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The Specialist Editor: Robert D. Hill, PhD, ABPP
Associate Editors: Katherine Jones, PhD, ABPP
 Frederick S. Wechsler, PhD, PsyD, ABPP

President's Column

Gregory Lee, PhD, ABPP



This has been another excellent year of growth and consolidation for ABPP. We are on a stronger financial footing than ever before, which over this past year has been primarily due to (SB)s producing more revenue through an increasing number of examinations. Our increased revenues have allowed us to:

- Increase the special projects funds from \$10,000 to \$20,000
- Plan for a second (BOT) meeting for, at least, the next two years
- Develop an investment policy for monies that are not immediately needed
- Allow (SB)s to keep their “carry-over” funds indefinitely
- Continue to plan for future Summer Workshop series – two years in advance

Maintenance of Certification (MOC). Perhaps the largest issue that impacts every ABPP specialist is the renewal of certification process, which the MOC Task Force has continued to refine. At the annual ABPP (BOT) meeting this past December, several important decisions in support of the MOC process were reached as follows:

- The BOT voted to accept the use of the Specialty Continuing Professional Development grid and MOC Narrative form to evaluate individual specialists’ maintenance of competence in their specialty area.

The grid and narrative represent only the skeletal framework upon which each (SB) will be asked to develop specific criteria particular to their specialty areas.

- The BOT also voted that face-to-face review of individuals will be limited only to outlier cases, as defined and operationalized by each specialty board (SB) with review and consultation by the ABPP Standards Committee. Each board will be developing standards for renewal, remediation, and non-renewal, with multi-level appeal mechanisms defined for the (SB) and ABPP levels.

MOC continues to be a fluid process with many of the details to be worked out by each (SB) in collaboration with the ABPP Standards Committee and the ABPP (BOT). With the support of the BOT, the MOC Task Force has made plans to meet in April to: 1) develop an exemplary model grid and narrative, 2) refine grid and narrative definitions, 3) make suggestions for changes in SB manuals that MOC will necessitate, and 4) list various options for MOC financial arrangements. The (BOT), MOC Task Force, (SB)s, and academies will be continuously educating the membership about the MOC process as plans progress. We all owe a large debt of gratitude to the members of the MOC Task Force chaired by Michael Tansy (with Chris Nezu, Charme Davidson, John Northman, Mary Hibbard, Brenda Douglas and David Cox). (*MORE MOC INFO - PAGE 13*)

Geropsychology. The BOT voted to accept Geropsychology's application to become ABPP's 15th (SB)! They will now be entering the implementation phase, during which details of their examination procedures will be delineated. Following this, they will enter the monitoring phase. During the monitoring phase, Geropsychology will need to conduct at least 30 oral board examinations within a two year period, after which they will be eligible to become formally affiliated with ABPP as the American Board of Geropsychology.

Subspecialties. Last year the BOT voted on the procedures for the establishment of subspecialties, and the Affiliations Committee received one initial brief application from the American Board of Clinical Neuropsychology (ABCN) to develop a subspecialty in Pediatric Neuropsychology. The BOT voted to invite ABCN to submit a full application, and they are in the process of doing this with an estimated time for submission in mid-spring 2013 and an estimated BOT vote in July 2013. The Couples & Family Therapy (SB) has been considering plans to develop a subspecialty in sex therapy.

Board/Academy Agreements Work Group. Under the guidance of Nadine Kaslow, and with an equal number of representatives from (SB)s and academies, the Board/Academy work group has developed agreement documents which were reviewed and accepted by the BOT at its annual meeting. The agreements include one between ABPP and the external academies and another between ABPP and the internal (non-merged) academies. It was determined that no agreement was necessary between ABPP and internal merged academies because academies that merge with their (SB)s no longer have a separate status from their SB. The Board/Academy work group, in collaboration with boards and academies, will now begin working to create a model agreement between each

board and their academy that will provide a framework for working together by assigning respective duties and responsibilities.

ABPP as a Provider of APA Continuing Education. ABPP was re-certified by the American Psychological Association this year to continue offering APA continuing education units on our educational offerings for another five-year period.

ABPP Summer Workshop Series. The annual summer workshops are going to be held this year at the historic Omni Parker House hotel in Boston from July 10th to July 13th. Among the 20 workshops to be conducted this year are day long programs on assessment and treatment of children with **attention deficit disorder** (Bill Pelham, PhD, ABPP), **technology and risk management** (Jeff Younggren, PhD, ABPP), **treatment of persons with borderline personality disorder** (Jennifer Sayrs, PhD, ABPP) and **post-traumatic stress disorder** (Sylvia Marrotta, PhD, ABPP), **ethics** (Gerry Koocher, PhD, ABPP), **group interventions** (Sally Barlow, PhD, ABPP and Joel Frost, PhD, ABPP), and **assessing and managing violence risk** (Dan Neller, PhD, ABPP), and half day programs on **confidentiality and HIPAA** (mental health lawyer John Petrila), **minimizing errors in clinical decision-making** (Randy Otto, PhD, ABPP), and the **DSM-V** (Alina Suris, PhD, ABPP).

Mid-Year Board of Trustees (BOT) Meeting. There will be a second (BOT) meeting in 2013 concurrent with the Summer Workshop series in Boston. In the past, the BOT has often developed excellent ideas and plans at its annual meeting, but these wonderful plans have often been difficult to sustain over the course of the year between annual meetings. I am hopeful that by scheduling two BOT meetings each year, separated by 5 or 6 months, and having committees and task forces hold regular scheduled teleconferences between the face to face meetings, ABPP may become more productive in carrying out its plans for growth and improvements in service to our member boards and individual board certified specialists.

I'd like to thank all of our hardworking Central Office staff, (BOT), (SB)s, and Academies for continuing to work diligently on increasing the visibility of the ABPP board certification process. ABPP's application rate continues to increase, and our collaboration with other important educational, training, and credentialing organizations in psychology continues to grow. I look forward to working with all of you in the coming year to maintain the positive trajectory that ABPP is following. As in prior years, please feel free to contact me with your feedback and suggestions at any time at, glee@georgiahealth.edu.

CEO Update

By David R. Cox, PhD, ABPP

Executive Officer



We continue to be blessed by an outstanding staff that is committed, hard-working and loyal. They do a great job. They are working very hard, and quite honestly, we need to be looking very clearly at the future and how we will staff Central Office. ABPP has a new board, (with another in review this year), has been putting on the workshop series and is handling an increasing number of applications. Other than changing the EO position to full time, we have not added any staff since prior to 2006. I believe we all have ideas about what could be done well, perhaps better, through Central Office. I know I do, and I have visions of increased Central Office ability to assist our (SB)s; All of that takes resources. We need to be considering issues of importance and addressing how they will be staffed as well as financed. I hope we seriously look at these issues as we progress and grow. There is much more that Central Office can do if we establish the means to do it. Central Office has undertaken some activities that help in this regard, in that it either assists a (SB) in a way that does not overly task Central Office and/or generate revenue that would otherwise not have been generated. Two examples follow:

The ABPP Verification Process

*Please note, and share this information widely, that there is no charge for an ABPP psychologist to obtain verification of status. The charge for verification is only made to agencies such as managed care entities seeking verification. We get hundreds, no thousands, of these each year. Those organizations typically want a notification from us that a person is ABPP or not, and may want more information than we provide on the public directory. This is something that many organizations charge for. Thus, we implemented the charge. **In 2012, we will bring in roughly \$30,000 from this activity. This is an income stream that did not exist 18 months ago.***

Continuing Education Registration and Certificates

Central Office was engaged by the American Board of Rehabilitation Psychology to build an on line registration process for its conference, and the subsequent year was asked to build an online CE survey/certificate processing system. We did that and it proved to be a “win-win”. ABRP had an easy, online registration and CE Certificate

processing system, but less than they would have paid to outsource it and thereby kept the funds “in-house”. ABPP Central Office made a few thousand dollars in doing this, and in the process learned some additional things that will help us all in similar future endeavors. We are happy to talk with (SB)s and academies about serving in this capacity.

APA Recognition of ABPP

The American Psychological Association will begin accepting applications from organizations that board certify psychologists as it begins a process for recognition of those organizations. I have already completed a draft of this application, and received some informal feedback. The process is not unlike what Florida did a few years back. I anticipate the ABPP will be ready to proceed as soon as APA is ready. They will not accept applications for review until their Spring 2013 meeting of the CRSPPP. I have some edits to make and will have the application ready to go. I anticipate no difficulty with this process.

ABPP Strategic Planning Update: Part II

I want to use the bulk of the EO Report as a means of remembering, reflecting, and perhaps dreaming - looking back, reviewing some ABPP accepted priorities and laying out some potential for future direction. In 2007, under the presidential guidance of Al Finch, the ABPP (BOT) participated in strategic planning. That review of our organization led to some fundamental changes that, in turn, led to engagement in activities that have helped ABPP establish a more firm footing in our profession than it has previously done. Those changes required vision and courage on the part of the ABPP leadership, and a level of trust in the BOT representatives to make decisions that are in the best interest of the (SB)s, ABPP and the profession as a whole. The steps that have been taken are commendable, and present a positive trend in the world of board certification in professional psychology; yet there continue to be challenges and opportunities that lie ahead.

Some of the Strategic Plan Priorities established in 2007, and brief comments regarding our organization status in respect to them, follows in ***Bold Italic***, with commentary added:

Increase the number of ABPP specialists –

As one can see in the chart below, overall ABPP numbers have grown about 5% since this time in 2008. Note that the 2012 numbers are dynamic, as we may be receiving some attestations from individuals who are late and are therefore not yet included in the total. There are likely some surprises, however, when you look at the numbers by (SB). I have highlighted those (SB)s that have shown growth. I think that over time, continued observation of these numbers, and any trend in them, need to be a topic of review and consideration with respect to the long term organizational structure of ABPP. These can be seen as both challenges and opportunities, yet are worthy of thoughtful consideration.

Specialty Board

as of 10/2008

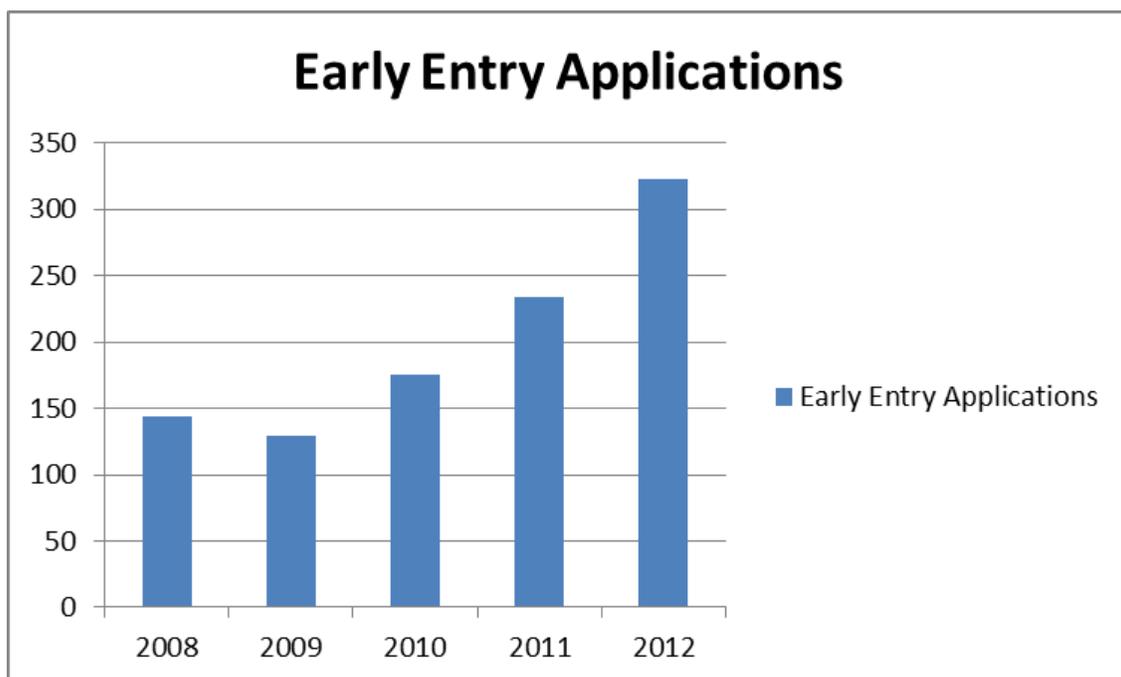
as of 11/20/2012

Chge% of 2008

Specialty Board	# as of 10/2008	# as of 11/20/2012	Chge% of 2008
ABCCAP	113	144	127.4336
ABCHP	117	156	133.3333
ABCN	642	797	124.1433
ABCP	1373	1284	93.51784
ABCBP	111	128	115.3153
ABCoP	207	192	92.75362
ABCFP	121	115	95.04132
ABFP	236	262	111.0169
ABGP	43	41	95.34884
ABOBCP	48	44	91.66667
ABPPSP	0	55	NA
ABAPsa	119	106	89.07563
ABRP	131	148	112.9771
ABSP	117	86	73.50427
Totals	3378	3558	105.329

Early Entry Option

I believe that the ABPP Early Entry Program continues to be a strength for us. At this time of reporting in 2011, ABPP had received 234 Early Entry applications. This year we have received 323 Early Entry Applications year-to-date. To those of you spreading the word on this: Thank you and keep it up!



Government In-roads

This is an area in which I believe we can do better. For example, the Department of Veterans Affairs, as the single largest employer of psychologists in the nation, employs roughly the same number of psychologists as are board certified by ABPP. The VA system has in place financial incentives to become ABPP board certified. We need to target VA psychologists and be much more active in our recruitment of them. Similarly, psychologists employed in the military and Public Health Service are other high-visibility individuals for whom external incentives (raises, bonuses) are already in place, should they become ABPP board certified.

Hospital/Healthcare Systems

With the implementation of the Affordable Care Act, many are stating that the board certification of psychologists will become increasingly important (e.g., Rozensky, 2011). Although I tend to agree, and hope this is correct, the rapidity with which this effects a change in behavior among individual psychologists is something we will have to wait to see. If there is a significant push toward requiring, or even strongly encouraging, board certification, *we may have to seriously consider organizational changes within our own structure in order to accommodate a significant and rapid increase in applications. This may be true in any event, given the rise in Early Entry Applications we saw this year.*

Diversity Issues

The ABPP Diversity Committee has done some good work the past couple of years, and continues to move us in a direction of increased diversity. That committee has some proposals on the agenda at this meeting that are quite worthy of strong consideration for support.

Affiliation with other Organizations

We continue to do a good job in this arena, both directly and indirectly. Our liaison relationships include APA (numerous boards/committees – e.g., BPA, BEA, CAPP), ASPPB, CoS, and others. We have actively engaged in adding APPIC to this list. I had the pleasure of giving invited presentations at the APPIC meeting twice in the recent past, and have been told to expect to return for the next APPIC meeting. We have also added the CCTC to our list of liaisons. Finally, it should not go unnoticed that the last 7 of the last 10 APA presidential elections have resulted in selecting an ABPP psychologist.

Specialty Conferences: ABPP and non-ABPP

ABPP has established a workshop series that has been met with enthusiasm. While we continue to grow this in regard to its financial success, the trend is quite positive. Equally important is the fact that those in attendance consistently rate the presentations as being among the highest quality, and presenters have consistently reported that those in attendance are highly interested, learned and make for good interaction.

ABPP continues to be visible at APA Convention, APA State Leadership Conference, the VA Leadership Conference, and some (SB)-related conferences. We annually sponsor the VA Leadership Conference as well as the National Multicultural Summit conference (every other year), and have been a sponsor for Education and Training related conferences periodically as appropriate also.

Increased Visibility/Marketing

Public: this is an area in which we could grow. Ideas are welcomed.

Professionals: continued professional presence, as in the conferences above, as well as increased focus on groups such as the VA and other “incentivized” groups may be worthwhile.

Restructure/Reorganization

We hired a full-time Executive Officer; I believe that has been a good move, but have my bias! I continue to be proud to represent ABPP and am enthusiastic in interactions with other organizations and professionals.

Centralize functions of SBs and Academies through CO as appropriate and able

This area is one in which we continue to grow. We are having a brief presentation at the 2012 BOT meeting regarding some consultation in deploying and implementing some tools that may be useful in increasing the accessibility of information, collaborative working and other related areas. Growing interest in CO centralization has led to establishment of online registration and CE processing for one (SB) conference, and we would hope that can increase in the future. To do that, along with other tasks, we will need to consider increasing the human (and financial) resources for CO. We have added the workshop series to the CO tasks without the addition of staff, but would be hard pressed to increase the CO workload. This area for growth is one of challenge and opportunity to which I think ABPP must attend in relation to how we desire the organization to grow. The BOT recently approved a plan to retain an outside consultant to work with CO to investigate some potential collaboration tools for use by CO and the (SB)s, as well as committees.

BOT Representation

With regard to consolidating board representation of smaller (SB)s, no action has taken place. There has been recognition of a desire to continue to assist smaller SBs in their efforts to grow and work efficiently.

Consider increased Academy representation

The Board-Academy workgroup has put in numerous hours toward establishing draft agreements between the boards and academies, some boards and academies have merged and others are working on the issue. This is another area that the BOT will be addressing at this meeting.

Sub-Specialties: Develop cross-cutting Sub-specialties through inter-SB cooperation

We anticipate receipt of the first application for an ABPP subspecialty, that of pediatric neuropsychology, in the very near future, if not at the December 2012 meeting. See Dr. Lee’s President’s Message in this issue for a bit more on this.

References

Rozenky, R. H. (2011). The institution of the institutional practice of psychology: Health care reform and psychology’s future workforce. *American Psychologist*, 66, 797-808.

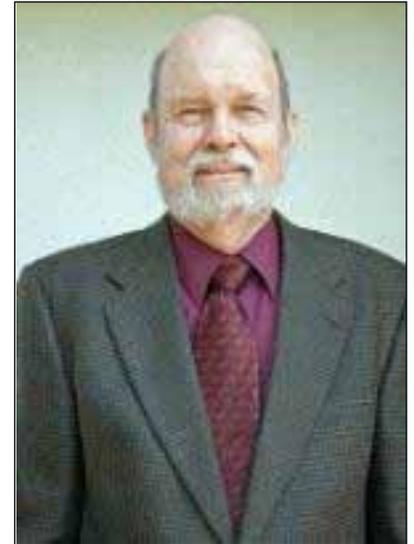
Council of Presidents of Psychology Specialty Academies (CPPSA) Report

Christopher Ebbe, PhD, ABPP

New Year Greetings to Board Certified specialists everywhere! I am privileged to be the CPPSA Chair/CEO for this year and next and hope that I can “hold up my end” in following in the footsteps of John Northman, Steve Eichel, Joe Talley, Howard Cohen and many other able CPPSA leaders. My fellow officers for 2013-2014 are Jack O’Reagan, Chair-Elect; Shawn Powell, Secretary; and Steve Eichel, Treasurer.

In his term, John focused on facilitating progress on the BOT-Academy agreements and on Maintenance of Competence issues, the first of which has reached some degree of conclusion now, even if the agreements are amended as necessary in the future. I will be representing Academy interests in the development now of a model for the working agreements that are required between the Examining Board and Academy in each specialty.

I believe that CPPSA could benefit from Academies knowing more about each other and plan to work this year on more sharing of information among Academies, so as to maximize what we can learn from each other and apply in our own Academies. I also suspect that more issues will arise this year from the differing circumstances of Academies that are external to ABPP, internal to ABPP, and merged with Examining Boards, and CPPSA will need to be active on this front. I look forward to working on these concerns and hope that we can enhance the communications in general between and among Academies. The periodic phone meetings of Academy Presidents will be separated this year from the phone meetings of Examining Board Presidents, which I hope will give us more opportunity for exchange.



ABPP Central Office Update

The 2012 Summer Workshop Series was a great success, and we would like to thank all of our presenters and those that attended. In staying with ABPPs ongoing endeavor to “stay green” we implemented electronic handouts (still giving the option for hardcopy), and the response was so well received our 2013 Summer Workshops Series will be exclusively electronic. We continue to strive to improve our workshops, if you have any suggestions, or questions about the upcoming workshops please direct them to ws2013@abpp.org.

All CE Certificates were completed online, eliminating the hard copy forms.

Please help spread the word and mark your calendars for the following events:

The 4th Annual ABPP Workshop Series, July 10th – July 13th, 2013, Omni Parker House, Boston, MA

The 121st APA Annual Convention, July 31st - Aug. 4th, 2013 Honolulu, HI

The 5th Annual ABPP Workshop Series, May 14th – May 17th, 2014, Conrad Hilton, Chicago, IL

Student discounts will be offered for those in our Early Entry Programs. If you know of anyone that is interested in sponsoring/exhibiting or would like information about the workshop please email ws2013@abpp.org and provide us with their contact information, and we will contact them.

We continuously review our processes to improve customer service and improve efficiency. **Please be reminded:**

Specialists, Applicants, Candidates, Early Entry Applicants, and conference registrants can now process all applications, fees, and registrations online without mailing in hardcopy forms.

Verifications requested by ABPP Specialists are always free. Send an email to office@abpp.org as we provide this service for you.

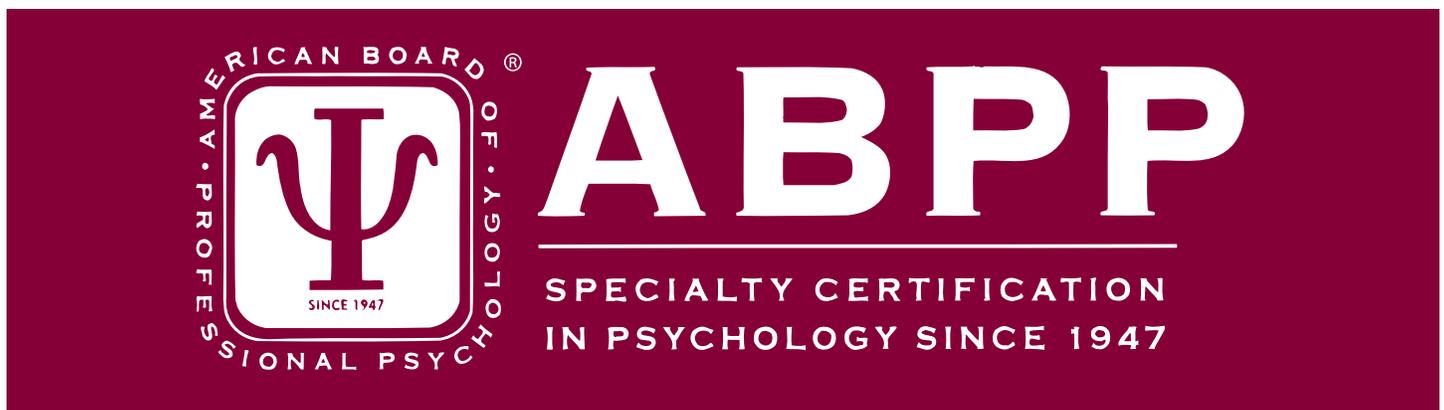
If you are looking for a specialist or yourself in the ABPP Directory please go to the ABPP website, www.abpp.org. On the left side of the top horizontal burgundy bar you'll see "Find a Board Certified Psychologist". Click on ABPP Directory; once the screen opens scroll down; choose the specialty and then the state. If there is a board certified psychologist in that area it will appear. If you do not appear, see next item.

Please check your "profile" when you log in to your account to make any necessary edits. This will automatically update the ABPP Directory. Many specialists do not have their "states licensed in" updated and this prohibits the public from finding them.

If you order an additional certificate, please go online at www.abpp.org and click on ABPP Specialists. Use your login information. Once logged in, click on ABPP Certificates Orders. Newly Board Certified Specialists are eligible for one complimentary certificate, but an order must be submitted through the ABPP website. Click on ABPP Certificate Orders to access the complimentary certificate, additional certificate, and to order frame or mat forms.

ABPP annual attestations were due January 1st and late after March 31st.

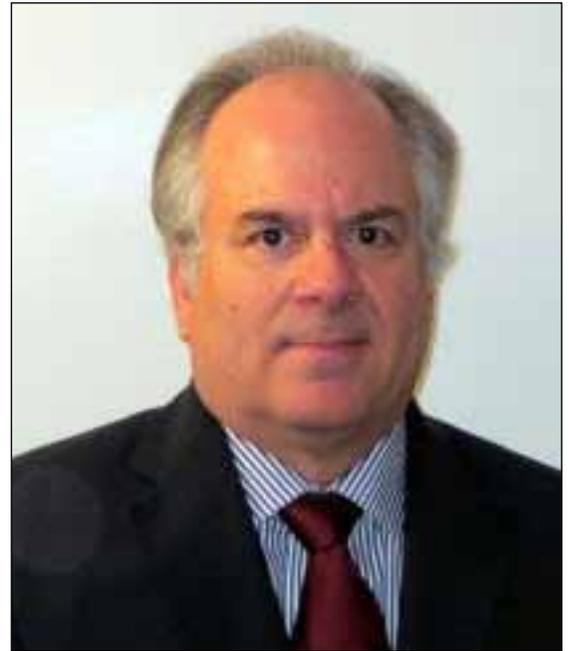
If you would like more information or details regarding any of the above, or if you have some suggestions to share, please contact the Central Office at office@abpp.org. Thank you for all you do in supporting ABPP board certification.



Editor's Column and Specialist Submission Guidelines

Specialist Editor, Robert Hill, PhD, ABPP

This issue of the Specialist includes the latest news about ABPP Maintenance of Certification (MOC). Two excellent articles appear for your continuing education. The first is the ABPP Convocation Address from the Annual 2012 APA Convention in Washington, DC. by Kathleen McNamara, PhD, ABPP. She addresses a professional service delivery issue that has critical public health implications for the broadest cross-section of persons in need. The second article by Dominic A. Carone, PhD, ABPP and William B. Barr, PhD, ABPP describes a professional licensing board challenge that emphasizes why it is important for Specialists to be active in political and governmental advocacy. The CEU credits for reading and studying the articles are a free continuing education benefit that ABPP provides to Specialist members. I hope you enjoy reading the many organizational updates that are part of this ABPP Specialist.



Consider logging on to our Facebook page where we are posting material frequently about ABPP and its activities. Our Facebook page is located at: <http://www.facebook.com/pages/American-Board-of-Professional-Psychology/126100780742857?ref=ts&v=wall%20>

If you desire to submit an article for the Specialist don't hesitate to send me an email at bhill@ed.utah.edu. I would be delighted to dialogue further with you about your ideas.

Below are the standing Specialist submission guidelines.

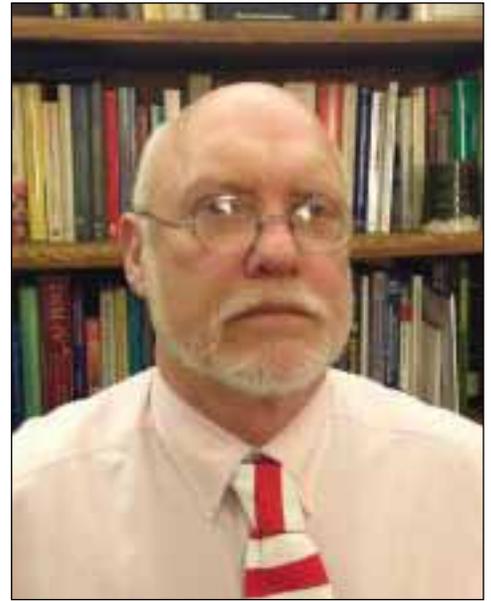
1. The theme and content of submitted articles should be consistent with ABPP interests and issues: specialization, credentialing, board certification, identification and development of specialty areas, etc., or to the specific interests of ABPP-certified specialists. Articles with content of more general interest, or unrelated to the above topics, should be submitted elsewhere. Questions regarding suitability for the Specialist and other questions may be directed to the Editor, Dr. Hill, at bhill@ed.utah.edu or 801-581-5081.
2. The BOT, Editor, or Communications Committee may initiate requests for submissions on particular themes and topics, for inclusion in Special Sections of grouped articles.
3. The BOT, Editor, or Communications Committee may solicit or invite contributions from individuals and organizations.
4. Submissions may be of any length, but are typically between 5 – 15 pages of word processed text.
5. Submissions may be in any manuscript style appropriate to the content. APA Publications Manual style need not be followed.
6. Submissions should be made by e-mail attachment in Word to the Editor's attention at thespecialist@abpp.org. The submission attachment document itself should clearly identify the author(s).
7. Article submissions will be subject to review and acceptance or rejection by the Editorial Board. Authors may be asked for revisions based on the review.
8. Submissions or letters to the Editor with particularly controversial content may be referred through the Communications Committee to the Executive Officer and the BOT for possible further recommendation or action.

Update from the ABPP Maintenance of Certification (MOC) Work Group

Michael Tansy (Chair)

Committee Members: Christine Maguth Nezu, Charme Davidson, Brenda Douglas, Mary Hibbard, John Northman, David Cox

Since 2006 the American Board of Professional Psychology has studied the idea of developing a means by which specialists periodically renew their certification. In some ways this activity parallels ABPP's Period Comprehensive Review (PCR), the process by which (SB)s renew their specialty status. Whereas, PCR involves each ABPP board renewing their (SB) status about every eight years, Maintenance of Certification (MOC) involves ABPP specialists renewing their certificate every ten years. Just as we monitor our physical health by routinely visiting our physicians, (SB)s routinely monitor their practice by participating in PCRs. Soon ABPP will ask that specialists renew their certification by periodic self-review organized by their respective (SB).



MOC is consistent with the ABPP's strategic objective to "maintain the value of board certification." In developing a means by which we renew certification, ABPP is but one of many professions that engages in self-regulation to assure quality care and protect the public. Maintenance of board certification is expected by the public (Weiss, 2010), particularly in light of evidence that the "half-life" of knowledge in psychological specialties is diminishing relatively rapidly (Neimeyer, et al, 2012). Also, board certification is recognized as a beneficial means of self-regulation (ASPPB, 2010; Belar, 2012) and is anticipated to be an essential element of professional psychology practice as health care reform evolves (Rozensky, 2011).

The MOC Work Group was originally appointed by then-President Nadine Kaslow with Chris Maguth Nezu as its chair. Since then the BOT and President Gregory Lee continued support of the MOC Work Group, with Michael Tansy as its chair. The composition of the group has been intact since 2010, with the 2012 addition of John Northman, then-CPPSA President, to increase outreach to and input from Academies.

Recognizing that all specialists have already passed a comprehensive (SB) examination, MOC does not require full reexamination; MOC is a renewal of one's current certification. A key MOC Work Group goal is to develop a renewal process that is accurate, fair, collegial, and respectful. Also, we strive to minimize the burden on specialists, boards, and the ABPP Central Office. Currently, and through input from all specialties, the MOC Work Group's renewal of certification plan asks specialists to document specialty-specific continuing professional development. In contrast to traditional continuing education, continuing professional development

recognizes and credits Specialists for many day-to-day professional activities.

MOC will not be implemented until it is thoroughly reviewed, discussed, modified, and approved by the various constituent groups within ABPP. Understanding and appreciating this iterative process, in 2012 there was an initial review of the Work Group's proposed MOC renewal process by members of the BOT, (SB)s, and academy leaders. In response to feedback from twenty-two specialists representing thirteen specialties the MOC Work Group revised the MOC model. After this initial activity, the MOC Work Group drafted new versions of its recommended documents, model, and timelines, which it presented at the December 2012 meeting of the ABPP (BOT) in Chapel Hill, NC. After considerable discussion the BOT approved specific modifications of the ABPP MOC and authorized 2013 follow-up activities for the MOC Work Group.

Current Maintenance of Certification Model

As currently envisioned, Specialists undertake a process of self-examination once each decade after their ABPP certification to document their professional development. In the course of this self-examination, Specialists will examine their professional activities, documenting their professional development using a Specialty Continuing Professional Development grid combined with a written narrative. Specialists may be asked to engage in a conversation with another specialist about their activities as documented in their grid and narrative.

When completing the grid, Specialists will record their involvement in following categories:

- Collaborative Consultation
- Teaching & Training
- Ongoing Education
- Development and Application of Research and Innovative Methodologies/Programs
- Professional Leadership

When completing the narrative, (approximately 750 words) each Specialist will

- Describe his/her current professional practice
- Provide a clinical vignette that illustrates his/her professional work
- Discuss how he/she evaluates his/her professional work and how the Specialist has developed since their initial/last renewal of certification
- Discuss how his/her evolution since initial/last renewal of certification has changed the Specialist's practice and improved services to their clients.

Implementation of Maintenance of Certification

Maintenance of Certification will require collaboration between the ABPP Central Office and the (SB)s, with oversight from the (BOT) and assistance from the MOC Work Group. As currently proposed, beginning 1/1/2015 Specialists will be asked to complete the grid and narrative. They will be expected to submit these documents to their respective (SB)s within 10 years. This timeline will allow (SB)s to develop their specialty-specific MOC procedures. Further, it will allow (SB)s to renew all Specialists by 1/1/2025.

To facilitate MOC renewal, ABPP Central Office will designate when the specialist may begin the MOC renewal process. Central Office will notify the Specialist seven years after his or her board certification or most recent

renewal. The Specialist is then given two years (years eight and nine) to complete the renewal within the tenth year. The ABPP Central office will inform specialists and the respective (SB) of the timeline for the MOC. The documents required for MOC will be available through the ABPP website.

With consultation and assistance from the MOC Work Group, (SB)s will develop standards for renewal, remediation, or non-renewal, as well as a multi-level appeals mechanism. These standards and appeal procedures will be approved by the ABPP BOT's Standards Committee.

2013 MOC Work Group Activities

Having renewed support from the BOT, the MOC Work Group anticipates meeting in April 2013 to develop a prototypical grid and narrative, craft recommended language for (SB) manuals, and to assess fiscal considerations for MOC. Once completed, the MOC Work Group will redistribute its material to the BOT, Board leaders, and Academy leaders for their comment. Based on feedback, the Work Group will continue to refine the MOC model, seeking approval for each draft before implementation. Individuals who are interested in offering feedback or comment on the ABPP's Maintenance of Certification renewal process may do at MOCfeedback@abpp.org. The Specialist will continue to provide a forum for updates on the continuing work of the ABPP organization concerning maintenance of certification.

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Education and Training Workgroup

Nadine J. Kaslow, PhD, ABPP, Past-President

One of my top priorities as ABPP President, which I have continued in my Past-President role, is that of bringing board certification to the education and training community. To support this endeavor, I have amassed a wonderful, hard-working, and dedicated group of colleagues, who represent all 14 ABPP specialties and who have as a particular focus education and training. This workgroup includes: Teresa Bear, John Beauvais, Mary Alice Conroy, Eugene D'Angelo, Jon Frew, Robert Goldberg, Robert Gordon, Joshua Gross, Herbert Gupton, Myron Hays, Larry James, David Katz, Judith Kaufman, John Linton, Susan McDaniel,, Donald McGeary, Michael Murphy, Aaron Nelson, John Piacentini, John Porcerelli, Wayne Siegel, Norma Simon, Linda Sobell, William Stiers, Romn Verdaguer, Jason Washburn, and Robert Welsh. Please email me at nkaslow@emory.edu if you would like to join our group.



The group is focused on creating products that can be useful to Training Directors and other faculty and supervisors involved in educating and training students. The following are brief descriptions of our first three products, which are being finalized and will then appear on the ABPP website. In addition, we are partnering with some of the training councils, such as the Association of Psychology Postdoctoral and Internship Centers (APPIC) to encourage their training directors and associated faculty/staff to become board certified.

Hits and Myths: For Trainers and Trainees

This document lists a series of myths that trainers and trainees alike tend to have about the board certification process. Each myth is followed by a hit, that is the truth about the matter. The following are two such examples.

- Myth – There is no guidance through the process.
- Hit – Each specialty has a mentoring program that supports and assists candidates throughout the certification process.
- Myth - The process of becoming board certified is highly competitive.
- Hit – While knowledge and expertise in specialty associated competency domains is essential, the process is fair and inclusive.

We hope that this document will offer some reassurance to those considering board certification and/or those board certified psychologists who want to encourage their trainees to pursue board certification.

Training Directors Guide

We have created a guide for Training Directors related to board certification through ABPP. There are two sections of the guide: (1) What training directors can do to promote interest in board certification among psychology trainees, and (2) What ABPP can do to promote interest in board certification among psychology trainees.

Strategies for Preparing Students for the Board Certification Process

We have begun to develop a list of strategies related to how various training programs prepare students for the board certification process.

- Serve as role models
 - List credentials on all relevant materials
 - Require that all faculty/supervisors be board certified
 - Talk overtly about board certification and go through (using slides) information about personal experience of getting board certified
 - Present ABPP in the entire context of professional psychology – natural sequence and where individual certification fits in the landscape
- Pay Early Entry Program fee
- Reorganize research labs and academic tracks that line up with ABPP specialties, which makes it natural for students to get board certified in their specialty area
- Provide talks from board certified psychologists representing different specialties
- Run seminars on how to get board certified by board certified psychologists in multiple specialties or one specialty depending on the context
- Organize preparation groups for trainees
- Connect students with ABPP workshops, either in their specialty area or the ABPP Summer Workshops
- Connect students with board certified role models
- Offer mentors to people
- Share materials that will help with preparation (articles, sample board certification work samples from recent trainees)
- Direct them to study guides, candidate manuals, workbooks, etc.
- Ensure that videotaping for work samples is possible at the site
- Require students to take relevant exams for practice
- Require mock oral exams at the graduate school, internship, and postdoctoral residency level

Collaboration with APPIC

The following are some recent ways in which ABPP has collaborated with APPIC.

- 1) David Cox presented a workshop on ABPP board certification at the recent APPIC conference.
- 2) The APPIC Newsletter will include a series of articles on the value of board certification.
- 3) When the ABPP education and training portion of the website is launched, this will be linked to the APPIC website and APPIC training directors will be notified.

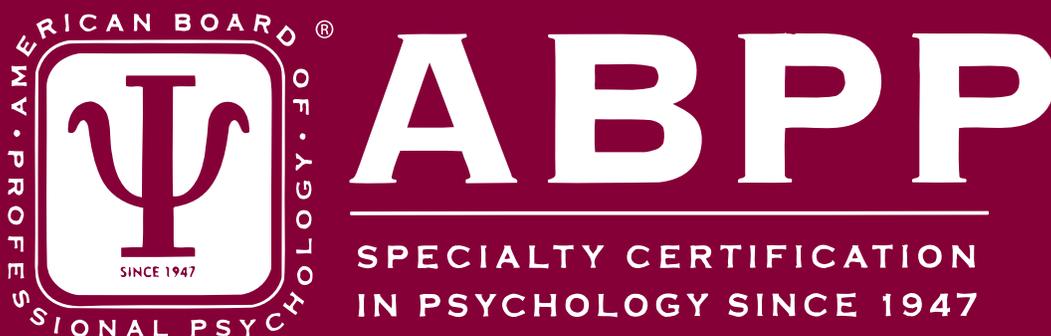
Other Ideas

Please email me with other suggestions of products that would be useful to educators and trainers with regard to advancing board certification among colleagues/peers and trainees.

Some Useful References

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Specialist CEU Article #1:

Invited Address for ABPP Convocation Address, August 4, 2012 Psychology's Role in Homelessness:

Kathleen M. McNamara, PhD, ABPP

To obtain CE, go to www.abpp.org and log on to the **ABPP Specialists** section (if you do not know login information click on the "Click Here" button that follows "Forgot Your Login Information?" and it will be sent to the email address that ABPP has on file for you). Once logged in click on **The Specialist Online CE Exam**.

This invited address for the 2012 ABPP Convocation at the Annual Convention of the American Psychological Association was entitled "Psychology's Role in Homelessness: Seeking Best Practices" with a very specific goal in mind. As you read this article, you will understand that my intention was not to provide a review of the scientific literature in the area of homelessness, nor even to summarize what is available in the scholarly work of our colleagues. I would call your attention to the report of the APA Presidential Task Force on Psychology's Contribution to Ending Homelessness which was directed toward this very issue: (APA, 2010). That report contains many citations from the available literature addressing the key areas that should be considered as Psychology works to advance practice, training, and research efforts around homelessness. My intent is to focus on how psychologists can bridge the gap between public policy and our doctoral level knowledge and skills, and to stimulate discussion and innovations to address homelessness long after the speeches are done or the articles are read. As I mentioned at the Convocation, I realize that I may be somewhat set apart from many of the prior recipients of the Distinguished Service to the Profession of Psychology award by virtue of my career in public service, working for the Department of Veterans Affairs for over 20 years. And, while homelessness among our veterans is a national tragedy, and ending homelessness among veterans is a major initiative of the President and the Secretary of the VA, my intention is to address you as psychologists, whether in public service, academia, private practice, corporate America, or any other venue. Homelessness affects a broad segment of our population, and there are many paths to be considered. I believe we have a tremendous obligation to address this societal issue by virtue of our standing as among those privileged to enjoy the benefits of advanced education and training, and even more so as leaders who have taken that additional step of demonstrating competency by our board certification. If we do not accept the challenge to end and prevent homelessness, we have failed to live up to our duty to be good stewards who serve well those in need. Our homeless individuals and families struggle daily to survive in the streets and avenues of our cities, the fields and forests of our rural areas, the doorways of our concrete inner city buildings, and the makeshift lean-to coverings in our country sides. Some you will question my assertion that contributing to a resolution of the problem of homeless in our country is a part of all of our work. Some of the readership of *The Specialist* may want to point out that, unlike me, you do not work with the Department of Veterans Affairs nor in any aspect of public service, and are not committed to addressing the problems and needs of our homeless veterans nor any other homeless citizen. Some will offer that you are not working with homeless individuals, are not supervising our graduate students and interns to work with the homeless population, are not teaching courses about homelessness, and are not researching this topic.



But my challenge is this: It is about all of us as psychologists promoting the welfare and integrity of a subset of our population by whom each of us has been touched. We have seen the homeless on the streets we walk and on the roadsides we ride, but many try to make them invisible. We have watched the documentaries on television, and seen the newscasts – safe in our homes. We have received the solicitations for the food bank donations, and known about the food kitchens at our local churches or community agencies, yet we have put elaborate meals on our tables, and allowed the service people at restaurants to take away uneaten food. We have seen the homeless lying in doorways, covered with cardboard that serves as their blanket...and we go home to the comfort of our bed.

About Best Practices

What is it about homeless citizens that is the purview of each of you as a psychologist – more than just a fellow human being? What is Psychology’s role in contributing to what can evolve as a “best practice” for achieving a resolution to homelessness?

Let me first address the concept of “best practice.” The definition on a web site called WhatIs.com (2013) reads as follows: *A best practice is a technique or methodology that, through experience and research, has proven to reliably lead to a desired result. A commitment to using the best practices in any field is a commitment to using all the knowledge and technology at one's disposal to ensure success.An iterative ...development process, which progresses in incremental stages, helps to maintain a focus on manageable tasks and ensures that earlier stages are successful before the later stages are attempted..... A best practice tends to spread throughout a field ...after a success has been demonstrated. However, it is often...slow to spread, even within an organization, (and) the three main barriers to adoption of a best practice are a lack of knowledge about current best practices, a lack of motivation to make changes involved in their adoption, and a lack of knowledge and skills required to do so.*

This article will provide a framework from the available literature, comments provided at workshops, and the web sites of various advocacy groups, allowing psychologists a foundation expand our thinking about Psychology’s role in developing best practices to address homelessness. The elements of that foundation in what follows are organized into (1) facts, statistics, and demographics; (2) what has been postulated to be among the “causes” of homelessness; (3) existing resources – housing, jobs, health care, income; (4) issues for a focus on prevention, and separately for the focus on elimination; and, (5) public policy. The National Alliance to End Homelessness has referred to our homelessness among veterans as “one of the most significant failures of public policy...” (2007, Page 5). As a staff member at a veterans’ clinic, it is here where I hope Psychology ultimately an have the most significant impact. But, our influence certainly can and will impact homelessness across all groups in our society. That impact can only occur if we consider how to integrate more effectively the avenues through which we traditionally approach problems – research, practice, education and training – in order to find the best practice(s) that might emerge.

Facts: Data, Statistics, and Demographics

The data and statistics about those who are homeless are far from reliable and certainly have not reached the status of definitive facts or absolute truths. Consequently, considering that the literature on best practices cites *lack of knowledge* as one of the major reasons for failure to achieve a best practice, knowing where to look and how to sort through available data and statistics, especially on the demographics of our homeless citizens, becomes a critical first step if Psychology is to understand enough about this area to lay a foundation from which to build a best practice. There are several sources, and they address various pieces of this problem - the U.S. Census Bureau collects and reports data, as does the Department of Veterans Affairs and the Department of Education. Focused reports can be found in the American Community Survey (ACS) through the U.S. Census Bureau (2013) and in the Homeless Management Information Systems (HMIS) developed through the U.S. Department of Housing and Urban Development (HUD, 2013b). The ACS report provides data every year that helps determine how billions in federal and state funds are distributed each year. The HMIS is a product of a Congressional mandate. That mandate stipulated that HUD must work with jurisdictions to gather homeless data by 2004.

Among those who have assumed the responsibility at a macro level for this problem is a group of 19 federal and other agencies that have formed the United States Interagency Council on Homelessness (USICH). They have looked to the Annual Homeless Assessment Report (AHAR) that is prepared by the U.S. Department of Housing and Urban Development. The most recently available report to Congress, the 2010 AHAR which was released in July 2011, reports that between October 2009 and September 2010 an estimated 1.59 million people were homeless in emergency shelters or transitional. The composition of this estimate is based on the sheltered homeless population over that time span, which included approximately 1,092,600 individuals and 516,700 persons in families (HUD, 2013a).

The Federal Strategic Plan to Prevent and End Homelessness was the product of 19 federal agencies, which came to be labeled the United States Interagency Council on Homelessness (USICH). The Plan, known as "Opening Doors," was first issued in 2010, and has subsequently been updated and amended in 2011 and 2012 (USICH, 2013). As the web site describes this plan, it puts us on a path to end homelessness among veterans and chronic homelessness by 2015; and to ending homelessness among children, families, and youth 2020. The web site further states that the Plan presents strategies building upon the premise that mainstream housing, health, education, and human service programs must be fully engaged and coordinated to prevent and end homelessness. A sampling of the information contained in the Plan and being addressed by USICH provides a snapshot of the wealth of opportunities where psychologists can make a contribution. For example, there were 956,000 public school students who were homeless in 2009. Families who are experiencing homelessness typically are "headed by a single woman who on average is in her late twenties with approximately two children, one or both under six years of age." Domestic violence is a major risk factor. The Plan notes that 80% of mothers with children seeking shelter had experienced domestic violence. Youth who become homeless often have had academic difficulties, and they often leave home as a result of severe family conflict. The cost for medical, behavioral health issues, and incarceration for youth homelessness is quite high. In rural areas, there are larger

extended families than in urban areas, and those who would otherwise be homeless may be living in their cars, seeking shelter in substandard structures, or having multiple families living in one residence. Most rural homeless are “married, white, working females, and often with families.” Chronic homelessness among adults is associated with “severe symptoms of alcohol abuse, schizophrenia, and personality disorder,” and these individuals also have “high rates of chronic, disabling, and/or life threatening health conditions (hypertension, asthma, HIV/AIDS, liver disease). What I have just presented is only a small segment of the available descriptors of the homeless population – but one can certainly see multiple places where psychologists can walk through an open door to contribute to the development of best practices.

In 2011 and 2012, the updates and amendments to *Opening Doors* offered even more direction where paths are open for Psychology. For example, the 2012 Amendment provides language specifically addressing services for youth and children. Among the new strategies listed are those that address access to and retention in early childhood education programs, elementary and secondary education, and postsecondary education; and, an increased awareness of child and youth development and strategies to support health child and youth development in housing programs.

As the federal plan continues to move forward, additional updates and recommended strategies can be anticipated. Psychology needs to be at the door, assisting in opening it.

The “Causes” of Homelessness

What is repeatedly noted in the available literature is that the causes of homelessness are not readily separated. A number of factors that logically could contribute to homeless often are co-occurring conditions, and cannot readily be disentangled. In general, those working in the area agree that there are certain basic causes of homelessness: health issues; economic hardship; lack of affordable housing; and, personal characteristics. Among other factors, extreme poverty, lowered level of educational attainment, unemployment, domestic violence, substance abuse, and what are referred to by the National Coalition for Homeless Veterans (2010) as “weak social networks” (e.g. not being closely tied to family and friends) can result in a greater likelihood of homelessness.

Existing Resources

The concept of resources to address homelessness often was focused on dollars or funding of housing subsidies, stable and affordable housing, food programs, and transportation. However, more recently, the focus has been expanded, and opened doors that can lead to increasing contributions by psychologists. Specifically, there has been a major commitment for developing and strengthening ties between federal agencies, community organizations, and the White House, itself. Collaboration has occurred to consider (and I quote from the Federal Strategic Plan, 2010) “how Medicaid, Temporary Assistance for Needy Families, and Substance Abuse and Mental Health Services Administration programs can be coordinated with housing resources,” and to plan for Health and Human Services to “offer guidance to states, tribes, and local government on evidence-based practices to prevent and end homelessness.” The Strategic Plan summarizes the focus as being on income supports

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Focus on Prevention and on Elimination of Homelessness

The focus on prevention and elimination of homelessness obviously must develop plans and protocols for addressing how to remove barriers to existing resources, such as regulatory obstacles, extended waiting periods for certain benefits, and those which hinder access to education. These may be time-consuming and long-term activities, and quite unfamiliar areas for psychologists who follow traditional practices in their clinical, academic and research lives. But, there are creative ways in which psychologists can adapt what they already are highly skilled at doing. A recent article by Rogers et al (2012) is a clear example of how that adaptation can be effected. The authors describe their collaborative project which included faculty from a graduate program, graduate students in training, and the staff of a community-based/faith-based homeless service organization. They cite the research they conducted, including psychological testing with a complex population of homeless individuals with a history of substance abuse and other psychological problems, which allowed graduate students valuable experience with the homeless population. The outcome included beneficial feedback to the agency which could be used to evaluate and make changes in its program and services. The project allowed improved services to the homeless clients of the agency, who now could receive more targeted counseling, placements, or other services, such as support for disability claims. Most relevant to the theme set forth in this attempt to look for “best practices” in the final section of the Rogers et al article which highlights the lessons learned. The authors summarize the basic principles which emerged from their creativity and innovative approach, and which they state “seem to have particular import for all who would begin their own work.” (page 91). In their Summary, they note: “We began by doing what we already knew how to do as psychologists, but with homeless populations . . . Opportunities abound for these efforts to be replicated . . . “

Rogers et al (2012) reference the Task Force report and have built upon it. That Task Force report, available on the APA web site, includes very specific recommendations for Practice, Training and Research. It is a document that should not simply be shelved, but clearly can provide direction for many of us across the spectrum of ABPP fields.

That same Presidential Task Force Report includes a section on recommendations to advance policy in the area of homelessness. The policy statement which is included in that document states a recognition of the need for psychologists to “work across disciplines...to eradicate social injustices that place certain people at risk for loss of housing...”(page 39). And, the series of specific recommendations which address specific Advocacy activities in which psychologists may participate are captured within the context “to prevent an increase in homelessness, to better address the needs of those currently without housing, and to promote the rapid exit from homelessness.” (APA, 2010, page 40)

Public Policy

As one reads the existing literature it is clear that the “exit” from homelessness requires addressing a multiplicity of factors: expand low income housing units, increase supportive housing for the disabled, community-based job training, services to foster community and family supports, and access to Mental Health and Substance Abuse services. It will require a focus on the risk factors that are known to contribute, or at least have been linked with a greater probability of homelessness. But, there also needs to be a focus on protective factors – like social supports, and issues of resilience. Our expertise as psychologists can be applied to achieve something that the APA Task Force mentioned, which was assisting the homeless individual to develop “competence in the context of challenges to adaptation and development.”

In closing let me once again refer back to the definition of a “best practice” and the reasons for failure. What we now know about the homeless epidemic and about the individuals who are often the nameless faces on the street or in the lean-tos behind that epidemic, has dramatically increased over the last decade. A broader psychological knowledge base is continuing to be published and disseminated. The gap between the knowledge and skill to apply it has diminished. But, Psychology may be at risk for failure because of the middle reason – a lack of motivation to make changes. I sincerely hope this is not the case and that we, who have demonstrated a level of competence, and have been invested enough in our profession to do achieve such societal success that our degree would suggest, can take the lead in advancing an agenda which demonstrates the ways in which psychological practice, training and research can be woven into the fabric of any effort to prevent and end homelessness.

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*This article is based on the award presentation for the 2011 ABPP Distinguished Service Award to the Profession of Psychology. It is a slightly revised and updated version of the invited address which was delivered at the ABPP Convocation on August 4, 2012 during the annual convention of the American Psychological Association in Orlando, Fl.

I would like to again thank the ABPP (BOT) for the recognition that this award conveys. I also wish to thank those who attended the Convocation and commented about the invited address, acknowledging the importance our profession's involvement in resolving homelessness issues.

I can be reached at kathleen.mcnamara@va.gov if there are comments or questions about this article.

Specialist CEU Article #2: The History and Consequences of the Psychology Technician Ban in New York State

Dominic A. Carone, PhD, ABPP¹, William B. Barr, PhD, ABPP²

¹SUNY Upstate Medical University, Syracuse, NY, ²[NYU Langone Medical Center](#), New York, NY



Barr



Carone

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Introduction

In 2003, the use of unlicensed psychology technicians was banned in New York (NY) State by the Executive Secretary of the Psychology Licensing Board. In this article, we describe the history of the ban, attempts to resolve it, the deleterious impact it has had on patient care and the profession of psychology in NY, and the potential national impact.

History and Background

In December 2002, Chapter 676 of the Laws of 2002 was enacted in NY. Chapter 676 amended Article 153 to establish four new mental health professions and to define the scope of practice of psychology. Included in the definition was that “The practice includes, but is not limited to psychological (including neuropsychological) testing...” (Office of the Professions, 2010a). At the time, psychologists in NY did not believe this language would impact their practices given the stated legislative intent by the State Education Department that “*individuals currently licensed and authorized under Title VIII of the Education Law to provide mental health services*” will continue to be authorized to provide such services “**without any change in their practices.**” (emphasis added) (Serbaroli & Short, 2004).

Soon after the law was passed, however, many psychologists in NY (including representatives from hospitals and rehabilitation centers) raised serious concerns that it would be interpreted to prohibit the use of unlicensed psychology technicians in those facilities and lead to adverse consequences (e.g., restricted access to psychological services, negatively impacting post-doctoral training programs). On 10/9/03, these concerns were expressed to the Deputy Commissioner of the Professions in a letter from the New York State Psychological Association (NYSPA) requesting official clarification. In the letter, NYSPA strongly supported the use of unlicensed psychology technicians and viewed this as consistent with the law. Prior to issuing a formal response to the letter, the State Education Department responded to similar concerns on their website in the following manner: “May psychologists use unlicensed individuals to perform any practices defined as the “practice of psychology” in Article 153? No. The use of unlicensed persons, persons without a limited permit, or persons who do not meet the exemption requirements, by licensed psychologists to perform any services or activities that fall within the statutory definition of psychology could result in professional misconduct charges or in the criminal charge of aiding and abetting illegal practice.” (Office of the Professions, 2010b).

This interpretation was explained further when the Executive Secretary responded to NYSPA in a 10/01/03 letter. It was noted that because psychological and neuropsychological testing had been defined as the practice of psychology, then no individual could perform psychological testing without a license (unless an exemption was met, namely, being a psychology student trainee). Many psychologists across the state were surprised by this interpretation because a) it was inconsistent with the stated legislative intent, b) it was inconsistent with established national guidelines on neuropsychology technician use (American Academy of Clinical Neuropsychology, 1999; DeLuca & Putnam, 1993; Division 40 of the American Psychological Association, 1991; Puente et al., 2006), c) it was inconsistent with the practice of psychology in NY prior to 2003, d) it was inconsistent with the laws and regulations of every other state except Connecticut, and e) it was inconsistent with two nationally established Current Procedural Terminology codes (i.e., 96102 and 96119) psychological and neuropsychological testing per hour by a technician (respectively).

Attempts to Remove the Technician Ban

From 2003 to 2006, the initial attempt to resolve the problem took place within NYSPA. A committee was formed to draft legislation that specified the parameters by which unlicensed technician use would be acceptable. However, the committee included some members (e.g., school psychologists) who supported more drastic restrictions in technician use than neuropsychologists were comfortable with. Of note, neuropsychology is the profession that primarily utilizes technicians and was thus the most impacted. Despite some internal differences, Draft 11 of the proposed legislation was ultimately agreed upon. Included in Draft 11 was a compromise by neuropsychologists that psychology technicians would not administer IQ tests and would not be used in school settings. Although neuropsychologists did not agree that technicians should be restricted from administering full IQ tests, they compromised in an attempt to find a solution. Despite years of work on proposed legislation, the bill was opposed in its entirety by the Executive Secretary and it was made clear after meeting with legislators that the bill would not pass without that individual's support.

While appreciative of the support of many members within NYSPA leadership, many neuropsychologists had significant concerns about bureaucratic limitations within the organization (e.g., excessively lengthy timeframes to debate, deliberate, and make decisions; the strong opposing influence of some non-neuropsychologists on an issue primarily affecting neuropsychologists). As a result, the New York State Association of Neuropsychology (NYSAN) was created in 2006 as a trade organization to function more efficiently in addressing matters of interest to neuropsychologists and their patients, particularly the re-establishment of unlicensed technician use. In support of this goal, NYSAN received funding from the American Psychological Association's (APA's) Defense Fund and Neuropsychology Division, the National Academy of Neuropsychology, the American Academy of Clinical Neuropsychology, the American Association of Professional Neuropsychology, and the National Association of Psychometrists. The funding also helped procure the services of an attorney recommended by APA with experience on resolving similar regulatory matters in the State Education Department.

NYSAN and NYSPA agreed that the best way to achieve a resolution was to seek an administrative re-interpretation letter from the new Associate/Deputy Commissioner of State Education Department. The process was long and drawn out due to years of bureaucracy, which included repetitive meetings and administrative delays within that department and significant opposition from the State Psychology Board (run by the Executive Secretary), which only included one neuropsychologist. Eventually, all of these parties eventually reached a compromise, the framework of which was reflected in a draft clarification letter dated 06/25/09 and re-edited on 10/29/10. In the draft letter, the Deputy Commissioner concluded that the technician restriction caused the unintended consequence of a restricted access to psychological services in NY. This was supported by an independent study commissioned by the department, which was completed by Dr. Rafael Javier. Specially, in Dr. Javier's report (dated 10/05/10) he was asked to answer the following question, *"Is there an issue with unmet demand for the administration of psychological testing/neuropsychological testing?"* His answer (based on data) was *"...yes, there is a shortage and an issue of demand for specialized services that cannot be met with the number of available psychologists/neuropsychologists."* Ironically, this adverse outcome was predicted in 2003, as noted earlier.

The above conclusion supported the long-held position of neuropsychologists, which was that there existed a restricted access to psychological care. Evidence that this restriction was related to the technician ban were letters sent to the Deputy Commissioner by over 30 NY neuropsychologists documenting longer waiting lists since the interpretation was implemented. In addition, a neuropsychologist practicing in a Veteran's Administration Hospital (which is federally exempt from the technician ban) documented increased access to psychological care for military members through the use of neuropsychology technicians. A post-doctoral training facility for neuropsychology was closed due to this issue, restricting access to care even further in that city.

Based on the strong evidence in support of neuropsychology's position, a documented restricted access to care (which disproportionately affected minorities, the poor, the elderly, and patients speaking a foreign language), and a compromise between the various parties, it was expected that the re-interpretive letter would be issued in early 2011 to resolve the matter. On 03/1/11, NYSAN learned that the Deputy Commissioner would unexpectedly retire on 03/18/11 but that he would try to issue the letter by then. However, on 3/3/11, NYSAN received a copy of a new draft letter from the Deputy Commissioner that was significantly altered from the 2010 version and was not in keeping with the agreed upon framework between the various parties. The letter had reportedly been handed over to the Executive Secretary, resulting in these changes.

The following day, NYSAN and NYSPA responded in unanimous agreement that two significant changes in the letter (which had never been discussed during the years of meetings) needed to be removed: First, NYSAN and NYSPA noted that new language banning technician use only with patients under age 21 was unprecedented and not scientifically supported. We suggested reverting to the previously agreed upon language that technicians would not be used in school systems. Second, it was agreed that a newly proposed ban on the administration of IQ subtests and any test deemed to be equivalent to such subtests on non-IQ tests by technicians be removed. A letter to State Education Department from the Executive Director of the APA Practice Directorate on 03/9/11 also voiced strong opposition to these two last-minute unexpected significant changes. Numerous national neuropsychological organizations also concluded that contents added to the new letter were unacceptable. Neuropsychology was pressured to sign-on to the agreement before the Deputy Commissioner retired but refused as it was not in the best interests of the profession or the patients we serve, particularly children, who would have been completely excluded.

In June 2011, a new Deputy Commissioner was named to the State Education Department, who was very familiar with the issues as he was the assistant to his predecessor. During an 08/22/11 meeting with representatives from NYSAN, NYSPA, and the APA Practice Directorate, the new Deputy Commissioner stated that he hoped to resolve the issue by the end of the year. However, in late 2011, opponents of the State Education Department administrative approach within NYSPA (primarily members of the school and clinical psychology divisions) used the newly raised issue of an IQ subtest ban to open further debate on the issue. Specifically, these opponents stated that the original intent of Draft 11 was for IQ *subtests* to be banned while neuropsychologists stated the intent was only to concede the administration of *full* IQ tests (for the purpose of obtaining an IQ score) by psychology technicians. A review of the minutes when this issue was discussed within NYSPA stated that “concerns” were raised about whether IQ subtests could be administered, and directed the reader to Draft 11 to see how these concerns were addressed. Draft 11, however, does not contain the word “subtests” or any descriptive equivalent but instead says: *“Specifically excluded from the scope of activities of the Neuropsychology Technician are the administration and scoring of individually administered intelligence tests and the administration and scoring of projective tests and techniques.”*

Despite these facts, opponents of neuropsychology within NYSPA (some of whom were known allies of the Executive Secretary) succeeded on forcing the issue to a vote within the organization’s Council. The vote resulted in a rejection of a motion to clarify that psychology technicians could indeed administer IQ subtests. For neuropsychologists, this was the proverbial ‘last straw’ and in December 2011, more than 70 members resigned en masse from NYSPA (including 12 Neuropsychology Division Past Presidents), voted to close the neuropsychology divisions, and joined (or decided to focus solely on) NYSAN. While NYSAN was and continues to be very appreciative of many within NYSPA who supported a reasonable solution to the matter, there were too many individuals in key leadership positions within the organization who were directly working to oppose the administrative solution (even proposing a vote that the organization could never seek such a solution).

Why Was the Technician Ban Implemented in New York?

Many have asked us about the impetus for the interpretation leading to the technician ban and the best we have been able to ascertain was that a NY psychologist was improperly using multiple technicians in a nursing home and fraudulently billing for services. While no reasonable individual supports unethical practice, we also do not believe that a reasonable solution was to implement a statewide technician ban.

Neuropsychologists have long argued that psychology technicians do not practice independently. They work under the direction of the psychologist, perform rote and mechanical test administration and scoring procedures, and do not select the test, interpret the tests, diagnose, make treatment recommendations, or write reports. Thus, the technician operates under the psychologist’s license and if the technician acts improperly, it is the psychologist who is held responsible. Thus, it is incumbent upon the psychologist to make sure that the technician is appropriately educated and trained for their position. The administrative and legislative solutions discussed above contained information about expected educational and training requirements and limited the

number of technicians that could work for a psychologist. This would have effectively dealt with any concern of technician overuse and improper billing without banning technicians across the state. Although claims were repeatedly made that technician use would harm the public, no objective evidence was ever brought forward to substantiate that this ever occurred in NY before 2003 or in any other state. Conversely, neuropsychologists clearly established the harm caused by restricted technician use in NY. When there is restricted access to care, diagnosis of certain disorders and illnesses are delayed (e.g., learning disorders in children, Alzheimer's disease in the elderly) and potentially helpful treatments and interventions (e.g., development of an individualized educational plan, medication trials, referrals for psychological counseling) are delayed. In some cases, the evaluations may never happen.

Potential National Impact

New York is widely regarded as one of a few bellwether states (primarily due to its population size) in that rules, regulations, and laws passed there can be cited as precedent to establish similar rules, regulations, and laws in other states. There is concern among many national leaders in psychology that the NY technician ban can result in similar bans across the country. If implemented, we believe that such bans would have the same negative impacts upon the practice of psychology and the public, particularly in specialized areas of psychological practice such as clinical neuropsychology. Ironically, physicians in NY are allowed to use a technician to administer psychological and neuropsychological tests and bill for it with the above CPT codes but psychologists are banned from doing so.

Lessons Learned

1. State psychological associations should have a dedicated group of individuals (e.g., psychologists, attorney) focused on reviewing newly proposed legislation and regulations so as to take a proactive approach at resolving potentially problematic issues (e.g., clarification of vague language that can be misinterpreted) before the proposals are passed rather than resorting to a reactive approach after passage. It can be extremely difficult to modify certain laws and regulations once they have passed. As we have experienced, even the presence of clearly stated legislative intent that the practice of psychology will not change is no guarantee that this will actually be the case once a new law is implemented and interpreted.
2. Our experience shows that the most common sense and logical solutions based on data and national standards can sometimes be countermanded by political and *bureaucratic* realities combined with appeals to emotion and speculation (e.g., that technicians would harm children and lower the standards for the profession of psychology) that are not based on actual data.
3. State psychological associations must develop strong relationships with legislators and regulators and support the nomination of individuals to leadership positions in the state capitol who will support the national standards established by their profession and work with the state psychological associations in a reasonable and productive manner. Contributing to your state's psychological political action committee is one way to facilitate building such relationships with legislators. Lobbyists can help build effective relationships with state legislators and regulators.

Future Directions

At present, NYSAN, NYSPA, APA, and a number of other neuropsychology organizations continue to work with the State Education Department on developing a possible administrative and long-term legislative solution to this matter. However, accomplishing a solution at this point depends on timing, political realities on the ground, and who is in charge of influencing or making key decisions. Neuropsychologists in New York and throughout the country must continue to advocate for their profession and patients by advocating for a re-implementation of technician use across the state.

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ABPP Mid-Year 2013 Workshop: Dates and Events

Dates: (Wednesday, July 10th) through (Saturday, July 13th)

Location: Omni Parker House hotel.

***The Psychologists are Coming,
the Psychologists are Coming!!!***

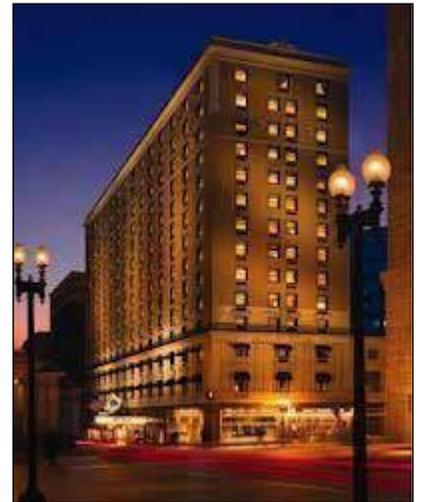
ABPP to Invade Boston in 2013

Where is ABPP meeting this summer?

At a historic hotel in the biggest little city in the United States-Boston. With the history of the Freedom Trail, the modern attractions of the Institute of Contemporary Art, and everything in between Boston is a prime summer vacation destination. Hop on the T for a quick ride to the Kennedy Museum Library, or stay close to the water for a visit to the New England Aquarium. When you're ready for a coffee or ice cream break, a short walk to the North End will put you in the midst of world-class dolci on Hanover Street, and you'll probably stick around for a one-of-a-kind Italian meal. Don't forget to find time for Newbury Street--eight blocks filled with salons, boutiques, and fabulous dining. Boston's Newbury Street has something for everyone. Maybe you'll take the kids to the Children's Museum, where they'll have so much fun they won't even realize how much they're learning. The Museum of Science, where you'll catch fascinating exhibits, is a great option, as is the world-renowned Duck Tour, an amphibious vehicle which takes you on a tour through the city, including a sail down the Charles River. But in between all of this, try to find some time for excellent workshops.

Highlighted among the 20 workshops this year are day long programs on the Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders (David Barlow, PhD, ABPP), assessment and treatment of children with **attention deficit disorder** (Bill Pelham, PhD, ABPP), **technology and risk management** (Jeff Younggren, PhD, ABPP), **treatment of persons with borderline personality disorder** (Jennifer Sayrs, PhD, ABPP) and **post-traumatic stress disorder** (Sylvia Marrotta, PhD, ABPP), **ethics** (Gerry Koocher, PhD, ABPP), **group interventions** (Sally Barlow, PhD, ABPP and Joel Frost, PhD, ABPP), and assessing and managing **violence risk** (Dan Neller, PhD, ABPP), and half day programs on **confidentiality and HIPAA** (mental health lawyer John Petrila), **neuropsychological assessment** for the non-neuropsychologist (Greg Lee, PhD, ABPP), and **DSM-V** (Alina Suris, PhD, ABPP).

As exciting as what the meeting involves in where it is being held--the Omni Parker House hotel. This grand luxury hotel has been symbolic to Boston's rich history and culture since 1855. Old world charm and elegance are accompanied by all of the modern conveniences of a world-class establishment. Nestled in the heart of downtown Boston, the Omni Parker House is located along the Freedom Trail and at the foot of Beacon Hill, Boston Common, Quincy Market and Faneuil Hall marketplace. Only a short walk to Boston Harbor. the Omni Parker House is just 2.3 miles from Logan International Airport (10 minutes).



ABPP Executive Officer David Cox, PhD, ABPP is convinced that the momentum that began with ABPP's first summer continuing education program four years ago in Portland will endure, "Each year we have seen increasing attendance and we are sure to see this trend continue...the combination of our training agenda, the great rate we have obtained at a historic hotel, the concentration of psychologists in New England, and all that Boston has to offer attendees and their families is perfect for ABPP" said Cox. ABPP President-Elect Randy Otto, PhD, ABPP indicated that long-range plans to expand the ABPP summer program so that it includes activities beyond continuing education offerings were being realized as well. "Along with the continuing education workshops, the ABPP (BOT) will be holding its semi-annual meeting and a number of member boards are expected to meet and conduct board examinations. This expansion of the ABPP summer program provides a unique opportunity to improve the organization's visibility among all psychologists, increase the number of psychologists who are seeking board certification, and act as a platform for board certified psychologists to catch up with old friends, make new ones, and collaborate on a variety of offerings" noted Otto.

So, be sure to mark off July 10th to 13th on your calendars, make travel plans, get your hotel room (617-227-8600), and keep an eye out for more information about ABPP's Summer Workshop Program in Boston.



ABPP Psychologists Recieve Awards

2012 National Register Award Winners

Alfred M. Wellner, PhD Distinguished Career Award: This award, named in honor of the first National Register Executive Officer, Alfred M. Wellner, PhD, is the highest honor bestowed on a psychologist by the National Register to commemorate numerous and significant contributions to psychology.

Awardee: Mark D. Cunningham, PhD, ABPP

Awardee: William N. Robiner, PhD, ABPP

Judy E. Hall, PhD Early Career Psychologist Awardees: This award, named in honor of the NR Executive Officer since 1990, recognizes excellence in a Registrant with less than 10 years of post-doctoral experience and supports a specific project consistent with the mission of the National Register.

Awardee: Lindsay A. Phillips, PsyD, ABPP

Frank R. Ezzo, PhD, ABPP was named The Distinguished Psychologist of the Year Award for 2012 by the Ohio Psychological Association

2013 ABPP Award Recipients

Distinguished Service to the Profession Award: Ronald H. Rozensky, PhD, ABPP

Distinguished Service and Contributions to the American Board of Professional Psychology (Russell J. Bent Award): Jay C. Thomas, PhD, ABPP (posthumously) and John C. Linton, PhD, ABPP



ABPP

**SPECIALTY CERTIFICATION
IN PSYCHOLOGY SINCE 1947**

HISTORIAN'S COLUMN

Historian, Robert W. Goldberg, PhD, ABPP

PRESENT AT THE CREATION

While ABPP is in its 65th year, it has only been 20 years since the contemporary structure of separate (SB)s replaced the original long-standing organization of ABPP into geographic Regions, with multiple specialties represented on each Regional Board. ABPP began as a unitary board, awarding diplomas in three specialty areas: clinical, personnel-educational, and personnel-industrial. Although ABPP explicitly defined these Specialties by the content of their expertise, in actuality the specialists themselves were closely allied with particular work settings: hospitals/clinics (clinical), counseling centers (personnel-educational), and businesses (personnel – industrial) respectively. Due to the number of initial applicants (about 1,500) for certification and the rigors of travel (even by air) 60 years ago, geographically distinct Regional Boards were established, each composed of Diplomates from the three specialties. (School Psychology was added as a fourth specialty in 1968.) Although there were many examination formats over the years, from 1949 through June 1993, when Regional Boards were ‘sunsetting’, all candidates in the ‘traditional’ specialties took exams in a Region. Examiners could represent any specialty, although efforts were typically made for one or two of the three examiners to be in the candidate’s specialty.



The current (SB) structure was organized and formally established at the May and October 1992 BOT meetings when Clinical, Counseling, (then) Industrial-Organizational, and School Psychology specialties were established as separate Boards. Clinical Neuropsychology and Forensic Psychology had begun as independent boards because ABPP had been reluctant in the early ‘80s to recognize additional specialties. As the field became more differentiated, and knowledge bases and techniques more discrete within practice areas, ABPP recognized this development, ‘took in’ these new (SB)s, and added CN and Forensic Specialty Representatives to the BOT and Regional Boards. This hybrid structure proved somewhat awkward and the BOT decided to disband the Regional Boards in favor of establishing separate (SB)s in Clinical, Counseling, I/O and School Psychology.

When the BOT adopted the (SB) concept in principle, the BOT and then-ABPP Executive Officer Nicholas Palo rapidly arranged to have the new (SB)s ‘legally’ constituted. There was concern that some rump group might learn of ABPP’s intention and decide to organize a vanity board under a name such as the “American Board of Clinical Psychology”, thus ‘one-upping’ ABPP and creating confusion among psychologists and consumers alike.

Once the (SB)s came into existence, delineation of their functions began to be discussed. One Board Member, Dr. Allan Mirsky (2007 ABPP Distinguished Contributions to the Profession Awardee) had previously proposed adding an honorary dimension to attainment of board certification, akin to membership in European scholarly and intellectual societies. To signify this, Dr. Mirsky envisioned some public symbol such as an “ABPP rosette” lapel pin. While this inchoate concept was not adopted, more extensive discussions over several BOT meetings eventuated in establishment of specialty-specific advocacy groups – the Academies. The Academies were created in part to separate the advocacy and honorific features of board certification from the fundamental (SB) tasks of giving valid examinations to establish the competencies of individual practitioners. This ‘division of labor’ was described by Dr. Drum as follows:

(SB)s are to be executive bodies, not membership organizations....They will be responsible for evaluating credentials, establishing specialty standards, designing, administering and evaluating examinations, and handling credentialing appeals in their specialties according to overall ABPP policies and guidelines. Each specialty will have its own Academy. By virtue of certification in a specialty, the Diplomate is a member of that specialty’s academy....shall vote for (SB) Members and identify eligible Diplomates to be trained to serve as examiners for the specialties. Collectively, the Academies constitute ABPP’s membership organization and participatory governing foundation....Academies can also vote to establish a broader role with wide ranging educational and public information goals (Drum, 1993).

While the structural pros and cons of discrete (SB)s and Academies continues to be the subject of debate and a succession of legal opinions, the functional separation of examination from advocacy activities remains an important distinction.

These events are chronicled in the July 1992 and January 1993 issues of *The Diplomat*, this newsletter’s predecessor publication. I invite and welcome replies, comments, and input from others who participated in these exciting events. From my perspective, all I can say is “That’s the way I remember it.”

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Letters to the Editor

New Book by JON MILLS, PsyD, PhD, CPsych., ABPP, Professor of Psychology & Psychoanalysis, Adler Graduate Professional School, Toronto



"Conundrums: A Critique of Contemporary Psychoanalysis"

Published December 22nd 2011 by Routledge – 260 pages.

In his new book, Canadian philosopher, psychologist, and psychoanalyst Jon Mills discusses current tenets in North American psychoanalytic thinking and practice that he finds to be concerning and problematic. Focusing on the relational and intersubjective turn currently popular in the field, he articulates what he believes are the faulty ways in which some contemporary analytic thinkers make use of philosophy and, therein, particularly post-modernism. Though relationally influenced himself, in that he is drawn towards a more flexible, less removed approach in the consulting room, he questions the denigration of the drives and what appears to be a seeming disinterest in life before the acquisition of language. Mills wonders about the ways in which ideas associated with post-modernism and the practice of a psychoanalytic hermeneutics have been used to drum thinking about the body out of psychoanalysis and what impact that has on our clinical encounters



Board and Academy News



**Frederick S. Wechsler, PhD, PsyD,
ABPP Associate Editor**



**Katherine Jones, PhD
ABPP Associate Editor**

American Board of Clinical Child and Adolescent Psychology

Mary Fristad, PhD, ABPP President

A Busy Year for the American Board of Clinical Child and Adolescent Psychology

The American Board of Clinical Child and Adolescent Psychology (ABCCAP) has had a very busy year. First and foremost, we spent considerable time preparing for our Periodic Comprehensive Review (PCR) which was held in Columbus, OH on May 17th. Not unlike the final projects students complete to end a school term, all that preparation made us more knowledgeable of, and better at what we do. We updated our By-Laws and Examiner Manual, preparing a separate version for examinees and a supplement for examiners. We modernized our website and improved our procedures for candidate recruitment, mentoring, and exam scheduling.

We have been growing rapidly. In our inaugural year of 2003, we had 43 board certified members. Nine years later, that number has more than tripled to 146. In the past five years, we have averaged a dozen exams a year.

In the coming year, we plan to hold exams at several national meetings, including the Niagara in Miami Conference, the National Conference on Pediatric Psychology in New Orleans, the ABPP Summer Workshop Series in Boston, APA in Honolulu and ABCT in Nashville. We will hold “Learn about ABCCAP and ABPP” workshops at many of these conferences to continue to spread the word about the importance of Board Certification.

American Academy of Counseling Psychology

Jack O'Regan, PhD, ABPP President

The American Academy of Counseling Psychology continues to strive to serve its members. The Academy reactivated its dormant newsletter under the editorial leadership of Dr. Jairo N. Fuertes and Valentina Stoycheva, M.A., both from the Derner Institute for Advanced Psychological Studies at Adelphi University. Our second edition was released in December. In the same effort of increased communication, the Academy started a listserv with the support of Dr. Sherry Benton. One of our first energetic message threads involved an Academy member who was denied credentialing because the credentialing agency erroneously believed that the member was not trained in “psychology” and thus ineligible to be credentialed. Academy members responded with outrage, support, and numerous suggestions for how to appeal this credentialing error. Truly, this message thread alone demonstrated the value of the listserv and our efforts to serve our members.

The Academy also released a bulletin on Brief Psychotherapy by Dr. Joe Talley from Duke University.

At the 2012 summer APA convention, the Academy gave out two awards. Dr. Greg Keilin received The Distinguished Service Award and Dr. Cal Stoltenberg received the W. James Cosse Award for Extraordinary Contributions to the Professional Practice of Counseling Psychology.

Four new officers were appointed to the Academy board: Drs. James Lichtenberg, Kristin Clemens, Bill Arnold (secretary), and Arnold Spokane (treasurer).

American Board of Group Psychology

Joel C. Frost, EdD, ABPP, President-Elect

The American Board of Group Psychology underwent its first Periodic Comprehensive Review (PCR) as a (SB). This extensive review involves each and every our document, and all procedures, manuals, and examination materials. Central Office observed two of our examinations, and our Board Meeting. Though exhaustive and exhausting, the process was also incredibly helpful.

Our ABGP Board consists of Sally Barlow- President, Gloria Batkin-Kahn- Past President, Joel C. Frost- President-Elect & Co-Treasurer, Jean Keim- Co-Treasurer, Andrew Eig- Secretary, Darryl Pure- Exam Coordinator, Richard Billow- Recruitment, Tom Lowry- Fellowship, Edith Chung- Diversity, Gil Spielberg, and our newest member, Lorraine Wodiska.

As noted in our last submission to the Specialist, the Group Specialty was established in 1998, with 30 members, and has been slowly growing. There are now about 47 members, which is why it is important that each member of the Group Specialty annually re-attests. Every Specialty has unique advantages and challenges to growing its membership, as well as, promoting and continuing the richness of its particular professional focus. The Group Specialty is no different. Our primary challenges are as follows: a) even though group specialists professionally identify as such, group work is virtually always a secondary modality. I would venture to say that no one is either exclusively or even primarily a group psychotherapist. b) while groups are increasingly used, they are generally being led by Masters' level and below therapists c) the professional organizations that support and promote our specialty are suffering from drastically reduced membership d) there is a decrease in the number of opportunities for group training and group specialization in graduate school clinical education and internship programs, as many of these training programs have been discontinued e) while there has been an increase in the number of groups used in various settings, insurance reimbursement rates for group therapies are being reduced or eliminated.

With such challenges, it is important that we encourage our colleagues, and new professionals to sit for their Group ABPP examination. We know that graduate school programs, clinical training programs, clinics, and agencies are more positively inclined toward the inclusion of psychotherapy groups and group training when senior clinicians are trained in and are favorably inclined toward the use of group psychotherapy. Training directors with their Group ABPP are more inclined to favorably support graduate training in group modalities. Sitting for one's ABPP is a strong reminder of one's dedication to group psychotherapy as a continuing and viable psychotherapy modality.

Prior to my retirement, my private practice included five long term psychodynamic psychotherapy groups. I identified as a group psychotherapist, although the preponderance of my practice was individual and couples work. It was my strong identification as a group psychotherapist, influence of a cohort of colleagues who were also strongly identified as group psychotherapists, and active affiliation with group professional organizations (AGPA, ABGP, Division 49) that encouraged me to maintain five active groups. I taught group psychotherapy, supervised colleagues' group work, and published on group work. This model by my mentor and colleagues set the bar for me.

Unlike many other specialties, group psychologists depend upon their colleagues for active referrals from their own practice. The willingness, and readiness, to refer one's own patient to a colleague for ongoing, and conjoint work requires trust and familiarity with group psychotherapy as a modality, and in a group psychotherapist as a specialist. Yet, few individual psychotherapists have had extensive experience with group modalities (short term work, long term work, trauma or addiction-focused work, couple's groups, men's or women's or mixed sex or mixed gender groups, LGBT groups, etc.). Few individual psychologists have had courses or clinical training in groups, and fewer still have had the experiential knowledge that comes of having been in a group themselves. When explaining the usefulness of a group modality to individual psychologists, I often use the analogy that the difference is as that between being in a lecture, and being in a lab; of learning a new language, and being immersed in a group of people working to actively apply and use this new language. In this way, patients would often find the simultaneous work in individual and group to be particularly enriching.

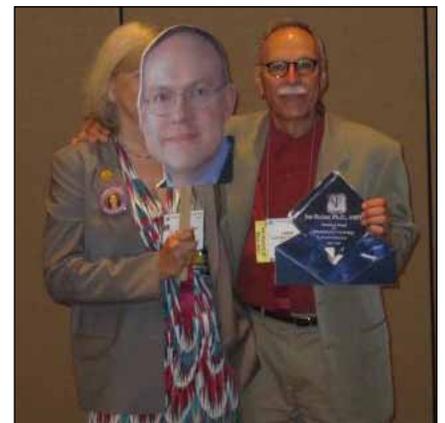
Sally Barlow and I will be offering a workshop at the upcoming ABPP 2013 Summer Series in Boston, MA. We wish to offer the opportunity to learn about and experience group psychotherapy so that ABPP members in allied Specialties will feel more conversant with, and more positively inclined to refer to and benefit from ongoing conjoint psychotherapy with a group psychologist colleague. We encourage you to attend this workshop. We will help you to explore the richness that group work adds for your patients and your practice. We hope to see you there.

This year we have initiated an ABGP Newsletter, which we send via email to our membership. It will hopefully serve to keep you better informed about our activities, and to stimulate communication among members and between the members and the ABGP Board. We on your ABGP Board wish to hear from you.

American Board of Rehabilitation Psychology (ABRP)

Lester Butt, PhD ABPP and Jan Niemeier, PhD, ABPP

The American Board of Rehabilitation Psychology wishes all the best for a successful, healthy, and productive New Year. Our Board recently paid tribute to some of its long-standing and devoted members during the American Board of Professional Psychology Convocation, held this past August 14th, 2012 at the American Psychological Association Convention in Orlando, Florida. After serving for eight years as Secretary and Examination Coordinator for ABRP, Dr. Joe Ricker was awarded a Certificate for Distinguished Service from a most grateful Board of Directors. His presence, mentorship, and collegiality is greatly missed. Given his inability to attend this event, his proxy was courted who graciously agreed to accept this award in his absence (please see below). In addition, Drs. Dan Rohe and Mary Hibbard shared the Russell J. Bent Award, presented to each of them at the Convention. This prestigious award is based upon their many years of service in advancing the goals and vision of The American Board of Professional Psychology.



ABRP is also welcoming our next generation of leaders. We are most pleased to have Dr. Terrie Price as our new Treasurer, as well as Drs. Aida Saldivar and Natalie Dong. Drs. Saldivar and Dong have jumped in quickly, assuming responsibility for recruitment strategies that targets graduate students and their supervisors, members of the VA/DOD, and senior clinicians to interest them in seeking Board Certification in Rehabilitation Psychology. Kudos for their interest, commitment, and energy.

This fall we celebrated our newest ABRP Board Certified psychologists: Rhonda Franger, Jennifer Lumpkin, and Randal Bruce. Many thanks for your belief in our process and congratulations on your success. ABRP continues to grapple with the most efficient and effective manner to organize our Academy. Continuing discussions occur both internally and with ABPP to achieve the best structure to include both our Board Certification process and educational arms.

With regards to our educational endeavors, ABRP is pleased to announce the 15th Annual Rehabilitation Psychology Conference: Expanding the Boundaries of Rehabilitation Psychology, jointly sponsored with Division 22 (Rehabilitation Psychology) held February 21-24, 2013 in Jacksonville, Florida. Particular areas of interest include two pre-conferences, 'Using Technology to Enhance Clinical Practice: What Rehabilitation Psychologists Need to Know,' focusing upon virtual reality, game-theory, and integration of these modalities into clinical practice in addition to Site Visitor Training sponsored by APA. Additional highlights are a lecture by Antonio Puente regarding the new psychotherapy CPT codes, Introductory and Advanced tracks for ABRP Board Certification, and plenary lectureships by Chuck Bombardier from the University of Washington ('Nervous Breakdown: Depression in Neurological Conditions') and Paul Kennedy from the University of Oxford and Stoke Mandeville Hospital ('Beyond Adversity: A Journey of a Scientist Practitioner').

Again, ABRP wishes our colleagues the very best of New Years.

American Academy of School Psychology/American Board of School Psychology

Michael Tansy, PhD, NCSP, ABPP President & Shawn Powell, PhD, ABPP

The ABPP School Specialty continues to effectively partner toward their shared mission to promote competency-based certification of professional school psychologists through ongoing collaboration between the American Academy of School Psychology (AASP) and the American Board of School Psychology (ABSP). The Academy is governed by its Executive Committee, which, currently, is led by Shawn Powell (President), Judith Kaufman (Past President), Shelley Pelletier (President Elect), Hedy Teglassi (Treasurer), and Robyn Hess (Secretary). The Board is led by Michael Tansy (President), Barbara Fischetti (Vice President-Secretary), Clifford Hatt (Vice President-Treasurer), Jeffrey Miller (Director of Examinations and Practice Samples Reviewer), Judith Kaufman (Director of Mentoring/AASP Liaison), and Tony Wu (Credential Reviewer). Michael Tansy represents the Specialty as its ABPP (BOT) Representative.

AASP's primary focus this year has been to increase the number of applicants for school psychology (SB) certification. Toward this end the Academy hosted a reception and special session at the annual convention of the National Association of School Psychologists in Philadelphia, as well as its annual Fellowship meeting at the annual convention of the American Psychological Association in Orlando. At each of these events students, early entry psychologists, regular option psychologists and senior option psychologists were informed of the process and pathway of becoming ABPP board certified in School Psychology. As an example of the Academy's outreach, the fellowship breakfast was attended by 30 individuals, including Academy Fellows, psychologists interested in becoming board certified, NASP leaders, and two Hyman-Lambert Scholarship recipients.

The Academy's goal of increasing the number of board certified school psychologists was further facilitated through the ABPP BOT's December 2011 support of the "1200 Initiative." The goal of this initiative is to identify and directly reach out to an estimated 1200 licensed psychologists who are who are eligible to apply for board certification in school psychology. Information on these individuals is being collected and we have identified an initial pool of over 850 licensed psychologists who are members of Division 16. These individuals will be contacted, given information about the value of ABPP certification, and encouraged to apply for board certification.

As in the past, the Irwin Hyman and Nadine Lambert Memorial Scholarship programs have been a centerpiece of the Academy's efforts to promote board certification in School Psychology. This year our Academy awarded four \$1,000 Hyman-Lambert scholarships to outstanding school psychology doctoral students. We received a record-number 65 scholarship applications, which were reviewed by the Past President, President, and President Elect. AASP is pleased to announce the recipients of the 2012 Irwin Hyman and Nadine Lambert Scholarship.

- Kaleigh Bantum, Duquesne University
- Jennifer Cunnigham, University of South Florida
- Julia Englund, University of South Carolina
- Sarah Fefer, University of South Florida

The Academy plans to continue our scholarship activities. We sincerely appreciate the financial support of the contributing Fellows. We look forward to the ongoing distribution of information about these scholarships by Trainers of School Psychology and the American Psychological Association of Graduate Students.

The AASP continues to take pride in its official journal, the *Journal of Applied School Psychology*. Recognition of AASP's status appears on the journal cover and a listing of current AASP Fellows is included in each issue of journal. JASP is currently conducting an editor search. If you are interested in serving as the JASP editor or as an editorial board member please contact Julie Ehlers at julie.ehlers@taylorandfrancis.com. It is anticipated that the Academy will publish topical papers in the JASP; its first topic will address increasing school completion.

To continue to promote board certification in School Psychology the Academy will host informational sessions at the NASP and APA annual conventions, will sponsor the Hyman and Lambert Scholarships, will continue its partnership with Taylor and Francis to host the JASP, and will continue its close relationship with the various school-specialty leadership groups including NASP, APA Division 16, the School Psychology Leadership Round-table (SPLR), the Council of Directors of School Psychology Training Programs (CDSPP), the Society for the Study of School Psychology (SSSP), and the School Psychology Specialty Council (SPSC). School psychologists attending the upcoming Seattle NASP convention are invited to our Thursday, February 14th, 2013 9:00 to 9:50 session. AASP is submitting a proposal to host a similar session at the 2013 APA conference in Honolulu.

While the Academy has enthusiastically promoted board certification, the American Board of School Psychology has dedicated itself to administration of ABPP School Psychology examinations with fidelity. Toward this end the board has fully adopted the recently-approved ABPP foundational and functional competencies. At this point, all new examinees will be examined utilizing ABSP manuals that include the new competencies and their recently adopted benchmarks. Currently, the board is developing training for all existing mentors and examiners to align candidates, mentors, and examination teams with the new, broader competency areas. Additionally, the board has crafted a mentor manual to be approved in early 2013.

2013 Leadership

We offer a sincere and heartfelt thank you to those who recently completed their terms on the AASP Executive Committee (Judith Kaufman) and the ABSP (Jeffrey Miller and Clifford Hatt). In turn we welcome the 2013 Leadership. The 2013 AASP Executive Committee is comprised of Shelley Pelletier (President), Robyn Hess (President Elect), Shawn Powell (Past President), Walter Pryzwansky (Secretary), Thomas Huberty (Treasurer). The 2013 ABSP is comprised of Michael Tansy (President), Barbara Fischetti (Vice President-Secretary), Cynthia Riccio (Vice President-Treasurer), Judith Kaufman (Director of Examinations, Director of Mentoring/AASP Liaison), Tony Wu (Practice Samples Reviewer), and Roger Kaufman (Credential Reviewer). Michael Tansy will continue to serve as the School Specialty's representative to the ABPP (BOT).

A call to Fellows for their Involvement

The American Academy of School Psychology and the American Board of School Psychology are organized for the purpose of contributing to the development and maintenance of school psychology practice at its highest level for the protection and well-being of the public, the profession and the Academy membership. In meeting these purposes it is important to remember that the success of our organization is based on the voluntary efforts of its members. All Academy Fellows are encouraged to support the Academy and the Board by getting involved. Please don't hesitate to contact any member of the Academy or Board to volunteer for future leadership roles.

American Board of Clinical Neuropsychology (ABCN) and American Academy of Clinical Neuropsychology (AACN)

Aaron Nelson, PhD, ABPP – President, AACN

Brenda Spiegler, PhD, ABPP – President, ABCN

ABCN Executive Committee:

President: Brenda Spiegler

Vice President: John Lucas

Secretary: Jennifer Haut

Treasurer: Fred Unverzagt

Exam Chair: Bernice Marcopulos

AACN Executive Committee:

President: Aaron Nelson

President-Elect: Mark Mahone

Secretary: Leslie Rosenstein

Treasurer: Susan McPherson

Treasurer Elect: Richard Naugle

ABPP BOT Representative: Deborah Koltai Attix

ELECTIONS

Fall 2012 elections saw four specialists elected to the ABCN Board of Directors: After our February 2013 board meeting, Drs. Christopher Grote, Nat Nelson, Joseph Kulas and Heather Belanger will take their seats on the board. We look forward to their creative input and contributions over the next five years. As our new board members take their seats, we thank and say adieu to Drs. Fred Unversagt, Jennifer Haut, Mark Bondi and Brenda Spiegler, all of whom have served ABCN ably.

AACN elected two new members to five-year terms on the Board of Directors, commencing at the conclusion of our mid-winter meeting in January 2013 in Chicago. As we bid farewell to Drs. Kira Armstrong and Paul Kaufmann who conclude their BOD service, we welcome Drs. Daniel Drane and Michelle Braun to the board! Drs. Armstrong and Kaufmann made innumerable valuable contributions to our academy during their service and deserve our heartfelt gratitude.

The ABCN and AACN boards and executive leadership continue to have strong representation of both adult and pediatric neuropsychology.

ABCN NEWS

ABCN has had another very busy year as we continue to enhance and streamline our processes and procedures for board certification. Several of our initiatives have taken advantage of technology to make the board certification process smoother and easier for candidates.

New applications for the ABCN Board continue to come in at a steady pace. While 2011 was a peak year, with 141 applications, 2012 remains busy with 116 new applications submitted for credentialing approval. The Early Entry program continues to attract a high number of post-doctoral fellows who 'bank' their credentials with ABPP for future formal application.

ABCN has moved to electronic administration of the written examination through PROMETRIC centers in the US and Canada this year. We no longer offer the exam in paper and pencil format, saving both candidates and our exam chair and proctors the time and expense inherent in administering the exam in person at national conferences. During the four 2-week windows that the exam was available on-line, a total of 134 candidates took the written exam this year, again demonstrating that our pipeline is full and active.

The Scholar One portal is now up and running, supporting the electronic submission and review of practice samples. Most new practice samples are now being submitted through this portal and most of the bugs have been worked out of the system. We are happy to report that the transition to both electronic platforms (WE and PS) has gone very smoothly.

For the first time ever, ABCN held 3 sets of oral examinations in 2012. A total of 66 new specialists were welcomed to the American Board of Clinical Neuropsychology, bringing the total of ABCN specialists above 900 – a major milestone!

Thanks to our colleagues at AACN, the ABCN website is in the process of being redesigned and updated. We hope to have a new (and prettier) public face, with added functionality and easier navigation in the near future. Our pediatric subspecialty committee is hard at work putting the final touches on the first subspecialty application to be submitted to ABPP. It will be discussed at the ABCN board meeting in February 2013, with subsequent submission to the ABPP BOT for their consideration.

AACN NEWS

The 11th annual AACN Conference and Workshops will convene in Chicago from June 20-22, 2013. Once again, thanks to the skill and finesse of our conference planning team headed by Sandy Koffler, we will be based at the beautiful Renaissance Hotel in the heart of the Loop. In her first year as program chair, Julie Bobholz is doing a splendid job putting together a stellar line-up of workshops in adult, pediatric, and forensic neuropsychology. The complete conference program can be found on the AACN website at www.theaacn.org.

Mark Barisa, recently elected President of the AACN Foundation, got his term off to a phenomenal start by hosting the First Annual Karaoke Fund-raiser at our June 2012 meeting in Seattle. It was good times for a good cause as the membership bid on would-be AACN rock stars to strut their stuff on stage. With President-Elect Mark “Homes” Mahone at the karaoke console, the hits just kept on coming. By the end of the evening, we had raised ~\$14,000 for the Foundation! We are hoping to kick things off in similar fashion in Chicago with our second annual AACN/F fund-raising event and karaoke extravaganza. This is simply not to be missed. Stay tuned for announcements.

A major initiative underway within AACN has been a top-to-bottom revitalization of the committee structure that has seen the dissolution of a number of obsolete committees and the creation of a number of new committees, designed to meet the challenges of the academy for the next decade. Several of these committees deserve particular mention.

The Committee for the Promotion of Board Certification, initially constituted in 2010 and chaired by Aaron Nelson, has made significant strides in promulgating the AACN message within our professional guild. The CPBC has developed initiatives for both upcoming students/trainees and mid-career practitioners. Fact sheets about ABCN board certification and slide decks have been developed and utilized. A “regional representative” program was launched in 2011, thanks in large part to the efforts of current CPBC Chair Mike Kirkwood. This program consists of AACN members in 51 key cities/regions throughout North America who visit graduate training programs to present information about board certification to future graduates who are on the brink of specialized training. This work has been garnering wonderful reviews and generating excellent “buzz.”

Under the leadership of Chairman Rob Davis the newly formed Technology Integration Committee undertook the procurement process for a website developer and is overseeing the transition of our antiquated website into an aesthetically pleasing, functionally intuitive site that has the technological foundation for ongoing refinement and improvement. This is still a work in progress so bear with us as we tweak and adjust – I can guarantee you that the final result will be excellent.

As inaugural chair of the Inter-organizational Practice Committee (IOPC), Karen Postal has been instrumental in working with other major national neuropsychology organizations including NAN and D40 as we take on the newest raft of policy challenges facing our profession. Karen has been highly active in educational and leadership roles related to health care reform and the rapidly evolving practice landscape. For the first time in the history of our profession, we will have a unified voice and vision as we respond to – and anticipate – issues that arise across the US that impact how we practice.

Finally, the fledgling Professional and Public Information Committee (PPIC), under the leadership of Mike Chafetz, will take on a new initiative to enhance awareness of the ABCN/AACN brand among our consumers – physician colleagues, health care organizations, governmental agencies, and the general public. You will be hearing much more about the activities of the PPIC in the coming months and years.

We are pleased to include the following piece written by Dr. Tricia Williams, a relatively new ABCN Specialist:

Would you believe me if I said I miss the days of preparation for Board certification? Probably not, but it is true. And for those of you considering ABPP certification, or those somewhere amidst the process, or those who just want to look back, thankful it is over, I am happy to share some of my highlights with you.

- **The intellectual challenge.** As PhD grads we are conditioned to jump through hoops almost on command. The ABPP offers new hoops you actually choose to attempt. For this reason, many friends will ask or have asked the purpose or overall goal. Are you going to get more money? Does this mean you can practice anywhere in the world? Maybe one day, I answer with a sly grin! The preparation for the multiple-choice exam is typically most time consuming but it can also be incredibly intellectually fulfilling. It is nothing like the EPPP, – you actually want to learn or review this stuff! It instills excellent habits – tackling different topics each day and practicing what I recommend to patients, i.e., chunk large amounts of information into short manageable parts. As a pediatric neuropsychologist, yes I was a bit intimidated by the many conditions I do not deal with regularly, but I actually found it made my practice stronger, considering the neurological processes at the beginning and end of the lifespan. When it came to the exam, I did find it fairly balanced for child and adult clinicians alike. Similarly, prepping for the oral exam also provides excellent honing of the skills I use every day. The actual day of the orals is like a personalized Sudoku where you can truly shine. The examiners are kind and considerate, and truly do their utmost to make the day as comfortable as possible. Plus, it is in Chicago – so many a run on the waterfront and stroll down the Mile were enjoyed! There are so many wonderful ways to celebrate this journey!
- **Increased pride and commitment your profession.** I took the Houston conference B path, with concentration in neuropsychology later in my clinical doctoral training, during internship and then intensely in my post-doc fellowship. From day one at my post doc and in initial positions since then, the ABPP certification process was promoted, with the expectation that this would be the obvious next step in my career development. The enthusiasm for the process and its importance for our profession, despite its relatively recent promotion within Canada, is a model I hope to emulate in my current position. The day I found out about my final success was amazing, but it was really just the beginning. The commitment that grew for clinical neuropsychology during the boarding process continues to blossom as I aspire to not only stay on top of the field, but stay ahead. And, an added bonus of the ABPP status is that in job interviews or performance reviews, when I speak about my commitment to the profession, it requires no further explanation.

- **Alignment with similarly minded people.** Ok, this heading is really geek speak for I made new friends and built incredible bonds with old ones. Early morning study groups, mock fact-finding phone calls and even on the final oral exam day, I made connections and friendships that bolstered my spirits, confidence and expertise. I look forward to conferences as I would vacations, not only for the knowledge transfer but also for reconnecting with friends and colleagues from my certification journey. The AACN conference itself is a particular favorite. I've likened it to being a kid in a candy store with too much choice, but always going home happy!

In summary, I am extremely proud of my ABPP-CN status and look back on the boarding process with great nostalgia. I now look forward to preparing for the Intergalactic Neuropsychology Boards. I hear Earth just got accredited...

American Board of Couple and Family Psychology

John Thoburn, PhD, ABPP

The American Academy of Couple and Family Psychology and The American Board of Couple and Family Psychology have been busy this past year in four particular areas: 1) recruitment strategies, 2) restructuring the examination manual to reflect a focus on examining competency areas 3) seeking to streamline the application process, in particular the transition from the ABPP Central Office to the (SB) and 4) setting up a more structured and institutionalized mentoring program.

The ABCFP and AACFP convened a task force this past summer to present a plan to the (SB) Plan Committee of the BOT regarding recruitment strategies for the couple and family specialty. BOT (SB) Plan representatives to the task force included Jerry Sweet and Michael Tansy and Couple and Family specialty representatives included John Northman and John Thoburn. The task force arrived at a comprehensive plan for recruitment into the Couple and Family specialty. Many of the various elements of the plan have been in place for some time, but this was the first time that all the elements were collected together into a whole – where we hope the ‘whole derives into something greater than the sum of its parts’ (a fundamental systems psychology principle). We thought it might be illustrative to share some of the recruitment strategies the Couple and Family specialty is pursuing:

1. The couple and family specialty has begun targeting specific educational and clinical training programs. There are two kinds of educational programs for couple and family psychology. The first are degree programs in clinical family psychology such as Azusa Pacific University's Psy.D. program in clinical family psychology. The second are clinical or counseling psychology programs that offer a cognate or specialization in couple/family psychology such as Fordham's clinical psychology program or Seattle Pacific University's clinical psychology program. The American Academy of Couple and Family Psychology has identified these various programs and targeted both faculty and students for recruitment. Students in particular are being recruited into ABPP's early entry program.
2. Post-doctoral internships. The number of post-doctoral internships in couple and family psychology has decreased significantly in the past decade. However, for those internships that do exist, this is a good avenue to pursue recruits. To date, three post docs have been approached about integrating ABPP training into their programs; University of Rochester Medical School; Emory University Hospital Child Psychology program and The Family Institute in Chicago. It is also our goal to identify post-doctoral programs that train in family forensic psychology. We have encouraged these post doc chairs to obtain their couple and family ABPP and several have in the past two years. Our next step is to collaborate on developing ABPP training program tracks within the various post-doctoral training programs so that Interns coming out of their internships are prepared to apply for their diplomate.
3. We have begun to invite members from the sex therapy community to become board certified in couple and family psychology; we see sex therapy as a natural part of couple and family clinical work and in fact, Division 43 of APA, the Society for Family Psychology has been vigorously courting the sex therapy field in recent years, to bring back the kind of relationship between family and sexology that was there some twenty-five years ago.

There has been extended dialogue about how to structure the board to include sex therapy. For example, we could simply include specialty requirements for sex therapy in the couple and family examination manual, which we are doing; we could create a sexology sub-specialty with couple and family psychology or in collaboration with other (SB)s such as Health. We are currently exploring the various options for developing a renewed synergy between couple and family psychology and sex therapy.

4. Under the leadership of Lenore Walker, Bob Geffner and Andy Benjamin, the American Academy of Couple and Family Psychology has hosted a reception in the Division 43 Hospitality suite at the annual APA Conference for the past several years. The receptions have been marketed very well and consequently have been well attended (in fact several members from the ABPP (BOT) attended as well this past year). The receptions have proven to be a useful point of initial contact and grooming of targeted potential recruits. Through dialogue with the (SB) Plan task force several steps are being taken to make the receptions even more effective including systematizing the recruiting process through having guests sign in, sending thank you notes for attending and follow up regarding interest in ABPP, sending another note some 3-6 months later; possibly a phone call in the process, etc. and instituting more comprehensive record keeping.

5. In 2010 the American Academy of Couple and Family Psychology, under the leadership of Melton Strozier and John Thoburn developed a website for use by members and candidates alike. The Academy is still in the process of updating the website, but it is a useful point of contact with potential recruits. The Academy also publishes a newsletter three times a year and we have seen the utility of utilizing the website more efficiently for dissemination of information including making sure that recruits and candidates receive the newsletter as well as current diplomates.

In an effort at making the application experience more user friendly, the ABCFP is seeking to streamline the application process; in fact, it is the primary goal for incoming ABCFP president Tom Sexton. In some ways, the application process has been the largest roadblock for people moving from recruit status to candidate status. In particular, we are focusing on the ‘in between’ times for handling applications for example when the Central Office hands off the candidate’s application or work sample to the (SB) or when the candidate moves from the presentation of his or her practice sample to the oral examination stage in the application process. The ABCFP board will take further actions to streamline the process over the next year such as offering potential recruits and candidates a candidate specialty manual; one that is “user friendly,” collegial and non-intimidating.

The Academy has also begun to offer an aggressive mentoring program. The Board and Academy are still working on clearly clarifying their respective roles regarding the mentoring process. We’ve seen the need to establish effective communication between mentors and the examination coordinator, so that we know where candidates are in the process. The Academy is offering candidates a list of mentors from which to draw (to date it has been less formal) and helping candidates navigate through the application process, a)utilizing the best study materials, b) understanding the work sample requirements and c) preparing for the oral exam. The Academy has assigned a director of mentors to create a mentoring manual and a mentoring tape series. Also, since 2009, the family psychology specialty has published two books specifically on family psychology. In 2012 Stanton and Welsh published a book on couple and family competencies which is the basis for the redeveloped manual and is now given out to all new recruits who have made application as part of their mentoring process.



ABPP

SPECIALTY CERTIFICATION
IN PSYCHOLOGY SINCE 1947

American Academy of Police & Public Safety Psychology

Michael J Cuttler, PhD, ABPP, President

The mission of the American Academy of Police & Public Safety Psychology (AAPPSP) is to contribute to the development and maintenance of Police & Public Safety Psychology as a specialized field of study, research, and practice, and to serve our members, consumers of our services, and the public by promoting high standards of professional practice in the field. To achieve this, the AAPPSP shall:

1. Promote board certification by the ABPP, particularly in the specialty of Police & Public Safety Psychology.
2. Disseminate information to consumers of our services, to the public, to the academic community, and to other professionals about the specialty.
3. Operate a comprehensive continuing education program in the specialty.
4. Provide a forum for the dissemination and exchange of scientific and scholarly specialty-related information.
5. Provide a vehicle to advocate for public policy affecting the specialty.
6. Track, promote and communicate the training and continuing education opportunities available in the specialty.
7. Develop and maintain links with specialty-related and other professional organizations.
8. Recognize specialists who have made exceptional and outstanding contributions to the specialty.

At the last meeting of the ABPPSP Board, it was decided that the American Academy of Police & Public Safety Psychology would be formulated as a merged Academy under our (SB) (ABPPSP). In addition, the Academy will be governed by its own Board of Directors, appointed by and subject to the oversight of the ABPPSP Board of Directors. JoAnne Brewster, PhD, ABPP, was initially named Academy President, but recently informed the Board that she was unexpectedly unable to serve. As such, Michael J Cuttler, PhD ABPP agreed to assume the role of Academy President until January 2014 and David M Corey PhD ABPP agreed to serve as Academy President until January 2015. Casey Stewart, PsyD, ABPP, has been named President elect of the academy and will commence a regular 4 year term in January 2015. We also identified a number of committees to be initiated during the next few years, including a Steering Committee, Governance & Bylaws, Continuing Education, Digital Communications, Publications, Legal Foundations, Scientific Foundations, and Professional Practice.

In support of our mission, we have several projects up and running for the coming year including formulation of a set of core scientific knowledge documents defining the key elements of scientific knowledge in each of our specialties four unique practice domains (Assessment, Intervention, Operations and Consultation) as well as a document defining key legal knowledge. Our objective in this regard is to identify, describe and enumerate the critical knowledge elements underlying our specialty. Along with other source documents (ABPPSP examination manual, IACP guidelines, Core Domains & Proficiencies [Aumiller et al., 2008], APA petition for specialty recognition), these documents will be foundational to the development of Academy curriculum and courses as well as provide content for future (SB) requirements and examinations. We see these documents as an open system—an evolving set of documents that will be periodically reviewed and updated. At this writing, our committees are hard at work on this project and hope to release a draft version of these documents in early spring 2013.

On the educational front, the Academy is collaborating with the American Academy of Forensic Psychology to present a joint program in Chicago in April 2013 offering several important continuing education workshops in police and public safety assessment.

Finally, on the communications front, we have established an Academy listserv through APA. This was accomplished largely through the efforts of David Corey, PhD, ABPP, (ABPPSP President). The listserv is up and running and it serves as an important communication vehicle to our Board Certified Specialists.

New Board Certified Specialists: July 2012-December 2012

Clinical Child & Adolescent Psychology

Kelly M. Champion, PhD
Omar G. Gudino, PhD
Harold W. Pickett, PsyD
Mitchell J. Prinstein, PhD
Amanda D. Zelechowski, PhD

Clinical Health Psychology

Jonathan D. Cole, PhD
Meghan L. Corso, PsyD
Kathleen M. Darchuk, PhD
Susan F. Franks, PhD
Erica M. Jarrett, PhD
Kathryn E. Kanzler, PsyD
Luis Carlos Richter, PsyD
Camille M. Wilson, PsyD

Clinical Neuropsychology

Brittany Jean Allen, PhD
Christopher J. Anagnostis, PhD
Patrick J. Armistead-Jehle, PhD
Kelly L. Blair, PsyD
Katherine E. Buhrke, PhD
Veronica J. Burton, PhD
Desiree A. Byrd, PhD
Jessica B. Castelo, PhD
Douglas B. Cooper, PhD
Joy E. DeJong, PhD
Marcos DiPinto, PhD
Jamie K. Ducharme, PhD
Kelly K. Greene, PsyD
Stella Karantzoulis, PhD
Brad S. Kauder, PsyD
Stephan Kennepohl, PhD
Jennifer S. Kleiner, PhD
Kris E. Kratz, PhD
Brenna C. LeJeune, PhD
Kathryn Viner Lester, PhD
Wendy L. McKernon, PhD
Mary Ann McMorro, PsyD
Thomas M. Misukanis, PhD
Cynthia A. Munro, PhD
Stephanie A. Nelson, PhD
Anne A. Turk Nolty, PhD
Brian S. Potter, PsyD
Valerie Lynn Rennison, PsyD
Monica Rivera Mindt, PhD
Shelley M. Rowland, PhD
Cori A. Scalzo, PhD
Amanda Schafer, PhD
Cynthia A. Smith, PhD
Mona Stepansky, PhD
Chand Taneja, PhD
Paula L. Zuffante, PhD

Clinical Psychology

Jill E. Breitbach, PsyD
James J. Brush, PhD
Donna M. Burrowes, PsyD
Shane Bush, PhD
Michelle J. Dennis, PhD
Gloria J. Emmett, PhD
Karen E. Farrell, PsyD
Jairo N. Fuertes, PhD
James B. Giddens, PsyD
Scott C. Green, PhD
Kyle Grohmann, PhD
James L. Harlow, PsyD
Sonja L. Hershfield, PsyD
Judith Horvath, PhD
Brooke K. Magers, PsyD
Alana Miller-Clayton, PhD
Kevin P. Newgren, PsyD
Alexis R. Nusbaum, PhD
Felix A. Ortiz, PsyD
Ann M. Sauer, PhD
Laura M. Saunders, PhD
Martha Schmitz, PhD
Diana J. Semmelhack, PsyD
Clint C. Stankiewicz, PsyD
Nancy S. Thurston, PsyD
Anneke L. Vandenbroek, PhD
Eduardo Ysern, PhD

Cognitive & Behavioral Psychology

John M. Reardon, PhD
Laura D. Seligman, PhD
Michael R. Slavit, PhD
Nathan T. Smith, PhD
Amy E. Wenzel, PhD

Counseling Psychology

Christopher John Button, PhD

Jeffrey W. Henderson, PhD

Fernando A. Ortiz, PhD

Nancy Kao Rhiannon, PhD

Couple & Family Psychology

Anthony L. Chambers, PhD

David M. Schnarch, PhD

Forensic Psychology

Michael J. Biscaro, PsyD

Tye F. Hunter, PhD

Lynn A. Luna Jones, PhD

Paul Montalbano, PhD

Kevin J. Richards, PhD

Delton W. Young, PhD

Group Psychology

Caren E. Glickson, PhD

Ronnie L. Levine, PhD

Lyn Sommer Matis, PhD

Organizational & Business Consulting Psychology

Cathleen L. Civiello, PhD

Michael E. Lechner, PhD

John Merladet, PhD

Police and Public Safety Psychology

Julanne M. Erickson, PsyD

Monica J. Pilarc, PhD

Rehabilitation Psychology

Randal C. Bruce, PhD

Rhonda L. Franger, PsyD

Jennifer M. Lumpkin, PsyD

School Psychology

Cynthia A. Riccio, PhD

Deceased Specialists ***July 1, 2012 - January 1, 2013***

David Freides, PhD, ABPP

Clinical Neuropsychology & Clinical Psychology

Elizabeth Perl, PhD, ABPP

Clinical Psychology

Michael Minter Schmidt, PhD, ABPP

Clinical Neuropsychology

Jay C. Thomas, PhD, ABPP

Organizational and Business Consulting Psychology

In Memory of Jay Thomas, PhD, ABPP



Jay Thomas, PhD, ABPP, died Monday, Sept. 24, surrounded by his family. Dr. Thomas contributed a great deal of time to the American Board of Professional Psychology, serving on both the American Board of Business and Organizational Psychology Executive Board (ABOBCP) and as a member of the ABPP (BOT).

Among his many accomplishments and contributions, Jay Thomas was an Assistant Dean and Director of the Counseling Program with the School of Professional Psychology at Pacific University Oregon. In addition to devoting many years of service in various roles to ABPP, Jay Thomas served as President of the ABOBCP and member and Secretary of the ABPP (BOT) (2010-2012). He was a licensed psychologist in the State of Oregon, originally a specialist under the Industrial Organizational Psychology Board, and he then helped form the ABOBCP.

After receiving his Bachelor's degree from Portland State University, Dr. Thomas obtained his doctorate in Industrial-Organizational Psychology from the University of Akron in Ohio in 1981. He then served on the faculty at Ball State University, before moving to the West coast to pursue a career as an organizational consultant. After spending a number of years doing private consulting work, he moved back to the academic world, joining the faculty of Pacific University in 1998. In 2010 he was named Distinguished University Professor, one of Pacific's highest honors. In 2012, he retired from Pacific University with the title of Professor Emeritus.

Dr. Thomas provided outstanding service to the ABPP community. Without his drive and initiative, it is doubtful the ABOBCP would have been created and survived. He believed strongly in the mission of ABPP and in professional psychology. His personal determination led him to take on personally a number of tasks and duties, contributing both time and money, to make sure the ABOBCP flourished. A dedicated teacher, he helped to create and develop Pacific University Master's degree program in Counseling Psychology. Besides working with students in the classroom, he was an active mentor of many students through academic advising, research advising, and directing community service consulting projects.

A prolific writer and author, Jay Thomas authored 45 professional publications. Perhaps more amazingly, he was the editor or co-editor of 13 major professional texts, including a number of important handbooks. He served on editorial boards and/or reviewer pools for eight professional journals. He regularly mentored students in research projects and co-authored many of his publications with his students.

Dr. Thomas was a consummate professional and passionate about his service to psychology, his community, and ABPP. He was equally passionate about his family, golf, and football. Dr. Thomas is survived by his wife of 38 years, Jerilee, and three daughters: Caralee Thygeson (Adam); Katie Winder (Michael); and Julie Thomas. He also was tremendously proud of his grandchildren: Quinn, Kellen, Kailee, Miranda, and Daphne.



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