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President's Column

Gregory Lee, PhD, ABPP

This is to introduce myself, review some of the ABPP highlights of the year, and mention important items currently percolating at ABPP. First, I want wish you all a very happy New Year and hope that 2012 is a successful and productive year for each of you.

By way of introduction, I am board certified in clinical neuropsychology and work as a professor of neurology in the Medical College of Georgia at the Georgia Health Sciences University evaluating patients, conducting clinical research, and teaching graduate and medical students and residents. My pathway to ABPP is familiar to many of you. I first heard about board certification during my training years and learned that ABPP certification was the most definite way to demonstrate specialty competency in neuropsychology. I became involved as a member of the BOT in 2006 and served on the executive committee as secretary and then as president-elect. My ABPP has been valuable to me for multiple reasons, but just to name a few: it was universally accepted as an unambiguous statement of competence in my specialty both inside and outside of the health care setting; certification eased the pathway toward promotion at work; and board certification placed me on a more equal footing with my colleagues in medicine, all of whom were board-certified in their specialties.



It is indeed a privilege and an honor to serve as the new president of ABPP for the next two years. I am following two of the most incredibly talented and hard-working people I have ever met, Dr. Nadine Kaslow and Dr. Chris Maguth Nezu. They both have worked tirelessly to increase the visibility and value of board certification in psychology, and our organization has benefitted greatly through the leadership of these two exceptional psychologists. They have set a high bar for future presidents to live up to, and I can only attempt to do so.

Turning to some of the important highlights of this past year, I think the progression to full affiliation of **Police & Public Safety Psychology (ABPPSP)** to become ABPP's 14th specialty board would have to be at the top of the list. Although the monitoring phase of ABPPSP affiliations application was approved by the Board of Trustees in 2010, they achieved full affiliation only after completing approximately 50 board examinations during 2011. The ABPPSP is now actively working on obtaining recognition as a specialty by the Committee on Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP).

ABPP will be holding its third annual **ABPP Summer Workshop Series** in Philadelphia, PA this coming July 11-14, 2012 at the Warwick Hotel. We will be offering some 20 half-day and whole-day workshops by some of the most knowledgeable leaders in their field. Additionally, ABPP is encouraging specialty boards to combine this meeting time with their own board activities, to include oral board exams or board of directors meetings, as examples. We hope that you will join us in Philadelphia this summer and also assist in planning for specific topics and specialty board activities to help grow the workshop series in the future.

ABPP Executive Committee. The ABPP secretary, Jay Thomas, has become ill and resigned his post this fall to attend to his health. We wish to thank Jay for the service he has provided ABPP. Please join with us in keeping Jay and his family in your thoughts and prayers. At ABPP's annual meeting this past December in Chapel Hill, NC, the Board of Trustees elected Randy Otto as the President-elect, Jerry Sweet as Treasurer, and Alina Suris as Secretary. These accomplished and diligent individuals will add much to broaden the perspective of the EC. Randy Otto is from Florida, Jerry Sweet is from Illinois, and Alina Suris is from Texas.

The Board of Trustees has initiated a plan to have all ABPP specialty boards be consistent with the specialties recognized by APA's **Committee on Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP)**. At present, there are three ABPP specialty boards that do not have CRSPPP recognition, and these

boards are actively working with CRSPPP to submit their specialty applications. Conversely, the area of geropsychology has already been recognized by CRSPPP as a specialty, and ABPP has invited the American Board of Geropsychology to seek ABPP specialty board affiliation.

At the annual meeting in December, the Board of Trustees voted to accept the plan proposed by the **Board-Academy Relations Workgroup** which outlined the options available for how academies can organize their affiliation to their specialty board (SB) and ABPP. Academies now have three options: 1) merge with their specialty board under the ABPP umbrella, 2) remain a separate organization from their specialty board, but still be under the ABPP umbrella, or 3) remain a separate organization and be incorporated independently from ABPP but be affiliated with ABPP. This workgroup will be designing an affiliation agreement acceptable to ABPP and the academies in the coming months.

ABPP's newsletter editors, Bob Hill and Michael Cuttler, will be offering **CE credits** for articles in *The Specialist* at no cost to board certified specialists. The plan is to include at least one brief CE article in every issue of the newsletter and a link in the document to the ABPP website where the CE quizzes will be located and credit issued. In the next year or so, ABPP plans to begin developing online continuing education offerings through the ABPP website starting with podcasts with audio lecture content and PowerPoint slide presentations that last between 45 and 60 minutes.

The **Maintenance of Certification Task Force** has been working on plans to gradually introduce a "maintenance of competence" program into the ABPP board certification process. The emphasis in psychology, as in medicine and other professional groups, is to move beyond simple licensing and certification to continuous professional development for specialists. As currently envisioned, a host of continuous professional development activities (e.g., approved sponsored CE activities, mentoring, clinical training, research, self-directed learning) would consist of a multi-staged process, similar to current requirements in many states for documentation of CEs for maintaining a state license, that would occur over a ten-year period with some form of peer review, such as a modified practice sample review.

The tentative goal is to have criteria in place by January 1, 2013. At that point, Beta testing would occur with several specialists in each specialty. As currently envisioned, this maintenance of competence requirement for board certification would only be required of individuals who obtain board certification after the date the plan is adopted. The program would be voluntary for all current specialists.

The **ABPP Foundation** was formally recognized by the IRS as a 501(c) (3) charitable organization in 2010. The overall purpose of the ABPP Foundation is to receive charitable support in order to provide educational opportunities and continuing professional education development for licensed professional psychologists and ultimately to improve the health of the general public. Donations may be directed toward projects that foster or disseminate information that is of relevance to professional psychology and enhances public health through its training opportunities. Donations may be made securely online through the webpage at www.abpp.org and linking on the left side of the page to "ABPP Foundation" or you may use the direct link to the foundation:

<http://www.abpp.org/i4a/pages/index.cfm?pageid=3577>

Checks are also welcome and may be made payable to "The ABPP Foundation" and sent to 600 Market Street, Suite 300, Chapel Hill, NC 27516.

Our goal to develop a cultural shift within the profession, such that board certification becomes more of an expected standard for specialty practice in professional psychology, has begun to gain some traction, and ABPP continues to work diligently on increasing the visibility of the ABPP board certification process. We are happy to let you know that our application rate continues to increase annually, and our collaboration with other important educational, training, and credentialing organizations in psychology has begun to thrive. I look forward to working with all of you over the next two years to continue the positive trajectory that ABPP has set itself to follow. 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



The year 2011 flew by! It is amazing that another year is upon us, and looking back I realize how much ABPP has accomplished this past year, and over the last several years. Our Central Office staff is exemplary. I could not ask for a better group of people with whom to work, as we work hard, collaboratively as a team, and enjoy what we do. I think that shows to those with whom we have the opportunity to interact, as I frequently receive feedback about the team. Thanks to Nancy, Lanette and Diane for all of the support that they provide me and ABPP as a whole in moving our organization – and profession – forward! Please take a look at the article that they have provided elsewhere in this issue for some highlights of how ABPP Central Office has advanced!

The ABPP Executive Committee (EC) is another group that has put in countless hours working to help ABPP, and professional psychology, advance and succeed. Most of you know that Jay Thomas, our ABPP Secretary, has become ill and has resigned his post to care for his health. All of us wish him well and are extremely grateful for the service he has provided to ABPP, as well as his friendship. Nadine Kaslow, Chris Nezu, Greg Lee and Randy Otto have been a real pleasure to work with and I think we can all be proud of the results of the Executive Committee's hard work! I look forward to working with all of the new Executive Committee members – Greg Lee (President), Randy Otto (President-elect), Nadine Kaslow (Past-President), Jerry Sweet (Treasurer) and Alina Suris (Secretary). We are quite fortunate to have these talented individuals providing their service to ABPP!

Below are some major areas of emphasis that I would like to point out, but I also want to take a moment to comment on some less concrete items that are related to ABPP activities, and I believe are positively impacted by ABPP.

Congratulations to Don Bersoff, PhD, JD, ABPP for his victory (as well as to those that preceded him)! We will have the honor of having Dr. Bersoff as one of the presenters at the 2012 ABPP Summer Workshop Series. In the 2009 APA election, 4 of the 5 candidates on the ballot for president-elect were ABPP psychologists; 2010 had 5 such individuals. The elected in each year was ABPP. In 2011, only 1 of the 5 candidates was ABPP. Yet the newly elected APA President-elect is, for the third year in a row, an ABPP psychologist! Again, congratulations!

I hear comments all the time at various APA and other organizational meetings about the growth of the “culture of competence” in psychology and that including the importance of being board certified through ABPP. Groups such as the Council of Specialties in Professional Psychology (CoS), Committee on Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP), Association of State and Provincial Psychology Boards (ASPPB) and others are working hard to help get professional psychology “all on the same page”. APA has recently developed a Taxonomy that includes Specialty and Subspecialty; ABPP's voice was requested and heard in the development of that (I was a member of the Taxonomy Workgroup that started the process). Ron Rozensky, of CRSPPP, commented recently to me on the positive progress that professional psychology is making and stands to make in the near future due to the exceptionally good working relationships that the leaders of various important psychology organizations have presently. I could not agree more; psychology is presently near the “tipping point” in regard to competence as a standard, including a growing expectation of board certification. I greatly appreciate the opportunity to work with the likes of Dr. Rozensky, Dr. Steve DeMers (ASPPB), Dr. Jeff Baker of APPIC, Dr. Katherine Nordal (APAPO) and the many others with whom I have the pleasure of interacting on a rather regular basis.

ABPP Summer Workshop Series

Initiated in 2010, the ABPP Summer Workshop Series provides for half day and full day workshops presented by recognized, board certified psychologists with specific expertise in the area of presentation. The second series of workshops – the 2011 ABPP Summer Workshop Series – was held in San Francisco this past June. The 4 day event included 18 workshops as well as opportunities for those in attendance to interact on an informal basis. Just as with the 2010 ABPP Summer Workshop Series, the response from those attending and those presenting was uniformly positive. Although the initial (2010) series cost ABPP financially, it was deemed successful in providing a benefit to those in attendance; the ABPP 2010 series significantly changed the financial outcome and indeed generated a small profit. The 2012 ABPP Summer Workshop Series will be held July 11-14, 2012 at the Warwick

Hotel in Philadelphia, PA. We have another terrific lineup of roughly 20 presentations; it is our hope that you can join us. We also invite those interested in specific topics to let us know what workshops you would like presented in the future.

Affiliations

The American Board of Police & Public Safety Psychology (ABPPSP) was approved in December 2010 by the ABPP Board of Trustees to move forward in the affiliation process. ABPPSP held its initial examinations as it progressed toward full affiliation with ABPP concurrent with the 2011 ABPP Summer Workshop Series. ABPPSP has done a remarkable job of attracting psychologists who specialize in a variety of aspects of law enforcement and other public safety psychological services to pursue board certification. We have received over 160 applications to this board already, and the ABPPSP has completed roughly 50 examinations to date. A series of articles was published in *The Police Chief*, a publication of the International Association of Chiefs of Police, about specialization in police and public safety psychology. I had the pleasure of working with Dr. Dave Corey, Dr. Michael Cuttler and others on an article for that publication; as well, I was honored to have been graciously included with many of the ABPPSP founders as a recipient of an APA Division 18 (Public Service) award for Outstanding Contribution to the field of Police & Public Safety. ABPPSP presentations were a significant contributor to the success of the 2011 Summer Workshop Series, and we anticipate that will repeat in 2012. Having been involved for several years now in encouraging this board's application, I am very pleased with the diligence – and outcome – demonstrated by the committed group that brought the ABPPSP to this point.

The American Board of Pharmacopsychology (ABP) submitted its revised application for affiliation. That application was provided to the Affiliations Committee and the Board of Trustees for review at the December 2011 meeting, at which time representatives of that board presented via telephone conference. The ABPP BOT voted to not approve the application for affiliation at this time.

The American Board of Geropsychology has indicated it intends to apply for affiliation in 2012. The area of geropsychology has been recognized by the Committee for Recognition of Specialties and Proficiencies in Psychology (CRSPPP) and I have had communication with some of the individuals involved for the past few years. Dr. Victor Molinari, with the University of South Florida, is the “point guard” for this group's affiliation process. I am very pleased to see that this group is moving rapidly toward ABPP affiliation.

As a reminder to all, ABPP has adopted the stance that all ABPP specialty boards that are *already affiliated* with ABPP, *as well as any proposing affiliation*, shall make application to CRSPPP for recognition as a specialty. ABPP recognizes and encourages the inter-organizational efforts that have been underway to attempt to provide for more uniform understanding of the taxonomy of psychology, including recognition of specialty areas. The American Board of Group Psychology (ABGP), the American Board of Rehabilitation Psychology (ABRP) and the American Board of Police & Public Safety Psychology (ABPPSP) are each working with CRSPPP in this regard.

Continuing Professional Development

ABPP participated with ASPPB in its “Maintenance of Competence and Licensing” (MOCAL) efforts. Nadine Kaslow and I were participants in a recent ABPPSP workgroup on this issue. Greg Neimeyer, of the University of Florida and also of the APA CE committee, and I developed a survey that has been distributed to all ABPP psychologists and many other psychologists across the nation. The survey was to determine how the ASPPB MOCAL proposal fits with current continuing professional development (CPD), as well as to assess how psychologists respond to the possibility of this proposed range of CPD activities. Results indicate that most psychologists already do the activities that are proposed, and ABPP psychologists tend to engage in more continuing professional development activities than do non-ABPP psychologists. The results of the survey are being prepared for publication, and *Professional Psychology: Research and Practice (PPRP)* has indicated an interest in the article. An additional publication is being prepared that will review the ABPP v. non-ABPP results and an additional survey, to gain perspective from consumers, is being considered. We have requested time at the APA State Leadership Conference to present on the findings, and garner further input from leaders in SPTAs.

ABPP's Maintenance of Certification task force, chaired by Chris Nezu, recently held a working meeting, and Carol Webb, president-elect of ASPPB, participated with us in that work. Watch for more information from that meeting and work group in the future; they are working hard on a proposal based on capturing the ongoing activities in which ABPP psychologists engage to maintain competence in a specialty area.

ABPP Central Office Update

The Central Office notes essential changes implemented since the inauguration of our new ABPP website in the Fall of 2009. See our webpage at: <http://www.abpp.org>. Our website now allows specialist applicant candidates and early entry applicants to process applications and fees entirely online. This makes immediate processing of applications and fees possible. Below are several additional improvements from Central Office:

Ongoing updates to each Specialty Board web page on our ABPP website. Including information about new officers, information from the Specialty Board President, updating procedures and any additional information for the Specialty Board

ABPP members have online registration and candidates can submit payments online for written exams, practice samples, oral exams and to obtain information regarding each step of certification process

Online Application:

- ABPP applicants are able to gather information about board certification and submit their application online.
- The Early Entry application is also online.

We provide hundreds of online Verifications for Credentialing and Verification Companies monthly. There is a nonmember fee for this service. Verifications requested by ABPP Specialists are always free. If you desire a verification send an email to office@abpp.org.

Online registration for workshops (ABPP Summer Workshop Series) and discounts applied for current Specialists and Early Entry applicants is active.

Certificates for newly board certified Specialists are available online.

Online Attestation may be made at the ABPP Attestation Page ([click here and log in](#)). Many Specialists have noted the efficiency of our current specialist attestation process. 2012 Attestations are due January 1st and late after March 31st.

Looking for an ABPP Specialist? It's now easily accessible online to locate someone by Specialty, state, last name, or zip code (use a partial zip code to look in a broad region). [Click here](#) to go to the web page.

ABPP now has its own Facebook Page. You can follow and “like” us by clicking [American Board of Professional Psychology](#). We are also working with a committee on exploring the best way that ABPP can use social media.

For Early Entry Applicants only, a Google Group has been established with currently 127 members to answer questions and/or comments. This group is monitored and answered by Central Office and the President of ABPP. Each quarter, an email goes out to our Early Entry Applicants to touch base and inform them of anything new happening with ABPP.

All files from 2007 and on have been electronically scanned and uploaded; this is a service for those Specialists who want to apply to another Specialty Board.

Central Office received 721 Applications, and had 233 newly board certified specialists processed last year.

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. We know that Specialists are influencing the new generation of Specialists, and we encourage you to share with them how the application has worked for you.



ABPP

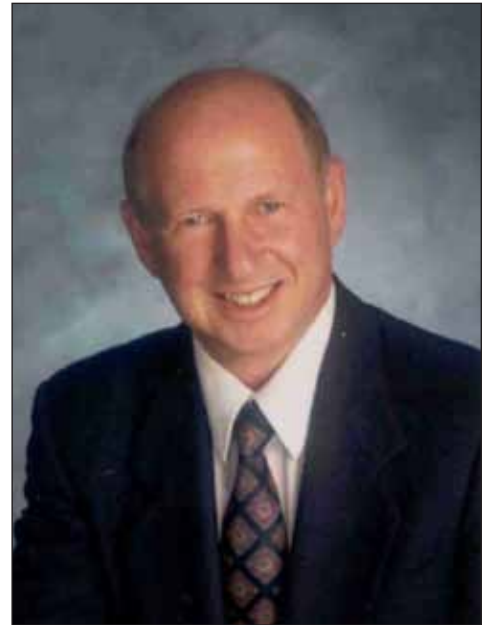
SPECIALTY CERTIFICATION
IN PSYCHOLOGY SINCE 1947

Council of Presidents of Psychology Specialty Academies (CPPSA) Report

CPPSA President, John E. Northman, PhD, ABPP

There have been major changes within CPPSA during the last several years, reflecting the redefinition of relationships between academies and boards. Specifically, as each specialty has defined its own relationship between its board and its academy, the “ripple effects” have been felt throughout all of ABPP.

To briefly recap some history: CPPSA began during the early 1990s, when there were several co-occurring factors. One was a legal opinion that boards and academies should be completely separate, and there should be a clear distinction between activities of boards (giving examinations, defining standards, etc.) and academies (CE, advocacy, recruitment of candidates for ABPP board certification, etc.). Another factor was the marked increase in the number of ABPP specialty boards and hence specialty academies. Still another factor was that all the specialty boards were integrated and connected through the ABPP BOT; there was no “counterpart” for integrating the academies. Thus CPPSA became the organization that provided a forum for the academies to share and address common issues and concerns that cut across specialties.



During the past few years there have emerged questions concerning both the necessity and desirability of such complete separateness between boards and academies. As a result of recommendations from the Board-Academy Relations Group, each specialty may now choose for itself (within limits) how it wishes to define its relationship between its board and its academy. As may be expected, there are wide differences among the 14 ABPP specialties, ranging along a continuum from a complete merger of a board and an academy to a complete separation between board and academy.

So within this state of flux, what is CPPSA’s role? I wish to address that by first considering a well-recognized major objective within all of ABPP: To increase the number of psychologists who pursue board specialty certification. We all know the challenge of that task. During the past year I spoke with many key leaders in psychology, both inside and outside APA and inside and outside of ABPP. Two themes consistently emerged:

1. The importance of engendering a cultural change whereby board certification in one or more specialties becomes an expectation in the professional development of a psychologist.
2. The importance of furthering connections and collaborative relationships with other psychology entities, and in particular the APA divisions, so as to begin to engender that cultural change.

These two themes have now been combined into a single charge, which CPPSA formally adopted at its meeting in Washington during the APA convention this past August: **To further connections and collaborative relationships with other psychology entities, and in particular the APA divisions, so as to begin to engender a cultural change whereby board certification in one or more specialties becomes an expectation in the professional development of a psychologist.**

One of the principal ways of beginning to engender culture change is through leadership involvement of Board Certified specialists in various organizations together with linking of those individuals in some way with ABPP, the examining boards, and/or the Academies. APA Divisions seem to be most important for this linking. Many divisions have ABPP board-certified psychologists in leadership positions. Effective academy-division collaboration, whether formal or informal, and the slow but steady culture change that can result, would be a win-win for everyone.

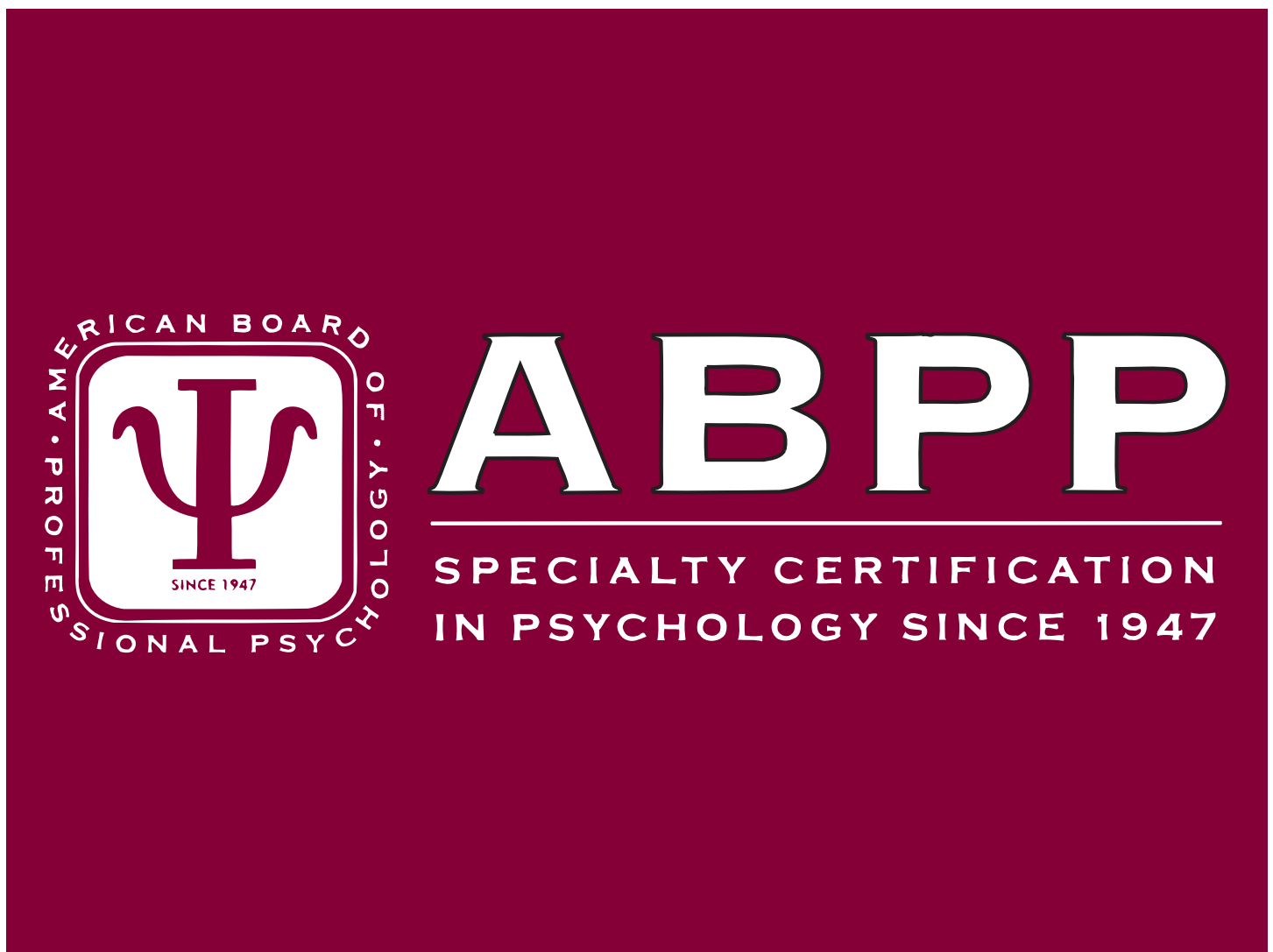
To be successfully carried out, a charge needs an action plan. At that same meeting in August, CPPSA agreed to the following:

- To ask each academy to identify at least one additional division with which it can begin to link
- To go through the remaining divisions, especially those with a large number of special assessment payers, and identify an academy that would be willing to initiate steps to implement the above charge

The initial report back occurred during the CPPSA conference call this past October. As of that date academies have identified a total of 26 APA divisions with which one or more academies have an existing relationship or will explore establishing a relationship. The specific divisions identified (and there may be more, as there are a few academies that have not reported) are: 7, 12, 13, 15, 16, 17, 18, 19, 20, 22, 25, 33, 35, 36, 37, 38, 40, 41, 42, 43, 44, 45, 51, 53, 54, 56.

I wish to highlight one other CPPSA initiative that emerged during 2011 and will be first implemented in 2012. There are many professional organizational meetings at which an ABPP booth would be appropriate and helpful in promoting ABPP board certification, and CPPSA has decided to commit funds to establish this visible presence at suitably selected meetings. This will first happen at the APPIC meeting in April 2012, when ABPP Executive Officer David Cox will be at the ABPP booth and, as a significant “extra”, he will be on the program itself conducting a two-hour workshop titled “Advances in the Culture of Competence in Psychology: Demonstrating Competence through Continuing Professional Development.”

It’s an exciting time for CPPSA and ABPP. Stay tuned.



ABPP Foundation Update

Foundation President, Chris Maguth Nezu, PhD, ABPP

2010 the American Board of Professional Psychology Foundation was formally recognized by the IRS as a charitable organization. The development of the ABPP Foundation was spearheaded by Dr. Al Finch, who was a past president of the American Board of Professional Psychology (ABPP), and also served as the inaugural Chair of the Foundation Board of Trustees.

The ABPP Foundation provides a specific venue by which to receive, administer, and expend funds for charitable and educational activities, related to its purpose: to provide support for continuing professional education and development for psychologists, with the intent of improving the health and well-being of the general public. The Foundation supports activities that are relevant to competent specialty practice, and its support can also be provided for projects that develop and disseminate information that enhances public health through its training opportunities. The Foundation's fund-raising efforts are grounded in the development and promotion of competent specialists by way of scholarships, institutes, training programs (either ongoing or time-limited), and other activities that increase accessibility of underserved populations to board-certified psychology specialists.



The Foundation Board of Trustees met in August, 2011 for the purpose of developing a strategic plan that would move us forward toward our goals. Our research regarding principles of successful fundraising led us to advance an initial approach toward fund development that would provide us with a solid start toward the Foundation's future. During this initial meeting the Foundation Board of Trustees also identified areas where policies and procedures need to be developed over the coming year concerning the infrastructure of our organization, the process by which funds would be awarded, and began planning for future funding campaigns, donor outreach, and donor recognition. Our first steps involve the recruitment of a volunteer ambassador workforce, which is described in the following paragraphs, and an opportunity for the ABPP leadership to make an initial investment in the ABPP Foundation. The result of our volunteer recruitment will consist of the formation of a League of Ambassadors.

The League of Ambassadors

Over the next few months we will invite a select group of individuals to join the ABPP Foundation League of Ambassadors. This volunteer work force will shape the next four years of fundraising efforts, and assist the ABPP Foundation Board of Trustees in developing the policies and procedures for the organization. Their primary role will be to develop needed efforts toward outreach in each specialty area. We are looking for individuals who will provide us with innovative ideas for the wide range of tasks and activities associated with all Foundation initiatives. We are asking for interested individuals to nominate themselves or someone they believe would invest their time and effort toward the mission of the ABPP Foundation. The commitment involves active and ongoing communication with members of the ABPP Foundation Board of Trustees to develop materials, policies, and plan both giving campaigns and various functions and events. Interested individuals who have a commitment to serve the Foundation are asked to send their nomination (or self-nomination) materials, including a brief (two paragraph maximum) statement of interest and curricula vitae to me by March 23, 2012. Please send all materials to the following address:

Dr. Chris Maguth Nezu, Nezu Psychological Associates, 1616 Walnut Street, Suite #1806, Philadelphia, PA 19103, Telephone 215-837-6624

Initial Report of our Fundraising Campaign

Although our Foundation development is only in its nascent stage, as Chair of the (ABPP) Foundation, I am delighted to announce that that we are off to an exciting start for the initial stage of our development efforts. Specifically, we have reached out to the ABPP leadership for an initial donation that establishes our organizational commitment to the future of the Foundation. This approach can best be described as an “inside-out” strategy, in that we recently made an appeal for donations to all ABPP Trustees, ABPP Foundation Trustees, Specialty Board Officers, and Academy Board Officers. As of this date, 100% of the ABPP Foundation Board, and 100% of the 2011 Executive Committee of ABPP have made an initial contribution as a show of strong support for ABPP Foundation development. Additionally, well over 50% of the ABPP Board of Trustees has already made an initial contribution with almost all trustees pledging to do so by the beginning of 2012.

During the coming year, as we continue our efforts of outreach to all ABPP specialists, appealing for an initial donation. We plan raise an initial \$50,000 from board-certified specialists so that we can promote our mission of support for educational programs regarding psychology board certification to the profession, general public and related professions.

This appeal will be sent out to all specialists in the coming months and we ask you to join the ABPP leadership in providing a generous start to our initial efforts. If you don't want to wait for a formal appeal, and would like to make an initial donation right now, we have provided you with easy instructions below.

Instructions for Donating to the ABPP Foundation

You may use your credit card (Visa or MasterCard) securely online through the webpage at www.ABPP.org and linking on the left side of the page to “ABPP Foundation.” As a board-certified specialist, if you already have login information for the website, you will be requested to log in. If you are not, you will be asked to register on our website prior to submitting your donation.

You may also use the direct link to the foundation: <http://www.abpp.org/i4a/pages/index.cfm?pageid=3577>

Checks are also welcome and may be made payable to The ABPP Foundation and sent to 600 Market Street, Suite 300, Chapel Hill, NC 27516.

You may designate your contribution to one of the following funds:

The General ABPP Foundation Fund

The Dr. Lynn Rehm Memorial Fund - Designated to be used for enhancing opportunities for students of professional psychology.

The Dr. James Besyner Memorial Fund - Designated to be used for enhancing opportunities within the specialty of Clinical Psychology.

The Kaslow Family Fund - Established to support scholarships related to multicultural and/or international work with children, adolescents, adults and their families by early career psychologists

The Nezu Diversity Fund - Designated to be used for enhancing training, education, and professional development for individuals related to diversity.

Suggested Initial Donation: \$250.00 or the equivalent of a fee for one hour of your time.

You may consider making an initial Multi-year Pledge Donation: \$50.00 per year over the next 5 years

All initial donors who make a contribution by April 1, 2012, will be designated as “Founding Donors” of the ABPP Foundation and will be listed on the ABPP Foundation Webpage, as well as the program materials for the continuing education conference in July, 2011, and the ABPP Convocation in August, 2012.

A Future Culture of Giving

ABPP certification remains the Gold Standard for Specialty Board Certification in Professional Psychology. As such, we believe that it is important to provide ongoing support for professional competency evaluation to insure the integrity of psychology specialty practice and provide the public with greater access to board-certified psychologists. In order to maximize our efforts toward specialty continuing education, increasing the diversity of available board certified specialists and promoting board certification to the general public and other relevant organizations, your help is essential. In the coming year we will construct an array of options regarding both the type of gift and level of giving that specialists may wish to support. These may include providing funding for the honorarium for a featured speaker at the ABPP continuing education workshop series, or to sponsor an additional future presentations by board-certified specialists who are recognized experts in specialty practice associated with a specific area or population (for example, clinical neuropsychological evaluation of combat veterans, family intervention in underserved or disadvantaged areas, cognitive-behavioral children with attention deficit, etc.).

Other opportunities for giving will include making a donation to one of our current designated funds. It may involve a single generous gift, or a more conservative multi-year pledge. It may involve a legacy donation that is included in your estate planning, and increasingly generous levels of support will be recognized through awards, public recognition, and donor events.

Please consider this and future ABPP Foundation appeals as we move forward to a time when our peers and the public view ABPP specialty board certification as the requisite for their trust and confidence. On behalf of the ABPP Foundation Board of Trustees, we wish all a healthy and successful New Year.



ABPP

SPECIALTY CERTIFICATION
IN PSYCHOLOGY SINCE 1947

Editor's Column and Specialist Submission Guidelines

Specialist Editor, Robert Hill, PhD, ABPP

The Winter Edition of the ABPP *Specialist* includes several new features. First, is an opportunity to earn continuing education units (CEUs) free for reading selected *Specialist* articles. Once you complete a CEU article click the link at the beginning of each article and then answer the corresponding content questions. The articles comprise presentations from notable ABPP practitioners and scholars at major ABPP events including the annual ABPP Convocation which is held in conjunction with the annual meeting of the American Psychological Association. Ron Levant's article on Men and Masculinity is the most recent presentation from this venue. Other articles, like the contribution in this issue by Alina Suris PhD, ABPP, are prepared especially for the ABPP Specialist to cover topics of importance in contemporary professional practice. Second, *the Specialist* is expanding information about ABPP members and encouraging the contribution from past members and leaders of our association. These submissions can be found in the following sections: Historians Corner, Letters to the Editor: "Members Accomplishments". Finally, I encourage you to log on 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 are considering a *Specialist* submission don't hesitate to send me an email, bhill@ed.utah.edu and we can dialogue further about your ideas.

Below are the *Specialist* submission guidelines. These appear in each issue of *the Specialist*.

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.

ABPP Awards

Distinguished Service Award to the Profession of Psychology

Colonel Hans V. Ritschard, PhD, ABPP – Clinical Psychology

Distinguished Service and Contribution to the American Board of Professional Psychology Award

(Established in 2006 as the Russell J. Bent Award)

James K. Besyner, PhD, ABPP (posthumously) – Clinical Psychology

Mary R. Hibbard, PhD, ABPP – Rehabilitation Psychology

Daniel E. Rohe, PhD, ABPP – Rehabilitation Psychology

New BOT Representatives

Jerry Sweet, PhD, ABPP - Treasurer-Executive Committee

Alina M. Suris, PhD, ABPP - Secretary - Executive Committee

John Piacentini, PhD, ABPP - Clinical Child & Adolescent Psychology

Larry C. James, PhD, ABPP - Clinical Health Psychology

M. Victoria Ingram, PsyD, ABPP - Clinical Psychology

Deborah Koltai Attix, PhD, ABPP - Clinical Neuropsychology

Sylvia Marotta, PhD, ABPP – Counseling Psychology

John Thoburn, PhD, ABPP - Couple & Family Psychology

Christina Pietz, PhD, ABPP – Forensic Psychology & Ethics

Joel C. Frost, EdD, ABPP – Group Psychology

Michael K. West, PsyD, ABPP - Organizational & Business Consulting Psychology

Michael J. Cuttler, PhD, ABPP - Police & Public Safety Psychology



ABPP

SPECIALTY CERTIFICATION
IN PSYCHOLOGY SINCE 1947

Summer Workshop Series Announcement

David Cox, PhD, ABPP and Randy Otto, PhD, ABPP

What do Independence Hall, the Betsy Ross House, Elfreth's Alley, South Street, the Liberty Bell, the Philadelphia Museum of Art, Carpenter's Hall, and Headhouse Square all have in common?

They are all within walking distance of the Hotel Warwick, the site of the ABPP 2012 Summer Workshop Series. Half-day and day-long workshops, focused on a diversity of specialty areas, and featuring a variety of renowned speakers are on the agenda, as is fraternization with your colleagues that seems most appropriate for a meeting that takes place in the City of Brotherly Love. A total of 20 workshops on topics as diverse as police psychology, ABPP preparation,



forensic mental health practice, and suicide assessment and intervention will be offered over four days in July, punctuated with a number of social activities. Together, this will provide ABPP specialists the opportunity to learn about contemporary practice, catch up with old friends, and make new ones. Featured speakers include APA President-Elect Donald Bersoff, JD, PhD, ABPP (School Psychology)-who will present a day-long workshop on ethics, Jeffrey Younggren, PhD (Clinical Psychology) who will present on risk management in the age of electronic communication and Ruben Gur, PhD, ABPP (Clinical Neuropsychology) who will present on practice opportunities related to genomics.

ABPP Executive officer David Cox, PhD, ABPP (Rehabilitation Psychology) predicts that the Philadelphia program will take advantage of momentum that began two years ago, when ABPP hosted its first meeting in Portland, which was followed by a second successful meeting in the summer of 2011 in San Francisco. Dr. Cox attributes growing attendance and interest in the summer workshop program to the reasonable costs for ABPP-certified psychologists, presentations by top-notch speakers on focused topics, and selection of top locales.

The Summer Workshop Series has been a terrific opportunity for staff to meet many of you, as well. Lanette Melville, Nancy McDonald, and Diane Butcher of ABPP Central Office have assisted with past workshops, finding the chance to put faces with names and get to know ABPP specialists and those "in the pipeline" an enjoyable and rewarding experience. Please take the opportunity to meet them while you are in attendance.

We expect to have several repeat sponsors such as Oxford University Press, Pearson, and PAR as well as new exhibitors including APAIT and La Salle University. Be sure to stop by and learn about their ABPP Summer Workshop Series special offers.

With respect to ABPP's next locale, Philadelphia is best described as a city where national landmarks and cultural hotspots come together to create a vibrant tapestry of art, history, nightlife, food and music. Philadelphia has all the amenities of big city life with quaint hometown charm-making it a perfect place to bring your family or catch up with old friends and colleagues. World-renowned attractions, tax-free shopping on clothing, a global dining scene, history at every corner, beautiful parks and streets bursting with a love of the arts make Philadelphia a premier destination. Once you've arrived, you'll discover that getting around is easy and affordable. As one of the most walkable cities in the nation, everything you need for an unforgettable visit is just outside your doorstep. In the heart of the city is Independence National Historical Park, America's Most Historic Square Mile, and home to the Liberty Bell Center, Independence Hall, National Museum of American Jewish History, President's House, National Constitution Center, Independence Visitor Center and much more. Easy-to-navigate streets, helpful maps and downtown ambassadors are all here to make any visit to Philadelphia welcoming, warm and simple.

In any case, the summer workshop program in Philadelphia promises to be an exciting meeting in a great venue. Make plans to attend, and remember to bring your walking shoes and appetite. Go to www.abpp.org to register!

ABPP 2012 Summer Workshop Series

Wednesday July 11, 2012

Half Day Workshops

Foundational Scientific Knowledge in Police & Public Safety Psychology **Wed a.m.**

Michael J. Cuttler, PhD, ABPP

This workshop presents, reviews, and details key elements of core scientific knowledge, data analysis, research design/interpretation, test construction and evidence based practice in Police and Public Safety Psychology. The workshop is intended for practitioners in all four ABPPSP domains (assessment, intervention, operational support, and organizational consultation) who wish to review/refresh their knowledge in scientific based practice as well as for those currently considering or in the process of applying for ABPPSP Board Certification.

Core Legal Knowledge in Police & Public Safety Psychology **Wed p.m.**

David Corey, PhD, ABPP

This workshop presents the modal legal knowledge needed by a psychologist providing assessment, intervention, operational support, or organizational consulting services to police and public safety agencies or personnel. This overview is intended both for the novice and experienced specialist seeking a review of contemporary and landmark court decisions, as well as essential legal statutes and regulations.

Full Day Workshops

Current Ethical Conflicts in Psychology **Wed**

Donald N. Bersoff, PhD, JD, ABPP

This workshop explores some major issues facing professional psychologists, focusing on APA's ethical principles (including the 2010 revisions), the enforcement of the code, the problem of the code's ambiguity, and an alternative framework for resolving ethical dilemmas. Some of the topics to be covered include the controversy over multiple relationships, minefields concerning privileged communication and confidentiality, managing risk with violent clients, and the new Specialty Guidelines for Forensic Psychologists.

Wednesday July 11, 2012

Painful Partings: Divorce and Its Aftermath: Upheavals and Opportunities **Wed**

Florence W. Kaslow, PhD, ABPP

Divorce is one of the most stressful and painful life experiences and so many families experience it. This workshop will cover phases of the divorce process, the tasks and challenges that need to be handled at each stage, the idiosyncratic reactions of each member of the couple and family going through the divorce, and its sequelae, and the impact of the interaction with larger external systems, particularly the legal and judicial systems. Various therapeutic interventions that may constitute the treatment of choice for some or all members of the divorcing family at the different stages of the process will be discussed.

Saving Lives: Suicide Assessment, Intervention, Prevention, and Postvention **Wed**

Nadine J. Kaslow, PhD, ABPP

This workshop will be designed to help clinicians feel more competent at understanding, assessing, and treating suicidal youth and adults; preventing suicidal behavior in children, adolescents, and adults; and assisting families and communities who have lost a loved one to suicide. This workshop will begin with facts about suicide,

comments about myths versus factors, and a delineation of the key explanations for suicidal behavior. Attention will be paid to the conduct of a comprehensive suicide assessment in individuals across the lifespan, with consideration given to both risk and protective factors. There will be an in-depth discussion of the range of evidence-based biopsychosocial treatments for suicidal youth and adults. This will be followed by a delineated of evidence-based prevention efforts, including education, screening, means restriction, and media guidelines. Next, there will be an examination of the extant post-intervention efforts, those designed to help family members and communities cope with and heal from the loss of a loved one to suicide. Vignettes and group activities will be used to illustrate assessment, intervention, prevention, and post-intervention efforts. Finally, the audience will be engaged in a dialogue about their own reactions to working with suicidal persons, their personal experiences with losing someone to suicide and how this impacted them and how they coped, and their feelings about working with families and communities after they experience a death by suicide.

Thursday July 12, 2012 Half Day Workshops

Preparation for Board Certification in Police & Public Safety Psychology **Thur a.m.**
Philip S. Trompetter, PhD, ABPP

This workshop presents a detailed description of the application and examination procedures leading to board certification in the American Board of Police & Public Safety Psychology (ABPPSP). It explores common pitfalls encountered by applicants and presents strategies for avoiding common errors. Designed for prospective applicants and current candidates, the workshop includes a discussion of recent changes to the practice sample review and oral examination procedures based on the 7th Edition of the ABPPSP Examination Manual.

ABPP Prep – Multispecialty Review: **Thur a.m.**
The New Culture of Competency in Professional Psychology
David R. Cox, PhD, ABPP
Nadine J. Kaslow, PhD, ABPP
Gregory P. Lee, PhD, ABPP

This workshop will present background on the American Board of Professional Psychology, the developing “culture of competency” in professional psychology and information regarding board certification in professional psychology. Whether practicing as a generalist or specialist, psychologists are responsible to the public to provide competent care. The means of understanding and defining competency in psychology have been a focus of many inter-related professional groups within the field of psychology. Competency in psychology evolves within an individual throughout professional development, with many shared areas of competency across specialty areas that might otherwise have relatively unique aspects. The current presentation will offer attendees the opportunity to learn about Foundational and Functional Competencies as defined by the APA Competency Benchmarks Workgroup, and also details regarding how the ABPP board certification process addresses competency in various specialty areas of psychology. Attendees will learn about the generic as well as specialty-specific requirements for board certification through ABPP.

Common Behavioral Neurology Syndromes **Thur p.m.**
for the Practicing Clinical Psychologist
Gregory P. Lee, PhD, ABPP

This workshop will review the most commonly encountered behavioral neurological syndromes including dementia, delirium, acquired language disorders, hemineglect syndrome, frontal lobe syndromes, and attentional disorders. The principles of cerebral lateralization and localization describing the behavioral geography of brain will be followed by review of the syndromes and the common neurological conditions that cause them. The rel-

evant underlying functional neuroanatomical relationships, course of the disease, and ultimate prognosis will be covered, and each of the syndromes will be illustrated by case examples.

Treatment of PTSD in Emergency First Responders

Thur p.m.

Mark Kamena, PhD, ABPP

Police, fire, military and other public safety workers may, as a result of certain critical incidents, experience symptoms of depression, anxiety, posttraumatic stress, marital problems and substance abuse. They are also resilient and experience growth following their involvement in these incidents. However, it is often difficult for them to admit that they are experiencing mental health problems and they are reluctant to seek help. Effective treatment depends upon building trust, which helps to develop therapeutic relationships. Treatment options, including the use of peer support, will be discussed.

Full Day Workshops

Behavior Therapy for Adolescents and Young Adults Diagnosed with Autistic Spectrum Disorders

Thur

Daniel C. Marston, PhD, ABPP

There is considerable attention given to behavioral services that can be used for helping children diagnosed with autistic spectrum disorder. But the availability of practical information about helping teenagers and young adults with diagnoses on the spectrum is considerably more limited. This is even more the case when one tries to go beyond the material on applied behavior analysis that is often the focus of childhood autism research. A review of the relevant clinical literature shows that there are several types of behavioral therapy interventions that can be helpful for teenagers and adults with autistic disorders and this presentation will focus on a summary of that literature. There will be an emphasis on both the types of interventions that show the most promising support and practical ways that they can be implemented for helping individuals.

Adventures on the Electronic Frontier: Ethics & Risk Management in the Digital Era

Thur

Jeffrey N. Younggren, PhD, ABPP

This cutting edge workshop will provide those who attend with an overview of the beginnings of the evolution of regulatory policy for both psychologists interested in using telepsychology and those who are less prone to embrace this new technology. The workshop will provide practitioners with a method of identifying risks and with a process for developing a risk management strategy based on the approach presented in past workshops and in the Trust publication "Assessing and Managing Risk in Psychological Practice: An Individualized Approach."

Friday July 13, 2012

Assessment & Treatment of Bipolar Disorder in Children

Fri

Mary A. Fristad, PhD, ABPP

In this workshop, Dr. Fristad will first provide an overview of the assessment of bipolar disorder in children—what it is and what it isn't, and how to complete a diagnostic evaluation. Next, she will provide an overview of biopsychosocial treatment for bipolar disorder in children. Then, she will present two variations of evidence-based psychotherapy, multi-family and individual-family psychoeducational psychotherapy (MF-PEP, IF-PEP) and review PEP treatment strategies.

**Forensic Mental Health Assessment:
A Principles-Based Model**

Fri

Kirk Heilbrun, PhD, ABPP

This workshop will focus on the current iteration of broad, foundational principles of forensic mental health assessment. By focusing on each principle in the presentation and discussion, and providing participants with relevant scientific and professional literature, the workshop provides an opportunity to consider, debate, and draw conclusions about good forensic practice across a variety of clinical-legal topics.

Evidenced-Based Assessment of Learning Disabilities and ADHD in Adults **Fri**

Robert L. Mapou, PhD, ABPP

This workshop will describe evidence-based strategies for assessment of learning disabilities and ADHD, using a neuropsychological perspective. Participants will learn about recent research, characteristics of learning disability subtypes, and evaluation methods. Details of the evaluation will include key historical factors, a cognitive framework for assessment, and specific checklists and tests. Additional topics will include brief batteries when time is limited, disability determination, and documentation requirements. Reasonable accommodations for school and the workplace, and interventions will be covered briefly. Applications will be illustrated with case examples.

**Problem-Solving Therapy Principles:
Applications for Depression, Chronic Medical Illness, and Recently Deployed Veterans**

Fri

Arthur M. Nezu, PhD, ABPP

Problem-Solving Therapy (PST) is a cognitive-behavioral, evidenced-based system of psychotherapy that is geared to enhance one's ability to effectively cope with the stress associated with a variety of major and minor life events in order to decrease and/or prevent health and mental health problems. This workshop will train participants in its basic intervention principles in order to treat various patient populations, including individuals experiencing major depressive disorder, medical patients suffering from a chronic illness (e.g., cancer, heart disease, diabetes), and returning Veterans having reintegration difficulties.

Saturday July 14, 2012

Half Day Workshops

**Psychologists in Integrated Primary Care:
Developing Clinical and Administrative Competencies**

Sat a.m.

Helen L. Coons, PhD, ABPP

Patients of all ages are routinely seen in primary care settings for physical, psychosocial, health behavior, mental health and substance abuse issues. This applied workshop will focus on clinical and administrative competencies necessary for psychologists in integrated or collaborative settings such as internal and family medicine, and obstetrics and gynecology. Topics will include: brief consultations and treatment for common health (e.g., insomnia, obesity) and mental health conditions (e.g., depression, panic disorder); communication skills and strategies; team building techniques; and administrative challenges and strategies. Case examples will be given for primary care settings in the private and public sector.

**Women's Depression over the Lifespan:
Improving Well Being with Prevention and Treatment Strategies**

Sat p.m.

Helen L. Coons, PhD, ABPP

Depression occurs more frequently among women than men, worldwide. In addition, women are more likely to seek psychotherapy for depression, and receive more prescriptions for antidepressants in the US. This skills-

focused workshop will focus on interdisciplinary assessment, treatment and prevention of depression in women across the life span. Biopsychosocial factors which place women at risk for depression throughout their lives and evidence-based treatments which improve outcomes will be reviewed. Case discussions with workshop participants will highlight diverse women at different points in the life cycle (i.e., pregnancy, post-partum, the menopausal transition and elderly) with a broad range of psychological, social, relational and physical factors underlying their depression.

Full Day Workshops

How to be a Neuropsychology Player in the Large Scale Genomics Revolution

Sat

Ruben C. Gur, PhD, ABPP

Vast resources are being invested in genomics which, combined with informatics, has been yielding insights into gene-environment interactions across medicine, paving the way to “personalized medicine”. In complex brain disorders, genomics have moved away from disease-based diagnostic categorization and toward dimensional measures, that and the complexity of the phenotypes necessitate large samples to control for false discovery rates. Therefore, large scale studies have been underway, and even larger are contemplated. Part of phenotyping relevant to brain disorders is behavior, and the aspect of behavior most attractive is that that can be linked to brain systems. So neuropsychologists can play a major role (and get jobs) in this research, and in the workshop I’ll describe my experience as neuropsychologist in studies with thousands of participants from diverse populations. Results will be presented to illustrate the methodology and discuss findings.

Preparing for Examination for ABPP Board Certification in Clinical Neuropsychology: ABCN Policies and Procedures

Sat

Linas Bieliauskas, PhD, ABPP

Diane Howieson, PhD, ABPP

Specialty board certification in Clinical Neuropsychology through the American Board of Clinical Neuropsychology (ABCN) for all practicing and teaching clinical neuropsychologists is a major goal of the American Academy of Clinical Neuropsychology (AACN). This includes Clinical Neuropsychologists work with children, as well as those who work with adults. This workshop is designed to familiarize the potential candidate with the policies and procedures of the ABCN examination and to provide advice on study and preparation. The history of the development of board certification is reviewed, current procedures are described, and the process of examination is explained. Hands-on practice with the kinds of questioning which may occur during different sections of the examination will be provided and participants will have the opportunity to either participate in or observe simulations of portions of the examination. All participants are also encouraged to bring along a single clinical case report (without raw data), appropriately blinded, which will be reviewed and for which a brief evaluation will be provided. The extensive resources available for exam preparation through AACN will be described and access to them explained. At the end of this workshop, participants should be thoroughly familiar with the ABCN process and feel prepared to submit their credentials and work for peer review and examination.

Overview of Cognitive Processing Therapy Workshop

Sat

Patricia A. Resick, PhD, ABPP

The purpose of this workshop will be to provide participants with an overview of cognitive processing therapy (CPT), an evidence-based treatment for PTSD. CPT is a 12-session cognitive therapy protocol that has been demonstrated to be effective for the treatment of PTSD and depression resulting from a range of traumatic events and can be implemented as an individual or group treatment. After an introduction to the theoretical underpinnings of the therapy and research base, participants will learn the progression of sessions.

2010 ABPP Distinguished Service to the Profession of Psychology Award Address

1 CEU available. 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**.

Title: The Psychology of Men and Masculinity: A Personal Perspective

Ronald F. Levant, EdD, ABPP, The University of Akron

I am sometimes asked: "How did you get involved in the psychology of men and masculinity?" My answer to that question illustrates how, for some of us, career choices are often based on our personal lives. During graduate school and the early years of my career, my personal life was focused on my relationship with my daughter following my divorce. This involved frequent trips to Manhattan and spending summers with her living at my home in the Boston area. I found this "involved father" role very difficult. In short, I felt inadequate as a father. Being a traditionally-raised man, I did what most such men do, which is to not admit any vulnerability nor seek any help, but rather just kept trying to do the job. Meanwhile I was holding myself out as an expert on parenting in my teaching and research. Needless to say I could not help but feel fraudulent, or at the least, that this was a case of the nearsighted leading the blind.



The 1979 film *Kramer vs. Kramer* illustrated how difficult and awkward it could be for a man of my generation to perform a fully involved parental role. I credit that film with an epiphany that helped me to view my difficulties as not simply reflecting my personal failings, but rather as a part of a larger social change, in which men, in response to changes wrought by the women's movement, were enacting parental roles for which they had received little prior preparation. This led me to focus my scholarship first on fathers, in the Boston University Fatherhood Project (Levant & Kelly, 1989), then in the psychology of men and masculinity.

In making this transition, I sought out and worked with Joseph Pleck, one of the major researchers in the then-emerging new psychology of men and masculinity, serving as a Research Associate with him at the Center for Research on Women at Wellesley College in 1980. Pleck was at that time developing the Gender Role Strain Paradigm, formally introduced in the *Myth of Masculinity* (Pleck, 1981), which has been the overarching theoretical framework for my research and indeed, for the field of the psychology of men and masculinity.

The Gender Role Strain Paradigm

The Gender Role Strain Paradigm is a social constructionist perspective which views gender not as biologically determined, but rather as psychologically and socially constructed. It is called the Strain Paradigm because it posits that the imposition of gender roles on a developing child causes several kinds of psychological strain. The Strain Paradigm was put forth as an alternative to the older Gender Role Identity Paradigm, which was the dominant perspective in research on gender in the U. S. from 1930 to 1980. The Gender Role Identity Paradigm assumed that people have powerful psychological needs to form a gender role identity that matches their biological sex, and that optimal personality development hinged on its formation. It was an essentialist perspective (Bohan, 1997).

Presuming that masculinity is rooted in *actual* gender differences, the Gender Role Identity Paradigm has attempted to assess the personality *traits* more often associated with men than women, using the Bem Sex Role Inventory (Bem, 1974) and the Personal Attributes Questionnaire (Spence and Helmreich, 1978). In contrast, in the Gender Role Strain Paradigm, studies assess individual differences in the endorsement of and conformity to masculine norms. Whereas the masculine male in the identity/trait approach is one who possesses particular personality traits, the traditional male in the ideology/normative approach is one who endorses the ideology that men *should* have sex-specific characteristics (and women should not).

The Gender Role Strain Paradigm is congruent with Social Structural Theory (Eagly & Woods, 1999), the view that gender differences in human behavior lie in the differing placement of women and men in the social structure. Eagly and Woods (1999), the originators of Social Structural Theory, found that Social Structural Theory had greater power than Evolutionary Psychology in explaining gender differences regarding mating choices and behavior.

The Gender Role Strain Paradigm views the genders as more similar than different, and is thus congruent with Hyde's (2005) Gender Similarities Hypothesis -- an alternative to the popular and scientific view that gender differences are large, and that "Men are from Mars and Women are from Venus" (Gray, 1992). Hyde provided support for the Gender Similarities Hypothesis by reviewing 46 meta-analyses on gender differences in psychological variables, and found that 78% of effect sizes were small or trivial. For the most part, these meta-analyses revealed overlapping bell curves, where within group differences were more important than between group differences.

Masculinity Ideology is the core construct in the Gender Role Strain Paradigm. Masculinity Ideology is the internalization of cultural belief systems and attitudes toward masculinity and men's roles (operationally defined by gender role stereotypes and norms). Through social influence processes resulting in reinforcement, punishment, and observational learning, masculinity ideologies inform, encourage, and constrain boys (and men) to conform to the prevailing male role norms by adopting certain socially-sanctioned masculine behaviors and avoiding certain proscribed behaviors.

Measuring Masculinity Ideologies: Male Role Norms Inventory (MRNI)

Levant et al. (1992) developed the Male Role Norms Inventory (MRNI) to measure masculinity ideologies. The MRNI is a 57 item scale with eight theoretically derived scales: Avoidance of Femininity, Fear and Hatred of Homosexuals, Self-Reliance, Aggression, Achievement/Status, Non-relational Attitudes Toward Sexuality, and Restrictive Emotionality, all of which measure traditional norms, and Non-Traditional Attitudes Toward Masculinity, which measures non-traditional masculinity ideology.

Multi-cultural and other investigations using the MRNI over a 15 year period (1992-2007) were summarized by Levant and Richmond (2007). These authors concluded that masculinity ideology varies according to gender, age, marital status, culture (ethnicity), race, nationality, sexual orientation, and disability status, which supports the central proposition of the Gender Role Strain Paradigm that masculinity is socially constructed. For example, one study compared European American college students to African American college students, and found that African American college students endorsed masculinity ideology in a more traditional direction than did the European American college students (Levant & Majors, 1997). A follow-up study then compared African American college students from the South to African American college students from the North, finding that those from the South endorsed masculinity ideology in a more traditional direction than did those from the North, showing that the crucial variable was not race but rather culture (Levant, Majors & Kelly, 1998). If masculinity was intrinsic and hard-wired, how could it vary with such social-demographic factors?

Another point that needs to be emphasized is that thoroughly studying masculinity means understanding how it operates in the lives of both men and women, as both genders are affected by it, and both can perform it. As noted by Levant and Richmond (2007), in some societies (e.g., China and Russia; Levant, Wu, & Fischer, 1996; Levant, et al. 2003), men and women have been found to be quite similar in their views of masculine norms. In these instances, nationality moderates the relationship between gender and the endorsement of traditional masculinity ideology. However, in studies of U. S. participants of various races and ethnicities, women tend to reject traditional masculinity ideology to a much greater extent than do men (Levant & Richmond, 2007). These differences may reflect the influence of feminism on U. S. women (and the lack, thereof, on Chinese and Russian women), and suggest that traditional masculinity ideology is a point of contention between the genders in the U. S..

Dysfunction Strain and the MRNI

Dysfunction Strain is one of the three types of gender role strain theorized by the Gender Role Strain Paradigm. It is thought to occur when men conform to traditional masculine norms, because the norms themselves can be dysfunctional, such as the norms of aggression and restrictive emotionality. This proposition has received sup-

port from research which has found that the endorsement of traditional masculinity ideology as measured by the MRNI was associated with a range of problematic individual and relational variables, which include:

- Reluctance to discuss condom use with partners
- Fear of intimacy
- Lower relationship satisfaction
- More negative beliefs about the fathers' role
- Lower paternal participation in child care
- Negative attitudes toward racial diversity and women's equality
- Attitudes conducive to sexual harassment
- Self reports of sexual aggression
- Lower forgiveness of racial discrimination
- Reluctance to seek psychological help.

Trauma Strain and Normative Male Alexithymia

Trauma strain is another of the three types of gender role strain theorized by the Gender Role Strain Paradigm. Gender role socialization influenced by traditional masculinity ideology is thought to be traumatic to boys, forcing them to suppress or repress their natural emotionality, leading to trauma strain. The result can be a mild-to-moderate version of alexithymia, termed Normative Male Alexithymia.

Alexithymia literally means without words for emotions. Sifneos (1967) originally used the term to describe the extreme difficulty certain psychiatric patients had in identifying and describing their feelings, particularly those diagnosed with psychosomatic illnesses, post-traumatic stress disorder, substance use disorders, and chronic pain disorders.

The Normative Male Alexithymia Hypothesis

In addition to the appearance of alexithymia in clinical populations, variability along a continuum of alexithymia symptoms has also been observed in non-clinical populations. I proposed the Normative Male Alexithymia hypothesis in 1992 to account for a socialized pattern of restrictive emotionality influenced by traditional masculinity ideology that I observed in many men. Both working with research participants in the Fatherhood Project, and with clients in clinical practice, I observed that only with great difficulty and practice could many of the men find the words to describe their emotional states.

For example, one of the fathers in Fatherhood Project, "Tim," was complaining about his son who stood him up for a father-son hockey game. I asked "Well, Tim, how did you feel about that?" Tim responded: "He shouldn't have done it," pointing his finger for emphasis. I said "Well, okay, you're right. He probably shouldn't have done it. But how did you feel?" "Feel?" Tim asked, looking at me blankly. I set up a role-play, videotaping the interaction, asking Tim to play himself and another dad to play Tim's former wife when she delivered the news to him that his son had forgotten about the game. I replayed the videotape so that Tim could see his face fall into a frown and his shoulders droop, and asked: "Tim, look at your face there, what were you feeling?" Tim's response: "Hmm, I don't know, I think, I guess, I must have been feeling disappointed. That's it, disappointed." I thought: "I must have been feeling disappointed, with this much coaching! There is something going on here that we do not understand."

I theorized that those men had been discouraged as boys from expressing and talking about their emotions by parents, peers, teachers, or coaches, and some were punished, some very severely, for doing so. Hence, they did not develop a vocabulary for, nor an awareness of, many of their emotions. In particular, these men showed the greatest deficits in identifying and expressing emotions that reflect a sense of vulnerability (like sadness or fear), or that express attachment (like fondness or caring). While restricted emotionality may be adaptive in some ways, particularly in highly competitive environments, my clinical patients often reported significant difficulties in their personal lives and presented with a variety of problems, including marital difficulties, estrangement from their children, substance abuse, domestic violence, and sexual addiction.

The view that socialization plays a role in restricted emotionality confronts the conventional view that boys and men are “hardwired” to be less emotional than are girls and women. The conventional view derives from presumed biologically and psychologically-based intrinsic gender differences in the experience and expression of emotion, in short the Gender Role Identity Paradigm. Levant (1998), in a review of research literature on the emotion socialization of boys concluded that the conventional perspective was not supported by the evidence. Boys start life with greater emotional reactivity and expressiveness than girls and maintain this advantage until one year of age. However, they become less verbally expressive than girls at about the age of two years and less facially expressive by six years. This developmental change suggests that socialization influenced by traditional masculinity ideology shapes emotional behavior along gender-stereotyped lines and may account for gender differences in emotional awareness and expressivity.

Literature Review on Gender Differences in Alexithymia

To assess the extent of gender differences in alexithymia, Levant et al. (2006) reviewed 45 published studies which examined such differences. The 13 studies using a psychiatric or medical sample were examined separately from those that used a non-clinical sample (primarily college students) because emotional dysregulation often accompanies medical and psychological conditions. Not surprisingly, the investigators noted that few studies using clinical samples found gender differences. However, the 32 studies using non-clinical samples presented a very different picture: 17 found males more alexithymic than females, 1 found the reverse, and 14 found no gender differences. Yet this narrative review still left open the issue of the magnitude of the gender difference in alexithymia, as well as the extent of the distinction between clinical and non-clinical samples, if any.

Meta-analysis of Gender Differences in Alexithymia

The alexithymia literature was meta-analyzed (Levant, Hall & Williams, 2009). An effect size estimate based on 41 existing samples found consistent, although expectedly small, differences in mean alexithymia between women and men (*Hedges' d* = .22). Men had higher levels of alexithymia. This effect size is similar to many gender differences reported by Hyde (2005) including math, reading comprehension, self-disclosure, helping behavior, self-esteem, depression symptoms, and moral reasoning. This line of investigation has provided the empirical foundation for the Normative Male Alexithymia hypothesis.

Assessment and Intervention

This line of investigation has also led to the development of clinical assessment and intervention tools. Levant et al. (2006) developed the Normative Male Alexithymia Scale (NMAS). Results of analyses of gender differences, relations with other instruments, and its incremental validity in predicting masculinity ideology, provided evidence supporting the validity of the scale.

Levant (1998, 2006) developed a psychoeducational program for treating Normative Male Alexithymia. Recently manualized as Alexithymia Reduction Treatment (ART), it was assessed in a pilot study (Levant, Halter, Hayden, & Williams, 2009). Levant is currently planning a randomized clinical trial of the efficacy of ART in remediating normative male alexithymia and improving the uptake of therapy for male veterans suffering from PTSD.

Conclusion

We have introduced the psychology of men and masculinity, covering the development of my interest in this field and the gender role strain paradigm. We have also discussed the measurement of masculinity ideologies using the MRNI, two types of masculine gender role strain (dysfunction strain and trauma strain). Finally, we discussed the normative male alexithymia hypothesis, presenting the evidence accumulated to date, and discussed clinical assessment and intervention tools developed from this line of work. It is my hope that this address has provided some insight into the men in your lives and practices, and perhaps offered some new ways to think about men's lives.

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This article is based on the award presentation for the 2010 ABPP Distinguished Service Award to the Profession of Psychology presented at the 2011 convention of the American Psychological Association in Washington, DC. In my presentation, I expressed how deeply honored I am at receiving this award, which is very special to me since I have had a reverence for ABPP going back to my early years as a psychologist. For more information please contact me at Levant@uakron.edu, or visit my website, <http://www.DrRonaldLevant.com>.

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Title: Evaluating Delivery of Evidence Based Psychotherapy for PTSD and MDD:

Tips for ABPP Examiners

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The movement toward the delivery of evidence based psychotherapy as the preferred treatment approach for mental health disorders is a growing one. In 1993, the American Psychological Association's Division 12 (Society of Clinical Psychology) developed a task force with the primary objective of identifying "treatments that work." The mission statement of this task force was to "publish information for both practitioner and the general public on the random assignment, controlled outcome study literature of psychotherapy, and of psychoactive medications (Nathan & Gorman, 1998)." Randomized clinical trials remain the gold standard of distinguishing evidence based therapy from approaches with less rigorous support. While empirically supported treatments provide an opportunity to standardize treatment approaches, some psychologists have expressed concerns about the focus of evidence based psychotherapies on brief manualized therapy approaches (Hays, 2009). As recently as 2006, the American Psychological Association Presidential Task Force on Evidence Based Practice in Psychology attempted to address this concern by defining evidence-based practice as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences (p.271)." This definition allows for clinical judgment to inform the selection and delivery of research based treatment approaches. However, the definition also allows for ambiguity with respect to what constitutes fidelity to empirically supported *treatments* and can create some difficulty for ABPP examiners attempting to determine the extent to which an examinee is providing treatment consistent with treatment standardization. While evidence based practice or incorporating the current research literature into clinical practice is a staple of competent work, this article attempts to shed light on strategies for effectively evaluating the delivery of evidence based psychotherapy for the treatment of Post Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD).



Which therapies am I most likely to have to evaluate?

In 2009, the American Psychiatric Association published practice guidelines for the treatment of PTSD. These guidelines encourage the use of "exposure-based CBTs" such as Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) therapy, and Eye Movement Desensitization Reprocessing (EMDR) (APA, 2009). The US Institute of Medicine has similarly reported "evidence is sufficient to conclude the efficacy of exposure therapies in the treatment of PTSD" (IOM, 2007). The Veteran Affairs/Department of Defense (VA/DOD) has noted that "trauma focused" psychotherapy as well as Stress Inoculation Training "are most strongly supported by RCTs" for treatment of PTSD (VA/DOD, 2010)."

The American Psychiatric Association describes Cognitive Behavioral therapy as well as Interpersonal psychotherapy as effective treatments for Major Depressive Disorder (APA, 2010). Likewise, VA/DOD recommends these two time-limited therapies for the treatment of MDD. These treatments have been validated via randomized clinical trials and involve intensive therapist training to ensure faithfulness to the treatment protocol as standardized. Here we will briefly describe these therapy approaches before discussing strategies to evaluate the appropriateness of an examinee's application of the approaches.

Many of the therapies discussed in this article have their roots in Cognitive Behavioral therapy, utilizing some or many of the elements of this treatment approach. The therapies discussed here were selected because they have been empirically validated and their use supported by agencies such as the US Institute of Medicine, the American

Psychiatric Association, and the Department of Veteran Affairs/Department of Defense for the treatment of PTSD and MDD.

Possible Inquiries for All Therapy Modalities

What is the empirical evidence related to your chosen treatment approach? How does it compare to other treatment options?

What adjustments, if any, have you made to the intervention? Why?

How did cultural factors impact your selection and/or implementation of the treatment?

Did you receive clinical supervision or consultation while learning and applying this treatment modality? Please describe.

How do you know if your treatment intervention was successful? How did you measure progress?

Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) is a highly validated treatment for a variety of mental health disorders and is among the most widely supported empirical approaches. As such, it is likely to be among the more frequently types of treatment examiners are likely to be faced with evaluating. CBT uses cognitive restructuring techniques to modify maladaptive beliefs that are maintaining clinical symptoms. Likewise, behavioral approaches are used to varying degrees to challenge unhealthy assumptions and improve quality of life. There are many varieties of CBT but most involve written or behavioral between session assignments designed to help clients to practice the skills learned within the therapy sessions. Several types of CBT will be discussed here.

Treatment of PTSD

Cognitive Behavioral Therapies are considered the treatment of choice for Post-traumatic Stress Disorder (Cognitive Processing Therapy, Prolonged Exposure Therapy, Eye Movement Desensitization and Reprocessing, and Stress Inoculation Therapy) (Resick, et al, 2002;Foa, et al, 2007; Shapiro, et al, 2007, VA/DOD, 2010). According to the VA/DOD's Treatment Guidelines for PTSD (2010), trauma-focused therapies have yielded the strongest effect size in randomized clinical trials. Present-centered skills training such as Stress Inoculation Therapy have also demonstrated clinically significant results in clinical trials (VA/DOD, 2010).

Cognitive Processing Therapy (CPT)

CPT is a structured, time-limited, cognitive-behavioral therapy (Resick, et al, 2007). Therapists employing CPT focus on an identified traumatic experience. This treatment protocol calls for 12 individual or group therapy sessions with the possibility of an additional session to address traumatic bereavement. Initial sessions focus on psychoeducation regarding PTSD symptoms, cognitive theory, and emotional processing with special emphasis on the relationship between thoughts and emotions. Treatment focuses on trauma-related beliefs with respect to oneself, others, and the world. Cognitions related to trust, safety, intimacy, esteem, and power/control are identified with the therapist assisting the client in evaluated the helpfulness of certain beliefs which have shifted as a result of a traumatic experience (Resick, et al, 2007). CPT typically involves the client writing a trauma narrative, which is a written accounting of the traumatic experience in which the client writes the details of the trauma, including thoughts and emotions experienced. While CPT traditionally includes this narrative component, there is also empirical support for a version of the therapy (CPT-C) that does not include the narrative account of the trauma. While CPT-C does not include the written narrative of the memory, the client does identify unhelpful beliefs related to the trauma with an eye toward modifying these to be more realistic or helpful (Resick, et al., 2007). There are specific reasons one might employ CPT-C instead of CPT and it can useful to encourage examinees to explain their chosen approach.

Possible Exam Inquiries Regarding CPT

1. How did you measure progress?

The measuring of progress in treatment is an important component of many evidence based treatments. In a strong response to this inquiry, an examinee might include objective measures such as the PCL (PTSD Symptom Checklist) and/or BDI-II (Beck Depression Inventory – 2nd Edition) or other measures of PTSD and depressive symptoms. Examinees might also discuss subjective report of the client and their perception of their progress in treatment

2. If the person used CPT-C instead of CPT, how did you decide to use CPT-C?

Possible reasons for choosing CPT-C might be:

- a. The client has a brain injury that makes it difficult to disengage from high levels of emotionality.
- b. The examinee is familiar with research asserting that CPT-C is as effective as CPT (Resick, et al, 2005).
- c. The client has “one foot out the door” and refuses to do a trauma narrative. Of note, while this last reason is most certainly related to avoidance, CPT-C is a viable alternative if the other option is no treatment.

3. What were some of the main stuck points identified?

Stuck points are the maladaptive trauma related beliefs identified in treatment such as “the rape was my fault,” “I’m a bad person because I killed a child in combat,” “people in authority can’t be trusted.”

Prolonged Exposure Therapy (PE)

PE has more than 20 years of supportive research behind it as an effective treatment for PTSD (Foa, et al, 2007). This manualized treatment approach focuses on the avoidance cluster of PTSD symptoms. PE involves the emotional processing of a specific traumatic memory. Like CPT, the therapist assists the client in identifying a discrete episode that can be processed in treatment. This can be challenging when working with survivors of multiple traumas such as in the case of ongoing sexual abuse or combat. Treatment typically lasts between 9 and 15 sessions although it depends heavily on the client’s rate of habituation and can be competently completed in under 9 sessions or more than 15 sessions. PE therapy has four components. The first aspect of treatment involves psychoeducation related to PTSD symptoms, in particular how avoiding thoughts, memories, and feared situations maintain symptoms in the long-term. The second component involves breathing retraining to aid in relaxation. The third component is imaginal exposure. This portion of treatment involves the client retelling the traumatic memory as many times as possible in a 30-45 minute time-span. The therapist asks the client to rate their level of distress every 5 minutes during imaginal exposure. The therapist should also offer support and encouragement during this process as it is typically very difficult for the client to approach their memory of the traumatic event. After the exposure, the therapist processes the experience with the client and asks questions to help them further explore the situation. The fourth component is in vivo exposure or real life exposure. This portion of treatment challenges clients to approach feared situations that are objectively safe despite being reminders of the trauma (i.e. a crowded shopping mall, watching a war movie, etc.). The client creates a hierarchy of feared situations and gradually works up the list. Repeated exposure results in habituation and teaches the client that feared situations are not dangerous and that anxiety can be tolerated and will eventually decrease (Foa, et al, 2007).

Possible Exam Inquiries Regarding PE

1. How did you decide which trauma to focus on (in the case of multiple traumas)?

Typically the “target” trauma is determined by the client’s self-report of which experience is most disturbing to them, recurring in nightmares or intrusive memories. The identified trauma would also likely be related to situations, persons, or items the client most frequently avoids.

2. What insights did the client gain as they processed the memory?

Clients engaging in PE may recover more details about the experience as the situation is recounted. Such details may lead to a shifted perspective about why the trauma occurred such as moving from “it was my fault” to “there

was nothing I could do.” If the client did not experience a shift in perspective during the treatment, it could be useful to explore the examinee’s conceptualization of how the client processed the experience.

3. How did you measure progress?

Progress in PE can be measured in a variety of ways. Habituation to the traumatic memory might be demonstrated by decreased SUDs (Subjective Units of Distress) levels as the client describes the trauma. It is also common for SUDs levels related to in vivo exposure exercises to decrease as the client becomes more comfortable in a variety of settings. Clinicians could also use the PCL (PTSD Symptom Checklist) or BDI-II (Beck Depression Inventory-2nd Ed) to measure changes in reported PTSD and Depressive symptoms.

Stress Inoculation Therapy (SIT)

SIT focuses on a variety of present centered cognitive and behavioral approaches to anxiety and stress management. SIT primarily involves skills training such as relaxation training (i.e. breathing retraining, progressive muscle relaxation, and guided imagery), cognitive restructuring, assertiveness training, and thought stopping techniques. Rather than focusing on a particular traumatic experience, SIT instead targets symptoms causing distress in the client’s life such as anger, anxiety, depression, avoidance, and interpersonal distress. Clients learn more adaptive approaches for managing distressing emotions as well as engage in techniques such as role-play to assist them with identifying problematic interpersonal approaches which may be creating additional stress in their lives. By learning more adaptive coping strategies, clients are able to reduce the number of environmental and interpersonal situations that are avoided, thereby improving their quality of life. The therapist is able to tailor the skills training to the specific needs of the client in whatever order they deem appropriate.

Possible Exam Inquiries Regarding SIT

1. How did you decide which skills to focus on?

A strong response might describe some inclusion of the presenting problem as well as the examinee’s conceptualization of what would be most helpful given the clinical presentation.

2. How did the client respond to your chosen approach?

3. In retrospect would you apply the skills in the same order for this individual?

Given that SIT involves tailoring a number of skills to the needs of the client, it can be useful to explore the examinee’s perception of how the selected skills were received by the client. This can be an opportunity to evaluate the clinician’s level of insight into the strengths and weaknesses of their application of the treatment.

Eye Movement Desensitization and Reprocessing (EMDR)

EMDR is an exposure-based therapy with considerable empirical support (Shapiro, et al, 2001; Shapiro & Maxfield, 2002; Dodgson, 2009). Like CPT and PE, the therapist and client determine a specific traumatic memory on which to focus. EMDR therapists then help the client to identify the most troubling part of the memory, a related body sensation, and a negative cognition related to the most difficult part of the memory. Clients hold the image in their minds for 15 or more seconds while following the movement of the therapists’ finger across their visual field. Hand-tapping or other dual-attention stimuli can be used instead of eye movement. Conceptually, it is thought that, EMDR reduces distress by changing how the client processes the memory of the trauma. Additionally, the cognitive and exposure components of the treatment also likely contribute to a significant reduction in symptoms or distress (Shapiro, 2002).

Possible Exam Inquiries Regarding EMDR

1. How was progress measured?

Clinicians may use SUDs ratings as the client describes the memory to gauge progress. It would be expected that SUDs ratings would decrease over time as progress is made. Clinicians might also ask clients to rate their belief in the negative cognition associated with the memory, with the expectation that their belief in the negative cognition would decrease as progress is made.

2. How did you determine which portion of the memory to focus on?

Typically, this is determined by the client's self-report of the portion of the memory that is most disturbing to them, recurring in nightmares or intrusive memories.

3. How did the client's physical sensation (related to the trauma) change as treatment progressed?

One of the objectives of EMDR can be to separate sensory symptoms (i.e. stomach tightening) from distress provoking cognitions such as "I am helpless." Often, EMDR therapy is not considered complete until the client can visualize memory with no significant physiological reaction.

Treatment of Depression

Cognitive Behavioral Therapy for Depression

CBT for Depression has substantial support in not only the treatment of PTSD and other anxiety disorders, but is also highly validated for treatment of Depression. Therapists using CBT help the client to identify unrealistic cognitions that create or exacerbate negative emotions. Clients have homework assignments in which they practice modifying these unhelpful thought patterns and behaviors, and developing more realistic appraisals of their environment and experiences. Psychoeducation about task completion, problem-solving, improving energy and mood is provided during sessions. Restructured cognitions as well as behavioral activation are the primary mode of symptom reduction (Wenzel, et al, 2011).

Possible Exam Inquiries Regarding CBT for Depression

1. What kind of homework assignments did you use in treatment? Why did you choose them and were they helpful?

Commonly used homework assignments might include behavioral activation assignments as well as completing thought records to help the client practice modifying unhelpful cognitions.

2. How did you assess for safety? (suicidalilty) Was there a safety plan in place?

A comprehensive safety plan could involve typical cognition and behaviors associated with decreasing mood, hopelessness, and increased likelihood of self-harm behavior as well as concrete steps for the client to take (thought distraction via engaging in a pleasant activity, calling a crisis hotline, 911, friend, or spouse).

3. Which cognitions were the most difficult to challenge?

In addressing this question, a strong response might demonstrate an understanding of core beliefs such as "I am unloveable" that may underlie easily triggered assumptions such as "they don't like me." The latter mentioned assumption may come up in many different contexts and would likely be more malleable than the underlying belief that the client is generally unloveable.

Acceptance and Commitment Therapy (ACT)

ACT is a type of cognitive behavioral therapy that deviates from traditional CBT in that the focus is not to alter or restructure thoughts and related emotions but rather to recognize them and accept them for what they are. Treatment focuses on identifying values that are significant to the client and encouraging them to commit to engaging in behavior consistent with those values. For example, a client who values close relationships with family but isolates themselves from significant others due to depression is encouraged to spend time with family despite being depressed rather than waiting for negative emotion to subside prior to action. ACT uses mindfulness and acceptance strategies to promote a commitment toward value-oriented behavior. This approach promotes psychological flexibility and improvements in mood by accomplishing those goals that are most significant and valued to the client (Hayes, 2005).

Possible Exam Inquiries Regarding ACT for Depression

1. Which metaphors proved most valuable in your work with this client?

ACT relies heavily on the use of metaphors to explain the concepts that underlie the therapy. It can be useful to

explore which metaphors the examinee finds most helpful in his or her work with clients. Some metaphors might include the “Chessboard” metaphor, which represents taking an observer stance when relating toward one’s own feelings and thoughts, the “Monsters on the bus” metaphor, which emphasizes that one can recognize painful feelings and thoughts and still make a choice to continue toward one’s goal, even with them present, or the “Person in the hole” metaphor, which illustrates the manner in which past behavioral choices have been unworkable toward a goal of value-based living. Metaphors that build on the client’s own language or experience are also frequently used instead of or in addition to more formalized examples. ACT allows for quite a bit of flexibility on the part of the clinician so examiners might focus on how metaphors were used to describe the goals of treatment rather than focusing on which metaphors were used.

2. How did the client respond to the concept of mindfulness?

Mindfulness and being “present” can be challenging concepts for clients. In particular, mindfulness may be confused with relaxation. The client’s response to the concept of mindfulness can often yield an interesting discussion as well as provide information about the examinee’s awareness of the client’s reaction to treatment.

3. Which exercises were used in treatment?

Much like metaphors, exercises may be used in ACT to demonstrate underlying tenets of the treatment. Some examples could be the ‘Tug of war’ exercise which illustrates the idea that ceasing to struggle against thoughts and feelings and accepting their presence frees one to make choices that can move one toward values and related goals or the ‘Taking your Mind for a Walk’ exercise which illustrates the concept that mind will produce a constant stream of thoughts and that self can choose a direction independent of those thoughts, even while they remain present.

Brief Interpersonal Therapy (IPT)

IPT is a time-limited psychodynamic therapy approach that focuses on the relationship between depression and interpersonal difficulties. Rooted in attachment theory, this treatment model conceptualizes depression as a function of disruptions in relationships that are similar to early life attachment disruptions. Rather than focusing on intrapsychic processes such as thoughts and emotions, IPT distinguishes itself from cognitive and behavioral approaches by emphasizing social support, communication, and relationships as the mechanism through which depressive symptoms are decreased. Treatment typically lasts about 16 sessions and is separated into three phases. The first three sessions focus on evaluating depressive symptoms and determining a focus for treatment (i.e. delayed/incomplete grief, role transition, role disputes, or interpersonal deficits). The next phase of treatment targets specific problem areas with the expectation of decreasing depressive symptoms and improving relationships. The final phase involves reviewing treatment, reinforcing progress, exploring feelings about the end of therapy, and anticipating future difficulties (Weissman, et al., 2007; Poleshuk, et al., 2010; Cornes & Frank, 1984).

Possible Exam Inquiries Regarding IPT for Depression

1. Based on your assessment during the initial phase of treatment, which interpersonal areas did you select to focus on in treatment?

In IPT, the therapist and client gather information about the client’s significant relationships via an interpersonal inventory in order to better conceptualize the difficulties and problem areas experienced by the client. Interpersonal areas and relationships that will be the focus of treatment are derived from this assessment as well as ongoing interpersonal incident reviews, the use of affect to identify struggles, and role play in session.

2. How was the therapeutic relationship used during IPT?

Traditional IPT strategies include clarification, communication analysis, role playing, and problem solving. These approaches facilitate the client’s improved communication with the goal of improving social support and relationships. The therapist provides feedback and assists the client with recognizing those interpersonal dynamics at play within the session which may be relevant to current interpersonal difficulties in significant relationships.

3. Which relationships were improved during treatment? Were these the relationships that were initially targeted?

Some may find that the communication analysis used in IPT can generalize beyond the targeted relationship(s). The examinee's perception of the extent to which this did or did not occur can lead to an informative discussion of the client's general response to treatment.

Consultation/Supervision

Training for evidence based psychotherapies tends to be intensive, often requiring several days of didactic training followed by ongoing consultation/supervision with an expert provider. As such, examiners might ask questions about the examinee's perceived competence applying their chosen intervention and how they arrived at that perception. In particular, a strong ABPP candidate might describe consulting with a more experienced clinician on one or more cases when first applying an evidence based psychotherapy. Extended training provides an opportunity for the trainee to discuss clinical issues that may not have occurred to them during the formal training with an expert or a clinician more experienced in delivering the therapy protocol. Once a clinician has participated in formal training, the next phase of learning involves practicing the approach and receiving feedback and encouragement from a clinician knowledgeable about the therapy. Consultation/supervision can occur in an individual or group format and ideally provides an environment in which the clinician can more thoroughly process and discuss the rationale for the chosen therapy as well as conceptualize how it can be appropriately applied to a training case(s) (Manring, et al., 2011). While evidence based psychotherapies can be competently learned without initial or ongoing consultation/supervision, an examiner should carefully explore the basic concepts or building blocks of the therapy to ensure basic knowledge and competent implementation was done.

Possible Exam Inquiries Regarding Consultation/supervision

1. What kinds of clinical issues arose as you administered this treatment that you hadn't considered prior to applying it?

2. How have you addressed treatment concerns since being trained?

While not all evidence based therapy training will involve ongoing consultation/supervision, many strong clinicians discuss clinical concerns and questions with expert peers or explore research literature related to their topic of concern.

3. How do you incorporate clinical consultation/supervision into your practice?

Cultural Adaptations

In 2006, the American Psychological Association (APA) released a report on Evidence Based Practice in Psychology in which authors note that APA emphasizes cultural considerations when implementing evidence based psychotherapies (APA, 2006). APA's policy statement places emphasis on the clinicians' awareness of their biases, countertransference, and power dynamics as well as the client's culture and choice are emphasized as important considerations for effective treatment. Likewise, APA's Multicultural Guidelines (2003) encourage psychologists to "acquire an understanding of the ways in which experiences (e.g. ethnocentrism, racism, sexism, ableism, homophobia) relate to presenting psychological concerns...including...worldview." These guidelines empower clinicians to use their judgment in determining the effectiveness of evidence based therapy with ethnic minorities in the absence of available research and to make adaptations. When implementing adaptations, monitoring of progress is essential. Adaptations of empirically supported therapies are appropriate when they enhance therapeutic engagement and treatment retention which can be major challenges in the delivery of evidence based therapy (Whaley & Davis, 2007). Clinicians should be familiar with the growing literature on evidence based therapies with ethnic minorities, particularly as it relates to their clientele and interventions.

Possible Exam Inquiries Regarding Cultural Adaptations

1. How did cultural factors impact your implementation of the therapy?

Common adjustments might involve (Hays, 2009):

- a. Meeting every other week rather than weekly to accommodate a client's work schedule. Depending on the therapy, this may not be feasible as it could impact the effectiveness of treatment. It could be helpful to explore the impact that such a change had on the progress and outcome of treatment.
- b. Validating a client's experience of racism/oppression rather than challenging the validity of their assumption.
- c. Questioning the helpfulness of certain beliefs, rather than questioning their validity.
- d. Developing homework assignments with an emphasis on cultural congruence and client direction (e.g. collaborating with the client to determine assignments – “what is a small step you could take this week that would feel like you are making progress?”)

2. How did the implicit assumptions of the therapy fit with your client's values?

Selecting an evidence based therapy consistent with the client's values and attributions of the problem can increase treatment compliance and improve outcomes. For example, a client diagnosed with Major Depressive Disorder who reports that much of his/her distress is related to strained relationships could be a better fit for IPT given that treatment's focus on interpersonal functioning as a method of symptom reduction moreso than CBT with its focus on intrapsychic processes as the active ingredient for improvement in mood. It can be useful to explore how/why the clinician chose the selected evidence based therapy.

3. What is the current research literature regarding applying this therapy to a member of this population?

Respondents might reference literature addressing any number of cultural variables such as age, race, disability, gender, sexual orientation, socioeconomic status, cognitive ability, etc.

Summary

As the field of professional psychology continues to grow and develop, the evaluation of evidence based therapies will continue to be a prominent part of the ABPP evaluation process. Numerous factors can be considered when evaluating an examinee's delivery of an evidence based psychotherapy. These factors may include the examinee's knowledge of relevant research supporting the selected therapy, an understanding of the rationale for the therapy as well as the techniques employed for its application. Additionally, awareness of their personal and professional limitations related to the treatment, a willingness to confer with other more experienced clinicians, as well as cultural factors which may impact the progression of treatment are critical to appropriate implementation of evidence based therapies. This article is not meant to be comprehensive in nature but can suggest possible inquiries that might guide ABPP examiners as they seek to evaluate these areas in treatments for PTSD and Depression.

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BOT Diversity Committee Report for 2012

**Dolores O. Morris, PhD,(Chair), Michael Tansy, PhD, David Cox, PhD,
Art Nezu, Ph D, Philip Kendall, PhD and Nadine Kaslow, PhD**

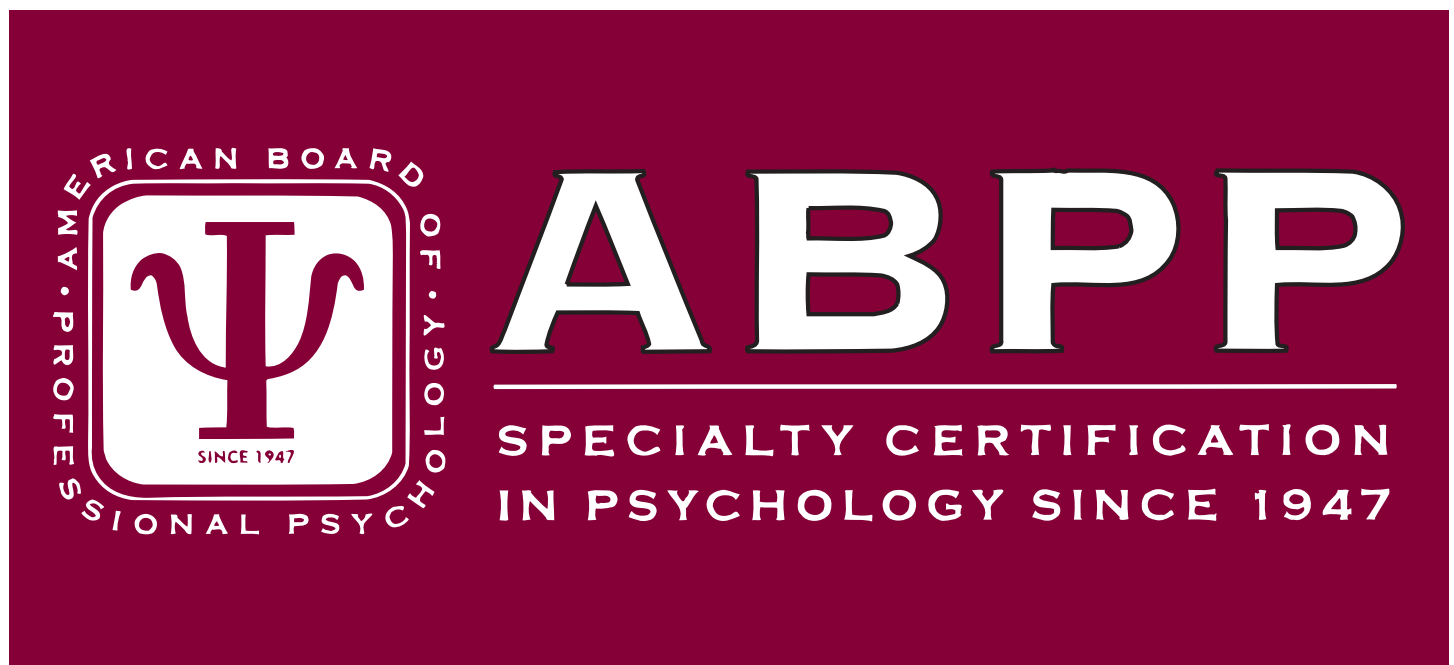
As you may recall, the ABPP Committee on Diversity conducted a survey of our Board Certified professionals. Thanks to all who responded to the survey. We are pleased to report a summary of the “Getting to Know You” survey that was posted on the ABPP website from February 26 to March 15, 2010. A bit of history: this is the first questionnaire to go directly to the ABPP members. It is a first step in understanding the demographics of ABPP Specialists.

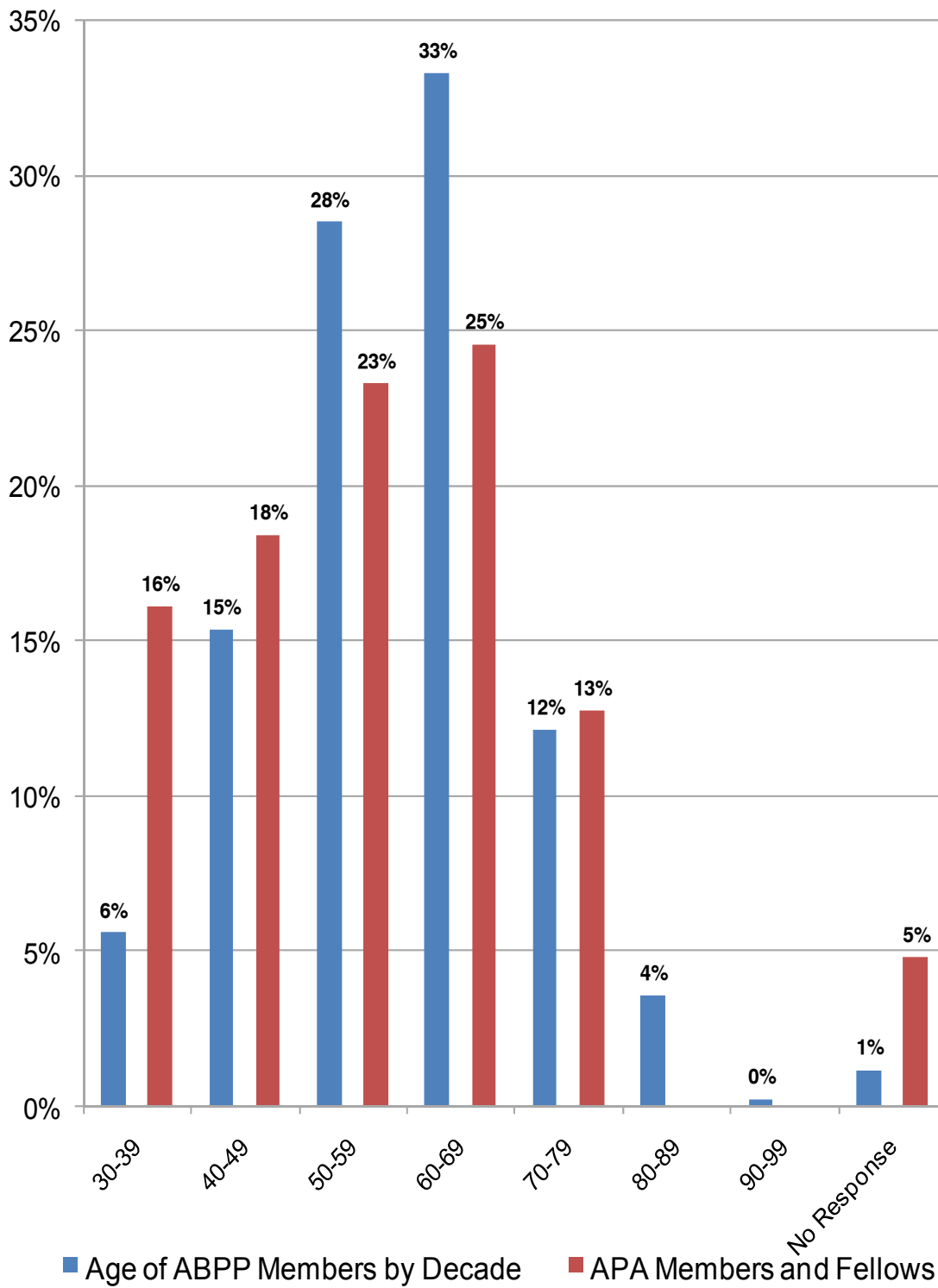
The Diversity Task Force was initiated by Dr. Ted Packard during his presidential address at the 2000 ABPP Convocation. He appointed Dr. Norma Simon as the chairperson. The Task Force was charged with identifying effective ways to have a more inclusive organization regarding gender, ethnicity, physical/sensory impairments and sexual orientations among those in ABPP. This initiative was consistent with the objective of competence in all aspect of the work of ABPP (Parham, 2001). In 2003, the Central Office sent an organizational questionnaire to the various ABPP Board and related Academy presidents asking them to review their practices pertaining to “multiculturalism” (i.e., diversity). They were also invited to share their findings in the Specialist. Boards and Academies were at different stages committing to infusion of multiculturalism, with some choosing to update their practices on their websites and all reviewing their practices internally. It was encouraging that the process had begun (Parham, 2004).

In 2008, Dr. Art Nezu, as chairperson of the ABPP Diversity Task Force, proposed that it become a standing Committee on Diversity and the “Getting to Know You” Survey was approved for obtaining data regarding diversity.

Survey Findings

The response rate suggests that active members are engaged. Of the 3000 ABPP specialists current in their dues and attestations, 806 responded to the survey. Of these 806 individuals,748 provided responses to every question. Analysis of the data revealed variability in response rates across specialties. This report will concentrate on ABPP as a single group and offers insights into the multiculturalism and diversity of ABPP specialists. This narrative will focus on trends and differences and when available will make comparisons with APA members.





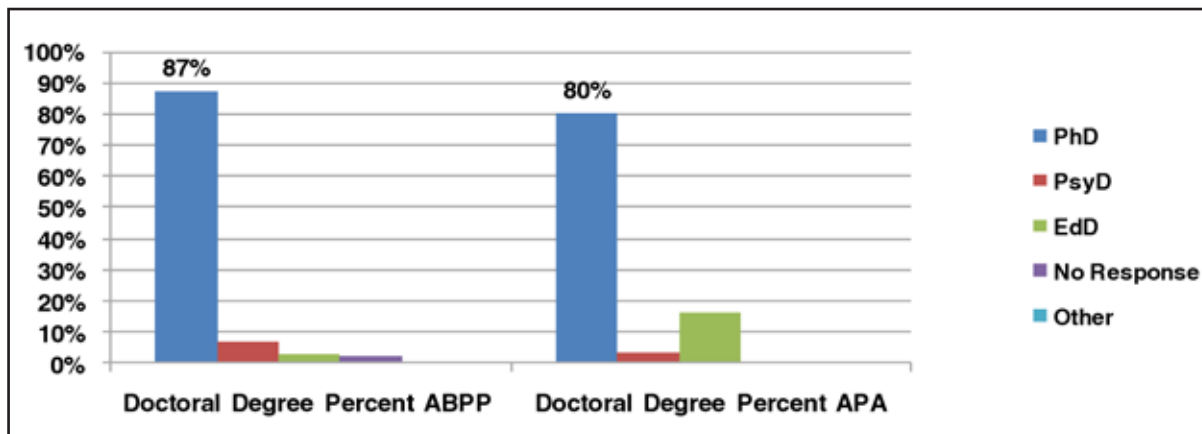
¹revised table reporting age and degree years with categories that closely match ABPP data Marlene Wicherski 5/10/11 email communication.

Specialists are, on average, older than APA membership. Sixty-one percent of Specialists are between the age of 50 and 69 Six percent of Specialists are between the ages 30-39, while 16% of the APA members are within this age group, indicating that APA has a younger membership base. These differences are consistent with professional development: one is an APA member, and later one becomes a Board Certified Specialist. ABPP Specialists are older than the general APA membership.

Educational Characteristics

Degree Earned

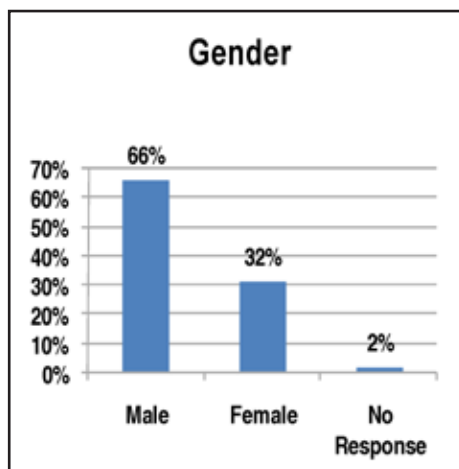
The Ph.D was the degree upon which 87 percent of the specialists obtained their ABPP certification, followed by 7 percent for the PsyD and 3 percent for the EdD. As a basis of comparison 84% of APA Members and Fellows earned a PhD with 16.25 % an EdD. The PsyD is the degree that most practitioners are more likely to have obtained whereas the EdD is more likely for non-practitioners.



Other Characteristics

Gender

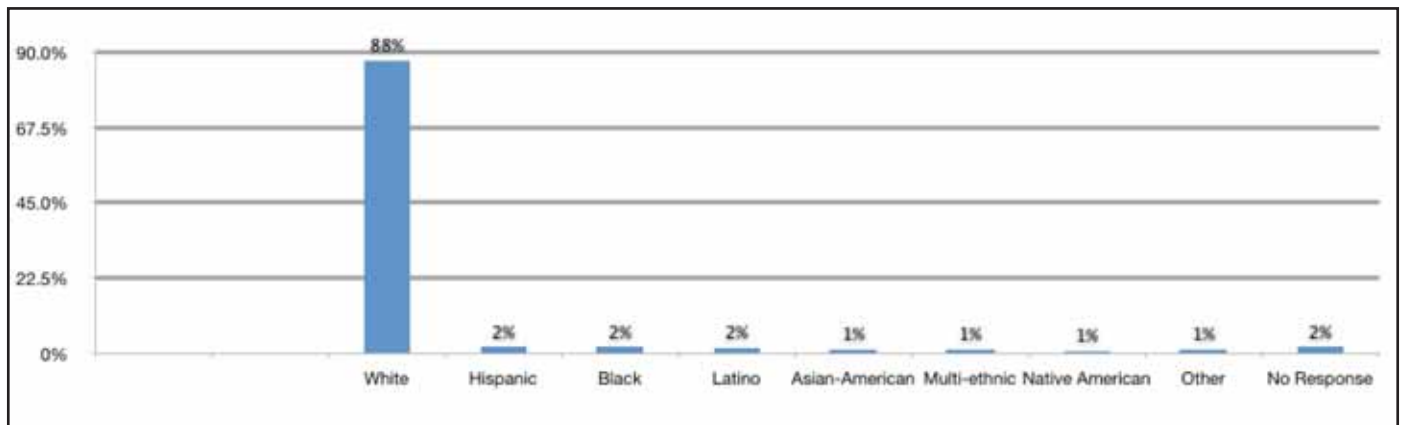
Among Board Certified Specialists, men (66%) outnumber women (32%). This characteristic is particularly pronounced when contrasted to the APA membership which includes 58.1% women and 41.8% men. However, there appears to be notable differences in the percentage of women represented among various ABPP specialties. Whereas rehabilitation (54%), clinical health (48%) and group (44%) Specialists had the highest percentage of females represented, school psychology had the fewest (13%). However, caution is warranted when interpreting these data as school specialists' response rate seems spuriously low.



Ethnicity

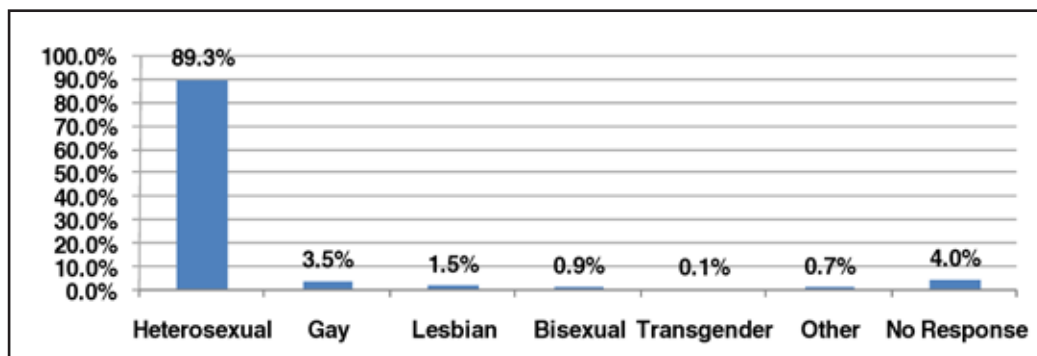
Although we can report our ethnicity data, the Survey categories (Asian-American, Black/African-American, Hispanic-American, Immigrant, Latino, Multi-Ethnic, Native American, Other, White/European-American) were different from the APA categories and the Census (Asian/Pacific Islander, Black, Hispanic, Native American/Alaska Native, and White), a situation that will restrict comparisons with other data.

Eighty-eight% of the ABPP survey respondents indicated they are White-European American with Hispanic-American, Black/African, Latino representing two percent each and Asian American, Multi-Ethnic, and Native American one percent each. APA members show a similar percentage for White European American of 87.5% with similar low percentages among non- White-European American members.



Sexual Orientation

The majority of the ABPP survey respondents reported their sexual orientation as heterosexual (87%), while others indicated their sexual orientation as gay (3.5%), lesbian (1.5%), bisexual (0.9%), transgender (0.1%) and other (0.7%). Four percent offered no response. These percentages are comparable to those of the APA membership (87.7% heterosexual, 2.1% Gay, 2.2% Lesbian, 1.4% bisexual, transgender .0%, other.1%, and 6.5% no response).



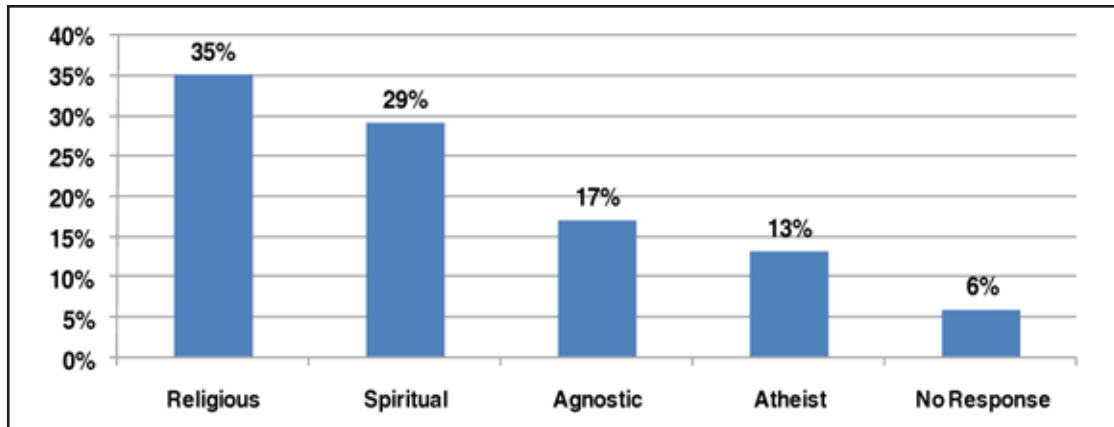
Religious Beliefs

Given the recognition in psychology that cultural belief systems and traditions are intrinsic aspects of human behavior and important in understanding diversity issues (Nelson, 2009), the survey included questions on religious and spiritual beliefs.

The U. S. Census Bureau has been prevented by administrative rule since the 1950's from collecting this basic information. APA does not have demographics but has a body of publications that are informative and demonstrates awareness and sensitivity to the issue for psychologists. It also has Division 36 Society for the Psychology of Religion and Spirituality on Religion which represents a cross section of the specialties with clinical psychology being the highest with 44 %followed by counseling psychology at 15% the next highest (Division 36, 2010). American religious diversity has increased remarkably since its founding (Pew Forum, 2008).

To a question regarding what best represents one's beliefs, 35% reported being religious or spiritual, 29% spiritual but not religious, 17% agnostic, 13% atheist and 6% gave no response. In contrast, a 2008 Pew survey found that

among American adults 83.1% affiliated with a religion and that 16.1% did not (1.6% atheist, 2.4% agnostic, 12.1% no particular religion). Though using different categories to survey religious affiliation, ABPP Specialists report higher levels of agnosticism and atheism than the general population reported in the Pew survey.



This difference, should it be statistically significant, would highlight the difference in ABPP’s members’ belief system and the general population. This has implications for competence to serve clients. APA has valuable resources that can be used to further address this critical cultural competence issue.

Sensory Impairment

Nine percent of ABPP respondents report physical or sensory impairment (3% hearing impaired or deaf, 2% physically impaired, 1% visually impaired, 3% other and 11% no response), whereas only 2.9% of APA members report disabilities (2% physical disability, 0.4% cognitive disability, 0.3% psychiatric disability and 0.2% other disability). While ABPP survey respondent’s maturity increased level of impairment, caution is needed in any interpretation as there are notable differences in the definitions (i.e., impairment v. disability) between the surveys.

Additional findings among ABPP Specialists

Two percent of specialists reported they participated in the early entry program, which was initiated by ABPP in Fall 2007 to assist graduate students with their ABPP application.

According to the survey more than 92% of specialists are boarded in only one specialty, while 6% have two certifications; close to one percent have three, and less than one percent is board certified in five specialties.

Thirty specialists affirmatively answered the question “if immigrant from or other please elaborate;” indicating the Specialists represent a broad range of countries of origin. However, the number of unclear responses indicated that this question was poorly phrased.

Our Conclusions and Recommendations

It is not surprising that the demographics of ABPP are similar to the APA membership, they are predominately white, heterosexual and more earned PhDs. than other degrees with PsyD’s higher with ABPP and EdD for APA. ABPP members tend to be older and have fewer women. APA has more women. In both groups, ethnic minorities are underrepresented. ABPP respondents report slightly higher frequency of “impairment” than APA members that report “disability,” perhaps the result of ABPP’s chronological maturity. ABPP Specialists less frequently endorse a particular religious affiliation compared to the American public.

Finally there are demographic similarities with and differences between ABPP Specialists and the APA membership. In APA there are more women, minorities and age group difference even though both are disproportionately underrepresented compared to the 2010 U.S. Census.

ABPP needs a Call to Action

Our survey suggests a call for action on the part of the ABPP membership to actively encourage a greater diversity of licensed psychologists to pursue certification. It is recommended that:

1. Scholarship incentives be provided for early-entry and underrepresented groups. To date, the Counseling specialty has taken this step.
2. Each ABPP specialty consider identification of and reach out to underrepresented groups.
3. ABPP specialties partner and cross-pollinate ideas across specialties regarding strategies for outreach to underrepresented groups.
4. There be an increased awareness of existing programs in APA that facilitate the ABPP application process, such as the Early Entry Program.

References

Demographic Characteristics of APA Members 2010 Tables 1, 2 and 5
Doctoral Psychology Workforce Fast Facts. Research and Other Subfields

Table 1
Demographic Characteristics of APA Members, 2010 APA Directory.
Compiled by Center for Workforce Studies.

Table 2
Educational Characteristics of APA Members, 2010

Table 5
Membership Characteristics of APA Members, 2010

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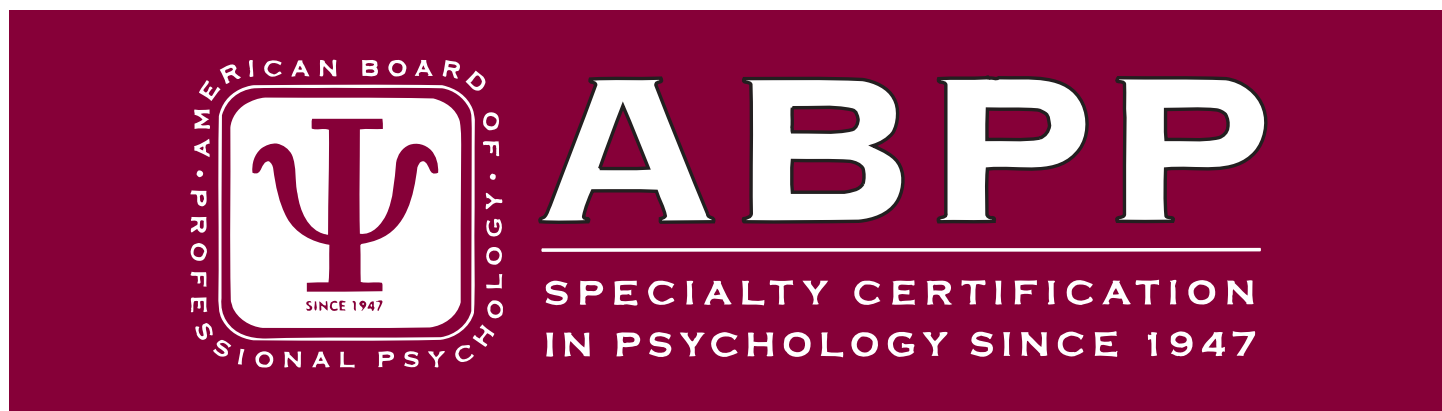
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New ABPP Values Statements

Reprinted - (2012)

For the Public

Choosing a psychologist board certified by one of the ABPP Specialty Boards means your psychologist has met nationally recognized specialty standards for education, training and experience. Psychologists board certified through ABPP have demonstrated competence in the specialty area above and beyond licensing as a psychologist. ABPP board certified psychologists voluntarily participate in board certification; it is one way of helping the public be confident about a psychologist's competence. A psychologist who has demonstrated competence through ABPP board certification has a commitment to high professional standards and quality care. Just as you seek board certified physicians, you also deserve to receive services from a board certified psychologist.

ABPP, which has certified psychologists since 1947, is involved continuously in developing and maintaining professional psychology standards that improve the quality of psychological services provided to the public. Each ABPP Specialty Board ensures that psychologists certified in the specialty have met requirements for the field of psychology in general and have demonstrated competence in the particular specialty area in which board certification is granted.

For the ABPP Psychologist

Patients/clients expect the physicians who treat them to be board certified, and they deserve and expect that their psychologists be as well. Board certification through the American Board of Professional Psychology (ABPP) has been the gold standard of competence in a psychological specialty area since 1947. ABPP is widely recognized by psychologists, as well as by patients/clients, insurers, hospitals, medical centers, and government agencies nationally.

Board certification via ABPP provides peer and public recognition of demonstrated competence in one of its affiliated specialty areas and provides a network of colleagues in one's specialty area. Demonstrating competence through ABPP board certification signifies the psychologist's commitment to high professional standards and quality care.

Additionally, board certification via ABPP provides the professional with additional benefits including, but not limited to:

- Peer recognition as meeting the standards in your specialty area -- the public – your patients/clients – expect the best
- Increased opportunities for career growth and employability – ABPP Board Certification can open the door to positions that might otherwise not be available to you
- Greater ease of professional mobility – a majority of state licensing boards have some mechanism for facilitating the licensing process for ABPP Board Certified psychologists
- Opportunities for increased financial compensation - ABPP Board Certified psychologists may be eligible for salary increases in the Department of Veterans Affairs, military and government positions, as well as elsewhere
- Role modeling - Being board certified is important for one to serve as a role model to those with whom you train, supervise and interact
- Development of the profession - Board certification in the profession of psychology as a whole is valuable to the evolution of the field
- Networking options - Networking with other ABPP Board Certified psychologists in your area of specialty as well as other specialty areas supports professional and personal development
- A resource of referrals – to you, as well as from you. The listing of ABPP board certified psychologists can help your practice grow and help you identify competent psychologists in other specialty areas or locations

HISTORIAN'S COLUMN – The Blackstone Hotel

By Robert W. Goldberg, PhD, ABPP

On a recent trip to Chicago, I had the opportunity to dine at famed Catalan chef Jose Garces' Mercat Restaurant. Unbeknownst to me, the restaurant was located in the newly renovated Blackstone Hotel. Even less well known, however, is the role that this hotel, on the National Register of Historic Places, played in the origins and early history of ABPP.

The original Board was comprised of nine of the most distinguished psychologists our profession has produced: Drs. Carlyle Jacobsen (first BOT President), George A. Kelly, John G. Darley, David Shakow, David Wechsler, John G. Jenkins, Marion Bills, Carroll Shartle, and Frederick Lyman Wells. Since states were just beginning to establish licensing boards, these visionary pioneers decided to leave the "journeyman" level of credentialing to the states and concentrate on "higher-level" specialist certification. They also considered specialty certification to be "a safeguard for the public." They were persuasive in insisting that ABPP, as a group which would credential individual specialists, be established independent of APA, a membership organization. APA recognized this and provided \$7,500 seed money to organize and begin to conduct the business of the Board.



At the outset, ABPP had a grace period (1949-1952) where applicants could be "grandfathered" without an examination. There were 1,557 applicants for this "grandfather" certification and all Board Members personally reviewed their materials! In order to accomplish this now unimaginable task, the ABPP Board physically met twenty-six times over several years for about a week at the Blackstone Hotel. They presumably traveled to Chicago mostly by train and endured its winter blizzards and summer scorches. I could find no verification that the hotel meeting rooms were air conditioned in the summer months. Very frequently, Board Members made long-distance telephone calls directly to applicants' references to verify applicant claims or obtain additional information. *Wikipedia* informs me that the phrase "smoke-filled room" for political deal-making originated at the Blackstone. I have no information regarding which, if any, of the Board Members were smokers.

When the task was completed, 1,086, of the 1,557 "grandfather" applicants were awarded diplomas in one of the three original "fields of certification": Clinical Psychology, Personnel-Industrial (which became Industrial/Organizational and, subsequently, Business and Consulting) and Personnel-Educational (which became Counseling and Guidance and subsequently Counseling Psychology). These were created to reflect the predominant professional activities of each specialty. ABPP is still occasionally derided for having "grandfathered" applicants. However, the two-thirds 'pass' rate for "grandfathering" approximated the sixty-year pass rates for actual exams, no matter what the content area or format. Thus, the criteria were as stringent as being examined. Moreover, ABPP is still occasionally maligned as being an 'old boys' network.' In actuality, 48% of those originally "grandfathered" were women ("grandmothered") in an era where very few women were practicing in our field.

Oh, one more thing. Writing this column gave me sufficient justification to tax-deduct my highly expensive Mercat tasting menu dinner as an unreimbursed professional research expense! Thank you, ABPP Founders!

Reference

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Letters to the Editor & Member Accomplishments

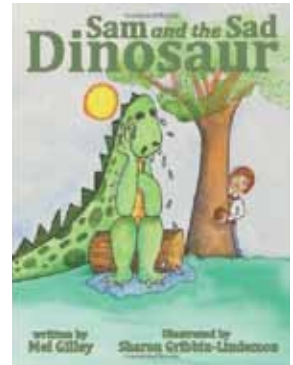
Jefferey Barnett, PsyD, ABPP wins two national awards, has award named in his honor

July 20, 2011 Jeffrey Barnett, PsyD, ABPP, a professor of psychology at Loyola University Maryland, has received the American Psychological Association (APA) Ethics Committee's 2011 Award for Outstanding Contributions to Ethics Education and the APA Division of Psychotherapy Award for Distinguished Contributions to Teaching and Mentoring.

Both awards were presented at the 2011 APA national conference in August. Dr. Barnett also has had the following award named in his honor: The Jeffrey E. Barnett Psychotherapy Research Award - (one of the four student paper competitions the APA Division of Psychotherapy offers).

ABPP Mel Gilley, Children's Book Author

Mel Gilley, Ph.D., ABPP is a licensed clinical psychologist. His hobbies include sailing on Chesapeake Bay with his wife Kathie on their 31-foot Pearson sloop, named Circus. Mel also writes music, sings and plays several instruments. His grandchildren inspire both his music and his writing. His recent book noted below can be found on many bookstore shelves or at: (<http://www.amazon.com/Sam-Sad-Dinosaur-Mel-Gilley/dp/1456767518>). Mel Continues to be active in the practice of psychology and has valued his ABPP in clinical psychology as an important resource that has facilitated his continuing professional education.



ABPP Robert G. Frank Chosen as President of the University of Mexico

The University of New Mexico (UNM) Board of Regents has selected Robert G. Frank, PhD, ABPP to be the 21st president of UNM. Dr. Frank will take office in June 2012. Bob's stellar academic leadership career has been as Provost and Senior Vice President for Academic Affairs at Kent State University since July 2007. Kent State is one of the nation's larger university systems with eight campuses that provide more than 280 academic programs to more than 41,000 undergraduate and graduates students. Prior to that, Bob was the dean of the College of Public Health and Health Professions at the University of Florida, where he also served as a professor in the Department of Clinical and Health Psychology. Dr. Frank received his ABPP in Clinical Psychology in 1984. Congratulations from ABPP Bob!

Jon Mills is Gradiva Award Winner

Jon Mills, PsyD, PhD, ABPP was recently given a Gradiva Award for best book by the National Association for the Advancement of Psychoanalysis in New York City for *Origins: On the Genesis of Psychic Reality* (McGill-Queens University Press, 2010).

See <http://mqup.mcgill.ca/book.php?bookid=2476>. His book was also the award recipient of a 2009 grant by the Aid to Scholarly Publications Program, Canadian Federation for the Humanities and Social Sciences, Canada Research Council. The book is currently being translated into French and will be published by Editions Liber in Montreal. Dr. Mills runs a mental health corporation in Ontario and is Professor of Psychology & Psychoanalysis at the Adler Graduate Professional School in Toronto. He is a double board diplomate in Psychoanalysis & Clinical Psychology.

John D. Robinson, EdD, MPH, ABPP Receives Two Awards

Dr. John D. Robinson was awarded the **Joseph Matarrazo Award for Distinguished Service and Contributions to Clinical Health Psychology** by the Association of Psychologists in Academic Health Centers (APAHC), a section of the Society of Clinical Psychology of the American Psychological Association, at the 2011 convention of APA. In addition, the Society for the Psychological Study of Ethnic Minority Issues, a division of the American Psychological Association, recently established the **Asuncion Miteria Austria and John Robinson Distinguished Mentoring Award** to be initially awarded at the 2012 APA convention. This award was established because of John's long and distinguished record of mentoring students and psychologists (especially early career psychologists) into service in the governance structure of APA.

Board and Academy News

Michael J. Cuttler, PhD, ABPP Associate Editor



American Academy of Clinical Psychology

Christopher Ebbe, PhD, ABPP

Bret Moore and Mary Ann Norfleet will be joining our Board in January, to replace myself (Chris Ebbe) and Larry Donner, both completing our allowed two terms on the Board. We believe that both will be great additions to the Board—welcome Bret and Mary Ann! Some of the Board officers for 2012 will be Lisa Grossman, President; Roger Brooke, Vice-President; and Fred Alberts, Treasurer. Our own Dr. Brooke received an award at the annual Convocation for his contributions to Board Certification.

The Academy is pursuing its main goals of working in the areas of promotion and mentoring. We recently sent ABPP information to all interns and residents across the country. Fred Alberts provided a workshop on preparing for Board Certification at our fall meeting in New Orleans. Roger Brooke manned a table at a local psychological association conference in Pittsburgh. We hosted a promotional breakfast at the California Psychological Association's state convention. We have 35 people currently being mentored toward the exams.

We provided some scholarship money to the Examining Board, and we're continuing to look for ways to collaborate with them. We may be able to provide a CE event for their local examiners at their spring exams meeting, for example. Discussions of possible merger are on hold, waiting for the results of the current "Boards/Academies/ABPP" task force and the BOT policy statements and actions that might follow.

The Academy participated in the development of Clinical's renewal application to remain a recognized specialty by CRSPPP. Our status as an APA CE sponsor was successfully renewed for another five years by Dr. Alberts.

Despite our serious efforts at renewals and signing up those who are just becoming Board Certified, the Academy is losing membership a little at a time each year. Perhaps we are not as relevant to clinical psychologists as other more specialized Academies are to their members, but we need to somehow become more relevant.

In accord with a current CPPSA initiative (from John Northman), we are seeking ways to develop collaborative relationships with APA Divisions 12, 18, 19, 29, and 42, including offering to help them organize internal Board Certification mentoring programs similar to the one that Lisa Grossman set up in Div. 42 last year.

The Academy finally has "blast" e-mail capability to contact all members at once, and we have just started a listserv discussion group for members. If you are an Academy member and want to join in, just let us know at contact@aacpsy.org.

Drs. Alberts and Ebbe are heading up an effort to publish a book themselves on understanding and preparing for the Clinical Board Certification exam.

American Board of Clinical Child and Adolescent Psychology

Kathleen Hart, PhD, ABPP, ABCCAP Past President

In 2012, the American Board of Clinical Child and Adolescent Psychology (ABCCAP) will undergo our Periodic Comprehensive Review (PCR) by ABPP, and that has put us in an introspective, and at times retrospective, mood. Part of the PCR process is to review where we've been and where we hope to go as a Specialty Board.

It seems like just yesterday that we were founding our Board and developing our practices and procedures to Board Certified Clinical Child and Adolescent Psychologists. Since our groundwork in 2003, we've been fortunate to have several prominent Clinical Child Psychologists leading our efforts. This year, several of those psychologists moved on from our Board and other leadership positions, but we would like to acknowledge their contributions to our Board and, more generally, to our specialty. At the end of 2010, W. Michael Nelson and James Johnson completed their terms on our Board, but we were able to recognize their contributions to ABCCAP at the 2011 ABPP Convocation at APA in August with Distinguished Service Awards. At the end of the 2011, two more important figures will complete their terms on our Board: John Lochman, who was a founding Board Member, completed the last year of his second term on the Board. John is a former President of ABCCAP and was instrumental in creating and sustaining our work. John Piacentini, another former ABCCAP President, also completes his second term on the Board. Happily, John will continue to his involvement as the ABCCAP representative to the ABPP Board of Trustees. However, the work of our Board, and certainly the spirit of the Annual Meetings, will not be the same without the energy and insights of these fine psychologists.

Looking forward, ABCCAP has continued to grow. We now number over 130 Board Certified Clinical Child and Adolescent Psychologists, with a healthy and steady flow of applicants to our Board. Many of our newly Board Certified Specialists have been involved as examiners and have been interested in assuming leadership roles in ABCCAP—we welcome their energy, enthusiasm, and expertise.

American Board of Clinical Health Psychology

Editor's note: Dr Jennifer Lauretti, a newly certified specialist in Clinical Health Psychology shares the story of her experience below.

On Becoming Board Certified in Clinical Health Psychology

Jennifer Lauretti, PhD, ABPP

Choosing Board Certification

As a psychologist working in a medical setting, I felt compelled to pursue board certification for both personal and professional reasons. When thinking about why I chose to pursue this designation, I synthesized my motivation into my top four reasons which included: (a) demonstrate my dedication to lifelong learning; (b) model the importance of seeking the highest designation in one's field for students I supervise / mentor; (c) become part of a national / international community of like minded professionals who share my passion for health psychology; and (d) surpass the assessment of my knowledge base completed for licensure and have an opportunity to participate in a peer review process to demonstrate my competence

The fourth reason, to "demonstrate my competence" was a strong intrinsic and extrinsic goal. I wanted to demonstrate to my peers, medical school and medical center administration and most importantly to myself that I had earned the highest designation in my field.

I also chose to pursue board certification to overcome self-imposed barriers. Given my training as a counseling psychologist, I was new to the field of clinical health psychology. I had to work very hard to get up to speed on evidenced based clinical interventions in medical settings. I delayed pursuing board certification for a number of years to enable me to work with peer consultants and obtain additional continuing education credits to help me enhance my competence and feel qualified to pursue board certification.

Expectations / Preparation

When I initially thought about applying for board certification, the two words that came to mind were rigorous and arduous. While there were elements of the process that were demanding, my overall experience was different from what I had anticipated. I began by contacting an American Board of Clinical Health Psychology representative to seek clarification regarding a number of questions I had concerning the goodness of fit. More specifically, I wanted to talk to someone about whether or not it made sense for a person who was initially trained as a counseling psychologist but now worked in a medical setting to apply for board certification in clinical health psychology. I received a prompt and positive reply to my inquiry; and thus the process began. There were three phases to the becoming board certified. After carefully reviewing the ABCHP manual found on the ABPP website, I took the first step and applied for board certification in clinical health psychology. Specifically, I submitted my background information with three letters of reference.

Within approximately two months or so, I received a letter notifying me that my initial application was accepted. I had one year from the date of the letter to submit my work sample. At that point in time, I was both excited and slightly overwhelmed. For a very brief moment in time, I questioned what I had gotten myself into and wondered why I was voluntarily subjecting myself to adding an additional responsibility to my already tight schedule. One of the turning points in the process came when I attended a workshop conducted by John Linton, PhD, ABPP at the 2010 APA Convention in San Diego. The focus of the workshop was to address questions related to applying for board certification in clinical health psychology. I was excited to have the opportunity to meet Dr. Linton in person and address additional questions. Dr. Linton spent additional time after the workshop to speak to me in detail. I greatly appreciated his generosity. In addition to obtaining specific information, my anxiety regarding the process was significantly diminished.

The second part of preparation involved working with a mentor assigned by ABPP. Through email and phone calls, my questions regarding my work sample were addressed. I found myself enjoying the process in terms of taking the time to more carefully analyze and question my standard approach to my work. I experienced a heightened sensitivity to specific areas of my work. Having the opportunity to discuss the focus of my work with colleagues was also particularly enriching.

I submitted my work sample and anxiously awaited feedback. Within approximately two months, I received notice that I successfully passed the second phase of seeking board certification with my completed work sample. I was headed into the final phase of the process. Two phases completed; one last intimidating step to go - the oral examination. Reviewing the clinical health psychology preparation manual from the ABPP website as well as my notes from the workshop I attended with Dr. Linton and working with my mentor were the three ways in which I prepared for the oral examination. I took each oral examination category and carefully reviewed current issues within each category. As a participant in a clinical health psychology peer consultation group, my group was (and still is) an invaluable resource to present ideas and discuss current issues. Working with a mentor was also particularly helpful.

The anticipation of the oral exam was far more anxiety provoking than the actual experience. The four hour examination was broken down into one hour increments according to each topic area. While I had initially wondered how I would endure a four hour exam, by the end of the experience I was wondering where the time went. Each examiner had a slightly different approach to the examination process, but each clearly communicated a sense of a collegiality. Upon conclusion of the exam, there was something to ponder, question or research in more detail; it was an invigorating experience.

Advice

I am fortunate to have a wonderfully supportive group of colleagues who generously offered feedback and provided a forum to address parts of the work sample with which I struggled. For example, working exclusively with obesity patients, I struggled to find two distinct areas of practice to address in my work sample. With the assistance of my work group, I arrived at a solution to my dilemma. Therefore, if you tend to work independently and feel uncomfortable seeking support, I would encourage you to challenge yourself to extend beyond your comfort zone and seek the assistance of colleagues.

If you are still in the decision making stage, I would encourage anyone who is interested in pursuing board certification to talk to a board certified specialist. If you don't know someone personally, I would encourage you to contact the specialty board of interest to talk to a representative.

Once you have decided to pursue board certification, if you haven't been assigned a mentor, I would encourage you to obtain one. I would also encourage you to find at least one if not two trusted colleagues to review your work sample based on the criteria found in the ABPP Manual. What I initially viewed as a chore turned out to be a lively exchange of ideas and an invigorating exercise in documenting the theoretical underpinnings of my clinical practice. Last, I would also encourage you to approach board certification one step at a time; making time to observe the unexpected benefits / revelations that arise as a result of engaging in the process.

If you take the time to pursue ABPP certification, I do not think you will regret it. It was a personally and professionally rewarding experience.

American Board of Counseling Psychology

Ted Stachowiak, PhD, ABPP, ABCoP President

American Board of Counseling Psychology (ABCoP) and the American Academy of Counseling Psychology (AACoP) welcome 2012 with renewed enthusiasm in furthering board certification in the Specialty of Counseling Psychology. Dr. Sherry Benton, as President of AACoP, sent a letter addressed to interns, postdoctoral students, and graduates of Counseling Psychology programs informing of the Early Entry Option (EEO), explaining the benefits of becoming board certified and choosing the EEO program as a means to initiate the board certification process.

To assist in promoting our efforts toward board certification through an opportunity provided by ABPP, Dr. Charme Davidson created a videotape that will be accessible on both the ABPP website and on YouTube. During the Board of Trustees (BOT) meeting in Chapel Hill in December 2011, several of the representatives to the BOT from the specialty boards made video clips to be shown on YouTube. Dr. Davidson, as the BOT Representative from Counseling Psychology, made the video scripted based on the input of several board certified counseling psychologists. The video presents the benefits of choosing board certification in Counseling Psychology, and is schedule to be aired sometime in February 2012.

Dr. Jeff Pollard continues to coordinate the creation of a website to assist in providing up to date information about the benefits and options available to counseling psychologists for board certification. Rapidly changing technology and the challenge of keeping information current makes this a never ending process.

Dr. John Westefeld, Past President of Division 17, and Dr. Sherry Benton, Chair of Division 17's STG for Board Certification in Counseling Psychology are continuing efforts to strengthen the importance of achieving board certification at all levels, including those in their doctoral programs, graduates in the early or middle phases of their careers, and seniors have contributed so much. We also would like to acknowledge Dr. Melba Vasquez, who in her role as President of the American Psychological Association has brought to that position the ABPP credential of board certification in Counseling Psychology, and one more opportunity to highlight the importance of ABPP specialty certification.

Dr. Mary O'Leary Wiley, ABCoP Chair of Practice Sample Review, has initiated procedures that will make it possible for practice samples to be submitted by candidates and distributed to practice sample reviewers electronically, thereby significantly speeding up the process of providing candidates feedback. There will also be a significant reduction in costs on the part of both candidates and ABCoP.

An article on board certification in Counseling Psychology has been accepted for publication by *The Counseling Psychologist*, one of the most widely read publications within Psychology. We are indebted to authors Drs. Jim Lichtenberg, Sue Crowley, and Jeff Pollard for their dedication in developing such an important contribution to board certification in Counseling Psychology and to ABPP specialty certification in general.

After you will have received this newsletter, ABCoP will have begun its second Periodic Comprehensive Review (PCR. Dr. Jeanette Madkins, newly appointed Member at Large of ABCoP, and Counseling Psychology's first EEO certified specialist, has agreed to coordinate the PCR. To jumpstart this effort, Dr. Charme Davidson and Dr. Sylvia Marrotta, along with Dr. Ted Stachowiak, will have spent two days with Dr. Madkins) beginning the implementation of the PCR guidelines adopted by ABPP's BOT. On the following day, January 14, 2012, ABCoP will have conducted an oral examination at the Student Counseling Service, Texas A&M University in College Station.

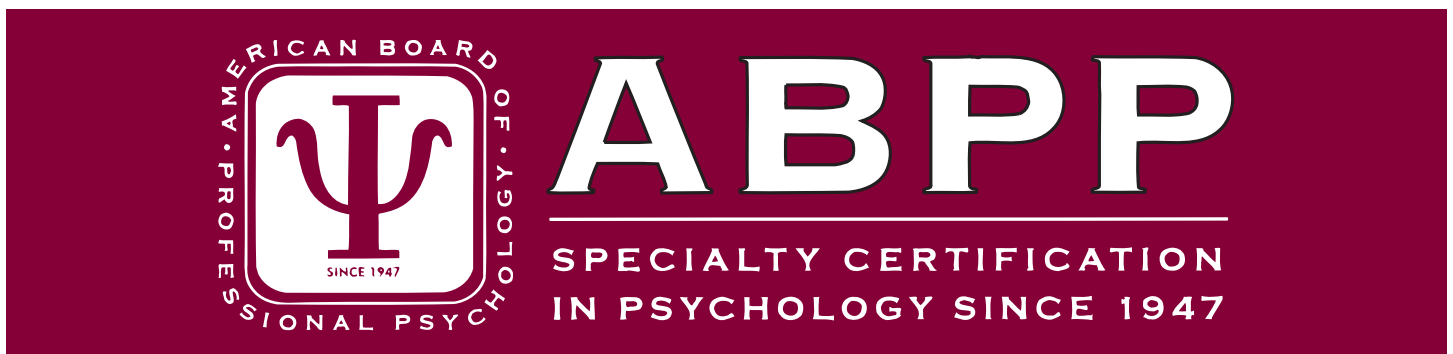
In closing, I want to acknowledge those members of ABCoP who will be providing leadership for the ABPP specialty certification in Counseling Psychology in 2012:

Dr. Charme Davison, Past President, and Past Representative to the BOT; Dr. Sylvia Marrotta, President Elect, Chair of Credentials Review, and Representative to the BOT; Dr. Mary O'Leary Wiley Chair of Practice Sample Review; Dr. Paul Polychronis, Secretary/Treasurer; Members at Large: Drs. Barbara Palombi, Jeff Pollard, Jeanette Madkins, Lewis Schlosser, Anthony Kerrigan.

The American Academy of Counseling Psychology of ABPP presented their 2011 Distinguished Service Award For Extraordinary Contributions to Leadership at their annual meeting during the APA Convention in August to Sherry Benton and The W. James Cosse Distinguished Service Award For Extraordinary Contributions to the Practice of Counseling Psychology to W. Bruce Walsh.



Pictured from left to right are: Sherry Benton, current President of the Academy; Bruce Walsh, current representative to the APA Council from SCP and a former SCP President; Steve Eichel, a former President of the Academy; Joe Talley, President Emeritus of the Academy; Ted Stachowiak, Past-President of the Academy, and Members of the American Board of Counseling Psychology; Mary O'Leary Wiley, Charme Sturkie Davidson, Barbara Palombi and Adrienne Barna.



American Board of Forensic Psychology

Richard I. Frederick, PhD, ABPP, ABFP Past President

In October 2011, the Forensic board certified the following candidates:

Galit Askenazi, PhD, ABPP, Beachwood, OH

Lea Ann Preston Baecht, PhD, Springfield, MO.

Katie Connell, PhD, Akron, OH.

Christofer Cooper, PhD, Chicago, IL.

Joseph Lockhart, PhD, Santa Barbara CA.

Marc Martinez, PhD, Rochester, NY.

Maureen Lyons Reardon, PhD, Butner, NC.

Richard Rickman, PhD, Ann Arbor, MI.

Jennifer Yeaw, PhD, Washington, DC.

American Board of Organizational and Business Consulting Psychology

Dennis Doverspike, PhD, ABPP, ABOBCP President

A small but energetic group, the ABOBCP Board and its Specialists have been busy lately. Based on a number of recent applications and the scheduling of future examinations, we are starting to see renewed interest in our specialty. In 2011 we welcomed three new specialists, which matched our number combined for the previous 3 years.

I believe this reflects positively on the hard work that our Board has put in for the past few years in terms of marketing and public relations.

Our next Board meeting will be in February at the Division 13 Conference in Pasadena, California. We also plan on conducting examinations at that time. If you are a current specialist, and are interested in serving as a mentor or examiner, please contact me. We have made some changes to the examination procedure, including a new examiner and examinee manual. Also, if you would be interested in assisting the Board in some way, or running for a Board officer position, please let me know.

The Periodic Comprehensive Review of ABOBCP is just about complete. We need to make some final decisions on a few remaining issues at our next Board Meeting.

Overall, it was a positive year and I think we can be encouraged by our recent growth.

American Board of Police and Public Safety Psychology

David M Corey, PhD, ABPPSP President

Psychologists have contributed to the assessment, treatment, and operational work of police officers and other public safety personnel for nearly a century. And so it was an especially proud and gratifying moment for the American Board of Police & Public Safety Psychology (ABPPSP) when, on October 22, 2011, we became the 14th specialty board in the ABPP family.

Our Board's successful affiliation resulted from a five-year team effort. The core members of this team were recognized in Washington, DC last August when the American Psychological Association Division 18 (Psychologists in Public Service) Police & Public Safety Section presented the 2011 Award for Outstanding Contributions to the Field of Police and Public Safety Psychology to Gary Aumiller, PhD; JoAnne Brewster, PhD, ABPP; Dave Corey, PhD, ABPP; Michael Cuttler, PhD, ABPP; Lorraine Greene, PhD, ABPP; Steve Griffin, PhD, ABPP; Herb Gupton, PhD, ABPP; Jon Moss, PhD, ABPP; Susan Saxe-Clifford, PhD, ABPP; Guy Seymour, PhD; and Phil Trompeter, PhD, ABPP. The group award also honored David R. Cox, PhD, ABPP for his role in promoting the PPSP specialty through his work as ABPP Executive Officer and his generous devotion of time to PPSP activities.

The ABPPSP Board of Directors is focused this year on four main objectives, as briefly described below:

Specialty Recognition. Police & Public Safety Psychology (PPSP) was recognized by APA as a proficiency in 2008 and was not slated for review by the Commission on Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) until 2015. But as a result of subsequent changes to the CRSPPP specialty criteria, our full affiliation as an ABPP specialty board, and the ABPP BOT's desire to bring consistency to the taxonomies used by ABPP, CRSPPP, and other stakeholders, we prepared and submitted a petition for specialty recognition to CRSPPP on January 2, 2012. There is a good deal of work still to be done in working with CRSPPP during the review process, and our Board is fully engaged.

Academy Development. Under the leadership of JoAnne Brewster, PhD, ABPP, National Director of the American Academy of Police & Public Safety Psychology, we are preparing several workshops to advance the competence of current and future specialists in PPSP. These will be launched initially in Philadelphia as part of the 2012 ABPP Summer Workshop Series. The Academy also is exploring the construction of a course sequence leading to a post-graduate specialty certificate.

Examination Development. To date, 45 specialists have been board certified by the ABPPSP, and there remain more than a hundred applicants and candidates in various stages of the application and examination process. Additional examinations are scheduled for 2012 in Los Angeles, Philadelphia, Orlando, and San Diego. The ABPPSP Examination Manual, along with its companion documents, the ABPPSP Practice Sample Review Manual and the ABPPSP Oral Examination Manual, has undergone multiple substantial revisions since they were first published in January 2011. Our Board is working closely with current and former candidates to identify the ways in which our examinations, and their respective manuals, can be revised further to reduce inefficiencies and to guide both candidates and examiners.

Communication & Outreach. As a new specialty board, we need to ensure that both consumers and prospective specialists are aware of the ABPPSP. Toward this end, we recently published an article explaining the importance and benefits of ABPPSP board certification (D. M. Corey, M. J. Cuttler, D. R. Cox, & J. Brower (2011). Board certification in police psychology: What it means for public safety. *The Police Chief*, August, 100-104), and we distributed a brochure at the International Association of Chiefs of Police at the 2011 annual conference that summarized the same information and gave details about applying for ABPPSP board certification. We will continue to work to increase the number of board certified PPSP specialists while also maintaining our efforts to apprise police and public safety administrators of the advantages of board certification.

American Board of Rehabilitation Psychology

Fernando Gonzalez, PhD, ABPP

Another year has come and gone, but we have much to be thankful for and much to look forward to. Congratulations go to both Daniel Rohe and Mary Hibbard who were recipients of the ABPP Distinguished Service and Contributions Award for this year. We also welcome Aida Saldivar as the newest member of the Board of Directors. Dr. Saldivar is from Rancho Los Amigos in the Los Angeles area and brings a wealth of experience and knowledge in the field of Rehabilitation, especially with underrepresented minority groups.

In April 2011 William Stiers spearheaded a 3-day conference that brought together 46 dedicated health professionals from numerous universities, hospitals, Department of Defense and Veterans Administration medical centers, and APA, to develop consensus guidelines on how postdoctoral training programs in Rehabilitation Psychology should be conducted and the competencies that should be developed, and created the structure for a national organization of post-doctoral training programs in Rehabilitation Psychology. The guidelines and related articles will be published in the near future and will help guide the field and training.

This year's annual Rehabilitation conference will take place in Fort Worth, Texas from February 23-26, 2012 with the preconference on February 23rd addressing research methodology. In a collaborative effort with ABPP, we will implement electronic registration and development of an electronic CEU tracking system. Additionally, for those

of you interested in board certification or in the process, the new Certification Guidelines and Procedure: Candidate's Manual, with the updated requirement and competencies is available in PDF format at (www.ABPP.org).

American Academy of School Psychology and American Board of School Psychology

ABSP President, Michael Tansy, PhD, ABPP and AASP President, Judith Kaufman, PhD, ABPP

Updates from the American Academy and American Board of School Psychology

The 2011 year has been both challenging and active for AASP and ABSP. Fellows of the Academy have been involved in a number of important initiatives. Our presence is highly visible on the planning committee of the proposed 2012 Future of School Psychology Conference with Barbara Fischetti representing the Board and Judith Kaufman representing the Academy. Both the Board and the Academy participate in the School Psychology Leadership Roundtable (SPLR) and the Graduate Education Committee of the National Association of School Psychologists. Together with other organizations, both the Board and Academy participated in reviewing and providing input to the new specialty standards for school psychology. Jeff Miller, a Fellow of the Academy coordinated the process for APA. Rosemary Flanagan was also an active participant. These networking connections provide opportunities to educate our profession as to the value of ABPP and Board certification and provide an opportunity in providing an important voice in the shaping of the future of our profession.

Economics notwithstanding, we continue our outreach efforts to encourage members of our professional community to consider Board certification. With Michael's leadership, we are actively engaged in encouraging greater participation of school psychologists in the ABPP process. An information session along with a reception was held at NASP last year with a large and interested audience. We also held a fellowship brunch at APA, inviting potential candidates to interact with our Executive Board and Fellows. An information session and informal reception are planned for NASP in Philadelphia this coming February. The Academy, in consultation with ABPP leadership is developing new and exciting initiatives to promote membership in the coming year and is planning outreach to student groups and doctoral programs to begin to socializing them into the certification process.

Our Lambert/Hyman scholarship program is a wonderful component of the Academy. With assistance from Western Psychological Association and Pro Ed, we were able to offer 5 scholarships to outstanding graduate students. This year we received 35 outstanding applications and decision making was difficult. However, it is inspirational to see the next generation of exceptional professionals. Needless to say, we encourage them to consider Board certification.

The *Journal of Applied School Psychology* continues to be the jewel in our crown. The high quality of the journal and the relevance of the published articles bring additional prestige to our Academy. The names of all School Fellows are listed in the Journal, and several serve on the editorial board. We are currently seeking evidence-based articles focusing on critical issues written by Fellows of the Academy. Research-based articles are encouraged as well.

Under the leadership of Shawn Powell and the continued leadership of Michael Tansy, we look forward to an active, involved, productive and successful 2012.



ABPP

**SPECIALTY CERTIFICATION
IN PSYCHOLOGY SINCE 1947**

ABPP Service Recognition

THANK YOU!

To Specialty Board Oral Examiners/ Observers:

Anne Marie Albano, Fred Alberts, Cindy Anderson, Barry Anton, Jack Apsche, Shahram Ardalán, Kira Armstrong, Alvin Atkins, Jeff Barnett, Ida Sue Baron, Andrew Berger, Dene Berman, Vytautas Bieliauskas, Bridget Biggs, Judy Blanton, Julie Bobholz, Anita Boss, James Bow, Charles Brady, Lisa Brenner, JoAnne Brewster, Roger Brooke, Laura Brown, Steve Bucky, Sandra Burkhardt, Barry Burkhardt, Lester Butt, Robert Byrne, Anna Byars, Bruce Caplan, Alan Carter, Marianne Celano, Margery Chisholm, Cathleen Civiello, Pauline Rose Clance, Jeffrey Coady, Robert Cochrane, Lois Condie, Nancy Cooley, Helen Coons, William Confer, Dave Corey, Margaret Creedon, Michael Cuttler, Christine Dacey, Jaine Darwin, J. Rick Day, Nick DeFilippis, Jason Deleew, Richart DeMier, Paul Detrick, Paul Diamond, Anne Dobbmeyer, Jacobus Donders, Natalie Dong, E. Thomas Dowd, Barbara Dusansky, Mary Ann Dutton, Jay Earles, Michael Eastridge, James Eisenberg, Joseph Etherage, J. Porter Evans, Charles Ewing, Al Finch, Gary Fischler, Linda Forsberg, Greta Francis, Marilyn Marks Frey, Mary Fristad, Dale Godby, George Goldman, Alan Goldstein, Fernando Gonzalez, Jeff Goodie, Lorraine Greene, Steve Griffin, Thomas Grisso, Dana Grossman, Doris Gordon, Lisa Grossman, Herb Gupton, Thomas Hammeke, Stephanie Hanson, Kathy Hart, Robert Hart, Clifford Hatt, Jennifer Haut, David Hayes, Andrew Heck, Michael Hendricks, Mary R. Hibbard, Russ Hibler, Joseph Hinkebein, Robert Hock, Carol Holden, Serina Hoover, Diane Howieson, Carroll Hughes, Janylah Jackson, Leslie Jackson, Larry James, Jennifer Janusz, Helen Jenne, Ronn Johnson, Katherine Jones, G. Michael Kampschaefer, Aaron Karnilow, Robert Karol, Howard Kassino, David Kazar, Crystal Kelley, Betsy Kennard, Thomas R. Kerkhoff, Lynda Kirkland-Culp, Heidi Koehler, Gerald Koocher, Douglas Lane, Ann LeBlanc, Jarrod Leffler, Jeanne Lemkau, Adam Lewin, John Linton, Amanda Sobel Lochrie, Nell Logan, John Lucas, Michael Lynch, Maureen Lyon, Bernice Marcopulos, Christopher Martell, David Mather, Peter Mayfield, Jeni McCutcheon, Cathy McDaniels Wilson, Dean McKay, John McSweeney, Anne-Marie Meehan, Rena Meital, J. Miller, Peter Miller, Stephen Miller, Jon Mills, Karl Moe, Joel Morgan, Dolores Morris, Ralph Mortensen, Jon Moss, Virginia Mullin, Vladimir Nacev, Dan Neller, Aaron Nelson, W. Michael Nelson, Art Nezu, Christine Nezu, Janet P. Niemeier, Barry Nierenberg, Mary Pat Noonan, Marc Norman, John Nicoletti, Frank Norton, Nancy Nussbaum, Margaret O'Connor, Mary Ellen Olbrisch, Spyros D. Orfanos, John Paddock, Mark Paris, Meghna Patel, Shelley Pelletier, Rolf Peterson, Marty Petrillo, John Piacentini, Lisa

Piechowski, Christina Pietz, Marvin Podd, Terrie Price, Robert Prince, Jackson Rainer, Simon Rego, Mark Reinecke, Karla Rennhofer, Joseph Reppen, Joe Ricker, Michael Roberts, John D. Robinson, Daniel Rohe, Jocelyn Roland, George Ronan, David Rudd, John Rudisill, Michele J. Rusin, Mark Russell, Aida Saldivar, Nicholas Salsman, Scott Salvatore, Susan Saxe-Clifford, Jennifer Sayrs, Karen Schmaling, Paul Schratz, Janet Schultz, Tom Sexton, Candyce Shields, Regina Sherman, Jeff Showalter, Wayne Siegel, Chaundrissa Smith, Ellen B. Snoxell, Linda Sobell, Anita Solomon, David Sommers, Lyn Sontag, Sarah Spain, Brenda Spiegler, Kathleen Stafford, Casey Stewart, William Stiers, Tony Stringer, Karl Stukenberg, Kirk J. Stucky, Steve Sultan, Sara Swanson, Michael Tansy, Debra Tasci, John Thoburn, Jay Thomas, Steve Tovian, Phil Trompeter, Alex Troster, Beth Troutman, Barbara Tylanda, Isaac Tylin, Leon Vandecreek, Brenda Wagner, Dana Waters, Stephen T. Wegener, Michael West, Mike Westerveld, Maureen Whittal, Richard Wihera, Loren Wilkenfeld, Anna Williams, Stacey Williams, Karen Wills, Philip Witt, Keith Wood, John Yeaw, Matt Zaitchik

THANK YOU!

To Specialty Board Practice Sample Reviewers:

Amarillis Acevedo, Russell Addeo, Jeffery Allen, Gregory Alter, Gretchen Ames, Steven Ames, Carol Anderson, Jim Andrikopoulos, Barry Ardolf, Kira Armstrong, Lydia Artiola, Sharon Ashman, Keith Atkins, Susan Atkins, Evan Axelrod, Mark Axelberd, Mark Barisa, Edward Barnoski, Edwin Barrett, Charles Bass, Ervin Batchelor, Russell Bauer, Milt Bechnell, Heather Belanger, Brian Bell, Timothy Bervilleau, Ralph Benedict, Sherry Benton, Thomas Bergquist, Bryan Bernard, Aditya Bhagwat, Erin Bigler, Robert Bilder, Rosie Bingham, H. Blackwood, Judy Blanton, Joseph Bleiberg, Andrew Block, Richard Boada, Corwin Boake, Steven Bodin, Steven Boksenbaum, Anthony Bolton, Mark Bondi, Kyle Bonesteel, James Boone, Kyle Boone, Robert Bornstein, Anita Boss, James Bow, Jason Brandt, Lisa Brenner, JoAnne Brewster, Franklin Brown, Gregory Brown, Robin Brown, Sandra Brown, Steven Brown, Tanya Brown, James Bryan, Ernest Bryant, Kendra Bryant, Dennis Buchholz, Sarah Bullard, Gary Burkhardt, Thomas Burns, Robyn Busch, David Bush, Lester Butt, Anna Byars, Paul Byrd, Deborah Cahn-Weiner, Louis Calabro, Theresa Campbell, Bruce Caplan, Daniel Capruso, Jerome Caroselli, Robert Carter, Jennifer Cass, Susan Caudle, Marianne Celano, Jane Cerhan, Michael Chafetz, Naomi Chaytor, Margery Chisholm, Keith Cicerone, Michael Cirillo, Christine Clancy, Kristin Clemens, Mitchell Clionsky, Catherine Clodfelter, Robert Cochrane, Robert Collins, Andrew Colvin, Brian Combs, Lois

Condie, Amy Connery, Denise Correa, Dave Corey, Jennifer Cornish, Bruce Crosson, Michael Cuttler, Herman Davidovicz, Bryan Davidson, Charme Davidson, Amy Davis, Robert Davis, Andrew Dean, Jerel Del Dotto, Richart Demier, Paul Detrick, Gayle Deutsch, Diane DeWitt, Sidney Dickson, Anne Dobmeyer, Natalie Dong, Jill Dorflinger, Jodie Eckleberry-Hunt, Eric Ecklund-Johnson, Leah Ellenberg, Robert Elliott, Melissa Epker, Daniel Everhart, Mariellen Fischer, Gary Fischler, Jack Fletcher, Pamela Foley, Linda Forsberg, Nadya Fouad, Catherine Frantom, Lawrence Freedman, Kristi Fuller, David Gansler, Linda Garcia-Shelton, William Garmoe, Elizabeth Geary, Mary Reeni George, Jennifer Gess, E. Glen, Benjamin Gliko, Myron Goldberg, Diana Goldstein, Felicia Goldstein, Fernando Gonzalez, Jeff Goodie, James Gormally, Marsha Gragert, Christopher Graver, Robert Gray, Melanie Greenaway, Lorraine Greene, Scott Grewe, Steve Griffin, Thomas Guilmette, Herb Gup-ton, Stephen Hamel, Anita Hamilton, Joanne Hamilton, Benjamin Hampstead, Duke Han, Robert Hanlon, Stephanie Hanson, Lana Harder, Kimeron Hardin, Jennifer Haut, Robert Heaton, Marsha Hedrick, Amy Heffelfinger, Ann Hempel, George Henry, Anne Herring, Paul Hershberger, Aaron Hervey, Mary R. Hibbard, Janet Hibel, Jennifer Hiemenz, Erin Hill, Robin Hilsabeck, Joseph Hinkebein, Charles Hinkin, William Hitch, John Hogg, Erin Holker, Stephen Holliday, Merris Hollingsworth, Lori Holt, Serina Hoover, Gayle Hostetter, Diane Howieson, Renee Hudson, Jennifer Huffman, Susannah Hughes, Christine Hunter, Christopher Hunter, Michelle Imber, James Irby, Robert Ivnik, Warren Jackson, Jennifer Janusz, Laura Janzen, Louise Jeffrey, George Jewell, Mi-Yeoung Jo, Shelley Johns, Douglas Johnson-Greene, George Johnstone, Barbara Jones, Dan Jones, Robert Jones, G. Michael Kampschaefer, Stephen Kanne, Jason Kanz, Richard Kaplan, David Kareken, Robert Karol, Peter Karzmark, David Katz, Julie Keaveney, Pamela Keenan, Mark Kelly, Nancy Kennedy, John Kenny, Thomas R. Kerkhoff, Jason King, Michael King, John Kirk, Michael Kirkwood, Lawrence Klusman, Gerald Koocher, Jennifer Koop, Kathleen Kortte, Joel Kramer, Lauren Krivitsky, Kevin Krull, Cynthia Kubu, Joseph Kulas, Alexis Kulick, Laura Lacritz, Sarah Lageman, David Lamb, Gregory Lamberty, Kerri Lamberty, James Langan, John Langfitt, Jean Langston, Glenn Larrabee, Eric Larson, Jennifer Lauretti, Kathy Lawler, David Layman, Barry Layton, Andrea Lazosky, Brian Leahy, Carol Leavell, Ann LeBlanc, Dongwook Lee, Gregory Lee, Carolyn Lemsky, Catherine Leveroni, Andrew Levine, James Lichtenberg, Maria Lifrak, Roger Light, Dona Locke, David Loewenstein, Robin Logan, Patrick Logue, David Loring, I. Lorinstein, Sandra Lundgren, William Lynch, William MacAllister, Michèle Macartney-Filgate, Stephen Macciocchi, G. MacDonald, Jeanette Madkins, Nancy Mahaney, Ernest Mahone, Lawrence Majovski, James Malec, Aaron Malina, Rose Manguso, Robert Mapou, Wendy Marlowe, Sylvia Marotta, Alfonso Martinez, Christine Mathiesen, Paul Mattis, Steven Mattis, Jennifer McCain,

Lawrence McCloskey, Michael McCrea, Jeni McCutcheon, Lorraine McFadden, Susan McGlynn, Renee McGovern, William McMullen, A. McSweeney, James Meyer, Christina Meyers, William Milberg, Jeffrey Miller, Julie Miller, Sarah Miller, Jonathan Miller, Scott Millis, Jon Mills, Maura Mitrushina, Nancy Moczynski, Kris Mohandie, George Montgomery, Skip Montgomery, Steven Morgan, Chris Morrison, Jeannine Morrone-Strupinsky, James Moses, Jon Moss, Mary Ann Mountain, James Mullin, Richard Naugle, Dan Neller, David Nelson, Anne Newman, Paul Newman, Art Nezu, John Nicoletti, Janet P. Niemeier, Barry Nierenberg, Marc Norman, Thomas Novack, Maureen O'Connor, David O'Grady, Jennifer Oglesby, Daniel Orme, Mark Oordt, Dawn Osterweil, Kathleen O'Toole, Raymond Ownby, Oliver Oyama, Arlin Pachet, Christina Palmese, June Paltzer, William Parham, Brett Parmenter, Nicholas Pastorek, Robert Paul, Edward Peck, Otto Pedraza, Lisa Piechowski, Christina Pietz, Shelley Pelletier, Suzanne Penna, Francisco Perez, Carol Persad, Jacqueline Phillips-Sabol, Patrick Plenger, Anthony Podraza, Lauren Pollak, Jeffrey Pollard, Ellen Popenoe, John Porcerelli, Thomas Preston, Terrie Price, Robert Rando, John Randolph, Janet Reed, John Reeves, Gina Rehkemper, Joseph H. Ricker, Robert Riley, Eric Rinehardt, Julie Rip-peth, M. Ris, Amber Roberts, Michael Roberts, Lindsey Robinson, Daniel Rohe, Jocelyn Roland, Jonathan Romaine, Deborah Roman, Brad Roper, Allyson Rosen, Daniel Rosen, Sara Rosenquist, Philip Roskos, Andy Rowan, Beth Rush, Michele J. Rusin, Elizabeth Ryan, Thomas Ryan, Steven Saffen, Aida Saldivar, Susan Saxe-Clifford, Andrew Saykin, Lynn Schaefer, Jack Schaffer, Lewis Schlosser, Mike Schoenberg, Hope Schreiber, Lauren Schwarz, James Scott, James Seward, Tom Sexton, Candyce Shields, Alan Shonkoff, Norma Simon, Christopher Sletten, Beth Slomine, Bryan Smith, Clifford Smith, Joseph Snow, Ellen B. Snoxell, Cynthia Socha-Gelgot, Jack Spector, Tara Spevack, Gwendolyn Sprehn, Kathleen Stafford, Philip Stenquist, Casey Stewart, William Stiers, Anthony Stone, Elizabeth Stroup, Kirk J. Stucky, Steve Sultan, Thomas Swales, Joan Swearer, Lisa Sworowski, Debra Tasci, Gerry Taylor, Judith Taylor, Lori Terryberry-Spohr, John Thoburn, Matthew Thompson, Nora Thompson, Steven Tovian, Cynthia Townsend, Joseph Tracy, Phil Trompetter, David Tucker, David Tupper, Barbara Turner, Ray Turner, Craig Uchiyama, Thomas Van Den Abell, Anne VanDyke, Robert van Mastrigt, Tracy Vannorsdall, Sharon Vaulman, Ramon Verdaguer, Michael Villanueva, Nancy Voight, James Wade, Carol Walker, Stuart Waltonen, Jeanette Wasserstein, Alison Weber, Stephen T. Wegener, Cheryl Weinstein, Kathleen Welsh-Bohmer, James Werth, DeLisa West, Holly Westervelt, Roberta White, Mark Wilde, Richard Wihera, David Williamson, Philip Witt, Thomas Wodushek, Esther Wright-Wilson Matt Zaitchik, Dennis Zgaljardic

New Board Certified Specialists

June 2011 through Jan 1, 2012

Clinical Child & Adolescent Psychology

Stacy J. Braun, PhD
Judy Ho, PhD
Nicole M. Klaus, PhD
Sunnye Mayes, PhD
Stephanie A. Stowman, PhD

Clinical Health Psychology

Lindsey E. Bloor, PhD
Karen B. Grothe, PhD
Teresa A. Hale, PhD
Daniel Holland, PhD
Elizabeth A. Klonoff, PhD
Kevin T. Larkin, PhD
David J. Martin, PhD
Kimberly M. McGuire, PhD
Christine N. Runyan, PhD
Richard J. Seime, PhD
Lori B. Waxenberg, PhD

Clinical Neuropsychology

Elizabeth N. Adams, PhD
Talin Babikian, PhD
Jared F. Bengel, PhD
Sidney W. Binks, III, PhD
Freeman M. Chakara, PsyD
Jeffrey R. Cole, PhD
Krista M. Damann, PhD
Alison J. Donnell, PhD
Kevin M. Duff, PhD
Gina M. Formea, PhD
Maida G. Gunther, PhD
Jill C. Isenberg, PhD
Jill L. Kelderman, PhD
Michael R. Lawrence, PhD
David J. Marcus, PhD
Carrie R. McDonald, PhD
Adam H. Minniear, PhD
David J. Moser, PhD
Luba Nakhutina, PhD
Robert V. Parish, PhD
Andrea L. Piatt, PhD
Jacqueline, G. Rea, PhD
Barbara L. Rothweiler, PhD
Jeffrey A. Shaw, PsyD
Noah D. Silverberg, PhD
Anita H. Sim, PhD
Amy R. Steiner, PsyD
Reem A. Tarazi, PhD
Jon C. Thompson, PhD
David C. Tsai, PhD

Jessica L. Vassallo, PhD
John R. Walker, III, PsyD
Julianna Ward, PhD
Jeffrey S. Wefel, PhD
Robyn M. Westmacott, PhD
Marianne E. Witgert, PhD

Clinical Psychology

Pardis Amirhoushmand, PhD
Lorna S. Benjamin, PhD
Christopher T. Blair, PhD
Syd Brown, PhD
William L. Buchanan, PhD
Kelly C. Doty, PsyD
Keenan R. Ferrell, PhD
Randy Georgemiller, PhD
Nathan D. Glassman, PhD
Melissa D. Hiller Lauby, PhD
Helen A. Holley, PhD
Ryan A. Howes, PhD
Terry A. Johnston, PhD
Rocky Liesman, PhD
Laura B. Moulton, PsyD
Stephen J. Owens, PhD
Daniel J. Pelton, PhD
Yaron Rabinowitz, PhD
David B. Tarr, PhD
Nadia Torres-Eaton, PsyD

Cognitive & Behavioral Psychology

Elisa K. Moritz, PhD
Stephen Terracciano, PhD
Tobias C. Weiss, PsyD

Forensic Psychology

Galit Askenazi, PhD
Lea Ann Preston Baecht, PhD
Joseph J. Lockhart, PhD
Katie E. Connell, PhD
Christofer J. Cooper, PhD
Marc A. Martinez, PhD
Maureen Y. Reardon, PsyD
Richard L. Rickman, PhD
Jennifer S. Yeaw, PsyD

Group Psychology

Jeffrey L. Kleinberg, PhD

Organizational & Business Consulting Psychology

Gary L. Patrick, PhD

Police and Public Safety Psychology

Gary S. Aumiller, PhD
Mark M. Axelberd, PhD
Evan M. Axelrod, PsyD
JoAnne Brewster, PhD
Jaime L. Brower, PsyD
Bruce M. Cappel, PhD
David M. Corey, PhD
Stephen F. Curran, PhD
Michael J. Cuttler, PhD
Paul F. Detrick, PhD
Edrick H. Dorian, PsyD
Joel Fay, PsyD
Gary L. Fischler, PhD
Linda K. Forsberg, PhD
Gina L. Gallivan, PhD
Douglas Gentz, PhD
Debra F. Glaser, PhD
Lorraine W. Greene, PhD
Stephen Griffin, PsyD
Irving B. Guller, PhD
Matthew E. Guller, PhD
Herbert M. Gupton, PhD
Don "Scott" Herrmann, PhD
Robin E. Inwald, PhD
Mark D. Kamena, PhD
Joelle M. Kruml, PsyD
Shauna M. Laughna, PhD
Jeni L. McCutcheon, PsyD
Heather K. McElroy, PhD
William F. McIntyre, PhD
Kris Mohandie, PhD
Jon H. Moss, PhD
Jay M. Nagdimon, PhD
John A. Nicoletti, ABPP
Michael D. Roberts, PhD
Jocelyn E. Roland, PhD
Susan J. Saxe-Clifford, PhD
Casey O. Stewart, PsyD
Anthony V. Stone, PhD
Steven E. Sultan, PhD
Jay A. Supnick, PhD
Debra L. Tasci, PsyD
Philip S. Trompetter, PhD
Ray A. Turner, PsyD
Richard C. Wihera, PsyD

Psychoanalysis in Psychology

Cynthia M. Kampschaefer, PsyD

School Psychology

Catherine A. Fiorello, PhD

Deceased Specialists

June 2011 through Jan 1, 2012

Philippa Mathieu Coughlan, Clinical Psychology
Mark Kevin Davis, Clinical Health Psychology
Donald G. Livingston, Organizational and Business Consulting Psychology
Letty Pogul Munz, Clinical Psychology
Byron P Rourke, Clinical Neuropsychology
Wolfgang Schwarz, Clinical Psychology

Dr. Philippa Mathieu Coughlan (Clinical Psychology)

Dr. Philippa Mathieu Coughlan 75, a clinical psychologist, a Diplomate in Clinical Psychology of the American Board of Professional Psychology and Fellow of the Academy of Clinical Psychology, the founder and for 40 years the Director of the Office of Behavioral Health for Students at Wesleyan University, passed away peacefully at Middlesex Hospital in Connecticut, on March 17, 2011. Her death leaves Psychology without one of its finest practitioners. A Boston native, Philippa did her undergraduate work at Boston University and her graduate studies in clinical psychology at the University of Wisconsin-Madison. At Wisconsin, she served as Carl Rogers' research assistant. She has numerous publications to her credit. Upon coming to Connecticut, Philippa held a position at Yale. Wesleyan recruited



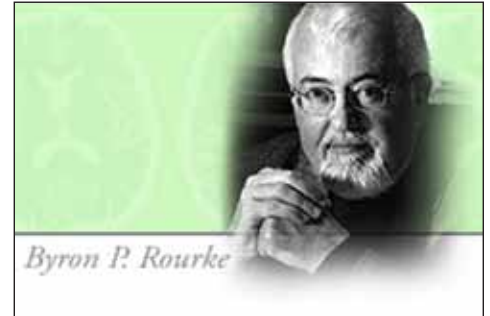
her to establish and direct what is now known as the Office of Behavioral Health for Students. She served as the Chair of the State of Connecticut Board of Mental Health for eight years, and was a member of the Governor's Blue Ribbon Commission on Mental Health and a gubernatorial appointee to the Connecticut Mental Health Strategy Board. She received the National Register's A.M. Wellner, PhD, Distinguished Career Award for 2003 "in recognition of her long-term participation in the planning and evaluation of mental health services in Connecticut and specifically, her invaluable contributions to the Department of Mental Health and Addiction Services."

Philippa took great delight in her family. Her husband, Neil Coughlan, is an accomplished attorney and member of a Washington, D.C. think tank. Her son, John, and daughter-in-law, Karen, are the loving parents of Patrick who was 19 months old at the time of his grandmother "Pippa"'s death. Within psychology, Philippa earned her colleagues' respect for her vast knowledge of the field, her ability to master complex issues and situations, and her skill as a subtle mentor. Many of us sent our brightest trainees and fellow psychologists to her for therapy. She was our gold standard, the Dean of Connecticut psychology. She was a lover of Peugeots, a good laugh, a puzzle to solve and a crisis to manage. Philippa had an exceptional capacity to set herself aside and focus on the welfare of others.

Adapted from an obituary written by Mary Rose Brogan, Ph.D., ABPP. Dr. Brogan is a licensed psychologist who maintains an independent practice in Middletown, CT.

Byron P. Rourke, PhD, ABPP-CN (Clinical Neuropsychology)

Byron P. Rourke, PhD, ABPP-CN an esteemed member of the neuropsychological community, passed away last week at the age of 72. I don't recall when I first met Byron but probably knew him before many neuropsychologists were born. During that long period of time it was possible to obtain a long term view of his remarkable career. Just to mention a few major accomplishments, Byron was a founder of the first two major journals in clinical neuropsychology; The Journal of Clinical (later Clinical and Experimental) Neuropsychology and The Clinical Neuropsychologist. He has written major chapters and books in the area of child neuropsychology. It has been said by some that he is the founder of clinical child neuropsychology as a specialty, and certainly created the first scientific basis for this area. His subtypes of learning disability and methods he developed for valid and reliable assessment of learning disability remain as state-of-the-art for the field. His creative development of the concept of Nonverbal Learning Disability remains a major contribution to clinical neuropsychology. His numerous publications attest to a long and distinguished career in neuropsychological research. He was organizationally active, serving as President of the International Neuropsychological Society and the Division of Clinical Neuropsychology of the American Psychological Association.



Byron was a scientist and teacher, having made major contributions to quantitatively based, sophisticated neuropsychological assessment of children with learning disabilities and related neurobehavioral disorders, and was able to teach through his lectures and writings this knowledge with great effectiveness. He was a strong advocate for the specialty and made substantial contributions to its growth as a science and a profession. He was a major figure in the development of the field and will be greatly missed.

Adapted from: NAN Past-President Dr. Gerald Goldstein who shared some of his thoughts in this obituary on Dr. Rourke with the NAN membership.



ABPP

SPECIALTY CERTIFICATION
IN PSYCHOLOGY SINCE 1947



*the
specialist*