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**The Specialist Editor: Robert D. Hill, PhD, ABPP**  
**Associate Editor: Michael J Cuttler, PhD, ABPP**

# President's Column

By Nadine J. Kaslow, PhD, ABPP

Board Certified in Clinical Psychology, Couple and Family Psychology,  
and Clinical Child and Adolescent Psychology



Happy New Year! I hope that the upcoming year will be one filled with love, laughter, opportunity, and meaning. I encourage each of you to be genuinely kind toward yourselves. And toward others, please be generous, engage authentically, and demonstrate compassion. Express gratitude for things large and small, as “gratitude unlocks the fullness of life” (Melody Beattie). As Thornton Wilder said, “We can only be said to be alive in those moments when our hearts are conscious of our treasures.”

It has been an honor and a pleasure to serve as the President of ABPP this past year and I am excited about the upcoming year. This year could not have been so successful without our wonderful Central Office Staff – David Cox, PhD, ABPP, Nancy McDonald, Lanette Melville, and Diane Butcher. They are accessible, available, and enormously helpful. They are one of the major reasons for our successful ABPP Workshop convention. I am also incredibly grateful to a very hard working Executive Committee: Christine Maguth Nezu, PhD, ABPP, Gregory Lee, PhD, ABPP, Charne Davidson, PhD, ABPP, and Randy Otto, PhD, ABPP.

We have had a productive year and I would like to review with you some of the highlights.

- **ABPP Summer Workshops** - We held a very successful ABPP Workshop series in 2010 in Portland, Oregon and we surveyed participants on-line to get their feedback (which overall was extremely positive and very informative). Because of the success of these workshops, we have planned 2011 ABPP Summer Workshops in San Francisco - June 15-18, 2011. We have a wonderful line-up of presenters. For details, go to [www.abpp.org](http://www.abpp.org).

- **Specialty Specific Conferences** - The American Academy of Couples and Family Psychology of ABPP announces the first advanced workshops on Couples and Family Psychology with co-sponsorship with APA Division 43, Nova Southeastern University, Florida ABPP, the American Board of Couple and Family Psychology, and the American Academy of Group Psychology February 4-6, 2011 at the Hyatt Pier 66, a luxury resort hotel in sunny Fort Lauderdale Florida. Other specialties have a long history of successful conferences: Forensics Psychology, Clinical Neuropsychology, and Rehabilitation Psychology.

- **Convocation** - We had a very well-attended Convocation at the annual convention of the American Psychological Association (APA) in San Diego, California and our award recipients were Linas Bieliauskas, PhD, ABPP and Florence Kaslow, PhD, ABPP for the Russell J. Bent Award For Distinguished Service and Contributions to the American Board of Professional Psychology and Edith Kaplan, PhD, ABPP (Posthumous Award) and Ronald Levant, PhD, ABPP for the Distinguished Service and Contributions to the Profession of Psychology

- **Police and Public Safety Psychology** - The ABPP BOT voted unanimously to accept the application from Police and Public Safety Psychology for the next step in the affiliation process with ABPP. It is anticipated that soon they will become our 14th specialty. Their application was a model for future groups interested in pursuing board certification. CONGRATULATIONS to the representatives from that group for a job well done!

- **The Specialist** - We have appointed a new Editor (Robert (Bob) Hill, PhD, ABPP) and Associate Editor (Michael Cuttler, PhD, ABPP) for the Specialist and we are grateful to Bob Goldberg, PhD, ABPP for his outstanding years of service. Dr. Goldberg will continue as the historian for the organization.

- **Strategic Planning** - At the 2009 ABPP Board of Trustees Meeting, we engaged in a strategic planning exercise: Envisioning the Future in 2020, at which time each board would be an active, large, growing effective specialty with very substantial value. As an outgrowth of that our strategic planning exercise, the following Presidential Task Groups were formed and are moving forward the strategic planning efforts. These task groups relate to the ambas-

sador plan, communication plan, education and credentialing community plan, specialty board plan, and public recognition and relations plan.

- **Periodic Comprehensive Reviews** - We completed Periodic Comprehensive Reviews for three Specialty Boards - Clinical Health Psychology, Cognitive and Behavioral Psychology, and Rehabilitation Psychology. All of these boards are doing extremely well.

- **Early Entry Program** - The Early Entry program is featured on the ABPP website. The Early Entry Program promotes the value of board certification early in the education and training sequence. Participation in this program demonstrates a commitment to lifelong professional development consistent with professionals in other disciplines. It initiates students' connection to the specialty certification process in professional psychology, including having access to relevant materials and continuing educational opportunities, as well as potentially to mentors. A number of graduate, internship, and postdoctoral programs are paying the fee for each of their students to participate in this program. Jeff Pollard, PhD, ABPP wrote an excellent newsletter article related to the value of the Early Entry program that has been made available to other ABPP leaders for their respective newsletters.

- **Competencies** - We made the decision to shift the ABPP competencies to be consistent with the foundational and functional competencies that have been widely adopted within professional psychology.

- **Training Director Meeting** - For the second year in a row, we held an open house for training directors at the doctoral, internship, and postdoctoral levels at the annual convention of the American Psychological Association in San Diego, California.

- **ABPP Website** - The ABPP website has been updated and enhanced significantly. It is now used to carry out various tasks that support the infrastructure of our organization. To ensure that the website is as user friendly as possible, Gregory Lee, PhD, ABPP will serve as the point person on the Executive Committee to coordinate requested improvements. Therefore, anyone who has recommendations for improving the website is encouraged to contact him at [glee@mcg.edu](mailto:glee@mcg.edu).

- **Maintenance of Competence** - Given the important and timely issue of maintenance of competence, there was a decision to appoint a Standing Task Force on the Maintenance of Competence. This will be a five year committee appointment and current members of the Standards Committee will serve on this group.

- **ABPP Foundation** - The ABPP Foundation was established in 2010 and is recognized by the IRS as a 501(c)(3) charitable organization. The specific and primary purposes for which the Corporation was organized are to receive, administer, and expend funds for charitable and educational purposes. The ABPP Foundation accepts donations in general, as well as those that may be designated for specific purposes, providing that those purposes are in keeping with the law and the organization's intentions.

- **Professional Resource Group** - The ABPP Board of Trustees has decided to create a Professional Resource Group of individuals outside of with expertise in areas that could be beneficial to the functioning of the organization. If you have suggestions of such persons, please send them to me.

- **ABPP Partnerships** - ABPP has been active partners and participants with various relevant groups within professional psychology including the Association of State and Provincial Psychology Boards, Council of Specialties in Professional Psychology, APA Committee for Advancement of Professional Practice and Board of Professional Affairs, APA Taxonomy Workgroup, and the Joint Training Conference.

- **Expanding Board Certification** - We have been making considerable efforts toward creating strategies for expanding the number of board certified psychologists. If you have suggestions in this regard, please email them to me.

I look forward to hearing from you with suggestions and ideas for improving ABPP! May the new year bring health, happiness, safety, and joy. I can be reached always at [NKASLOW@emory.edu](mailto:NKASLOW@emory.edu)

# Executive Officer Message

By David R. Cox, PhD, ABPP  
Executive Officer



Happy New Year! I hope that your year is full of health and happiness.

I would like to express my gratitude and recognition of the excellent staff that work with me in Central Office (CO): Nancy McDonald, Lanette Melville and Diane Butcher have worked tirelessly (you may have noted some emails in the wee morning hours!) to help keep ABPP running smoothly. I am extremely thankful to have such a hardworking, dedicated and FUN staff with whom to work. Everyone in the office is mindful of getting job(s) done while also having a great sense of humor that gets us through some very busy times. I hope your experience of the CO staff has been as pleasant as has mine! They are a great group! 2010 was an extraordinarily busy year, and CO could not have processed everything that we did without such dedicated staff.

So what goes on in ABPP CO? Sometimes we get inquiries that suggest that not everyone is aware of how busy CO can be. Starting off 2011, I thought it would be worthwhile to highlight just some of the activities in which CO is involved.

## **Web Site and other Technology Issues**

We recently celebrated the one year anniversary of the new *ABPP website*. We continue to work on updates and improvements, and are very pleased with the way the site has worked out. We are in the process of helping one or two of the academies get their sites linked to and/or hosted by our site. Using the site, we have processed annual attestations electronically with relatively few hitches, and established a way for ABPP specialists to log in and update their contact information independently.

The ABPP web site has also been the doorway for an online registration process for the ABPP Summer Workshop Series. That registration process went very well. Reporting generated by the online registration process facilitated a rapid turn-around of CE certificates provided electronically to those in attendance at the workshops. Those in attendance commented on the fact that CO was able to provide them with an electronic (and therefore easily stored and reprinted as needed) certificate of continuing education *within 24 hours* of workshop attendance.

The American Board of Rehabilitation Psychology noted the ABPP conference registration and requested our assistance in online registration. We have recently implemented online registration for a conference that is being so-sponsored by the Rehabilitation Psychology board. By providing the online registration service, ABPP is able to assist one of its member boards and funds that would have been paid to an external provider are able to stay within the ABPP family.

Our website also has tools built into it to permit us to conduct surveys. We have completed two such surveys this past year. The first was the "Getting to Know You Survey" conducted by the ABPP Diversity Committee. That survey resulted in something in the neighborhood of 750 responses. We also conducted a survey of those who attended the 2010 ABPP Summer Workshop Series to help us plan future workshops.

Behind the scenes, we have been hard at work *digitizing files* so that applications and associated documents are electronically accessible. The electronic files are created in a consistent format and with bookmarks that facilitate finding specific documentation within the file. Digitizing the files permits no-cost electronic transmission of files that used to be shipped via FedEx or other means. That process has saved CO a bundle on postage/shipping and has also created a means of all staff being able to readily access files as needed, when needed.

While working on files, the *database* has been updated and cleaned; this is an ongoing process, as some people (unfortunately) do not update their contact information on their own or have not yet become aware that they can (and should!). Please do remember to go online and help ABPP and yourself by updating your contact information. We have moved to almost entirely electronic communication and rely on having up to date information from each of you. We feel that the database is probably as up to date as it has been in recent years, perhaps ever. We are able to pull reports on a variety of issues with relative ease.

ABPP is now on *Facebook*. We are hopeful that this use of social media will increase the exposure of ABPP, specifically with the younger generation of psychologists, residents, interns and students. They are the future of ABPP and psychology and we want them involved.

## **Ongoing ABPP Specialist, Specialty Board, Academy and Inter-organizational Activities**

Central Office is involved consistently in day to day activities interfacing with the various specialty boards, academies, specialists, and other organizations. There are frequent projects that involve CO, including one this year that has resulted in re-



viewing the leadership of *APA divisions* to determine who in the leadership is board certified through ABPP. There has been correspondence with specialty board and academy presidents to determine who the groups are working together and what might be improved. CO assists in developing and maintaining agendas for conferences including the Executive Committee, Specialty and/or Academy Presidents, Governance, BOT meetings and committees.

An ongoing part of the ABPP CO activities includes updating “the pipeline” for each board so that accurate and up to date information about those who are in the process of becoming board certified specialists. Also, for each board, CO participates in tracking income and expenses, providing budgets and helping to process reimbursements for the many volunteers who participate in examination and other board related activities.

CO is integrally involved in working with several committees. The Ethics Committee is informed by CO of any complaints and findings reported to ABPP, and CO facilitates gathering of necessary information for that committee to perform its responsibilities. This year there have been 10 open cases that have required attention (the Ethics Committee will report on the status of those independent of this report). The Communications Committee includes work for production of *The Specialist*. With Editor Robert Goldberg, CO has worked to produce two issues annually. As most of you know, Dr. Goldberg is facilitating a transition to the new Editor, Bob Hill, and Associate Editor, Mike Cuttler in the coming months. Dr. Goldberg will continue to be involved as the ABPP Historian. Many thanks go to Bob for his many years of outstanding contributions to ABPP and *The Specialist*!

The 2010 Summer Workshop Series was marketed almost exclusively through the activities of CO. As well, everyone who attended the 2010 Summer Workshop Series, including presenters, was sent a thank you note and encouraged to provide feedback to assist in improving future conferences. Exhibitors were contacted, contracted with and thanked. Randy Otto and CO worked with the Hilton Hotel in Portland for the 2010 workshop, and many CO hours have gone into negotiating the contract for the upcoming 2011 ABPP Summer Workshop Series to be held in San Francisco June 15-18, 2011. CO has been, and remains, primarily responsible for contacting presenters, assisting with the printing and distribution of handouts provided by presenters for workshop attendees, distribution and compilation of workshop evaluation/feedback forms and CE certificates, and other correspondence associated with the workshop series.

CO's role in ABPP activities at the APA Convention results in having smoothly run Governance Day activities as well as Convocation. Each was successful this year in San Diego, as was the perennial presence of ABPP in the APA Exhibit Hall. CO compiled a data sheet of information and specs that provides details of what is required in the process of board certification for each specialty board. This was quite useful at the ABPP booth at APA.

The ABPP booth at APA convention in 2010 was, as usual, quite busy most all of the time and CO greatly appreciates the number of ABPP specialists who volunteer their time and wisdom to assist in educating those visiting the booth about ABPP and specialty board certification.

In 2010, ABPP completed the Periodic Comprehensive Review (PCR) of Clinical Health Psychology, and Rehabilitation Psychology. We are pulling together the CO portion of input for the upcoming PCRs of Organization & Business Consulting Psychology (January 2011), Group Psychology, and Psychoanalysis in Psychology.

New in 2010 is a fee-based verification process for credentialing agencies. Although this service has been provided in the past, the continual (and increased) amount of staff time that is put into providing external credentialing agencies (e.g., managed care organizations, etc.) with verification of ABPP status of individual psychologists has led us to implement a fee for the service. *There is no fee to an ABPP psychologist; this is only charged to credentialing organizations.* Instituting this as a fee-based service has helped us recuperate some of the expense of staff time that is expended to provide the service, and thereby assists in the ABPP bottom line.

ABPP has ongoing and important relationships with several other organizations. As ABPP Executive Officer, I represent ABPP at the APA Committee for Advancement of Professional Practice (CAPP), APA Board of Professional Affairs (BPA), and as needed at other committees involved in the APA Consolidated Meetings. I have also worked on the APA Taxonomy Workgroup and was a presenter at APA on a panel discussing the newly proposed Taxonomy and its implications. Along with many other ABPP leaders, I helped provide an ABPP presence to the Joint Training Conference held in February of the many training and educational organizations in psychology. I serve as liaison to the Council of Specialties in Professional Psychology (CoS), an organization that is strongly supportive of ABPP board certification. The CoS has communicated to several other organizations (including APA, ASPPB and directly to some state some licensing boards) that ABPP is the only board certification entity in psychology that it recognizes. I also regularly represent ABPP at the Association of State and Provincial Psychology Board (ASPPB) meetings, and have assisted in building a good relationship with ASPPB leadership. ASPPB and ABPP have had ongoing discussions of ways in which they can work more closely together.

Finally, thanks to all of you who volunteer time and expertise to ABPP and other areas of professional psychology! Your efforts are appreciated, and extremely valued!

Enjoy 2011, and may it be a wonderful year for each and every one of you!

# An Update from the American Board of Professional Psychology (ABPP) Foundation

By Chris Nezu, PhD, ABPP, Foundation President

In 2010, the ABPP Foundation was formally recognized by the IRS as a 501(c) (3) charitable organization. The formation of the Foundation is viewed as an extremely important step in the ABPP's history because it provides a specific venue by which to receive, administer, and expend funds for charitable and educational activities, related to its purpose. The overall purpose for the development of this organization is to receive charitable support in order to provide educational opportunities and continuing professional education development for licensed professional psychologists and for the purpose of improving the health of the general public. Additionally, donations may be directed toward projects that foster, disseminate, and publish information that is of interest and relevance to psychology as a profession and that enhances public health through its training opportunities.

As the newly-elected President of the ABPP Foundation Board, it is my pleasure to provide our board-certified psychologists with an update of our future plans and activities. I want to begin by extending a warm welcome to our new board members, Drs. Charme Sturkie Davidson (installed as the President-elect) and Florence Kaslow, who join Drs. David Cox (Secretary), Nadine Kaslow (current President of ABPP), and Randy Otto (Treasurer) as members of the Board of Trustees. At our recent meeting held this past December, Dr. Alfred J Finch, who spearheaded the development and establishment of the foundation and served as the organization's inaugural president, resigned from the board, due to family circumstances. We are all grateful to Al's dedication, hard work, and commitment to the future of the Foundation and its mission.

Our new Foundation has already received donations from board-certified specialists who anticipated formation of the organization and were committed to providing a solid start toward a culture within ABPP of charitable giving. Several individuals made personal general contributions, other individuals earmarked funds from their personal trusts to be designated for the Foundation, and still others made contributions to a specific fund (the Kaslow Family Fund). Our first two memorial funds have been established for Dr. Lynn P. Rehm and Dr. James K. Besyner. Dr. Rehm was an extraordinary clinical researcher and practitioner, beloved mentor, and leader in the specialization movement in professional psychology. Contributions in memory of Dr. Rehm will be designated to be used for enhancing opportunities for students of professional psychology. Dr. James K. Besyner was an outstanding psychologist who was well known as a national leader in Department of Veterans Affairs and the VA Psychology Training Council. He was a highly-awarded and esteemed colleague. Contributions to his memorial fund will be dedicated to the specialty of Clinical Psychology.

Although the Foundation has been formally established, we are only at the beginning of our strategic planning and over the next few years we will be focused on further developing our fundraising activities to fully actualize the mission and purpose of the organization. Our immediate goal is to develop a strategic plan that will involve a more specific and detailed description of our philosophy and the importance of Foundation support, description of specific campaigns and areas for contribution, and an explanation of the structure and types of gifts. Finally, we will develop a means by which to disseminate the outcome of our funding efforts and highlight donor contributions. In future issues of the *Specialist*, we will share with you the range of opportunities for charitable giving, including contributions in the form of single donations, multiyear pledges, or legacy gifts designated from estates. Gifts may be specifically linked to various educational and professional efforts of the organization, and consistent with its mission. The Foundation is committed to developing a plan of charitable efforts toward education and professional development that realize the intent of its generous current and future donors. Below is an example of the spirit of our donors and what one contributor had to say about giving to the ABPP Foundation.

*"The ABPP certification was an important personal goal for me; the standard had been set for me by faculty of my doctoral program. I appreciated the experience...being on the American Board of Counseling Psychology and the ABPP Board of Trustees added professionally to the sense of enrichment that I had already received from having done the certification. I wanted to acknowledge to ABPP the value that it had brought to me, so I earmarked money in my trust for the ABPP."*

(C. S. Davidson, personal communication, January 12, 2011)

Anyone interested in making a tax exempt contribution to the ABPP Foundation may do so via credit card securely online through the webpage at [www.ABPP.org](http://www.ABPP.org) and linking on the left side of the page to "ABPP Foundation." Checks may be made payable to The ABPP Foundation and sent to 600 Market Street, Suite 300, Chapel Hill, NC 27516. Online Donations can be made with Visa or MasterCard, and personal checks are welcome, as well. As a board-certified specialist, if you already have log-in 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.

As you consider making ABPP Foundation a recipient of your charitable giving for 2011, or designated in your estate planning, you may be wondering, "Why should I give?" Please look for more information regarding the importance and benefits of your generosity in our future strategic plans that will provide information regarding the ways in which we plan to educate and improve public health.

# ***Council of Presidents of Psychology Specialty Academies (CPPSA) Report***

Steve K. D. Eichel, PhD, ABPP

## **Closing Out 2010: What a year**

For those of you who are aware of CPPSA's tax issue, I won't tire you with redundant details. For those of you who are unaware, here is a very abbreviated recap: When CPPSA was originally incorporated (in Wisconsin), the attorney who filed our papers mistakenly registered CPPSA as a for-profit corporation. As a result, CPPSA accrued a very significant tax liability, one that if paid would have bankrupted the organization. It took over a year and significant effort on the parts of the CPPSA Board, the ABPP Central Office, and CPPSA Chair-Emeritus Joe Talley to get this problem rectified. As a result, the CPPSA corporation in Wisconsin was dissolved. Both the federal IRS and the Wisconsin tax revenue agency formally acknowledged that CPPSA was a nonprofit and all our tax liability was eliminated. At present, CPPSA is now a subentity within the nonprofit ABPP corporation and as such will not be liable for corporate taxes.

History informs us that real change is evolutionary, not revolutionary. During my tenure as Chair of CPPSA, perhaps our most significant accomplishment has been a greatly improved relationship with the ABPP Board of Trustees (BOT) and our sister specialty Boards. Through the BARG (Board-Academy Relations Group) we have succeeded in developing a "federalist" model that allows each specialty significant control over its own destiny with regard to its Board-Academy relationship and how the specialty is represented on the ABPP BOT. Whereas until last year only Boards were represented on the BOT (Academies were represented by the CPPSA Chair, with one vote), ABPP now allows each specialty to choose its representative to the BOT. The BOT representative can be from either the specialty Board or the Academy. In addition, a few specialties have essentially combined their Academies with their Boards. For the smaller specialties, this option makes sense and is an efficient way to allocate limited resources. For the rest of the specialties, this option might deserve cautious scrutiny. Originally, keeping the Academies and Boards separate was based in some measure on the notion that they are charged with very different tasks. One of the most important tasks of the Academies is to recruit new members, which means actively encouraging psychologists to become Board-certified. To many, for a Board to engage in recruiting activities did not seem congruent with its charge to objectively examine applicants for Board certification. Specialties that decide to combine Academy and Board functions will need to develop clear and consistent guidelines for keeping these two activities independent of each other.

This is my last column as CPPSA Chair. Beginning January 1, 2011, John Northman takes over as CPPSA Chair for the next two years. I could not feel better about this transition. John has been a committed and dynamic Chair-Elect. He has kept up with every development, has played an active and invaluable role in resolving the tax issue, and has kept me on my toes when necessary. I look forward to being "behind the scenes" during John's tenure. It will be exciting to see where CPPSA goes now that some of its existential issues are resolved. ABPP in general has experienced a revival over the past several years; the "early entry option" program is a hit, the number of applicants "in the pipeline" to becoming Board-certified has increased significantly, and the central office is running efficiently and more competently than ever. The ABPP website is vastly improved and on track to becoming a modern, efficient and truly useful resource for the public, other psychologists, and Board-certified psychologists. Many of the Academies are experiencing revived growth and activity. These are wonderful trends, and in my opinion ABPP is in its strongest position since I became involved with it 12 years ago. I look forward to the next two years!

# Editor's Column

Robert D. Hill, PhD, ABPP; Editor

Every member of the American Board of Professional Psychology is a Specialist subscriber. For those with long memories, ABPP members could always count on regular updates from the Specialist. Over time the format of the Specialist has evolved. This issue (and past issues) can be downloaded from the ABPP webpage. Robert Goldberg has for more than two decades provided reliable and outstanding editorial service to the Specialist. He and his associate editorial team have contributed to the ABPP legacy. I link the word legacy to the Specialist because much of what ABPP has accomplished is chronicled in this organizational publication outlet.



As your new Editor I look forward to continuing the ABPP legacy. Mike Cuttler has agreed to serve as the Associate Editor. He will focus on Specialty Board reports. I've asked Robert Goldberg to remain in an active advisory role. His high quality photographs and wealth of personal insights remain essential.

The ABPP Specialist by-laws state: "The mission of the ABPP Specialist is to inform and communicate issues, developments, and news relevant to specialization, specialties, and board certification to the cohort of ABPP-certified specialists and the wider professional community."

In this issue, the first under the new Editorship of Hill & Cuttler I am optimistic that the Specialist mission is being served by bringing you a full range of articles from our ABPP leaders, specialty board representative, and contributing members. Thanks to David Cox, Nancy McDonald and the ABPP staff for their tireless work formatting and delivering the Specialist to you. Of course, the Specialist depends on your contributions and I appreciate receiving submissions for upcoming issues. Your effort and time to do so is what makes the Specialist meaningful reading for our "cohort of ABPP-certified specialists." This is your newsletter and I am enthusiastic to help you to communicate to the ABPP community your ideas, issues, and concerns.

During my term as editor I will emphasize five areas for enhancement:

- Streamline the submission and publication process.
- Modernize the newsletter format.
- Develop a rapid transmission bulletin to keep ABPP members and policy makers informed about hot topics and new developments.
- Increase member dialogue on ABPP topics and policies through an active letter-to-the-editor series.
- Introduce new Specialist topics that connect ABPP members to larger national public health debates and issues.

Enjoy this issue of the Specialist. Below are the Specialist Submission Guidelines:

- Content of submitted manuscripts will be consistent with ABPP interests and issues. Examples of relevant submission topics include: specialization, credentialing, board certification, identification and development of specialty areas. Questions regarding the suitability of an article for the Specialist may be directed to the Editor, Robert D. Hill, PhD, ABPP at [thespecialist@abpp.org](mailto:thespecialist@abpp.org)
- Submissions may be of any length, but are typically 5-15 pages of word-processed single-spaced text. Letters-to-the-Editor should not exceed 500 words.
- Submissions may be in any manuscript style appropriate to the content.
- Submissions should be made by e-mail attachment in Word to the Editor's attention at [thespecialist@abpp.org](mailto:thespecialist@abpp.org)
- Article submissions will be reviewed by the Editorial Board.
- The Editorial Board has liberty to accept, accept with revisions, or reject any submitted manuscript.



# ***ABPP at APA in San Diego, CA 2010***

**By Robert W. Goldberg, PhD, ABPP**

ABPP sustained its customary high level of activity during last August's APA Convention in San Diego, California. The Annual Convocation and Awards Ceremony featured the presentation of two 2010 Distinguished Contributions to the Profession Awards. One was conferred upon Ronald F. Levant, EdD, ABPP for his contributions to professional education and training and leadership in APA governance. Another was conferred posthumously upon Edith Kaplan, PhD, ABPP for her seminal contributions to clinical neuropsychological research, practice, and advanced training.

Two Russell J. Bent Awards for Distinguished Service to ABPP were presented. Florence Kaslow, PhD, ABPP, was recognized for her pioneering contributions to organization and governance of the Forensic and Family Boards and Academies and her sustained commitment and participation in ABPP affairs. Linas Bieliauskas, PhD, ABPP, was recognized for his creative contributions to the Clinical Neuropsychology Board and Academy as an informed specialist and executive, to reorganization of the prior regional board structure, and to ABPP governance.

The program was highlighted by Walter Pryzwansky, EdD, ABPP, last year's recipient of the Distinguished Contribution to the Profession Award, who gave the Awardee address. A version of that address appears elsewhere in this issue.

As has been traditional, BOT President Nadine Kaslow, PhD, ABPP, Executive Officer David Cox, PhD, ABPP and CPPSA President Steve Eichel, PhD, ABPP all presented greetings, remarks, and updates on their areas of responsibility. Concluding the ceremony was a recognition of new Specialists in attendance by representatives of their respective Specialty Boards, followed by an informal, but customarily elegant, reception.

In the morning preceding the Convocation, ABPP held its Governance Day, at which officers of the Boards and Academies met with the BOT and EO for planning and coordination purposes.

**Below are some vignettes of these activities:**



*Ronald F. Levant, EdD, ABPP and  
Nadine J. Kaslow, PhD, ABPP*



*Linas Bieliauskas, PhD, ABPP and  
Christine Maguth Nezu, PhD, ABPP*

# APA 2010 ABPP Convocation Address

## Consultation and Collaboration: Time for the Story

by Walter B. Pryzwansky, EdD, ABPP, University of North Carolina at Chapel Hill

Since the late 1960's, I have been intrigued and challenged by the question of how best to provide psychological services to the greatest number of children and adolescents. My doctoral internship responsibilities and first position were in a relatively large residential school setting and involved weekly psychological consultation to a local public school district. Like most psychologists trained at that time, no consultation courses were part of the doctoral program; but, I was influenced by my supervisor's insights gleaned from his years as a consultant and subsequently by the Caplan 1970 book *Mental Health Consultation*. An "indirect psychological service delivery" approach became increasingly appealing to me from a conceptual, economic and practical perspective. The knowledge the teacher gained through consultation regarding his/her work with a target student hopefully would be generalized to their work with other students with similar problems.

Basically, I've just provided you with a brief glimpse into the context of my early practice experience with *one exception*, but a powerful one in my opinion. This period also was the era of individual differences, where the emphasis was on treating all clients or consultees as an N of 1. This perspective was useful to the consultant as he/she did problem finding with the consultee, and identified ways the consultee (the teacher in this case) understood the student.

I realize that I have already dated myself with this brief introduction and perhaps the Award had already done that, but I trust you will give me my due to make one last foray into an area of active discussion.

Today, I'd like to share with you some of my thoughts about two methods of service delivery that psychologists and certainly psychologists who identify the schools as the focal point of their practice, have used for quite awhile. First, I'd like to *briefly* summarize where we have come as a specialty in consultation/collaboration practice, and how our training and research has evolved. And second, based upon those observations, I will share what I believe to be the challenges still looming in their application and promise.

Here then is what I believe are the important defining dimensions of consultation and collaboration that will mark the boundaries of my remarks. Starting with the Caplan book (1970), four types of consultations were identified: (1) client-centered case consultation, (2) consultee-centered case consultation, (3) program-centered administrative consultation, and (4) consultee-centered administrative consultation.

Today's presentation will focus on consultee-centered consultation. This type of consultation prioritizes the characteristics of the consultee that are contributing to his or her work difficulty, while involving little or no direct assessment of the client. The goal is to assist the consultee in working with the student. Caplan further divides the sources of consultee work difficulty into four major areas of knowledge, skill, confidence, and objectivity. Important premises of this type of consultation are that the consultee initiates the contact making it a voluntary relationship, the consultant has no administrative responsibility vis a vis the consultee, the consultation is time limited, and the consultee is free to "take it or leave it" wherein any client interventions are concerned. This consultation assumes a professional-to-professional relationship, and is distinguished from supervision, counseling, therapy, education and collaboration.

Given the above assumptions of the Caplan consultee-centered method it occurred to me that a different method might prove more relevant for the school setting, while satisfying some important contingencies psychologist's employed by the schools must face. Therefore, by the early seventies, I was among a small group that began to reconsider the consultation model, and proposed collaboration as an alternative method (Pryzwansky, 1974). For



example, the internally based consultant was clearly more responsible for client intervention than the external consultant. The volunteerism premise also seemed *less* relevant in such collegial relationships. So, either professional could initiate contact and multiple theoretical orientations were expected. Collaboration was conceptualized as a more “active” vs. “reactive” method. The orientation of the collaboration method reinforced active participation of the teacher with a psychologist as a client challenge *was developing*, and thus, fit a prevention paradigm. The emphasis in the relationship was working together on problem identification, figuring out a workable intervention and agreeing to joint responsibility for outcome, conditions, which should reinforce a culture of continued intervention deliberations between the psychologist and teacher. Lastly, the option that the psychologist might also be engaged with the student through a parallel psychological intervention was not precluded. Yet, this collaboration advocacy was not meant to suggest an either-or choice between consultation and collaboration. Rather, the circumstances of the situation were seen as the determinant of the choice of method, rather than some a-priori decision.

### **Where are we now?**

These terms, “consultation” and “collaboration” have become quite popular generally in use among the public, as well as on TV, and in the newspapers and magazines, with varying shades of meaning. For example, in a Sunday newspaper, a TV news anchor reported how his wife “consulted” with him about the ties he should wear, and a US government official was reported to be “consulting” with our allies. Yet, today the attractiveness of the collaborative term seems to have even grown more popular.

For example, National Geographic described the help of experts from across Asia, Europe and the US to protect masterpieces along the Silk Hope Road in China as the great “cultural collaboration.” A congressional candidate withdrew from a debate because he charged his opponent’s campaign of collaborating with the media to unfairly smear him. But, my favorite examples are recent. In an interview with Alan and Marilyn Bergman, the famous songwriters, Mrs. Bergman noted that the secret of a good collaboration in writing is the same as in marriage. She stressed that there must be *respect, trust*, and the pair must really *like* each other. Conditions, I might add, that are absolutely necessary to a good professional collaboration. And, the second example is from a chef explaining that he finds that always collaborating with his wife in preparing dinner makes for good collaboration afterwards! It should not be surprising, then, that by 2003, Schutle & Osborne identified six implicit views of collaboration in the literature! In 2005 it was noted that “... the importance of collaboration between families and schools is prominent in educational policy mandated in federal legislation.”

Collaboration is today’s buzzword and may have even replaced consultation in both popular and professional usage. However, unless working understandings *or* operational definitions are insistent upon in professional writing and practice, ambiguity is sure to increase. In fact, if it is true, as often seemed the case in the past, that everyone seeks the title of “consultant” then it is likely a given that today’s professionals will want to collaborate. If being a consultant has a ring of prestige about it, then collaboration seems to attribute a personal characteristic to the professional in that he or she is expected to work with other professionals (or clients) in a positive, supportive non-hierarchical manner. Is it any wonder, then, that models have emerged that are described as “collaborative consultation,” or at the very least stress the importance of the *consultant* to *collaborate* with another professional? But, we should be reminded that these challenges of definition are not trivial, or, simply parlor games to be played by academics, because the distinctions should affect how we train and practice. Professional definitions, in contrast to popular uses, further accountability goals and are important in replicating a research or practice. Definitions reinforce the premises of the method.

Three consultation “models” now predominate the current literature and practice, along with collaboration. A contemporary definition of the consultee-centered consultation method (Lambert, 2004) reinforces the use of *more* than one theoretical perspective; it remains non-hierarchical, non-prescriptive process. Evidence to support the efficacy of this primary prevention service prioritizes conceptual changes in the consultees, along with intervention shifts, and secondarily, changes in client behavior. The remaining two consultation methods are *Instructional Consultation (IC)*, and, *Conjoint Behavioral Consultation (CBC)*. Each of those methods is based upon one primary theoretical orientation, and represent what I would call program endeavors/projects. Within a systems focus, much more attention is given to client intervention than to the consultee. In IC (Rosenfield, 2008) there is an em-



phasis on modifying the teacher's behavior to integrate instructional practices with classroom management techniques. A specific Instruction Assessment procedure is employed along with behavioral management techniques. This complex method is implemented within the context of an IC team. The IC team has a focus on *content*, a structured problem solving process and a *collaborative* working relationship. Finally, CBC (Sheridan, Kratochwill, & Bergan, 1996) is the current iteration of a behavioral operant model developed in the late 70's. CBC is described as an evidence-based consultation model and involves both parents and teachers as consultees. The consultant's role is structured and directive in nature vis a vis the consultee, and it follows a problem-solving paradigm. Some recent work has stressed the importance of a partnership orientation in CBC, wherein families and teachers work collaboratively with a consultant.

## **Training**

By the early 2000's two-semester consultation courses were the norm in the majority of SPT programs, but the interesting finding is that quite a range still remains in content emphasis and field experiences. Similarly, the number and types of consultation models that are taught reflect the absence of consensus in the specialty. Both attention to consulting with groups, as well as teaching consultees how to maximize the benefits that could accrue to them if consultation-collaboration experiences have been broached, are two goals that seem to have given very limited priority at this time. Not surprising then, in education, interdisciplinary consultation courses at the pre-service level would seem to be an obvious training arrangement, but formidable hurdles in Schools of Education to such training remain.

## **Research**

In general, the number of articles and books related to consultation and collaboration topics has noticeably increased since my early years. Beginning in 1990, the *Journal of Educational and Psychological Consultation* has fueled that increase, as has the interest among school psychologists and special educators. Yet, while this is a preferred professional activity for school psychologists, there has been little in the way of an increase in the actual time school psychologists engaged in consultation or collaboration service when compared to the minimal amount first noted in the 70's. Additionally, when the consultation research in America was analyzed in 2004, it was found that consultation studies had actually declined since the middle of the 1980's. Most of the published research was almost exclusively labeled behavioral consultation. Yet, even with the attention on empirically-based interventions and the "response to interventions" movement in the schools, the question was raised as to how much EBI based consultation projects would actually increase our knowledge of the consultation and collaboration *process*.

The accountability zeitgeist may serve yet as an unprecedented opportunity to further develop and promote consultation and collaboration as viable approaches. We are beginning to see some qualitative methodologies employed to focus on improving the functioning of the consultee. The consultee as a variable, if you will, rather than the client, and the consultants' as well as consultees' problem solving skills are beginning to be examined.

Some earlier research by several colleagues and myself (Pryzwansky, 1989) yielded findings that noted dramatic differences between graduate students and *some* of the experienced professionals in what I prefer to call "problem finding" when faced with an open-ended problems, versus problems with a single answer such as exemplified by mathematical problems.

## **Challenges facing consultation and collaboration models**

So what can we conclude based upon this all too brief overview?

A recent book, entitled "Every Patient Tells a Story" by Lisa Sanders (2009) deals with challenges in the medical field, especially the struggle of the MD to make an accurate diagnosis, or what I call problem finding. Even though it may be legitimately argued that medicine intervention is more evidence-based than psychology's, the doctor-patient contact still requires "listening with the third ear" as we were encouraged to do years ago. Astonishingly, Sanders reports that the great majority of medical diagnoses- anywhere from 70-90% are made on the basis of the patient's story alone. The parallels to the consultant- consultee relationship seem obvious. Teachers have little time to reflect with other professionals, and yet have many reasons to do so. How can we effectively master both the time factor and efficiently ascertain each teacher's unique story to effect a change in their orientation as they work with their students? The detective analogy that Sanders used, and I have used, and I am sure many of you have, il-



illustrates our quest for the strands of information we hope to collect in arriving at the one hypothesis among several perhaps, that we should act upon.

One of the earliest experiences that influenced me throughout my career involved studying my supervisor's approach as a consultant. His problem finding skill in group consultation sessions with teachers carried over to his relationship with colleagues who beat a path to his door to brainstorm one professional challenge or another. These observations of Dr. William Cohen's interaction with others, or myself, never failed to intrigue me. My observation of his masterful use of questions always resulted in a simple, but eloquent resolution of the problem, which, I often wanted to attribute to "common sense," but I knew better.

Similarly, I am intrigued by the apparent success of field-generated interventions, so called simplistic solutions. In a recent review of 18 empirical studies of home-school collaboration interventions, it was noted that one-way "school to home" communication was effective. Examples of one-way communications are techniques such as sending daily report cards on behavior, quality of schoolwork, study skills, absenteeism, etc.

In a 2008 AP article, Alan Kazdin stressed the need to study "moderators" of the intervention-outcome in psychotherapy. "Moderators" as you know refer to the individual characteristics of the patient, e.g., SES, gender identity, family history, age, etc. A similar argument can be made to take into account the "consultee as variable" in consultation/collaboration. For example, we need to gauge the degree to which the consultee volunteered for the service, the teachers' expectation, and preferences for receiving a service designed to improve their effectiveness with the client, and the extent of the consultees professional training and experience, their age, SES, cultural background, etc. As both Kasdin and Saunders noted in their writings, there is a pressing need to identify unique differences (i.e. moderators) in individual's stories. Also, let me say from a recent personal and all too jarring experience in the medical setting, medical professionals are often challenged in getting the unique story. My point is that consultation/collaboration is in need of more attention to what the consultee brings to the table and the process. Their story is critical to the identification of the problem and quality of interaction with the consultant and the consultee's subsequent interactions with the client.

Beyond this obvious need to focus or refocus on the consultee, we are faced with the challenge in training our students on how to be good at obtaining the story. The real question is *when* should this training be conducted, and not the number of courses, or even whether to stress one theory or method over another, or fieldwork and content, or the mix. If consultation/collaboration which is by definition the process we are considering today, then shouldn't it come late in the graduate curriculum, or even best be addressed as a training objective during an internship and/or post-doctoral training objective? Currently, consultation/collaboration is embedded in an early graduate school intervention project so the student consultants are being trained in their "expertise content base" at the same time. I am not suggesting that psychology graduate students cannot multi-task, but it does seem like we are putting the cart before the horse, and the focus on the process of the relationship and most importantly, the story, is being lost.

Finally, a professional definition of any particular indirect service delivery method must be obvious so that more emphasis is placed on the change strategy and premises of the method that is used. This area of study needs a taxonomy or targeted classification scheme to navigate many of the ideas it has fostered.

Saunders concluded that medicine could rise again to the level of an art as the doctor- detective considers the individual patient to identify the right diagnosis. I would hope for such an orientation on the part of the school psychologist pursuing an indirect service delivery approach. As Kamphus (2009) wrote in a recent School Psychology Quarterly editorial, most practice is not evidence- based nor will it ever be. "Evidence for practice" articles he went on to write, "are like prior footprints on a forest path that lead us to take one direction over another to find our way. Still, however, our judgment and hunches will be necessary to lead us successfully to the next set of footsteps or other marker."

Thank you for the opportunity to share these observations with an organization of psychologists I deeply respect-an organization with a tremendous potential to impact professional psychology services. Over the years I appreciated the opportunity to serve ABPP in many roles and to contribute to its mission including encouraging transparency in the pursuit of competent practice. I look forward to your reactions and questions to my comments today.

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# ABPP

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# Why Have Board Certification?

By Lisa Grossman, JD, PhD, ABPP; Robert Yufit, PhD ABPP; & Christopher Ebbe, PhD, ABPP

Board Certification in psychology represents a significant effort on the part of the psychological profession to assess and certify the competence of individual psychologists to practice. Over the last fifty years, in its eagerness to expand as a profession and to ensure financial opportunities for practitioners, organized psychology focused more on licensure than on doing its own certification, but licensure has turned out to be much more a guarantor of safety to the public than it is a guarantor of actual competence. The American Board of Professional Psychology (ABPP) has been evaluating and certifying the competence of Clinical Psychologists since 1947 (well before the push for licensure), and it is now the parent organization for thirteen separate boards of examination in various specialty areas of psychology, all conforming to the same high standards for evaluation and examination. These specialty areas are Clinical, Counseling, School, Clinical Health, Group, Psychoanalysis, Forensic, Clinical Neuropsychology, Couple & Family, Organizational & Business Consulting, Clinical Child & Adolescent, Cognitive & Behavioral, and Rehabilitation Psychology. For example, the examining board for Clinical Psychology is the American Board of Clinical Psychology (ABCP), which has certified more than 3600 Clinical Psychologists over the years.

Becoming Board Certified in Clinical Psychology is similar to Board Certification in medical specialties—it is a key marker of the psychologist's competence to practice in the specialty of Clinical Psychology. ABPP is not a part of the American Psychological Association but has close working ties with APA in terms of defining specialties in psychology. As an indication of ABPP's commitment to quality, ABPP Board Certification involves a comprehensive evaluation of both credentials and competence, with the highest standards and with a face-to-face examination on actual work samples, which forms a reasonable basis for attesting to the psychologist's actual competence in daily work. This is a claim that most state licensing boards, particularly those that no longer use an oral exam, cannot make. (There are other organizations offering Board Certification, but none of them have the continuity and professional acceptance that ABPP has, and only a few evaluate work samples, most of them without face-to-face contact.) ABPP Board Certification seeks to guarantee high quality practice by those attaining Board Certification. This is a standard higher than state licensure but still within the reach of most psychologists.

There are many advantages to being Board Certified in Clinical Psychology, including among them:

- Achieving Board Certification acknowledges attainment of a rigorous, independent certification by one's profession of one's clinical competence
- Board Certification is often an advantage for job applicants and can provide an edge over those who are not Board Certified
- Recognition by federal employers of Clinical Psychologists, such as the U.S. Public Health Service and Department of Defense, including extra salary benefits
- Recognition of Board Certification by 36 states as an aid to reciprocity of licensure
- Twenty percent discount in annual premiums for professional liability insurance by a major malpractice carrier
- Recognition of competence by many universities, hospitals, health service system agencies, insurers, and by the informed public
- Enhanced credibility as an expert witness
- Greater credibility with staff when working in medical settings
- Preference for Board Certification by some provider panels
- Having a vehicle through which Board Certified Clinical Psychologists may be heard regarding mental health policy issues

- Access to a readily accessible pool of other knowledgeable and competent Board Certified Clinical Psychologists for consultation, referral, and ongoing learning
- Eligibility for Fellow status in the American Academy of Clinical Psychology, including professional visibility through the Academy's website directory

Most Board Certified Clinical Psychologists are motivated to gain certification not just by the practical benefits but also by their belief in high standards for practice. Most report surprise and satisfaction with the collegial and learning atmosphere surrounding the examination process in Clinical, and most report that the examination (and preparing for it) was a significant learning experience.

Requirements for certification include licensure and three years of clinical experience, one of which may be pre-doctoral. (A formal post-doctoral program can be counted as two years.) This experience must include two years supervised by a Clinical Psychologist. There is now an option for starting the application process while still in school and submitting work samples before licensure. After the applicant's credentials are approved, a statement of professional goals and orientation and videotaped work samples in two of four areas are submitted--assessment, intervention, consultation, and/or supervision/management. Once the work samples are found to be adequate, the professional statement and work samples form the basis of the three-hour oral examination by a three-member panel, along with ethical and professional issues. Areas assessed are science base and application, assessment, intervention, consultation, supervision/teaching/management (if applicable), interpersonal interactions, individual and cultural diversity, ethical and legal foundations, and professional identification. All cogent theoretical orientations are acceptable, as long as the candidate can articulate a rationale for his/her activities.

ABPP also offers a "senior option" requiring the same credentials and at least fifteen years of professional experience. Instead of the usual videotaped work samples, senior candidates submit a record of (and examples of) their professional accomplishments in teaching, research, supervision, consultation, client care, management, etc., and these form the basis of the oral exam (along with ethical and professional issues).

Here are two responses by Board Certified Clinical Psychologists when they were asked to comment on the examination. *"I especially enjoyed the process of working for the examinations and the orals themselves. It was a great opportunity to pull my thoughts together and then to discuss two of my cases with excellent and respectful colleagues. The combination of professional excellence and mutual respect despite widely differing theoretical perspectives and educational backgrounds is immensely gratifying in our often fractured and politicized field."* *"Tell them that the Board does not represent the highest possible level of expertise in the field, appropriate only for the most experienced psychologists and professional superstars. It is not at all elitist, as some people imagine. The standards are high but not elite and the process is mostly an inspiring and enjoyable one."*

Those who become Board Certified in Clinical Psychology have the opportunity to become Fellows of the American Academy of Clinical Psychology, an organization of Board Certified psychologists in the specialty of Clinical Psychology who have joined together to promote high quality services in Clinical Psychology, through encouraging high standards and ethical practice in the field and through encouraging others to seek Board Certification. The Academy also provides member services, promotes the value and recognition of Board Certification in the specialty of Clinical Psychology, and encourages those qualified by training and experience to become candidates for Board Certification. Member services include the on-line directory, on-line continuing education opportunities, the Academy's on-line journal, and notices in hometown newspapers upon achieving Board Certification.

You are invited to learn more about Board Certification via the websites of ABPP ([www.abpp.org](http://www.abpp.org)) and the Academy ([www.aacpsy.org](http://www.aacpsy.org)). Questions may be addressed to [contact@aacpsy.org](mailto:contact@aacpsy.org). The Academy can appoint a mentor to advise and help the applicant through the application and examination processes. (In 2010, APA's Division 42, Independent Practice, is providing its own mentoring help to Division members applying for the senior option.)



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## **The Ethical (and Successful!) Entrepreneur**

**By Jeffrey E. Barnett, PsyD, ABPP**

Is it possible to be an ethical and competent clinician who runs a thriving practice and is highly successful financially? Is there any implied contradiction between ethics and making money? Many practitioners struggle with these issues. Perhaps it has to do with how we are trained in graduate school, where there typically is very little focus on training in the business of practice. Additionally, many psychologists enter our profession due to a desire to form meaningful and helpful relationships with others, not to just 'make money.' After all, if that was our primary goal we likely would have obtained a MBA degree and gone into business. The problem, however, is that every psychologist with a practice has gone into business. We must each learn how to integrate the roles of business owner and caring psychotherapist. These two roles are compatible, we can learn to be comfortable with being financially successful, and we can learn the essentials for business success in our practices while being highly competent, ethical, and caring clinicians.

Psychologists in practice do need to think and function as business persons. Being successful business persons helps ensure that our clients can receive needed psychological services. In fact, it is important to see oneself as an entrepreneur and to study entrepreneurship just as one would study new assessment or psychotherapy skills. In our book *Financial Success in Mental Health Practice: Essential Strategies and Tools* (Walfish & Barnett, 2008) we provide 20 principles of private practice, as an introduction to being a successful entrepreneur. These begin with the "need to resolve the conflict between altruism and being a business owner" (p. 8) and then move on to address a wide range of issues necessary for success in practice. Important issues addressed include the fact that being clinically competent is not sufficient. Rather, we must focus on customer service and in fact, we must go beyond this and focus on 'customer delight' (Berman, 2005). In addition to wanting our 'customers' (that's right, we're running a business) to be pleased with the services they receive, successful business owners go beyond this. We want each current and former client to be so pleased with the quality of services provided that they act as what Finlay



(1999) terms as an apostle for our practice, spreading the word to others. Examples of how to achieve this go far beyond providing competent and ethical care. These are essential, but not sufficient. We must do things like return telephone calls in a timely manner, be flexible with scheduling, respond to requests in a timely manner, provide referral sources with quick and useful feedback (with appropriate consent), and the like. We must exceed our clients' (and referral sources') expectations. As an example, I have a referral source whose office is on the way to my office. When I have a feedback letter or report to send to this individual, I stop by and drop it off personally. I sit in her waiting room and wait for her to have a break and then give her the written letter or report as well as a brief verbal review on what is contained in the letter or report. While she repeatedly tells me there's no need for me to stop by personally, she continues sending me referrals and her practice associates do so as well. While this is just one of many possible examples of organizing one's practice to help promote customer delight, it can also be seen as an effective marketing strategy for one's practice. I hope it illustrates how thinking like a business person can help to promote one's practice. Regardless of how competent a clinician is, if we don't receive referrals we won't have anyone to treat.

Readers of the Walfish and Barnett book, and those who attend my all-day workshop "The Essentials of Business Success and Entrepreneurship and the Ethics of Starting and Running a Practice" at the June 2011 ABPP Summer Workshop Series in San Francisco, California will learn all 20 principles of private practice. Additionally, the workshop will focus on the essentials of entrepreneurship, on how to ethically and effectively market one's practice, and on the ethics and legal issues every practitioner should know.

Examples of relevant issues include purchasing or leasing office space and physically setting up one's office in a way that promotes customer delight and that promotes ethical practice. For example, deciding how much money to invest in one's office, how to decorate it to create a comfortable, yet professional environment that conveys the appropriate messages to clients, how to ensure that privacy and confidentiality are maintained, and how to physically structure one's office to be both HIPAA and ADA compliant are all essential. Further, it is important to know how to hire, supervise, and if needed, fire staff in compliance with relevant laws. Additionally, relevant staff training and oversight issues are vital, especially since staff members' interactions with clients often play a key role in their comfort and satisfaction with the overall experience at your practice. In fact, for potential clients, how staff answer the telephone and interact with them can have a great impact on their decision to schedule an initial appointment or not.

Additional important issues with significant clinical and ethical implications include how we market our practices, something every successful practitioner knows how to do. There are a wide range of opportunities available to savvy practitioners. These may include the use of websites and other electronic media, giving free presentations in the community or at referral sources' offices, writing blogs or articles in local newspapers that may be of interest to potential clients and that help establish you as an expert in particular areas of practice, and many others. Yet, psychologists must balance all marketing efforts with attention to our profession's ethics code (APA, 2002) such as exercising caution when considering the use of testimonial endorsements (Standard 5.05), when giving media presentations (Standard 5.04), when utilizing client information in presentations (Standard 4.07), and in how we represent our credentials, services offered, and fees (Standard 5.01).

Other relevant issues for successful business owners to consider include fee setting and fee practices, deciding on if one should participate in managed care and insurance, understanding contracts and their legal ramifications for us, insurance issues, and even what business structure to use in one's practice. Deciding on the pros and cons of solo practice, joining an existing group practice, establishing a group with colleagues, having the group be made up solely of psychologists or being interdisciplinary, if one should incorporate or not, and if so, how, are each important considerations. Further, each may hold significant professional, ethical, legal, and fiscal implications for the unwary, ill-prepared, and ill-informed practitioner. In fact, for those who join an existing practice, decisions about being an employee vs. an independent contractor (a tax status that is very specifically and rigidly defined under IRS tax law), and the implications of signing a contract without first having one's own attorney review it and assist you in negotiating it, can have costly results for the unwary practitioner for years to come. This can adversely impact your ability to decide the types of clients treated, how they are treated (both clinically and interpersonally in the practice), resources available to you to provide treatment, and how you are compensated.

Whether one is planning to establish a part time solo private practice to augment a full time salaried position, join

an existing practice, to enter practice full time, or even if one already is in practice but is wanting to expand or be more successful, there are a number of clinical, business, ethical, and legal issues to be aware of. A well informed practitioner who is clinically competent and well trained in the business aspects of practice, to include the essentials of entrepreneurship, can be highly successful financially while fulfilling the ethical ideals of our profession. While most graduate programs do not provide this essential training along with the clinical training provided to students, this training is available for psychologists. An example of one such training experience is the one described above that I will be providing at the upcoming ABPP Summer Workshop Series in San Francisco. Attendees at this workshop will learn the essentials of entrepreneurship, relevant business aspects of practice, how to ethically structure, run, and market one's practice, and the ethical and legal issues relevant to establishing and running a successful practice.

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*Jeffrey E. Barnett, PsyD, ABPP is a Professor in the Department of Psychology at Loyola University Maryland and a licensed psychologist who has been in practice for over 26 years. He is an ABPP Specialist in both Clinical Psychology and Clinical Child and Adolescent Psychology. Dr Barnett is a past chair of the APA Ethics Committee and presently serves as a member of the Maryland Board of Examiners of Psychologists and the ABPP Ethics Committee. He is a frequent author and presenter on ethics, legal, and professional practice issues. Jeff will be presenting two workshops at the ABPP CE conference this June entitled "Advanced Strategies for Business Success and Entrepreneurship for Private Practitioners" and "Telehealth, Technology, Social Media, and the Provision of Psychological Services".*

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## ABPP 2011 Awards

Russell Bent Award for Distinguished Service and Contributions to the American Board of Professional Psychology: Robert I. Yufit, PhD, ABPP

The ABPP Distinguished Service to the Profession Award: Kathleen M. McNamara, PhD, ABPP



## New ABPP Appointments

Jay Thomas, PhD, ABPP (Secretary – Executive Committee)

John Northman, PhD, ABPP (CPPSA Chair 2011)

John Thoburn, PhD, ABPP (Couple and Family Psychology)

Michael Cuttler, PhD, ABPP (Police and Public Safety Psychology)



Join us for the  
**2011 ABPP**  
**Summer Workshop Series**

San Francisco | June 15–18, 2011



Visit [www.abpp.org](http://www.abpp.org) for more detailed information.

This series of continuing education workshops, which will be made available to ABPP-certified and non-ABPP-certified psychologists, is designed to offer the highest quality continuing education, and provide a pleasant and relaxing venue for psychologists to connect and re-connect.

We will be offering 14 full-day (i.e., 6 instructional hours) and 4 half-day workshops (i.e., 3 instructional hours) over this period. **The American Board of Professional Psychology is approved by the American Psychological Association to sponsor Continuing Education for psychologists.** The American Board of Professional Psychology maintains responsibility for this program and its content.

**Full Day workshops**

will run 8:30 – 11:45 am and continue from 1:30 – 4:45 pm

**Half Day morning workshops**

will run 8:30 – 11:45 am

**Half Day afternoon workshops**

will run 1:30 – 4:45 pm

**REGISTRATION RATES:**

**For current ABPP Board Certified Specialists\*\***

*On or before May 16      After May 16*

Full Day	\$180	\$230
Half Day	\$ 90	\$115

**For non-ABPP psychologists**

*On or before May 16      After May 16*

Full Day	\$210	\$230
Half Day	\$105	\$115

\*\* To get the ABPP Specialists rate, you must be current with ABPP.

The continuing education program will be held June 15-18, 2011 at the Hilton Hotel San Francisco Financial District, and we have a special ABPP rate of \$149/night for June 14-19. Rooms are limited and must be booked by May 17, 2011. Book your reservations online by clicking the 'Hilton' icon on the Summer Workshop page of the ABPP website at [www.abpp.org](http://www.abpp.org).





## Wednesday June 15, 2011

½ Day (Morning)	<b>ABPP Prep – Multispecialty Review:</b> <i>The New Culture of Competency in Professional Psychology</i>	David R Cox, PhD, ABPP Nadine J. Kaslow, PhD, ABPP Gregory P. Lee, PhD, ABPP
½ Day (Afternoon)	<b>Downs and Ups of Children’s Moods:</b> <i>Assessing &amp; Treating Bipolar Disorder in Youth</i>	Nadine J. Kaslow, PhD, ABPP
½ Day (Morning)	<b>Women’s Depression over the Lifespan:</b> <i>Clinical Strategies for Prevention and Treatment</i>	Helen L. Coons, PhD, ABPP
½ Day (Afternoon)	<b>Women and Couples Coping with Pregnancy Challenges:</b> <i>Infertility, Loss and Complications</i>	Helen L. Coons, PhD, ABPP
Full Day	<b>The Ethical Entrepreneur:</b> <i>Advanced Strategies for Business Success and Entrepreneurship for Private Practitioners</i>	Jeffrey E. Barnett, PsyD, ABPP
Full Day	<b>When Personality is Not Destiny:</b> <i>Contemporary Problem Solving Therapy (PST) for the Treatment of Personality Disorders</i>	Christine Maguth Nezu, PhD, ABPP Arthur M. Nezu, PhD, ABPP

## Thursday June 16, 2011

Full Day	<b>Your 21st Century Practice:</b> <i>Telehealth, Technology, Social Media, and the Provision of Psychological Services</i>	Jeffrey E. Barnett, PsyD, ABPP
Full Day	<b>Ethical Practice in Neuropsychology and Rehabilitation Psychology</b>	Shane S. Bush, PhD, ABPP
Full Day	<b>Parenting Coordination:</b> <i>Practice, Research, and the Interface Between Psychology and Law</i>	Shirley Ann Higuchi, JD Steven N. Sparta, PhD, ABPP
Full Day	<b>Introduction to Police &amp; Public Safety Psychology</b>	David M. Corey, PhD, ABPP Michael J. Cuttler, PhD, ABPP Herbert M. Gupton, PhD, ABPP

## Friday June 17, 2011

Full Day	<b>Enhancing Effectiveness When Working with a Military Population:</b> <i>Ethics, Culture, Competencies, and Marketing</i>	Michael K. West, PsyD, ABPP
Full Day	<b>Developmentally Informed Evidence Based Assessment and Treatment of Anxiety in Youth</b>	Ann Marie Albano, PhD, ABPP
Full Day	<b>Threat Assessment &amp; Pathway to Violence</b>	J. Reid Meloy, PhD, ABPP
Full Day	<b>Modifying Clinical Practice for Individuals with Traumatic Brain Injury:</b> <i>Issues in Screening, Assessment and Treatment</i>	Mary Hibbard, PhD, ABPP

## Saturday June 18, 2011

Full Day	<b>Preparatory Workshop for ABPP in Police &amp; Public Safety Psychology</b>	David M. Corey, PhD, ABPP Michael J. Cuttler, PhD, ABPP Herbert M. Gupton, PhD, ABPP
Full Day	<b>Getting Started in Organizational and Business Consulting</b>	Michael K. West, PsyD, ABPP
Full Day	<b>Cognitive Behavioral Treatment of Depression in Children and Adolescents</b>	Ann Marie Albano, PhD, ABPP
Full Day	<b>Integrating Psychopharmacology into Clinical Practice:</b> <i>Current Trends</i>	Morgan T. Sammons, PhD, ABPP

# HISTORIAN'S COLUMN

By Robert W. Goldberg, PhD, ABPP

This marks my inaugural column as ABPP Historian, an inchoate effort open to evolution and development. My general intention is to revisit past ABPP activities - chiefly as reflected in prior publications, 'oral history' vignettes, and other sources - to inform a new generation of Specialists and to provide a perspective for our profession which will illumine future developments in credentialing and specialization. I welcome contributions (anecdotes, vignettes, recollections) from Specialists who helped make ABPP history. These may be sent to [thespecialist@abpp.org](mailto:thespecialist@abpp.org), to the attention of the Historian.

As a beginning, I decided to consult my personal files of past issues of this newsletter. The earliest edition I have is *The Diplomat*, Summer 1982 (V. 3, No. 1), edited by Barry S. Lubetkin, PhD, ABPP. In re-reading it, I found the following items worthy of note.

In his "Message from the BOT President," Dr Douglas Bray announced that ABPP would "consider examining in specialties or special proficiencies in addition to the four major fields...Clinical, Counseling, Industrial/Organizational, and School Psychology."

Selection of those areas "must take into account the guidelines for the recognition of specialties and special proficiencies recently promulgated by APA's Board of Professional Affairs," a likely reference to that era's BPA Subcommittee on Specialization. It was interesting to note that ABPP proposed to "conduct examinations at two levels, one at the current Diplomate level of professional excellence, the other at the so-called 'journeyman' level of proficiency." There are several aspects of this proposal that are worthy of note. First, this intention reflected ABPP's grappling with the increasing differentiation in the field and development of specialized techniques for different populations and problems. Second, the then-current concept of ABPP "excellence" is promulgated. Only later did it evolve into the concept (as expressed by former BOT President and Executive Officer Dr. Russell Bent) that "it is not the exceptional specialist who should be board certified but the specialist who is not board certified who should be the exception (Bent, Packard, & Goldberg, 2009)." The proposal that "those passing the journey-person level of examination would receive a certificate of proficiency" was related to lack of competency standards by state licensing boards. Prior to the EPPP, state boards commonly awarded licenses on the basis of self-reported education and experience which Dr. Bray characterized as "minimal." This "journey-person" examination was, of course, never implemented. The wise decision not to do so reflected ABPP's original 1947 documented intent, to leave the journeyman level to the states. Instead, ABPP shortly thereafter added new specialty areas, new Member Boards representing those, and eventually reorganized from a Regional to a Specialty Board structure.



# ABPP

SPECIALTY CERTIFICATION  
IN PSYCHOLOGY SINCE 1947

# NEWS FROM THE SPECIALISTS

In January 2010, Wiley published the four-volume Fourth Edition of *The Corsini Encyclopedia of Psychology* (Hoboken, NJ: John Wiley & Sons), under the editorship of **Irving B. Weiner, PhD, ABPP** and W. E. Craighead, PhD

**Florence Kaslow, PhD, ABPP**, a former President of Division 43(Family) and 46 (Media), and a former member of the APA Council, has been invited to be one of the presenter at the APA-NGO delegation meeting. The meeting theme is Universal Access to Education: Barriers and Innovations. Dr. Kaslow's presentation is entitled, The Pivotal Role of the Family in their Child's Learning.

The *MSPP Rapport*, newsletter of the Massachusetts School of Professional Psychology, has recognized **John D. Robinson, EdD, ABPP** as a trail blazer for others for his far-reaching contributions as a psychologist and educator in both military and civilian life. A former MSPP Trustee, Dr. Robinson was awarded the school's honorary Doctor of Humane Letters degree in June 2000.

**Robert Lipgar, PhD, ABPP** has a chapter in the upcoming volume *Bion Today*, to be published by Routledge. The chapter was selected from among a number of presentations made in 2004-2005 at a London "Bion Today" conference. Dr. Lipgar is the only doctoral level American contributor to the book.

**Mark Cunningham's** book, "*Evaluation of Capital Sentencing*," a volume in the Oxford University Press series, "*Best Practices in Forensic Mental Health Assessment*" was recently released. In addition, Dr. Cunningham has co-authored articles published in 2010 in "*Professional Psychology: Research and Practice*" and the "*Journal of Criminal Justice*." A third publication, to appear in 2011 will appear in the "*Journal of Criminal Justice*." Another article, in press, will be published in "*Behavioral Sciences and the Law*."

**Eric Drogin** and **Curtis Barrett** have co-authored "*Evaluation for Guardianship*," a volume in the Oxford University Press series "*Best Practices in Forensic Mental Health Assessment*."

**Joel Dvoskin** received the Distinguished Contributions to the Science of Psychology award. This honor was bestowed by the Arizona Psychological Association.

**Bill Foote** is the co-author of "*Evaluation for Workplace Discrimination and Harassment*." This book is part of the 20 book series, "*Best Practices in Forensic Mental Health Assessment*," published by Oxford University Press.

**Richard Frederick** has been elected President of the American Board of Forensic Psychology. **Christina Pietz** has been elected as President-Elect.

**Alan Goldstein** co-authored a book, "*Evaluating Capacity to Waiver Miranda Rights*," part of a 20 book series, "*Best Practices in Forensic Mental Health Assessment*" published by Oxford University Press. With **Tom Grisso and Kirk Heilbrun**, Dr. Goldstein is co-editor of that series. He received the 2010 Contribution to Forensic Psychology award given by the Forensic Division of the New York State Psychological Association.

**Tom Grisso** is the recipient of the Distinguished Mentor Award. He was recognized for his work in teaching, supporting, and encouraging, numerous fellow in forensic mental health at the University of Massachusetts Medical Center – many of whom have become board certified in forensic psychology by ABPP. Dr. Grisso serves the Executive Director of ABPP.

**Daniel Krauss** has co-authored a book, "*Forensic and Legal Psychology: Psychological Science Applied to the Law*." This book was published by Worth Publishers.

**Craig Lareau** was elected Present-Elect for the California Psychological Association.

**Randy Otto**, who, along with **Richard Frederick** co-chair the AAFP CE Program, has recently co-authored a test designed to address response style in trial competency cases. The *“Inventory of Legal Knowledge”* is published by Psychological Assessment Resources.

**Richard Rogers’** instrument, designed to address response style related to reported symptoms of schizophrenia, the *“Structured Interview of Reported Symptoms”* has been revised and is now available in its second edition, the SIRS-2. It is published by Psychological Assessment Resources.

**David Shapiro** has co-authored a book, *“Malpractice: A Practical Guide for Psychologists.”* This book will be released in the Spring and is published by the APA.

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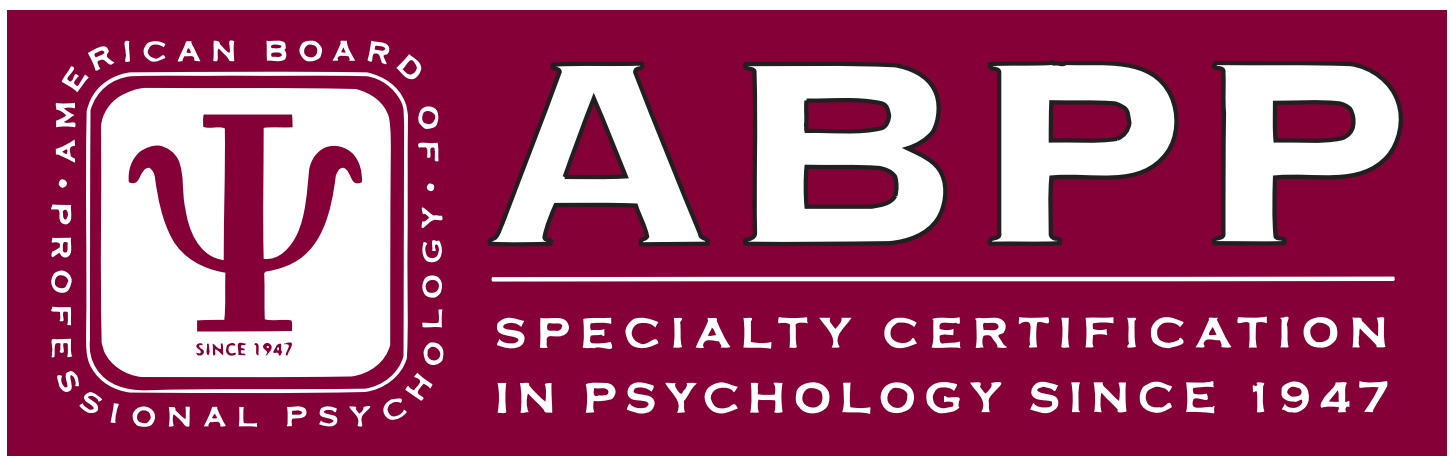
## Letters to the Editor

Dear Editor:

I have found abpp.org to be useful for making professional referrals and to be more useful than other websites that claim to provide information on specialty psychological services. ABPP lists only credentialed specialists who have undergone a rigorous board certification process. One situation I encountered recently documents the benefits of abpp.org in the making professional referrals. A colleague asked me for a referral of a specialist in Cognitive and Behavioral Therapy. The referral was in a different State and I was not familiar with any Cognitive & Behavioral providers in that State. I was able to direct my colleague to abpp.org and I asserted that any provider listed in abpp.org had gone through a solid credentialing process. The same could not be said for other referral agencies. Even some divisions of APA such as the Division of Neuropsychology as part of their referral program note that membership in APA does not alone mean that the provider is a board certified specialist. My colleague was impressed and thanked me for the advice. Consider using abpp.org regularly in making professional referrals.

Daniel C. Marston, PhD, ABPP

Board Certified in Cognitive & Behavioral Psychology





# Board and Academy News

Michael J Cuttler, PhD, ABPP Associate Editor



## American Academy of Clinical Psychology

Christopher Ebbe, PhD, ABPP

The Clinical Academy continues to work on promotion of ABPP Board Certification and to explore possible merger with the Clinical Examining Board. During 2010 we have increased the number of ads placed in professional journals, we have sent an article on ABPP Board Certification to the journals of all state psychological associations, and we will soon send ABPP information again for interns and residents at all APPIC programs. We are busy with mentoring of candidates in Clinical, with almost 50 receiving some degree of mentorship in 2010, and we have established a system to monitor their progress so as to maximize the numbers who eventually succeed. The Academy is also starting a program of awards for members. We and the Clinical Board are getting to know each other and to understand just what merger might mean to each. We look forward to seeing the survey data from all Academies and Boards regarding their various experiences with the issue. Officers of the Board for 2011 will be President, Christopher Ebbe; Vice-President, Lisa Grossman; Secretary, Roger Brooke; and Treasurer, Larry Donner. Past-President Larry Schoenfeld continues to be our representative to the Clinical Synarchy, and Chris Ebbe was elected to be Chair-Elect of CPPSA.

## Academy of Clinical Health Psychologists

Jared L. Skillings, PhD, ABPP

This has been an important year for the Academy of Clinical Health Psychologists (ACHP). There have been significant developments in defining the responsibilities of the Academy, appointment of the first Academy leadership council, and initiating marketing and mentoring activities.

During the last couple of years the Clinical Health specialty (like all other ABPP specialties) has clarified the roles of its Academy and Board. Under the leadership of American Board of Clinical Health Psychology (ABCHP) President, John Robinson, and ABPP Board of Trustees Representative, John Linton, the Clinical Health specialty has defined the responsibilities of the Board and Academy. The Board will set the competency standards in clinical health psychology, including the ABPP written and oral examination requirements. The primary responsibilities for the Academy will include marketing and recruitment, mentoring of candidates, and providing services (e.g. continuing education) for clinical health specialists. Both groups will work collaboratively, and the Academy President will hold an ex-officio (non-voting) position on the Board.

In the past year, the Academy leadership has undergone some significant changes. The ACHP extends its sincere thankfulness to Milton Becknell (from Cedarville University in Ohio), who completed his service as Academy President. Beginning in May 2010, Jared Skillings (Pine Rest Christian Mental Health Services in Grand Rapids, MI) was appointed to a 4-year term as Academy President. Additionally, an important event in ACHP history has been the appointment of the first leadership council. In addition to Dr. Becknell, who agreed to continue serving, the ACHP is very pleased to welcome Andrew Block (Texas Back Institute), Jennifer Kelly (Atlanta Center for Behavioral Medicine), and Jeff Mantranga (Health Psych Maine) as the inaugural council board members.

Lastly, the ACHP has begun to engage in marketing and mentoring activities. Along with the ABCHP, we will be sponsoring the Association of Psychologists in Academic Health Centers' Early Career Boot Camp in March 2011. We will also encourage our growing relationships with APA Division 38 – Health Psychology and the uniformed services. The Academy has also been working towards the development of formalized methods for mentoring ABPP candidates. In early 2011 we will be contacting the Clinical Health specialists to ask for assistance in mentoring candidates who live in their state or region. Interested specialists are encouraged to contact the Academy President at [Jared.Skillings@pinerest.org](mailto:Jared.Skillings@pinerest.org).

We would also like to extend our heartfelt congratulations to Anne Dobmeyer for her recent election as Vice-President/President-Elect of the ABCHP. The Academy of Clinical Health Psychologists is looking forward to a bright and productive 2011.

# American Board of Clinical Health Psychology

Anne C. Dobmeyer, PhD, ABPP

In the past year, the American Board of Clinical Health Psychology (ABCHP) accomplished several significant projects to maintain and improve the processes and standards of the board. Under the leadership of ABCHP President, John Robinson, and ABCHP board members Helen Coons and Mary Ellen Olbrisch, the board revised its candidates' manual, oral examination manual, and bylaws. The new materials emphasize competency-based evaluation and more clearly delineate the various competencies expected of a specialist in clinical health psychology. Additionally, the number of oral examination stations was increased (from 3 to 4) allowing more time for coverage of both the Ethics and Professional Affairs portions of the ABCHP oral examination.

Another significant milestone for the board was successful completion of the ABPP Periodic Comprehensive Review (PCR) process. PCR site visitors met with the ABCHP Board of Directors and observed the oral examination process during the site visit in March, 2010. Recommendations from the PCR have been incorporated into ABCHP practices.

ABCHP Board of Directors membership is also undergoing transition. In October, Anne Dobmeyer was elected to the position of Vice President/President-elect of ABCHP. She will begin serving as Vice President in January, 2011 and will assume the role of President of ABCHP no later than January, 2013. Cynthia Townsend, an ABCHP Member-at-Large, has taken on the role of the ABCHP Practice Sample Coordinator. Additionally, Jay Earles, the Director of the Department of Behavioral Health at Womack Army Medical Center, has been appointed to a four-year team as a Member-at-Large. He will assume the role of liaison to the Uniformed Services and will assist with coordination of oral examinations. Finally, Jared Skillings was appointed President of the Academy of Clinical Health Psychology (ACHP) and has been working closely with the ABCHP on increasing visibility of the specialty and promoting board certification in health psychology.

Finally, the American Board of Clinical Health Psychology extends congratulations and a welcome to our newest specialists: Jennifer F. Kelly, Gretchen E. Ames, Gregory S. Alter, Donald D. McGeary, Ellen M. Bajorek, Kimeron N. Hardin, Deborah K. Kukal, Gary A. Walco, J. Bruce Hillenberg, Shelley A. Johns, Oliver N. Oyama, and Thomas R. Rutledge.

## American Academy of Clinical Neuropsychology (AACN) & American Board of Clinical Neuropsychology (ABCN)

Michael McCrea, PhD, ABPP – President, AACN Board of Directors

Michael Westerveld, PhD, ABPP – President, ABCN Board of Directors

### STRONG ALLIANCE BETWEEN BOARD AND ACADEMY.

Clinical neuropsychology continues to demonstrate an effective model of synergistic board and academy partnership. Leadership from AACN and ABCN are in regular communication on matters critical to both the credentialing and clinical practice of neuropsychologists. While each body fully understands its primary mission, a healthy alliance between the board and academy has been fostered for the long-term benefit of our constituents. We recognize the importance of ABCN and AACN banding together in promoting the value of board certification as the highest standard of competence in clinical neuropsychology and delivering tangible benefit to those who achieve this credential. Both organizations continue to work tirelessly in representing the interests of our membership and advancing standards for clinical neuropsychology.

### GROWING INTEREST IN ABCN CERTIFICATION.

As of the fall 2010 oral board examinations, ABCN has awarded 775 specialist certifications in Clinical Neuropsychology. AACN membership has eclipsed the 1,000 mark, including 672 active members, 363 affiliate members, and 38 senior members (1,073 total). Our continued growth is a testimonial to the high level of interest among clinical neuropsychologists to achieve board certification through ABCN as the premiere standard of competency in the field. In addition, we are seeing significant growth in our affiliate membership, which was strategically created to draw prospective candidates for ABCN certification and deliver the benefits of AACN membership to them during their training years.

Membership in the BRAIN (Be Ready for ABPP In Neuropsychology) exam preparation group continues to grow, aiding candidates with information about the process and providing valuable resources such as study materials and guides. The most important resource is, of course, the support of peers also going through the process. The Mentoring program is also a valuable resource, pairing candidates with ABCN specialists to help with preparation of practice samples and for the oral examination. Feedback from candidates on these resources has been extremely positive. The number of applications this year continues the trend of showing a year-over-year increase, and will set a record this year. Candidates interested in joining BRAIN should contact one of the ABCN officers, who can provide more information.

### ELECTIONS

ABCN will welcome two newly elected board members, Dr. Jack Spector and Dr. Laura Janzen to the board of directors at the conclusion of the February 2011 board meeting. In addition, Dr. John Lucas was re-elected to a second term. They will join the directors who began terms last year, Dr. Laura Flashman and Dr. Corwin Boake. Similarly, the AACN Board of Directors will welcome Dr. Sara Swanson as Dr. Karen Postal our newest board members, effective February 2011. Dr. Mark Mahone was re-elected to a second term. The ABCN and AACN boards continue to have strong representation of both adult and pediatric neuropsychology.

## AWARDS OF DISTINCTION

Robert Ivnik from the Mayo Clinic was awarded the Distinguished Neuropsychologist of the Year Award for 2010 for his abundant contributions to AACN, ABCN and the larger field of clinical neuropsychology. As you all are aware, Dr. Ivnik has left his indelible mark of excellence as an educator, clinician, and scientist in every corner of neuropsychology. He joins an esteemed group who have been previously recognized by AACN and presented the annual distinguished neuropsychologist award, including:

- Stephen M. Rao (2004)
- Linas A. Bieliauskas (2005)
- Russell M. Bauer (2006)
- Ida Sue Baron (2007)
- Kerry deS Hamsher (2008)
- Sandra Koffler (2009)

ABCN and AACN are extremely grateful for the contribution made by Dr. Ivnik and other distinguished neuropsychologists, not only to our Board and Academy but to the larger field of neuropsychology.

The American Board of Professional Psychology (ABPP) recognized the contributions of three well known AACN figures at the 63rd ABPP Convocation Ceremony in 2010, as follows:

- Linas Bieliauskas, PhD, ABPP - *Russell J. Bent Award for Distinguished Service and Contributions to ABPP*
- Edith Kaplan, PhD, ABPP (posthumously) - *Distinguished Service and Contributions to the Profession of Psychology*
- Bernice Marcopulos, PhD, ABPP - *Distinguished Service and Contributions to the American Board of Clinical Neuropsychology (ABCN)*

In addition to what we already recognize to be the enormous impact these awardees have had within our own specialty, these awards from ABPP are a terrific symbol of the impression that Drs. Bieliauskas, Kaplan and Marcopulos have made on the broader landscape of psychology.

After ten years as Co-Editor of our official journal, Rus Bauer has stepped down. We sincerely thank him for his decade long contribution to TCN's authors and readers. Beginning in 2011, TCN has a new editorial structure, which moves from two Co-Editors to an Editor-in-Chief (Jerry Sweet) with four Associate Editors. This transition increases the number of action editors for manuscripts from two to five, which should serve manuscript authors well. Also, for the benefit of AACN members, we have worked with the TCN Editors and publisher to create a mechanism that would more easily and reliably facilitate access to the online version of the journal and allow a greater degree of access to prior years of the journal. Both improvements will occur in 2011.

## 2011 AACN CONFERENCE

The 9th annual American Academy of Clinical Neuropsychology Conference and Workshops will be held in Washington, DC from June 9-11, 2011. It is not difficult to think back to the earlier meetings when some 200 of us met in Minneapolis in an undertaking that seemed ambitious for so small an organization. However, along with the worry was the confidence that the AACN had something substantive and new to offer to the growing number of professional members of the Academy, and to the clinicians and the clinician/scientists in our midst, that warranted such an undertaking. It was the belief that the Academy could provide workshops and presentations at a level that would truly enhance excellence in clinical practice and, indeed, that became our credo. Now, we are anticipating a meeting that has more than tripled in the number of participants but still planned to retain the closeness and collegiality of the smaller meetings that you have come to appreciate and the quality you have come to expect.

## SUPPORTING SCIENCE FOR EVIDENCE-BASED CLINICAL NEUROPSYCHOLOGY

The American Academy of Clinical Neuropsychology Foundation (AACNF) was incorporated in late 2008 as a 501(c)(3) charitable organization to support the mission and goals of AACN, principally by seeking to fund outcomes research supporting the value of neuropsychological services. The first AACNF Board meeting was held in 2009 and Greg Lamberty has been elected AACNF President. AACNF Board members include: Kira Armstrong, Mark Barisa, Bill Barr, Bob Bilder, Lauren Dawson, Laura Flashman (Treasurer), Laura Janzen, Sandra Koffler, Greg Lamberty, Mike McCrea, Ted Peck (Vice President), Otto Pedraza, Neil Pliskin, Leslie Rosenstein, and David Williamson (Secretary).

The Foundation has established a strategic plan for fund development and awarded its first grant in 2010 to support studies examining the influence of neuropsychological services on clinical outcome in the neurosciences. The 2010 AACNF grant award winner was Kathryn VanKirk and colleagues at the Ralph H. Johnson VA Medical Center and Medical University of South Carolina for their study entitled "Utility of neuropsychological services in reducing medical resource utilization." The foundation hopes (and needs our support) to attain a sufficient level of funding for the support of similar research grants in the coming years. Information, applications, and links for making contributions to the Foundation can be found on the AACNF website ([www.aacnf.org](http://www.aacnf.org)).

## PREPARING FOR THE FUTURE

In January of 2010, the AACN Board of Directors met in Evanston, Illinois for our winter board meeting, which included a strategic planning session. The goals and objectives of the session were to

- Identify the key strategic priorities that advance the mission of AACN over the next two years.
- Develop an effective strategic plan to achieve those key priorities' and
- Continue building a strong alliance among the Board of Directors charged with defining the future of AACN.

In developing a master strategic plan, the board was continually reminded that “the mission of the American Academy of Clinical Neuropsychology is to advance the profession of clinical neuropsychology through its advocacy of outstanding educational and public policy initiatives”, as cited in the AACN bylaws and articles of 2009. In more basic terms, we recognize that AACN is charged with promoting excellence in clinical neuropsychology.

With that primary mission in mind, the Board of Directors identified the following strategic priorities for the next two years:

1. *Clinical Practice Standards*: Continue the growth of AACN through active promotion of ABCN certification as the highest standard of competency in clinical neuropsychology.
2. *Clinical and Quality Outcomes Research*: Actively support the core mission and strategic initiatives of the AACN Foundation.
3. *Advocacy and Policy*: Support initiatives that demonstrate the unique value of clinical neuropsychology and that will impact policy affecting clinical practice.
4. *Education and Training*: Further establish AACN’s profile as the premier source of continuing education in clinical neuropsychology.

Several initiatives in direct support of these strategic priorities have since been launched. One example is the newly formed Board Certification Promotion subcommittee that includes joint representation from AACN and ABCN, currently chaired by Aaron Nelson, AACN President-elect. Going forward, the Academy will continually be called upon to direct our energies in alignment with these chief strategic priorities related to board certification, public policy, education and training, and ultimately demonstrating the value proposition of clinical neuropsychology.

As we enter a new age of healthcare reform, neuropsychology is likely to face several issues that directly impact the way in which we have historically delivered clinical services to the patients we serve. Already on the horizon are challenges associated with declining reimbursement, restrictions around medical necessity for neuropsychological services, and our core services being encroached upon by neighboring disciplines. Ultimately, the burden will fall upon us to demonstrate the value proposition of clinical neuropsychology. That is, we will undoubtedly be called upon to demonstrate to third-party payers, policymakers, referral sources, competitors, and our patients that we are uniquely trained to provide the services that have defined the specialty of clinical neuropsychology.

Furthermore, in the spirit of “evidence-based medicine”, we will face increasing pressures to demonstrate that the services we provide have a meaningful impact on the treatment, outcome, and general wellness of the patients we serve. Whether the health care reform act remains in place or not, the insurance industry’s push toward accountable care organizations (ACOs) and the intent to shift risk for not only the quality, but also the cost, of patient care to clinicians is very likely to continue. For certain, neuropsychology will be neither alone nor singled out in this movement. The strategic priorities identified by the AACN Board of Directors embody an eyes wide open approach to recognizing the challenges our members are likely to face in the coming years and a head-on approach to making certain that we stay ahead of the curve.

## American Board of Couple and Family Psychology

A Rodney Nurse, PhD, ABPP

Following the legal opinion that ABPP Boards and Academies no longer had to be careful to work at arm’s length with each other, we in couple and family psychology were freed to work together as closely as circumstances seemed to demand. So, in 2010 at our midwinter meeting our boards met together, joining with the Board of the APA Society for Family Psychology (Div, 43). The occasion made possible a meeting of a workgroup whose task was (and is) to reach a consolidation of thinking and develop materials supporting the furthering of APA Accredited doctoral family psychology programs (and/or hyphenated programs) in family psychology. Hyphenated programs are such as clinical-family, counseling-family. The chair of the work group is Dr. Terrance Patterson of the ABCFP Board; the workgroup is composed of members of all three boards. That meeting together furthered the process of the work group and provided important shared feedback for the entire membership of the three boards. At the same time, making room for this workgroup-focused process shortened the each board’s total aggregate meeting time enough that many of us experienced some frustration due insufficient time for completing all our separate board functions. I take away the conclusion that the Boards of ABCFP and AACFP can rally together to meet a common purpose following this model of 2010 when needed. However, I also conclude this may not be a feasible pattern for every year.

With the legal recommendation freeing us and the experience of the 2010 model of this meeting we have increased potentials for meeting emerging circumstances flexibly. Perhaps other ABPP Boards can benefit from our experience and we can benefit from theirs. As for our couple and family boards functioning under the ABPP umbrella, we will continue with our long standing positive coordination relationship.

Dr. Florence Kaslow is arguably the psychologist most influential in developing our Board for many years, if not since the Board’s inception. She has served in many roles that include serving as President and as our present BOT Representative. Her final assignment concludes at the end of 2010, although we are fortunate that she will continue as a consultant to our Academy. We will miss her, but we are pleased that at this year’s San Diego meeting she was awarded ABPP’s highest award in honor of her tremendous contributions to ABPP, to ABCFP, and for furthering Couple and Family Psychology as a Specialty.

Good Luck to Dr. Frank Ezzo, who has now finished his term as Past President. He so ably led the process of our ABPP review during his Presidency (2007, 2008). Dr. Lenore Walker has turned the trick of being able to end her term as Secretary, leaving an elected position on our Board, yet at the same time remaining on our Board, but this time in an ex officio role because of her incoming role as our Academy President. In looking to the future, I am also very pleased that Dr. Mark Stanton will become President of ABCFP for 2011 and 2012. As



I step into the Past President role, Dr Stanton will be spear-heading development of practice competency standards refined to focus on those competencies expected of couple and family psychologists.

As a final comment, regarding competencies in the practice of Couple and Family Psychology; the most important competency in my book is the ability to think systemically as we work with our patients, clients, ourselves, and those with whom we consult, supervise, or teach--- whether in a couple and family relationship or individual or group relationship context. When we exercise and expand our systemic thinking competency we join equally with all of professional psychology, not simply falling in the category of craft status, technique or skill.

I appreciate and value serving as President of ABCFP these past two years.

## **American Board of Forensic Psychology**

**Alan Goldstein, PhD, ABPP**

There have been numerous accomplishments from our board certified forensic psychologists over the last few months. We are a productive group in terms of both forensic practice and research/publications.

Mark Cunningham's book, *"Evaluation of Capital Sentencing,"* a volume in the Oxford University Press series, *"Best Practices in Forensic Mental Health Assessment"* was recently released. In addition, Dr. Cunningham has co-authored articles published in 2010 in *"Professional Psychology: Research and Practice"* and the *"Journal of Criminal Justice."* A third publication, to appear in 2011 will appear in the *"Journal of Criminal Justice."* Another article, in press, will be published in *"Behavioral Sciences and the Law."*

Eric Drogin and Curtis Barrett have co-authored *"Evaluation for Guardianship,"* a volume in the Oxford University Press series *"Best Practices in Forensic Mental Health Assessment."*

Joel Dvoskin received the Distinguished Contributions to the Science of Psychology award. This honor was bestowed by the Arizona Psychological Association.

Bill Foote is the co-author of *"Evaluation for Workplace Discrimination and Harassment."* This book is part of the 20 book series, *"Best Practices in Forensic Mental Health Assessment,"* published by Oxford University Press.

Richard Fredrick has been elected President of the American Board of Forensic Psychology. Christina Pietz has been elected as President-Elect.

Alan Goldstein co-authored a book, *"Evaluating Capacity to Waiver Miranda Rights,"* part of a 20 book series, *"Best Practices in Forensic Mental Health Assessment"* published by Oxford University Press. With Tom Grisso and Kirk Heilbrun, Dr. Goldstein is co-editor of that series. He received the 2010 Contribution to Forensic Psychology award given by the Forensic Division of the New York State Psychological Association.

Tom Grisso is the recipient of the Distinguished Mentor Award. He was recognized for his work in teaching, supporting, and encouraging, numerous fellow in forensic mental health at the University of Massachusetts Medical Center – many of whom have become board certified in forensic psychology by ABPP. Dr. Grisso serves the Executive Director of ABFP.

Daniel Krauss has co-authored a book, *"Forensic and Legal Psychology: Psychological Science Applied to the Law."* This book was published by Worth Publishers.

Craig Lareau was elected Present-Elect for the California Psychological Association.

Randy Otto, who, along with Richard Frederick co-chair the AAFP CE Program, has recently co-authored a test designed to address response style in trial competency cases. The *"Inventory of Legal Knowledge"* is published by Psychological Assessment Resources.

Richard Rogers' instrument, designed to address response style related to reported symptoms of schizophrenia, the *"Structured Interview of Reported Symptoms"* has been revised and is now available in its second edition, the SIRS-2. It is published by Psychological Assessment Resources.

David Shapiro has co-authored a book, *"Malpractice: A Practical Guide for Psychologists."* This book will release in the Spring and is published by the APA.

## **News of the American Board of Organizational and Business Consulting Psychology**

**Dennis Doverspike, PhD, ABPP**

For Organizational and Business Consulting Psychology (OBCP) our biggest news seems to be a recurring theme. We need more candidates for Specialist Certification in OBCP. Despite repeated recruitment efforts, applicants remain at a trickle. If you know anyone who is interested in applying for consideration for OBCP, please encourage them to do so. In addition, if you would like to be associated with a second board, please consider OBCP.

Our biggest issue remains that of licensure, or the lack of licensed candidates among Consulting and Industrial and Organizational Psychologists. We continue to work with various organizations on licensure issues. This will continue to be a challenge for OBCP moving forward.

We also need to train new examiners and find some individuals interested in future Board positions. If you are interested in becoming more involved in OBCP activities, please feel free to contact me.

In other news, we will hold examinations and a Board meeting in conjunction with the Division 13 meeting (the Society of Consulting Psychology). This year the meeting is in Las Vegas, January 27th and 30th. In planning for the future, in all likelihood, we will continue to meet at least once a year at the Division 13 Convention.

This year we are also participating in our scheduled Periodic Comprehensive Review PCR, (ABPP's internal quality review mechanism). We look forward to using the feedback we receive as a means of increasing our vitality and strengthening the OBCP.

Finally, congratulations to Jay Thomas who is the new Secretary of the Board of Trustees (BOT) for ABPP. As a result, we will need to replace Jay on the OBCP Board, so if you have an interest in becoming more active with the OBCP, we would welcome your input.

## **ANNOUNCING: American Board of Police and Public Safety Psychology**

**Michael J Cuttler, PhD, ABPP**

At its meeting December 4, 2010, the ABPP Board of Trustees voted unanimously to advance the affiliation application of Police and Public Safety Psychology to the next step in the process - that of monitoring initial examinations. As a result, the American Board of Police and Public Safety Psychology (ABPPSP) has been constituted and will conduct initial Board Certification examinations within the next several months.

As per ABPP policy, after the ABPPSP Board and another 30 candidates have been successfully examined under ABPP oversight, and upon approval of the ABPP Board of Trustees, ABPPSP will become the 14th ABPP affiliated Specialty Board.

### **ABPPSP Officers:**

President: David M Corey, PhD, ABPP

President-elect and representative to ABPP Board of Trustees: Michael J. Cuttler, PhD, ABPP

Secretary: Herbert Gupton, PhD, ABPP

Treasurer: Susan Saxe-Clifford, PhD

### **Additional ABPPSP Board Members:**

National Chair of Examinations: Philip S. Trompetter, PhD

National Director of the Academy: JoAnne Brewster, PhD

Representative to SPCP: Gary Aumiller, PhD

Representative to IACP-PPSP: Jon Moss, PhD

Representative to APA Div18 Police and Public Safety Section: Lorraine Greene, PhD

Member-at-large, Stephen P Griffin, PsyD

This will be a very busy year for us as we establish our Board and Academy and embark upon our initial examinations. We are both pleased and excited to become part of the ABPP family.

## **American Academy of Rehabilitation Psychology**

**Bruce Caplan, PhD, ABPP**

The American Academy of Rehabilitation Psychology is finalizing a contract with Oxford University Press to develop a book series on topics of importance to the field written by well-established experts. The Editorial Board for the series consists of the Editor in Chief, Bruce Caplan (Academy President) and Board members Steven Wegener, Dan Rohe, Janet Farmer, Timothy Elliott, Robert Frank, and George Prigatano.

This series will resemble in many respects that so effectively pioneered by the American Academy of Clinical Neuropsychology. Volumes are expected to be published in soft cover and at reasonable cost. Books will be available at a discount to Board-Certified Rehabilitation Psychologists. A continuing education feature is planned that will be orchestrated by the Academy.

## **American Academy of School Psychology and American Board of School Psychology**

**Clifford V. Hatt, EdD, ABPP and David E. McIntosh, PhD, ABPP**

The American Board of School Psychology (ABSP) and the American Academy of School Psychology (AASP) had a productive summer and fall. A highlight of 2010 was the designation of the Journal of Applied School Psychology (JASP) as the official journal of the AASP. During the APA Convention, the AASP Executive Board met with the JASP Editor (David Wodrich, PhD, ABPP) and generated ideas to continue to enhance the scholarship and direction of JASP. Ideas that were generated included a) white papers written by senior school psychologists and/or Academy members relevant to the practice of school psychology b) publishing materials that would be helpful to

practicing school psychologists or students c) publishing technical assistance papers (e.g., differentiating ED from BD, LD, and so on) and d) publishing the dissertation of year. Academy members interested in developing a white paper, serving on the editorial board, or submitting research studies are encouraged to contact the Dr. Wodrich.

The Academy's Irwin Hyman and Nadine Lambert Memorial Scholarship effort continues to be a gratifying success. Through the generosity of multiple corporate sponsors and Academy member donations, AASP has awarded 28 \$1000 scholarships over the past six years. For 2010, the AASP also awarded six \$1000 scholarships recognizing outstanding school psychology doctoral students. The students awarded the 2010 Irwin Hyman and Nadine Lambert Memorial Scholarships were Troy Loker (University of South Florida), Leslie MacKay (University of Columbia, Vancouver), Nidhi Goel (University of Missouri-Columbia), Kizzy Jackson Albritton (Georgia State University), Anna Hickey (Illinois State University) and Cixin Want (University of Nebraska-Lincoln). Congratulations to these award-ees! Corporate sponsors for 2010 included, Multi Health Systems, Inc. (MHS), PRO-ED Inc., Psychological Assessment Resources (PAR), and Riverside Publishing.

For 2011, the new President-elect of the Academy will be Dr. Shawn Powell and Dr. Robin Hess will serve as secretary. Dr. Judith Kaufman will take over the presidency of the Academy. Dr. Tony Wu will be a new director and serve as credential reviewer. Dr. Tansy will be the second director. He will also be President of ABSP for 2011. Dr. Barbara Fischetti will continue to be the Board's Vice President/ Secretary, Dr. Tom McKnight continues as the Board's Vice President/Treasurer and Dr. Jeff Miller continues as the Director of Exams and will be the Practice Sample Reviewer. Dr. Shelley Pelletier will continue as Director of Mentoring for 2011. The Board and the Academy developed and produced a mentoring DVD that was sent to all university and internship directors of training this past year. The video will be made available on the ABSP webpage. It provides information for those interested in becoming mentors and helps explain the application process for those interested in applying for board certification. We will also be uploading a PowerPoint presentation on becoming board certified in school psychology that can be used at national, state and local meetings to recruit and encourage colleagues to consider board certification and provide a brief overview of the process.

In the upcoming year, the Academy will be conducting a special session at 2011 annual conference for the National Association of School Psychologists on becoming Board Certified in School Psychology. In addition, the Academy and Board will continue to work together and identify ways to increase the number of board certified school psychologists and ways to enhance the exam process.

As we both end our terms as presidents of the ABSP and AASP, we want to thank all the hard work, support and dedication of our respective boards. We look forward to our continued involvement in different roles and wish our new board officers all the best in the coming year.



# ABPP

SPECIALTY CERTIFICATION  
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# New Board Certified Specialists

## June 2010-December 2010

### Clinical

Laura T. Becker, PhD  
Anna R. Brandon, PhD  
Ronald J. Cohen, PhD  
Leslie Cooper, PhD  
Mary Beth Covert, PsyD  
Tram P. Dao, PsyD  
Kieran K. Dhillon-Davis, PsyD  
Michael D. Eastridge, PhD  
Eugene W. Farber, PhD  
John M. Golden, PhD  
Arnold D. Holzman, PhD  
Wade T. Keckler, PsyD  
Beth D. Kennard, PhD  
Lynda S. Kirkland-Culp, PhD  
David G. LeMarquand, PhD  
Jeffrey J. Magnavita, PhD  
Elizabeth Marmaras, PhD  
Richard C. Mills, PhD  
Neal R. Morris, EdD  
Mary P. Noonan, PhD  
Aron R. Potter, PsyD  
Mark C. Russell, PhD  
Jeffery R. Showalter, PsyD  
Lauren C. Solotar, PhD

### Clinical Child

#### & Adolescent Psychology

Teri L. Bourdeau, PhD  
Chanda C. Graves, PhD  
Don Scott Herrmann, PhD  
Daniel R. Hiiliker, PhD  
Martha B. Jura, PhD  
Julie B. Kaplow, PhD

Nadine J. Kaslow, PhD  
Gary X. Lancelotta, PhD  
Ann-Louise T. Lockhart, PsyD  
Steven A. Meyers, PhD  
Carol E. Oseroff, PhD  
Chaundrissa M. Smith, PhD  
Emily D. Warnes, PhD

### Clinical Health

J. Bruce Hillenberg, PhD  
Shelley A. Johns, PsyD  
Oliver N. Oyama, PhD  
Thomas R. Rutledge, PhD

### Clinical Neuropsychology

Carol Anderson, PhD  
Robin Brown, PhD  
Susan Caudle, PhD  
Darlene Floden, PhD  
Elizabeth Geary, PhD  
Christopher Graver, PhD  
Joanne Hamilton, PhD  
Benjamin Hampstead, PhD  
Kyle Harvison, PhD  
Aaron Hervey, PhD  
Catharine Johnston-Brooks, PhD  
Joseph Kulas, PhD  
Alexis Kulick, PhD  
Sarah Lageman, PhD  
Kerri Lamberty, PhD  
Andrew Levine, PhD  
John Linck, PhD  
Suzanne Penna, PhD  
Janet Reed, PhD

Eric Rinehardt, PhD  
Sarah Schaffer, PhD  
Lauren Schwarz, PhD  
Joseph Snow, PhD  
Tracy Vannorsdall, PhD  
Tara Victor, PhD  
Jeanette Wasserstein, PhD  
Erica Wodka, PhD

### Cognitive & Behavioral

Craig J. Bryan, PsyD  
Patricia A. Resick, PhD  
Jennifer H.R. Sayrs, PhD  
Debbie M. Warman, PhD

### Counseling Psychology

Christine A. Courtois, PhD  
Stephen H. Hamel, PhD  
Samuel J. Knapp, PsyD  
Jeanette P. Madkins, PhD

### Forensic

Benjamin J. Albritton, PsyD  
John M. Bradley, PhD  
Judith L. Kirkeby, PhD  
Sean P. McDonald, PsyD  
Alex Y. Yufik, PsyD

### Psychoanalysis

Nancy R. McWilliams, PhD

### School Psychology

Edward M. Petrosky, PsyD

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## Deceased Specialists

### June 2010 through January 2011

James Keith Besyner, Clinical Psychology  
Scott Edward Borrelli, Clinical and Counseling Psychology  
John Borriello, Clinical Psychology  
Arthur Swen Helge, Forensic Psychology  
Allen Kenneth Hess, Clinical Psychology  
Ruth F. Lax, Clinical and Psychoanalysis Psychology  
Rolland S. Parker, Clinical Psychology and Clinical Neuropsychology  
Lynn Paul Rehm, Cognitive and Behavioral Psychology  
Nicholas Rose, Clinical and Cognitive and Behavioral Psychology  
Paul Satz, Clinical Psychology and Clinical Neuropsychology  
Saul M. Siegel, Clinical Psychology  
Addison W. Somerville, School Psychology  
Johanna Krout Tabin, Psychoanalysis in Psychology  
Peter James Vicente, Clinical Health Psychology  
Barbara C. Wilson, Clinical Neuropsychology



# ***In Memory of Johanna Krout Tabin, PhD, ABPP***

**By Dolores O. Morris, PhD, ABPP Past President American Board of Psychoanalysis in Psychology**

Dr. Johanna Krout Tabin's untimely death in July 2010, after a brief illness, took the psychoanalytic community by surprise. She had just received Division 39 (Psychoanalysis) Lifetime Achievement Award in April. She was a vital and active participant on a panel and at various board and committee meetings, typical of her involvement at Spring Meetings. Johanna never missed a beat as is true of her life's journey: a journey as scholar, spouse, mother, analyst, and activist in the psychoanalytic community, as well as devoted friend.

Dr. Tabin received her bachelor's degree at 18 from Northwestern University and a doctorate three years later from the University of Chicago. Johanna, as she was affectionately called, went abroad and studied with Anna Freud and Edward Glover. She was in a study group for over twenty years with Bruno Bettelheim. Her parents were her role models, her father, Maurice



Krout, a psychologist and her mother, Sara, was the third female to graduate from the University of Illinois School of Dentistry, and retired as a commander in the Navy Dental Corps, working until she was in her 80's. Johanna did similarly by maintaining her busy private practice until just two weeks before her death at 84.

Johanna was married for 58 years to a devoted spouse, Julius, a physicist who worked on the Manhattan Project before establishing a practice in intellectual property law. They had two sons whom have achieved prominence in their own right. Her oldest son, Clifford, is the Chair of Harvard's Medical School's Genetics Department and Geoffrey a professor in ophthalmology and international medicine at the University of Utah. Without a doubt, her family has passed their legacy between generations and have made significant contributions to the community at large.

Johanna was a collaborator who acknowledges that her son Clifford's probing questions was the inspiration for her theoretical formulations on early child development and gender identity with its applications which appear in her book *On the Way to Self*. Her capacity to hear Clifford's question demonstrates her openness to hearing others and finding the answer or solution. She will be remembered as a prolific writer who weaved literary references into her scholarly work.

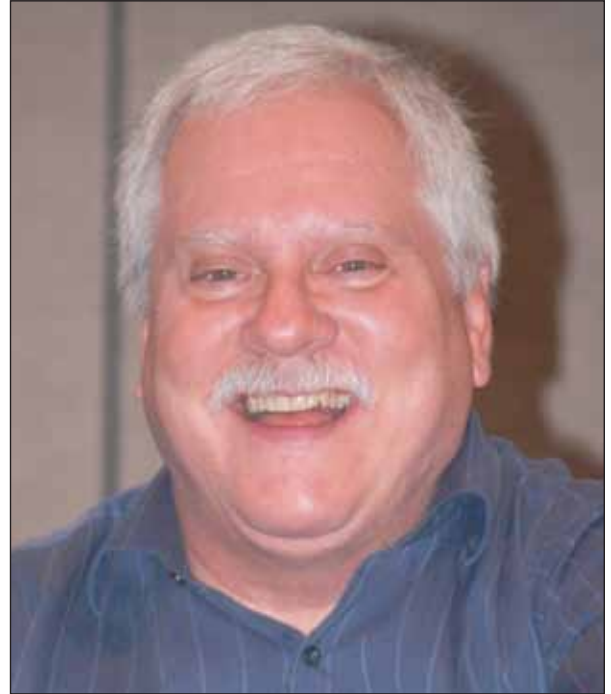
Johanna was based in Chicago but her activities were international. She along with Dr. Oliver Kerner were founding members of the Chicago Association for Psychoanalytic Psychology (CAPP). She was also a founding member of the Chicago Center for Psychoanalysis (CCP), a nonprofit training institute. She was on the faculty, supervised and provided personal analysis. In addition, she was active with China American Psychoanalytic Alliance (CAPA). In the midst of all of this, Johanna found time for a private practice, her family and frequently baby sat for her seven grandchildren.

I had the privilege of meeting Johanna and becoming her friend, when she joined the Board of Directors of the American Board of Psychoanalysis in Psychology in 2002. She soon became our trusted Credential Reviewer until her tenure ended in 2009. She painstakingly reviewed each applicant and became an advocate. No task was too small or too big for her. Johanna was a valuable member of our Board. She brought her intelligence, editorial skills and sense of fairness to the meetings. She listened thoughtfully never hesitating to put forth her convictions. She was a fearlessly outspoken proponent of the standards and principles in which she believed. One was quickly impressed by her vitality and spryness. She would capture you with her warm, tender and lady-like demeanor. We will sorely miss her voice and presence.

# ***In Memory of James K. Besyner, PhD, ABPP***

By Nadine J. Kaslow, PhD, ABPP, President American Board of Professional Psychology and Past President American Board of Clinical Psychology  
M. Victoria Ingram, PsyD, ABPP, President American Board of Clinical Psychology

James K. Besyner, PhD, ABPP, board certified in clinical psychology, Intermountain Region Representative and Treasurer of the American Board of Clinical Psychology (ABCP), and on the ABPP Board of Trustees (since 2010) died unexpectedly following a cardiac arrest on Saturday January 15, 2011. Because of his knowledge about both board certification and the VA system, in 2010 he was appointed by VA's Chief Deputy Consultant in the Office of Mental Health Services to serve on a workgroup tasked with drafting revision language for the VA's Psychologist Qualifications Standards that incorporates board certification for employment within the VA system. Not only was Dr. Besyner incredibly well respected at local and national levels for his administrative, clinical, and supervisory accomplishments, but he was extremely well-liked.



Dr. Besyner was Chief of Psychology, VA North Texas Health Care System and Professor of Psychiatry, Clinical Track in the Department of Psychiatry at the University of Texas Southwestern Medical Center. He had a 33+ year history of service within the VA System, first in North Chicago where he served as Director of one of VA's first Specialized Inpatient PTSD Treatment Units in the 1980s and 1990s, and more recently in Dallas as its Chief Psychologist. In Dallas, at the VA North Texas Health Care System, he also served as the Director of Training of the APA-accredited Internship Program, as the Director of Training of the APA-accredited Postdoctoral Program in Clinical Psychology, and as the Director of Training for the Interdisciplinary Fellowship in Substance Abuse. As the Chief Psychologist, he oversaw the supervision and administrative management of a staff of 55 clinical psychologists and was responsible for the administrative and programmatic management of the Mental Health Trauma Team programs including Women's Stress Disorder and Military Sexual Trauma and programs for combat-related PTSD. He provided administrative and programmatic management of the large Medical Psychology Team that included rehabilitation psychologists and neuropsychologists in the specialized Spinal Cord Injury Center and PolyTrauma Program for returning war veterans as well as health psychologists in Primary Care and medical specialty care areas and the interdisciplinary Pain Clinic. His purview further included a group of psychologists and psychiatrists tasked with conducting compensation and pension disability examinations.

Dr. Besyner has been a major player at the national level within the VA System. For example, he served as President of the National Organization of VA Psychologists in the later 1990s. He was actively involved in the VA Office of Academic Affiliations, including serving on a workgroup to select new predoctoral and postdoctoral training programs, as well as additional positions for existing programs as part of the Mental Health Enhancement Initiative. Confirming the high regard that he was held in with regard to VA internship and postdoctoral training, Dr. Besyner was appointed to, and then elected to, the Executive Committee for the newly-formed VA Psychology Training Council (VAPTC), serving as the Chair of one of two standing committees, the Administrative Committee. Dr. Besyner received a prestigious two-term appointment by the VA's Chief Patient Care Officer in the Office of Mental Health Services to membership on the National Psychology Professional Standards Board. He was Co-Chair of this board. Recently, he was elected as President-elect of the Association of VA Psychologist Leaders (AVAPL). Without a doubt, Dr. Besyner was one of the most extraordinarily well-respected and influential VA psychology leaders.

In addition to his roles within ABPP and the VA System, Dr. Besyner was quite involved in the Dallas Psychological Association, serving as their President (2004-2005). A Fellow of the American Psychological Association's (APA) Division 12, the Society for Clinical Psychology, he was active in APA's Division 18, Psychologists in Public

Service, and was a former Chair of the VA Section of Division 18. He also served as a site visitor for APA's Commission on Accreditation. In 2004, he received the Outstanding Contribution Award from VA Section, Division of Psychologists in Public Service of the APA.

As a member of the ABCP Board and the ABPP BOT, it truly was a pleasure to serve with Dr. Besyner. He was smart, thoughtful, hardworking, dedicated, fun-spirited, and knowledgeable. He always volunteered to assist with board tasks and consistently did an outstanding job with each of these responsibilities. He was very effective in recruiting psychologists to sit for board certification in clinical psychology and coordinated countless examinations. On examination committees, he was insightful and thorough and clearly evidenced an impressive breadth and depth of knowledge in clinical psychology. As Treasurer, he was very responsible and carried out his duties in a timely and efficient fashion. On the ABPP BOT, he was the quintessential team player and always willing to pitch in. His caring and compassionate interpersonal style, sense of humor, and creative approach were most appreciated. His colleagues on the ABCP and ABPP boards could also count on him for his honest opinions, gentle jokes, and relaxing and fun conversations after long days of meetings.

There is no question that Dr. Jim Besyner made significant and outstanding contributions nationally with regard to board certification and VA Psychology, professional education and training. He was remarkably devoted to his family and very proud of them and always had pictures on his phone to share. He was a wonderful human being, an outstanding colleague, a devoted clinician, and a good friend who will be deeply missed.

Contributions can be made to the ABPP Foundation at: <http://www.abpp.org/i4a/pages/index.cfm?pageid=3577>. Checks may be made payable to The ABPP Foundation and sent to 600 Market Street, Suite 300, Chapel Hill, NC 27516.



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