

BOARD CERTIFICATION VIA ABPP/ABCN 101

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Relevance 2050 Student Pipeline Subcommittee
Clinical Psychology PhD Candidate
University of Wisconsin-Milwaukee



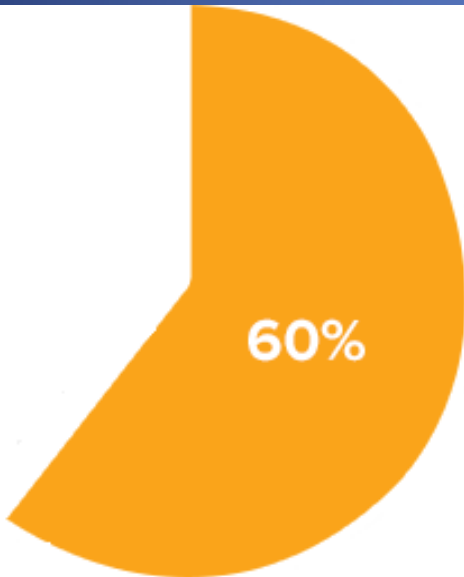
AACN



Relevance 2050

Goals

- Increase diverse people entering neuropsychology, AACN and its leadership
- Develop training strategies for students/trainees and early/mid-career neuropsychologists
- Support research and development of multilingual/multicultural assessment methods



Unstable population with
our traditional toolkit

Relevance 2050 Subcommittees

- Tools & Norms
- Peer Consultation Network
- Diversity Award for Posters
- Practicing Neuropsychologists Pipeline
- Grants
- Annual Diversity Initiative Workshop
- Student Pipeline, **Co-Chairs Dr. Shawn Nelson Schmitt & Octavio Santos**

For more information and to join, click [here](#) and contact [Dr. Anita Sim](#), Chair of the Relevance 2050 Committee

Outline

- Board certification via ABPP/ABCN
- Getting ready for board certification
- Experiences going through the process
- Resources and recommendations
- Q&A



Linas Bieliauskas, PhD, ABPP-CN/CL



Incorporated, 1981

American Board of Clinical
Neuropsychology



Linus A. Bieliauskas, Ph.D.

Psychology Service
VA Ann Arbor Healthcare System



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



Do I want the part? That depends. Am I a majestic relative of the horse or a lion's lunch?

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

Linus Bieliauskas

Manfred Meier

Louis Costa

Charles Matthews

Edith Kaplan

Steven Mattis

Muriel Lezak

Paul Satz

Original ABCN Board, 1983

Arthur Benton

Linas Bieliauskas

Thomas Boll

Nelson Butters

Louis Costa

Leonard Diller

Charles Golden (1984)

Gerald Goldstein

Harold Goodglass

Edith Kaplan

Muriel Lezak, Treasurer

Joseph Matarazzo

Charles Matthews, Sec.

Steven Mattis, V. Pres.

Manfred Meier, President

Allan Mirsky

Oscar Parsons

Homer Reed

Byron Rourke

Paul Satz

Aaron Smith

Otfried Spreen

Barbara Wilson

ABCN BOD 2016

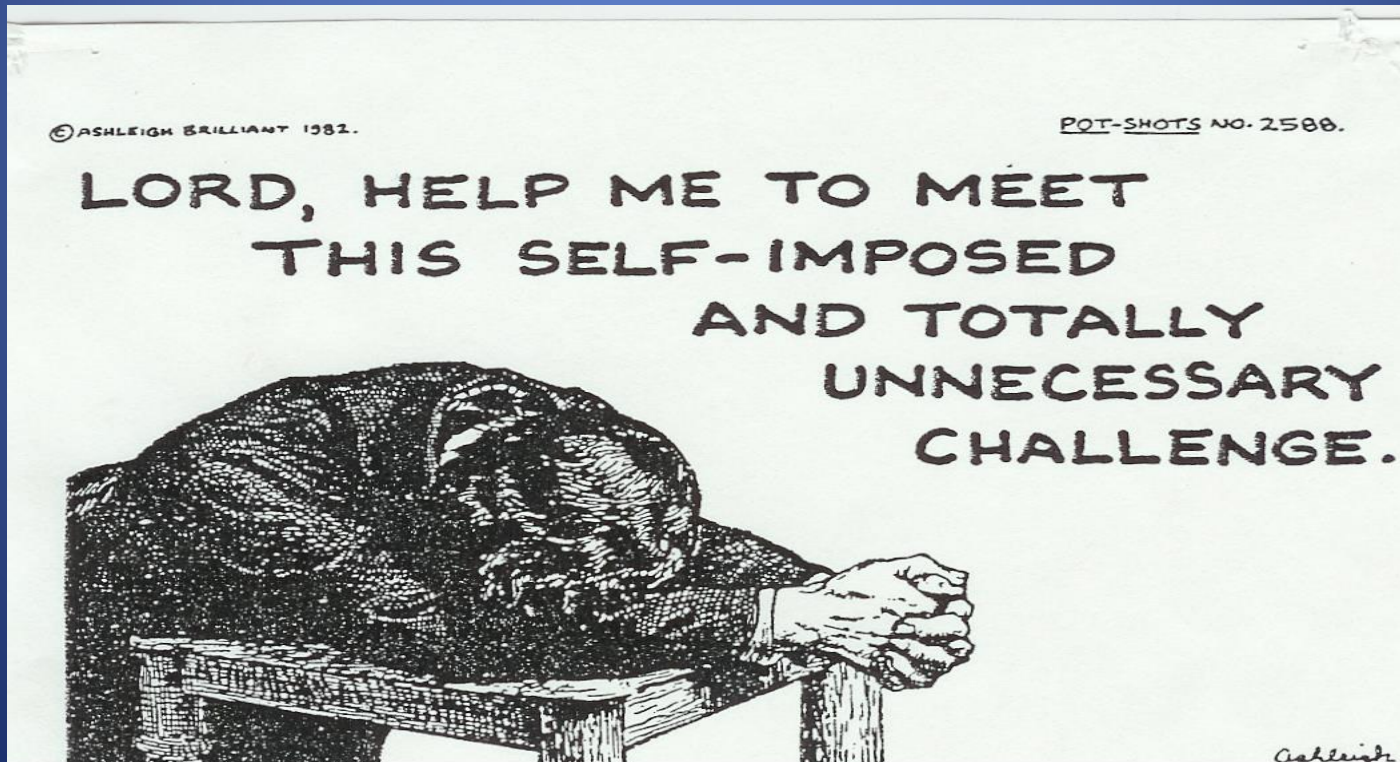
- **Heather Belanger (2013-2018)**
- **Douglas Bodin (2016-2021)**
- **Jacobus Donders (2014-2019)**
- **Laura A. Flashman, (2010-2017)**
- **Kathleen Fuchs (2016-2021)**
- **Marsha Gragert (2014-2019)**
- **Christopher Grote (2013-2018)**
- **Joseph Kulas (2013-2018)**
- **William MacAllister (2015-2020)**
- Nathaniel Nelson (2013-2018)**
- Marc Norman (2016-2021)**
- Nancy Nussbaum (2012-2017)**
- Robert Seegmiller (2015-2020)**
- Michael Schoenberg (2012-2017)**
- Beth Slomine (2012-2017)**
- Anthony Stringer (2008-2017)**
- Rodney Vanderploeg (2009-2019)**

Officers and Appointees 2015-2017

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

Myth

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



Reality

As of April, 2016, there are 1077 board certified Clinical Neuropsychologists, from 47 states, the District of Columbia, and 4 provinces. Since its inception, ABCN has awarded board certification to 1,144 individuals. In 2015, 102 candidates took the written exam and 94 took the oral exam.

The written exam is now computer-based, administered four times per year. There are two oral exams scheduled for 2016.

Process

The Examination Process Consists of:

- Submission and review of credentials.
- Written examination given four times per year, through PSI Examination Centers, at station in your area!
- Practice sample review and acceptance.
- Oral examination in Chicago.

Costs

- \$125 Application Fee (\$25 early application fee – for students)
- \$300 Written Examination Fee (\$460 3rd & 4th windows in 2016; \$525 in 2017; \$590 in 2018) + \$65 seat fee
- \$250 Practice Sample Fee
- \$450 Oral Examination Fee
- Total = \$1,125; \$1,285 at end of 2016
- -----
- For comparison, the fee for the written exam in Neurology is \$1,685.

Myth

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

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.

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

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

- 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

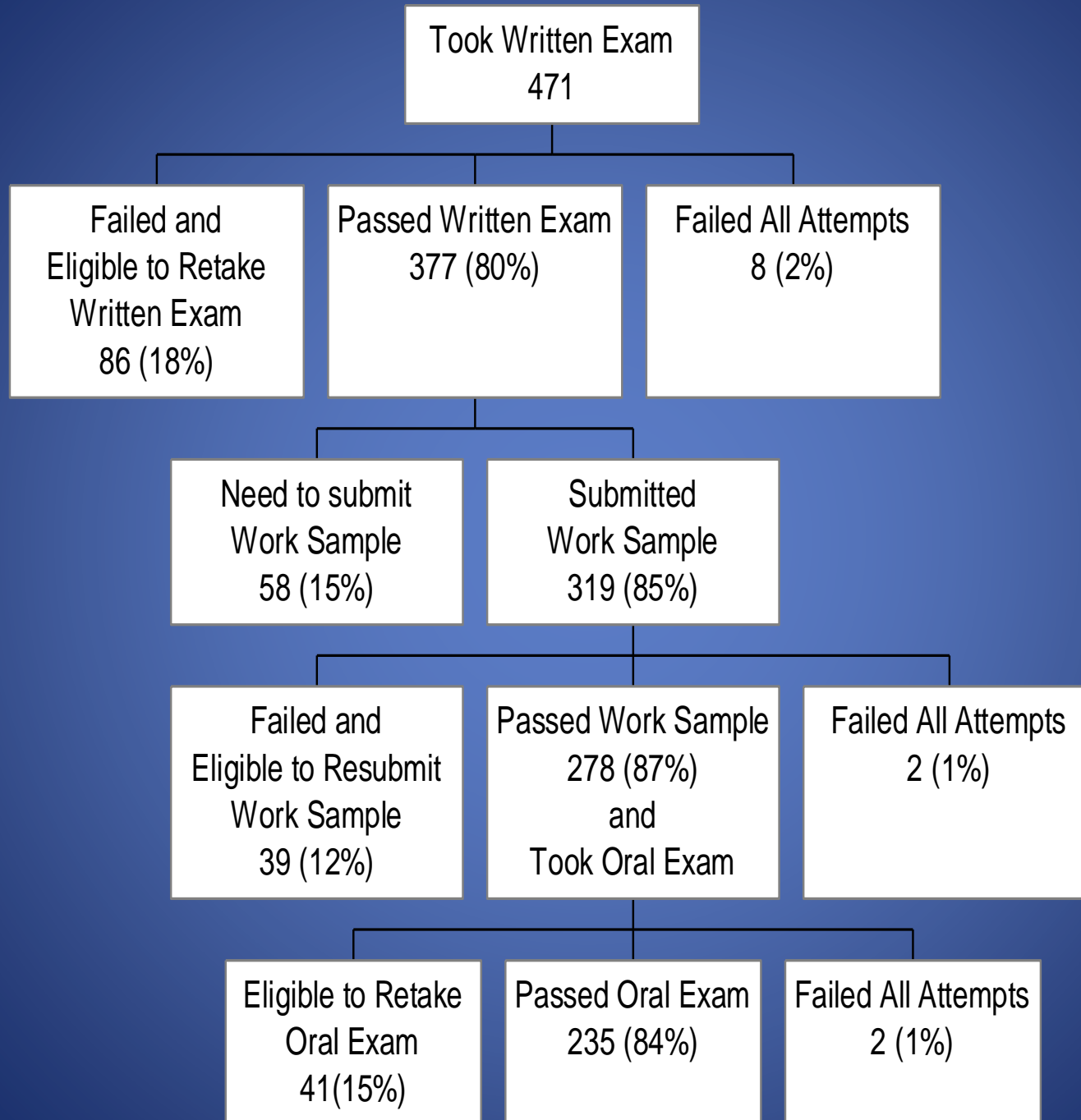
- The ABCN written exam already consists of adult *and* child/pediatric questions.
- When so specified, practice samples are reviewed by child/pediatric specialists.
- When so requested, oral examiners include child/pediatric specialists for the practice sample and fact finding portions, within the limits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

Recent Pass Rates

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%
2015	63%	73%

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

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



"OOOOOOooooooo ... COOL!"

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 15 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:

- Allergy & Immunology
- Anesthesiology
- Colon & Rectal Surgery
- Dermatology
- Emergency Medicine
- Family Practice
- Internal Medicine
- Neurological Surgery
- Nuclear Medicine
- Obstetrics & Gynecology
- Ophthalmology
- Orthopaedic Surgery

Approved

1972
1941
1949
1931
1979
1969
1936
1940
1971
1930
1917
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 15 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 satisfied¹
- 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



Ever been to board exams before?

Administrative Structure for Application and Examination

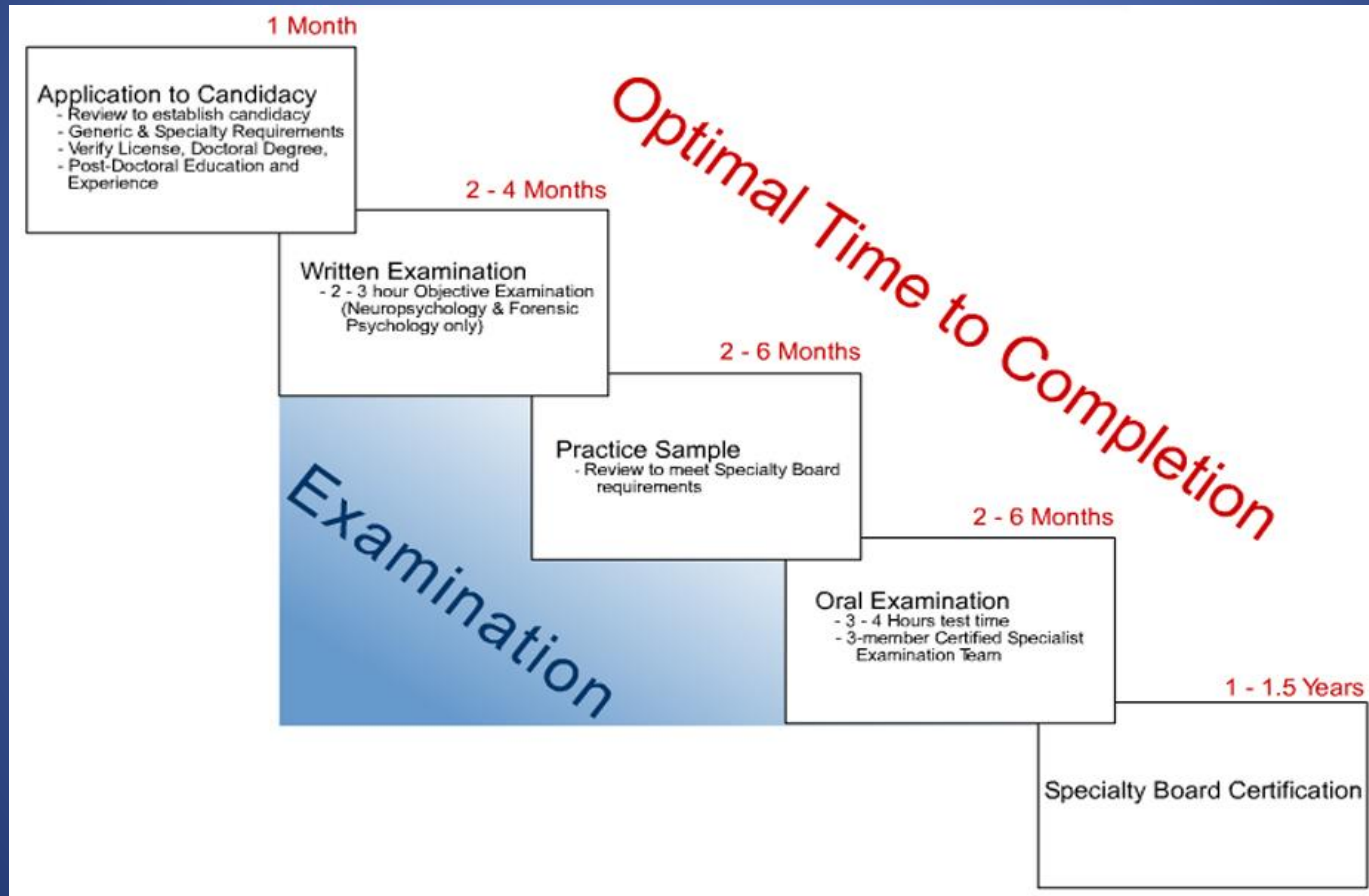
Application and Credentials Review

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 PSI, 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 \$450 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*.

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

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.

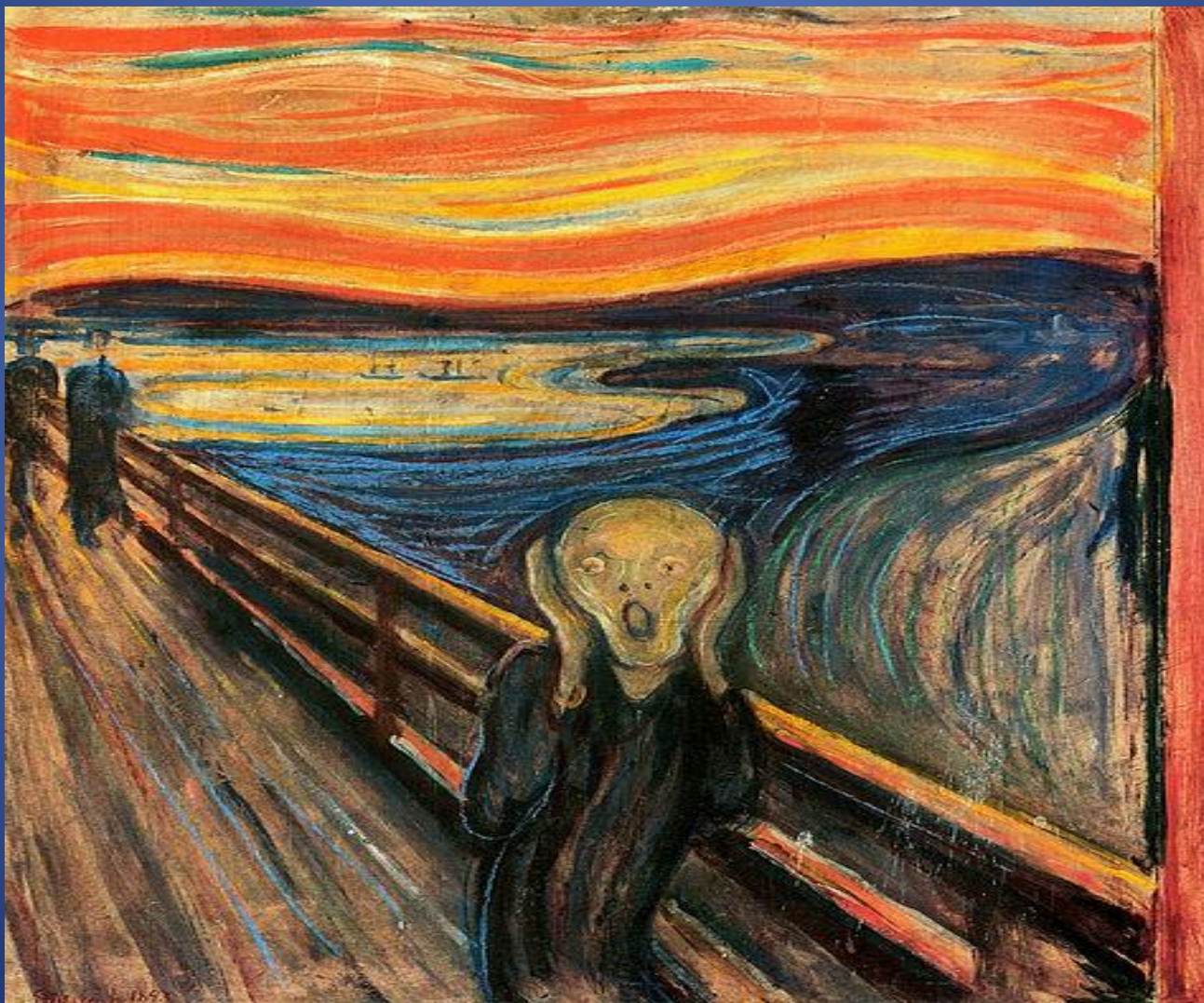
The Houston Conference

- 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.

МОС!!!!



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 Alpine Testing Solutions
- 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 PSI Examination Centers

- Four times per year
- At a PSI Exam Center close to home
- In 2016, two week periods beginning:

February 27 th thru March 13 th	(Deadline to register: <i>January 22nd, 2016</i>)
May 28 th thru June 12 th	(Deadline to register: <i>April 22, 2016</i>)
August 27 th thru September 11 th	(Deadline to register: <i>July 22, 2016</i>)
November 26 th thru December 11 th	(Deadline to register: <i>September 30th</i>)

Results 3-4 weeks after close of testing window.

Recommended Readings (updated editions) for Written Exam

- Lezak, Howieson, Bigler, & Tranel: *Neuropsychological Assessment* (4th ed.). 2012, Oxford.
- Woolsey & Hanaway: 2007, *The Brain Atlas*. Fitzgerald Science Press.
- Kandel, Schwartz, Jessel: *Principles of Neural Science* (5th ed.). 2012, Appleton & Lange.
- Adams & Victor: *Principles of Neurology* (10th ed.). 20014: McGraw-Hill.
- Kolb & Wishaw: *Fundamentals of Human Neuropsychology*. 2008, Worth.
- Heilman & Valenstein: *Clinical Neuropsychology* (5th 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.
- Vanderah & Gould: Nolte's *The Human Brain: An Introduction to Its Functional Neuroanatomy*. Mosby, 2015.

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 2016, the exam is offered in March 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
 - No electronics
- 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 *Rational, 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 |
|----|--|----------|
| | 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.

Hints for Ethics & Professional Issues

- Know APA Ethical Principles, but not chapter and verse.
- 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

- Knowledge of patients (including appropriate demographic data)
- Consideration of appropriate etiologies and contributing factors, e.g., medications, etc.
- Consideration of emotional and motivational factors
- Awareness of pertinent research and evaluation techniques
- Application of pertinent research, its implications, and evaluation techniques to the candidate's practice
- Justification for procedures employed
- 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 *rational, 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

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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 Case Finding Exercises.

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.

EXAMINATION RATING FORM

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	UNDECIDED
-------------------------------	-------	----------	-----------

Second Vote, if taken	AWARD	NO AWARD
-----------------------	-------	----------

KEY: 5 = excellent (unusually outstanding); 4 = good;
3 = fair; 2 = weak; 1 = poor

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. *Fee is part of MOC!*
- Automatic membership in American Academy of Clinical Neuropsychology.
- Afterward, 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.

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 – 918
- Senior Members – 58
- Inactive Members – 101
- Student Members – 252
- Affiliate Members - 348

American Academy of Clinical Neuropsychology

- *Annual Meeting!!!!*
 - *June 8-10, 2017 – Boston*
 - *Basic*
 - *Advanced CE*
 - *Business Meeting*
 - *Posters*
 - *Exhibits*

AACN Board Members 2016

Julie Bobholz (2014-2019)

Michelle Braun (2013-2018)

Michael Chaefetz (2012-2017)

David Drane (2013-2018)

Nancy Hebben (2015-2020)

Doug Johnson-Greene (2014-2019)

Donna Locke (2014-2019)

Paul Mattis (2013-2018)

Chris Morrison (2014-2019)

Richard Naugle (2012-2019)

Karen Postal (2011-2019)

Lisa Radvin (2012-2017)

Anita Sim (2016-2021)

Sara Swanson (2011-2019)

Cheryl Weinstein (2012-2017)

Tim Wynkoop (2016-2021)

Stephanie Towns, Student Representative (2015-2016)

Officers & Appointees 2016-2018

- | | |
|-----------------------|-------------------|
| • President | Karen Postal |
| • President-Elect | Chris Morrison |
| • Secretary | Sara Swanson |
| • Treasurer | Richard Naugle |
| • Treasurer-Elect | Nancy Hebben |
| • Executive Secretary | Linas Bieliauskas |
| • Conference Chair | Sandra Koffler |
| • Conference Co-Chair | Lisa Radvin |
| • IT Manager | Robert Davis |

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 2017 is June 8-10 in Boston, MA**
- **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/alp/ha/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.theaacn.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

And, Conduction of Salary Survey

- The American Academy of Clinical Neuropsychology, National Academy of Neuropsychology, and Society for Clinical Neuropsychology (APA Division 40) 2015 TCN Professional Practice and 'Salary Survey': Professional Practices, Beliefs, and Incomes of U.S. Neuropsychologists
- Jerry J. Sweet, Laura M. Benson, Nathaniel W. Nelson & Paul J. Moberg. *The Clinical Neuropsychologist*, 2015 Vol. 29, No. 8, 1069–1162
- Can be used for reference when entering job market or for relative comparisons.

For Example.....

Table 11. Income at varying intervals of years in clinical practice

Years in practice	<i>n</i>	Mean	Median	<i>SD</i>	Percentile				Min–Max
					25	75	95	99	
<1–5	306	98.8	93.2	25.8	84.0	107.0	140.7	189.7	50.0–315.0
6–10	234	120.8	105.0	38.6	98.0	131.3	201.3	267.1	50.0–275.0
11–15	148	143.6	125.0	62.3	107.0	160.0	240.5	463.8	50.0–525.0
16–20	112	167.6	136.0	84.0	110.0	200.0	351.8	446.8	60.0–450.0
21–25	130	168.2	142.5	96.3	114.8	180.0	350.0	732.9	70.0–860.0
>25	200	208.7	170.0	124.8	125.0	250.0	499.2	699.1	70.0–916.0
All years	1130	143.5	118.0	83.8	97.0	157.0	304.5	500.0	50.0–916.0

Notes: Income values are in 1000s of dollars. Includes licensed clinicians who are currently practicing full-time or more; excludes postdoctoral trainees and those earning <\$50,000 annually.

And, relevant to board certification

Table 45. Mean differences of income, income satisfaction, and job satisfaction for ABCN and non-ABCN respondents

Variable	ABCN status						<i>t</i>	<i>d</i>
	ABCN certified			Not ABCN certified				
	<i>n</i>	Mean	<i>SD</i>	<i>n</i>	Mean	<i>SD</i>		
Gross psychology income	433	161.6	89.3	812	125.3	77.3	5.6***	.4
Years of clinical practice	535	17.1	10.4	988	12.9	11.0	7.2***	.4
Peer-reviewed publications ^a	517	24.1	39.5	898	11.5	22.9	6.2***	.4
Professional meeting presentations ^b	513	32.9	46.6	882	18.5	32.7	5.7***	.4
Professional volunteer activities (hours)	352	2.1	2.3	537	1.7	1.9	3.3***	.2
Income satisfaction (0–100)	483	75.7	21.0	820	70.4	24.5	4.0***	.2
Job satisfaction (0–100)	476	80.6	18.7	815	77.6	21.0	2.6**	.1
Work–life balance satisfaction (0–100)	474	70.3	24.2	803	68.7	25.9	1.1	.1

Notes: Excludes postdoctoral trainees. Income values are in 1000s of dollars for respondents who are licensed and currently practicing full-time or more.

ANCOVAs comparing gross psychology income, number of peer-reviewed publications, and number of professional meeting presentations between ABCN status using years of licensed clinical practice as a covariate continued to result in statistically significant differences in all three variables at $p < .001$.

^aIncludes primary and co-authorship.

^bRefers to presentations of original research in poster or oral form at a professional meeting that required abstract submission.

*** $p \leq .001$;

** $p \leq .01$.

Affiliate Members & Student Members

- Application
- \$100 annual fee (\$55 students)
- Official Journal, *The Clinical Neuropsychologist, Child Neuropsychology*
- Reduced Annual Meeting Fees
- Opportunity for Student Volunteers
- Community Listserve

Web Sites

www.theabcn.org

www.theaacn.org



Pamela M. Dean, PhD, ABPP-CN



Jason R. Soble, PhD, ABPP-CN



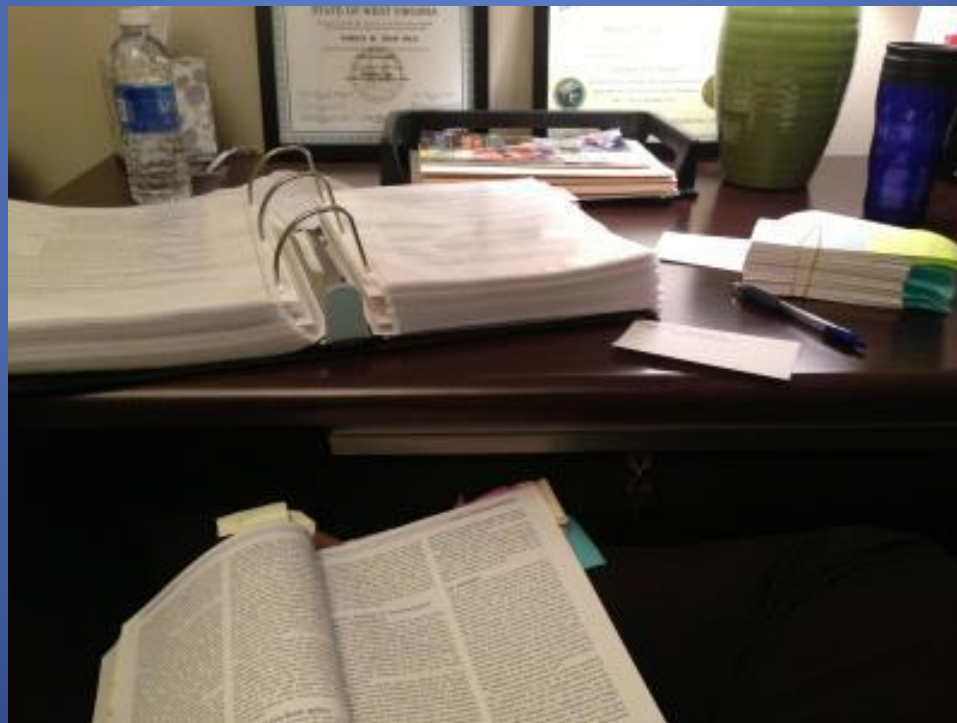
Board Certification Demystifying the Process

Pamela M. Dean, Ph.D., ABPP

&

Jason R. Soble, Ph.D., ABPP

Going Through Each Step of the Exam



Optimizing Time to Completion

October

Complete Application

Start early and submit materials as they become available to you

January- June

*July - September

Look for Work Samples

*As soon as you are licensed and no longer writing supervised reports

Study for Written Exam

Take Written Exam

Results in about 5 weeks

November

Submit Practice Samples

Results in about 3 months

February

Sign up for Oral Exam

April

Take Oral Exam

1 year 4 months →

Awarded Board Certification

Barriers to Your Success

1. It's overwhelming
 - a. Where to begin
 - b. Not knowing what you don't know
 - c. Trying to read too much
2. Work/life balance
3. Setting aside dedicated time to study
4. Procrastination
 - a. Setting too long of a timeline: forgetting what you learned

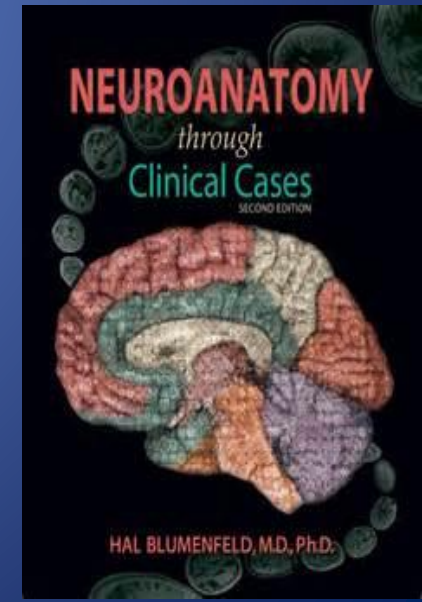
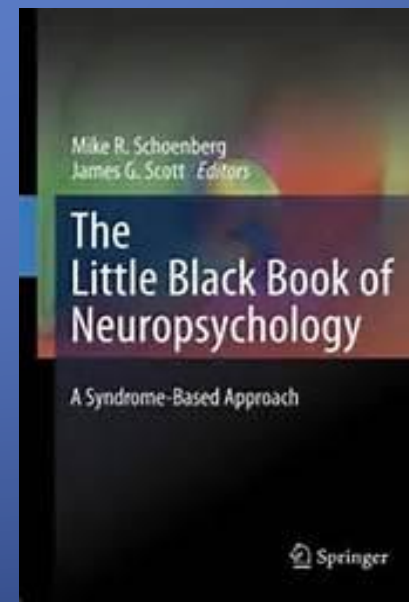
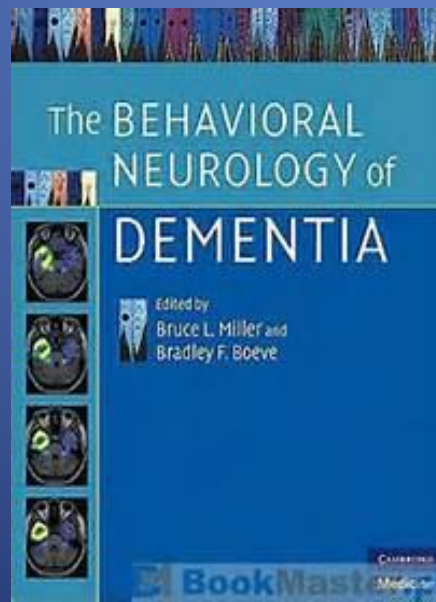
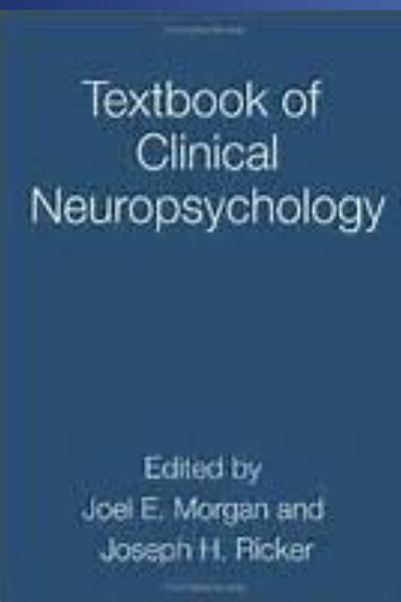
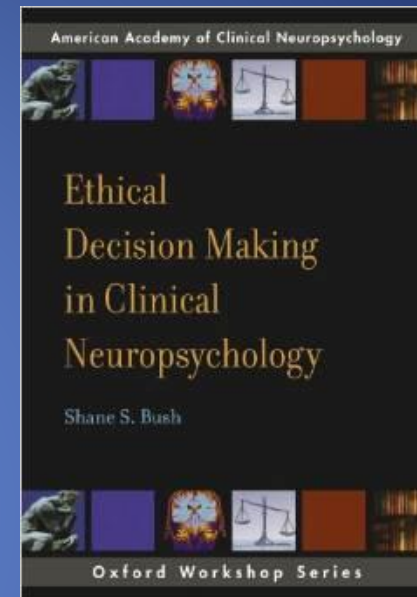
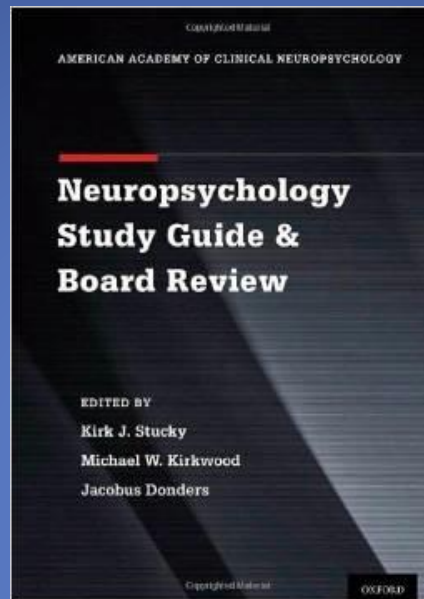
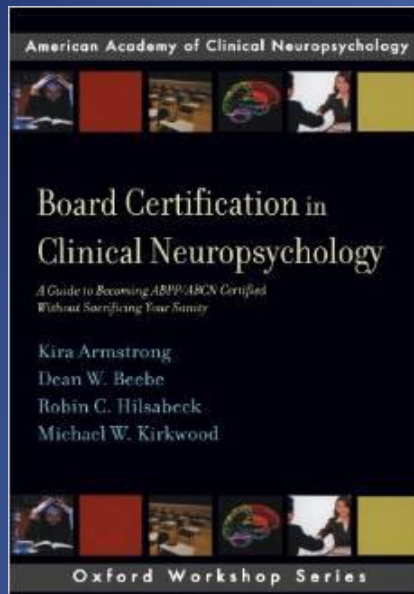
Sample Study Schedule

Date	TOPIC	Subcategories	Book	Chapters	ABPP BRAIN Handouts
1 29-Jul	Neuroanatomy Overview Visual System Neurodevelopmental Disorders	Autism, Aspergers, PDD, Lead Poisoning Prematurity and Low Birth Weight	Morgan & Ricker Blumenfeld **DSM-IV Criteria childhood disorders	5 (on your own if needed), 8 (Pam), 11 (Mary), 15 (Nicole) 2 & 11 (Pam)	Brain development 1 & 2; neuroanatomy overview, behavioral neuroanatomy Plasticity Recovery, Sprouting, & Reorganization Sequelae of Substance Abuse in Children CNS Cellular Organization and NTs
2 29-Jul	LD, ADHD, NVLD Neuroradiology Review	Adults Pediatrics	Morgan & Ricker Blumenfeld **DSM-IV Criteria for LDs/Language D/o	16 (Mary), 17 (Nicole), 36 (Pam) 4 (Lisa)	Childhood disorders LDs Nonverbal Skills Agraphia/Acalculia
3 5-Aug	Brain: Cranium, Ventricles, Meninges Infectious diseases	HIV/AIDS, infectious, toxic-metabolic Autoimmune, paraneoplastic/RPD	Miller & Boeve Blumenfeld Morgan & Ricker	23 (Nicole), 25 (Lisa) 5 (Mary) 26 (Pam)	Infectious diseases; cranium, ventricles, meninges HIV Arbovirus/bacterial infections Nutritional deficiencies
4 5-Aug	Corticospinal Tract & Motor Pathways Somatosensory Pathways Motor and spinal developmental d/o (peds)	Hydrocephalus/Spina Bifida, Cerebral Palsy	Morgan & Ricker Blumenfeld Yeates-Peds book	9 (Nicole) 6, 7 (Mary and Nicole) ??	Hydrocephalus Corticospinal tract & Motor systems Somatosensory pathways
5 12-Aug	Cerebral Hemispheres & Vascular Supply Brainstem I & II	Hemorrhages, AVMs, aneurysms	Blumenfeld Morgan & Ricker	10 (Pam), 12 (Pam), 13 (Mary) 19 (Nicole), 20 (Lisa)	Cerebral hemispheres and vascular supply Higher order cerebral functions Agnosia/Apraxia/Neglect/Anosognosia Brainstem I-III
6 12-Aug	Basal ganglia Subcortical dementias	HD, PD, PD+	Miller & Boeve Morgan & Ricker Blumenfeld	15 (Nicole), 20 (Pam) 28 (Pam), 32 (Mary) 16 (Lisa)	PD/HD/PD differential Basal ganglia; signs of BG lesions
7 19-Aug	Pituitary & Hypothalamus Tumors Psychometrics, Norms/Test Construction, Design Stats	Adult Tumors Pediatric Tumors	Morgan & Ricker Blumenfeld Spreen & Strauss WMS-III and WAIS-III Technical Manual	4, (Pam) 10 (Pam), 29 (Mary) 17 (Lisa) 1 (Nicole), 2 (Pam)	Adult brain tumors Pediatric brain tumors Sensitivity-Specificity; Base rates Test Construction Design & Statistics
8 19-Aug	Higher Cortical Functions TBI Demyelinating Conditions	Cerebral Cortex Adult & Pediatric TBI Multiple Sclerosis	Blumenfeld Morgan & Ricker	19 (Mary) 21 (Nicole), 31 (Pam) No notes on 19, 21	Pediatric TBI MS Disconnection syndromes, white matter Frontal lobes, modes of frontal lobe function Cortices-Parietal & Temporal; Higher order cortical functions
9 26-Aug	Dementia Neurotransmitters	AD, LBD, PPA, FTD	Miller & Boeve Chapter on NTs from Sarah Lageman	2 (Nicole), 4 (Lisa), 5 (Pam), 18 (Lisa) 19 (Pam)	Depression vs. Dementia Aphasia syndromes; agnosia
10 2-Sep	Limbic System Seizure Disorders Amnesic disorders	Adult Epilepsy Pediatric Epilepsy Hypoxic/anoxic conditions	Morgan & Ricker Blumenfeld	23 (Pam), 27 (Lisa) 37 (Mary) 18 (Nicole)	Seizure disorders Wada mapping Limbic system, emotion Memory and learning Anoxia
11 9-Sep	Cerebellum Psychiatric Disorders Substance Abuse	Schizophrenia/psychotic disorders, bipolar, MDD Alcohol & drug abuse	**Grant & Adams Blumenfeld **DSM-IV Criteria for mood/psychotic disorders	18, 19, 21/22 - Self Review of Each Chapter 15 (Pam)	General pharmacology, Neurotoxins & Drugs of abuse Cerebellum
12 16-Sep	REVIEW WEEKS 1-6 & 7-12				

EXAM DAY September 14-29

Ch 18 - Neurobehavioral ETOH 56 pp
Ch 19 - NP of Drug Abuse 24 pp
Ch 21 - Schizophrenia - 15 pp
Ch 22 - NP of Depression - 36 pp

Helpful Books



Acronyms for Etiologies

V - Vascular

I - Infectious

T – Toxic/Traumatic

A - Autoimmune

M – Metastatic/Metabolic

I - Infarct

N – Neoplasm/Nutrition

C - *Crazy (not PC)

D - Degenerative/Developmental

E - Epilepsy

How to Prepare

- **BRAIN site**
 - Sample Exams
 - Flashcards people have submitted.
 - Outlines
 - Some have incorrect info...take it with a grain of salt and double check anything you aren't sure of.
- **Sample Exams in the Stucky Book at the end of each section and a full exam in the back.**
- **Practice Samples....keep it vanilla, have mentors review prospects**
- **Oral Exam Options**
 - Can get connected with a mentor
 - Can be paired with a volunteer mock examiner via phone/skype (its nice b/c they have a potentially very different way of practicing)
 - Can be paired with an oral study group (take turns examining each other with FF, PS, and Ethics)
 - Practice talking about yourself; your education, your practice, your research/clinical interests
 - Many of you will work with or will have worked with an ABPP; ask if they are willing to set up a full mock. Its time consuming (3 hour chunk) but very helpful!!!
 - Review APA Ethical Principles
 - Read professional white papers for issues relevant to our field



- There is a list of recommended readings
 - **some are repetitive, use your judgment
- BRAIN
- You can Join a study group
- **Take the day off before your exam if you can.
Get down with your Zen!

Preparing for the Written Exam: Practical Advice

- No “one size fits all” approach
- Know Thyself
 - Identify your preferred (and successful) method of learning/studying
 - Assess personal knowledge strengths and areas of weakness based on prior training and professional activities
 - Develop a focused study plan accordingly
- Make judicious use of study resources
 - Wealth of resources available to candidates (books & professional advice)
 - No one can realistically read everything or utilize all resources
 - Identify what method and resources are most likely to work for you
- Set a reasonable (and realistic) preparation timeline
 - Structured outline/schedule with some wiggle room (e.g., 3-4 months)
 - Include benchmarks along the way (e.g., practice exam every 3 weeks)

While preparing for the written exam...

- Also keep the next step of the process (i.e., practice samples) in mind
- Remember that identifying good samples that represent the range of your practice & preparing them takes time!
- Don't wait until you pass the written exam to start looking for cases
 - This can unnecessarily prolong the process
 - If you identify good cases, start preparing them and have them reviewed by colleagues so they are ready to be submitted

Practice Samples

- Two neuropsychological cases representing original work. Each should differ sufficiently to demonstrate a range of clinical knowledge and assessment skill and that the candidate practices CN at the specialists level of competence.
- Samples consist of written report, raw test protocols, data summary sheet +/- supplementary materials
- ****Make sure to remove all identifying information****
 - Make sure all test protocols are correctly scored (rescore everything)
- Samples are reviewed independently by 3 ABCN specialists, now standardized in the review process. Two reviewers must rate the sample as “acceptable” to advance to the oral exam.
- If it is not accepted, candidates are notified along with a summary of issues raised by reviewers. Candidates can continue to resubmit new samples until it is accepted, or until the expiration of the candidacy period (7 years).
- Results in about 3 months
- What’s a good sample and how to choose
- Look at deadlines for submission and be proactive!!!!
- **Addendum to explain rational**

Practice Samples: Practical Advice

- It takes time and effort to review your cases and select appropriate sample...plan for this!
- Finding clean cases can be more or less challenging depending on your setting and population(s) served
- Should represent a sampling of your clinical practice
- Be creative in selecting variety, but also comfortable in defending what you submit

The Oral Exam

It's less about what you know...
and more about how you think



Oral Examination

- Fact Finding
- Ethics/Professional Development
- Practice Sample Defense
- Testing cadre
- Orientation and welcome
- What the day looks like
- When its over....
- Takes about 2 weeks until you are notified by email. I found out in just under 1 ½ weeks.



Fact Finding

- You'll be given the option of a child or adult case
- Examiners are interested in seeing how the candidates collect information, evaluate and integrate information that is provided, conceptualize the case, construct a list of differential diagnoses and make recommendations.
- Its not about getting it right! Its about your process, organization, rational, and reasoning
- Even if you come to the correct conclusion, you may be challenged
- The most awkward part is talking your thoughts out loud and finding a balance between over and under talking.
- The biggest parts to this exam:
 1. Managing your time
 2. Managing your anxiety
 3. Demonstrating your knowledge

- Exam is 50 minutes
- You may take notes; they will not leave the room.
- 5 minute outline
- 15 min gathering history
- 5-10 min gathering data
- 10 min
conceptualization/conclusion/recommendations
 - Nature and severity of neuropsych issues
 - Underlying neuroanatomical considerations
 - Probable etiologies
 - Recommendation to pt, family, healthcare

Background and Behavioral Observation Information Gathering:

Identifying Information
Complaints

Level of Functioning/IADLs

Social History

Occupational History

Medical History

Neuroimaging/Diagnostic Tests

Medications

Motor/Sensory Complaints

Substance Use/Abuse

Psychiatric/Substance Abuse History

Prior NP Evaluation?

Behavioral Observations

Is there difficulty/impairment described?

Describe onset and course

What are some possible etiological considerations/dx?

Test Data Gathering:

Effort/Invalidating information

Premorbid Estimations

General functioning/IQ

Achievement

Language

Visuospatial

Memory

Attention / Information Processing

Motor/Sensory-Perceptual

Executive Functioning

Personality/Psychopathology

At each step, comment on:

- Is there impairment?
- What is the nature of the impairment?
- Characterize the impairment
- Does this confirm/disconfirm your dx considerations?

Conceptualization:

1. Pull all the data together and describe the impairments: →

- Overall neuropsychological profile of abilities
- Implications for anatomical correlates
 - Diffuse/Local
 - Lateralizing?
 - Static/Progressive
 - Cortical/Subcortical

2. Discuss differential diagnosis considerations: →

- Implications of history, behavioral observations, and test findings for etiologies
 - Neurodegenerative
 - Movement D/O
 - Vascular
 - Traumatic Brain Injury
 - Hydrocephalus
 - Toxic/Metabolic/Endocrine/Systemic
 - Infectious
 - Neoplasms/Cancer Treatments
 - Seizure D/O
 - Anoxia/Hypoxia
 - Residual childhood conditions
 - Autoimmune/Demyelinating
 - Psych/Substance Abuse/Med Effects

Recommendations:

1. Further assessment?
2. Interventions?
 - a. Education
 - b. Treatment
3. Referrals
4. Follow-up

Practice Sample Defense

- This is an opportunity to evaluate the breadth and depth of knowledge and skill in an area selected by YOU.
- Reviewers from your submission suggest questions for use during the exam and the examiner also generates his/her own questions.
- You are expected to be well prepared to discuss and defend all aspects of the cases.
- Equal time for both cases is not necessary.
- You may have a blank copy of your report as a safety net, but you should know it inside and out.
- Be prepared to answer:
 - Specific aspects of the cases or you may be challenged to explain or defend your work based on current standards (i.e., norms or “outdated tests” used)
 - Psychometrics, diagnostic criteria, medications etc.
 - **Having others review your work can help you to prepare

Getting Organized

- Get your applications in early. Remember, if apply before you are licensed, there is a discounted fee (\$25.00!!)
- Sign up for BRAIN
- Download the Candidate Manual from ABCN. It has ALL of the information you need to organize and prepare yourself throughout the process
- Options: Study alone or get connected with a study group through BRAIN.

Start Early!

- As soon as you are licensed, start looking for good cases that could potentially be submitted for the written sample.
 - Remember....vanilla is key!
 - Have a mentor review your sample for viability of use
 - Keep a few on the back burner as you prep for the written exam
 - Doing this allows for faster turn around once you pass the written exam portion.

ABOUT BRAIN

- LEADERSHIP
- BRAIN LIST-SERVE
 - LIST-SERVE RULES
 - MANAGING YOUR BRAIN LIST-SERVE ACCOUNT

THE FOUR STEPS OF ABPP/ABCN CERTIFICATION

- CREDENTIALS REVIEW
- WRITTEN EXAM
- PRACTICE SAMPLES
- ORAL EXAMINATION

MOCK EXAMS

- MOCK EXAM 1 QUESTIONS
 - MOCK EXAM 1 ANSWERS
- MOCK EXAM 2 QUESTIONS
 - MOCK EXAM 2 ANSWERS
- MOCK EXAM 3 QUESTIONS
 - MOCK EXAM 3 ANSWERS

- AACN STUDY GUIDE ANSWERS TO SAMPLE QUESTIONS
- MOCK ETHICS VIGNETTES

EXTRA RESOURCES

- FLASH CARDS
- SAMPLE STUDY SCHEDULES
- ORAL EXAMINATION STUDY SCHEDULE



***Be Ready for ABPP
in Neuropsychology***
An AACN Study Support Network

Closing Thoughts on our Own Experiences

Helpful Links

- [The AACN website](#)
- [Exam Schedule and Deadlines](#)
- [Examiner Cadre](#)
- [AACN Resources for Board Certification](#)
- [ABPP Generic Application](#)
- [General Info for Applicants with Disabilities](#)
- [BRAIN website](#)
 - Mentorship Program: [Dr. Brandon Baughman](#)
 - [Written Exam](#)
 - [Practice Samples](#)
 - [Oral Exam](#)
- [Guidelines for Practice Samples in Clinical Neuropsychology](#)
- ABPP Page on Clinical Neuropsychology with links to downloadable related documents: <http://www.abpp.org/i4a/pages/index.cfm?pageid=3354>
- <http://www.tandfonline.com/doi/pdf/10.1080/13854046.2014.935484>
- [Annunciata Porterfield](#), ABCN Executive Assistant

Q&A

**Thanks to ABCN, AACN BOD and the Relevance
2050 Committee for your support!**

**Any questions and/or feedback, please contact us
at aacnstudentpipeline@gmail.com**

**This webinar will be available on [YouTube](#) and on
the AACN Students [website](#)**