ABPP Prep: Overview of Practice Sample Phase

Presented by
David R. Cox, PhD, ABPP, Alina M. Suris, PhD, ABPP, and Michael E. Tansy, PhD, ABPP

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ABPP Preparation:
Overview of the Practice Sample Phase

David R. Cox, PhD, ABPP
Alina M. Suris, PhD, ABPP
Michael E. Tansy, PhD, ABPP

American Board of Professional Psychology
Overview

• Introduction to ABPP
• ABPP Competencies
• Specialty Selection
• Mentoring
• Application
• Practice Sample Development
• Resources
• Next Steps
The Credentialing Continuum

- Accredited Doctoral Program
- Accredited Internship
- Post-doctoral Residency (optional)
- Licensed by State or Province
- Health Service Provider (some states)
- Board Certified in Area of Specialty Practice
What is ABPP?

- A non-profit, unitary governing body
- Coordinates all affiliated psychology specialty examining boards
- Certifies psychologists competent to deliver high quality services in specialty areas of psychology
- Recognizes new specialties and subspecialties
- Requires self-study and comprehensive periodic site review of its member boards
- Conducts exams and certifies specialists in accordance with established professional standards, policies, and procedures
- Lists and verifies board certified specialists in its public directory
ABPP Mission Statement

- The mission of ABPP is to increase consumer protection through the examination and certification of psychologists who demonstrate competence in approved specialty areas in professional psychology.
Definition of Specialty in Psychology

- A specialty is a defined area of practice in psychology that connotes specialty competency acquired through an organized sequence of formal education, training, and experience.

- The practice activities of any specialty seldom are exclusive to the specialty and most practice activities are shared with the general practice of professional psychology.
Specialty Practice in Psychology

- The pattern of practice activities, including limiting the scope of practice, and focusing upon more complex or unique problems or technologies is more relevant in defining a specialty together with advanced education, training, and experience.
Specialty Certification in Psychology

The American Board of Examiners in Professional Psychology was established in 1947 with the support of the American Psychological Association.

Three “fields of certification” were identified:
- Clinical Psychology
- Personnel-Industrial Psychology (now Organization and Business Consulting)
- Personnel–Educational Psychology (now School)

Now, there are 15 ABPP Specialties and 1 Subspecialty.
11 Reasons to Specialize in the Current Healthcare Climate

1. Consumers expect it
2. Healthcare systems have begun to require it
3. Policy makers call for it
4. Quality improvement programs demand it
5. Pay is linked to quality
6. The workforce needs it
7. Integrated health care teams specialists
8. Health care homes have a place for specialists
9. Parity favors it
10. Provides access for those who need us
11. Your employer expects you to
15 ABPP Specialties

- Behavioral and Cognitive
- Clinical
- Clinical Child and Adolescent
- Clinical Health
- Clinical Neuropsychology
- Counseling
- Geropsychology

- Group
- Couple and Family
- Forensic
- Organization and Business
- Psychoanalysis
- Rehabilitation
- School
- Police & Public Safety
ABPP Competencies

That test was hard! Did you answer the fear of insects question?

That was easy, "bugaboo."

Psychology Dept.

I also wasn't sure about "psychopath."

It's the walkway Norman Bates took back to his house.

You're incredible! What about "phobia"?

That was the simplest one of all -- a "phobia" is an advanced "threemia."

The superego is the ego in tights and a cape.

Psychological conditions will never come as easily to me as they do to you, Ernie!
APA Task Force

- APA Task Force on the Assessment of Competence in Professional Psychology
  - Final Report, 2006
  - Kaslow et al., 2007

- These materials are integrated into the ABPP Specialty Examination Competency Model

- The components of the ABPP Specialty Examination Competency Model include a Specialty Definition and Competencies

- Dr. Nadine Kaslow was Chair of that Task Force
Foundational and Functional Competencies

**These Domains are not mutually exclusive, are interrelated, developmental in nature and occur at every stage of professional development.**

Within each professional stage, the ways in which specialty education becomes relevant can be visualized through the Parameters of practice that differentiates specialities, namely:

- Populations served
- Problems addressed
- Procedures of theoretical orientation
- Settings
The Diminishing Durability of Knowledge in Professional Psychology:
A Second Look at Specializations

Greg J. Neimeyer
University of Florida

Jennifer M. Taylor
West Virginia University

Ronald H. Rozensky
University of Florida

David R. Cox
American Board of Professional Psychology, Chapel Hill, North Carolina

Using a Delphi polling methodology and a small sample of identified experts in the field, recent research has noted the widely variable, and rapidly diminishing, half-life of knowledge across a range of specialties within professional psychology (Neimeyer, Taylor, & Rozensky, 2012). The current article provides methodological triangulation in relation to this previous work by surveying a large number (N = 402) of board-certified psychologists across the full range of specialties recognized by the American Psychological Association and the American Board of Professional Psychology (ABPP). Results again supported a wide range of perceived half-lives across the various specialties and a consistent trend toward the diminishing durability of knowledge in these fields over time. Current perceived half-lives varied from a high of 18.37 years (in the area of Psychoanalysis) to a low of 7.58 years (in the area of Clinical Health Psychology), with the overall durability of knowledge across all areas being 8.68 years. The future half-lives of knowledge were expected to shrink in every area of specialization to as little as 5.61 years (in Clinical Health Psychology) within a decade from now. The implications of these findings are discussed in relation to the field’s continuing commitment to the maintenance and demonstration of professional competence and its ongoing movement toward increased specialization.

Keywords: lifelong learning, half-life of knowledge, continuing professional development, specialization in professional psychology
Maintenance of Competence

• Professional knowledge half-life issues
  (Neimeyer, Taylor, Rozensky & Cox, 2014)
• Once every 10 years
• Consistent with similar efforts such as jurisdictional CE requirements and ASPPB MOCAL (maintenance of competence and licensure)
Competency-Based Approach

- ABPP recognizes 8 foundational and 8 functional competencies that are applicable to ALL specialties and specialty practice
- *Foundational competencies* are inter-woven with and integrated into functional competencies to varying degrees
- *Functional competencies* are those competencies that are daily practice activities provided at the specialty level of practice
Competency-Based Approach

- The foundational and functional competencies constructs are applicable to all specialties and specialty practice
- They run throughout the ABPP board certification process
Foundational Competencies

- Relationships
- Individual and Cultural Diversity
- Ethics and Legal Standards/Policy
- Professionalism
- Reflective Practice/Self-Assessment/Self-Care
- Scientific Knowledge and Methods
- Interdisciplinary Systems
- Evidence-based Practice
Foundational Competencies

Relationships

Interdisciplinary Systems

- Ability to relate effectively and meaningfully with individuals, groups, and/or communities
- Effectiveness in interdisciplinary systems (interdisciplinary systems)
Individual and Cultural Diversity

- Awareness and sensitivity in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics.
Foundational Competencies

**Ethics and Legal Standards/Policy**

- The awareness and application of appropriate ethical and legal requirements of practice
Foundational Competencies

**Professionalism**

- Professional Identity is a component of what is now termed professionalism
- Practice conducted within the boundaries of competence
- Involvement in the profession and in the specialty in particular
- Commitment to lifelong learning and continuing development as a specialist
- Advocacy for the profession
Foundational Competencies

Reflective Practice/Self-Assessment/Self-Care

Reflective during and after professional activity
Accurately self-assesses competence
Integrates self-assessment into practice
Self-monitors issues re: self-care and acts accordingly
Independently seeks supervision
Foundational Competencies

Science Knowledge and Methods

Evidence-based Practice

- Producing or consuming scientific theory and knowledge relevant to areas of professional practice
- The empirical bases of practice
Functional Competencies

- Assessment
- Intervention
- Consultation
- Research and/or Evaluation*
- Supervision*
- Teaching*
- Management/Administration*
- Advocacy*
Functional Competencies

Assessment

- Defining, diagnosing, and conceptualizing problems and issues associated with individuals, groups, and/or organizations
Functional Competencies

**Intervention**

- Developing, implementing and evaluating interventions designed to produce positive change
Functional Competencies

Consultation

- Providing expert guidance or professional assistance to a consultee’s needs or goals
These competencies may be essential to the specialist’s practice depending on the nature of the psychologist’s practice.
Steps Toward Board Certification

- Deciding to obtain board certification
- Deciding which board certification to pursue
- Applying for ABPP board certification
- (Passing your written examination, if your specialty requires one)
- Developing your practice samples
- Participating in your oral examination
Which Board Do I Get Certified In?

- What is your education, training and practice history?
- What is your primary self-identification?
- How do you want others to see you?
15 ABPP Specialties

- Behavioral and Cognitive
- Clinical
- Clinical Child and Adolescent
- Clinical Health
- Clinical Neuropsychology
- Counseling
- Geropsychology
- Group
- Couple and Family
- Forensic
- Organization and Business
- Psychoanalysis
- Rehabilitation
- School
- Police & Public Safety
what’s the big idea(?):

get certified

The clearest and most responsible way for a psychologist to represent herself/himself to the public, third-parties, and the profession as a specialist is to be certified through an organized peer process as meeting the standards and demonstrating the competencies required in the specialty. ABPP is the only non-profit professional unitary organization with multiple specialty board quality controls recognized by the profession as certifying specialty practitioners in psychology.

checklist basics:
-a doctoral degree from an APA/CPA accredited or ASPPB/NR designated program
-licensure as a psychologist at the independent doctoral level
-APA/CPA accredited internship or equivalent year of supervised experience

core competencies in psychology

functional:
assessment
intervention
consultation
research evaluation
supervision
programming
management/administration
advocacy

foundational:
relationships
individual and cultural diversity
ethical and legal standards
professionalism
reflective practice/self-assessment/self-care
scientific knowledge and methods
interdisciplinary systems
 evidence-based practice

oral exam
sit for an oral exam with examiners in your chosen specialty

get certified
join the ranks of many of your colleagues as board certified through ABPP, and display your diploma with pride

many settings provide for salary increases and advancement if ABPP certified

1 apply
initiate an application for ABPP board certification by submitting the materials to the central office

2 generic credentials review
the ABPP central office ensures that you have met all the generic criteria and have the appropriate licensure for certification

3 specialty credentials review
the application is sent to the appropriate specialty board to ensure that your credentials meet all the specialty-specific criteria for your chosen specialty

4 practice samples
submit practice samples representative of your work and competency

*please note that the forensic and clinical neuropsychology boards require a written exam at this point

5 oral exam
sit for an oral exam with examiners in your chosen specialty

6 get certified
join the ranks of many of your colleagues as board certified through ABPP, and display your diploma with pride

many settings provide for salary increases and advancement if ABPP certified
Early Entry Option

- Pre-licensure: Students, Interns, Residents

- Complete an Application and submit the $25 fee (This is a $100 discount off the standard application fee-no further application fee will be due).

- No need to identify a particular specialty now, although you may.

- Access mentoring early on to facilitate your progress

- Submit your credentials to ASPPB Credentials Bank (FREE!) (e.g., official transcript, internship completion certificate, etc) as you complete each phase of your training. (ABPP does not “bank” credentials)
Senior Psychologist Option

- 15 years or more post-doctoral level license experience (from date of license)
- Complete Professional Statement and Practice Sample that discuss contribution to clinical psychology (distinctive clinical practice, publications, teaching, training, program development, administration, research and other contributions to the field)
- Submit additional written materials that demonstrate distinctive practice patterns
- Video Work samples are NOT required if you submit the portfolio described above (Clinical)
- Seniors whose practice is only assessment and/or interventions MUST submit video tapes
Use a Mentor –
Don’t be afraid to ask for help
## Mentor Information

<table>
<thead>
<tr>
<th>Specialty Board</th>
<th>Mentor Y/N</th>
<th>Point of Contact</th>
<th>Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Child &amp; Adolescent Psychology</td>
<td>Y</td>
<td>Adam Lewin <a href="mailto:alewin@health.usf.edu">alewin@health.usf.edu</a></td>
<td>Candidates are told about the program in the letter they receive after passing their credentials review. They are instructed to contact the board president or exam coordinator if they want a mentor. ABCCAP has a pool of volunteer board certified specialist who mentors candidates.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wendy Ward <a href="mailto:wward@uams.edu">wward@uams.edu</a></td>
<td></td>
</tr>
<tr>
<td>Clinical Health Psychology</td>
<td>Y</td>
<td>Jay E. Earles <a href="mailto:jay.e.earles.mil@mail.mil">jay.e.earles.mil@mail.mil</a></td>
<td>Managed by the Academy president, who contacts all applicants and offers to match them to a mentor.</td>
</tr>
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<tbody>
<tr>
<td>Clinical Neuropsychology</td>
<td>Y</td>
<td>Cheryl Weinstein <a href="mailto:csweinst@aol.com">csweinst@aol.com</a></td>
<td>ABCN candidates can participate in a mentorship program through our Academy, AACN. Information is available at this link: <a href="http://www.theaacn.org/userdocuments/mentorship.pdf">http://www.theaacn.org/userdocuments/mentorship.pdf</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clemente Vega <a href="mailto:Clemente.Vega@childrens.harvard.edu">Clemente.Vega@childrens.harvard.edu</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>BRAIN – candidate study group</td>
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[Email: Ira@grossman.info](mailto:Ira@grossman.info)
## Mentor Information

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<tbody>
<tr>
<td>Behavioral &amp; Cognitive Psychology</td>
<td>Y</td>
<td>E. Thomas Dowd</td>
<td>A mentors list is posted at: <a href="http://www.abpp.org/i4a/pages/index.cfm?pageid=3421">http://www.abpp.org/i4a/pages/index.cfm?pageid=3421</a>. Candidates may review this list and select a mentor to contact. If none seem appropriate, they are encouraged to contact the ABBCP president, who will work with them to find a mentor.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:edowd@kent.edu">edowd@kent.edu</a></td>
<td></td>
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<tbody>
<tr>
<td>Counseling Psychology</td>
<td>Y</td>
<td>Arnold Spokane</td>
<td>The Academy identifies mentors and the Board practice sample coordinator assists the mentor and the Academy in managing the process.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:ars1@lehigh.edu">ars1@lehigh.edu</a></td>
<td></td>
</tr>
<tr>
<td>Couple &amp; Family Psychology</td>
<td>Y</td>
<td>Robert Geffner</td>
<td>The Academy identifies mentors and the Board practice sample coordinator assists the mentor and the Academy in managing the process.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:bgeffner@pacbell.net">bgeffner@pacbell.net</a></td>
<td></td>
</tr>
<tr>
<td>Forensic Psychology</td>
<td>N</td>
<td>The ABFP does not provide mentoring.</td>
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<tbody>
<tr>
<td>Geropsychology</td>
<td>Y</td>
<td>Victor Molinari</td>
<td>Mentors who do not have a significant prior relationship with the applicants and would be better for senior or junior applicants are assigned.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:VMolinari@usf.edu">VMolinari@usf.edu</a></td>
<td></td>
</tr>
<tr>
<td>Group Psychology</td>
<td>Y</td>
<td>Joel Frost</td>
<td>Mentors can be assigned from the existing list of ABGP board certified specialists upon request.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:drjoelc@comcast.net">drjoelc@comcast.net</a></td>
<td></td>
</tr>
<tr>
<td>Organizational &amp; Business Consulting Psychology</td>
<td>Y</td>
<td>Ralph A. Mortensen</td>
<td>Assigns a mentor from the board based on similarities in training and experience as well as being someone whom the applicant doesn’t know well.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:rmortensen@vantageleadership.com">rmortensen@vantageleadership.com</a></td>
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<tbody>
<tr>
<td>Police &amp; Public Safety Psychology</td>
<td>Y</td>
<td>Jaime Brower&lt;br&gt;<a href="mailto:drjaimebrower@aol.com">drjaimebrower@aol.com</a></td>
<td></td>
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</table>
Training sessions are held, and individuals may then put their names forward as being interested in performing these duties. To date, we have tended to draw mentors from the board, as these individuals are more familiar with, and conversant in, the policies and procedures.
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<tbody>
<tr>
<td>Rehabilitation</td>
<td>Y</td>
<td>Michele J. Rusin</td>
<td>Board members are paired with candidates by a designated board member. Consideration is given to the candidate’s expressed interest.</td>
</tr>
<tr>
<td>Psychology</td>
<td></td>
<td><a href="mailto:mjrusin@bellsouth.net">mjrusin@bellsouth.net</a></td>
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<th>Point of Contact</th>
<th>Administration</th>
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<tbody>
<tr>
<td>School Psychology</td>
<td>Y</td>
<td>Mark Swedlik <a href="mailto:meswerd@ilstu.edu">meswerd@ilstu.edu</a></td>
<td>ABSP has a mentoring coordinator and a mentoring manual. Fellows volunteer and are trained and then are on the approved mentoring list.</td>
</tr>
</tbody>
</table>
Types of Practice Samples

• Audio/Video
• Clients/Patients
• Supervision

• Written
• Case descriptions – *not* an original report
• Original Reports
• Professional Self-Statement
Professional Statement: One Specialty’s Example

The Candidate must address each of the 9 following items in separate sections of the Professional Statement (approximately 12 double-spaced, typewritten pages):

1. A description of the professional work you are engaged in at this time. Be sure to focus on your current employment and professional activities at the local, state, and national levels; continuing professional education activities; long term plans in psychology, and reasons for seeking board certification.
2. A discussion of the evidence base that informs your practice. Pay specific attention to the scientific knowledge and methods that inform your assessment, intervention, and consultation activities. This should include a description of your professional theoretical framework and a discussion of how researchers and theorists in the field have influenced you. If you consider yourself eclectic or integrative, describe at least three major theoretical/empirical themes in your eclecticism or integrative model.
Professional Statement

3. If applicable (address all that apply):
The theoretical and empirical basis for supervision and/or teaching activities
   A description of your own research activities
   A description of your administrative/management activities
   A description of your systemic advocacy activities
4. An example of a difficult or complex relationship/interaction in the professional setting that required effective negotiation or conflict resolution with an individual or group whose viewpoint differed significantly from your own.
5. A specific example of awareness of individual and cultural diversity as pertinent to one’s scholarship, assessments, interventions, consultations, or supervision/teaching/administration/management, if applicable.
6. A discussion of a meaningful and challenging ethical dilemma personally encountered in your work as a Clinical Psychologist. Address what aspects of the APA Ethical Principles of Psychologists and Code of Conduct are pertinent to the dilemma, and how the dilemma was managed.
Professional Statement

7. A description of at least one method you used to engage in professional self-reflection. Ensure that you address how you have used this method to improve your professional activities.
8. An example of interdisciplinary collaboration that included effective communication across professions and/or an organization.
Professional Statement

9. Verification that no ethical/legal action has been taken against you since acceptance into candidacy
ABPP’s Rubric for Assessing Competencies

Pass

No Pass
<table>
<thead>
<tr>
<th>PASS</th>
<th>NOT PASS</th>
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<tr>
<td>Chooses assessment and evaluation procedures that provide data to</td>
<td>Chooses procedures that limit or are inappropriate for responding to the</td>
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<tr>
<td>answer the referral questions and that take into consideration issues</td>
<td>referral question.</td>
</tr>
<tr>
<td>of diversity.</td>
<td></td>
</tr>
<tr>
<td>Conducts assessments and evaluations in a competent fashion and in</td>
<td>Does not conduct assessments and evaluations with adequate skill or does</td>
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<tr>
<td>accordance with standardized procedures.</td>
<td>not build use standardized procedures.</td>
</tr>
<tr>
<td>Interprets assessment and evaluation data in an accurate and complete</td>
<td>Scores assessments inaccurately (if applicable).</td>
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<tr>
<td>manner and uses these interpretations to guide case conceptualization.</td>
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Assessment/Diagnosis/Conceptualization (1 of 3)
### Assessment/Diagnosis/Conceptualization (2 of 3)

<table>
<thead>
<tr>
<th>PASS</th>
<th>NOT PASS</th>
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<tbody>
<tr>
<td>Demonstrates the ability to integrate multiple data sources to inform a working differential diagnosis.</td>
<td>Provides interpretations and/or conceptualizations of assessment and evaluation data that are incomplete, do not integrate available data, and/or contain errors.</td>
</tr>
<tr>
<td>Creates recommendations with relevant findings considered.</td>
<td>Offers interpretations and conclusions that fail to take into account some aspect of the client/patient’s uniqueness (diversity status) and/or fail to take into account the client/patient’s environmental situation.</td>
</tr>
<tr>
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<td>Does not provide a clear link between assessment and evaluation findings and subsequent recommendations.</td>
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</table>
## Assessment/Diagnosis/Conceptualization (3 of 3)

<table>
<thead>
<tr>
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<th>NOT PASS</th>
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<tr>
<td>Communicates, both orally and in writing, findings from assessments and evaluations to the client/patient and other relevant parties in an understandable and useful fashion.</td>
<td>Communicates assessment results in an unclear, disorganized or ambiguous manner and does not convey findings in a manner associated with useful outcomes.</td>
</tr>
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</table>
## Intervention (1 of 2)

<table>
<thead>
<tr>
<th>PASS</th>
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<tbody>
<tr>
<td>Demonstrates awareness and/or manages issues responsibly related to the therapeutic framework, such as limits of confidentiality, boundaries of services, payments, and other such issues.</td>
<td>Ignores or does not adequately manage the therapeutic framework.</td>
</tr>
<tr>
<td>Demonstrates awareness and/or chooses procedures appropriate for client/patient and situation.</td>
<td>Selects therapeutic approaches that are not evidence-based and/or are not appropriate to the client/patient or situation; cannot articulate rationale for selection.</td>
</tr>
<tr>
<td>Demonstrates knowledge of the value of evidence-based practice and the scientific and theoretical basis of /the approach/ intervention.</td>
<td>Does not demonstrate knowledge of or application of skillful interventions.</td>
</tr>
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</table>
## Intervention (2 of 2)

<table>
<thead>
<tr>
<th>PASS</th>
<th>NOT PASS</th>
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<tr>
<td>Demonstrates awareness and/or applies interventions with skill and knowledge.</td>
<td>Does not demonstrate knowledge of or application of skillful interventions.</td>
</tr>
<tr>
<td>Demonstrates evaluation of treatment progress and outcome.</td>
<td>Does not engage in evaluation of treatment effectiveness or outcome.</td>
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</table>
## Consultation

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<tr>
<td>Selects consultation procedures appropriate to the context, informed by research and theory.</td>
<td>Selects consultation procedures that are not appropriate to the context.</td>
</tr>
<tr>
<td>Demonstrates awareness and/or gathers appropriate information as background for consultation.</td>
<td>Fails to collect and integrate necessary information pertinent to the consultation.</td>
</tr>
<tr>
<td>Demonstrates awareness and/or conducts consultations with skill and knowledge.</td>
<td>Consultations are not conducted with adequate knowledge and/or skill.</td>
</tr>
<tr>
<td>Communicates clearly findings and recommendations that meet consultee’s goals and bases consultation on evidence-based research.</td>
<td>Findings are not useful to the consultee, do not meet his/her goals, and/or are not based on evidenced-based research.</td>
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# Science, Knowledge, & Methods

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<tr>
<td>Demonstrates ability to critically discuss research relevant to his/her practice and theoretical orientation.</td>
<td>Provides explanations of client/patient behavior that may be accurate, but lack support and/or omit obviously useful theoretical and research constructs.</td>
</tr>
<tr>
<td>Provides a coherent and comprehensive explanation of clinical activities, utilizing research and theory.</td>
<td>Presents as largely unaware of current research or theory or has an inaccurate reading of the pertinent literature.</td>
</tr>
</tbody>
</table>
# Interdisciplinary Systems

<table>
<thead>
<tr>
<th>PASS</th>
<th>NOT PASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectively communicates with interdisciplinary and/or multidisciplinary teams; in these contexts, represents clinical psychology competently.</td>
<td>Inadequately communicates to or is disrespectful of team members, whether interdisciplinary or multidisciplinary.</td>
</tr>
<tr>
<td>Demonstrates respectful appreciation and integration of contributions and perspectives of other professions.</td>
<td>Unaware of impact as representative of the discipline of clinical psychology in these forums.</td>
</tr>
</tbody>
</table>
### Professionalism & Reflective Practice (1 of 2)

<table>
<thead>
<tr>
<th>PASS</th>
<th>NOT PASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates active participation in the profession (belongs to professional organizations, assumes leadership roles in professional organizations).</td>
<td>Does not actively participate in the profession (does not belong to professional organizations, no active professional involvements outside of specific employment).</td>
</tr>
<tr>
<td>Demonstrates familiarity with current key issues facing the profession and the implication of these issues.</td>
<td>Lacks adequate awareness of significant issues facing the profession or is aware of some significant issues facing the profession, but misunderstands their implications for professional functioning.</td>
</tr>
<tr>
<td>PASS</td>
<td>NOT PASS</td>
</tr>
<tr>
<td>------</td>
<td>----------</td>
</tr>
<tr>
<td>Seeks consultation and supervision when needed.</td>
<td>Fails to provide evidence for seeking consultation or supervision when needed or does not appropriately utilize consultative or supervisory input.</td>
</tr>
<tr>
<td>Participates in continuing professional education activities.</td>
<td>Does not participate in continuing professional education activities.</td>
</tr>
<tr>
<td>Provides a written submission that demonstrates professionalism and meets professional standards.</td>
<td>Submits written materials that do not meet professional standards (e.g., do not follow APA format, require editing, are written poorly with regard to sentence structure and/or grammar, etc.).</td>
</tr>
</tbody>
</table>
# Individual & Cultural Diversity

<table>
<thead>
<tr>
<th>PASS</th>
<th>NOT PASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conveys knowledge about individual and cultural diversity.</td>
<td>Fails to convey adequate or correct knowledge about individual and cultural diversity.</td>
</tr>
<tr>
<td>Demonstrates sensitivity and responsiveness to individual and cultural diversity in each competency domain.</td>
<td>Fails to demonstrate sensitivity and responsiveness to individual and cultural diversity in each competency domain (e.g., selects assessment tools or research measures not normed for individual’s demographics, does not include a cultural formulation in case conceptualization or recommendations).</td>
</tr>
<tr>
<td>Conveys an awareness of the interaction between one’s own diversity characteristics and those of the people or contexts with whom or in which one is functioning as a Clinical Psychologist.</td>
<td>Fails to convey an adequate awareness of the interaction between one’s own diversity characteristics and those of the people or contexts with whom or in which one is functioning as a Clinical Psychologist.</td>
</tr>
</tbody>
</table>
### Ethical & Legal Standards/Policy

<table>
<thead>
<tr>
<th>PASS</th>
<th>NOT PASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates awareness of the ethical implications of various situations and can cite an ethical quandary from own practice and describe appropriate responses.</td>
<td>Is unaware of important ethical implications or does not comply with ethical guidelines and principles.</td>
</tr>
<tr>
<td>Demonstrates awareness of statutory reporting and other legal requirements that practitioners must follow, can cite example from own practice when these requirements were relevant, and can describe appropriate behaviors in response.</td>
<td>Is unaware of relevant legal standards or these standards do not match his/her practice behavior.</td>
</tr>
</tbody>
</table>
# Relationships

<table>
<thead>
<tr>
<th><strong>PASS</strong></th>
<th><strong>NOT PASS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates sensitivity to the welfare, rights, and dignity of others in a manner that enhances the service provided</td>
<td>Fails to demonstrate a level of self-awareness that permits effective functioning in each competency domain (e.g., inappropriately personalizes, discounts, or misunderstands others).</td>
</tr>
<tr>
<td>Develops and maintains productive relationships with a broad array of individuals including clients/patients, colleagues, students, supervisees, allied professionals, etc.</td>
<td>Unable to engage in productive relationships with the broad array of “clients”.</td>
</tr>
<tr>
<td>Effectively negotiates conflictual relationships.</td>
<td>Does not convey an adequate level of sensitivity to the welfare, rights, and dignity of others (e.g., is not compassionate, acts in ways that are harmful to the client/patient).</td>
</tr>
<tr>
<td>Demonstrates understanding of diverse views in complicated interactions.</td>
<td></td>
</tr>
<tr>
<td>PASS</td>
<td>NOT PASS</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Engages in scholarly research using appropriate methods and is aware of importance of using appropriate statistical procedures.</td>
<td>Does not use appropriate methodology and/or unaware of appropriate statistical procedures in research activities.</td>
</tr>
<tr>
<td>Demonstrates essential knowledge of the components of scientific method.</td>
<td>Unaware of essential components of the scientific method.</td>
</tr>
<tr>
<td>Demonstrates an ability to evaluate the effectiveness of programs and activities.</td>
<td>Utilizes program evaluation techniques that are not evidence-based.</td>
</tr>
<tr>
<td>Demonstrates participation in the provision and/or receipt of external peer review (e.g., publications, poster sessions, oral presentations, grants, dissertation committees, etc.).</td>
<td>Does not engage in and therefore profit from activities which provide external peer review.</td>
</tr>
</tbody>
</table>
Supervision and/or Teaching*  
(1 of 2)

<table>
<thead>
<tr>
<th>PASS</th>
<th>NOT PASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses existing theory and research to conduct supervision with skill and professionalism.</td>
<td>Fails to use existing theory and research to conduct supervision with skill and professionalism.</td>
</tr>
<tr>
<td>Considers professional developmental stage of supervisee when providing supervision.</td>
<td>Applies the same supervisory approach across supervisees regardless of professional developmental stage.</td>
</tr>
<tr>
<td>Uses existing theory and research specific to subject matter to teach effectively.</td>
<td>Fails to use existing theory and research as related to subject matter and current strategies to teach effectively.</td>
</tr>
<tr>
<td>Considers professional development stage of students when engaging in teaching activities.</td>
<td></td>
</tr>
</tbody>
</table>
Supervision and/or Teaching*  
(2 of 2)

<table>
<thead>
<tr>
<th>PASS</th>
<th>NOT PASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regularly assesses effectiveness of teaching and/or supervision and incorporates feedback.</td>
<td>Does not assess teaching/supervision effectiveness to profit from such feedback.</td>
</tr>
<tr>
<td>Maintains knowledge of and implements current teaching approaches.</td>
<td>Conveys a general lack of awareness of ways in which interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification are related to supervision/teaching.</td>
</tr>
<tr>
<td>Demonstrates attention to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to supervision/teaching.</td>
<td></td>
</tr>
</tbody>
</table>
## Administration/Management*

<table>
<thead>
<tr>
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<th>NOT PASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses existing theory and research to conduct administrative and management activities.</td>
<td>Does not use existing theory and research to conduct administrative and management activities.</td>
</tr>
<tr>
<td>Conducts management activity by understanding systems and taking context into account.</td>
<td>Does not complete an appropriate organization assessment that takes context into account when providing management and administration.</td>
</tr>
<tr>
<td>Understands administrative needs and responds appropriately.</td>
<td>Does not understand and respond appropriately to administrative and management needs.</td>
</tr>
<tr>
<td>Appropriately manages power differential in unequal/subordinate relationships.</td>
<td>Unaware of or inappropriately manages power differential in unequal/subordinate relationships.</td>
</tr>
</tbody>
</table>
## Advocacy*

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Engages in activities that publically promote positive change based on sound scientific evidence.</td>
<td>Engages in activities that promote self-interest for the purpose of self-gain.</td>
</tr>
<tr>
<td>Demonstrates the ability to engage in strategic alliance for a common cause.</td>
<td>Inappropriately utilizes the profession of psychology to publically advance a cause.</td>
</tr>
</tbody>
</table>
Common Problems

• Blinding – this may pertain to client/patient information as well as facility, locale, etc.

• Example: Supporting material included email communication; email addresses not blinded

• Example: Name blinded, but not facility, DOB, impairment description or doctors
Common Problems

- Insufficient *number* of competencies addressed
- Insufficient *depth* of competencies addressed
- The purpose of the examination is to verify that you practice psychology competently
- Providing evidence that you have and use these competencies is your ROAD MAP to success
Solutions to Common Problems

• Review your Specialty Board’s requirements in detail
• Follow the instructions
• If you are unsure, seek advice from your mentor or your Specialty Board
Other ABPP Board Certification Resources

- American Board of Professional Psychology
  [www.abpp.org](http://www.abpp.org)


- Nezu and Nezu Oxford book series
Where Do You Go From Here?

- Download your Specialty Board’s Examination Manual from www.abpp.org
- Get a mentor – We can facilitate this process
- Talk to ABPPs
- Take the next step: Apply
It is not the exceptional specialist who should be board certified, but the specialist who is not board certified who should be the exception

Russ Bent, PhD, ABPP
Closing

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Chapel Hill, NC 27516
(919) 537-8031 Voice
(919) 537-8034 Fax

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drcox@abpp.org