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## ABPP Board of Trustees

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<tr>
<td>PRESIDENT - Executive Committee</td>
<td>John Piacentini</td>
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<td>PRESIDENT-ELECT - Executive Committee</td>
<td>Christina Pietz</td>
<td>PhD, ABPP</td>
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<td>PAST PRESIDENT - Executive Committee</td>
<td>Michael E. Tansy</td>
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<td>TREASURER - Executive Committee</td>
<td>Sylvia Marotta-Walters</td>
<td>PhD, ABPP</td>
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<td>SECRETARY - Executive Committee</td>
<td>Joel C. Frost</td>
<td>EdD, ABPP</td>
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<td>BEHAVIORAL &amp; COGNITIVE</td>
<td>Linda Carter Sobell</td>
<td>PhD, ABPP</td>
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<td>CLINICAL</td>
<td>Alina M. Suris</td>
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<td>CLINICAL CHILD &amp; ADOLESCENT</td>
<td>Kathleen J. Hart</td>
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<td>CLINICAL HEALTH</td>
<td>Anne C. Dobmeyer</td>
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<td>CLINICAL NEUROPSYCHOLOGY</td>
<td>Brenda J. Spiegler</td>
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<td>COUNSELING</td>
<td>Sharon Bowman</td>
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<td>Victor A. Molinari</td>
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<td>GROUP</td>
<td>Samuel R. James</td>
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<td>ORGANIZATIONAL &amp; BUSINESS CONSULTING</td>
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<td>Jeanne M. Galvin</td>
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<td>EXECUTIVE OFFICER</td>
<td>David R. Cox</td>
<td>PhD, ABPP</td>
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Over the past few years, ABPP has been engaged in a strategic planning process with the intention of both enhancing the efficiency and effectiveness of “internal” governance, and expanding our ability to impact the larger issues facing the field of Psychology and, more broadly, healthcare. Those of you who attended the recent ABPP governance meeting at APA heard about some important aspects of this work. In this column, I will provide a fuller description of these efforts.

The Board of Trustees voted in May to update the organization’s mission statement to better reflect ABPP’s broader involvement in the field of psychology. The new mission statement now reads: “The American Board of Professional Psychology serves the public by promoting the provision of quality psychological services through the examination and certification of professional psychologists engaged in specialty practice”. Achieving the full public service impact of our mission, however, will require significant growth in the number of board certified psychologists. Achieving this growth is a critical driver of our strategic planning.

Based on survey data from Board of Trustees members and specialty board presidents, the BOT has identified four action areas that are most important for achieving the organization’s strategic goals. These areas include: (1) enhanced **communication**, both across specialty boards and specialists (e.g., horizontal), as well as between the BOT, specialty boards, and specialists (e.g., vertical), (2) increased **engagement** of specialists and specialty board members across all aspects of the ABPP, (3) improved **messaging/outreach** to expand the number of applicants, raise the public and professional profile of ABPP, and grow revenue sources to support the growth of the organization, and (4) increased administrative **support** for the specialty boards and Central Office to manage all of the above.

Consistent with the strategic plan, the ABPP Central Office has spent the last 2-3 years building out a greatly modernized and improved technology infrastructure. Although many of you have already seen our new website ([www.abpp.org](http://www.abpp.org)), this infrastructure will also greatly enhance the efficiency and productivity of central and specialty board governance and support the electronic management of practice samples and other aspects of the certification process. Importantly, the new platform provides a simplified online method for completing the maintenance of certification process which, unlike many other disciplines, remains free of charge to complete.

In addition, and after a year-long search, ABPP has enlisted The Reis Group ([thereisgroup.com](http://thereisgroup.com)), a health and social cause-focused public relations agency, to help us develop and better disseminate more effective messaging about the value of ABPP certification. We believe that this new marketing/outreach program will not only increase the number of professional psychologists seeking specialty status, but also enhance the professional and financial considerations available to existing specialists.

To support these important initiatives, the BOT has voted to approve a $25 increase in the annual attestation fee going forward. As noted above, this 14% increase - the first in 11 years! - will provide the necessary support to grow the organization and enhance the value of ABPP certification.
I am extremely grateful for the honor to serve as your President for 2018-2019. I have been continuously involved in service to ABPP since my participation as a member of the group that founded the American Board of Clinical Child and Adolescent Psychology (ABCCAP) in 2003. Given the myriad of oftentimes conflicting or inaccurate information available to consumers seeking mental health services these days, our mission to serve the public through promotion of competent psychological practice is more critical than ever. I encourage each of you to reach out to a non-specialist colleague and ask him or her to consider pursuing board certification through ABPP.

John Piacentini, PhD, ABPP
President, ABPP Board of Trustees
I hope everyone had an enjoyable summer. Mine was filled with activity and included participating in two meetings that occur only periodically.

One was the Periodic Comprehensive Review (PCR) of the American Board of Clinical Health Psychology (ABCHP). The ABCHP PCR was hosted at the University of Minnesota; a big thanks to Dr. Bill Robiner for arranging the use of space there. Bill has been a long-time advocate of specialty board certification, often by facilitating meeting space for ABCHP and additionally having written extensively about the value of specialization and board certification. Since then the ABCHP site visitor report has been prepared and provided to the appropriate parties, and although the formal process of completing the PCR through acceptance by the ABPP Board of Trustees has not yet taken place, allow me say how very impressed I was with the diligence with which Dr. Jay Earles, ABCHP President, and the rest of the board addressed the task. ABCHP is a thriving specialty board at present, which speaks volumes to the efforts of the volunteers involved with this board.

Furthermore this summer, I attended the International Congress of Applied Psychology (ICAP). The ICAP meeting was held in Montreal June 25-30. This was ABPP’s first time having a representative attend ICAP. International issues are becoming increasingly highlighted within the profession and I believe that ABPP’s presence is invaluable. Indeed, several prominent psychologists from other countries have remarked to me and others about how important our organization is and how they value our input.

ICAP commenced on Monday June 25th with an opening welcome reception. Attendance at the meeting afforded the opportunity to network with international colleagues, with whom I was already acquainted, as well as meet many new colleagues from around the world. Several of the smaller meetings at the Congress were invitation-only, and it was an honor to be included. The activity participants included, but was certainly not limited to:

Telmo Mourinho Baptista – President, European Federation of Psychological Associations (Portugal)
Lisiane Bizarro – Brazilian Society of Psychology; Organizing Committee ICP Rio 2024
Merry Bullock – Secretary-General, International Council of Psychologists
Jean Lau Chin – President, International Council of Psychologists
Amanda Clinton – Senior Director, Office of International Affairs, APA
Karen Cohen – CEO, Canadian Psychological Association
Sheyla Blumen Cohen – Professor, Pontifical Catholic University of Peru
Jessica Henderson Daniel – President, APA
Rosie Bingham Davis – President-elect, APA
Stephen DeMers – COE, ASPPB
Janel Gauthier – President, International Association of Applied Psychology
Jennifer Kelley – Board of Directors, APA
Alberto E. Cobian Mena – President, Cuban Psychological Society
Sverre Nielsen – Norway Psych. Assoc.; Chair, International Project on Competence in Psychology
Steve Osborne – CEO and Registrar, New Zealand Psychologists Board
There were many valuable networking opportunities afforded during the conference: a) the Opening Reception and dinner put on Monday evening by the International Council of Psychologists; b) the invitation-only reception hosted by the APA Office of International Affairs (APA OIA) on Tuesday. That reception was limited to individuals in “high-level leadership” positions. Roughly 60-70 such individuals were in attendance and half of the evening was spent in a structured activity designed to facilitate introductions as well as contribute input to the APA OIA for directions in international psychology; c) the award given by the ICAP to our friend and colleague, Dr. Sverre Nielsen for his work on competence (and other items), was followed by a Thursday dinner, overviewing the work of the International Project on Competence in Psychology (IPCP), at which time Dr. Nielsen gave recognition to ABPP as an organization that measures competence. This was during his award address while presenting on the International Declaration on Core Competencies in Psychology, the output of the IPCP; last but not least on Friday, almost the entirety of the day was focused on the IPCP, discussion of where it may be headed and future steps.

Overall, the IPCP is expected to continue, with probable future steps including how to implement it in nations that are at very different stages of professional evolution. This could be in the form of expected curricula, accreditation of programs, licensing and/or more advanced certification. Attendance at ICAP made it very clear that the U.S. and ABPP have a model that is at the cutting edge within the field. That said, continued attention to our own efforts to improve, as well as consideration of if/how ABPP might accommodate or assist other nations, is important.

In August, our presence was, of course, felt during the recent American Psychological Association Convention in San Francisco. As always, we had a busy time in the exhibit hall, held convocation and governance meetings and participated in other APA activities. Prior to the convention, as I often do, I attended the APA Council of Representatives (CoR) meeting. Probably the most discussed issue was the Council vote to leave unchanged the current APA policy regarding psychologists treating detainees. Another major issue was the formal moving forward of combining into one corporate entity the APA 501c3 and 501c6 organizations. Going forward, APA members will pay one fee for membership dues, with 60% going to c6 activities and 40% going to c3 activities. One goal of this is to strengthen advocacy for psychology across all areas of the profession. More details can be found on the APA web site.

In the coming months, liaison activities ramp up as they typically do in the fall. September and October include the following meetings that I will be participating in: Council of Specialties in Professional Psychology (CoS), Council of Chairs of Training Councils (CCTC), Committee for the Advancement of Professional Practice (CAPP), Board of Educational Affairs (BEA), and Association of State & Provincial Psychology Boards (ASPPB).

David R. Cox, PhD, ABPP
Executive Officer, ABPP Board of Trustees
Editor’s Column
By Kristine T. Kingsley, PsyD, ABPP

I hope you are all enjoying the first few weeks of a new, exciting academic year ahead. Personally, I always find the fall to be a great time for one to set new professional and personal goals.

I am very thrilled to present to you the latest edition of the Specialist. You have answered the call; we received so many great stories, articles and comments, that unfortunately, we were unable to accommodate all of them. We appreciate all the “energy, and thought provoking pieces. We hope to introduce more ABPP specialists in future newsletters.

This issue highlights a breadth and depth of topics from our diverse sub-specialists. There are news from our Board of Trustees representatives, and specialty presidents. There are stories on spirituality, forensics, health, military psychology and of course updates on the professional activities you and your colleagues are engaged in. I hope you enjoy the newest edition, and please do not forget to provide us with feedback. Furthermore, I hope these submissions inspire you to promote ABPP among your colleagues who are contemplating of becoming board-certified. You may even consider ways in which you can contribute to the mission of ABPP by working with your respective specialty board(s), or with the BOT in some capacity.

At this time, I would like to personally thank several people for their continued support and invaluable consultation. The members of the Communications Committee (a big shout out to Drs. Ellen Snoxell and Kathleen Hart), our very own “Obi-Wan Kenobi” Dr. David Cox, and of course the tireless staff of ABPP central office-Nancy McDonald, Diane Butcher, Kathy Holland and Lanette Melville. I am forever grateful for your guidance.

All the very best,
By Kristine T. Kingsley, PsyD, ABPP

Submission Guidelines

- The theme and content of submitted articles should be consistent with ABPP interests and issues: specialization, credentialing, board certification, and the functional and foundational competencies. Questions regarding suitability for the Specialist and other questions may be directed to the Editor, a thespecialist@abpp.org.
- The BOT, Editor, or Communications Committee may initiate requests for submissions on particular themes and topics.
- The BOT, Editor, or Communications Committee may solicit or invite contributions from individuals and organizations.
- Unsolicited submissions will also be considered for publication, subject to the approval of the BOT, Editor, or Communications Committee.
Feature articles – maximum of 1000 words
Continuing education articles may be of any length
• Submissions may be edited for length and clarity.
• Submissions may be in any manuscript style appropriate to the content. APA Publications Manual style need not be followed.
• All submissions are subject to being linked to ABPP’s social media platforms.
• Submissions should be made by e-mail attachment in Word to the Editor’s attention at thespecialist@abpp.org. The submission attachment document itself should clearly identify the author(s).
• All submissions will be subject to review and acceptance or rejection by the BOT, Editor, or Communications Committee. Authors may be asked for revisions based on the review.
BOT Adopts New Mission Statement

By John Northman, PhD, ABPP
Chair, Strategic Governance Planning Committee

At its May 2018 meeting, the Board of Trustees voted to adopt the following as the ABPP mission statement:

"The American Board of Professional Psychology serves the public by promoting the provision of quality psychological services through the examination and certification of professional psychologists engaged in specialty practice."

This new mission statement more accurately reflects ABPP’s long-standing focus on examination and certification of specialists together with a broader focus on interfacing with the wider world of professional psychology extending beyond ABPP.

As ABPP further engages with the broader, outside world of professional psychology, the ABPP brand raises its profile in the public eye and its value to individual specialists. With enhanced visibility comes heightened awareness of the significance of specialty board certification. Penetration increases beyond the current 4% of licensed psychologists who are ABPP board certified. Penetration, visibility, and perceived value become self-reinforcing in a circular pattern. It’s a three-way “win” for individual specialists, for the public, and for ABPP.

Board of Trustees Diversity Committee
Survey of the American Board of Professional Psychology

By Joel Frost, EdD, ABPP - Debra Dobbs, PhD - Victor Molinari, PhD, ABPP - Katherine Jones, PhD, ABPP Christina Pietz, PhD, ABPP - Veronica Bordes, Edgar, PhD, ABPP - Rebecca Cicoria, B.S.

Having a competent and diverse workforce in psychology is very important to serve the unique needs of the varied individuals who seek psychological services. One domain of competence required of all psychologists is multi-cultural competence which reflects sensitivity to the uniqueness of all clients. In 2017, APA approved the “Multicultural guidelines: An ecological approach to context, identity and intersectionality” (APA, 2017), which strongly recommend attention to the various aspects of identity that are dynamic and fluid over time that encompass our perceptions of ourselves. Indeed, diversity and multiculturalism are broad concepts that include “dimensions of race, ethnicity, language, sexual orientation, gender, age, disability, class status, education, religious/spiritual orientation, and other cultural dimensions” (APA, 2002, pp.9-10).

The American Board of Professional Psychology is an organization that credentials licensed practitioners of 15 specialty member boards though a rigorous process of evaluation. It is one of two organizations that are sanctioned by APA.

Multi-cultural competence is a required domain to be examined for all ABPP specialties. In 2012, to identify the basic demographics of board certified specialists, the Diversity Committee of the Board of Trustees of ABPP
constructed and distributed a “Getting to Know You” survey of its membership. In 2016, a second more in-depth survey was conducted to determine if any changes had occurred in the demographics of those who are board certified. In addition to the demographics’ question, the 2016 survey also asked two open-ended questions regarding why individuals seek board certification and how well ABPP is doing regarding diversity issues.

The survey was posted on the ABPP website from October, 2016 to November, 2016. A total of 934 members completed the survey. The findings of the survey will be divided up into three sections: 1) demographics of ABPP members, and comparisons between the respondents of the 2012 and 2016 survey; 2) why individuals seek board certification; and 3) experiences of psychologists regarding how ABPP handles diversity issues. Qualitative analyses were conducted to analyze the two open ended questions.

Survey Findings:

1) Demographics:

The age of ABPP members ranged from the oldest at 97 years of age to the youngest at 32 years of age. Approximately one-third of the sample (29.30%), were between the ages of 60-69. The vast majority of respondents (69%) reported that they were a senior in their career, followed by mid-career (15%), and early (13.5%). The first doctoral degree was attained in 1950 and the latest was attained in 2013. To date, 6.5% of the membership reported obtaining their license through the early entry option.

There were 43.40% females and 55.50% males which represents an increase of females from the 2012 report when approximately only one-third reported being female. The majority of those sampled had PhD degrees (83.6%), with 12.6% of respondents holding a PsyD. Of the degrees that made up the category of “Other,” two individuals possessed a second degree of a J.D. (0.2%), and two individuals possessed a second degree of a doctorate in Theology (0.2%). Of the 934 respondents, 71 reported that they were physically challenged (7.6%). Hearing impairment was the most prevalent physical challenge (45.7%), followed by those with functional physical impairment (31.4%), and finally visual impairment (10%).

The place of origin of ABPP members was widely represented by countries from the regions of North America, South America, Europe, Africa, and Asia. In the category of “Other Countries,” Canada was most represented, and Germany was second-most represented. The majority racial background was White (86.7%). There were five other racial groups reported with Black, African American and Latina/Latino both reported as approximately 3% of the membership. This reflected an increase in other racial groups compared to the 2012 report whereby 88% were white, and 2% were Hispanic, Black and Latina/Latino. It is unclear if this is a true increase in the percent of other racial groups or that some of the increase is due to a lower ‘no response’ category compared to 2012.

Ninety-five per cent of the ABPP respondents had English as their first language and 2% had Spanish as their first language. Of the “Other” languages category, French was represented the most (0.5%) followed by Russian and Greek with both (0.3%). Over 11% were Bilingual and 3.7% were Multilingual (greater than 2 languages). Nine percent (N=83) of the respondents answered ‘yes’ to providing psychological services in another language. Spanish represented the other language spoken with the largest number of members (n=50) followed by French (n=9) providing psychological services where either they spoke the language or with a translator.
2) Why individuals seek board certification:

An open-ended question, “Why did you become board certified?” was asked of the members surveyed. A two-person coding team independently coded each of the responses and then met to reconcile the coding differences and decide on the final categories. Ten themes were identified (in order of prevalence in quotes):
1. Recognition as a specialist (e.g., “to establish to my peers that I knew what I was doing.”)
2. Job requirement (“needed appropriate credential for being a director of an APA-accredited psychology internship program in clinical psychology.”)
3. Professional standard/expectation (“It represents the highest standard of credentialing.”)
4. Encouragement from mentor (“the encouragement of a mentor who had board certification.”)
5. a) Advance professionally (“wanted to increase my leadership potential.”); b) Financial compensation (“insurance reimbursement.”); c) Expand job opportunities (“ability to get reciprocity with additional states.”)
6. Peer review (“Peer review process serves to ensure further demonstration of at least minimal competence.”)
7. Improve skills in specialty area (“Desire to attain advanced training and knowledge in the area.”)
8. Role modeling, (“role model for junior colleagues and graduate students.”)
9. a) Professional development (“professional growth”); b) Professional networking (“I also wanted to have a group of colleagues in my area of specialty with whom to consult and increased opportunities for learning and training.”)
10. Other personal reasons (“the challenge”; “As a woman I needed an extra credential to be equal with the men.”)

3) Recommendations for ABPP on Increasing Diversity:

An open-ended question asked ABPP members to describe their experiences with ABPP related to diversity. Many of the responses were rich and enlightening. Table 1 provides sample quotes of the major themes regarding ABPP and diversity.

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<th>Theme</th>
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<tr>
<td>Active outreach and mentoring needed</td>
<td>“There is a need to form working and/or official relationships with APA, NPA, plus relationships with other national/international ethnic/cultural psychology associations and with State Psych associations, in divisions or sub-groups focused on diversity. Associations with APA divisions or associations focused on religion.”</td>
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<td>“Informational presentations about ABPP at all graduate schools that have primarily persons of non-white ethnicities; liaisons to Black and Hispanic and Asian psychologist organizations.”</td>
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<td>“I think we should be mindful of diversity based on low-income (SES) as well as religion too. We tend to ignore these areas of diversity. Reaching out to these groups would be good to do via various means (e.g., APA Div 36).”</td>
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<td>“Maybe ABPP could emphasize more international connections in meetings and programs and projects, creating some REAL life experiences.”</td>
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<td>• Better use of technology and website resources.</td>
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<td>Suggestion</td>
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| ABPP already does a good job - continue with current activities. | “The examination process certainly required awareness and thoughtfulness regarding diversity (both in the written and oral portions), which I thought was good.”  
“I am aware of recent diversity-related awards by ABPP.”  
“Continue doing what you are doing.”  |
| Make it more affordable  
• Fee hardship program  
• Mentors help defray costs | “Financial aid to doctoral students and awards to minority students would also help.”  
“Make board certification less expensive and it should require less travel.”  |
| ABPP lacks diversity | “ABPP needs to be much more welcoming than is currently evident. The website seems devoid of diversity content including pictures. Recommend APA Division 17 and National Register websites.”  |
| Need more diverse speakers/mentors/leadership in ABPP activities | “ABPP leadership needs to reflect the diverse populations you are trying to incorporate with more ethnic minorities and PsyDs.”  |
| Develop initiatives specific to diversity  
• Include more diversity content as part of written and oral certification requirements  
• Workshops at conferences  
• Offer exam in Spanish  
• Offer CEUs related to diversity | “I would say that most of my colleagues do not know what is Board certification in our profession. I know of only one colleague from a minority group who is Board certified. There just needs to be presentations offered by Board Certified colleagues given along with materials at our state conventions or workshops.”  
“I haven’t attended any of our conventions because the agendas fail to capture topically areas related to diversity. My clinical and research interests are in these areas and I would feel more supported by ABPP if these issues were included.”  
“Offer training/CE to board certified specialists in areas of diversity and individual differences.”  |
| ABPP should not focus too much on diversity - maintain standards | “Need to focus on standards, not diversity.”  |
| Have not thought about diversity | “I am retired, have not given much thought or experienced the issue of diversity.”  |
It’s obvious that increasing the diversity of its membership remains a challenge for ABPP. There are a wide variety of reasons why psychologists become board certified, and one of the goals of diversity outreach will be to widen our net and tailor our message to help all psychologists understand the value of the ABPP credential. Scholarship opportunities are being discussed by the ABPP Foundation and the ABPP Board of Trustees to make the process more affordable for those from low incomes who may need to pay off high levels of debt. Workshops on diversity presented by diverse faculty may be ideal ways to promote the relevance of board credentialing among those poorly represented.

The ABPP BOT has recently acknowledged the value of assessing the demographics of the ABPP membership every four years, and the 2012 demographic assessment has now been established as a baseline by which future surveys will evaluate the effectiveness of the Diversity Committee’s efforts to increase the number of diverse ABPP certified members. The diversity committee plans to follow-up on the insightful recommendations of its membership. For example, at our request, the BOT has affirmed the need to attend to diversity and multiculturalism in examination manuals and examinations. We have also requested each specialty to describe their diversity efforts. Indeed, the diversity committee has become increasingly active, and we will be informing the ABPP membership about our activities, as well as about diversity in general on a regular basis in the *Specialist*. We ask the membership to continue to keep us apprised how ABPP is doing regarding diversity issues.

**References**


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Dr. Michael Tansy, Past ABPP BOT President introducing Brenda J. Spiegler, PhD, ABPP the 2018 “Distinguished Service and Contributions to the American Board of Professional Psychology” – Russell J. Bent Award

Arthur M. Nezu, PhD, DHL, ABPP receiving the 2017 “Distinguished Service to the Profession Award” from Dr. Michael Tansy, Past ABPP BOT President
The American Board of Clinical Psychology (ABCP) is pleased to report that our newly restructured board is up and running, working to recruit candidates for board certification and provide services to our specialists who are Board Certified in Clinical Psychology. You may recall that in 2017 the American Academy of Clinical Psychology (AACP) rescinded their agreement to merge with ABCP and announced their decision to disaffiliate with ABPP. As a result, ABCP developed a newly configured board structure to assume the functions that had been previously under the purview of the Academy (AACP).

Prior to the disaffiliation by AACP, the ABPP Board of Trustees (BOT) had approved a new governance structure with a mandate to merge examining board and academy board functions within ABPP by May 2017. The ABCP revised its bylaws to establish the new board structure (Suris, 2017). The BOT reviewed and approved the updated ABCP bylaws and the new bylaws were sent to all Clinical Specialists.

ABCP sent out a call for nominations to all members for three new Academy Board positions to encompass the previous Academy functions of: 1) Education, 2) Marketing, and 3) Membership. Our Nominations Committee reviewed applications and made recommendations to the Clinical Board. We voted to elect the finalists for the three new positions. We provided an orientation process to enable them to begin their terms in January, 2018 with a readiness to assume their new roles and functions. Each of the new board members has recruited and established subcommittees to accomplish goals and tasks in their assigned areas, in an effort to provide robust, efficient, and effective services to our specialists in Clinical Psychology.

At our April, 2018 biannual board meeting in Washington DC, we heard initial reports from each of the three new board members. They provided details of their initiatives and plans, and we worked together to refine short and long-term goals for each of their subcommittees. We are pleased to report that our new board members are visionary, energetic, committed, and fully engaged in a collaborative process of working with the newly merged board to create excellent services and outcomes for our Clinical Specialists.

We would like to introduce our new board members and encourage you to reach out to them if you would like to volunteer your services on their respective subcommittees or offer them ideas and resources for their work on behalf of ABCP.

Edmund Neuhaus, PhD, ABPP (ABCP Board Member at Large) is chairing the Education Subcommittee. Ed is Chief Clinical Officer of Community Intervention Services, a national behavioral healthcare system, where he is responsible for setting strategy and implementation of quality of care initiatives, outcomes, and clinical training for services provided by 2000 clinicians who serve 40,000 patients annually. Over his career, Ed has been an independent private practitioner, held an academic appointment on the clinical faculty at the Harvard Medical School Department of Psychiatry, and maintained a joint appointment at the McLean Hospital Psychology Department for over 25 years. He is a former Co-Director of the Training Program in Clinical Psychology at McLean Hospital where he helped establish McLean’s psychology internship as a nationally recognized CBT training program. As founder and CEO of Atheneum Learning, providing comprehensive online
training in CBT for mental health professionals, and in his role as Chief Clinical Officer, Ed has put forth core competency approaches (knowledge, skills, and attitudes) to enhance the effectiveness of clinical training. As such, Ed has extensive experience in utilizing the most current eLearning technologies to develop and implement online training programs, as well as assess core competencies. He has been board certified in Clinical Psychology since 2005 and has served on and chaired numerous ABPP examination committees. Ed “lives and breathes education and training.” The long term goal of the Education Subcommittee is to develop contemporary and relevant educational offerings for board certified clinical psychologists to enhance our competencies and to provide benefits to members. The committee's short term goal is to develop an online continuing education course to train new examiners for board certification in clinical psychology and to update experienced examiners. (Ecn579@gmail.com)

Jennifer (Kim) Penberthy, PhD, ABPP (ABCP Board Member at Large) is chairing the Marketing Subcommittee. Kim is Chester F. Carlson Professor of Psychiatry & Neurobehavioral Sciences at the University of Virginia, School of Medicine where she has served on the faculty since 2000. Kim is an active member of APA Division 12, serving as its current APA Council representative and the Chair of the Division 12 Diversity Committee. Kim has also served on the Continuing Education Committee for the American Psychological Association since 2014. She is the current President of the International Cognitive Behavioral Analysis System of Psychotherapy Society. Kim says, “I work in a busy University Medical Center, where it is expected that all licensed clinical professionals are board certified in their area of specialization,” and “I feel strongly that as a board certified clinical psychologist it is incumbent upon me to help promote knowledge about the importance of board certification to my psychology colleagues.” The Marketing Subcommittee's long term goal is to promote an increase in board certification in clinical psychology by networking with other professional organizations. Their short term goals are to initiate outreach to health service providers and academic psychologists through targeted listservs to recruit psychologists in leadership positions to become board certified; to contact relevant APA divisions and request that they add board certification as a requirement or desired qualification for nomination to fellow status; and to work with the new marketing firm to be hired by ABPP to support and coordinate marketing initiatives. (jkp2n@hscmail.mcc.virginia.edu)

Leo Caraballo, PsyD, ABPP (ABCP Board Member at Large) is chairing the Membership Subcommittee. Leo is a clinical psychologist providing inpatient mental health services at the Phoenix VA Health Care System. He is the current President Elect for the Arizona Psychological Association (AzPA). Leo was recruited into the presidency of his state psychological association after serving as the Membership Representative, Chair of the Membership Committee, and Chair of the LGBTQ Committee for AzPA. He is the 2018 winner of the ABPP Early Career Diversity Award to be conferred at the APA annual convention in August. Leo is an early career psychologist who became board certified in clinical psychology in 2017. Leo says that through his work with AzPA, “I have learned several methods for improving member engagement and would like the opportunity to utilize these skills to enhance the growth and recognition of board certification in clinical psychology.” The long-term goal of the Membership Subcommittee is to work with the Marketing and Education Subcommittees to develop and promote benefits to members of our clinical specialty. Their short-term goal is to develop priorities and highlight member benefits on the ABPP website and through other communications.

ABCP encourages our Clinical Specialists to contact our new board members if you are interested in joining their committees and/or contributing your ideas and resources.

Reference:

Historically, the relationship between clinical psychology and spirituality/religion has been complex. On the one hand, prominent leaders in the field such as Sigmund Freud and Albert Ellis outright pathologized religious beliefs and practices. Yet others of renown such as Carl Jung and William James viewed this domain as necessary for the experience of happiness. Perhaps because of this complexity, the status quo among clinicians is to ignore spiritual/religious issues in evidence-based practice, and neglect training in this area. Current data suggests that about one fifth of Cognitive Behavior Therapists rarely or never inquire about spiritual life, and nearly three quarters have received little-to-no training in this area (Rosmarin, Green, Pirutinsky, & McKay, 2013).

However, the overwhelming majority of Americans profess clear spiritual/religious convictions: 58% pray at least once per day and 39% attend religious services at least once per week (Pew Research Center, 2009). More importantly, three decades of psychological science has linked spirituality and religion to mental health. This domain consistently buffers against substance abuse (Kendler, Gardner, & Prescott, 1997), depressive symptoms (Smith, McCullough & Poll, 2003), and suicide (VanderWeele, Li, Tsai, & Kawachi, 2016), and it is one of the most commonly drawn upon coping resources (Schuster, et al., 2001). At the same time, spiritual struggles involving negative beliefs about God or feeling disconnected from one's spirituality are known predictors of emotional distress (McConnell, Pargament, Ellison & Flannelly, 2006), and are even associated with illness-related mortality (Pargament, Koenig, Tarakeshwar, & Hahn, 2001). It is therefore not surprising that according to national estimates, more than 50% of mental health patients wish to address spiritual matters in treatment (Rose, Westefield, & Ansley, 2001). Further, Americans are considerably more likely to seek emotional support from clergy (25%) than mental health professionals (16.7%) even for impairing mental disorders (Wang, Berglund, & Kessler, 2003).

All of this behooves clinicians to embrace the complexity of spirituality and religion in clinical practice, and develop basic core competencies in how to address this domain.

Fortunately, developing spiritual and religious competencies is surprisingly simple. The main issue is whether clinicians are willing to meet patients on their terms and address this domain in practice. In essence, there are three main ways in which spirituality/religion relates to mental health. (1) First, it can serve as a resource to provide meaning, purpose, and happiness. For example, a chronically depressed patient may report that she used to have regular religious practices which she found to be helpful, but they have fallen to the waist-side in the context of worsening sadness and anhedonia. (2) Second, spirituality/religion can create confusion, emotional distress, and pain. For example, a patient with generalized anxiety disorder may report that he has core beliefs of God being punitive and unfair, which in turn generate situation-specific appraisals of excessive threat. (3) Third, spirituality/religion can color the presentation of certain symptoms such as religiously themed obsessions and compulsions (scrupulosity), hyper-religious manic behavior, or religious delusions of grandeur or persecution. For example, an individual with Obsessive Compulsive Disorder may describe ego-dystonic obsessions related to ritual impurity, and report that he engages in compulsive religious cleansing rituals to rid himself of the anxiety-producing thoughts. Needless to say, for many patients two or even all three of these effects are apparent: Some individuals both benefit from spirituality/religion while simultaneously experiencing other aspects of this domain as a stressor. And both positive and negative effects of spirituality/religion on mental health can occur in the context of religious- or non-religious symptoms. Thus, a starting point for practitioners is simply to assess how a patient's spirituality/religion may be related to their mental health, and the extent to which spiritual aspects of life are functionally tied to presenting problems.
The above common examples underscore that spirituality/religion is not fundamentally different than any other area of life. Just as our perceptions of ourselves, interpersonal relationships, economic and social circumstances, and countless other facets of life can impact mental health in positive and negative ways and also color the way in which symptoms manifest, so too can spirituality/religion be functionally linked to emotional states. Thus, in terms of clinical practice, the only fundamental difference between spirituality/religion and other areas of life is that when it comes to this domain there is a clear disparity between patients’ needs and preferences and our competency to address it. This disparity is ironic when one considers that the literal translation of Psyche (the root of psychology) is “the human soul or spirit.”

*Spirituality refers to any way of relating to that which is regarded as sacred or connected to a higher reality. Religion refers to institutionalized or culture-bound ways of relating to that which is regarded as sacred. So, in essence, religion is a subset of spirituality (Rosmarin, 2018).

Author Bio

**David H. Rosmarin, PhD, ABPP** is an Assistant Professor at Harvard Medical School and Director of the Center for Anxiety, which has offices in Manhattan, Brooklyn, and Rockland County. He is also the author of *Spirituality, Religion & Cognitive Behavioral Therapy: A Guide for Clinicians* (Guilford Press, 2018).

References


New Issue; Same “Irreconcilable Conflicts”
By Bob Stinson, PsyD, J.D., LICDC-CS, ABPP (Forensic)

More than 20 years after Greenberg & Shuman (1997) published their seminal work on “Irreconcilable Conflicts Between Therapeutic and Forensic Roles,” many therapists continue to struggle to avoid the perils that come with simultaneously engaging in therapeutic and forensic roles. The latest trend in this struggle has to do with emotional support animals (ESAs) and who should sanction the use of ESAs for individuals requesting such.

Use of ESAs is not new, but airlines, in particular, have seen an influx of animal travelers in recent years. Reports have indicated a 150% increase in service animals in flight in the last 3 years and “animal incidents” have increased 84% in the last 2 years (Bachman, 2018). It has become a bit of a zoo in the air, as kangaroos, pigs, ducks, turtles, and a miniature horse—in addition to other animals and the expected cats and dogs, have flown under the guise of ESAs. Delta airlines has reported that customers have attempted to fly with comfort turkeys, gliding possums known as sugar gliders, snakes, spiders, and more (Bachman, 2018). A woman attempted to fly on United Airlines with a peacock (Silva, 2018).

So who’s approving all these critters to fly? It should be forensic psychologists, as such matters are squarely in the realm of forensic psychology. Forensic Psychology “refers to professional practice by any psychologist working within any sub-discipline of psychology (e.g., clinical, developmental, social, cognitive) when applying the scientific, technical, or specialized knowledge of psychology to the law to assist in addressing legal, contractual, and administrative matters” (APA, 2013). In the case of ESAs, the “legal, contractual, and administrative matters” are rather complex and can involve matters concerning the Americans with Disabilities Act, the Fair Housing Act, the Rehabilitation Act of 1973, and the Air Carrier Access Act.

More and more, however, therapists—in their brick and mortar offices and through online services—often with no competence in the matters, are offering or being asked to offer the service that provides a person with a certificate allowing the pet owner to travel with his or her pet. For $199.99, I was able to obtain two letters from an Ohio counselor (whom I never met and with whom I never spoke) working through CertaPet (an online service), saying that I have a disability under the Americans with Disabilities Act, the Fair Housing Act, and the Rehabilitation Act of 1973 (I don’t); that I have limitations in coping due to my illness (I don’t); that an emotional support animal would assist me in coping (it wouldn’t); that the counselor prescribed me an emotional support animal (I never met the counselor); and that the presence of the emotional support animal (my 50 pound boxer, Mugs—who has no special training to be an emotional support animal) is necessary for my mental health (he’s not). Accordingly, the letters were authorization for Mugs to travel with me in the cabin of an aircraft in accordance with the Air Carrier Access Act (49 U.S.C. 41705 and 14 C.F.R. 382) and to join me in any dwelling unit in which I wished to live (in accordance with the Fair Housing Act).
Mixing the therapeutic and forensic roles are, as Greenberg & Shuman (1997) and many others since then have pointed out, irreconcilably conflictual. Psychologists violate the Ethical Principles of Psychologists and Code of Conduct (EPP&CC) of the American Psychological Association (APA) when they enter into a multiple relationship, if the multiple relationship could reasonably be expected to impair the psychologist’s objectivity, competence, or effectiveness in performing his or her functions as a psychologist; otherwise it risks exploitation or harm to the person with whom the professional relationship exists (APA, 2017). Moreover, Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience (APA, 2017). Thus, therapists who venture into the business of opining on the need and appropriateness for ESAs may be violating multiple ethics standards.

It may seem that it does not matter and there is no harm in people flying with their pet, whatever its pedigree. However, the problems are real and include urine, feces, and aggression on-board. The question begs to be answered if a negligent therapist, prescribing an unfit emotional support animal to fly alongside other passengers, bears some responsibility for injuries that may follow from animal attacks and the like.

Moreover, over-reaching can cause a disservice to those who have real and documented needs—from attacks on the legitimate service animals to increasing regulatory burdens (due to abuses) on those in legitimate need.

In short: (1) Therapists who assess patients for the need for an ESA are engaging in the practice of forensic psychology. (2) They are reminded here that their therapeutic roles and such forensic roles are irreconcilably conflictual (Greenberg & Shuman, 1997) and, therefore, should be avoided. (3) It is arguably a violation of the APAs EPP&CC, potentially inviting ethics complaints and state board sanctions. (4) It can result in dangers to others, potentially leaving the psychologist vulnerable to civil liability claims. (5) Finally, it can, in the end, prove to be a disservice to all those who legitimately need emotional support animals.

Bob Stinson, PsyD, J.D., LICDC-CS, ABPP. Dr. Stinson is a board-certified forensic psychologist, an attorney at law, and a licensed independent chemical dependency counselor – clinical supervisor. Dr. Stinson is listed in the National Register of Health Service Providers in Psychology. He is a Fellow of the American Academy of Forensic Psychology (AAFP) and a Diplomate in forensic psychology with the American Board of Professional Psychology (ABPP). Dr. Stinson worked for 15 years on a forensic unit at Twin Valley Behavioral Healthcare (an inpatient psychiatric hospital, serving the severely mentally ill), where he also served on the hospital’s Ethics Committee for a number of years, chairing it for his last two years. Now, Dr. Stinson is the Chief of Behavioral Health Services for the Ohio Department of Youth Services. He provides training and supervision to students, interns, and post-doctoral residents. He lectures across the country in the areas of mental health law and ethics. He is an Adjunct Professor of Clinical Psychology at Wright State University’s School of Professional Psychology and The Ohio State University Department of Psychology, he is a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Health at The Ohio State University Wexner Medical Center, and he is an Adjunct Professor of Law at The Ohio State University’s Moritz College of Law. Dr. Stinson holds membership in several legal and psychological professional associations, including APA (and several of its divisions), OPA (where he serves on the Board as President and is a member and past-chair of the Ethics Committee), OSBA, and COPA (where he once served as the President of the organization). Dr. Stinson also maintains a private practice, providing consultations and evaluations, specializing in clinical and forensic psychology; in his law practice, he represents professionals as it relates to licensing boards and related matters.
Board Certification in the Military

By CAPT Carrie H. Kennedy, PhD, USN, ABPP
Board Certified in Clinical Psychology and Police and Public Safety Psychology
Division Chief, Psychological Health Center of Excellence, Defense Health Agency

Board certification in the military is becoming increasingly normalized. But, it wasn't that long ago that military psychologists were held to lower standards than civilian psychologists. Specifically, there was a period where military psychologists were permitted to practice unlicensed (up to July 18, 1988; Jeffrey, 1989) despite the fact that 32 states had enacted licensure legislation by 1967 and all states, as well as the District of Columbia, had legislation by 1977 (https://www.apa.org/about/policy/model-act-2010.pdf).

However, these standards have equalized and only 6 years after requiring all military psychologists to be licensed, the military began to provide between two and five thousand dollars annually to its board certified psychologists (dependent on how many years the psychologist had served) sending the clear message that advanced credentials were important to military medicine. In 2009, the amount of the bonus was increased to a blanket six thousand dollars annually for any board certified psychologist, to bring the bonus payment in line with the board certification pay of physicians. One potential outcome of the bonus is that the military is leading civilian psychologists in rates of board certification.

In 2017, approximately 4% (i.e., 3,900) of licensed psychologists in the U.S. were board certified (http://www.apa.org/monitor/2017/09/datapoint.aspx). However, proportionally the military rates are substantially higher. Fourteen percent of the Army’s 185 eligible psychologists are board certified, with an additional 20 psychologists in the board certification pipeline. Nineteen percent of the Air Force’s 285 eligible psychologists are board certified as well as 22% of the Navy’s 175 eligible psychologists.

References:


Most board certified military psychologists are boarded in clinical psychology, however, with the growing number of certified psychologists, more are getting certified in other specialties. Throughout the services, there are military psychologists boarded in clinical, child and adolescent, neuropsychology, health, counseling, behavioral and cognitive, organizational and business consulting, forensic, and police and public safety.

What has resulted in the higher rates of board certification? A completely unscientific poll of Navy psychologists indicated that the primary reasons were the bonus money and to achieve the highest credential in the field. Secondary reasons were licensure mobility, to increase employment options after leaving military service, and to increase promotion chances within the Navy.

It doesn't hurt that the military helps to fund the board certification process and considers time spent traveling to and attending the oral board a place of duty. In other words, military commands fully support military psychologists becoming board certified given the higher levels of competence it brings to military medicine and to our service members and their families.

Reference:


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The Role of ABPP in a National Call to Action in Pain Psychology

By Kimeron Hardin, PhD, ABPP, ABCHP

It is with great excitement and anticipation that I wait for the new sub-specialty within the American Board of Clinical Health Psychology (ABCHP) for Family Medicine to fully launch. As health care in the U.S. continues to change, the field of psychology will change as well.

As a psychologist who has worked primarily within medical settings for most of my career, it was always a goal for me to pursue certification through the American Board of Professional Psychology (ABPP) as a way to differentiate me, and my specialized experience, from non-health psychologist professionals in a way that was meaningful to my medical colleagues. I chose specialty board certification in clinical health psychology, both as a professional cap to my career and to help physicians and other health care professionals understand that my competence extends into the realms of health and wellness. I chose it also because, with the traditional medical model, board certification carries an assumption of excellence of care.

My graduate training and medical psychology internship prepared me well for the practice of health psychology. Yet, as I found myself working almost exclusively in the field of pain management, I found that I was unprepared initially to work competently. I knew nothing practical at the time about opiates or epidurals or neuro-stimulators, nor did I understand the hope or limits of morphine pumps or the existence of adjacent segment syndrome. I found myself having to go well beyond the basics of my health psychology training to absorb many layers of pain management simultaneously.

Within the first two years of my postgraduate career, I was offered a full-time job in a university pain center, only to be heavily recruited to develop and direct a multidisciplinary pain program several hundred miles away. I wanted to believe at the time that it was because of my exceptional skills as a pain psychologist, but I now realize it was
because at the time, there was a dearth of psychologists experienced or interested enough to take the plunge into full time pain work.

My almost 30 year journey from those early years has included almost daily “catch up” learning, about the biomedical models of pain and watching as they have evolved into more complex biopsychosocial approaches to understanding pain and our human reactions to this sensory stimulation. I was fortunate to start this process in academic centers where I had the opportunity to watch and learn about the short and long term impact of medications for pain reduction and the potential benefits and risks of interventional procedures and surgeries. I was fortunate enough to “scrub up” along the way to watch my fellow medical professionals inject or implant, fuse or replace, parts of the body identified as damaged or diseased. I have also been fortunate that some of my greatest teachers about pain were my thousands of clients over the year whom shared their journeys of suffering, coping and oftentimes, transformation.

As a part of my own learning process, I have attempted to share what I have learned with other psychologists, trainees and students with an interest in pain psychology. For most of my career as a pain psychologist, I worked alone, typically the sole psychologist in an academic or community based pain clinic or hospital. In 1995, I began to notice the professional isolation as a pain specialist and I made my first attempt to put together a network of other isolated pain psychologists that I learned about, usually by chance, in the area. With some effort, this loosely organized group of around 30 psychologists working in pain, finally met for an inaugural dinner and lasted a little over a year before the demands of our practices and the geographical distances ground the experiment to a halt. The field of pain management as a medical specialty was new and exciting, growing rapidly but not yet fully developed, and the role of the pain psychologist was not well defined, or particularly well reimbursed.

There were other organizations in pain the included psychologists in the discussion including the American Pain Society, American Academy of Pain Medicine and the American Academy of Pain Management. These great organizations have been hugely supportive allies to our work, yet remained primarily driven by medical professionals on their terms and with a focus on pain psychology as adjuncts to biomedical approaches rather than as professionals whose contributions may be the primary focus of treatment.

It was not until 2009, until I summoned the energy, along with my colleague, Ravi Prasad, PhD, the assistant director of the Stanford Medical Center Pain Management Center and Greg Garavanian, PsyD, local pain pioneer, to try to start an organization exclusively focused on pain psychology as a subspecialty within health psychology that is worthy of its own research, standards of care and unique training experiences. For the past eight years, we have slowly created a sustainable and now growing organization at the local level, to focus exclusively on the needs of psychologists working in pain management, known at the Northern California Association of Pain Psychologists (NCAPP). Our early focus has been to create excellent continuing education training experiences for psychologists in the area that are interested in pain and to try to begin the process of developing standards of care for the practice of pain psychology.

It is estimated that there are one hundred million people living with pain in the U.S., 30 million of which are in severe pain at a cost of over $500 billion per year. It is estimated that there are at least two million people who are dependent upon prescription opioids and an estimated 22 thousand opioid deaths per year.

In response to the explosive growth of pain management as a medical specialty, organizations, such as APA's Division 38 Pain Interest Group, have developed to recognize the need for specialty training and credentialing in pain psychology.
In their recent study, *Pain Psychology: A Global Needs Assessment and National Call to Action*, Beth Darnall et al. (2016) using a brief online survey of psychologists and therapist, pain patients and physicians, nurse practitioners and directors of graduate and postgraduate training programs, found multiple barriers to effective pain psychology practice including lack of a systematic way of identifying qualified behavioral specialists, a general lack of therapists with pain training and poor insurance coverage. The authors call for a “transformation with psychology pre-doctoral and post-doctoral education and training and psychology continuing education to include pain issues and effective behavioral pain management strategies. The authors also issue a call for a system of certification for quality control of pain psychology services, which leads us to the role of ABPP in this process.

In my opinion, effective pain psychology begins with sufficient clinical health psychology training and proficiency. I was personally happy to meet the qualifications for ABPP through the ABCHP and I have lobbied many of my West coast colleagues to take the plunge into the ABPP process. I believe that the increasing integration of psychology into the medical model, already diversified through many specialty and subspecialty boards, will lead our field into equally diversified sub-specialization. In a competitive professional world, I am happy to say that I have gone beyond the minimum licensure process to pursue board certification in my field. In my specific part of the country, I hear a recurring plea from insurers from across the state who are looking for psychologists with pain expertise, but not standardized way of identifying them.

I believe that ABPP and ABCHP are the best prepared organizations at this point in time to lead us to board certification for highly skilled subspecialists. Happily, ABCHP has started this journey by creating subspecialization in family practice. I hope that pain psychology is not far behind.

**Kimeron Hardin, PhD, ABPP** is a board certified health psychologist and is the co-founder of the Northern California Association of Pain Psychologists in the San Francisco Bay Area. He also was the co-author of The Chronic Pain Control Workbook (2nd Edition). He is currently the clinical director of the Spine Pain and Rehabilitation Program in Redwood City, CA and is in private practice. He also is a CBT instructor for clinical research programs in the Stanford Neuroscience & Pain Lab in Palo Alto, CA and he is a mentor and practice sample reviewer for ABPP Clinical Health candidates.

**Reference:**
Cognitive and behavior therapy and integration into primary care: A psychologist reflects back

By Robin A. Chapman, PsyD, ABPP, Clinical Psychologist
St. Thomas Community Health Center

A student’s questions about my role as a psychologist, initially caught me off guard. “How did you get interested in cognitive behavior therapy?” “Why do you practice cognitive behavior therapy with health center patients?” I had not recently given these seemingly naive questions much thought. I provided the student with routine answers about the efficacy of cognitive behavior therapy and effectiveness of integrated care. This prompted a backwards review of my development as a cognitive behavior therapist, working in community health care center.

Practitioners of cognitive behavior therapy and health psychology are eligible for board certification in their areas of practice by the American Board of Professional Psychology. This is an indication of the growth and importance of these two areas of practice.

As I looked back on my journey to the present, I became aware of many shorter side trips and paths with dead ends. Of course, I am not the only psychologist to embark on this journey, as many others may have traveled a similar path. Stephen Hayes (2004) has described the three waves of behavior therapy, beginning with operant and classical conditioning, then the inclusion of cognitive factors and finally acceptance and mindfulness. Hayes model provides a useful model to view to my journey.

All journeys have a beginning. This journey begins as a psychology undergraduate student. I was drawn to the works of B.F. Skinner and operant conditioning and Joseph Wolpe's systematic desensitization. Reading the research and writing on the subjects of token economies and self-management fascinated me. My undergraduate psychology program provided experience at a state hospital, where I observed and implemented some basic behavioral treatment. I left this experience impressed and convinced that behavior treatment was effective. This experience paralleled the first wave or generation of behavior therapy based on operant and classical conditioning.

When I entered graduate school in the 1980’s, the impact of the second wave of behavior therapy, marked by the inclusion of cognitive factors was well underway since the 1970’s. Albert Bandura’s Social Learning theory was considered one of the cornerstones in the consideration of cognitive factors. Albert Ellis, Aaron Beck and Donald Meichenbaum, all presented attractive theories and treatment models based on behavioral and cognitive perspectives. I exhausted the cognitive and behavior classes in my graduate school curriculum. My academic advisor then recommended health psychology classes. He explained “health psychology uses many cognitive behavioral approaches for treatment of medical disorders.” This observation proved accurate as many of my health psychology classes focused on treatment based on behavioral and cognitive principals. One of the health psychology instructors taught classes in meditation and clinical hypnosis, which became future pursuits. My clinical dissertation was a study of Donald Meichenbaum's “Stress Inoculation Training”, as treatment for essential hypertension.

My internship at the Boston Outpatient VA center provided my introduction to applying cognitive and behavior principles in the treatment of patients. The VA provided each intern with several clinical supervisors depending on their interest. I was paired with psychologists who identified their therapeutic orientation as cognitive behavior. While some of the veterans met criteria for health psychology approaches, this internship was focused on cognitive behavioral therapy applied to mental health diagnoses.
One of my first positions was in a large medical center in Chicago, Illinois. The medical center had a counseling department that provided treatment using health psychology principals and treatment. The director of this center used many behavioral and cognitive principles along with clinical hypnosis. This sparked my interest in the integration of clinical hypnosis and cognitive behavioral therapy. I found the use of cognitive reframing and imagery to be consistent with hypnotic approaches. While our department was co-located within the medical center, the psychology services were not integrated within primary care. Our program provided services to both patients with mental and medical diagnoses, such as pain, essential hypertension, Raynaud syndrome, and chemotherapy related nausea.

Around that time, I began to teach graduate level classes in cognitive behavior therapy and realized the need for additional post graduate training. The Adler Professional School of Psychology had posted a flyer advertising a certification course in cognitive behavior therapy taught by Arthur Freeman. This offered me a chance to study cognitive behavior therapy on a comprehensive level. After completing the course, Art Freeman introduced me to the board certification process in cognitive behavior therapy, and remained my mentor throughout. Working with Art Freeman and preparing for this certification was one of my most rewarding and enlightening experiences. This completed the second wave of behavior therapy training, and I was now using cognitive and behavior approaches, together.

The third wave, with its emphasis on acceptance mindfulness did not fully crest for me with my primary care patients (DiTomasso, Golden & Morris, 2010). Instead I began to use clinical hypnosis and meditation/mindfulness with many of my health psychology patients along with the cognitive behavior treatment. I finally found myself working in a community health center focusing in behavioral health and supporting primary care clinicians. I have been using cognitive behavioral strategies along with clinical hypnosis and meditation/mindfulness with patients with diabetes, hypertension and pain. More recently, I have become intrigued with ACT- and its underlying adherence to operant conditioning principles. Interestingly, I began my career in psychology attracted to B.F. Skinner’s work and find myself visiting these early interests in a different light. I would have never thought about my professional development in this light, until my student inquired about my interests and training.

References:


School Specialist Receives Fulbright, Attests to Value of ABPP

By Fredrick A. (Fred) Schrank, PhD, ABPP

Dr. Schrank, a board-certified specialist in school psychology, was recently named a J. William Fulbright Specialist, by the U.S. Department of State, Bureau of Educational and Cultural Affairs. The Fulbright Specialist program selects highly qualified academics and professionals to represent the United States training mission in their respective specialty area, and to offer project-specific services and consultation to foreign educational or cultural institutions. Fulbright awards are often considered to be among the most prestigious honors in the world. In this capacity, Dr. Schrank, who is currently hosted by the School/Applied Child Psychology program of McGill University in Montreal, Quebec, is busy delivering guest lectures and is working collaboratively with faculty on curriculum development in cognitive assessment and related educational interventions.

Dr. Schrank suggested that attainment of specialty certification from the ABPP fostered his professional growth. He believes this to have likely enhanced his Fulbright placement to a world-class university, which lays claim to a distinguished history in the domains of cognitive psychology, neuropsychology, and developmental psychology. McGill's request to the Fulbright Commission included a citation that Fred had obtained the highest professional psychology practice credential in the United States and also noted that he had demonstrated leadership roles in the American school psychology community through service as an oral examiner for the American Board of School Psychology and a president of the American Academy of School Psychology (AASP).

Dr. Schrank states that earning the ABPP had many personal and professional rewards, many of which were unanticipated. The ABPP certification process itself is deeply rewarding, encouraging self-reflection and personal-professional growth. The opportunity to present one's work and philosophy to a highly qualified professional peer panel fosters a sense of self-examination and a renewed commitment to engagement in the professional psychology community at the highest level of practice. Subsequently, feelings of generativity in service to professional psychology can be developed through participation as a mentor, oral examiner, or academy officer.

One thing that surprised Dr. Schrank is that the ABPP is recognized as a distinction of professional competence by psychologists in other parts the world. He noted, in particular, respectful comments about the ABPP he had received from professionals in Australia, Ireland, and the Middle East. Most recently, Fred had the honor of delivering the keynote address at the Mutah University's First International Conference on Special Education in Al-Karak, Jordan. Since Jordan just recently passed its first law defining the rights of individuals with disabilities, psychologists and educational policy-makers from all over the Arabic-speaking world were eager to hear his address about science and theory in cognitive assessment as it is applied to the identification of individuals with educational disabilities.

Over the course of his career in school psychology, Dr. Schrank has developed an area of expertise in test construction and interpretation. He is the senior author of the *Woodcock-Johnson IV*, and has published several books, chapters, and journal articles on cognitive test interpretation. During his tenure as president of the AASP, he organized a survey of the professional assessment practices of board-certified specialists in school psychology regarding the necessary components of an independent educational evaluation for determination of a specific learning disability. The resulting article is often referenced as a professional practice standard in psycho-educational assessment. Yet none of these accomplishments was anticipated or even imagined when he was beginning his career in school psychology.

Fred supports that the recognition of ABPP has afforded personal and professional developments, which in turn exemplify the mission. Doing anything really well requires working at it over a lifetime. Attaining board certification provides a goal beyond earning a doctorate or obtaining a license to practice psychology. It allows an opportunity for self-reflection on competency and contribution, extends one's reach, and can result in unforeseen opportunities and professional recognition.
MILESTONES

Specialists – Accomplishments
Betsy D. Kennard, PsyD, ABPP, has been presented with the National Register’s Alfred M. Wellner, PhD, Lifetime Achievement Award. Please follow the link for the relevant press release: https://www.nationalregister.org/press-releases/walter-e-penk-phd-abpp-named-2018-alfred-m-wellner-phd-lifetime-achievement-award-winner/. Congratulations Dr. Kennard!

Specialists-Publications


Specialists in the News:
Robert M. Gordon PhD ABPP is a Board Certified Specialist of Clinical Psychology and a Board Certified Specialist of Psychoanalysis, and served on the governing council of the American Psychological Association. He was president of the Pennsylvania Psychological Association and received its Distinguished Service Award. He was elected Honorary Member of the American Psychoanalytic Association. He teaches personality assessment to doctoral students, and teaches in the China American Psychoanalytic Alliance. He has authored many scholarly articles and books in the areas of ethics, the MMPI-2, psychotherapy, relationships, forensic psychology, personality assessment, diagnoses, the Psychodynamic Diagnostic Manual, a PDM-2 editor and researcher, and co-author of the Psychodiagnostic Chart. Please check his TED talk on the power of apology: https://m.youtube.com/watch?v=R7vP01U8qr4, and /or visit his Web page: http://www.mmpi-info.com/.

Our sincerest apologies to Dr. Barney Greenspan for the misprints appearing in last volume's published article “Avoiding Common Ethical Difficulties: how to enhance ethical awareness with some practical suggestions.” For a corrected copy, please do not hesitate to contact thespecialist@abpp.org, and we will be happy to send you the original manuscript.

In volume 39, an error was made in listing the correct titles of the authors on the article titled “Professionalist, Self-Care, and Wellness During School Psychology Internship Training. The corrected titles are as follows: Anne M. Hickey, PhD, ABPP, Betsy Basch, PsyD, & Brenda Huber, PhD, ABPP.
# Newly Certified Specialists
(Jan 2018 – June 2018)

## Behavioral & Cognitive Psychology
- Julia Carter, PhD
- Collin Davidson, PhD
- Michelle LeRoy, PhD
- Michelle Pemble, PhD
- Mindy Scheithauer, PhD
- Paula N. Stein, PhD

## Clinical Child & Adolescent Psychology
- Susan K. Cook, PhD
- Laura Dilly, PhD
- Jocelyn R. Lebow, PhD
- Holly K. Middleton, PhD

## Clinical Health Psychology
- Paul G. Hartman, PhD
- Natalie F. Heidelberg, PhD
- Lisa R. Matero, PhD
- Stacy Ogbide, PsyD
- Julie Radico, PsyD
- Laura E. Roush, PhD
- Danielle L. Terry, PhD
- Marie C. Weil, PsyD

## Clinical Psychology
- Grant A. Bauste, PsyD
- Amanda Berg, PhD
- Robert A. Bischoff, PhD
- Jessica R. Bland, PsyD
- Thomas Farrington, PsyD
- William M. Hunt, PhD
- Andy Lopez-Williams, PhD
- Nathan R. Moon, PsyD
- James K. Mosher, PhD
- Jason L. Mouritsen, PsyD
- Daniel J. Northington, PhD
- Ana M. Ojeda, PsyD
- Nicholas C. Petikas, PhD
- Michael Polito, Jr., PhD
- Helena A. Rempala, PhD
- Ilan Harpaz-Rotem, PhD
- Ren Stinson, PhD
- Elizabeth Torres, PsyD

## Clinical Neuropsychology
- Erin J. Baldwin, PhD
- Jessica Barclay, PhD
- Beata S. Beaudoin, PhD
- Donna K. Broshek, PhD

## Rehabilitation Psychology
- Sheryl Berardinelli, PsyD
- Marc A. Gramatges, PsyD
- Kristen Jackson, PhD
- Jill Koval, PhD
- Tiffany Meites, PhD
- Penny L. Wolfe, PhD

## School Psychology
- Pamela Fenning, PhD
- Tammy L. Hughes, PhD

## Pediatric Clinical Neuropsychology Subspecialty
- Sakina M. Butt, PsyD
- Megan E. Kramer, PhD

## Counseling Psychology
- Claytie Davis, III, PhD
- Ann M. Hummel, PhD
- Eric R. Neumaier, PhD
- Stephen R. Wester, PhD

## Couple & Family Psychology
- Caroline S. Clauss-Ehlers, PhD
- Hamid Mirsalimi, PhD
- Heather M. Pederson, PhD

## Forensic Psychology
- Jaime C. Adkins, PsyD
- Robin O. Belcher-Timme, PsyD
- Lindsay Ingram, PsyD
- Nicholas Jasinski, PsyD
- Angela J. van der Walt, PsyD

## Geropsychology
- Kristen R. Dillon, PsyD
- Debra L. Lilly, PhD

## Psychoanalysis
- Roger P. Karlsson, PhD
Deceased Specialists

E. Thomas Dowd, PhD, ABPP - Counseling, Behavioral & Cognitive Psychology

Robert W. Goldberg, PhD, ABPP - Clinical & Forensic Psychology

Leonard Kingsley, PhD, ABPP - Clinical Psychology