
Reports of the INS - Division 40 Task Force on Education, Accreditation, and Credentialing

GUIDELINES FOR DOCTORAL TRAINING PROGRAMS IN CLINICAL NEUROPSYCHOLOGY

Doctoral training in Clinical Neuropsychology should ordinarily result in the awarding of a Ph.D. degree from a regionally accredited university. It may be accomplished through a Ph.D. programme in Clinical Neuropsychology offered by a Psychology Department or Medical Faculty or through the completion of a Ph.D. programme in a related specialty area (e.g., Clinical Psychology) which offers sufficient specialization in Clinical Neuropsychology.

Training programmes in Clinical Neuropsychology prepare students for health service delivery, basic clinical research, teaching, and consultation. As such they must contain (a) a generic psychology core, (b) a generic clinical core, (c) specialized training in the neurosciences and basic human and animal neuropsychology, (d) specific training in clinical neuropsychology. This should include an 1800 - hour internship which should be preceded by appropriate practicum experience.

(A) Generic Psychology Core

1. Statistics and Methodology
2. Learning, Cognition, and Perception
3. Social Psychology and Personality
4. Physiological Psychology
5. Life-Span Developmental
6. History

(B) Generic Clinical Core

1. Psychopathology
2. Psychometric Theory
3. Interview and Assessment Techniques
 - i. Interviewing
 - ii. Intelligence Assessment
 - iii. Personality Assessment
4. Intervention Techniques
 - i. Counselling and Psychotherapy
 - ii. Behavior Therapy/Modification
 - iii. Consultation
5. Professional Ethics

(C) Neurosciences and Basic Human and Animal Neuropsychology

- i. Basic Neurosciences
- ii. Advanced Physiological Psychology and Pharmacology
- iii. Neuropsychology of Perceptual, Cognitive, and Executive Processes
- iv. Research Design and Research Practicum in Neuropsychology

(D) Specific Clinical Neuropsychological Training

- i. Clinical Neurology and Neuropathology
- ii. Specialized neuropsychological assessment techniques
- iii. Specialized neuropsychological intervention techniques
- iv. Assessment practicum (children and/or adults) in University-supervised assessment facility
- v. Intervention practicum in University supervised intervention facility
- vi. Clinical Neuropsychological Internship of 1800 hours preferably in noncaptive facility. (As per INS - Div. 40 Task Force guidelines). Ordinarily this internship will be completed in a single year, but in exceptional circumstance may be completed in a 2-year period.

(E) Doctoral Dissertation

It is recognized that the completion of a Ph.D. in Clinical Neuropsychology prepares the person to begin work as a clinical neuropsychologist. In most jurisdictions, an additional year of supervised clinical practice will be required in order to qualify for licensure. Furthermore, training at the postdoctoral level to increase both general and subspecialty competencies is viewed as desirable.

GUIDELINES FOR NEUROPSYCHOLOGY INTERNSHIPS IN CLINICAL NEUROPSYCHOLOGY

The following report summarizes the recommendations of the subcommittee on internships of the INS/Division 40 Task Force. The report was prepared by Linus Bieliauskas and Thomas Boll.

At the outset, it is recognized that the Internship Program is designed primarily for students with degrees in clinical psychology. Such internship programs are those accredited by the American Psychological Association and or those listed in the Directory of the Association of Psychology Internship Centers.

Entry into a psychology internship program is a minimum qualification in a Neuropsychology Internship. Such entry must be based on completion of at least 2 years in a recognized Psychology Ph.D. Graduate Training Program in an area of Health Services Delivery (e.g., Clinical, Clinical Neuropsychology, Counseling, or School Psychology). Alternately, entry into a psychology internship program must be based on completion of a "retreading" Program

designed to meet equivalent criteria as a Health Services Delivery Program per se. Within the training programs described above, the student must also have completed a designated track, specialization, or concentration in neuropsychology.

There are generally two models for psychology internship training: (1) Generic Clinical Psychology, and (2) specialty in Clinical Neuropsychology. The former does not concern us here since such training is not geared toward producing specialized experience or qualification. The latter type of internship program, when designed to provide specialized training in Neuropsychology, is what constitutes a Clinical Neuropsychology Internship.

A Clinical Neuropsychology Internship must devote at least 50% of a 1-year full-time training experience to neuropsychology. In addition, at least 20% of the training experience must be devoted to General Clinical Training to assure a competent background in Clinical Psychology. Such an internship should be associated with a hospital setting which has Neurological and/or Neurosurgical services to offer to the training background. Such an internship should not be associated only with a strictly psychiatric setting.

Experiences to be Provided

The experiences to be provided to the intern in clinical neuropsychology should conform to the descriptions of professional activities in the Report of the Task Force on Education, Accreditation, and Credentialing of the International Neuropsychological Society and the American Psychological Association (1981). Necessary training should be provided in both a didactic and experiential format. Supervisors in such an internship should be board-certified clinical neuropsychologists.

Didactic Training

- A. Training in neurological diagnosis.
- B. Training in consultation to neurological and neurosurgical services.
- C. Training in direct consultation to psychiatric, pediatric, or general medical services.
- D. Exposure to methods and practices of neurological and neurosurgical consultation (grand rounds, bed rounds, seminars, etc).
- E. Training in neuropsychological techniques, examination, interpretation of test results, report writing.
- F. Training in consultation to patients and referral sources.
- G. Training in methods of intervention specific to clinical neuropsychology.

Experiential Training

- A. Neuropsychological examination and evaluation of patients with actual and suspected neurological diseases and disorders.
- B. Neuropsychological examination and evaluation of patients with psychiatric disorders and/or pediatric or general medical patients with neurobehavioral disorders.

- C. Participation in clinical activities with neurologists and neurosurgeons (bed rounds, grand rounds, etc.).
- D. Direct consultation to patients involving neuropsychological issues.
- E. Consultation to referral and treating professions.

Exit Criteria

At the end of the internship year, the intern in clinical neuropsychology should be able to undertake consultation to patients and professionals on an independent basis and meet minimal qualifications for competent practice of clinical neuropsychology as defined in Section B, Neuropsychological roles and functions of the Report of the Task Force (1981).

GUIDELINES FOR POSTDOCTORAL TRAINING IN CLINICAL NEUROPSYCHOLOGY

Postdoctoral training, as described herein, is designed to provide clinical training to produce an advanced level of competence in the specialty of clinical neuropsychology. It is recognized that clinical neuropsychology is a scientifically based and evolving discipline and that such training should also provide a significant research component. Thus, this report is concerned with postdoctoral training in clinical neuropsychology which is specifically geared toward producing independent practitioner level competence which includes both necessary clinical and research skills. This report does not address training in neuropsychology which is focused solely on research.

Entry Criteria

Entry into a clinical neuropsychology postdoctoral training program ordinarily should be based on completion of a regionally accredited Ph.D. graduate training program in one of the health service delivery areas of psychology or a Ph.D. in psychology with additional completion of a "respecialization" program designed to meet equivalent criteria as a health services delivery program in psychology. In all cases, candidacy for postdoctoral training in clinical neuropsychology must be based on demonstration of training and research methodology designed to meet equivalent criteria as a health services delivery professional in the scientist-practitioner model. Ordinarily, a clinical internship, listed by the Association of Psychology Internship Centers, must also have been completed.

General Considerations

A postdoctoral training program in clinical neuropsychology should be directed by a board-certified clinical neuropsychologist. In most cases, the program should extend over at least a 2-year period. The only exception would be for individuals who have completed a specific clinical neuropsychology spe-

cialization in their graduate programs and/or a clinical neuropsychology internship (Subcommittee Report of the Task Force, 1984) provided the exit criteria are met (see below). As a general guideline, the postdoctoral training program should provide at least 50% time in clinical service and at least 25% time in clinical research. Variance within these guidelines should be tailored to the needs of the individual. Specific training in neuropsychology must be provided, including any areas where the individual is deemed to be deficient (testing, consultation, intervention, neurosciences, neurology, etc.).

Specific Considerations

Such a postdoctoral training program should be associated with hospital settings which have neurological and/or neurosurgical services to offer to the training background. Necessary training should be provided in both a didactic and experiential format and should include the following:

Didactic Training

- A. Training in neurological and psychiatric diagnosis.
- B. Training in consultation to neurological and neurosurgical services.
- C. Training in direct consultation to psychiatric, pediatric, or general medical services.
- D. Exposure to methods and practices of neurological and neurosurgical consultation (Grand Rounds, Bed Rounds, Seminars, etc.).
- E. Observation of neurosurgical procedures and biomedical tests (Revascularization procedures, cerebral blood flow, Wada testing, etc.).
- F. Participation in seminars offered to neurology and neurosurgery residents (Neuropharmacology, EEG, brain cutting, etc.).
- G. Training in neuropsychological techniques, examination, interpretation of test results, report writing.
- H. Training in consultation to patients and referral sources.
- I. Training in methods of intervention specific to clinical neuropsychology.
- J. Seminars, readings, etc., in neuropsychology (case conferences, journal discussion, topic-specific seminars).
- K. Didactic training in neuroanatomy, neuropathology, & related neurosciences.

Experiential Training

- A. Neuropsychological examination and evaluation of patients with actual and suspected neurological diseases and disorders.
- B. Neuropsychological examination and evaluation of patients with psychiatric disorders and/or pediatric or general medical patients with neurobehavioral disorders.
- C. Participation in clinical activities with neurologists and neurosurgeons (bed rounds, grand rounds, etc.).
- D. Experience at a specialty clinic, such as a dementia clinic or epilepsy clinic, which emphasizes multidisciplinary approaches to diagnosis and treatment.

- E. Direct consultation to patients involving neuropsychological assessment.
- F. Direct intervention with patients, specific to neuropsychological issues, and to include psychotherapy and/or family therapy where indicated.
- G. Research in neuropsychology, i.e., collaboration on a research project or other scholarly academic activity, initiation of an independent research project or other scholarly academic activity, and presentation or publication of research data where appropriate.

Exit Criteria

At the conclusion of the postdoctoral training program, the individual should be able to undertake consultation to patients and professionals on an independent basis. Accomplishment in research should also be demonstrated. The program is designed to produce a competent practitioner in the areas designated in Section B of the Task Force Report (1981) and to provide eligibility for external credentialing and licensure as designated in section D of the Task Force Report (1981). The latter also includes training eligibility for certification in Clinical Neuropsychology by the American Board of Professional Psychology.

REFERENCES

- Meier, M.J. (1981). Report of the Task Force on Education, Accreditation and Credentialing of the International Neuropsychological Society. *The INS Bulletin*, September, pp. 5-10.
- Report of the Task Force on Education, Accreditation, and Credentialing. *The INS Bulletin*, 1981, pp. 5-10. *Newsletter 40*, 1984, 2, 3-8.
- Report of the Subcommittee on Psychology Internships. *Newsletter 40*, 1984, 2, 7. *The INS Bulletin*, 1984, p. 33. *APIC Newsletter*, 1983, 9, 27-28.