Navigating the ABCN Written Exam

JOHN A. LUCAS*, PH.D., ABPP
CHAIR, ABCN EXAMINATIONS COMMITTEE

PROFESSOR & CHAIR OF PSYCHOLOGY
MAYO CLINIC
JACKSONVILLE, FL

*Nothing to disclose
Acknowledgements

AACN Relevance 2050 Student Pipeline Subcommittee

Jennifer Peraza, PsyD, ABPP       Octavio Santos, PhD

Ilex Beltran-Najera, MA
Katie Dorociak, PhD
Kristina Dumas, PhD
David Learner, PhD

Christina Love, PsyD
Anny Reyes, MA, MS
Leah Whitlow, MS

For additional SPS webinars on the board certification process please visit: https://theaacn.org/relevance-2050/relevance-2050-webinar-series/
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Laura Flashman  |  Jacobus Donders  |  Bernice Marcopulos  |  Ida Sue Baron  |  Brenda Spiegler
Agenda

- Nut and Bolts
  - Rationale
  - Logistics

- Exam Construction
  - JTA/Exam Blueprint
  - Psychometrics
  - Sample Questions

- Snopes – ABCN Edition

- Test-taking Strategies & Resources
ABPP Board Certification

Behavioral/Cognitive
Child/Adolescent
Clinical Health
Clinical
Clinical Neuropsychology
Counseling
Couple/Family
Forensic
Geropsychology
Group
Organization/Business
Police/Public Safety
Psychoanalysis
Rehabilitation
School
ABPP Board Certification

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Psychoanalysis
Rehabilitation
School
Why a Written Exam?

- Credential Review
  - Verify training and education

- Written Exam
  - Demonstrate appropriate knowledge base

- Practice Sample
  - Verify potentially defensible clinical practice

- Oral Exam
  - Demonstrate competencies for independent practice
### Document Library

Click on any document, form, or manual below to download. You may also click on any related link below to be redirected to that page.

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Taking the Written Examination

- Administered 4x a year in 2-week windows at PSI network of 300 centers across the US/Canada.

- 125 MC Questions
  - 100 scored items
  - 25 unscored beta items

- Alternate forms.

- Fees = $590
  - $300 to ABPP (unchanged in over a decade!)
  - $290 “seat fee” to PSI
Foundation Funds & Grants

The ABPP Foundation accepts donations to the Unrestricted Fund, as well as those directed toward established dedicatory purposes, providing that those purposes are in keeping with the law and the organization's intentions. If you would like to make a contribution designated for a specific purpose other than one of the current designated funds listed below, please contact the ABPP Foundation at ABPFFoundation@abpp.org.

Online credit card contributions can be made securely with Visa, MasterCard, Discover, or American Express. See below and click on any title for details on a fund.
After the Written Examination

- Typically takes 3-4 weeks after exam window closes to get results. Email notification will be followed by hard copy letter.
After the Written Examination

- Passing Score?

  - YES
  - NO

  - Skip one exam window before retaking.
  - Register for exam (pay ABPP & PSI fees) each time you retake the exam.
  - Alternate form will be administered.

Submit PS
Three Attempts per Window

- Restart new candidacy window
  - Submit new **generic** CR application & fees for ABPP review of license status
  - No need to submit a new **specialty** application unless requirements have changed.

- Register for first WE attempt of new window
  - All previous events “never happened.”
  - PS reviewers & Oral examiners **not** informed.
Construction of the ABCN Written Examination
Scope of Work

- Job Task Analysis
- Blueprint creation
- Item Review
- Item Writing
- Psychometric Analysis
- Standard Setting
From JTA to Exam Blueprint

Define MQC

Identify Knowledge & Tasks

Rate Task FQ/Criticality

Identify Themes

- ABCN Board
  - Assessment
  - Consultation
  - Intervention

- Evidence-based
- Individual Differences
- Ethical/Legal Issues
- Professional Issues
### Exam Blueprint

<table>
<thead>
<tr>
<th>Section</th>
<th>Subsection</th>
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</thead>
<tbody>
<tr>
<td>1. Professional Standards (7)</td>
<td>1.01 - Understand and apply ethical and professional standards.</td>
</tr>
<tr>
<td></td>
<td>1.02 - Demonstrate knowledge of the impact of diversity on neuropsychology</td>
</tr>
<tr>
<td>2. Record review and research (15)</td>
<td>2.01 - Determine diagnostic information needed</td>
</tr>
<tr>
<td></td>
<td>2.02 - Apply knowledge of research methods and statistics</td>
</tr>
<tr>
<td>3. Assessment Methods (43)</td>
<td>3.01 - Apply assessment methods and normative group comparators for diverse</td>
</tr>
<tr>
<td></td>
<td>examinee populations.</td>
</tr>
<tr>
<td></td>
<td>3.02 - Evaluate assessment tools to ensure they remain valid for their</td>
</tr>
<tr>
<td></td>
<td>intended use</td>
</tr>
<tr>
<td></td>
<td>3.03 - Apply knowledge of psychometric and patient characteristics</td>
</tr>
<tr>
<td></td>
<td>3.04 - Interpret examinee neuropsychological assessment performance.</td>
</tr>
<tr>
<td>4. Case Formulation (25)</td>
<td>4.01 - Apply knowledge of contextual factors</td>
</tr>
<tr>
<td></td>
<td>4.02 - Understand developmental factors (lifespan) that influence cognitive</td>
</tr>
<tr>
<td></td>
<td>outcomes and apply them to the case formulation.</td>
</tr>
<tr>
<td>5. Intervention and Clinical Management (10)</td>
<td>5.01 - Translate findings and conceptualization into recommendations that</td>
</tr>
<tr>
<td></td>
<td>are practical and usable by providers</td>
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</tbody>
</table>

https://abpp.org/BlankSite/media/Clinical-Neuropsychology-Documents/17_Written_Examination_Instructions_1.pdf
Exam Questions

- Questions provide scenarios to analyze, interpret and apply what you know.

- 4 Choices. No “All/None of the above”.

- No “trick” questions. All items are intended to allow candidates to show their knowledge of what neuropsychologists know/do everyday.

- All choices may be plausible. You must choose the best/most correct answer.

- All items reviewed by committee of SMEs for accuracy & appropriate cognitive complexity.
Example

- A 69yo man referred for dementia assessment speaks conversational English but is most fluent in Spanish. A neuropsychologist who does not speak Spanish should:
  a. Refuse to see the patient since the neuropsychologist does not speak Spanish.
  b. Test the patient in Spanish using the patient’s spouse to translate standard tests.
  c. Test the patient in Spanish only if a professional interpreter is used to translate standard tests.
  d. Test the patient in English but interpret results cautiously and repeat testing over time.
A 42-year-old presents with a 2-year history of uncontrollable limb movements, emotional changes, and decline in thinking ability. What information from the records would be most important in differential diagnosis?

a. Developmental history
b. Family medical history
c. History of traumatic brain injury
d. Substance use history
Example

A brief screening measure for attention deficit is developed in an adolescent ADHD clinic population. When used by a clinician in general practice, the measure will have lower:

a. sensitivity
b. specificity
c. predictive value
d. reliability
A 10-year-old girl of short stature is referred to guide academic planning. Past genetic testing reveal X0 genotype on chromosome 23. On which measure would you expect the greatest impairment?

a. Comprehensive Test of Phonological Processing
b. WRAT Reading Comprehension
c. Peabody Picture Vocabulary Test
d. Controlled Oral Word Association
The neuropsychological profile of a 67yo reveals intact learning but impaired free recall that does not improve with recognition testing. This patient will likely also show:

- Amyloid accumulation on PET
- Oligoclonal bands in CSF
- Significant subcortical/white matter vascular disease on MRI
- Periodic lateralized epileptic discharges on EEG
Examples

- A 50yo who is 6-mos post-mTBI with mild deficits in attention, processing speed, and learning efficiency reports falling behind on work responsibilities and receiving a warning from her employer. Which evidence-based intervention is best recommended?
  - a. antidepressant medication
  - b. cholinesterase inhibiting medication
  - c. supportive psychotherapy
  - d. cognitive rehabilitation
Exam Psychometrics

- **Item Level Analyses**
  - Proportion of candidates who answer correctly
  - Rasch item characteristic curves (item difficulty)
  - Item-Score Correlation – relationship between correct answer on item and total score.

- **Form Level Analyses**
  - Descriptive statistics (mean, SD, etc.)
  - Cronbach’s alpha
  - Alternate form decision consistency
The ABCN Written Examination is a criterion referenced test.

- Not norm referenced
- Not graded on a curve

Passing score based on level of knowledge Subject Matter Experts (SMEs) expect of a Minimally Qualified Candidate (MQC) to practice independently.
Cut Score Determination

- **Angoff Method**
  - SMEs read each question.
  - Estimate % MQCs should answer the item correctly.

- **Hofstee Method**
  - What are the highest/lowest acceptable failure rates?
  - What are the highest/lowest acceptable scores?
Example

Min failure rate = 15% (85% pass)
Max failure rate = 35% (65% pass)

Min acceptable score = 64
Max acceptable score = 77

Hofstee-derived cut score = 70
Equating Forms

- Statistical equating methods applied to data to ensure consistency across
  - alternate forms
  - subsequent iterations

- Standard scores replace raw scores as the common metric across and between exams.
  - Range = 100-400
  - Passing score = 300 (i.e., MQC)
  - Raw scores are not reported
Congratulations on passing the ABCN Written Examination!

<table>
<thead>
<tr>
<th>Your Scaled Score</th>
<th>Pass</th>
<th>Fail</th>
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</thead>
<tbody>
<tr>
<td>372</td>
<td>300 and above</td>
<td>299 or below</td>
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A breakdown of your section scores is provided below to help guide your remediation efforts.

<table>
<thead>
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<th>Test Section</th>
<th>Your Score</th>
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Key:
- Green: 80+% correct
- Yellow: 60%-79% correct
- Red: <60% correct

We regret to inform you that you did not receive a passing score.

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<td>281</td>
<td>300 and above</td>
<td>299 or below</td>
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I Didn’t Pass… Now What?

- Breathe. It’s not the end of the world. Many people have been there.
- Do NOT discuss test questions with others.
- Prepare to study for the whole exam
  - Pay attention to stoplight feedback
  - Don’t assume strong performance in a given section will automatically carry over to the next exam.
HIT OR MYTH?

Not passing means I’m not a good neuropsychologist.
MYTH!

- Everybody has a bad day.
- Maybe not as prepared as you thought.
- Pass rate among second time test-takers is favorable.
HIT OR MYTH?
The ABCN WE has a low pass rate.
MYTH! ABCN WE Pass Rates comparable to ABMS-ABPN
HIT OR MYTH?

The new ABCN WE is harder than the old exam.
MYTH! New WE Pass Rates Comparable to Old WE
HIT OR MYTH?

Most people pass or fail the exam by only 1 or 2 points.
MYTH!

- Approx. 50% of those who fail score >3 points **below** cutoff.
- Nearly 90% of those who pass score >3 points **above** cutoff.
- 84% of all test takers (pass or fail) obtain scores greater or less than 3 points from cutoff.
The ABCN WE is biased against pediatric neuro-psychologists.
The WE includes adult, pediatric, and “neutral” content in roughly equal amounts.

SMEs were pediatric, lifespan, adult, and geriatric specialists.

- Base knowledge deemed appropriate to all specialists.
- Population-specific and/or esoteric items are managed through the MCQ standard setting procedures (Angoff Method).
HIT OR MYTH?

There’s not enough time to carefully answer all the WE questions.
MYTH!

- Candidates have 2½ hours (150 min) to complete 125 items.
- 80% of test takers complete the exam in under 120 min.
- 1% of test takers require >130 min.
HIT OR MYTH?

Preparing for and taking the Written Exam requires a lot of time, effort, and $$. 
WE preparation can be time consuming and draining in many ways, BUT.

- 1000+ people have gone before you and succeeded. Their lives were crazy busy too!
- You will be a better neuropsychologist than when you started preparing.

Ways to mitigate:

- Start early
- Expect delays/life to happen
- Don’t procrastinate
- Join a group
Written Exam Preparation & Test Taking Strategies

HOW TO SURVIVE THE MONTHS LEADING UP TO THE BIG DAY
Keep in Mind

► RELAX! You’ve been taking tests for over a quarter century! You’re immersed in neuropsychology! This is what you do!

► STUDY! This is not the time to wing it.

► There is no magic bullet or single best way to prepare. Too many variables:
  • Training/educational experiences
  • Personal learning styles
  • Individual strengths/gaps
How Do I Know What I Don’t Know?

- Review Blueprint.
- Take practice tests to identify strengths and gaps.
- Use clinical cases to reinforce and expand applied knowledge.
Use Your Cases

- Consensus criteria
- Differential diagnosis
- Phenotypic variants
- Genetic contributions
- Clinical features
- Cognitive profiles
- Test/Norm selection
- Mechanisms of disease
- Imaging features
- Neuropathologic features
- Prognostic indicators/modifying factors
- “What if?” scenarios
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**Related Links**
- American Board of Clinical Neuropsychology
- American Academy of Clinical Neuropsychology
- International Neuropsychological Society
- National Academy of Neuropsychology
- APA Society for Clinical Neuropsychology (Div40)
Study/support group for all stages of candidacy

Manages candidate listserv

Repository of crowd-sourced study notes

Members must be

- A licensed psychologist
- Sponsored by an AACN member or other BRAIN member.
What is BRAIN?

BRAIN (Be Ready for ABPP In Neuropsychology) was founded in 2002 by about a dozen friends and colleagues of the ABPP/ABCN Board certification exam study support group. The group began by providing guidance and support to each other as they worked through the process of preparing for the ABPP/ABCN board certification exams in a timely manner, and divide the workload (e.g., chapter summaries, review of work samples). This group began to accumulate notes to help each other with the process and launched an e-mail study support group which, over time, grew to include hundreds of members.

As the group grows, so did the notes. Study outlines were developed and updated. New topics were covered, and notes on old topics were revised, shortened, updated, or corrected. This website represents...
ABCN Study Guides (Books)

- **Stucky, Kirkwood, & Donders (2020)**
  - Three Sections
    - Foundations of neuropsychology (Ch 1-7)
    - Fundamentals of assessment (Ch 8-12)
    - Disorders & Conditions (Ch 13-37)
  - Topics across the lifespan
  - Organized/summarized Tables, Charts, & Figures
  - 4 mock exams

- **Armstrong, Beebe, Hilsabeck, Kirkwood (2019)**
  - Overview & strategies for board certification process
  - Chapter 3: *The Written Exam: Less Painful Than You Think* (24 pp.)
  - Similar content to this webinar, but greater detail
  - Timeline & Steps to prepare
Textbooks

▶ Neuropsychological Assessment
  • Lezak, Howieson, Bigler, Tranel (2012), *Neuropsych. assessment (5th ed)*
    [11th ed due May 2021]

▶ Behavioral Neurology/Neurobehavioral Syndromes
  • Kolb & Whishaw (2021), *Fundamentals of human neuropsychology (8th ed)*
  • Heilman & Valenstein (2011), *Clinical neuropsychology (5th ed)*
  • Adams & Victor (2019), *Principles of neurology (11th ed)*

▶ Clinical Disorders
  • Morgan & Ricker (2021), *Textbook of clinical neuropsychology (2nd ed)*
  • Morgan, Baron, & Ricker (2010), *Casebook of clinical neuropsychology*

▶ Functional Neuroanatomy
  • Blumenfeld (2021), *Neuroanatomy through clinical cases (3rd ed)*
  • Vanderah & Gould (2020), *Nolte’s the human brain: An introduction to its functional neuroanatomy, (8th ed).*
Other References

- Review articles
- Consensus diagnostic criteria
- DSM

Ethics & Professional Issues
- Bush (2018), *Ethical decision making in clinical neuropsychology (2nd ed)*
- APA Code of Ethics
theaacn.org/position-papers-and-policies/

**Position Papers and Policies**

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<td>American Academy of Clinical Neuropsychology Consensus Conference Statement on Uniform Labeling of Performance Test Scores</td>
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<td>Deciding to adopt revised and new psychological and neuropsychological tests: An inter-organizational position paper</td>
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Position Papers

The following Position Papers by the National Academy of Neuropsychology (NAN) capture the consensus opinion for various important issues that affect our profession. The topics for these papers were initially suggested by the NAN Board of Directors, members of the NAN Policy and Planning Committee, or individual Academy members. The Policy and Planning Committee facilitated the process of writing, editing, and facilitating outside peer reviews. The NAN Board of Directors approved the final paper. Note that most of the Position Papers were first published in the *Archives of Clinical Neuropsychology*. For further publications by NAN, check the link for ‘Education Papers’.

- Introduction
- Third Party Observers
- Technicians in Practice
- Test Security
- Test Security Update
- Test Security Appendix
- Definition of a Neuropsychologist
- Cognitive Rehabilitation
- Independent and Court-Ordered Forensic Neuropsychological Examinations
- Precertification of Neuropsychological Services
- Informed Consent in Clinical Neuropsychology Practice
- Symptom Validity Testing: Practice Issues and Medical Necessity
Test-Taking Tips

- Manage your anxiety.
- Understand the question being asked.
- Expect some ‘WTF’ questions.
- Don’t overthink.
Test-Taking Tips

- Manage your anxiety.
- Understand the question being asked.
- Expect some ‘WTF’ questions.
- Don’t overthink. When you hear hoofbeats, think horses...
THANK YOU

Questions?