e.g., medications, etc.
- Consideration of emotional and motivational factors
- techniques Awareness of pertinent research and evaluation techniques
- evaluation techniques Application of pertinent research, its implications, and evaluation techniques to the candidate's practice
- Justification for procedures employed
- procedures demonstrated Knowledge of appropriate intervention and follow-up procedures demonstrated
- Consideration of applicable, relevant collateral data (e.g., medical, speech pathology, academics, etc.)
- Awareness of limitations of procedures employed
- Awareness of ethical issues in candidate's practice
- Make note below of any specific problems or outstanding features of the candidate's performance

## Practice SAMPLE

- Two cases already reviewed by at least three reviewers and examiner
- Child or adult – examiner matched if so requested
- As always, methods and conclusions should be *logical, reasonable, defensible*

## Practice Sample

- Each submitted case queried by the examiner
- Questions taken from Practice sample reviewers as well as examiner's own review
- Defense of methods used & conclusions reached
- Clarification of ambiguities
- Supplementation of missing information
- Recommendations for follow-up
- Specialized knowledge in area of Practice sample submission

## Hints for Practice Sample

- Know your patient!
- Know your data
- Know the area which your report addresses
- Be clear on follow-up information - preferably after the writing of your report
- Be able to discuss your cases in terms of your overall practice, demonstrating generalized knowledge.
- Practice defending Practice sample in front of colleagues.

## FACT FINDING

- Perhaps most anxiety-provoking because you are asking the questions and, thus, also managing your time
- *BUT* – it is what you do every day, only compressed into 50 minutes or so
- Examiner has all information you will need to process the case
- You are given choice of child or adult case – examiner matched if so requested in advance

**American Board of Clinical Neuropsychology, Inc.**  
**Fact-finding Examination**  
**SUMMARY REPORT ON CANDIDATE**

- **Candidate            Examiner            Date**
- **Briefly summarize your evaluation of the candidate's performance and the strengths and weaknesses in each of the three major phases of this exercise. If there were any deficiencies or problems, please give examples of these.**
- **1. Fact-finding**
- **2. Presentation of conclusions**
- **3. Defense of conclusions**

## **Fact Finding**

- **Brief vignette of real case, choice of child or adult**
- **All cases used meet criteria of clarity and availability of data**
- **Cases are not esoteric by design**
- **Mock examination**
- **Questioning of the examiner**
- **Organization of data & reaching of conclusions**
- **Explanation & defense of conclusions**
- **Potential prompts from examiner**
- **Ability to think on feet if data are re-arranged**

## Hints for Fact-Finding

- Be aware of time management
- Show your thinking processes; think out loud
- Take time to keep organized; ask questions as if conducting a real exam and use notes if helpful; MNEMONICS OK AT START, MAKE AN OUTLINE
- Ask for *everything* in a logical sequence; *all* data is available
- Do not ask irrelevant question, they waste time and do not show your thinking process
- Data will be explained if you don't understand them
- *Practice in Advance!* Do mock Grand Rounds.

## Decision Procedures and Forms

## The Decision

- Examiners meet at the end of three candidates' exams, discuss their findings, and render a decision.
- Candidates do not pass or fail any single part of the examination; they pass or fail the entire exam, based on the decision of two out of three of their examiners.
- If Passed, brief note is written, with comments, and forwarded thru ABCN to ABPP. ABPP notifies of award and invites to convocation.
- If Not Passed, longer note is written, with critique, comments, and suggestions for improvement.

ABPP, Inc.; ABCN, Inc. [Rev. 8/07] <b><u>EXAMINATION RATING FORM</u></b>			
Candidate	Examiner	Date	
Use ratings from 5 to 1 (see KEY below)			
		Initial Rating	Final Rating
Assessment Skills		_____	_____
Consultation Skills		_____	_____
Intervention Skills		_____	_____
Scientific and Professional Knowledge		_____	_____
Ethical and Legal Foundations		_____	_____
Cultural Diversity Awareness		_____	_____
Professional Identification		_____	_____
Interpersonal Interactions		_____	_____
Overall Decision (First Vote)		AWARD	NO AWARD
Second Vote, if taken		AWARD	NO AWARD
KEY: 5 = excellent (unusually outstanding); 4 = good; 3 = fair; 2 = weak; 1 = poor			



AMERICAN BOARD OF CLINICAL NEUROPSYCHOLOGY, INC. AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY, INC. <b>Oral Examination Summary Report</b>			
Candidate Name: First Last, Degree		Date of Oral Exam:	
		Decision: Award No Award	
Final Examination Ratings (1-5)	FF	ET	PS
Assessment			
Consultation			
Intervention			
Ethical Legal Standards & Policy			
Individual & Cultural Diversity			
Professionalism			
Scientific Foundations			
Practice Systems			
Examining Team: Names ↓	Exam Type ↓	Final Vote (Award, No Award) ↓	
Chair:			
ABCN Observer:		Trainee:	
Insert below balanced/constructive feedback for the unsuccessful candidate. Use extra pages as needed			

## REASONS FOR FAILURE & SUGGESTIONS FOR CHANGE

- Candidate's Name \_\_\_\_\_ Date \_\_\_\_\_
- Each candidate failing the oral examinations has the privilege of appealing the decisions of the examining committee. Such appeals are reviewed by a special committee of ABPP, with the result that either the fail decision is reaffirmed or the examination is voided. Therefore, it is important that this committee have meaningful and helpful information for conducting a review and making a decision.
- If the final voting results in a failure of a candidate, each examiner must record below the significant reasons for the FINAL DECISION. In order to offer CONSTRUCTIVE FEEDBACK to this candidate, it will be helpful to specify areas in which the examiner feels the candidate needs further growth and development. Please check any of the following statements that you feel apply to this candidate.

#### A. ASSESSMENT

- \_\_\_ Lacks a well-developed rationale for neuropsychological assessment
- \_\_\_ Lacks a theoretical framework for neuropsychological assessment
- \_\_\_ Too limited approach to generating assessment information (e.g., "test bound")
- \_\_\_ Did not formulate adequate assessment impressions
- \_\_\_ Limited depth in assessment thinking
- \_\_\_ Demonstrated limited range of assessment skills
- \_\_\_ Did not use assessment time effectively
- \_\_\_ Did not make efficient use of the assessment tools selected
- \_\_\_ Seemed unaware of own limitations in assessment
- \_\_\_ Inappropriate application of assessment instruments to patients (i.e., failure to consider patient's age, gender, cultural background, ability level, or impairments)

#### B. DIAGNOSES OR CONCLUSIONS

- \_\_\_ Offers formulations on the basis of inadequate information
- \_\_\_ Draws conclusions based on erroneous information or concepts
- \_\_\_ Fails to acknowledge own limitations in knowledge (e.g., suggests conclusions about conditions the candidate does not fully understand)
- \_\_\_ Fails to appropriately qualify conclusions in accordance with one's own limitations
- \_\_\_ Fails to take account of how the positive predictive value of test results vary with the clinical population to which they are applied
- \_\_\_ Fails to consider the issues of treatability, seriousness, and prevalence of the disorder in formulating diagnostic impression
- \_\_\_ Fails to consider the risks associated with a false positive or false negative result in formulating diagnostic impressions
- \_\_\_ Fails to integrate scientific knowledge of brain-behavior relationships (e.g., neuropsychology syndromes)

### C. CONSTRUCTIVE RECOMMENDATIONS AND INTERVENTIONS

- \_\_\_ Inadequate theoretical framework for making recommendations
- \_\_\_ Inadequate rationale for recommendations made
- \_\_\_ Inadequate assessment to formulate appropriate recommendations
- \_\_\_ Inadequate use of information that was available from assessment
- \_\_\_ Limited understanding of recommendations and interventions
- \_\_\_ Limited depth of thinking for recommendations
- \_\_\_ Seemed unaware of own limitations in formulating recommendations

### D. ETHICAL PRACTICES

- \_\_\_ Fails to recognize key ethical issues in the vignette
- \_\_\_ Inadequate knowledge of ethical principles
- \_\_\_ Inadequate sensitivity to ethical problems
- \_\_\_ Unable to articulate rationale for ethical principles
- \_\_\_ Rigid or concrete application of ethical principles
- \_\_\_ Failed to intervene, report, or otherwise take appropriate action in an ethics-related situation
- \_\_\_ Proposes inappropriate or imprudent actions in response to ethical concerns
- \_\_\_ Evidences a disregard for ethical principles and concerns in own practice

E. KNOWLEDGE BASE

- \_\_\_ Too limited understanding of psychometrics
- \_\_\_ Too limited understanding of neuropsychological assessment
- \_\_\_ Lacks sufficient knowledge of the import of neuropsychological findings (test results)
- \_\_\_ Lacks sufficient awareness of the limitations of neuropsychological findings (test results)
- \_\_\_ Lacks sufficient knowledge of clinical neurology
- \_\_\_ Lacks sufficient knowledge of the general neurosciences
- \_\_\_ Lacks sufficient knowledge of clinical psychology and psychopathology

## **After the Examination**

- If not passed, time lines for retaking. Pay attention to committee suggestions.
- If passed, ABPP convocation at APA.
- Payment of fees to ABPP, currently \$185 per year.
- Automatic membership in American Academy of Clinical Neuropsychology.
- Payment of dues to Academy, currently \$175 per year.
- Participation in Academy activities and functioning of the board through Practice sample reviews, examinations, elections, mentoring.

## Maintenance of Certification



- ABPP has mandated that activities that demonstrate maintenance of knowledge and practice competence be documented every 10 years. Mandatory for those board certified 2015 or later; voluntary otherwise.
- Leadership has opted to comply
- Due to national demands; similar to medical boards
- Includes documentation of journal reading, conference attendance, CE, peer and student supervision, research, etc.
- No New Examination!!

## American Academy of Clinical Neuropsychology

- AACN- incorporated in 1996
- Initial meeting February, 1997, Orlando
- Welfare of the Patient
- Support for ABCN
- Education
- Advocacy for Quality Practice
- Potential for Advancement of Science and Practice in Clinical Neuropsychology

## Current AACN Membership

- Active Members – 904
- Senior Members – 55
- Inactive Members – 90
- Student Members – 275
- Affiliate Members - 391

## American Academy of Clinical Neuropsychology

- *Annual Meeting!!!!*
  - 2016 – Chicago
- *Workshops*
  - » *Basic*
  - » *Advanced CE*
  - *Business Meeting*
  - *Posters*
  - *Exhibits*

## **AACN Board Members 2015**

Julie Bobholz (2014-2019)	Paul Mattis (2013-2018)
Michelle Braun (2013-2018)	Chris Morrison (2014-2016)
Michael Chaefetz (2012-2017)	Richard Naugle (2012-2016)
David Drane (2013-2018)	Karen Postal (2011-2017)
Nancy Hebben (2015-2020)	Lisa Radvin (2012-2017)
Doug Johnson-Greene (2014-2019)	Sara Swanson (2011-2016)
Donna Locke (2014-2019)	Cheryl Weinstein (2012-2017)
E. Mark Mahone (2006-2016)	

Alissa Butts, Student Representative (2015-2016)

## **Officers & Appointees 2014-2016**

• President	E. Mark Mahone
• President-Elect	Karen Postal
• Secretary	Chris Morrison
• Treasurer	Richard Naugle
• Executive Secretary	Linus Bieliauskas
• Conference Chair	Sandra Koffler
• Co-Chair	Lisa Radvin

## Continuing Education Activities

- Workshops geared to two levels
  - Maintenance of proficiency for specialists
  - Preparation for board certification
- Workshops at annual meeting started in June, 2003 in Minneapolis, and other occasional venues. Meeting in 2015 is June 17-20 in San Francisco, CA
- Workshops concentrated at annual meeting
  - Peer supervision and study groups

## Board Preparation Resources

- **The History**
- “BRAIN” is an ABPP/CN study group that was started by a few candidates back in 2002. Formally named “BRAIN” later. Lots of info about
- the group has been compiled and is now available on the web, so it might
- be easiest to just check that out:
- <http://www.cincinnatichildrens.org/svc/alpha/n/neurobehavioral/brain/>.



## **“Brain”**

- BRAIN (which stands for “Be Ready for ABPP in Neuropsychology”) is becoming an increasingly well organized group designed to help our colleagues obtain their ABCN certification. While it was originally started by a small group of friends (prior to AACN’s mentoring program), it has expanded to include over 125 members. The listserve consists of neuropsychologists at all stages of the ABPP process, from individuals who are still thinking about turning in their credentials to over 30 people who are now ABCN diplomates. They have designed study notes (which can be viewed at the website) and also provide supportive suggestions and guidance to candidates as they proceed through the ABPP process. They have also been able to provide a forum for individuals to develop study groups for each stage of the ABPP process, as well as provide a little bit of inspiration and positive peer pressure. They now have an official listserve (thanks to Bob Ivnik’s generosity) and website (thanks to Dean Beebe’s efforts).

## **“Brain”**

- New members are accepted upon referral from a member of AACN or an already existing member of BRAIN who may or may not have completed the ABPP/CN process (this person is considered the new member's "sponsor").
- If a supervisor is not a member of AACN or Brain, they should contact someone who is.
- The only other criterion to join BRAIN is that the new member be a licensed psychologist.

## Brain (continued)

All information on becoming a member of BRAIN can be obtained on the website: [www.theasn.org](http://www.theasn.org)

- *Board Certification in Clinical Neuropsychology Resource Guide*, (available under the Study Materials link at)

## Books

- *Board Certification in Clinical Neuropsychology: A guide to becoming ABPP/ABCN certified without sacrificing your sanity*, authored by Armstrong, Beebe, Hilsabeck & Kirkwood (2008) and published by Oxford University Press.

## More.....

- The *Clinical Neuropsychology Study Guide and Board Review*, edited by Stucky, Kirkwood, & Donders (2013, October) and published by Oxford University Press.
- Summary: The text is divided into three sections covering the foundations of clinical neuropsychology, fundamentals of assessment, and specific disorders/conditions. Additional highlights include: 1) detailed charts and summary tables, 2) concise coverage of pediatric, adult, and geriatric issues and conditions, and 3) over 500 mock exam questions.

## Additional Activities

- Official Journal: *The Clinical Neuropsychologist*
- Task Forces
- Position Papers
- Mentoring Program
- Member Listserve
- Community Listserve
- Reduced Fee for Annual Meeting
- Directory Listing
- Annual Dues \$175

## **Associate Members & Student Members**

- Application
- \$100 annual fee (\$55 students)
- Official Journal, *The Clinical Neuropsychologist*
- Reduced Annual Meeting Fees
- Community Listserv

## **Web Sites**

[www.theabcn.org](http://www.theabcn.org)  
[www.theaacn.org](http://www.theaacn.org)

# Primary work Settings of Clinical Neuropsychologists (%) (ABPP/Div 40)

	1989	1994	1999
Private	25/39	32/47	34/58
Medical	50/24	48/25	44/20
Psychiatric	5/10	3/9	4/1
Rehab	7/17	11/12	11/16
Coll./Univ.	4/3	3/4	7/2
Other	9/7	2/2	0/2

