The Minnesota Guidelines

DEVELOPMENT, OVERVIEW, AND IMPLEMENTATION

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CO-CHAIR
MNC STEERING COMMITTEE

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Funding and Income Disclosures

► Mentorship Director for the "NEXUS" D43 Training Grant from the NIH Fogarty International Center and the National Institute of Mental Health

► Consultant on a National Institute of Aging Grant on Cognition and Neuromodulation Based Interventions

► Consultant on a TBI Model System Grant funded by the National Institute on Disability, Independent Living, and Rehabilitation Research

► Consultant to the National Football League on alternatives to the use of race as a variable in neuropsychology demographic norms

► Receive royalties from Western Psychological Services for the publication of the EON Memory and EON Executive Cognitive Rehabilitation Programs

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DEVELOPMENT

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HOW WE GOT HERE

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Conference held on UMN campus September 12-16, 2022

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Steering Committee

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Steering Committee

- ▶ Dr. Kathleen Fuchs (Co-chair)
- ▶ Dr. Anthony Stringer (Co-chair)
- ▶ Dr. Veronica Bordes Edgar
- ▶ Dr. Tom Bristow
- ▶ Dr. Steven Correia
- ▶ Dr. Suzanne Penna (Treasurer)
- ▶ Dr. Anny Reyes
- ▶ Dr. Douglas Whiteside

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CONTENT
EXPERT
PANELISTS

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Content Experts

Competencies	DEI	Technology and Innovation
- Dr. Celiane Rey-Casserly - Dr. Amy Heffelfinger - Dr. Brad Roper - Dr. Paula Shear	- Dr. Daryl Fujii - Dr. Jennifer Manly - Dr. Antonio Puente - Dr. Monica Rivera Mindt	- Dr. Rus Bauer - Dr. Bob Bilder - Dr. Thomas Parsons - Dr. Maureen Schmitter-Edgecombe

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REPRESENTATION AT THE MINNESOTA CONFERENCE

STEERING COMMITTEE	CONTENT EXPERTS
▪ **Association of Internship Training Centers in Clinical Neuropsychology – 1** ▪ **Association of Postdoctoral Programs in Clinical Neuropsychology – 1** ▪ **American Board of Clinical Neuropsychology- 1** ▪ **American Board of Professional Neuropsychology -1** ▪ **Cultural Neuropsychology Council - 3**	▪ **Competency Training – 4** ▪ **Diversity, Equity, and Inclusion – 4** ▪ **Technology and Innovation - 4**

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DELEGATES

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REPRESENTATION AT THE MINNESOTA CONFERENCE

DELEGATES (2 from each organization)

- Academy of the American Board of Professional Neuropsychology
- American Academy of Clinical Neuropsychology
- American Board of Clinical Neuropsychology
- American Board of Professional Neuropsychology
- American Board of Pediatric Neuropsychology
- Asian Neuropsychological Association
- Association of Internship Training Centers in Clinical Neuropsychology
- Association of Neuropsychology Students and Trainees
- Association of Postdoctoral Programs in Clinical Neuropsychology

- Canadian Psychological Association, Clinical Neuropsychology Section
- Council of University Directors of Clinical Psychology
- Hispanic Neuropsychological Society
- International Neuropsychological Society
- National Academy of Neuropsychology
- National Council of Schools and Programs of Professional Psychology
- Queer Neuropsychological Society
- Society for Black Neuropsychology
- Society for Clinical Neuropsychology
- Sports Neuropsychology Society
- **At Large Delegates - 17**

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UNIVERSITY
OF
MINNESOTA
VOLUNTEERS

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CONSULTANTS

Arredondo Advisory Group
Competency Training, DEI

Dr. Kyle Boone
Entry Level Forensic Competency

Dr. Ryan Schroeder
Entry Level Forensic Competency

Dr. Jennifer Gess
Training Under Anti-DEI Policy

Dr. Kristin Moffett
Training Under Anti-DEI Policy

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History and Context

► HCG-foundation of training for 25 years
  ► Successful, but no modifications since being written
  ► Rapid demographic and technological changes have occurred
  ► Competency based training has grown and matured.
► Relevance 2050 (AACN) initiative to revise HCG
  ► Led by Karen Postal and Tony Stringer
    ►Met with all major neuropsychological organizations to get support
    ►Reached consensus that revision was needed

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Planning

- June 2021-Planning Commission started meeting
  - 34 members from 17 organizations
  - Led by Brad Roper
  - Established the structure and procedure for the conference
  - Selected delegates for the conference
  - Worked on conference logistics

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In person conference

	Charge given to Delegates:	Define competencies for practice in neuropsychology
		Infuse these with principles of cultural respect and inclusion
		Incorporate use of technology into practice

	Delegates approved general structure and competencies for the new guidelines

	At the end of the conference, delegates voted to support the newly developed competencies "in principle" with the acknowledgement that further wordsmithing was necessary prior to publication.

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Post-Conference

- SC followed the process that had been laid out by the Planning Commission:
  - Responsibility for final editing and publishing the Guidelines lay with the Steering Committee (SC).
  - Input from the delegates to be solicited as needed.
  - Goal from the beginning was to solicit and incorporate as much delegate input/feedback as possible with the understanding that the SC would exert editorial control.
  - SC intent was to produce a **publishable** document that met the needs of training and credentialing organizations.
  - However, the revision phases took significantly longer and were more involved than anyone anticipated fueled by concerns from neuropsychology organizations.

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The Road to the Final Draft

At the Minnesota Conference (September 2022)

- In morning sessions delegates discussed ideas and proposals as a large group.
- In afternoon sessions delegates broke into smaller groups based on level of training expertise (graduate school, internship, fellowship, continuing education) to brainstorm competencies.
- In evening sessions delegates, content experts, and SC members served together on drafting teams to create general principles based on each day's discussions.
- In next day morning session delegates voted to approve drafting team language in principle.

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September 2022 to June 2023

- Focus shifted to drafting the paper to present the Minnesota Guidelines.
- Initially, delegates and content experts worked together for approximately 1 month to pull all the brainstormed ideas into a combined document.
- The SC and the content experts then went through multiple iterations of the Guidelines to get to a first draft that could be distributed for review.
- That first draft was released to delegates, and they were asked to solicit feedback from their organizations and other constituencies.
- Approximately 100 specific suggestions came back, along with strong criticism of the first draft.
- The SC combined all the feedback into one document and met with delegates to make sure we had captured their thoughts and proposed language.
- Polls were conducted to understand the preferences of the delegates, but no formal votes.

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July 2023 to January 2025

- The revised draft went to our Competency and DEI consultants who provided written and verbal feedback to the SC.
- Using consultant feedback, the SC created standards for delegates to follow in refining the Guidelines requiring use of APA format, incorporating scientific citation to support competencies, and creating concise competency tables.
- Fourteen Guidelines refinement teams (5-7 delegates on each) were created and each team was assigned to one competency and also to the introductory sections.
- Worked for several months on re-drafting competencies and the introductory sections.

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July 2023 to January 2025

- Once completed, the re-drafted sections went to the SC for further editing for clarity and conciseness, to add missing references, eliminate redundancy and create consistency throughout the document, and to make sure that consultant feedback was considered throughout.
- Once the SC completed its edits, the section went back to its refinement team for their approval. Most refinement teams agreed with the versions created, but several raised objections mostly around content that had been deleted when it was redundant or restated in more concise language.
- The introductory sections were especially contentious, with half the delegates objecting to the critique of the profession being too harsh and half objecting that it was not strong enough. The SC attempted to find middle ground, but no one was completely satisfied.

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July 2023 to January 2025

- The SC then solicited input from two forensic neuropsychology consultants who added further language addressing entry level competency in forensic issues.
- The SC returned the Guidelines to each of the Expert Panels for their final edits related to DEI, the competency approach to training, and the incorporation of technology in the Guidelines.
- After incorporation of this input, the next-to-final draft of the Guidelines was returned to delegates for their final in-depth review and editing. They were also again asked to solicit input from their organizations and constituencies.
- Despite this draft being regarded as markedly improved from the first released draft, it still generated nearly 200 comments and suggestions, twice as many as the first draft.

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July 2023 to January 2025

- The SC worked for several weeks to consider and respond to all 200 comments and suggestions. Not all of them made it in, but many did, and the Guidelines continued to improve from this feedback.
- The final draft of the Guidelines released for delegate voting.

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Results

▶ 28 yes
▶ 14 no
▶ 9 abstaining
▶ 4 not voting

- Not unanimous, but a 2 to 1 margin.
-Yes-votes exceed sum of all other votes.

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Authorship

▶ 60 authors
  ▶ All Steering Committee members
  ▶ 44 Delegates
  ▶ 8 Content Expert Panelists

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Organizational Endorsement

▶ Association for Doctoral Education in Clinical Neuropsychology (ADECN) (doctoral education)
▶ North American Association of Practicum Sites in Neuropsychology (NAPSN) (doctoral practicum training)
▶ Association of Internship Training Centers in Neuropsychology (AITCN) (internship)
▶ Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) (residency/fellowship)
▶ American Board of Professional Neuropsychology - ABN (board certification)
▶ American Board of Pediatric Neuropsychology - ABPdN (board certification)
▶ American Board of Clinical Neuropsychology – ABCN (board certification)

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Organizations Not Endorsing

- National Academy of Neuropsychology (NAN)
- International Neuropsychological Society (INS)
- AACN to decide based on a vote of its membership 3 months after publication

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Objections to the Minnesota Guidelines

We need more time/more drafts.

Why is it taking so long to finish?

They incorporates DEI, which is now illegal.

Expert Panels didn't draft them.

Interjects politics into neuropsychology.

Neuropsychologists shouldn't be involved in advocacy.

Delegates didn't draft them.

Steering Committee took over.

Didn't follow Roberts Rules of Order.

Lessens the importance of competency in research.

Didn't stop the vote when demanded by NAN.

Too many references.

Didn't include the sentence(s) I wrote.

Too few references.

They shouldn't be published in **our** journal before we vote.

Too critical of the specialty.

Doesn't include forensics as a distinct competency.

Insufficiently critical of the specialty.

Minnesota Guidelines are divisive.

A 2:1 vote isn't a sufficient endorsement.

The Houston Conference Guidelines were fine.

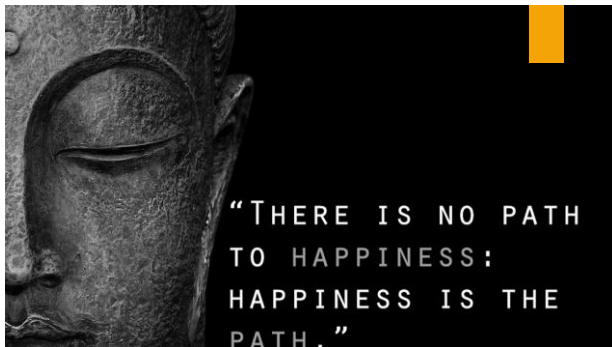We should be voting on each competency separately.

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"THERE IS NO PATH TO HAPPINESS: HAPPINESS IS THE PATH."

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If happiness is the path, then we should choose carefully.

Continue the same path?

- Stick with the HCG.
- Adopt the Minnesota Guidelines and wait another 25 years to repeat the process.
- Continue to fight about training guidelines.

Take a different path?

- Regularly amend or update the Minnesota Guidelines in response to changing circumstances.
- **Make training guidelines boring again.**

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OVERVIEW

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MNC Guidelines

- Not enforceable training standards or legal requirements
- Aspirational
  - Reflect the vision and core values of the specialty
- However, they are intended to inform the future development of accreditation and credentialing standards.
- The Minnesota Guidelines become an enforceable standard through accrediting and credentialing organization adoption.

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Overview: MNC Guidelines

- 13 competencies
  - 5 Foundational Competencies
  - 8 Functional Competencies
  - New Competencies for the 21st Century:
    - Advocacy
    - Technology and Innovation

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Definitions

Foundational Competencies

Cross-cutting and integrated areas of knowledge, skills and attitudes that form the basis for entry level practice.

Functional Competencies

Activities that neuropsychologists are required to perform during their clinical practice---- includes knowledge, skills, and attitudes built upon the foundational competencies.

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Foundational Competencies

- Neuroscience and Brain and Behavior Relationships
- Integration of Science and Practice
- Ethics, Standards, Laws, and Policies
- Diversity
- Professional Relationships

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Functional Competencies

- Assessment
- Intervention
- Interdisciplinary Systems and Consultation
- Research and Scholarly Activities
- Technology and Innovation
- Teaching, Supervision, and Mentoring
- Health and Professional Advocacy
- Administration, Management, and Business

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WHAT HAS BEEN RETAINED FROM HOUSTON CONFERENCE GUIDELINES?

- Definition of a clinical neuropsychologist
- Programmatic integration of education and training across the doctoral, internship, and residency levels
- Establishment of a 2-year full-time postdoctoral residency/fellowship as the capstone of specialty training
- Definition of exit criteria for completion of specialty training that must be met by the end of the residency program
- **Expectation that all neuropsychology specialists will undergo training in the conduct of research (clarification language added)**

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Changes in MCG compared to HCG

- Training models have diversified since HCG
  - Scientist-Practitioner (Boulder) model explicitly endorsed in HCG
  - Now, there are diverse training models
    - Scholar Practitioner (Vail) model (e.g., many PsyD Programs)
    - Clinical Scientist model (e.g., Harvard Clinical Psychology Program)
  - Vary considerably in the emphasis on research vs clinical training
    - all have a minimum level of competence in the ability to critically evaluate and apply research
  - All models have APA accredited programs
    - Guidelines need to reflect this diversity in training models
    - Also need to preserve the core principle that training in the conduct of research is required

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MNC vs HCG-side by side

Assessment
1. Information gathering
2. History taking
3. Selection of tests and measures
4. Administration of tests and measures Interpretation and diagnosis
5. Treatment planning
6. Report writing
7. Provision of feedback
8. Recognition of multicultural issues

6. Assessment

Neuropsychologists:
- Utilize information from medical records and referral sources to identify the patient/service recipient and clarify and discern referral questions.
- Obtain a working knowledge of the patient's culture and intersectionalities to develop a preliminary cultural conceptualization for guiding the assessment.
- Create welcoming and inclusive clinical evaluation settings appropriate for diverse populations.
- Appropriately utilize professional language interpretation services.
- Demonstrate knowledge of the impact of third-party observation on test security.
- Conduct clinical diagnostic interviews with appropriate sources to obtain relevant assessment information.
- Obtain estimates of prior functioning using best available educational, occupational, and other demographic information or collateral report.
- Select and accurately administer and score tests that are evidence-based, reliable, valid, and culturally and normatively appropriate.
- Utilize technology in assessment to improve efficiency and measurement precision.
- Document and explain in reports the rationale for variations from standard procedures or limitations in use of norms.
- Integrate information from medical, psychological, educational, and other available records, interviews, behavioral observations, and test data to formulate diagnoses, recommendations, and treatment plans.
- Develop diagnostic case conceptualizations, interpretations, recommendations, and treatment plans that consider all relevant contexts, individual and demographic variables, personal identity factors and their intersectionality, base rates, threats to validity, sources of clinician bias/judgement error, and the limitations of the tests utilized.
- Engage in differential diagnosis of cognitive, emotional, and behavioral disorders caused by or associated with brain dysfunction and other etiologies utilizing evidence-based clinical decision-making strategies.
- Identify patients' strengths and weaknesses to create a comprehensive profile of patient functioning that describes areas of vulnerability and resilience, and the potential to compensate for deficits.
- Provide tailored feedback and recommendations to patients and other consumers as appropriate.
- Report results and recommendations clearly and effectively, in a format appropriate for the setting, context, and patient.

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WHERE DIVERSITY, TECHNOLOGY, FORENSICS AND ADVOCACY ARE EMBEDDED

Competency	Diversity	Technology	Forensics	Advocacy
Neuroscience	X	X		
Integration of Sci and Practice	X			
Ethics and Laws	X			X
Diversity	X			X
Professional Relationships	X			
Assessment	X	X	X	X
Intervention	X	X	X	X
Systems and Consultation	X		X	X
Research and Scholarship	X	X		
Technology and Innovation	X	X	X	
Teaching, Mentoring and Supv.	X	X		
Advocacy	X		X	X
Admin and Business	X	X	X	X

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Links to Scientific and Professional Literature

- Neuroscience
- APA acknowledgement of involvement in historical injustices
- APA commitment to equity, justice, cultural respect, and inclusion
- Codes of Conduct and Ethics, Positive Ethics, Neuropsychology Position Papers
- Cultural and cross-cultural psychology, neuropsychology, and neuroscience
- APA Multicultural Guidelines
- Psychometric science
- Evidence-based interventions, motivational interviewing, and effective feedback and consultation strategies
- Research design and methodology, techniques of statistical analysis, socially-responsible research methods
- Emerging technologies relevant to neuropsychology
- Affects of diversity in healthcare delivery and receipt
- Self, patient, and professional specialty advocacy
- The business and management of a neuropsychological practice

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Competency 1: NEUROSCIENCE AND BRAIN AND BEHAVIOR RELATIONSHIPS

Neuropsychologists demonstrate knowledge of:

► Principles of neuroscience and neurobiology…

► Structural and functional anatomy…

► Principles of normal and abnormal brain development…

► Neurological, psychiatric, and other medical diseases…

► Neurodevelopmental disorders…

► Neurotransmitter systems and neurochemistry…

► The effects of major classes of medication and drugs…

► Theories and findings of cognitive science and neuroscience…

► Neuroimaging and other neurodiagnostic techniques…

► Principles for inferring lesion lateralization, localization, and type of abnormality or disease…

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Competency 2: Integration of Science and Practice

Neuropsychologists:

► Remain current in their knowledge of scientific research…

► Appropriately weigh and evaluate research.

► Demonstrate knowledge of historical injustices in research and apply findings consistent with principles of equity, justice, cultural respect and inclusion.

► Integrate neuropsychological science in their practice and scholarship.

Science ⚡ Practice

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Competency 3: Ethics, Standards, Laws, and Policies

Neuropsychologists:

▸ Adhere to ethical principles and codes of conduct for psychologists…

▸ Adhere to applicable current standards, laws, judicial rulings, and policies…

▸ Adhere to official current standards, guidelines, and positions adopted by the professional … organizations to which they belong.

▸ Consider the best interests of their patients/clients, the public and the specialty … when there are conflicts or inconsistencies between ethical codes, standards, laws, and policies.

▸ Anticipate and avoid violations or conflicts involving ethics, standards, laws, and policies.

▸ Appropriately address violations or conflicts … following current APA or CPA recommendations and/or … practice guidelines.

▸ Consider society-wide issues of diversity, equity, power, and injustice …

▸ Demonstrate awareness of the limits of their knowledge … and when to seek peer, professional, or legal consultation.

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Competency 4: Diversity

Neuropsychologists:

- Demonstrate knowledge of cultural psychology, cross-cultural neuropsychology and cultural neuroscience…
- Demonstrate knowledge of the intersecting factors and social contexts…
- Demonstrate knowledge of the influence of cultural, social, environmental, and other contextual factors…
- Create clinical environments that are inclusive and welcoming.
- Adapt testing for patients who have conditions that may interfere with standard assessment…
- Take demographic factors and premorbid ability into account…
- Consider the benefits and potential harms when selecting norms…
- Make clinically reasonable choices among the available norms and tests and consider the degree to which test validity is compromised…
- Recognize the role of language and health literacy…
- Recognize how personal attitudes and views impact clinical conceptualizations…and avoid biases.
- Demonstrate knowledge of how multiple identities evolve and interact with culture, acculturation, and social context …
- Recognize the limitations of their competence…
- Demonstrate knowledge of when to refer or consult…
- Continually update and improve their knowledge into the role of culture and intersectional factors …
- Approach diverse cultures, identities, and world views with humility, curiosity, openness, and respect.
- Respect the perspectives, viewpoints, ideas, backgrounds, and experiences of those with whom they interact.

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Competency 5: Professional Relationships

Neuropsychologists:

- Comply with the principles and standards of the current APA/CPA Codes of Ethics.
- Demonstrate mutual respect and collaboration with all individuals with whom they work.
- Solicit and integrate feedback from collaborators, supervisors, peers and others with whom they have a professional relationship.
- Communicate neuropsychological findings in a manner that appropriately integrates the opinions of other professionals….
- Offer … evidence-based critique of the work and credentials of other specialists while refraining from disparaging and disrespectful comments and illegitimate complaints.

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Competency 6: Assessment

Neuropsychologists:

- Utilize information from medical records and referral sources to identify the client… discern referral questions.
- Obtain a working knowledge of the patient's culture and intersectionalities…
- Create welcoming and inclusive clinical evaluation settings…
- Appropriately utilize professional language interpretation.
- Demonstrate knowledge of the impact of third-party observation on test security.
- Conduct clinical diagnostic interviews with appropriate sources…
- Obtain estimates of prior functioning using best available…information…
- Select and accurately administer and score tests…
- Utilize technology in assessment to improve efficiency and measurement precision.
- Document and explain in reports the rational for variations from standard procedures or limitations in use of norms.
- Integrate information…to formulate diagnoses, recommendations, and treatment plans.
- Develop diagnostic case conceptualizations…and treatment plans that consider … individual and demographic variables, personal identity factors, base rates, threats to validity, and test limitations.
- Engage in differential diagnosis…
- Identify patients' strengths and weaknesses to create a comprehensive profile of patient functioning…
- Provide feedback and recommendations to patients and other consumers as appropriate.
- Report results and recommendations clearly and effectively….

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Competency 7: Intervention

Neuropsychologists:

- Provide recommendations and interventions that are evidence-based….
- Provide recommendations and interventions that are tailored….
- Facilitate patient understanding, acceptance, and adherence….
- Administered evidence-based interventions with targeted adaptations to address needs.
- Recommend prevention, brain health promotion, and social engagement activities.
- Provide recommendations and interventions that are appropriate, pragmatic…feasible….
- Use emerging evidenced-based innovative methods and technologies…
- Use measures with strong psychometric properties to evaluate and adjust interventions to optimize outcomes.

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Competency 8: Interdisciplinary Systems and Consultation

Neuropsychologists:

- Conduct consultation and demonstrate professional identity…across multidisciplinary systems…
- Demonstrate awareness of needs…
- Utilize best practices in conveying information…
- Demonstrate awareness of complementary roles and responsibilities…and collaborate with other profesionals
- Determine eligibility for programmatic services…
- Demonstrate awareness of relevant laws, guidelines, and legal standards…
- Demonstrate familiarity with societal inequities and institutional biases…
- Maintain awareness of their own biases and seek consultation or make referrals…

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Competency 9: Research and Scholarly Activities

Neuropsychologists:

- Engage in various forms of research and scholarship consistent with the model under which they were trained
- Adhere to professional standards … for the conduct of research and scholarship.
- Critically evaluate the scientific rigor and applicability of research literature.
- Account for relevant … factors across all stages of scientific investigation.
- Demonstrate knowledge of the conduct of research, including … designing and conducting a study using hypothesis testing methodology, analyzing data….
- Demonstrate knowledge of historical injustices associated with psychological research….
- Adhere to current APA multicultural guidelines or CPA standards….
- Utilize socially responsible research procedures when appropriate and feasible.
- Demonstrate knowledge of benefits, limitations, risks, and ethical concerns when using innovative methods and technologies.

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Competency 10: Technology and Innovation

Neuropsychologists:

- Demonstrate awareness of and ability to incorporate innovative methods and technologies…..
- Critically evaluate the characteristics of relevant innovations and technologies as applied to neuropsychological practice.
- Show an awareness of and appreciation for advantages and potential limitations/harms of new technologies, particularly in vulnerable, minoritized, or underserved populations.
- Consider ethical issues (e.g., access to services, privacy, fairness, test security) in the use of innovative methods and technologies in their practice.

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Competency 11: Teaching, Supervision, and Mentoring

Neuropsychologists:

- Keep abreast of advances in neuropsychological theory and practice to ensure training content reflects the current state of the specialty…
- Apply the appropriate evidence-based pedagogical theories, methods, and practices…
- Create developmentally tailored training activities that are collaborative; culturally sensitive; responsive; attentive to power differentials; and accessible to diverse individuals.
- Utilize emerging innovations and technology when they are shown to optimize or improve…learning outcomes.
- Critically examine and maintain self-awareness of the strengths and limitations of one's teaching style, supervision skills, and mentoring…

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Competency 12: Health and Professional Advocacy

Neuropsychologists:

- Demonstrate knowledge of best practices for professional advocacy.
- Ground their advocacy for patients, consumers, and the specialty in neuropsychological and public health research.
- Advocate for their professional career needs…
- Advocate for the welfare of their patients and the public, incorporating knowledge of the impact of social determinants of health and all forms of discrimination.
- Advocate for the specialty of neuropsychology.

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Competency 13: Administration, Management, and Business

Neuropsychologists demonstrate knowledge of:
- ► Fiscally sound operational and management principles…
- ► Billing and reimbursement models and procedures that are consistent with ethical and regulatory standards.
- ► Emerging technology in billing and administrative processes.
- ► Research on inequities and disparities in the clinical delivery of healthcare services.
- ► Strategies and validated technologies to reduce inequities and disparities in the delivery of neuropsychological services.
- ► Strategies to balance laws, policies, and fiscal demands with efforts to reduce healthcare inequity, create inclusive environments for neuropsychological practice, and provide care to underserved communities.

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IMPLEMENTATION

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Principles We Followed in Developing Recommendations

- ► Non-prescriptive
- ► Flexible
- ► Present different options and pathways for programs and trainees
- ► Allow for gradual transition and overlap in HCG and MNC Guidelines
- ► Consider limitations based on policies, court rulings, and laws
- ► Allow individual programs to determine their risk tolerance
- ► Remember the difference between aspiration and reality
- ► Consider partial vs. whole adoption
- ► Consider the role of the healthcare and the trainee marketplaces

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Do we expect neuropsychologists to be equally competent in all areas at entry level (or even later)?

▶ Advocacy 🔀 Assessment
▶ Business Management 🔀 Brain and Behavior Relationships
▶ Research 🔀 Intervention (e.g., feedback)

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Possible Tiers of Competency at Entry Level

Foundational Competencies

▶ Neuroscience and Brain and Behavior Relationships
▶ Integration of Science and Practice
▶ Ethics, Standards, Laws, and Policies
▶ Diversity
▶ Professional Relationships

Functional Competencies

▶ Assessment
▶ Intervention
▶ Research and Scholarly Activities
▶ Technology and Innovation
▶ Interdisciplinary Systems and Consultation
▶ Teaching, Supervision, and Mentoring
▶ Health and Professional Advocacy
▶ Administration, Management, and Business

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Aaron Nelson et al., (2015) https://doi.org/10.1080/13854046.2015.1117658
"Guidelines for Practicum Training in Clinical Neuropsychology"

Table 1. Definitions for competency expectations

Descriptor	Definition
N: Novice	Possesses beginning skills related to general psychology practice; needs intensive supervision in neuropsychology
B: Basic	Has basic exposure and experience in neuropsychology, with many remaining gaps in knowledge and skills; still needs intensive supervision in neuropsychology
I: Intermediate	Has an intermediate level of exposure and experience in neuropsychology; ongoing supervision is needed
A: Advanced	Has solid experience, handles typical situations well; requires supervision for unusual or complex situations
P: Proficient	Functions autonomously, knows limits of ability; seeks supervision or consultation as needed
E: Expert	Serves as resource consultant to others; is recognized as having expertise

consultation

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Possible Tier Definitions and Expectations for Entry Level Competency

Tier	Possible Definition	Foundational Competencies	Functional Competencies
Expert	Functions autonomously, able to serve as consultant to others, recognized as having expertise	- Neuroscience and Brain and Behavior Relationships - Integration of Science and Practice	- Assessment - Intervention
Proficient	Functions autonomously, knows limitations, seeks consultation as needed	- Ethics, Standards, Laws, and Policies - Diversity	- Research and Scholarly Activities - Technology and Innovation
Advanced	Has solid experience, handles typical situations, seeks consultation for unusual or complex situations	- Professional Relationships	- Interdisciplinary Systems and Consultation - Teaching, Supervision, and Mentoring
Exposure?	Has had sufficient contact with area to achieve familiarity, knows how to seek help, more information, or experience		- Health and Professional Advocacy - Administration, Management, and Business

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Questions to Ask

► Are these the right tiers?
► Are these the right tier definitions?
► Are these appropriate expectations at entry level?
► Does this conflict with any existing standards or guidelines?
► What is developmentally expected at each level of training?
► What determines readiness to move to the next level?
► How do we measure competency at each level?

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Minimum Education and Training to Achieve Expert Competency

# Courses*	Coursework Competencies	Predoctoral Clinical Training	Postdoctoral Training
3	- Neuroscience and Brain and Behavior Relationships - Integration of Science and Practice - Assessment - Intervention	- Two half-time, full academic year practica providing supervised clinical neuropsychology activities, or - A year of predoctoral internship providing significant time (30-50%) in supervised clinical neuropsychology activities (i.e., a "neuropsychology internship")	A 2-year, full time (or half-time equivalent) postdoctoral neuropsychology fellowship providing a minimum of 50% time in supervised clinical neuropsychology activities

*The same course (or course equivalent) may cover multiple competencies, and each competency may be covered in multiple courses. Course equivalents include graduate classroom instruction; grand rounds; formal seminars as part of practicum, internship, or fellowship training.

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Minimum Education and Training to Achieve <u>Proficient</u> Level Competency

Coursework		Predoctoral Clinical Training	Postdoctoral Training
# Courses*	Competencies		
2	- Ethics, Standards, Laws, and Policies - Diversity - Research and Scholarly Activities - Technology and Innovation	- Two half-time, full academic year practica providing supervised clinical neuropsychology activities (but with less time devoted to these competencies than required for Expert Competency) or - A year of predoctoral internship providing significant time (30-50%) in supervised clinical neuropsychology activities (i.e., a "neuropsychology internship") (but with less time devoted to these competencies than required for Expert Competency)	A 2-year, full time (or half-time equivalent) postdoctoral neuropsychology fellowship providing a minimum of 50% time in supervised clinical neuropsychology activities

*The same course (or course equivalent) may cover multiple competencies, and each competency may be covered in multiple courses. Course equivalents include graduate classroom instruction; grand rounds; formal seminars as part of practicum, internship, or fellowship training.

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Minimum Education and Training to Achieve <u>Advanced</u> Competency

Coursework		Predoctoral Clinical Training	Postdoctoral Training
# Courses*	Competencies		
1	- Professional Relationships - Interdisciplinary Systems and Consultation - Teaching, Supervision, and Mentoring	- One half-time, full academic year practicum providing supervised clinical neuropsychology activities (but with less time devoted to these competencies than required for Proficient Competency) or - A year of predoctoral internship providing significant time (30-50%) in supervised clinical neuropsychology activities (i.e., a "neuropsychology internship") (but with less time devoted to these competencies than required for Proficient Competency)	A 2-year, full time (or half-time equivalent) postdoctoral neuropsychology fellowship providing a minimum of 50% time in supervised clinical neuropsychology activities

*The same course (or course equivalent) may cover multiple competencies, and each competency may be covered in multiple courses. Course equivalents include graduate classroom instruction; grand rounds; formal seminars as part of practicum, internship, or fellowship training.

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Minimum Education and Training to Achieve <u>Exposure</u>

Coursework		Predoctoral Clinical Training	Postdoctoral Training
# Courses*	Competencies		
1	- Health and Professional Advocacy - Administration, Management, and Business	- One half-time, full academic year practicum providing supervised clinical neuropsychology activities (but with less time devoted to these competencies than required for Advanced Competency) or - A year of predoctoral internship providing a minimum of 50% time in supervised clinical neuropsychology activities (but with less time devoted to these competencies than required for Advanced Competency)	A 2-year, full time (or half-time equivalent) postdoctoral neuropsychology fellowship providing a minimum of 50% time in supervised clinical neuropsychology activities

*The same course (or course equivalent) may cover multiple competencies, and each competency may be covered in multiple courses. Course equivalents include graduate classroom instruction; grand rounds; formal seminars as part of practicum, internship, or fellowship training.
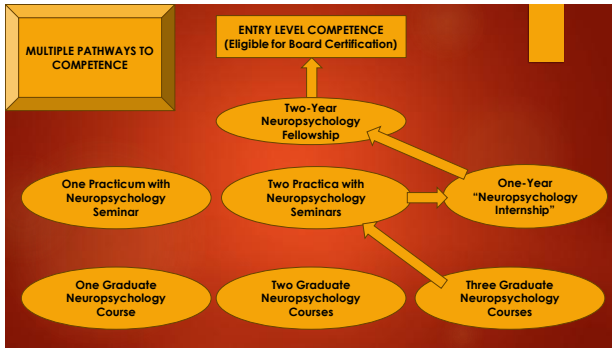
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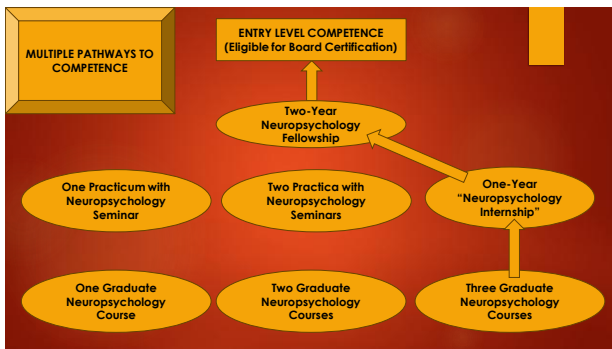
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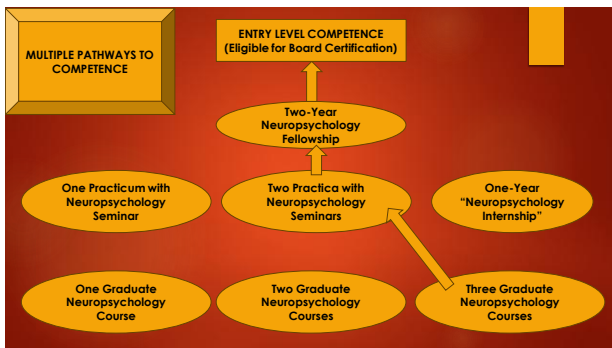
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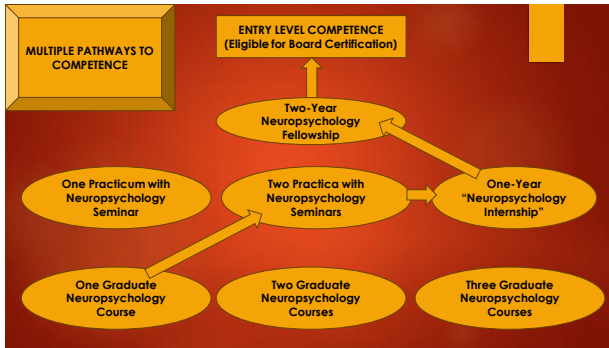
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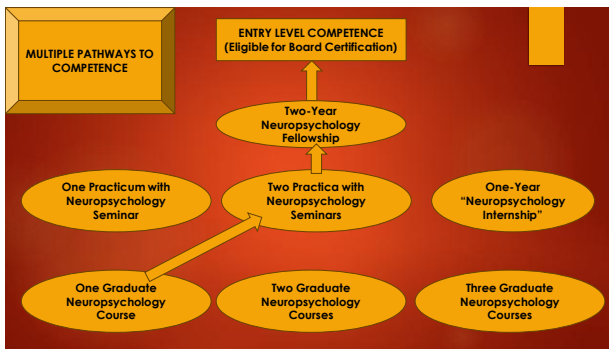
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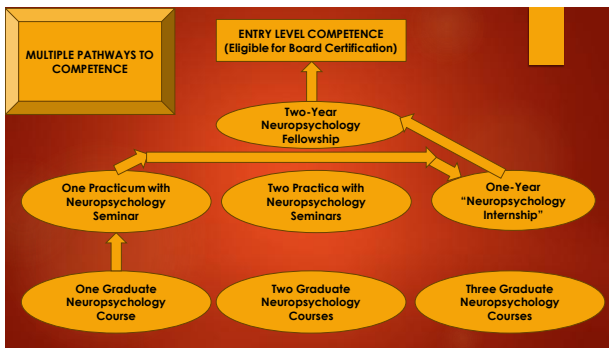
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Foundational Competencies
Exceeding the Minimum Required Training

Competency Area	Expert	Proficient	Advanced	Exposure
Neuroscience and Brain and Behavior Relationships	X			
Integration of Science and Practice	X			
Ethics, Standards, Laws, and Policies	1 ⟶ X			
Diversity	2 ⟶ X			
Professional Relationships	3 ⟶		X	

1. Forensic Subspecialty

2. Practice Focused on an Underserved / Under-Resourced Populations

3. Career in Clinical or Academic Management/Administration

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Functional Competencies
Exceeding the Minimum Required Training for All Neuropsychologists

Competency Area	Expert	Proficient	Advanced	Exposure
Assessment	X			
Intervention	X			
Interdisciplinary Systems and Consultation	1 ⟶		X	
Research and Scholarly Activities	2 ⟶ X			
Teaching, Supervision, and Mentoring	3 ⟶		X	
Administration, Management, and Business	4 ⟶			X
Health and Professional Advocacy	5 ⟶			X
Technology and Innovation	6 ⟶ X			

1. Consultation / Liaison Service; Management/Administration
2. Tenure Track Academic Career; Private Industry Research Career
3. Career Goal of Directing a Neuropsychology Training Program
4. Career Goal of Clinical or Academic Management/Administration
5. Career Focused on Brain Health Policy Advocacy or Work with Underserved Populations
6. Career Goal on Working in Test Development, Digital Application Design, or AI

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How close are we to being able to implement the Minnesota Guidelines in Internship?

University of Florida Neuropsychology Internship Clinical and Didactic Schedule

Assessment Clinics	Competencies Addressed												
	|-----Foundational-----|					|--------------Functional----------------|							
	1	2	3	4	5	6	7	8	9	10	11	12	13
Movement Disorders and Brain Health	X	X	X	X	X	X	X	X	?	?	X		
Cross-Cultural Neuropsychology Service		X	X	X		X	X	X	?	?	X	X	
Pediatric Neuropsychology	X	X	X	X	X	X	X	X	?	?	X	X	X
Holistic Intervention for Brain Health and Recovery	X	X	X		X	X	X	X	?	?	X		
Adult Neuropsychology Service	X	X	X	X	X	X	X	?	?	?	X		X
Stroke and Other Acquired Conditions	X	X	X	X	X	X	X	X	?	?	X		
Memory Disorders Clinic	X	X	X		X	X	X	X	?	?	X		
Cardiac and Post-Operative Cognitive Decline	X	X	X	X	X	X	X	X	?	?	X		
General Neuropsychology	X	X	X	X	X	X	X		?	?	X		X
Triage Clinic	X	X	X	X	X	X	X	X	?	?	X	X	
Research	X	X	X	?		X	?	?	X	?	?	?	X

1=Neuroscience and Brain and Behavior Relationships 2=Integration of Science and Practice 3=Ethics, Standards, Laws, and Policies 4=Diversity
5=Professional Relationships 6=Assessment 7=Intervention 8=Interdisciplinary Systems and Consultation 9=Research and Scholarly Activities
10=Technology and Innovation 11=Teaching, Supervision, and Mentoring 12=Advocacy 13=Administration, Management, and Business

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How close are we to being able to implement the Minnesota Guidelines in Fellowship?

UCLA Semel Institute Fellowship Didactics

Didactic Curriculum	Foundational 1	2	3	4	5	Functional 6	7	8	9	10	11	12	13
Functional Neuroanatomy	X	X				X							
Neuropsychology Seminar	X	X	X	X	X	X	X		X	X			X
Advanced Topics in Adult Neuropsychology	X	X	X	X	X	X	X		X	X			
Neuropsychological Syndromes Seminar	X	X		X		X			X				
Neuropsychology Case Conference, Professional Development and Program Review	X	X	X	X	X	X	X	X	X	X	X	X	X
Advanced Seminar in Geriatric Psychiatry	X	X	X	X	X		X	X	X				
Geriatric Psychiatry Grand Rounds	X	X		X	X		X	X	X				
Geriatric Psychiatry Journal Club	X	X		X			X		X	X			
Behavioral Neurology Case Conference	X	X			X	X		X	X				
Clinical fMRI Interpretation	X	X				X		X		X			
Research on Pediatric Neurobehavioral Disorders	X	X		X		X	X		X	X			
Psychodiagnostic Assessment Seminar		X	X	X		X	X						
Cultural Neuropsychology Seminar	X	X	X	X		X	X		X			X	

1=Neuroscience and Brain and Behavior Relationships 2=Integration of Science and Practice 3=Ethics, Standards, Laws, and Policies 4=Diversity 5=Professional Relationships 6=Assessment 7=Intervention 8=Interdisciplinary Systems and Consultation 9=Research and Scholarly Activities 10=Technology and Innovation 11=Teaching, Supervision, and Mentoring 12=Advocacy 13=Administration, Management, and Business

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Spaulding University APA Accredited PsyD Program with Neuropsychology Emphasis (following HC Guidelines)

Didactic Curriculum	Foundational 1	2	3	4	5	Functional 6	7	8	9	10	11	12	13
Introduction to Intervention		X				X				X			
Psychopathology		X				X							
Cognitive Assessment		X	X			X				X			
Professional Development Seminar		X			X		X				X	X	X
Foundations of Psychological Assessment		X	X	X		X							
Ethics		X		X				X	X		X	X	
Biological Basis of Behavior	X					X							
CBT Systems Psychotherapy		X				X							
Applied Statistics								X					
Multicultural Seminar				X									
Research Methods and Design								X					
Group Psychotherapy		X				X							
Cognitive and Affective Basis of Behavior	X												
Child and Adolescent Therapy		X	X			X				X			
Clinical Applications of Multicultural Psychology		X	X	X		X							
Program Evaluation and Consultation		X	X		X	X	X	X					X
Introduction to Neuropsychology	X	X	X	X		X				X			
Neuropsychological Assessment	X	X	X	X		X				X			
Cognitive Neuroscience and Neuroanatomy	X	X				X							
Advanced Neuropsychology – Disease and Disorder	X	X				X							
Clinical Practicum	X	X	X	X	X	X	X	X		X	X		

1=Neuroscience and Brain and Behavior Relationships 2=Integration of Science and Practice 3=Ethics, Standards, Laws, and Policies 4=Diversity 5=Professional Relationships 6=Assessment 7=Intervention 8=Interdisciplinary Systems and Consultation 9=Research and Scholarly Activities 10=Technology and Innovation 11=Teaching, Supervision, and Mentoring 12=Advocacy 13=Administration, Management, and Business

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How close are we to being able to implement the Minnesota Guidelines at Conferences?

2024 International Neuropsychological Society Program Continuing Education Workshops

Continuing Education (CE) Workshops	Foundational 1	2	3	4	5	Functional 6	7	8	9	10	11	12	13	Evaluation Tools
Sport Concussion Management Tools and Consensus Statement		X				X	X							- CE Quiz
Running Effective Group-based Cognitive Interventions		X					X							- Workshop Evaluation Form
The Future of Neuropsychological Assessment: Traditional Paper-and-Pencil Versus Technology		X				X				X				- Licensure Renewal
Deep Brain Stimulation: Neuropsychological Management and Global Perspectives		X					X			X				- Maintenance of Board Certification
Performance Validity Testing in Neuropsychology: Ethical Considerations and Current State of the Art		X	X			X								
Chimeric Antigen Receptor T-Cell Therapy: Promise of a New Cancer Treatment and the Challenges of Its Toxicities Across the Lifespan	X	X				X								
Assessment of Memory (Dys)function: A Critical Appraisal of Classic Memory Paradigms and Outcomes with an Eye to the Future	X	X				X		X	X					
fMRI-Based Markers for Neuropsychological Rehabilitation	X	X		X		X		X						
Biomarkers of Alzheimer's Disease Among Diverse Populations	X		X					X						
Treatment Risks Associated with Anti-Seizure Medications						X								
The Role of the Neuropsychologist in Alzheimer's Disease Biomarker Testing and Disclosure: Ethical, Cultural, and Practical Considerations	X	X	X		X		X		X					
Leveraging Non-invasive Brain Stimulation for Neuropsychology Research: Transcranial Magnetic Stimulation for Remediating Disordered Cognition and Emotions						X		X	X					

1=Neuroscience and Brain and Behavior Relationships 2=Integration of Science and Practice 3=Ethics, Standards, Laws, and Policies 4=Diversity 5=Professional Relationships 6=Assessment 7=Intervention 8=Interdisciplinary Systems and Consultation 9=Research and Scholarly Activities 10=Technology and Innovation 11=Teaching, Supervision, and Mentoring 12=Advocacy 13=Administration, Management, and Business

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National Academy of Neuropsychology (NAN) and American Academy of Clinical Neuropsychology 2024 Web-Based Continuing Education

On Demand Continuing Education (CE) Offerings	|--Foundational--|				|-------------Functional-------------|								Evaluation Tools
	1	2	3	4	5	6	7	8	9	10	11	12	13	
NAN Online Courses														-CE Quiz
- Clinical Neuroanatomy (15 weeks)	X					X				X				-Evaluation Form
- Behavioral and Cognitive Neurology (12 weeks)	X					X				X				-Licensure Renewal
- Neuropsychology of Epilepsy and Epilepsy Surgery (8 weeks)														-Maintenance of Board Certification
- Fundamentals of Forensic Neuropsychology (8 weeks)		X	X	X	X	X	X	X						
NAN On Demand Webinars														
- Assessment (26 lectures, various topics)	X	X	X	X		X	X		X	X		X		
- Cognition (19 lectures, various topics)	X	X				X	X		X	X				
- Forensics and Ethics (9 lectures, various topics)		X	X	X	X	X	X	X					X	
- Practice (22 lectures, various topics)	X	X	X	X	X	X	X	X		X	X	X	X	
AACN Articles from *The Clinical Neuropsychologist* and *Child Neuropsychology* for CE Credit (211 articles, various topics)	X	X		X		X	X	X	X	X	X	X		
AACN Workshop Series and Psychology Press Series Books (16 books, various topics)	X	X	X			X	X	X			X		X	

1=Neuroscience and Brain and Behavior Relationships 2=Integration of Science and Practice 3=Ethics, Standards, Laws, and Policies 4=Diversity 5=Professional Relationships 6=Assessment 7=Intervention 8=Interdisciplinary Systems and Consultation 9=Research and Scholarly Activities 10=Technology and Innovation 11=Teaching, Supervision, and Mentoring 12=Advocacy 13=Administration, Management, and Business

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What the tables may suggest

► Programs at all levels are already doing what the Guidelines recommend.

► Number of offerings across levels of training easily meet the number of course equivalents proposed to achieve entry-level competence.

► There is far more continuity with HCG than change required to implement the Minnesota Guidelines.

► Programs are already providing recommended training in diversity or have the infrastructure in place for doing so.

► Most effort may be needed in Competences 11 (Teaching, Supervision, and Mentoring), 12 (Advocacy), and 13 (Administration, Management and Business), particularly at the graduate school level.

80

Trump Administration Anti-DEIA Executive Order 14151

► Directs the Office of Management and Budget to terminate all DEIA mandates, policies, programs, preferences, and activities.

► Mandates that federal agencies must report all employees who work in DEI and environmental justice positions to the OMB within 60 days.

81

4/14/2025

Implementation of Anti-DEIA Executive Order

- DEI Offices in federal organizations dissolved and their employees terminated.
- Federal websites removed all DEI-related material.
- DEI-related contracts terminated.
- Employees who were "corrupted" by having taken part in DEI in any way were terminated, even if they did not specifically work in DEI.
- Employees who do not work in DEI and have not taken part in any federal DEI activities are terminated if determined to have some other connection to DEI.
- DOE accuses American educational institutions of discriminating against White and Asian students based on race and order a halt to any hiring, promotion, compensation, financial aid, support, graduation ceremonies, and all other aspects of campus life that have a relationship to DEI.

82

Implementation of Anti-DEIA Executive Order

- Attorney General Pam Bondi orders Department of Justice to criminally investigate any company with a DEI policy.
- U.S. military ordered to compile a list of officers to be purged who support DEI (as evidenced even by a social media post) or who allegedly received their positions because they were not White.
- Office of Personnel Management encourages federal employees to report on coworkers who have been involved in DEI.
- Funding to universities put on hold because DEI policies or failure to prevent protests on campus deemed to be antisemitic.
- National Science Foundation compiles a list of words in research papers, grant applications, or other documents which if present will result in automatic review of a project's funding. Target words include "women," "female," "gender," "BIPOC," "LGBT," "hate speech," and "trauma."

83

Questions to ask yourself.

- What are you willing to risk?
- Do you have funding at risk?
- Is your job at risk?
- Is your employer acquiescing or challenging?
- How far is your employer willing to go in challenging the EOs?
- How much leverage do you have in pushing your employer?
- Are you willing to give up academic freedom?
- Are you willing to give up your right to publish your truth?
- How will those that follow you judge your decisions?
- Are you willing to move?
- Are you willing to stop teaching?
- What are the consequences of taking action vs. doing nothing?

84

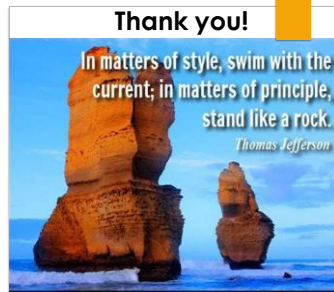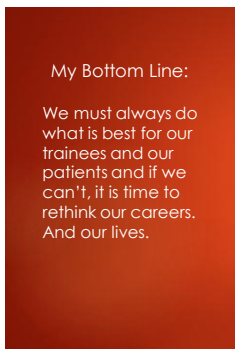**Just as there are many ways to resist, there are many ways to implement.**

- Full throttle, out in the open
- Under the radar implementation
- Seeking forgiveness rather than permission
- Partial implementation
- Partial implementation with outsourcing to organizations, institutions with less to lose, and self-study
- Speaking out while complying
- Voting with your "feet"

85

My Bottom Line:

We must always do what is best for our trainees and our patients and if we can't, it is time to rethink our careers. And our lives.

Thank you!

In matters of style, swim with the current; in matters of principle, stand like a rock.

Thomas Jefferson

86

Moving Forward with Updated Training Guidelines

Sakina Butt, PsyD, ABPP
Veronica Bordes Edgar, PhD, ABPP
Kathleen Fuchs, PhD, ABPP

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1

Aspiration of Updated Training Guidelines

The updated training guidelines are aspirational and intended to increase training consistency across all levels (doctoral, internship, fellowship, continuing education)

- "This document in and of itself does not establish enforceable training standards or legal requirements" – text from Preamble of Updated Training Guidelines document

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2

Aspiration of Updated Training Guidelines

The updated training guidelines reflect established approaches to training while moving the specialty forward in the context of the changing tapestry of the populations we serve

- "Neuropsychological advocacy is grounded in neuropsychological and public health research rather than political ideology and, in this context, advocacy for equity in healthcare is an ethical imperative in serving patients and the public" – text from narrative from Health & Professional Advocacy Competency in Updated Training Guidelines document
- "Neuropsychologists advocate effectively for their own professional career needs within their chosen work setting. Effective self-advocacy requires cognizance of the persisting inequities in neuropsychology employment…this underscores the importance of continued efforts to expand the diversity of academic neuropsychology faculty" – text from narrative from Health & Professional Advocacy Competency in Updated Training Guidelines document

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3

Moving Forward - Adoption

- Different organizations will review the guidelines once published and decide whether or not to adopt
  - Some organizations will take a vote of the membership
    - Recognizing that many neuropsychologists belong to multiple organizations
- The boarding organizations (ABCN, ABN, ABPdN) will likely set a timeline for when the guidelines will be incorporated into credentialling
  - Those in training now will likely be held to Houston Conference Guidelines
  - For example, for boarding by ABCN, those who received a degree after 1/5/2005 must meet HCG for fellowship training; those prior to that date have to meet criteria that were in existence in that era (e.g., supervised hours)

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4

Adoption Timeline

- No specific time line has been set as different organizations have different processes
- For context: the meeting for the Houston Conference Guidelines took place in 1997 and the proceedings were published in 1998
- There was "considerable discussion and disagreement" in the profession at that time (and beyond)
- The Inter-Organizational Summit on Education and Training (ISET) conducted a survey in 2006 and it was concluded "...that the HC guidelines have been widely adopted and that trainees associate participation in HC-adherent training as advantageous" (Sweet et al., 2012)

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5

Updated Training Guidelines - Clarifications

- There is no mandate to adopt the updated training guidelines (current version)
- The Minnesota Update Conference Steering Committee and Delegate Body hold no power to award or revoke accreditation
- The Minnesota Update Conference Steering Committee and Delegate Body hold no power to compel training institutions follow the updated guidelines
- The APA Commission on Accreditation (APA-CoA) is the primary programmatic accreditor in the US for professional education and training in psychology and neuropsychology (taken from website)

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6

Moving Forward - Implementation

- Implementation paper to complement the Guidelines
  - Articulating the types of experiences to facilitate attaining and demonstrating competency
    - Goal is to offer guidance, not mandates
  - Groups of delegates previously began work on this
  - Put on hold to get the Guidelines published
  - Work on the Implementation paper will now resume
  - Will focus on all levels of training-graduate school, internship, fellowship, and continuing education
  - Focus on opportunities to demonstrate competency

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7

Moving Forward - Updates

- The MNC Guidelines are likely to require more rapid updating than was true with past guidelines.
- With hindsight, we realized that the need for this major revision to HCG would be ameliorated if ongoing revisions had occurred over time
- There is not full consensus yet and it's an imperfect document, so working toward that is still a goal
- Need to provide consensus Guidelines for continued specialty recognition by the American Psychological Association (APA)

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8

Moving Forward – Challenges

- Lack of recognition that the MNC guidelines are not radically different from HCG – many things are just made explicit
- Some programs may have limited resources to expand their curriculum and training experiences
- Shift to the competency-based training model
- Executive orders may hamper some programs from implementing training related to cultural and racial differences and how these may manifest in test performance

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9

Current Executive and Legislative Actions

- APA-CoA Memo dated March 21, 2025 addressing executive and legislative actions and implications for training
  - This memo specifically addresses how training programs will be evaluated given the Ending Illegal Discrimination and Restoring Merit-Based Opportunity Executive Order
- APA-CoA will temporarily suspend evaluation of programs for compliance with specific accreditation standards related to faculty and student program actions in the areas of diversity in recruitment, admission/selection, and/or retention efforts:
  - Whether programs have made systematic, coherent, and long-term efforts to attract & retain students, interns, residents and faculty from diverse backgrounds into the program
  - Whether programs implement strategies to ensure student, intern, resident cohorts that are diverse
  - Whether programs engage in specific activities, approaches, and initiatives to implement and maintain diversity
  - Whether programs make systematic, coherent, and long-term efforts to attract/recruit and retain faculty from diverse backgrounds

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10

Current Executive and Legislative Actions

- It is important to distinguish APA-CoA from the Updated Training Guidelines as these guidelines do not:
  1. Have power to revoke program status or mandate training requirements based on efforts to attract and retain diverse individuals
  2. Include language that speaks to the recruitment/retention of trainees and/or neuropsychologists based on personal and demographic characteristics of diversity
  3. Are aspirational and not mandated
- Most important, APA-CoA Memo affirmed the continuation of adherence to standards specific to professional competency and curriculum in psychology where the educational benefit of diversity is a core tenet
- Accredited programs will continue to have the obligation to "engage in actions that indicate respect for and understanding of cultural and individual differences and diversity"
- Accredited programs will continue to be required to document nondiscriminatory policies and operating conditions and voidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession

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11

Neither APA-CoA nor the Updated Training Guidelines require programs to violate the law

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12

Disclaimer

13

Moving Forward-the NA^6

Proposed plan is to turn over maintaining and updating the Guidelines to the 7 established training and certifying organizations

(1) Association for Doctoral Education in Clinical Neuropsychology (ADECN) (doctoral education)

(2) North American Association of Practicum Sites in Neuropsychology (NAPSN) (doctoral practicum training)

(3) Association of Internship Training Centers in Neuropsychology (AITCN) (internship)

(4) Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) (residency/fellowship)

(5) American Board of Clinical Neuropsychology – ABCN (board certification)

(6) American Board of Professional Neuropsychology - ABN (board certification)

(7) American Board of Pediatric Neuropsychology - ABPdN (board certification)

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Moving Forward-NA^6-why NA^6?!

- Refers to the first letters of the participating organizations with one organization starting with "N" (NAPSN) and 6 organizations starting with "A" (ABCN, ABN, ABPdN, ADECN, AITCN, APPCN)
- Not intended to be exclusive or exclude any other organization
- Implications for the guidelines are greatest for training and board certifying organizations
- Therefore, this is just a starting point
- The NA^6 can decide:
    - Who else to include
    - How to receive input from other organizations and neuropsychologists more broadly
    - When and how to elicit consultation or specific areas of expertise
    - If they should choose a different name

15

Moving Forward - CRSSPP

- Every seven years an application is submitted to the Commission for the Recognition of Specialties and Subspecialties in Professional Psychology (CRSSPP) on behalf of the neuropsychology specialty.
- CRSSPP is part of the American Psychological Association (APA), and their role is to determine if a specialty or subspecialty designation is appropriate.
- The responsibility for this application for neuropsychology falls to the Clinical Neuropsychology Specialty Council (CNSC; formerly CNS).
- One critical element is the specialty needs current consensus training guidelines.
- When the MNC began 3.5 years ago, there was considerable time left.
- However, due to the length of time to complete the Guidelines, the deadline is rapidly approaching at the end of 2025.
- CNSC will consider incorporating the Minnesota Guidelines (in whole or in part) in its application to CRSSPP.

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NA[6] and CNSC

- Most of NA[6] organizations are voting members of CNSC and may be able to aid in developing a broad consensus training guidelines for the 2026 CRSSPP application.
- The MNC Steering Committee recommends that CNSC works with the NA[6] in adoption of the consensus guidelines and minor updates needed at this time.
- After that, it is recommend that the NA[6] continue to make any incremental changes in the Guidelines at no less than 5-year intervals.
- The CNSC would not be involved again with the Guidelines until the next application for specialty recognition, 7 years down the road.
- This staggered schedule will always keep NA[6]'s work current for the CNSC

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Conclusion

- The work of the MNC is formally concluded, but the Steering Committee and some delegates will continue to work on publication of the Guidelines and other papers related to it.
- It is our hope that the proposed plan to move forward will make it a "living" document that can be revised as needed.
- It is the strong opinion of the Steering Committee that the specialty must move forward with these Guidelines to maintain the relevance of neuropsychology in the care of patients from diverse backgrounds well into the future.

AACN 2025

18

Controversies in the Process of the MNC*

• • •

Kathleen Fuchs, PhD & Anny Reyes, PhD

*Bumps and challenges from Minnesota up to the present

1

Two-Year Fellowship

Background: A number of delegates expressed interest in removing language pertaining to the 2-year fellowship requirement.

Issue: The 2-year fellowship requirement was not included among the items scheduled for discussion or vote during the MNC - this was considered "decided" by the HCG.

Actions Taken: Despite the 2-year fellowship not being at the table for voting during the conference, we surveyed our delegates after the first draft was circulated regarding removing language pertaining to the 2-year fellowship.

2

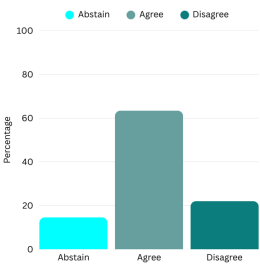I support the Continuation of a 2-year Postdoctoral Fellowship

● Abstain   ● Agree   ● Disagree

3

Two-Year Fellowship

Background: A number of delegates expressed interest in removing language pertaining to the 2-year fellowship requirement.

Issue: The 2-year fellowship requirement was not included among the items scheduled for discussion or vote during the MNC - this was considered "decided" by the HCG.

Actions Taken: Despite the 2-year fellowship not being at the table for voting during the conference, we surveyed our delegates regarding removing language the 2-year fellowship.

Survey Results: 28 voted yes supporting 2-year fellowship, 12 nos, and 7 abstained

Final Outcome: The 2-year fellowship requirement was kept in the document as described in the HCG.

4

Lack of a Brain and Behavioral Competency in the first draft

Background: The MNC was a shift to a competency-based model with a focus on skills that reflect acquired knowledge.

Issue: Seen by the field as minimizing core knowledge in the guidelines.

Actions Taken: Discussed at the delegate meeting after the first draft released and delegates surveyed post conference on the inclusion of the competence.

Results: 97.6% of the delegates agreed on including this as a separate competency.

Final Outcome: Incorporated into the next draft as the first Foundational Competency.

5

Research & Scholarly Activity Competency

Background: A number of delegates expressed that the requirements for research scholarship was weakened in the final draft.

Issue: Given the expansion of training programs to include those with greater emphasis on clinical competence (e.g., PsyD) and increased variability in research training, the goal was to broaden the scope of scholarship in which neuropsychologists may be trained.

Actions Taken: We met with the delegates that expressed these concerns and provided the rationale for the broadening of this competency.

Final Outcome: The wording was clarified to indicate that there was no intended weakening of research/scholarship.

6

Forensic Competency

Background: Some delegates requested the inclusion of a separate forensic competency during the MNC conference.

Issue: Forensic training is currently limited to a small number of training sites, making it inaccessible to the majority of trainees.

Actions Taken: Delegates were surveyed.

7

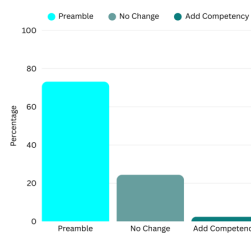Inclusion of Forensic Competency

Preamble: Mention of forensic practice in the preamble along with other specialty applications like rehabilitation neuropsychology

No Change: No change in the document relating to forensic neuropsychology.

Add Competency: The addition of a competency in forensic neuropsychology

8

Forensic Competency

Background: Some delegates requested the inclusion of a separate forensic competency during the MNC conference.

Issue: Forensic training is currently limited to a small number of training sites, making it inaccessible to the majority of trainees.

Actions Taken: Delegates were surveyed and input was solicited from forensic practitioners.

Final Outcome: Rather than establishing a separate competency, forensic elements were integrated throughout the guidelines. While there are programs that offer this as a specialty, not all programs are expected to offer training at a specialty level.

9

Elimination of Self-care Competency

Background: A self-care competency was introduced by the delegates during the MNC which was not in the original HCG.

Issue: Concerns were raised about how this would be measured, with some viewing it as potential overreach, an invasion of privacy, or insensitive to cultural norms.

Actions Taken: Delegates were surveyed on whether a self-care competency should be incorporated. Additionally, we consulted with the Arredondo Advisory Group to assess the appropriateness of including such a competency.
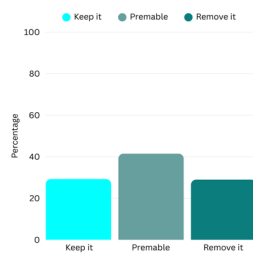
10

Inclusion of Self-care Competency

● Keep it   ● Premable   ● Remove it

Keep it: Keep a Self-care Competency

Preamble: Remove it as a competency and mention it in the preamble.

Remove it: Remove it all completely

11

Elimination of Self-care Competency

Background: A self-care competency was introduced which was not in the original HCG.

Issue: Concerns were raised about how this would be measured, with some viewing it as potential overreach, an invasion of privacy, or insensitive to cultural norms.

Actions Taken: Delegates were surveyed on whether a self-care competency should be incorporated. Additionally, we consulted with the Arredondo Advisory Group to assess the appropriateness of including such a competency.

Results: 70.7% of delegates either voted to remove it completely (29.3%) or remove it as a competency and include it in preamble (41.4%). Delegates also noted issues with assessing self-care (46.3%), that it is already included in the APA Code of Ethics (43.9%), and that it is an invasion of privacy (46.3%).

Final Outcome: It was removed as a standalone competency.

12

4

Participation of Fellows/Trainees

Background: Delegates included doctoral students, interns, and postdoctoral fellows.

Issue: Non-MNC members expressed concerns about trainees serving as delegates via listservs and other platforms, voicing reservations about their level of expertise to contribute to the development of training guidelines.

Actions Taken: The SC continued to support the inclusion of trainees and early career neuropsychologists.

Final Outcome: Trainees and early career professionals represented a more diverse group compared to their senior counterparts and contributed valuable insights and lived experiences with current state of training.

13

Inclusion of DEI Language in the Guidelines

Background: This was one of the charges for the conference and from the work of AACN's Relevance 2050.

Issue: Lack of consensus on the definitions of certain terms, and redundancy was noted throughout the document. A key point of discussion was whether the concept should be presented as a standalone competency or integrated across multiple competencies to reduce repetition.

Actions Taken: Delegates were surveyed on whether to include it as separate competency or embed throughout the other competencies.
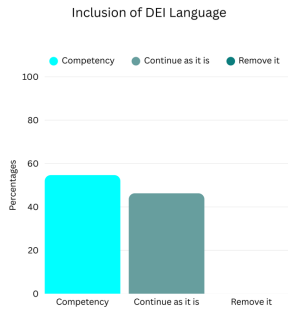
14

Inclusion of DEI Language

Competency: Remove it from being embedded into different competencies and create a separate competency.

Continue as it is: Continue with embedding throughout the other competencies.

Remove it: Remove it all completely

15

Inclusion of DEI Language in the Guidelines

Background: This was one of the charges for the conference and from the work of AACN's Relevance 2050.

Issue: Lack of consensus on the definitions of certain terms, and redundancy was noted throughout the document. A key point of discussion was whether the concept should be presented as a standalone competency or integrated across multiple competencies to reduce repetition.

Actions Taken: Delegates were surveyed on whether to include it as separate competency or embed throughout the other competencies.

Results: All delegates voted to keep DEI language in the document.

Final Outcome: Final competency was created for Diversity, and equity and inclusion was embedded in the Health and Professional Advocacy competency in the descriptor and as an element.

16

Ability to Implement in the Current Legal Climate

Background: Beginning in January 2025, executive orders directed organizations receiving federal funding to eliminate DEI training content.

Issue: Training programs within institutions that have eliminated DEI initiatives may face significant challenges in implementing the new Diversity competency or any related training elements.

Final Outcome: Programs should follow their institution's policies regarding DEI. These guidelines are not intended to govern hiring or promotion practices, but rather to promote an understanding of the biological and social factors that influence brain development and the expression of ability.

17

Not Enough Transparency & Communication

Background: The SC continued to meet after the conference to revise/refine the guidelines and to seek consultation on emerging DEI issues.

Issue: Given the number of decisions required, the Steering Committee proceeded with several actions that did not necessitate a full vote on content.

Actions Taken: In recognition of the challenges that emerged during this process, we have proposed recommendations to guide ongoing updates and revisions of the training guidelines by training and certifying organizations (NA6).

Final Outcome: Creation of the NA6

18

Roles

Background: The PC articulated the roles and responsibilities of delegates, content panelists, and steering committee.

Issue: Members of MNC (delegates and content panels) expressed concerns and misunderstandings about roles and responsibilities during and after the conference.

19

2. CPP: Roles and Responsibilities Document

A Roles and Responsibilities document was distributed to the PC prior to the meeting. The document details the roles of the Delegates, Expert Panel, Steering Committee, and Planning Commission. The document was discussed and a vote was conducted. Among discussion items were the fact that Delegates are given voting rights on the substantive product of the conference, whereas neither the Expert Panel nor the Steering Committee would have such voting rights. After several minor changes were made to the draft document, a vote was called. Results of the PC vote are as follows:

In favor: 32

Against: 0

Abstain: 0

Steering Committee members attending as guests did not vote on the measure.

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Roles

Planning Commission - Responsible for initial planning of the conference, including the overall structure, particular areas of focus for the revised guidelines, selection of the content Panel and Steering Committee members, conference site selection and logistical arrangements, and the delegate selection process.

Steering Committee - To ensure the effective and efficient Minnesota 2022 Conference...with primary responsibilities including overseeing the update of the Houston Conference Guidelines and ensuring the resulting written documents and accompanying materials are appropriately published and disseminated to the neuropsychology community.

Content Panelists - To provide an evidence-based framework for the primary goals of the revised guidelines and facilitate the final work product of the Conference in collaboration with the Steering Committee. The panel was selected by the Planning Commission for expertise in neuropsychology-focused competencies; equity, justice, inclusion and diversity (EJI-D) in neuropsychology; and technology in neuropsychology.

Delegates - The voting members of the conference who are responsible for deciding the content of the revised guidelines....to participate, as needed, in the final write-up of the conference document and supporting materials.

21

Roles

Background: The PC articulated the roles and responsibilities of delegates, content panelists, and steering committee.

Issue: Members of MNC (delegates and content panels) expressed concerns and misunderstandings about roles and responsibilities during and after the conference

Actions Taken: SC took a stronger leadership/editorial role to bring the guidelines to completion while attempting to integrate input from all stakeholders.

Final Outcome: Guidelines have been endorsed by the majority of the delegates and submitted for publication.

22

Process: Writing of Document

Background: During the MNC, teams worked simultaneously on drafting competencies and elements based on HCG framework; delegates continued work on writing after the conference.

Issue: Document lacked a clear "voice" - lengthy with many redundancies.

Actions Taken: SC worked with the content panelists and consultants to refine the document, include references, and present to delegates for suggestions.

Results: Despite incorporation of feedback, not all delegates felt "heard" or that their work was retained.

Final Decision: Final version was put to an endorsement vote - majority voted in favor.

23

Voting at the Conference

Background: Decision was made at the outset to have transparent voting.

Issue: Some delegates may have felt social pressure to vote a certain way; some felt Robert's Rules of Order were not consistently followed.

Actions Taken: Subsequent surveys and the final vote done anonymously.

Results: There was less consensus reflected in anonymous voting which may indicate that delegates felt more comfortable dissenting from the perceived majority.

Final Outcome: Despite the variability there was still majority support for the guidelines.

24

Voting on the Final Document

Background: Differences among delegates on directives from their organizations; last minute push to stop the vote after it had already begun.

Issue: Not all delegates voted (9 abstentions, 4 not responding). One organization withdrew support from the final version of the guidelines and one elected to abstain.

Actions Taken: SC decided to continue the vote that had been opened.

Final Outcome: Final vote tally from delegates was to recommend the MNC guidelines to their organizations for adoption.

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Final Thoughts

- All participants care about quality neuropsychological practice and training for the next generation.
- As a profession, we have a divergence of opinions on what is core to our practice.
- Despite these differences, delegates have been able to work together to craft guidelines that reflect a shift to the competency model, acknowledge the need to incorporate emerging technologies into practice, and aim to make services accessible and relevant to our changing demographics.
- We should not wait another 25 years to reassess the status of our specialty and update our training guidelines.
- Engaging diverse stakeholders offers meaningful insights that can enhance our training guidelines and feasibility of implementation.

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