

Preparing for Subspecialty Certification in Pediatric Clinical Neuropsychology through the American Board of Clinical Neuropsychology (ABCN)

Pediatric Subspecialty Outreach Committee

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Objectives/Overview

- Provide information, resources, and support for individuals considering pursuing subspecialty certification
- Part 1: Overview, Credential Review, and Written Exam
- Part 2: Practice Sample
- Part 3: Benefits and Tips



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Disclosures

- The presenters have no relevant disclosures.



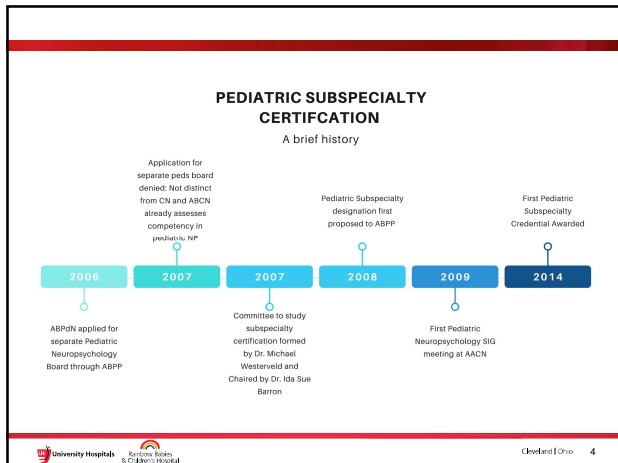
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Pediatric Subspecialty Outreach Committee

- ABCN Pediatric Subspecialty Board Certification Committee – Jennifer Koop, Ph.D. ABPP is the current Chair
- Our subcommittee supports the subspecialty of Pediatric Clinical Neuropsychology in several ways

Outreach	Promotion	Mentoring
<ul style="list-style-type: none"> • Letter to newly boarded individuals 	<ul style="list-style-type: none"> • Webinars • Liaison with parent board and BRAIN 	<ul style="list-style-type: none"> • Individual mentoring and support

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Overview of ABPP Board Certification Process for Clinical Neuropsychology (“Parent Board”)

The process consists of the following steps:

- Credential Review**
- Written Exam**
 - Includes concepts relevant for both pediatric and adult practice
- Practice Sample (2 cases)**
 - Can chose types/age range of cases
- Oral Exam**
 - Ethics & Professional Practice
 - Practice Sample Defense (based on cases you chose to submit)
 - Fact Finding (can chose pediatric or adult focused case)

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Steps to becoming a subspecialist in pediatric neuropsychology





1) CREDENTIAL REVIEW



2) WRITTEN EXAMINATION





3) SUBMISSION OF A PRACTICE SAMPLE

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Timeline


- You have to finish parent board certification before taking the pediatric subspecialty written exam
- You can submit your application for pediatric subspecialty certification before completing parent board certification, **but** you're not eligible for written exam until you are parent board certified.
- Generally notified within a few weeks to a month that you are eligible to take the written exam
- After written exam, you are notified within a few weeks that you have passed
- You have 3 years from eligibility of credential review to complete all components, so it is good to keep on moving through the process



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Fees




1) CREDENTIAL REVIEW

NO FEE





2) WRITTEN EXAMINATION

\$125



3) SUBMISSION OF A PRACTICE SAMPLE

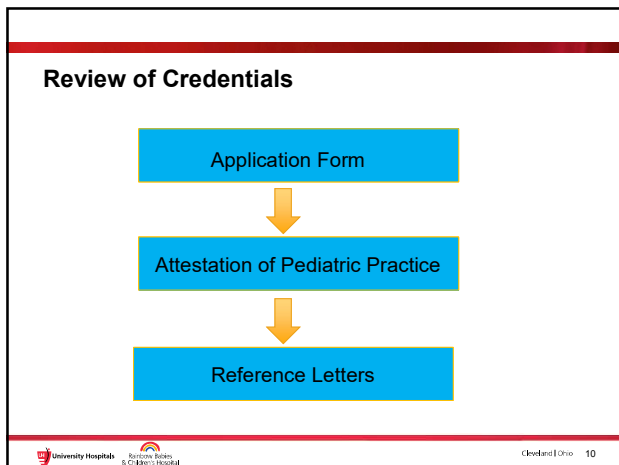
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Slide 9

TR1 Tangen, Rachel, 4/20/2023



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Application

- Complete short application found at www.theabcn.org or www.abpp.org.
- Application focuses on documentation of:
 - Your training and work history that highlights your **pediatric** neuropsychology training and practice
 - Patients from 0-16 years old

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Application

- Evidence of your pediatric expertise in:
 - Clinical work
 - Research or scholarly writing
 - Clinical supervision and training
- Your CV is also submitted to highlight and elaborate on these activities
- Although not required-applicants are encouraged to clearly document (e.g., on their CV) the month/year they received the parent board certification

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Attestation of Pediatric Subspecialty Practice

- 1) You must be practicing pediatric neuropsychology for the two years prior to your application.
- 2) What qualifies as significant pediatric neuropsychology experience?
 - must document a minimum of 4000 hours of post-doctoral experience within pediatric neuropsychology as a trainee or independent professional
 - If you trained after January 1, 2005, at least 1000 of the 4000 hours must be obtained under the supervision of a pediatric neuropsychologist

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Common Problems that Occur with Applications

- If you are doing less pediatric work now than in the past, highlight a time when you were doing more pediatric work.
- Make sure attestation is signed right before application is submitted.
- You will be contacted if clarification is needed regarding your credentials or updates are required.
- If your credentials are not approved, ABPP will notify you of the weaknesses of your credentials determined by the committee and give recommendations to strengthen the application.

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Reference Letters

You must submit two (2) letters of reference from health professionals verifying that you:

- 1) have practiced pediatric neuropsychology for at least two years prior to application
- 2) have obtained a minimum of 4000 hours of experience in pediatric neuropsychology

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Reference Letters

- At least one letter should be from a pediatric neuropsychologist.
- Doctoral degree earned prior to January 1, 2005, you must provide at least one letter from a pediatric neuropsychologist who is familiar with your work
- Doctoral degree earned on or after January 1, 2005, you must provide one letter which attests that at least 1000 hours were obtained under supervision of a pediatric neuropsychologist

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Reference Letters

- Preferred letter writers have one of the following:
 - ABPP certification in Clinical Neuropsychology
 - Fellow status in the APA Society for Clinical Neuropsychology (Division 40)
 - Demonstrated a similar degree of advanced knowledge, education, training, and practice in pediatric neuropsychology
 - If one of your letter writers does not have these qualifications, make sure to document the reasons on your application


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Reference Letters – Things to Remember


- You cannot use the same letter that was written for parent board application even if it was provided by a board certified neuropsychologist. The same person can write the letter but it must be specific to pediatric neuropsychology qualifications.
- It can be short and just focused on your pediatric neuropsychology experience.
- Applicants need to ensure that both of their letters of recommendations are ideally dated within the last 6 months but should not be older than two years.
- Your letter writers will send the letters directly to ABPP (office@ABPP.org)

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Steps to becoming a subspecialist in pediatric neuropsychology





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Written Examination

- Similar in format to parent board examination
 - Closed book
 - Multiple choice with 4 choices
- Only 30 questions
- 2 hour exam window
 - Check in and then 1.5 hours of testing

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Written Examination- Process

- Written Examination is given one time per year at the annual AACN conference
- The exam is typically administered on Wednesday in the early afternoon (prior to the start of conference activities)
- The exam is currently being administered in electronic format. Candidates are asked to bring a laptop on which to take the test.
- ADA disability accommodation requests follow the same process as the parent written exam.

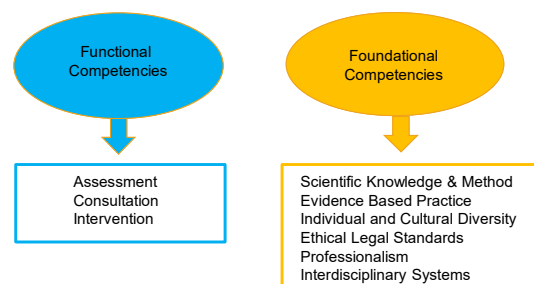
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Written Examination- Process

- Current policy on remote examination (taking the test electronically from another location) is the same as for the 'parent' board oral examination, described here: <https://theabcn.org/application-for-virtual-exam-consideration/>.

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Written Examination Purpose



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Written Examination Topics

- neurodevelopment
- functional neuroanatomy
- pediatric clinical syndromes
- childhood psychopathology
- specialized neuropsychological assessment techniques
- research methodology in pediatric populations
- developmental psychology

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Written Examination Topics

- family systems
- genetics
- cultural diversity
- ethical and legal issues in pediatric neuropsychology
- consultation
- intervention strategies

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Written Examination

- Don't get overwhelmed!
- Focus is on clinical knowledge not random facts
- Information you probably know as a practicing pediatric neuropsychologist
- Pass rate is very high

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How Long Do Potential Candidates Think it Takes to Study for the Written Examination?

Number of Hours of Study	Percentage of Non-Specialists (N= 33)
<8 hours	6%
8-24 hours	14%
24-40 hours	24%
>40 hours	56%

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How Long Did Successful Candidates Take to Study for the Written Examination?

Number of Hours of Study	Percentage of Specialists (N= 23)
<8 hours	30%
8-24 hours	48%
24-40 hours	9%
>40 hours	13%

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Written Examination- How Can I Prepare?

- Talk to someone who has taken the pediatric subspecialty written exam
- They cannot share content specific information but can give you information about general experience
- You can use study materials that were used for parent board examination
 - Content areas on BRAIN
 - Books/Chapters that cover pediatric neuropsychology topics

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Written Examination- How Can I Prepare?

- Remember, you have been successful in passing this type of exam before. Think about what strategies worked for you.
- Prepare a study schedule and outline topics
- There are no formal study groups, but you may be able to find others preparing through BRAIN
- Practice Exam questions

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What resources did successful candidates use?

Study Resources Used	Percent Endorsed
Informal Mentor/Peer Advice	55%
Clinical Neuropsychology Study Guide and Board Review – Second Edition – Stucky et al.	43%
BRAIN	41%
Board Certification in Clinical Neuropsychology-Second Edition –Armstrong et al.	19%
Other Books	19%
Lectures/Didactics About Process	14%
Other	5%

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Written Examination- Resources

- BRAIN (www.BRAINaaccn.org)
- *Board Certification in Clinical Neuropsychology-Second Edition* -Armstrong, Beebe, Hilsabeck, & Kirkwood
- *Clinical Neuropsychology Study Guide and Board Review – Second Edition* - Stucky, Kirkwood, & Donders
- *Neuropsychological Evaluation of the Child-Second Edition*- Baron
- *Pediatric Neuropsychology: Research, theory and practice-Second Edition* – Yeates, Ris, Taylor, & Pennington

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Written Examination - Resources

- *Textbook of Clinical Neuropsychology –Second Edition* - Morgan & Ricker
- *The Little Black Book of Neuropsychology* – Scott & Schoenberg
- *The Handbook of Pediatric Neuropsychology* – Davis
- *Neuropsychological Assessment and Intervention for Childhood and Adolescent Disorders* - Riccio, Sullivan, Cohen
- *Developmental-Behavioral Pediatrics- Fifth Edition* – Feldman, Elias, Blum, Jimenez, & Stancin

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What do I do if I have set backs?

- The written examination may be taken 3 times within a single candidacy window. If you do not pass after 3 attempts, you must re-apply and restart the process from the beginning with associated fees.
- If you have trouble with the written examination, seek out mentorship through AACN or ABCN. There are others who can help guide future studying and preparation.
- Our committee is here to help if you have questions or are looking for resources. You can contact any of us by email:

Rachel.Tangen@UHHospitals.org
Kelly.McNally@Nationwidechildrens.org
Kramerm@KennedyKrieger.org

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Steps to becoming a subspecialist in pediatric neuropsychology



1) CREDENTIAL
REVIEW



2) WRITTEN
EXAMINATION



3) SUBMISSION OF A
PRACTICE SAMPLE

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[illegible]

[illegible]

The Details

- One case that is representative of your typical practice
- Patient: 16 years old or younger
- Case: Done within past 2 years
- De-identify (redact both your and patient's info)
- Raw data
- Score summary sheet
- Reference the norms you used
- Scanned protocol forms and scoring print outs
- Mandatory 3-page **written defense**
 - No oral exam, so the written defense helps your report speak for itself

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Review Process

2 reviewers will evaluate submissions

board-certified pediatric subspecialists from trained cadre
trained to review in a uniform fashion

If both reviewers agree it is acceptable, then you are done!!

Split decision: sent to a 3rd reviewer

If unacceptable: you will receive written feedback

Strengths & weaknesses
Recommendations for improvement

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Criteria for acceptable practice samples

- Must meet criteria for parent board (review that checklist), plus additional peds subspecialty criteria below
- Illustrates knowledge of developmentally appropriate measures and **assessment methods**
- Include **conceptualization of test data and history** that
 - Demonstrates knowledge of **brain-behavior** relationships
 - Demonstrates knowledge of **brain development**, including issues related to timing of insult, trajectory
 - Integrates** developmental psychology, psychopathology, family systems, genetics
- Demonstrate knowledge of developmentally appropriate **evidence-based recommendations** for children/families
 - Advocates for patient and communicates needs relevant for key stakeholders (e.g. Parents, Referral Source, Medical Team, School)
- Reflects knowledge and competency with regards to any **cultural, linguistic, socio-environmental** considerations that may specifically pertain to cognitive development

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Timeline

- Choosing the case can be the rate limiting step
 - Don't obsess over finding the perfect case
 - Consider submitting a case used for parent board exam
 - Cuts down on time to prep/de-identify/scan, etc.
 - Helps generate ideas for written defense
- Consider doing as quickly as possible after parent board-
don't lose momentum!
- Give yourself time to have colleagues and/or mentors review
- Remember, preparation can be somewhat tedious
 - Don't change the report, but review to fix any typos, etc.
 - Triple check to be sure everything is redacted
 - Include references for norms used
- Usually takes 6-8 weeks to receive notification of results

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- Case must be your own, unsupervised, unedited work
 - May use a tech/student for testing
 - as long as you wrote the report and you can say it is *your work*
- Consider using a case from parent board exam
 - Should be within last 2 years (keep timing in mind!!)
 - Just because it passed before, isn't a guarantee
 - remember it must: independently demonstrate competency in pediatric neuropsychology

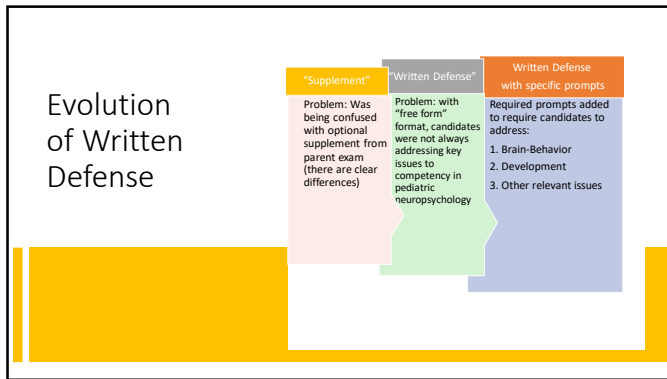
Choosing the right case

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- Sample should clearly and unequivocally allow for a review of your pediatric neuropsychology skills & knowledge
 - You KNOW A LOT!! Does this case clearly highlight that?
- Avoid
 - Research case (likely not enough data/history, doesn't show ability to select battery for referral question, etc.)
 - Cases with a largely normal profile or cases with severe global impairments (little variability makes it harder to demonstrate your knowledge of brain-behavior relationships)
 - Forensic case- can be used (as long as meets criteria for demonstrating clinical competency)
- Case must include tailored recommendations

Choosing the right case

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Written defense

- 3 pages, double-spaced, 12pt font
- References aren't expected
- Don't do an academic review of literature (*But be sure your statements are well-founded*)
- Use your space wisely and use required prompts
 - Brain-Behavior
 - Development
 - Other relevant factors
- This takes place of the oral exam defense

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Written Defense: Brain-Behavior

- Functional Neuroanatomy relevant to the case
 - What brain regions or networks involved?
 - Then relate this to your case and findings! (Don't just do a review of literature on the condition)
- Is the profile you found localizing, lateralizing, global/diffuse, etc.
 - How do you know? What scores, patterns, behaviors did you look at to come to that conclusion
- Does profile fit with expectations based on diagnosis and imaging
- What neurologic/insult-related and non-neurologic (e.g. comorbidities, developmental, behavioral, cultural, etc.) factors were important to consider in your conceptualization
 - Its OK if profile is not perfect (rarely is, especially in peds), but what factors may be at play?

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Written Defense: Development

- For acquired conditions, considerations related to timing of the lesion/insult
 - Including discussion of relevant developmental principles related to size and location of lesion
 - Neuroplasticity considerations
 - Relate this to your specific case in terms of their imaging and profile seen (don't just review the literature)!!
- Impact of condition on future development
- Expected time course/trajectory of condition and prognosis
- Risk and Resiliency factors- *What does the profile mean for child in the real world moving forward?*
- Considerations during key developmental time points
 - What will become important during adolescence?
 - Considerations during transition to adulthood?
 - Long term things to consider into adulthood or future risks
- Developmental appropriateness of recommendations
- Timeline and rational for follow-up

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Written Defense: Other points to consider

- Brief description of your **practice setting**
 - *Example: rehabilitation setting where you are seeing cases acutely to guide school re-entry/rehab efforts, likely going to have a different battery than an outpatient setting*
- Relevant **history information** that was not included in the report
 - *Example: briefer report styles can be preferred your settings, so you didn't include family history, parent education/occupation/SES, and all details of cancer treatment- so include what factors you took into account in your conceptualization (e.g. family hx of ADHD, parents had 11th grade education, and received IT methotrexate and vincristine)*
- Rationale for **test battery or norms** selection
 - *Example: you used a previous version of a test so you could directly compare performance over time*
 - *Example: you chose not to assess academics because school recently did a detailed eval*

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Written Defense Considerations: Other points to consider

- **Cultural** considerations
 - *Example: you considered the role of potential cultural biases when interpreting teacher ratings but didn't explicitly discuss this in the report*
- **Ethical** considerations
 - *Example: the case was done as part of an IEE, so include considerations regarding informed consent and information sharing, how you minimized conflict, etc.*
- **Differential diagnosis** information
 - *Example: you ruled out ADHD (symptoms didn't reach threshold, and only started following increase in depression so didn't dx) but didn't specifically say you considered that and ruled it out in your report*

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Written defense Considerations

- SHOW YOUR WORK!
- Consider questions that came up during oral exam (*if using case from parent board*)
- Ask colleagues/mentors to review and get their input
- Ask yourself:
 - What was tough about the case?
 - What were things you thought about when you conceptualized the case but didn't necessarily write in the clinical report?
 - What points would you need to explain further if you were working with a trainee on this case? Or on the stand?
 - Does the sample show off your PEDIATRIC NEUROPSYCHOLOGY knowledge related to the case?

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Common Pitfalls

(and how to avoid them)

- Data not sufficient to demonstrate breadth and depth of knowledge in pediatric neuropsychology
 - Report doesn't highlight an important concept (*and you didn't address it in your written defense*)
 - They don't know if you know it or not (*and there isn't another opportunity to ask you!*)
- Did not redact identifying information
 - Check all areas (report, dss, protocol forms, score print outs, your info, etc.)
- A relevant domain was not assessed (*and you did not provide good rationale for why not*)

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Common Pitfalls

(and how to avoid them)

- Conceptualization flaws such as:
 - Failure to consider all factors that may contribute to findings:
 - Family history
 - Co-morbid diagnosis
 - Cultural/linguistic factors
 - Confirmation bias
 - Ignoring data that doesn't fit with the profile you might expect
 - Attributing to a medical condition when that is not consistent with the literature

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Common Pitfalls

(and how to avoid them)

- Did not assess performance validity/symptom validity
 - May not be needed in all cases or may not be developmentally appropriate (consider addressing why in the defense), but definitely when it is clinically relevant or in a forensic case
- Recommendations related to school indicate an inaccurate understanding of special education law
 - Make sure recommendations are viable/reasonable, consistent with special education law, developmentally appropriate
- Did not assess emotional/behavioral function and/or did not integrate these findings

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Common Pitfalls

(and how to avoid them)

- Did not elaborate on pertinent aspects of the case
 - What other diagnoses or explanations did you consider and why did you rule them out?
- Pertinent medical or psychosocial history not gathered
 - Its ok if you don't have every detail in the report, but if it is relevant to conceptualization, do include in supplement
- Did not answer the referral question
 - Example: Was there a change in function post TBI (did you actually answer that)?

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Common Pitfalls

(and how to avoid them)

- Interpretation lacks clinical integration
 - Don't just list which scores were average and which were low-average, etc.
 - Conceptualization should integrate information from history, records, observations, test scores, questionnaires, etc.
- Recommendations seem "cookie cutter" or are generally lacking
 - Are they age appropriate, culturally appropriate, accessible, etc.?
- Writing style overly dense/jargon filled
 - Did you communicate findings in a way that is appropriate for relevant stakeholders?

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Common Pitfalls

(and how to avoid them)

- Not a *pediatric neuropsychological evaluation*
 - Could evaluation be confused with a psychoeducational evaluation?
 - Did you show off your "Neuro" skills??
- Are developmental issues adequately addressed?
 - Did you show off your "Peds" skills??
- Remember the point of the exam!

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Things to be thinking about during training

- Are you getting your 1000 supervised hours of pediatric specific experience?
- Think about criteria for acceptable practice samples when you are working with your supervisors on your cases
- Talk to your supervisors about writing a "mock" written defense for a supervised case
- Plan for pediatric subspecialty steps when thinking about your ABPP timeline

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Preparing for Subspecialty Certification: Benefits and Tips

Megan Kramer, PhD ABPP
Neuropsychologist, Kennedy Krieger Institute
Assistant Professor, Johns Hopkins School of Medicine


Kennedy Krieger

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Why consider the pediatric subspecialty certification?



- Demonstrates competency in your area of expertise (to colleagues, trainees, patients, self)
- Supports the growth of our profession and cohesiveness of specialty
- Protection of the public
- Practical advantages
- Member of the pediatric subspecialty community
- Financial advantages (forensics, pay raises, referrals)
- Process enhances skills/knowledge

Kennedy Krieger

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Survey of Pediatric Specialists

- March 2023
- Pediatric and Lifespan Clinical Neuropsychologists
- AACN, AACN Peds, and Pediatric Neuropsychology listservs
- Two groups of respondents
 - 42 subspecialists
 - 130 non-specialists

	N = 42 Pediatric Subspecialists
Age	Mean = 46.8 years Range 34 – 65 years
Gender	81% Female
Ethnicity	90% White 5% Hispanic/Latino 2.5% Black 2.5% Multi-racial
Practice Setting	69% Institution only 17% Both institution and private practice 14% Private practice only

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Why did you seek pediatric subspecialty certification?

"Recognition of competency in a specialized area, and promotion of the specialty in the larger neuropsychology community."

"I felt that it would solidify for myself and for others my training and commitment to working with pediatric populations."

"I believe that this should be/will be a standard of care in the future. I also think that the process of boarding makes you a better neuropsychologist."

"To enhance my knowledge base and to have the highest level of credential in pediatric neuropsychology."

"I do medical-legal work, and this would often come up in depositions. I think it shows my referral sources and parents my level of training/expertise."

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What are the benefits experienced?

	N = 42
Personal pride/satisfaction	74%
Respect/prestige	70%
Benefit to field/protecting the public	60%
Involvement in pediatric NP community	51%
Professional growth/learning from process	49%
Access to peds subspecialty listserv	49%
Financial benefits/raise	26%
Other	9%
Increased referrals	7%
None	7%



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What were the barriers experienced?

	N = 42
No significant barriers	53%
Time to prepare sample	19%
Travel	14%
Other	14%
Cost	12%
Lack of mentorship	9%
Time to study for the exam	9%
Lack of appropriate cases	7%



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Who is considering?

- Second group of responders
 - 130 individuals (28% ABPP, 5% Other board, 66% Not yet boarded)
 - Similar gender and ethnic composition
 - Slightly more individuals in the private practice setting only
- 75% of this group were interested/contemplating the pediatric subspecialty
- In general, they anticipated similar benefits to obtaining the pediatric subspecialty



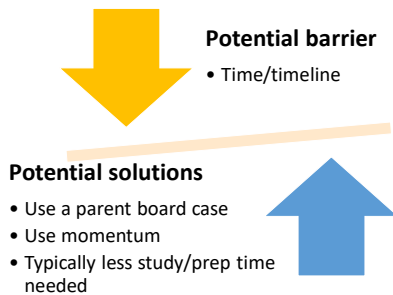
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Addressing perceived or experienced barriers

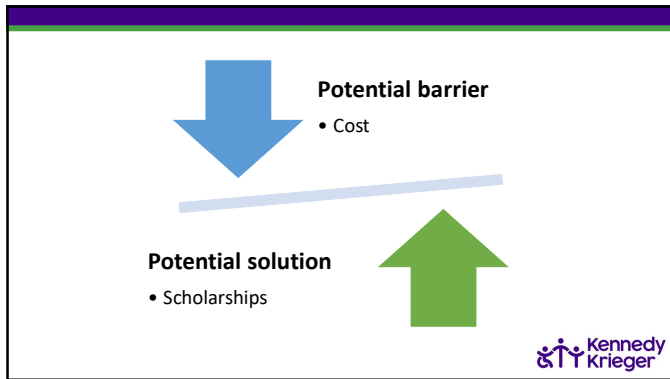
- Barriers and challenges do exist...



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Scholarships

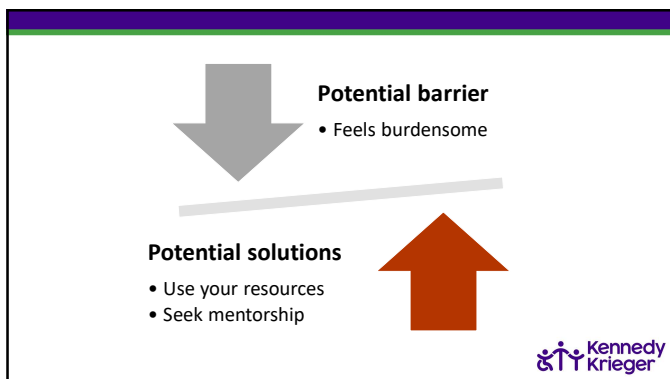
Association of Postdoctoral Programs in Clinical Neuropsychology

AACN
American Academy of Clinical Neuropsychology

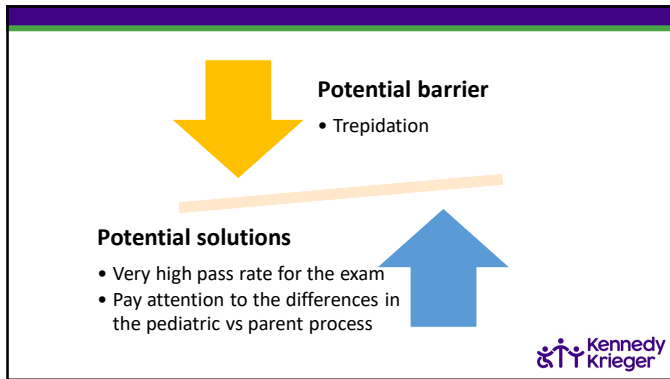
- [Scholarships for ABPP - AACN \(theaacn.org\)](https://theaacn.org)
- AACN (30) and APPCN (9)
- Any stage of the process, includes Pediatric Subspecialty
- For those without funding from their employer
- AACN and APPCN strongly encourage applications from individuals from historically underrepresented backgrounds, such as underrepresented racial and/or ethnic groups, individuals with disabilities, or individuals from socially, culturally, economically, or educationally disadvantaged backgrounds that have presented challenges to a career in clinical neuropsychology.

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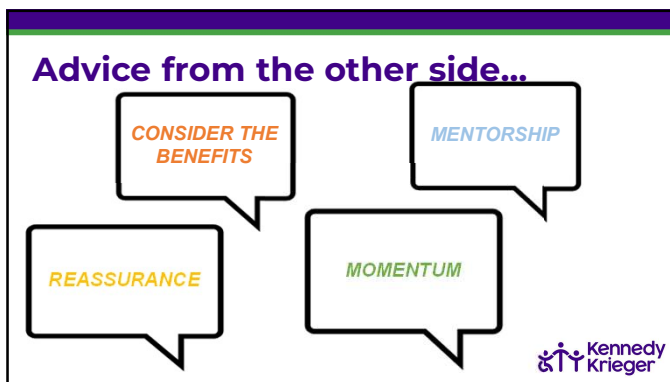
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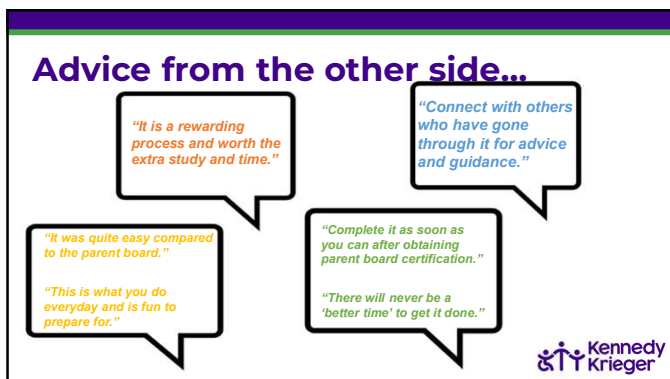
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Our committee's next steps

- Spreading the word about the changes in the Written Defense
- Providing mentorship and support to candidates
- Developing additional peds subspecialty content on BRAIN



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We're here to help!

- Our committee is here to help if you have questions or are looking for resources or mentoring. You can contact any of us by email:
- Kelly McNally, PhD ABPP: Kelly.mcnally@nationwidechildrens.org
- Rachel Tangen, PhD ABPP: Rachel.Tangen@UHhospitals.org
- Megan Kramer, PhD ABPP: kramerm@kennedykrieger.org



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