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President’s Column
Randy K. Otto, PhD, ABPP

Reflecting On My Experience with the American Board of Professional Psychology

In December I will end my two-year term as President of the ABPP Board of Trustees, and then move on to complete my commitment to the ABPP Board of Trustees during a two year term as Past-President. This transition has gotten me thinking about my involvement with all things ABPP-which began in 1993.

My introduction to ABPP came via exposure to a number of highly qualified and hard-working forensic psychologists who encouraged me to seek board certification in my specialty area. Although not quite sure of the benefits certification in forensic psychology would bring, I nonetheless decided to go forward because of the respect and admiration I had for forensic psychologists I knew who were board certified-people like Alan Goldstein, Kirk Heilbrun, Tom Grisso, Ira Packer, Dick Rogers, and Steve Golding. I simply knew that I wanted to be more like them, and I thought that board certification as a forensic psychologist would somehow get me there. What I did not expect, and would have never predicted, was how much I would benefit from my affiliation with the American Board of Forensic Psychology, the American Board of Professional Psychology, the other ABPP member boards and academies, and the many board certified psychologists with whom I interacted.

I benefited from preparing for examination by the American Board of Forensic Psychology. Back when I was an Early Career Psychologist (which was before there was such a thing as an Early Career Psychologist), I thought I was a relatively knowledgeable and skilled forensic practitioner (having attended a graduate program [Florida State University] that allowed me to explore my interests in forensic psychology, followed by completion of a two year fellowship in Law and Psychology [University of Nebraska]). Nonetheless, preparing for examination by the American Board of Forensic Psychology made clear to me how much I did not know, and my efforts to remediate my weaknesses made me a better forensic psychologist without a doubt. Indeed, I have spoken to many people who have sought board certification in forensic psychology and other specialties-many who were successful, and some who were not. All, however, told me that they were better psychologists as a result of having sought board certification.

I benefited from my service with the American Academy of Forensic Psychology and American Board of Forensic Psychology. I began my ABPP service as Secretary of the American Academy of Forensic Psychology, and later served as the academy vice president, president and continuing education program co-chair. These positions immersed me in a high functioning service group, the focus of which was, and continues to be, facilitating better forensic psychology practice. My service on the American Board of Forensic Psychology provided me the opportunity to think about the certification process and how all ABPP member boards can best serve consumers. My participation in the organizations brought me into regular contact with other board certified forensic specialists and many psychologists who were seeking board certification. All of these experiences made me a better forensic psychologist.

I benefited from preparing for examination by the American Board of Clinical Psychology. Fifteen years after I gained board certification as a forensic psychologist, I decided to seek certification from the American Board of Clinical Psychology. I sometimes struggle explaining exactly why I did this, and I revert to the explanation that I have always
considered myself to be a clinical psychologist who used his knowledge and skills about matters clinical to assist legal decision makers and others (please excuse my use of the third person here—I know that it is generally not a good thing to place yourself alongside people like Mike Tyson and Hulk Hogan). By this time, there was such an animal as an Early Career Psychologist—and I was anything but. Preparing for examination by the American Board of Clinical Psychology via the board’s “Senior Option” required that I reflect on the first half of my career, identify my practice areas of competence and those that needed improvement, and get to thinking about what would happen during the second half of my career. The certification process had me considering and looking at aspects of my career and practice that I had not, but should have. Indeed, any ambivalence I felt about seeking certification by the American Board of Clinical Psychology quickly dissipated given how valuable I found this exercise and the ensuing oral examination.

I benefited from serving as a trustee of the American Board of Professional Psychology. Somewhere around 10 years ago (I forget exactly when) I joined the ABPP Board of Trustees, representing the American Board of Forensic Psychology. I then went on to serve as treasurer, president-elect, and now, president of the Board of Trustees. Most remarkable about serving on the Board of Trustees is that it brings you into contact with many dedicated, highly qualified psychologists whose specialty areas are incredibly diverse—whose day to day professional responsibilities are often very different from your own. Working with these trustees exposed me to perspectives, approaches, and ways of thinking I would have never experienced, and gave me a better, broader understanding of professional psychology practice. Indeed, I have been able to learn from my colleagues in other specialty areas.

The American Board of Professional Psychology has grown significantly during the 10 (or so) years I have served as a trustee, largely through the hard work of the many trustees and central office staff. And, when I looked around the table at the most recent trustees’ meeting in May, I knew I could be confident this growth will continue.

I will continue to benefit from my affiliation with ABPP. As I indicated above, my term as President of the ABPP Board of Trustees ends in December, followed by two years in the role of Past-President. Then my ABPP service comes to an end.

I’m grand-parented. I do not have to participate in Maintenance of Certification (MOC). But I will. Just as preparing for board certification did, participating in MOC will force me to reflect—to assess my competence via a review of what I am doing well, what I need to do more of, and what I need to do better. So, I’ll continue to benefit from my affiliation with ABPP, well over 20 years after I first gained board certification.

Final thoughts. It has been a good ride. I encourage all board certified psychologists who read this to get involved—with their academies or their boards. I have never been involved with such a welcoming, supportive group of psychologists. Believe me, there is plenty of work to be done, and I guarantee that you will walk away from your experience with ABPP and its member boards and academies with much more than you can imagine.

Randy K. Otto, PhD, ABPP
President, ABPP Board of Trustees
Executive Officer Update

By David R. Cox, PhD, ABPP

A brief report this time around, with highlights on workshops, applications and an update on maintenance of certification. But first, Central Office also wishes to express our thanks to each of you who volunteers your time to help with the many projects, boards and academies within ABPP!

Workshop 2015 and 2016-18

The 2015 ABPP Conference and Workshops was another success, with a record number of attendees! The venue, the San Diego Omni, was terrific, the staff served as wonderful hosts and the hotel is within steps of San Diego's Gaslamp Quarter and Petco Park. Those of us who ventured into town a few days early were able to hear the Rolling Stones open their U.S. tour, and could even see the stage from some of the hotel windows! All that said, the ABPP focus was the workshops and they were, once again, highly rated by those in attendance. ABPP has a strong commitment to high quality continuing education workshops, and many thanks go to those who provide them!

We have contracted to return to The Gwen Hotel, Chicago for workshops in 2016 and 2018, and we will be back at the San Diego Omni in 2017. By locking down multi-year conference rates, we can save some money and help people plan for attendance in advance.

Each year, participation by boards and academies increases, either through holding meetings or examinations. We always hope that boards, academies and committees will participate in the ABPP Annual Conference and Workshops by convening for business and examinations as well as attending the workshops, and we will block rooms out for board/committee/exam use during the week. Please let Central Office know as soon as possible if your board or academy is interested in having space available.

ABPP Applications

ABPP has had 419 applications through the end of June; not quite the pace of 2014, but quite good nonetheless. It was not that long ago that we did not have even 300 applications in an entire year. Interest remains high, particularly from students and early career psychologists.

Maintenance of Certification

The rollout of MOC has slowed a bit following the initial pilot use of pdf format forms. Despite being a workable solution, the pdf format was not as easy to use as we hoped it would be and we contracted with a local tech firm to design web-based MOC forms. That firm is hard at work on the revisions, which will be incorporated into a larger web redesign and database configuration project. We anticipate initiating use of the new forms in late summer/early fall, when boards will be notified they are ready for use. Although we regret the slowdown, it is important to all of us that this major project roll out in a fashion that is as easy to use as is possible.
When I grew up in the 60’s and 70’s, there was a newspaper twice daily, and television news (on three networks that signed off over night) three times a day – morning, evening, and late night. I’m not sure what the news was like on the radio because I only listened for the music! When round the clock and cable broadcasting came on the scene, and was followed by the internet, a sense of urgency and immediacy took hold, and has forever changed the way we receive information about the world around us. At work, I have dual computer monitors that not only allow me to efficiently navigate between documents, but between those documents and the internet. At home, there is the desktop and the laptop. And, best/worst of all is the smartphone that goes everywhere. It doesn’t get much better than that for someone who thrives on news and information as I do! But, there are downsides. One such downside is that constant input hinders absorption, the process of fully engaging a topic or event. Since the last edition of The Specialist appeared, numerous major events have captured the headlines, pushing each other aside so quickly that we can hardly identify the facts, much less examine them and engage in enlightening discussions. In the last three months alone, there have been riots in Baltimore; the transition of Caitlyn Jenner; the landmark Supreme Court decision regarding same-sex marriage; the killings of the Emanuel 9; the struggle over the Confederate flag; and, the murders of five service members in Chattanooga. Along with these events, professional psychology has been shaken by the release of the Hoffman Report. The times are challenging for all of us as we try to order our lives and make sense of the world around us. Gather information from various sources and from different perspectives; weigh the facts; and, reflect on your own history and values when you are faced with the next “big story.” Regardless of your opinions, feelings, political leanings, theoretical orientation, academic and research interests, and areas of expertise, allow yourself the time and space to process the information that is thrust upon us.

This issue of The Specialist contains a wealth of information that will, ideally, be processed over time. The CE article is the work of Allison Waterworth, who offers a psychologist’s perspective of the Americans with Disabilities Act. APA’s Past President and President Elect, Nadine Kaslow and Susan McDaniel have provided an article discussing the assumption of psychology leadership positions by women. And, Linda Knauss, a member of the ABPP Ethics Committee has provided a thoughtful article challenging us to increase our awareness of the roles played by emotions and values in our ethical decisions.

Specialist submission guidelines are as follows:

- The theme and content of submitted articles should be consistent with ABPP interests and issues: specialization, credentialing, board certification, identification and development of specialty areas, etc., or to the specific interests of ABPP-certified Specialists. Articles with content of more general interest, or unrelated to the above topics, should be submitted elsewhere. Questions regarding suitability for the Specialist and other questions may be directed to the Editor, at thespecialist@abpp.org.

- The BOT, Editor, or Communications Committee may initiate requests for submissions on particular themes and topics, for inclusion in special sections of grouped articles.

- The BPT, Editor, or Communications Committee may solicit or invite contributions from individuals and organizations.

- Submissions may be of any length, but are typically between 5 – 15 pages of word processed text.

- Submissions may be in any manuscript style appropriate to the content. APA Publications Manual style need not be followed.

- 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).

- Article submissions will be subject to review and acceptance or rejection by the Editorial Board. Authors may be asked for revisions based on the review.

Submissions with particularly controversial content may be referred through the Communications Committee to the Executive Officer and the BOT for review.
Update of the ABPP Maintenance of Certification Task Force Summer 2015

Michael Tansy (Chair), Deborah Attix, David Corey, David Cox, Charme Davidson, Jeanne Galvin, Christine Nezu, and John Northman

In order to maintain their ABPP certification, all specialists who are board certified after January 1, 2015 must successfully demonstrate ongoing competence every ten years by completing a specialty board-approved continuing professional development grid and personal narrative. Although we encourage all specialists to participate in MOC, specialists certified before January 1, 2015 may waive this MOC requirement, if they desire.

For several years the MOC Task Force has provided updates on MOC development in The Specialist and we anticipate doing so until MOC is fully implemented. If you missed any of our updates, please take a moment and read them at www.abpp.org.

Since the winter 2014 Specialist update, MOC efforts have focused on implementation and refining specific MOC concerns. There continues to be considerable collaboration between the MOC Task Force, the ABPP Central Office, and specialty boards toward this end.

During fall 2014 and spring 2015, the American Board of Clinical Neuropsychology (ABCN) partnered with the ABPP Central Office to be the first specialty board to pilot MOC. Working closely with ABCN leaders Deborah Attix (ABCN BOT representative) and Nathaniel Nelson (ABCN Chair of MOC), Diane Butcher of the ABPP Central Office developed fillable pdf files based on previously developed and approved ABCN MOC materials. Together with Deborah and Nathaniel, David Cox and Ms. Butcher adopted the means by which these MOC forms may be distributed to specialists, completed, and returned to the ABCN electronically using existing SharePoint technology. Members of the ABCN Board of Directors completed their MOC forms (grid, narrative, and MOC reviewer ratings) making every effort to identify possible problems and their solutions before beginning full MOC implementation. Simultaneous with the ABCN MOC pilot, Ms. Butcher developed fillable pdf MOC forms for other specialty boards, some of whom began their MOC pilot, too. The ABCN volunteers identified problems with the ease of use of the pdf forms as a means to administer the program. The ABPP Executive Committee agreed to our engaging the resources of a computer software firm near Central Office that is migrating the pdf forms into a web-based format that will be yet easier to use. Once the web-based forms are developed, we will pilot them and implement MOC for the remaining specialty boards. Specialty board piloting of MOC is essential. ABPP wants the MOC process to be as user-friendly possible. We are optimistic that this model of piloting MOC forms and SharePoint electronic distribution by specialty board leaders will afford each specialty board the opportunity to work with this new initiative on a small, more manageable scale that will familiarize them with MOC operations before introducing MOC on a larger, specialty-wide scale. It is our hope that this gradual roll out, with the opportunity to identify and resolve any problems, will ensure a smooth, meaningful, and successful MOC experience. We are optimistic that all specialty boards’ MOC activities will be fully operational within the next few months.

In addition to rolling out MOC, since the December 2014 meeting of the ABPP Board of Trustees three MOC-related concerns were identified, addressed, and their solutions approved by the Trustees via email votes. The following motions were approved by the Trustees in spring 2015:

The first concern related to MOC specialists with two or more board certifications. The approved language allows these multi-board certified specialists to complete one set of MOC documents for two or more specialties or, should the specialist prefer, a separate MOC document for each specialty board MOC. Below is the Trustee’s approved policy regarding multi-board certified specialists.
Instructions for Multi-Board Certified Specialists

All ABPP board certified specialists must complete maintenance of certification (MOC) within ten years of January 1, 2015. Specialists may participate in MOC for all board certifications they obtained before January 1, 2015 by waiving the requirement to complete MOC documentation or by completing their specialty board(s)' required MOC documentation. For any board certification obtained after January 1, 2015, specialists may not waive their responsibility to complete their specialty board(s)' approved documentation; rather, they must complete their specialty board(s)' approved documentation for each post-January 1, 2015 board certification within ten years of board certification by completing the specialty board's approved MOC requirements (grid and narrative).

For specialists who have obtained more than one board certification, it is important to distinguish the MOC procedure for certificates obtained before January 1, 2015 and those obtained on or after January 1, 2015. Regardless of the date you obtained certification for a specific board, you must participate in MOC within ten years of obtaining your certificate from the specific board whether this requirement is achieved by using the ABPP-approved waiver (for board certification before January 1, 2015, only) or through completion of the respective specialty board-approved MOC grid and narrative.

For specialists who were board certified prior to January 1, 2015:

A specialist certified by more than one board may complete one aggregate set of MOC materials that satisfies all of the boards for which he/she is certified or complete one set of MOC materials for each board for which she/he is certified. In the case of a multi-board certified specialist who chooses to complete one aggregated set of MOC materials, the specialist will accomplish this by:

1. identifying/selecting the specialty with which the specialist primarily identifies
2. completing the full MOC grid and narrative for this primary specialty
3. completing the unique, specialty-specific portions of the MOC grid and narrative requirements for the secondary, tertiary, etc. specialties
4. reviewing the grid and narrative of the primary specialty to determine if it adequately addresses the areas each additional specialty requires

The specialist can choose whether to complete one grid and narrative to address multiple specialties or complete the grid and narrative for additional specialties. It is up to the specialist to decide whether to complete one or more grids or narratives.

No MOC grid or narrative should be completed until at least 8 years have passed since the granting of board certification in that specialty. The specialist may complete his/her aggregated MOC grid and narrative 8 years after his/her most recent board certification or may complete individual MOC grids and narratives 8 years after board certification for each specialty.

Examples

Case in which all certificates were granted prior to 2015

An individual is certified in X in 1978, Y in 1985, and Z in 2011.

Option 1
The MOC materials for X and Y may be completed and submitted simultaneously as soon as the specialist is notified that the MOC materials are available. The materials for Z may not be submitted any earlier than 2019, and not later than 2021. Future MOC requirements will be based upon a date eight years after passing the MOC for a given specialty.
Why might a specialist opt to submit under Option 1, when he or she could wait until eight years after the 2011 board certification date? A specialist may benefit by completing MOC early, e.g., meeting medical staff requirements, or enhancing employability.

**Option 2**
The MOC materials for X, Y and Z are submitted together, no earlier than 2019 and not later than 2021. Since the specialist is opting to participate in MOC, the specialist may wait until eight years after the most recently granted board certification date to submit each.

**Option 3**
The specialist can waive MOC for one or all specialty certificates granted prior to 2015.

**Case in which one or more certificates was granted pre-2015 and one or more was granted post-2014**

An individual is certified in X in 2000, Y in 2005, and Z in 2015.

For pre-2015 certificates, the specialist can manage the MOC materials by using the instructions above for Option 1, 2 or 3.

For certificates granted January 1, 2015 or later, submit the MOC materials as required based on board certification date.

The second concern for which the MOC Task Force sought and obtained the Trustees’ approval was a reconsideration of a decision made by the Trustees in the December 2014 BOT meeting. As a reminder, we hope to decrease excessive demands on specialty boards by making recently board certified specialists wait until their board certification is nearing the 10-year mark before they participate in MOC. The intent is to give priority in participation in MOC to specialists who were board certified more than eight years ago. In their December 2014 meeting, the Trustees approved a motion that specialists board certified before January 1, 2015, will become eligible for MOC after their initial eight years of certification. Since the December meeting, the MOC Task Force and Executive Committee reviewed this topic and developed a refinement that would allow specialists more time to correct any deficiencies in the MOC material, should they need it, and more time for the specialty board to review the specialists’ revised materials. Recently, the Trustees approved the following corrective motion by email vote: “A board certified specialist boarded before January 1, 2015, will become eligible for MOC in their initial 8 year of certification.”

The third concern the MOC Task Force put before the Trustees for their consideration related to how specialty boards may manage MOC materials submitted by specialists before the end of their 10-year MOC requirement, yet, too near the 10-year mark to allow the specialty board time to review and rule on the adequacy of the material. The MOC Task Force developed the following proposed language, offered it to the Executive Committee for their review, then sought and obtained its approval by the Trustees via email:

> If a specialist makes timely and sufficient application for the maintenance of certification, including submission of a complete narrative and grid, the existing certification does not expire until the application has been finally determined by the specialty board or the Board of Trustees in the case of an appeal.

The MOC Task Force continues to progress toward its multi-year mission of full implementation of ABPP maintenance of certification. We thank the Trustees, Executive Committee, Specialty Boards, Academies, Central Office personnel, and all specialists who have offered support and encouragement. As new developments unfold we will keep you updated, as we have in the past.
The ABPP Foundation
Florence Kaslow, PhD, ABPP

The ABPP Foundation Board has had an extremely busy first half of 2015. We began by adding four new Board members to replace the four members who had finished their terms and rotated off. We also learned, unfortunately for us, that one of the newly elected people who had agreed to assume an office, had to resign almost immediately as he is serving on the ABPP BOT and this is considered a conflict of interest in our By-Laws. Left with only six members, we were very shorthanded. Therefore, a subsequent election was held in March, adding four additional members, bringing the Board up to ten, including one early career psychologist.

The current Board members are:

**Executive Committee**
Florence Kaslow, Chair
Morgan Sammons, Vice Chair
Kirk Heilbrun, Treasurer
Meghna Patel, Secretary – Early Career Psychologist
Andy Benjamin – Member at large

**Members**
Stephanie Felgoise
Jared Leffler
Jennifer Kelly
Kevin Mulligan
Richard Seime

**Ex Officio**
David Cox
Michael Tansy

**Administrator**
Charme Davidson

With these new members we have added to the cultural diversity of the Board composition and the diversity of the ABPP specialties represented.

I created and convened the Executive Committee and this designation is functioning well. In future elections, ABPP members will be asked to vote for each nominee separately and not to vote on a single ballot for all. Elections to fill vacancies will occur annually in the fall and new members will come on the Board as of January 1 of each year. We have worked diligently to revise our By-Laws and Policies and Procedures Manual, which have now been approved. These were distributed to all incoming Board members, a practice that will be followed each year.

We have been meeting by conference call approximately every six weeks. Two in person meetings were scheduled this year for the first time – one in San Diego on May 27, in conjunction with the ABPP workshops; and one in Toronto at APA on Wednesday, August 5. As in the past, a booth was hosted at APA adjacent to the ABPP booth to publicize the Foundation and to raise funds to help us carry out our mission. Several organizations, including APAIT, PAR, and MHS, served as sponsors for our second Foundation Reception. Almost all of our Foundation Board Members contributed specifically to this event, as well as, to the General Fund, out of which we are hoping to be able to make more awards. We are asking all members of the ABPP BOT to similarly support their Foundation.
I have written to almost all of the Past Presidents of ABPP who are still “with us” and the same applies to past ABPP Award recipients, soliciting their financial participation in the Foundation and asking if there are any other ways they might wish to be involved, e.g., serving on a committee, running for the Board, or serving in our Ambassadors Group. We have had several contributions as a result of these letters for which we are most appreciative. We now have convened numerous committees and all are up and running. New in the past two months are the Fund Raising Committee, and the Marketing and Public Relations Committee. The Ambassadors Committee has been activated. We intend to make a minimum of two awards to early career psychologists who are planning to apply for their board certification. We also plan to continue to strengthen our collaborative working relationship with ABPP and have welcomed the active involvement of Michael Tansy, ABPP BOT President Elect who serves as a liaison to the Foundation in our meetings and through his correspondence to us. We are pleased that this is the second year the Foundation has a liaison to the ABPP BOT.

Please feel free to contact me with suggestions or questions.

Council of Presidents of Psychology Specialty Academies (CPPSA)

By Jack O'Regan, PhD, ABPP

It is my privilege to succeed Chris Ebbe as CPPSA Chair/CEO and to serve for the next two years. I want to thank Chris for his leadership and particularly his efforts at defining Academy. We have multiple variations on the Academy theme: six external Academies (Clinical, Forensic, Neuropsychology, Couple & Family, Counseling, and Rehabilitation), three internal Academies (School, Clinical Health, and Police & Public Safety), two merged Academies (Group and Psychoanalysis), and two specialties without Academies (Cognitive & Behavioral and Clinical Child & Adolescent). Chris developed a definition broad enough to encompass all configurations and yet provide guidance for the development of new Academies.

My fellow officers for 2015-2016 are Arnie Spokane, Chair-Elect; Chris Ebbe, Past-Chair; Jared Skillings, Secretary; and, Linda Caterino, Treasurer. CPPSA is in good hands.

There is such a thing as “free money” (well, almost). For the past year and a half, CPPSA has been offering a grant for Academies to promote specialization. Five Academies successfully applied for this $1000 grant (Couple & Family, School, Counseling, Group, and Forensic) and are doing wonderful things (e.g., developing websites, videos, brochures, etc.). We are carrying over unused funding into 2015 and strongly urge Academies to take advantage of this opportunity. Some Academies are eager to apply for a second grant, but we are holding them off, so that others may apply for these funds. Grants are being offered to develop new efforts in promoting board certification in a specialty, rather than funding ongoing operations. Email me for details.

Finally, at our last teleconference, Academy presidents were urged to develop a formal, written affiliation agreement with their respective Boards. This agreement would outline the respective duties and working relationships between each Board and Academy. Clarity of areas of purview is always good.
Historian’s Column

Historian, Robert W. Goldberg, PhD, ABPP

MILESTONES

For this column, I am setting forth a thumbnail chronology of events that I consider to have been the most significant in ABPP’s history, as I perceive, understand, and have directly experienced.

1947  Creation and organization of the American Board of Examiners in Professional Psychology (ABEPP), initially funded by APA but independent of it. This distinction recognized the important principle that a membership organization cannot also serve to certify competence. Certification was to be “at the advanced level” in clinical, counseling, and industrial specialties, with generic licensure left to the states. Prime movers were David Shakow, David Wechsler, David Rapaport, George Kelly, and John G. Darley.

1947  1,000 out of 1,500 applicants met credentialing criteria, about the same ‘pass’ rate as all 1949 future exams. Although ABEPP was often considered an ‘old boys’ network, 48% of the awardees were women.

1949-1952  Exam development, through collaborative efforts with University of Chicago and the VA. Most involved were David Shakow, David Wechsler, E. Lowell Kelly, D. W. Fiske. Standard education and experience criteria were adopted and exams conducted. Exams took place in different locations, creating a de facto regional structure which was formalized in 1972. Various objective, essay, practice sample, and observational models have been employed as conceptualizations of practice have evolved and specialties proliferated. Since 2005, exams must entail appraisal of both core professional foundational and specialty-specific competencies in assessment, intervention, consultation, science-based applications, etc.

1953  Original BOT Members’ terms expire. Most administrative functions assumed by Noble H. Kelley as Executive Officer, at Southern Illinois University through 1970.

1968  School Psychology established as the fourth ‘general’ specialty.

1968  ABEPP name shortened to American Board of Professional Psychology.

1960s  Dearth of applicants becomes a major concern with no effective action taken.

1970s  ABPP brochures stress a standard of ‘excellence,’ rather than ‘advanced competence,’ citing a benchmark of “top 15%,” thus promoting an elitist concept of board certification which probably discouraged potential applicants.

1972  Structure of Regional Boards established, each comprised of members from all four specialties and its own set of officers.

1980s  Aging of the specialist cohort without sufficient new applicants remains a concern.

1980  Publication of The Diplomate, this newsletter’s predecessor.

1983  Initiation of “annual dues” as a revenue stream. It was recognized that a dues system was more characteristic of a membership group than a credentialing body and was reconceptualized as an annual “attestation fee,” confirming the specialist’s continuing good professional standing.

1988 First permanent physical Central Office location in Columbia, MO, established by BOT President Paul King. Nicholas Palo hired as full-time non-psychologist Administrative Officer.

1990 Jacquelin Goldman elected first woman BOT President.

1990 Decision by BOT to undertake recognition of new postdoctoral specialties due to APA inaction. Formation of the Interorganizational Council for accrediting postdoctoral specialty residency programs. These actions goaded APA to create CRSPPP and task the Commission on Accreditation to accredit residency programs. The IOC evolved into today’s Council of Specialty Councils. Prime mover: Manfred Meier.

1991 Concept of a Senior Option developed to encourage experienced professional leaders to seek board certification. Prime movers: Joseph Matarazzo and Cynthia Belar.

1992 Reorganization of ABPP into a group of separate specialty boards for conducting exams and quality control, each with the option of creating an associated membership ‘academy’ for advocacy and promotional functions. The regional/hybrid structure was abandoned. These specialty boards were member boards under the unitary BOT as governing body. Regional boards were sunsetted. Prime mover: BOT President David Drum.

1993 Council of Presidents of Psychology Specialty Academies is formed to represent common Academy concerns and interests in relation to the BOT. The relationships of Academies to their respective Boards with regard to both structure and governance has been ambiguous and there are currently a variety of affiliation models.

1993 BOT Treasurer Beeman Phillips projects “glidepath” to ABPP insolvency without radical action. Income from new application and attestation fees was projected to be less than income lost through retirements of the aging specialist cohort within several years.

1990s Concept of board certification redefined as ‘advanced specialty competence;’ a reasonably expectable attainment with sufficient postdoctoral training and experience, analogous to physicians who have completed residencies. Prime mover: BOT President Russell Bent.

1990s Seven additional specialty boards become fully affiliated with ABPP, meeting specified criteria. Of equal significance were ABPP determinations that some practice areas were not specialties and/or that Boards representing these were not sufficiently rigorous in their procedures to warrant affiliation.

1997 Development of comprehensive, concrete, and specific documents for new specialty board affiliations (Application Manual for Specialty Board Affiliation) and uniform criteria for eligibility, credentials review, and examination of applicants (Standards Manual for Specialty Boards, Candidacy, and Examinations).

1997 ABPP 50th Anniversary Convocation held in Chicago, IL.

1998 Central Office relocated to Jefferson City, MO, in a property purchased by the BOT.

1999 A definition of “subspecialty” was adopted, not to be implemented until 2013.

2000 A comprehensive Operations Manual was developed to formalize, systematize, and integrate the congeries of policies, procedures, and informal ‘rules of thumb’ by which the BOT was functioning. Prime mover: Executive Officer Russell Bent.

12 Summer 2015
2000  The annual Governance Day was established for strategic planning purposes. ABPP maintained a booth in the APA Convention Exhibition Hall for the first time to increase awareness, personalize and humanize the organization, and thereby encourage applicants.

2000s Three additional specialty boards become fully affiliated with ABPP.


2002  Central Office relocated to Savannah, GA, under Executive Officer Russell Bent.

2004  BOT adopted the policy of periodic review of the policies, procedures, and operations of its member specialty boards for quality control and improvement purposes.

2005  BOT adopted a revised “competency model,” reflecting the zeitgeist of the new century. This move set forth definitions for specialty practice competencies to be utilized and incorporated in all specialty board examination procedures.

2007  Early Entry Option system developed. ‘Marketing’ and outreach to graduate programs, APAGS, training sites, and students vastly expanded. Presence at, relationship to, and liaison status with other major professional psychology organizations greatly increased. Prime mover: Executive Officer David Cox.

2008  Central Office relocated to Chapel Hill, NC, under Executive Officer David Cox.

2010  Concept of ‘maintenance of certification’ introduced by BOT President Nadine Kaslow, generating considerable debate regarding the means by which current competencies of already certified specialists should or could be fairly evaluated.


The above chronology is, of course, a personal one and I welcome additions, comments, etc.

Reference

Continuing Education Article

The 25th Anniversary of the Americans with Disabilities Act: A Psychologist Looks Back

Allison Waterworth, PsyD, ABPP President, American Board of Couple and Family Psychology

I met Judy around 5 P.M. on a Sunday evening when I drove to the group home for developmentally disabled adults. This was to be my first job in the helping profession and I was nervous. As a junior in college, I had only read about people with disabilities. I had little real world experience and could only imagine what to expect. Judy, one of the residents, burst out of the group home and ran to my car to greet me, smiling widely and insisting on a hug. My nerves abated. Since then I have never been greeted similarly as a new hire. Thus began my professional past in helping individuals with disabilities to maximize their potential. The year was 1990, the same year that George H.W. Bush signed the Americans with Disabilities Act into law. The 25th anniversary of this momentous law was celebrated on July 26, 2015. Its effects have been profound and far reaching.

Savvy employers realized the need and potential of the ADA and welcomed the new opportunities it created. For example, Judy, an early beneficiary of the law, held a job at a local fast food restaurant where she prepared food. She felt immensely proud of her job and paycheck, and took it very seriously. Her supervisors found her to be a model employee. She held the position for years, not feeling it beneath her capabilities but, rather, thankful for the opportunity. Another beneficiary of the ADA, whom I later met when serving as a job coach for persons with mental disabilities, got work cleaning the cages at a local pet store. Yet another entered data for a postal store, and still another filed folders in a medical office.

The ADA stipulates that employers and other public institutions must make “reasonable accommodations” to allow access of disabled individuals to jobs such as these. Since the inception of the ADA, hundreds of cases have served to clarify the meaning of reasonable accommodations. In part, the institution or employer is required by law to shift or change certain aspects of the job to allow the individual to be successful. Meanwhile, the employee must complete tasks to at least the average standard.

It was Freud who said there are really only two things in life – love and work. I am no psychoanalyst but I think we can universally concur that we all need a sense of “work,” an activity that gives us purpose and drive and rewards us with accomplishment and satisfaction. The ADA has granted access to this essential human need for thousands of people from various walks of life, and I have had the privilege of aiding many of them as they made their journeys to fulfill this need.

To be specific, the ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else. The ADA is divided into the following five titles (or sections) that relate to different areas of public life, granting five basic rights for people with disabilities.

**Title I (Employment). Equal Employment Opportunity for Individuals with Disabilities**

This title is designed to help people with disabilities access the same employment opportunities and benefits available to people without disabilities. Employers must provide reasonable accommodations to qualified applicants or employees. A “reasonable accommodation” is a change that accommodates employees with disabilities without causing the employer “undue hardship” (too much difficulty or expense).
Title II (State and Local Government). Nondiscrimination on the Basis of Disability in State and Local Government Services
This title prohibits discrimination on the basis of disability by “public entities,” which are programs, services, and activities operated by state and local governments. The public entity must make sure its programs, services, and activities are accessible to individuals with disabilities.

Title III (Public Accommodations). Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities
This title prohibits private places of public accommodation from discriminating against individuals with disabilities. Examples of public accommodations include privately owned, leased, or operated facilities, such as, hotels, restaurants, retail merchants, doctors’ offices, golf courses, private schools, daycare centers, health clubs, sports stadiums, and movie theaters. This title sets the minimum standards for accessibility for alterations and new construction of facilities. It also requires public accommodations to remove barriers in existing buildings where it is easy to do so without much difficulty or expense.

Title IV (Telecommunications).
This title requires telephone and Internet companies to provide a nationwide system of interstate and intrastate telecommunications relay services that allow individuals with hearing and speech disabilities to communicate over the telephone. This title also requires closed captioning of federally funded public service announcements.

Title V (Miscellaneous Provisions).
The final title contains a variety of provisions relating to the ADA as a whole, including its relationship to other laws, state immunity, its impact on insurance providers and benefits, prohibition against retaliation and coercion, illegal use of drugs, and attorney’s fees. This title also provides a list of certain conditions that are not to be considered as disabilities.

After the initial passage of the ADA in 1990, the ADA Amendments Act of 2008 (ADAAA) was enacted on September 25, 2008, and became effective on January 1, 2009. By enacting the ADAAA, Congress overturned several Supreme Court decisions that it believed had interpreted the definition of “disability” too narrowly, resulting in a denial of protection for many individuals with impairments such as cancer, diabetes, and epilepsy. It also directed the U.S. Equal Employment Opportunity Commission (EEOC) to amend its ADA regulations to reflect the changes made by the ADAAA. The ADAAA made a number of significant changes to the definition of “disability” under the Americans with Disabilities Act (ADA). In enacting the ADAAA, Congress made it easier for an individual seeking protection under the ADA to establish that he or she has a disability within the meaning of the statute. The ADAAA states that the definition of disability should be interpreted in favor of broad coverage of individuals. In addition, an important statement in the Purposes section of the ADAAA clarifies that Congress intends that the focus of the ADA, like other civil rights statutes, should be on whether discrimination occurred, not on an exhausting analysis of whether the person has a disability.

When one thinks about people with disabilities, images of those with physical disabilities may come to mind initially, and this is understandable. Our culture is still bound tightly to what we can see. As psychologists, however, we have insight into other dimensions of abilities and capabilities, as well as disabilities, including mental, cognitive, sensory, and emotional ones. The ADA protects individuals with disorders in these areas as well. Most recently, case law supported the addition of reading and concentration as primary ability domains that, if compromised, may constitute a disability.

For the past ten years, a central part of my practice has been conducting psychoeducational and neuropsychological evaluations. Frequently, the results of these evaluations allow individuals with substantial impairments in learning, memory, concentration, reading, and emotion to gain reasonable accommodations on standardized exams (e.g., ACT, SAT), high stakes exams (e.g., licensing exams, board exams), and exams while in college or graduate school. Having assessed hundreds of motivated and capable individuals with specific learning-related disabilities, I can attest to the fact that granting reasonable accommodations is not only humane, but a benefit to society.
Those with learning disorders, ADHD, and other cognitive impairments (head trauma, mild neurodevelopmental conditions) show no outward sign of their disability, and yet neurocognitive testing reveals substantial limitations in circumscribed areas. I particularly enjoy evaluating students from local graduate programs, many of whom are immigrants or first generation Americans, determined to reach the pinnacle of their capabilities, but limited by early trauma, undiagnosed learning disorders, or mental health conditions. These individuals personify persistence, aspiration, and frequently the wish to “give back” to society. But sometimes they require the support of the ADA to, for example, be allowed additional time on exams, to test in a separate room, or to take fewer courses per semester. They usually worry about the stigma of these choices, knowing that in our culture we perceive those who cannot perform the same as others, as “less than.” Indeed, this view is still prevalent, but becoming less so, I hope. And, as more individuals with specific limitations become professionals in their own right, the more they can dispel these myths and misperceptions.

As a systems-trained psychologist focusing on families and couples, I must consider all the systems that are affected in the process of evaluating an individual. Not only is the individual my client, but so is the learning specialist, therapist, or parent who referred the client. In addition, the audience for the evaluation includes these individuals, as well as, the gatekeepers of the system, i.e., the testing boards. Testing boards such as the College Boards are tasked with keeping an even playing field. In other words, their job is to not allow unfair access to those who truly are not disabled. Licensing boards, in contrast, are tasked with protecting the public, with the rights of the individual being secondary. While I do view myself as an advocate for clients, I am also aware that my professional conclusions and recommendations may affect the lives of those around my client.

Nowhere is this more apparent than in my most recent endeavor, conducting neuropsychological evaluations for pilots. Pilots are required to disclose any current or past mental health conditions or treatment when they initially apply for a required medical certificate, which is regulated by the Federal Aviation Administration (FAA). All pilots, from those flying two-seater Cessnas to those flying jumbo jets, must receive a medical certificate before they can fly solo, and the mental health standards are largely the same regardless of the type of aircraft to be flown. The majority of pilots are actually general aviation pilots who want to fly small planes for leisure or travel. Thus, it calls into question whether their standard for mental health safety should be equivalent to that of a major airline pilot. Currently, it is the same standard. There is a bill in Congress to lessen the standard for small plane pilots, citing that there are very few accidents in these planes due to mental health conditions. Of course, with recent events this is a hot button topic, and one may be prone to a knee jerk reaction of extreme caution in safety regardless of the cost or imposition. Recently, the FAA has granted a slight loosening of restrictions in the matter of pilots who have had depression, granting the possibility of retaining a medical certificate with annual mental health and cognitive assessment checkups by a qualified professional. What is the position of the ADA on this matter? So far, this question has not been answered, but eventually it will be, hopefully to the benefit of both pilots and society.

Another population which will benefit from the ADA is veterans. With advances in medical technology, veterans are returning home in greater numbers, but with more physical and emotional disabilities than ever before. Fortunately, within the federal government they are granted top priority in being interviewed for job openings. For my internship, I worked with Vietnam veterans, and for those who were well enough to work, the distraction of doing so greatly relieved many of their symptoms.

Individuals with limitations of every kind have always been in society, but often perceived as “less than” and granted limited access and fewer rights. The ADA has required us to include people with a wide variety of conditions and challenges, which, of course has broadened our humanity and our ability to see the strengths in everyone. It has been my professional privilege to support those who can benefit from the ADA. Who knows? It could be me some day.
Stepping Up To The Plate: Opportunities and Challenges for Women in Leadership

Susan H McDaniel, PhD, ABPP & Nadine Kaslow, PhD, ABPP

“As we look ahead into the next century, leaders will be those who empower others.” Bill Gates

The two of us have traveled similar paths, having met in Houston when Susan was a postdoc in family therapy and Nadine was a practicum student in child psychology. Since then, we have both taken on leadership roles in academic health centers (Susan as a Division Chief in Psychiatry and an Associate Chair of Family Medicine, Nadine as Vice Chair of Psychiatry and Behavioral Sciences and Chief Psychologist at Grady Hospital). We both completed national leadership training: Nadine following Susan in the HHS Primary Care Policy Fellowship, and Susan following Nadine in the Executive Leadership program for women in Academic Medicine (ELAM). We have both been active for years in APA governance: Nadine is now Past President of APA, Susan is President Elect. Susan has built a career developing primary care psychology. Nadine has focused on suicide and family violence research, psychology education and training, and family psychology. Both are experienced journal editors. Both have much experience with the internal and external barriers to women in leadership roles of all kinds.

Answering the phone:
“This is Dr. McDaniel.”
“How can I help you?”

How many of us have had this experience? When we started working in our respective academic health centers in the 80s, there were few women, and we were almost always assumed to be secretaries. How do we move from there to here—an era when many women want to “lean in,” step up to the plate, and provide leadership to their organizations?

Women often have good interpersonal skills and high emotional intelligence. That’s how we were raised. These are VERY helpful in leadership roles. However, there are plenty of other skills we must learn to be good leaders. Many women can come to the work world expecting that, like in their childhood, they will be rewarded for being good girls and not causing trouble. Unfortunately, at least in academic health centers, this behavior often results in taking the woman’s skills for granted rather than developing her abilities and maximizing her contributions.

We will address some of these challenges in this article, starting with assessing the alignment of the system with the woman’s goals, then reviewing issues of power and dependency in leadership, and concluding with conflict management skills. This treatment is only an appetizer in a very rich meal. We hope you will consider some of the references for more in-depth treatment of these subjects.

Alignment

Opportunities for leadership can arise in intentional or unexpected ways. One key consideration is the alignment of the mission, values, and culture of the institution with your own. We find it very useful, as a first task, to write a personal mission statement. Most of us have participated in writing mission statements for our department or organization. Spend 20-30 minutes writing one for yourself. Whenever we are making difficult decisions about priorities, we return to our personal mission statements and ask what is most important in achieving our personal goals. Not, who will we please, or will we be good for the job, but is it in line with what we care about most? Is it how we want to spend our energy, our precious time? Personal mission statements are also useful to read just before going into a difficult meeting. They ground us in our commitments, and help to quell the reactivity so common to our species. They also evolve over time, and are worthy of rewriting annually.

After writing a personal mission statement, the next step is to assess the psychological health of the organization for which you may become a leader (McDaniel, Bogdewic, Holloway, & Hepworth, 2008). Does it have a clear
mission and identified goals? How do these match with your own? More generally, do its leaders communicate clear expectations for its workers? Does it have a mentoring system and foster career success? Are its resources aligned with its stated priorities? Does it conduct formative reviews? Does it acknowledge employee value and contributions? Do leaders have strategies to help individuals having difficulty? Does it afford latitude for employees with changing life events? Does it have fair and systematic mechanisms for dealing with disruptive behavior?

**Power and Dependency**

Leadership, by definition, means confronting issues of power and dependency.

**Conflict Management**

Effectively managed conflict promotes cooperation and builds healthier and more positive relationships (Coleman, Deutsch, & Marcus, 2014). Conflict management refers to using strategies that move the conflict toward resolution without escalation or destruction of relationships. A strong overall approach to conflict management includes an appreciation that conflicts are complex and thus require differential tactics of management based upon the people involved, the situation, and the style of the parties. This approach entails thoughtful consideration of the myriad sources of conflict (e.g., misunderstandings and miscommunications, fear, failure to establish boundaries, negligence, need to be right, mishandling of differences in the past, hidden agendas, and the intention to harm or retaliate). Conflict management efforts must involve a detailed analysis (i.e., scientific approach) of the facts of the situation and attention to the feelings and perceptions of the parties.

The first step to managing a conflict is identifying the critical issues related to the situation, as well as associated organizational, personal, and cultural factors. Encourage each party to ask him/herself a series of questions, such as “How does my behavior contribute to the dynamics? What elements of the situation am I able and willing to change? What matters most to me/to the other party in the situation?” If you are a party to the conflict, ask yourself these questions.

Finally, take a clear and direct, but respectful and caring approach to addressing a conflict. It is critical that you define the situation in terms of a problem that calls for a solution (Fisher, Ury, & Patton, 2011). All parties must acknowledge their feelings and acknowledge the feelings of the other(s). Then ask for specific behavior change and hear the behavior change requests of the other party or parties. This approach involves being clear about the outcome you want, accepting what you can get, giving up on having to be right, and demonstrating your willingness to hear the other party’s perspective and to work collaboratively. Conclude by, sharing what you are willing to do to improve the situation and strive to do your best to make these changes.

In conclusion, women bring many talents to leadership. Like other important decisions in life, it takes courage to “step up to the plate” but it is also a rewarding opportunity to serve. We all need ongoing coaching and feedback regarding challenges related to defining our personal mission; ensuring its alignment with the institution, agency or organization; and managing issues of power, dependency, and conflict. We need your talents in this time of transition!

*This piece was first published in the California Psychological Association magazine in the summer of 2014.

**References**


Ethics, Emotions, and Values*
Linda K. Knauss, PhD, ABPP
Member, ABPP Ethics Committee

Nancy sought treatment from Dr. W. because she was feeling depressed about her relationship with a married man. The man said he no longer loved his wife, but was hesitant to leave her because they just had a baby. Although Nancy talked about this situation for several months, she never mentioned the name of the man she was seeing. However, in one session, something she said made Dr. W realize that Nancy was seeing Dr. W’s sister’s husband. Dr. W had a very close relationship with her sister, and was fearful that if her sister found out that she knew about the affair and said nothing, that her sister would never speak to her again. Dr. W went home and told her sister what she learned from her client.

Why didn't Dr. W follow the rules? It is likely that if Dr. W were given a multiple-choice exam on the APA Ethical Standards and Code of Conduct (APA, 2010), including the sections on confidentiality, she would know the correct answers. Yet, people like Dr. W who know the ethics code still get into trouble. They make different decisions when confronted with the same information in their office. This is because ethical matters arise in an interpersonal context. The decisions that must be made require reasoning because usually the questions are more complex than information that can be referenced in any ethics code.

Today’s clinical practice often involves competing interests, values, and uncertainty. However, professional training often leaves people unprepared to sort out ethical, clinical, and emotional issues. Ideas that seem to be clear in a textbook, classroom, or workshop become murky in the context of clinical practice. There are many considerations that compete for a therapist’s attention and inclination. Psychologists need to understand the personal and interpersonal nature of ethics and morality (Betan & Stanton, 1999).

Currently, most ethical decision making models emphasize a rational approach, although the fifth step in the ethical decision-making model by Barnett and Johnson (2008) is to reflect honestly on personal feelings and competence. Incorporating the role of emotions and values helps clinicians to take ethical action. Clinicians need to be able to make sense of the conflict and ambiguity in the interpersonal context of ethical dilemmas. It is important to be able to respond ethically without reducing the decision to a concrete rule (Betan & Stanton, 1999). This means giving a broader view of ethics that includes the philosophical underpinnings of ethics, understanding one’s own personal values, and recognizing the role of emotions on decision-making. Psychologists will be better at ethical decision-making when they can identify the moral and ethical issues within their practice.

Studies show that many times people know the right thing to do, but they still do not do it. This was the case with Dr. W. Bernard and Jara (1986) studied why people chose not to apply ethical principles even when they were well understood. When responding to vignettes involving a colleague acting unethically, 50% of graduate students and an average of 32% of practicing psychologists (Bernard, Murphy, & Little, 1987) indicated that they would not live up to their own interpretation of what should be done. There were no demographic differences between the participants who indicated they would do what they considered ethical and those who would not. Also, most of the participants in the studies had taken a course in ethics. Wilkins and colleagues (1990) reported similar results in their sample of practicing clinicians in APA Division 12 (Clinical). Betan and Stanton (1999) continued this work by studying how emotions and concerns interfere with a willingness to implement ethical knowledge.

These studies demonstrate that ethical knowledge is not sufficient for ethical behavior. The decision not to report the unethical behavior of a colleague seems to be a matter of personal values, as was the decision of Dr. W. According to Bernard and Jara (1986), the issue is not how to communicate the ethical principles more effectively, but how to motivate people to implement the principles they understand.
The consequences of disregarding the law or code of ethics are well known, but the consequences of disregarding one's own values can be equally damaging. When discussing real or hypothetical ethical dilemmas, several clinicians said their decisions were guided by the need to be able to “look at myself in the mirror in the morning”. This need has led psychologists to violate confidentiality, informed consent, and other ethical principles in clear conflict with the APA Ethical Standards and Code of Conduct (APA, 2010) when they were acting in a manner consistent with their own values. Examples include reporting a past crime committed by a client, or failing to report child abuse.

The conflict between values and formal legal or ethical obligations needs to be addressed early and often in education, training, and supervision. Thus a different thrust may be needed in the teaching of ethics in graduate programs. While considerable time and attention are given to teaching the ethics code and even ethical decision-making, students are seldom encouraged to explore their personal values. Abeles (1980) urged psychologists to teach ethics by means of value confrontations. Clarifying moral and ethical values and making them prominent in our thinking may help to realign behavior (Handelsman, Knapp, & Gottlieb, 2002).

Handelsman, Gottlieb, & Knapp (2005) propose that psychologists need to integrate their own ethical and value traditions with those of professional psychology. People have ideas of right and wrong based on their family values, national origin, religion, and personal experiences. However, the way professional ethics are implemented is different from the way ethical decisions are made in one’s personal life. When people bring their personal value systems into psychology, they do not necessarily understand “how those same behaviors could harm patients or themselves when implemented within the unique role of a psychologist” (Knapp & VandeCreek, 2012, p. 25). The Ethics Acculturation Model (Handelsman, Gottlieb, & Knapp, 2005) is based on the premise that psychology “represents a discrete culture with its own traditions, values, and methods of implementing its ethical principles” (p. 59). Acculturation can be a complex process of adapting to the shared norms, beliefs and traditions reflected in the ethics code, and people vary in the extent and speed to which they acculturate themselves to the unique ethical demands found in psychology (Knapp & VandeCreek, 2012).

Betan and Stanton (1999) also suggest that ethics training should include awareness of the emotional pulls and subjective concerns of the clinician. In addition to training in the application of ethical guidelines and higher order principles to promote ethical reasoning, training models should encourage awareness of personal emotions and concerns that arise during ethical dilemmas. If psychologists are making poor decisions about ethical dilemmas because they are not paying attention to the influential role of their emotions, values, and contextual concerns, then those who are more aware of personal emotions and values may be better able and more willing to intervene ethically (Betan & Stanton 1999).

Attending to one’s emotional reactions in the context of an ethical dilemma can and does produce personal distress. Kitchener (1986) said “Ethics educators need to help students understand the meaning of their feelings. For example, students need to understand that acting ethically does not always lead one to feel good” (p. 307). However, if people know why they do not want to implement what they know is the most ethical choice, it opens the door for them to seek consultation regarding their values and priorities rather than attempting to justify inappropriate behavior. Consulting with trusted colleagues is the sixth step in the ethical decision-making model outlined by Barnett and Johnson (2008). They emphasize that consultants should be honest, forthright, and have experience with legal and ethical issues, and preferably, experience in the area of concern.

Ethical dilemmas require taking action in situations that are ambiguous. Doing so often creates strong emotional reactions. Values and emotions influence a person’s ability to make the best ethical decision. However, they must be integrated with cognitive decision-making skills.

Emotions can interfere with the willingness to use ethical knowledge. Understanding how emotions might guide behavior in ethical dilemmas can help psychologists to make more informed choices about their actions. Normalizing the emotional process may enhance the motivation and commitment of practitioners to work through challenging ethical dilemmas and seek consultation when needed (Betan & Stanton, 1999).
Everyone has values and emotions. As psychologists we try to hide our values and emotions and pretend they do not exist. However, they do not go away. They continue to influence us, so it is essential to understand our values and emotions and integrate them into our work. Only by taking full account of the influence of emotions and values in our work, can we truly practice ethically.

*This article was adapted from the following article:


References


Some of you may be familiar with a recent viral video showing two preschoolers discussing their perspectives on the daily weather, specifically whether it was “raining” or “sprinkling”. This seemingly innocent discussion quickly devolved into tears and violence (“you poked my heart!”). In this article, we hope to offer 2 different perspectives on some issues important to ABCCAP…without the violence or the tears. Daniel M. Cheron, PhD, ABPP of Judge Baker Children’s Center and Harvard Medical School is offering the perspective of a recently certified ABCCAP specialist, and Greta Francis, PhD, ABPP of Lifespan School Solutions and Alpert Medical School of Brown University is offering the perspective of the current ABBCAP board president.

What do you see as the most valuable aspect of being an ABCCAP specialist?

**Daniel Cheron [DC]:** As a recently certified ABCCAP Specialist, I see certification as a great communication tool. The majority of my professional work is focused on coordinating the training of students, fellows, and other clinicians. Being a certified ABCCAP specialist sends an important message to potential trainees as well as their programs, departments, and advisors. They know that the programs I supervise value the professional competencies outlined by the Board; sensitivity to interpersonal interactions, commitment to diversity, strong ethical and legal foundations, and identification as a site committed to training child and adolescent psychologists. It also helps trainees quickly understand that the opportunities they are likely to encounter as a trainee will focus specifically on those functional competencies of a child and adolescent psychologist and will be grounded in the scientific literature.

**Greta Francis [GF]:** I agree with Dan. Becoming an ABCCAP Specialist is a way for child, adolescent, and pediatric psychologists to demonstrate that we have completed specialized training in clinical child and adolescent psychology. Specifically, this allows us to communicate to colleagues and the public that we are competent to work with youth and families using terminology (“board certification”) that others understand. This, to me, is one of the most valuable aspects of being an ABCCAP Specialist.

Are there any misconceptions about ABCCAP certification that you think need to be corrected?

**DC:** Often, when I speak with colleagues and mention my ABCCAP specialist certification, they are surprised. Most conceptualize that board certification is only for much more seasoned professionals who are further advanced in their career. My response to them is to that certification through a specialty board such as ABCCAP can be very helpful for the professional development of a new psychologist. Rather than serving only as a mark of distinction for the well-established psychologist, board certification as a Clinical Child and Adolescent Psychologist can help new professionals develop a professional home and build relationships with similarly trained and like-minded psychologists. It is perhaps most important for individuals to consider early career membership in ABCCAP, when it can have an influence on how we develop as career psychologists.

**GF:** Some folks assume that ABCCAP applicants need to identify their theoretical orientation as exclusively cognitive-behavioral. In fact, ABCCAP specialists come from varied theoretical backgrounds. What ABCCAP specialists have in common is a demonstrated commitment to using science to inform practice. That is, ABCCAP specialists are aware of research relevant to their area of practice and they thoughtfully evaluate that research base to inform their own practice.
Another occasional misconception is that ABCCAP certification is not relevant for those trained in pediatric psychology. In fact, our ABCCAP membership consists of both clinical child/adolescent and pediatric psychologists. The membership of our ABCCAP board also includes both clinical child/adolescent and pediatric psychologists. Often, the graduate training of clinical child/adolescent and pediatric psychologists is similar (e.g., child development, developmental psychopathology, family systems) even though the primary populations served may differ (e.g., a clinical child/adolescent psychologist may work primarily with youth with externalizing disorders while a pediatric psychologist may work primarily with youth with chronic medical conditions such as asthma or diabetes). As such, we encourage pediatric psychologists thinking about certification to consider ABCCAP as a comfortable home for them.

What is ABCCAP dong to engage newly certified specialists?

DC: This question and answer article is one great example of how ABCCAP is engaging newly certified specialists. I thought it was very encouraging for the Board to reach out and get the perspectives of new specialists like myself. This makes it feel as though they have the development of new professionals in mind and value our input. Similarly, the opportunity to work towards becoming an examiner has definitely increased my involvement in the Board. It has offered me the opportunity to engage with other Board members as I progress through my examiner training, and continually helps me reflect on my own career. I also get to meet some great psychologists doing very interesting work!

ABCCAP has also done a great job of reaching out to new specialists like myself to develop their mentoring program for Board candidates. At first, I thought it was a bit strange for a newly certified specialist to be mentoring a candidate, thinking it more appropriate for a senior member instead. However, new specialists mentoring new candidates makes perfect sense, given our recent completion of the process. It is still fresh in our minds and we can offer realistic perspectives for candidates.

GF: Yes, a great way for newly certified ABCCAP specialists to get engaged with ABCCAP is to become involved in our mentorship program. Our ABCCAP mentorship program is available for candidates going through the process of certification, and folks in the best position to mentor those candidates often are those who recently went through the process themselves. In addition to helping out a potential fellow specialist, mentoring offers newly certified specialists the opportunity to learn more about ABCCAP from the inside out. Two of our board members, Drs. Omar Gudino and Gia Washington, serve on our mentorship committee and they match up mentors and mentees. Anyone interested in becoming a mentor (or mentee) can contact Dr. Gudino or Dr. Washington directly.

As Dan mentioned, another way for newly certified specialists to get engaged with ABCCAP is to become an examiner. New examiners historically have been trained individually under the tutelage of experienced examination committee chairs. Now, in addition to the individual training, we are offering examiner training workshops. Our current ABCCAP Past President, Dr. Lynne Covitz, developed the examiner training workshop in 2014. To date, Dr. Covitz has run examiner training workshops in Kansas in October 2014, San Diego in April 2015, and Ohio in May 2015. The first workshop in Kansas served as a pilot from which to further develop the examiner training. I had the opportunity to join that first workshop and found it to be very engaging. It was great to revisit the training process through the eyes of a new examiner.

Thinking back on your own experience, what was the most surprising part of the process of ABCCAP certification?

DC: When I reflect on my certification, I am always surprised by the degree of introspection that it provoked. Even though getting together all that paperwork was tough, the process of reviewing my professional development to date and articulating my professional future was exceptionally helpful. Up until that point in my career, every application I had filled out was just one additional hurdle between me and the next program, internship, postdoc, or job. However, the ABCCAP application was different. I was choosing to do this for my professional development even though I didn't have to. The actual application and subsequent oral exam turned out to be the most important professional development activity in itself. Going through the certification process helped me recognize my strengths and areas for development. It also helped me clarify the path I want my career to take.
GF: I have to admit that I entered into the certification process with the view that this was something I had to do (having been asked to do it by my training director) rather than something I wanted to do. Yes, a less than auspicious beginning! That said, I found that the task of gathering and submitting my materials gave me a welcome opportunity to stop and reflect on my career and consider plans for the future. I was to be examined as a senior candidate and had heard that the examination process was very collegial. Despite hearing that reassuring feedback, I still anticipated that the oral examination would feel like a rather unpleasant test. Instead, I found that my examiners had learned a lot about me and my career by reviewing my practice sample materials and they guided me through a process of answering interesting and thought-provoking questions in a way that felt like a pleasant conversation. That was the biggest surprise. At that point, I was hooked on ABCCAP! And when asked to join the ABCCAP board I jumped at the chance to get more involved.

What are your most important pieces of advice for ABCCAP candidates?

DC: I think one of the most important pieces of advice for potential applicants is to apply in the first place. Many professionals I know think about applying, but say they don’t have the time. However, getting through the application paperwork is the hardest part. I feel this is especially true for new professionals, who may have just recently passed their licensure exams and say to themselves “Never again will I fill out another application.” Looking back on my certification process, I can honestly say it now seems like it passed in a flash, and it was worth the time.

When it comes to those who have already started the process, I would first say definitely read the manual. Everything is in there if you look carefully. Second, make sure you have a good reason for everything you say and do in the certification process. Whether it is your practice samples, your personal statement, or your oral examination, it doesn't matter as much what you decide to do or what orientation you come from, it matters that you have a good reason grounded in science for doing it.

GF: My most important piece of advice for ABCCAP candidates is to read the ABCCAP exam manual. This manual tells you what to submit and how to submit it. It tells you what competencies your examination committee will be evaluating – and it gives you examples of passing and failing performance in each of the competency areas. In fact, it is helpful to view this manual as your constant companion throughout the certification process! Other pieces of advice are to be organized, thoughtful, and clear in your written materials so that your exam committee can easily learn about you during the Stage 2 review. And remember that your recorded practice samples don't need to be perfect; you want those samples to reflect your typical good work. In preparation for the oral examination, candidates often look back at the practice samples they submitted and think of things they would have done differently. Professionals who embrace that type of reflective practice are exactly those who we hope will become specialists. Finally, if you have questions, don’t hesitate to ask. Any of our ABCCAP board members are happy to help.

Raining or sprinkling?

DC: Raining.

GF: Sprinkling. Definitely sprinkling.

DC: Please don’t poke my heart!
Clinical Health Psychology increased its ABPP membership by 133% between 2010 and 2012. This was the highest percentage increase of any specialty! The American Academy of Clinical Health Psychology (ACHP) played a crucial role in this success through the initiation of recruitment/mentoring efforts over the past several years. Here is a brief summary of our accomplishments from 2010 to 2014:

1. In 2014 ABPP received its first external award as a result of advocacy by ACHP leaders. The award was from the American Psychological Association (APA) Committee on Early Career Psychologists (CECP).
2. ACHP leaders successfully advocated with members of the ABPP Board of Trustees for increased ECP and diversity involvement in ABPP, resulting in four new awards for ECP/diversity candidates and an ECP position on the ABPP Board of Trustees.
3. ACHP developed a structured mentoring program for ABPP candidates, with approximately a 90% participation rate.
4. The Clinical Health Psychology specialty instituted an application fee reimbursement for members of APA Division 38 and the Association of Psychologists in Academic Health Centers (APAHC; Div 12, Sec 8) who complete board certification in CHP.
5. ACHP initiated professional networking opportunities, including a reinvigoration of our professional listserv. We enrolled approximately 95% of our membership on the listserv.
6. ACHP sponsored two conference events for APAHC (Div 12, Sec 8). These events included psychologists, as well as, students at all training levels.
7. ACHP developed comprehensive bylaws, with a structured Board of Directors and organized mechanisms for future governance.
8. ACHP officially became an “internal” ABPP Academy, which means that our finances are managed by ABPP, and our operations are independent but consistent with ABPP.
9. ACHP became an official member organization of the Clinical Health Psychology Synarchy. The synarchy represents CHP in APA’s Council of Specialties.

From 2010 to 2014, the Academy leadership has included Dr. Jared Skillings as President, along with the following board members: Dr. Milton Becknell, Dr. Andrew Block, Dr. Lloyd Berg, Dr. Jennifer Kelly, and Dr. Jeff Matranga.

Dr. Lloyd Berg was appointed as Academy President for a two-year term, beginning in 2015. Dr. Berg is a consultation-liaison psychologist and Assistant Professor with The University of Texas at Austin Dell Medical School psychiatry residency program. He is co-founder of Behavioral Health Consultants, a clinical health psychology practice that employs 12 full-time psychologists providing patient care in over 25 medical facilities in the Austin area. Dr. Berg has appointed Dr. Skillings to serve as inaugural Academy liaison to the Clinical Health Psychology Synarchy, in addition to his responsibilities as Past President.

Looking forward to 2015, the Academy Board has identified three priorities:

1. Soliciting nominations for our new President-Elect/Secretary position,
2. Recruiting an Early Career Psychologist to serve on the Academy Board of Directors, and
3. Developing an Academy website to increase recruitment efforts and promote membership engagement.

**ACHP Board of Directors (2015-16)**

**President:** Lloyd Berg, PhD, ABPP  
**Past President:** Jared Skillings, PhD, ABPP  
**Treasurer:** Kaki York-Ward, PhD, ABPP  
**Member At-Large:** Andrew Block, PhD, ABPP  
**Listserv Manager:** Jeff Matranga, PhD, ABPP
The American Board of Clinical Health Psychology would like to extend warm congratulations to the twelve psychologists who achieved board certification in clinical health psychology in 2014! These include Lloyd Berg, Brittany Canady, Molly Clark, Jennifer Finnerty, Natalie Gaugh, Sarah Kissinger, Andrea Maikovich-Fong, Rena Nicholas, Keisha-Gaye O’Gara, Kelly Sueoka, Catherine Whiting, and Shannon Woller.

We have experienced a steady increase in the number of applications for board certification in clinical health psychology and there are many candidates approved that are in the process of submitting their practice samples, or are now approved to take the oral exam. We have made a concerted effort to improve our processes and procedures to enhance the experience for those applying for and completing board certification. We will add additional standardized cases to be used in the Standardized Clinical Assessment and Integration module. In January, 2014, a revised Oral Examiner’s manual was launched. In August, 2014, a revised Candidate Manual was introduced which provides more objective benchmarks for competencies. Both the Candidate Manual and the Oral Examiner’s Manual incorporate enhancements that are specific to the examination of candidates who are clinical health psychologists working in integrated primary care settings (Goodie, 2015).

The Board is conducting oral exams three times a year. The exams are conducted on weekends in January/February, May/June, and September/October. In order to accommodate the increased demand for board certification, the Board is considering ways to expand the number of oral exam opportunities. Options for doing so include adding a fourth examination weekend or, expanding the number of oral exams on the existing examination weekends. I particularly want to thank our oral examiners and those who are in training to become oral examiners. The oral examiners in 2014 included Anne Dobmeyer, Jay Earles, Jeff Goodie, Larry James, John Linton, Don McGearry, Jim Meyer, William Robiner, John Robinson, Rick Seime, Cynthia Townsend, and Kathryn Waggoner. The 2015 oral exam national coordinator is Jay Earles and the assistant coordinator is Jim Meyer. The 2015 oral exam sites are Atlanta in February, San Antonio in June, and Minneapolis in October. We are always interested in recruiting more board certified specialists to serve as examiners. Please contact Jay Earles (jay.earles@us.army.mil) or me (seime.richard@mayo.edu) if you are interested in becoming an examiner.

There is also a need for practice sample reviewers. Please contact Erica Jarrett, practice sample coordinator (ericajarrett@hotmail.com) if you are interested. I want to thank the 40 psychologists who currently serve as practice sample reviewers. You work is appreciated!

Like all the ABPP affiliated boards, we have had to gear up to implement Maintenance of Certification (MOC) beginning this year. That work has been accomplished under the able direction of Jim Meyer who is director/coordinator of MOC for ABCHP. Thanks to the board certified clinical health psychologists who will serve as the initial cohort of MOC reviewers for ABCHP-Kim Dixon, Lisa Kearney, Liz Klonoff, Larry James, and Kathryn Waggoner.

We are in the process of revising ABCHP bylaws to incorporate changes necessitated by implementation of MOC; the procedures to appoint a representative to the Clinical Health Psychology Specialty Council that formalized its bylaws in 2014; and, to align our bylaws with ABPP bylaws regarding the appointment of the ABCHP Board of Trustees representative. In addition, the bylaws required changes related to the relationship between ABCHP and the American Academy of Clinical Health Psychology (ACHP). The bylaws for ACHP were finalized in 2014 and took effect in 2015.

I am pleased that the relationship between ABCHP and ACHP is excellent. The President of ACHP is on the board of ABCHP as a voting, ad-hoc member. Lloyd Berg is current ACHP President and will be succeeded in 2017 by Liz Klonoff, current President-Elect/Secretary of ACHP. The Academy is responsible for identify and training mentors for candidates interested in board certification. Those of you interested in serving as mentors should contact Lloyd Berg (lberg@seton.org).

ACHP is leading the way on the use of the internet and social media to better inform those interested about the board certification process. The ABCHP also hopes to launch more internet based resources for candidates in 2015/2016.

I want to express my thanks to the members of the ABCHP Board for their hard work and support in promoting high standards in board certification for clinical health psychologists. Please contact me or anyone else on the board with your suggestions, questions, or to find ways you can contribute by volunteering some of your time.

Reference

American Academy of Counseling Psychology
James Deegear, PhD, ABPP

I’d like to begin with an update of the accomplishments of the American Academy of Counseling Psychology (AACoP) under the leadership of our past president, Arnold Spokane, PhD, ABPP. As a result of his leadership, AACoP has increased forums for professional connectedness through social media and in-person meetings; increased numbers in the Academy to give greater voice to our profession; increased collaboration with other professional groups; increased affordable continuing education opportunities for Academy members; and, refined operations for the executive board. These activities and others have effectively increased the professional footprint and capacity for counseling psychology at a time when it is strongly needed. These accomplishments were achieved via a combination of online meetings by the executive board, a number of in-person meetings, and constant communication, which was spearheaded by clearly defined agendas and goals.

AACoP’s agenda moving forward is to continue to strengthen the numbers of our ranks both through new memberships and renewed associations with current members. To increase the appeal of applying for board certification and to increase the ease of access, AACoP is collaborating with Division 17 to sponsor new applicants through a scholarship program. AACoP recently took on the mentorship of candidates for board certification and will be connecting members of the academy with applicants to help facilitate and navigate the examination process. Raising awareness of the importance and advantages of board certification (as well as ongoing Maintenance of Certification) is critical to increasing our membership, developing our sense of shared identity, and ongoing commitment to the development and protection of counseling psychology. We are encouraging new and current members of the Academy to submit articles for our own newsletter and website to identify how board certification and the process of becoming board certified were useful to their professional development. Finally, AACoP continues to have an interest in supporting the specialty of counseling psychology by understanding the implications of recent Council for Accreditation of Counseling & Related Education Programs’ (CACREP) policies that potentially impact the viability of counseling psychology training programs and, by relation, the profession of counseling psychology. We will continue to monitor those developments and identify appropriate ways to move forward and ensure the health of our profession.

AACoP is strong and continues to develop ways to connect with our membership and to further define our specialty and our related professional identity. In doing so, we contribute to the various local and national dialogs that impact the health and practice of counseling psychology.

American Board of Counseling Psychology
Counseling Psychology: The Original Positive Psychology
Sylvia A. Marotta-Walters, PhD, ABPP

The challenges to specialists who identify as counseling psychologists come from external as well as internal forces. It is not uncommon for us to hear others ask, “Aren’t you just like clinical psychology?” We are certainly similar in foundational competencies, but in philosophy and in functional competencies what we do is quite different. Another challenge we hear comes from the fact that counseling psychology is a relatively small speciality within the American Board of Professional Psychology. This means that board members are vigilant in reaching out to those psychologists who identify as counseling psychologists, while trying to determine how many specialists is optimal for viability as a board. Ideally we would like all counseling psychologists to be board certified. Realistically, however, our board resources would be taxed to the breaking point if everyone in the discipline decided to be certified tomorrow, even with our comparatively small numbers. Yet another challenge looms from the relatively new field of inquiry that arose at the turn of this century, positive psychology, which also defines itself as being a strengths-based form of helping human beings to adapt and to lead an authentic life. A strengths-based approach has characterized counseling psychology since its inception at the turn of the 20th century. Finally, counseling psychology faces a challenge from a profession outside of psychology, counselor education, as that profession seeks to build its identity through restrictions on accreditation and through licensing laws at the state level. Doctoral programs in counseling psychology that have terminal master’s programs are financially and professionally reliant on these MA programs.
The American Board of Counseling Psychology (ABCoP) recently completed the self-study document that is the first stage of ABPP's Periodic Comprehensive Review (PCR). A PCR is required every eight years. Our review will be accomplished for the second time during 2015. Self-studies have a benefit in that they require boards to look back at the history of a profession, while also looking forward to the future.

Looking back provides a perspective on accomplishments that can sometimes be lost in the flurry of reviewing applications, approving practice samples, and getting ready for oral exams. For example, when the last PCR was completed in 2007, the definition of counseling psychology we use today had not been formally adopted. It wasn't until 2009 that Division 17 of the American Psychological Association, the Society for Counseling Psychology, adopted the definition of counseling psychology as the profession that facilitates personal and interpersonal functioning across the lifespan. This definition drives the way we assess and intervene with the public in our practice settings, while it also speaks to the broader issue of professional identity and collaborative working relationships within our discipline. The Society, ABCoP, and the Academy of Counseling Psychology (AACoP) work closely together, maintaining liaisons to each other’s meetings and currently working together to refine a taxonomy for training and development of counseling psychologists. The way we define ourselves and our competencies builds on our long history as a strengths-based approach to working with individuals with vocational needs, as well as communities in need of prevention programs for mental health concerns.

Division 17 of the APA was first chartered in 1946 (Hanna & Bemak, 1997) and originally included the word ‘guidance’ in its name. Counseling psychology, school counseling, counselor education, and vocational/career counseling have common historical roots, even though they have different political affiliations and different professional identities. They clearly have many similarities in being providers of health care broadly defined. As those professions diverged in constructing identities appropriate to the latter half of the 20th century, their functions have been refined, ethical codes constructed, and competencies better regulated from within each profession. It is clear that all are committed to serving the public competently, but their accreditation and licensure policies are currently contributing to tensions that will need to be resolved by each. The Affordable Care Act will have consequences to all who provide some form of health care and counseling psychology will have to be at the forefront in deciding how board certification in today's health care environment will enhance our practice while contributing to affordable care for all.

Counseling psychology along with clinical psychology were the two specialties that were the first to be recognized by ABPP in 1947 and have common roots. Where counseling psychology evolved from vocational guidance, clinical psychology evolved from the mental health movement and from the original psychological discipline of psychoanalysis (Cobb et al., 2004). Counseling psychologists focus on enhancing development across the lifespan. Clinical psychologists focus on remedying psychopathology and on assessing intellectual and personality characteristics. Though these foci are simplistically described for the purposes of this article, both professions draw from a common knowledge base as they construct their interventions, both have the same foundational competencies, and both are, primarily, licensed as general psychologists by the majority of the states. In the mind of the public that we serve, it is unlikely that the two disciplines are well-differentiated. The challenge for counseling psychology and for its specialists, is to codify how our strengths-based developmental approach adds value to the problems with living that our clients, groups, organizations, and communities bring to our practice settings. We can make the argument from history that counseling psychologists are one of the two oldest applied psychology disciplines and that we are the original positive psychology, but it is incumbent on us to show how our credential goes beyond the expectations that the public might have about psychological services.

References


American Academy of Forensic Psychology
Workshops Are Going Online
Anita Boss, PsyD, ABPP

The AAFP is proud to announce that we are launching an online workshop series. In keeping with our mission to train forensic psychologists, we will be offering the first workshop, an ABFP examination preparatory course, free to the first 10 postdoctoral residents in forensic psychology who request to participate (requests go to Dr. Kevin Richards, krichards.phd@gmail.com). The online workshop will be a condensed version of the live workshop routinely offered by AAFP, presented by Richart DeMier, PhD, ABPP. After serving on the examination faculty for several years and presenting this workshop for AAFP on multiple occasions, we expect this online program will benefit those seeking board certification in forensic psychology. The second workshop planned for online release will be “DSM-5: Developments for Forensic Applications,” presented by Christina Pietz, PhD, ABPP. Highly experienced with forensic evaluation and diagnosis, Dr. Pietz developed this workshop at the request of the Academy and has presented it for our live workshops series in the past. We hope to have these workshops available by the end of the summer. Stay tuned …

ABFP President Poses 10 Questions to New Forensic Specialist, Lori Hauser, PhD, ABPP
Dr. Hauser discusses her current practice and recent legislative efforts

Q: How did you become interested in forensic psychology?

A: As the daughter of a Pennsylvania State Police officer, my eyes were opened to the world of crime, criminology, and criminal justice from a young age. And as long as I can remember, I’ve been fairly inquisitive and methodical, and I learned early that the field of psychology posed thought-provoking puzzles while providing logical explanations for seemingly illogical phenomena. As I dabbled in forensic psychology in college and became immersed in it in graduate school, I realized I had found my niche.

Q: What does your practice currently look like?

A: For the past eight years, I’ve served as a unit psychologist in a maximum-security forensic hospital in central Connecticut. As part of a multidisciplinary team, I evaluate and treat defendants who have been found incompetent to stand trial to restore them to competency. I assess insanity acquittees and other civilly committed patients to provide diagnostic clarification and to devise ways to reduce their violence risk. I also supervise predoctoral interns and chair two hospital committees – one involving research, the other involving psychosexual evaluations.

Q: What kinds of unique activities have you recently engaged in?

A: For the past six months I’ve worked closely with the Director of Forensic Services for the Connecticut Department of Mental Health and Addictions Services to change some of the laws regarding the management of insanity acquittees. The proposed legislation would create new mechanisms to transfer individuals to more suitable settings when they are no longer mentally ill but remain unmanageably violent despite confinement to our maximum-security hospital.

Q: What motivated you to get involved in legislation?

A: Anyone who has ever worked in a maximum-security forensic hospital is acutely aware of the challenges in managing certain patients’ violence, especially those whose violence seems to stem from personality pathology rather than severe mental illness. They can wreak havoc on an inpatient mental health unit. Patients live in fear of getting assaulted for what they say or for past behaviors, and sometimes have to be moved to a different unit. Staff members who set limits are
accused of patient abuse, and they, too, risk being assaulted or injured in fights. These individuals can require so much attention that resources are taken away from other patients who might benefit from our interventions.

Shortly after I became board-certified, just such a patient was transferred to my unit. Within minutes of his transfer, he had punched a nurse, committing his tenth assault in less than a year. I decided enough was enough. Something had to be done. The solution we devised involves sending unmanageably violent insanity acquittees to correctional settings following remission of their acute illness.

We recognize the complexity of this issue. On the one hand, we understand the discomfort with sending an insanity acquittee to a correctional environment; after all, insanity acquittees have not been convicted, and they are supposed to be afforded treatment, not punishment. On the other hand, hospitals have fewer tools to manage violence than do correctional environments, and something needs to be done to protect other patients and staff from undue violence where they live and work. Fundamentally, this issue is about patient rights; about balancing the rights of the individual against the rights of the many; about the nature of violence and its possible relationship to mental illness; about how to predict, prevent, and manage violence. There are no easy solutions.

Q: What reticence, if any, did you experience about getting involved in legislative efforts?

A: I don’t think that I had any reticence. Perhaps it was the timing. The assault occurred in the wake of having become board certified, so I was confident in putting my knowledge to good use. I also felt strongly obligated to go above and beyond my ordinary duties as a unit psychologist if I was going to call myself a board certified forensic psychologist. Whatever the reason, I was fully immersed in legislative efforts before I knew what was happening.

Q: What did the process of creating legislation entail?

A: The first step was to discuss the issue with multiple parties, from frontline staff to our jurisdiction’s top authorities in the field – what the problem is, how it arose, who it affects and how, and various ideas on how to resolve it. Next, we reviewed our existing statutes for places to modify or write new language to achieve our desired ends. We researched other relevant statutes and case law, looking for parallels and precedent from which to build. Once we had a draft, we brought the proposed bill to all those affected by it, in order to get their ‘buy-in’ or to identify potential sources of contention moving forward. Then came the public hearing, where some of us offered testimony to help to clarify issues and questions raised by legislators. Next, we mobilized our colleagues at the hospital to call legislators to encourage them to support the bill. Now, we’re just waiting.

Q: What has been the most rewarding part of your efforts?

A: When we spoke at the public hearing, the legislators seemed genuinely interested in, appreciative of, and affected by our testimony. They acknowledged the complexity and importance of the issues we brought forward. They seemed truly grateful for having the opportunity to understand what life is like on a maximum-security forensic unit, and the very real, very serious issue we were there to speak about. Everyone involved, including those who opposed the bill on its face, agreed that something had to be done to manage these individuals’ unmitigated violence. Everyone seemed to be invested in coming up with some type of solution to the problem.

Q: How did board certification help with this process?

A: To start with, just the process of working to become board certified helped to crystallize and reinforce everything I had learned throughout my education, training, and experience so far. It made it easier for me to conceptualize the issue. As we began to draft the new legislation, we had to search existing statutes and case law for example language, for case precedent, and for a conceptual basis for what we were proposing. It was at this stage that board certification was most helpful, as it provided me a forum to reach out to colleagues in search of similar statutes or case law around the country, to see if anyone else had already solved this problem. My colleagues on the listserv, which is open exclusively to board-certified forensic psychologists, were extremely helpful in providing resources, suggestions, and leads.
Q: What pointers can you give to others who want to get involved in legislation?

A: The legislative process in its entirety takes patience, ingenuity, creativity, and the abilities to conceptualize and explain complex concepts. It also takes the power of persuasion and relentless poking, prodding, and anything just shy of harassing those affected by the bill to take an active role in garnering support for it. All along the way, you wait, you fight, you try to be heard, you wait some more, and you hope that someone listens to your pleas that something needs to change before something very serious happens. So, first, accept that it’s going to take a lot of work.

Second, I cannot stress enough the importance of talking with people across all ranks, throughout the entire process. Discussions that include only administrative personnel or psycholegal scholars can lose the practical and reality-based, raw substance at the heart of the matter. But seeking input only from frontline staff could miss a larger understanding of the legal and political implications of what we are trying to accomplish, or even the subtle nuances of very complex forensic issues. So, it is important to include everyone in the discussions, so that theory matches up with practice. Third, I would encourage practitioners to keep in mind that, if the law passes, our obligations will not end. We will need to educate those who will be using the law about its intended purpose. Otherwise, the new law could be misused.

Finally, I would point out that it is true that it often takes something to play out in a single case for us to recognize flaws in the system. That stated, it is also said that ‘hard cases make bad law’. We will do well to keep this maxim in mind and to resist the urge to create law centered on a single case or individual. We must fully think through the implications of any law for those who may be unintentionally negatively affected by its passage.

Q: Any final thoughts?

A: Yes, one. I would like to say that getting involved in legislation is just one more way our voices as forensic psychologists can be heard. So much of what we do as forensic psychologists involves providing service to the system, but we also can have an impact in changing things we see as wrong, rather than just trying to work within it. Board certification provides a forum to obtain resources, to consult with colleagues, to share ideas. It provides a layer of credibility that is not lost on public officials. Both of these bolster our voice as we attempt to affect change in our world.

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**Representing the Underrepresented: American Board of Clinical Neuropsychology (ABCN) and American Academy of Clinical Neuropsychology (AACN) Diversity Initiatives**

Anthony Y. Stringer, PhD ABCN/ABPP
Karen Postal, PhD, ABCN/ABPP

American neuropsychology is a profession populated mainly by straight cisgendered, temporarily able-bodied, people of white European descent, whose primary (and usually only) language is English. While no surveys of American neuropsychologists have collected data on diversity status, a visual scan of any room in our national scientific and professional meetings provides ample anecdotal support for this assertion. The complexion of our profession “pales” in comparison to that of the larger public we serve. This observation is especially true when we consider the subset of neuropsychologists who have sought and achieved American Board of Professional Psychology certification. Consequently, as the first African American president of ABCN (Dr. Stringer) and only the second female president-elect of AACN (Dr. Postal), we have made diversity a priority in our board operations and outreach. While we aim to increase the number of board certified neuropsychologists across all underrepresented groups, we are placing strong initial emphasis on cultural, ethnic, and linguistic diversity.
ABCN has long recognized the importance of assessing cultural competence in the examination of candidates for board certification. Competence to deal with cultural issues and awareness of one's professional limits in this area are assessed in the ABCN written examination (through specific content questions), practice sample review (through observation of how the candidate addresses cultural issues during clinical assessment), and in all parts of the oral examination (through case vignettes and hypothetical questions related to how test approach and interpretation change with shifts in the patient's race and ethnicity).

More recently we have focused on making our examinations accessible. We have an Americans with Disabilities Act Compliance Committee which processes and grants requests for accommodations during the written and oral examinations. Candidates have been granted extra time during examinations because of needs arising from chronic medical conditions or have been given access to enlarged print written materials to accommodate visual disability. Making the examination accessible to ethnic and cultural minorities remains a growing edge, but one to which we are committed to addressing. ABCN applicants may now request mentors from underrepresented ethnic and cultural identity groups. If an applicant is African American, Asian, Hispanic, or Indian, there is a board certified neuropsychologist who shares this identity and is available to serve as an advisor throughout the application and examination process. One day soon, Hispanic applicants will be able to request that their practice sample reviewers and oral examination cadre include at least one bilingual examiner.

Accessibility also requires consideration of regional and socioeconomic factors that have differential impact across ethnic identities. Some years ago, ABCN moved from having written examinations in centralized locations twice a year, to having examinations available in local assessment centers throughout the United States and its overseas territories. Consequently, it is no longer the case that candidates with the least financial resources have to travel the farthest to take our written examination. Though we have not been able to eliminate such travel costs for the oral examination, Internet-based technologies may someday help us overcome this challenge as well. Despite these efforts, we still grapple with the perception that board certification in neuropsychology is inherently a difficult hurdle for minorities. To begin to address this perception, we are holding workshops specifically for bilingual Hispanic neuropsychologists and neuropsychology students to demystify the process of becoming board certified. We also will feature prominently on our webpages the stories of board certified neuropsychologists of diverse backgrounds and physical abilities. Though still few in number, we trust their success will make the process less intimidating for future colleagues from diverse backgrounds.

For these efforts at increased diversity to be more than just cosmetic, they must be accompanied by genuine institutional change. That change has been AACN's focus. In 2014 the AACN board of directors established the organization's first diversity committee. To ensure that the work of the committee remains central to the organization, it is housed within the executive committee of the board, with the president, president-elect, secretary, and treasurer automatically members. Other members of the AACN community with interest and expertise in diversity, including students, make up the balance of the committee. Creating a diversity committee at the center of power within the organization was particularly important to the board. The committee's first task was to create a diversity initiative for the academy.

In June of 2014, AACN board ratified a multifaceted diversity plan, including a definition of diversity in its broadest sense, to include ethnicity, culture, linguistic background, sexual orientation, deafness/disability, and socioeconomic status. This broad definition was accompanied by an acknowledgement that AACN might create initiatives for specific populations, e.g., increasing the ethnic diversity of our leadership. The general goals of the initiative include 1) recruiting individuals from diverse backgrounds to the field of neuropsychology and to the Academy, 2) increasing diversity in the leadership of the organization, and 3) Improving the competency of neuropsychologists to serve our country's diverse population.

The board also voted to establish a slating system that, if passed by the general membership in a bylaws vote, will transform how members of the academy are elected to the board. Academy members will be recruited to run on a slate, based on areas of competency and interest. While the AACN nominating committee will have leeway to develop and titrate specific slates to best serve the academy, the bylaws revision will stipulate that one of the slates must be a diversity slate. This will ensure that an academy member with an interest and expertise in diversity will literally have a seat at the AACN table at all times.

Board certification in neuropsychology is growing. We awarded our 1000th certificate in 2014, and now certify an estimated 25% of American Psychological Association members who identify as neuropsychologists. We have a simple vision for our future: As the number of board certified neuropsychologists continues to grow dynamically, our colleagues increasingly will mirror the diversity of the public we serve.
American Board of Organizational and Business Consulting Psychology
Ralph Mortensen, PhD, ABPP

Our roster includes members whose original training was in such diverse specialties as counseling, clinical, and school and industrial-organizational psychology, among others. The common thread is that each certified specialist provides services to individual employees, work teams or entire organizations in the private or public sectors. Our members engage in research and consulting that deepen our understanding of and enhance work performance and effectiveness. We may offer help with employee selection, leadership development, team assessment and development, organizational design, or creating and evaluating programs and systems such as employee training or marketing. Members may work inside of organizations or be external consultants. The result is that our members’ rich array of individual practices and interests do not easily fall into a single category. At a very high level, ABOBCP practitioners are involved in some subset of these dozen activities:

1. Assessment, selection, recruitment and placement
2. Performance management
3. Training and development
4. Coaching
5. Managerial psychology and supervision of organizational psychologists
6. Organizational change and development
7. Organizational behavior and psychology
8. Compensation and reward systems
9. Consumer psychology
10. Human factors and engineering psychology
11. Statistical and research methods
12. Other areas of specialty relevant practice

You can see why it is not easy to describe ourselves succinctly.

One of our newest board members is a good example. Nathan Whittier, PsyD, ABPP, was trained as a clinical psychologist at Wright State University in Ohio. He completed clinical practicums and an internship during his degree program, graduating in 2006. Ever the industrious person, Nate also achieved a master’s degree in business administration along the way. Early in his studies, he decided that he wanted to devote his efforts to working on business and organizational issues. He achieved licensure in Minnesota and found a position with a business consulting firm. There, Nate learned the practice of business candidate assessment and coaching from his colleagues and felt that he had found his professional home. He got grounding in the details of running a business as well. Nate and I found each other through a mutual colleague and acquaintance. The Board hopes to recruit other high quality, up-and-coming psychologists like Nate and are pleased to have his perspective on our specialty.

One outcome of the Board’s diversity is that professionals sometimes need help to fully understand the practice areas that fall under its umbrella. We often work individually with interested psychologists to judge their suitability and interest in the field. Many recruits come through referrals from people who know us, such as university faculty or current members. Those contacts may spring from a conversation or from an e-mail exchange. Frequently, a prospective
specialist candidate will want to explore questions about their preparation and current work activities. We have a small but resilient eight member board which is small enough that we can use a personal touch in recruiting. Everyone pitches in when a psychologist approaches us for board certification or, if we learn of someone who may have an interest.

A related challenge is that we do not have a single source of applicants. There are many routes to organizational and business consulting. We rely heavily on personal connections, relationships with professional schools and involvement with affinity organizations such as our friends in the Society of Consulting Psychology, APA Division 13, or the Society of Psychologists in Management (SPIM). We also advertise with and occasionally sponsor events associated with these professional groups. Interestingly, but not obviously, we get few inquiries from Industrial-Organizational (I-O) psychologists. A majority of I-O practitioners never seek licensure and therefore rarely seek an advanced credential.

Another ongoing challenge is that of maintaining our membership level. Our roster currently stands at only about 50 people. Members vary in how actively they recruit interested specialists, and some long-standing specialists are cutting back their practices and looking towards retirement. Thus, our board achieves specialty visibility through speaking engagements, briefings at conferences, and conversations with our members and associates. A frontier to be explored is that of further leveraging our grass roots efforts through additional means, such as, social media.

One of our recent outreach initiatives has been with psychologists in all branches of the military, and in national security and other public sector agencies such as the State Department. We have gotten acquainted with psychologists in those settings whose work often has morphed gradually from clinical assessment or personal counseling to leadership roles or internal consultation related to training, organizational change or other services. Many have had to take the difficult route of educating themselves about organizations, leadership and consultation outside of their graduate school specializations. That wide array of preparation and practice has stretched our understanding of our specialty and presents interesting demands when we craft and conduct examinations. We may be speaking with someone who is now charged with creating a leadership training curriculum but never had any formal preparation about how to design, deliver or evaluate a program. We want to confirm that the candidate exercised good judgment and followed accepted professional practices yet cannot assume that they are applying a common body of knowledge. That competence springs from their own study, hard work and dedication to delivering high quality services. Our job as examiners is to accurately assess and judge those efforts.

The ABOBCP exam itself bears mention. We arrange individual mentors for each candidate to help them prepare and present examples of their professional practice. Mentors most often both review written practice samples and coach applicants about the content and format of their submissions. We also form an examination committee to reflect the professional background of the examinee. For example, a recent candidate had trained in clinical psychology and worked for the federal government. He and colleagues provided job-related assessments and also had designed a quality improvement initiative and training. Our board found examiners who had similar government experience, as well as, clinical training to assure that we were speaking a common language and shared a frame of reference. Further, the exam required us to work out a protocol for handling sensitive information to protect the identity of a person described in a case study. We have yet to deal with a work sample involving a higher level of security clearance, though!

Like other ABPP boards, we developed our own Maintenance of Certification (MOC) process last year. The American Board of Counseling Psychology's document provided us with an excellent example and starting place. However, we had to tailor the details to our members’ unique types of practices while remaining true to the form and spirit of the national MOC task force. We view it as an important step in confirming that our members remain up to date in their work and maintain a level of professional competence consistent with the ABPP designation. As with any new process, we expect a few growing pains as each specialty puts the concepts and processes into practice with their own members. Stay tuned for the results of our trial run.

Overall, our board and our members are passionate about what we do. We look forward to the opportunity and privilege of helping our consulting clients better themselves in their work lives. Our mission is to establish and maintain practice standards for all members and to advance the overall quality of business and organization consulting. Please contact us if someone you know has a similar interest and may want to explore certification.
The American Board and Academy of Psychology Psychoanalysis (ABAPsa) is proud to present a book and film that one of its directors co-authored and participated in respectively. The book is, Specialty Competencies in Psychoanalysis in Psychology, co-authored by Dolores O. Morris, Rafael Art Javier, and William G. Herron. It is one of fourteen volumes in a series from Oxford University Press, Specialty Competencies in Professional Psychology, edited by Arthur M. Nezu and Christine Maguth Nezu.

The book discusses and delineates the functional and foundational competencies of psychoanalytic practice. It is designed for all mental professionals and will be very helpful to psychologists seeking to strengthen their background in psychoanalytic theory or treatment. Additionally, individuals who aspire to specialize in this area of professional psychology may find it invaluable. The manner in which these authors delineate complex theoretical constructs as they pertain to practical competencies makes it especially useful as guide for teaching students.

Lewis Aron, PhD, ABPP, the Director of the New York University post-doctoral program in psychotherapy and psychoanalysis states that, “…professional psychology has increasingly moved to recognize, define, and review the various specialties, and in light of this movement, Specialty Competencies in Psychoanalysis in Psychology is an important contribution highlighting the conceptual basis, scientific foundations, and core knowledge areas of psychoanalytic psychology. Covering assessment, intervention, supervision, education, professional identity, ethics, and individual and cultural diversity, this volume will be an informative text for students and educators.”

Kimberlyn Leary, PhD, MPA, Harvard Medical School/Cambridge Health Alliance, observes that, “…partisan controversy among psychoanalytic clinicians about how best to ensure that practitioners demonstrate that they have acquired the breadth and nuance of knowledge and skill necessary to function effectively is a thoughtful agent of psychological change. In this volume, Specialty Competencies in Psychoanalysis in Psychology, …Morris and her colleagues fully celebrate the diversity of contemporary psychoanalytic practice. By carefully examining the components and competencies that are required to create and sustain therapeutic change, Morris, et al’s book provides a working framework for clinicians, supervisors, and students across different psychoanalytic traditions to engage the most important questions about psychoanalytic practice today.”

Dr. Morris has developed a training module - Becoming an Analyst, Mentor and Examiner- that has been presented at the Division 39 annual meeting 2014 with board directors, Ronald Naso, PhD, ABPP and Stanford Marlon, PhD, ABPP. She has also presented this workshop to NYU alumni to facilitate interest in applying and participating in the competency process that is the core function of the ABAPsa board and central to the book.

In the same year of the publication of Speciality Competencies, Dr. Morris participated in a film project that has received much interest from a diverse audience. The Psychoanalytic Electronic Publishing [PEP] award-winning film produces material from the Institute for Psychoanalytic Training and Research [IPTAR]-hosted “Black Psychoanalysts Speak”, Conference of 2012, as well as the IPTAR and William Alanson White Institute-hosted “Black Psychoanalysts Speak” Conference in 2013 (also co-hosted by the Clinical Psychology Department of the New School for Social Research with the support of the NYU Post-Doctoral Program in Psychotherapy and Psychoanalysis). Dr Morris is one of eight participants in Black Psychoanalysts Speak. This PEP film raises awareness of the need for greater openness and understanding of cultural and ethnic pressures in psychoanalytic training, in transferenceal, counter-transferenceal interactions, and the recruitment of people of color into psychoanalytic training. It has been the most popular journal article, receiving more ’hits’ than Winnicott's classic paper that has been PEP's number one feature prior to BPS being posted December 2014 and continues to do so.

Dr. Morris is ABAPsa’s BOT representative and National Oral Examination Coordinator. She is the chairperson for the BOT Diversity Committee that inaugurated two annual awards in 2014.

PEP contains the complete text and illustrations of 49 premier journals in psychoanalysis, 96 classic psychoanalytic books, and the full text and editorial notes of the 24 volumes of the Standard Edition of the Complete Psychological
Works of Sigmund Freud as well as the 18 volume German Freud Standard Edition, Gesammelte Werke. It spans over 138 publication years and contains the full text of articles whose source ranges from 1871 through 2009. There are approximately 88,291 articles and 11,401 figures and illustrations that originally resided on 1449 volumes with a total of over 788,275 printed pages. A new feature is the video platform. PEP will be able to upload and save films to a new video archive integrated with the existing text archive. All spoken material in the videos has been transcribed to text and is integrated and fully searchable with the existing journal and book archive.

Across its evolution, psychoanalysis has become a broad spectrum of theories making use of an approach that can be considered psychoanalytic in that it is based on the existence and importance of unconscious motivation.

**New Directors**

John M Watkins, PhD, ABPP, has specialized in clinical psychology, neuro-psychology, and psychoanalysis for over 20 years. After serving as a faculty member and director of pediatric psychology and neuro-psychology programs at UCLA, Stanford, and Children’s Hospital of Orange County, Dr. Watkins currently maintains a private practice in Santa Monica and serves on the faculty and as a member of the Board of Directors at the Institute of Contemporary Psychoanalysis. He received his PhD in Clinical Psychology from UCLA and completed post-doctoral research and training in child clinical psychology and neuro-psychology in the Department of Psychology and the Neuro-psychiatric Institute at UCLA. He has written scholarly papers, research articles and reviews on topics that include ADHD, learning disorders, pediatric HIV, traumatic brain injury, and adolescent development. Dr. Watkins serves as the Practice Sample Coordinator for the ABAPsa.

Kaveh Zamanian, PhD, ABPP, is a licensed clinical psychologist and board certified psychoanalyst. He maintains an independent practice in Louisville, Kentucky and is on the faculty of the Chicago Center for Psychoanalysis. He joined the American Board and Academy of Psychoanalysis this year and serves as the awards coordinator for the ABAPsa Book Prize.

**American Board of Rehabilitation Psychology**

**Michele Rusin, PhD, ABPP**

**Annual conference.** The 2015 conference, held February 28-March 1, 2015 in San Diego, lived up to its theme - “Innovations.” Over 300 were in attendance (a record setter), and programming showcased rehabilitation psychology applications in new settings, with new populations, and with new technology applications. Even the ABRP workshop was innovative, having been totally redesigned. The workshop was fast-paced and highly interactive. Students and early career professionals presented programming on interview skills, career development, and shared their research through oral and poster presentations. For those from snow-ravaged parts of the country, the sun and warmth of San Diego itself seemed “innovative”.

Plans are already underway for the 2016 conference to be held at the Hyatt Regency Hotel in Atlanta, February 19-21, 2016 (preconference February 18, 2016). Presentation proposals were due June 15, 2015, and the poster proposal deadline is October 31, 2015.

**Board issues.** The Board welcomes new members Drs. Teresa Ashman, Tom Dixon, Beth Rush, and Jan Tackett. In anticipation of Drs. Lester Butt, Barry Nierenberg, and Ellen Snoxell completing their terms in December, the Board will be seeking nominations from all RP board-certified specialists to fill these positions. More information about this process will be distributed by email.

**Specialists.** We congratulate new ABPP(RP)'s Drs. Erica Johnsen-Buss, Rinku Lalchandani, Randi Lincoln, Christine Paul, and Jason Smith who fulfilled the requirements during the February 2015 oral examination. The next oral examinations are scheduled for October 17, 2015 in Minneapolis/St. Paul and February 17, 2016 in Atlanta.

We are saddened by the death of Tom Martin, PhD, ABPP (RP, CN). A faculty member of the University of Missouri, Dr. Martin worked tirelessly for those having brain injuries, and also headed up the rehabilitation section of the journal Psychological Injury and Law. We will remember and miss his presence - the warmth, the fun, the generosity, and that smile broad enough to brighten a room. We extend condolences to his family, friends, and colleagues.
The American Academy of School Psychology and The American Board of School Psychology
Linda C. Caterino, PhD, ABPP
Judith Kaufman, PhD, ABPP

First, the Academy of School Psychology would like to recognize its prestigious group of new members: Gene Cash, PhD, Jessica Fede, PhD, Robert Illback, PsyD, Salvatore Massa, PhD, Jennifer Mautone, PhD, Justin Miller, PhD, Thomas Power, PhD, Sarah Valley-Gray, PsyD, and Laurie Zelinger, PhD. This group of nine is one of the largest to become members of the Academy in a single year. They come from diverse backgrounds. Some are university professors and trainers, some influential researchers, and some work in applied settings such as school districts, private practice, community agencies, and hospitals. Many have taken leadership roles in professional organizations including the presidency of national associations in school psychology. They clearly demonstrate how graduate training in school psychology can prepare graduates to succeed in a variety of professional endeavors. We are pleased that one of our new Academy members, Dr. Sarah Valley-Gray, has become involved in leadership activities within the Academy as President-Elect. She joins President, Linda Caterino, Secretary, Erica Weiler-Timmons, Treasurer, Thomas Huberty, Past-President, Robyn Hess and Board Liaison, Shelley Pelletier to complete the executive board of the American Academy of School Psychology. The leadership of the American Board of School Psychology includes Judith Kaufman as President, Shawn Powell, Director of Mentoring and MOC and Director of Examinations, Tony Wu as Practice Samples Reviewer, Clifford Hatt as Credential Reviewer, and Roger Kaufman as Member-at-Large.

Dr. Frank Sansoti of Kent State University is the editor of the Journal of Applied School Psychology, the official journal of the American Academy of School Psychology. We are also delighted to announce that Dr. Michael Tansy, a former president of the American Academy of School Psychology and the American Board of School Psychology, is the President-Elect of the ABPP Board of Trustees.

A continuing challenge to the American Academy of School Psychology and the American Board of School Psychology is recruitment of qualified applicants. While School Psychology was historically one of the original four specialties of the American Board of Professional Psychology, we continue to remain one of the smaller Academies. This is in large part due to the fact that there are fewer APA-accredited doctoral programs in school psychology than there are in other specialties. For example, there only 64 APA accredited school psychology programs (two of which are currently inactive and five of which are combined programs), as compared to 71 counseling programs (one inactive and six combined programs), and 240 clinical psychology programs (including two combined programs). Most school psychology programs have small cohorts, perhaps ten or fewer students each year, with limited graduates per year. In addition, many school psychology graduates are not licensed because licensure is not required for their work within the schools.

The Academy continues to recruit new members by presenting workshops at national and local meetings, emphasizing the value of becoming a Specialist of the American Board of School Psychology. We presented a panel discussion at the annual convention of the National Association of School Psychologists and will host our annual fellowship breakfast at the APA Annual Convention in Toronto. We will also be presenting deserving graduates with scholarships at the breakfast. The scholarships range from $500 to $1000 and may be used for tuition, books or attendance at the APA or NASP Conventions. Our corporate sponsors, as well as, Academy Fellows help make these awards possible.

While this has been a very successful year for the American Academy of School Psychology, we also want to acknowledge the passing of two of our Academy members - former Academy President, Dr. Rosa Hagin (1996-97) and Dr. Thomas Oakland. Dr. Hagin was a graduate of New York University in Educational Psychology. She was a research professor at New York University School of Medicine and also taught at Fordham University and Trenton State College. She was the author of over 70 publications. Her research centered on effective tools for the identification of and early intervention with children with learning disabilities. She was President of APA’s Division 16, and was a recipient of APA’s Distinguished Service Award.

Dr. Thomas Oakland received his masters and doctoral degrees in Educational Psychology from Indiana University. He was a professor of School Psychology at both the University of Texas and the University of Florida. He became a Diplomate in School Psychology in 1977. Tom was a prolific scholar, the author of hundreds of articles, presentations and workshops, numerous book chapters and over a dozen books. He also developed several assessment instruments including the Adaptive Behavior
Assessment System, The Student Styles Inventory and the Third Edition of the Bayley Scales of Infant Development. Although Tom was interested in many scholarly endeavors, he is most closely identified with his international work. In 2014 he received the outstanding International Scholar Award from the International School Psychology Association. Our very special colleagues will be greatly missed.

The American Academy of School Psychology looks forward to a close working relationship with the American Board of School Psychology and with the other specialties in the American Board of Professional Psychology. We continue implementing our outreach efforts in order to stress the importance of becoming a member of the American Board of Professional Psychology, particularly in today’s world with the challenge of providing quality mental health services to children and adolescents who are in great need of such services. We are currently soliciting applications for two new board members, as well as, for qualified graduate students for our annual scholarship.

Deceased Specialists
January 1, 2015 through June, 2015

Douglas W. Bray, PhD, Organizational and Business Consulting Psychology
Terence W. Campbell, PhD, Forensic Psychology
Charles Robert Clark, PhD, Forensic Psychology
Thomas A. Martin, PsyD, Rehabilitation Psychology; Clinical Neuropsychology
Thomas D. Oakland, PhD, School Psychology
Michael H. Quinn, PhD, Couple and Family Psychology
Lindsey J. Robinson, PhD, Clinical Neuropsychology

SINCE YOU ASKED...

Nichole Adams, a board certified school psychologist, is the founder of Traveling Reflections: Interactive Psychological Seminars (TRIPS). She also writes that she has opened a psychiatric assessment unit in a city jail, providing cognitive, neuropsychiatric, educational, and personality testing to inmates.

Bill Arnold, board certified in counseling, has completed eight years of service on the Idaho State Board of Psychologist Examiners. During those years, he has served as chairman, vice chairman, and cognizant member.

Kevin Arnold writes that he is honored to serve as President of the Council of Specialties in Professional Psychology, and as Vice-Chair of APA’s Commission for the Recognition of Specialties in Professional Psychology (CRSPPP). He is further honored at having been nominated for a second run for CRSPPP on the BPA slot. In May, 2015, Dr. Arnold presented at the Multi-State Summit on Delineating Alternative Practice, Legal and Financial Models for Integration, co-sponsored by the psychological associations of New York, Connecticut, and Pennsylvania, along with NYSAN and APAPO.

Teresa Ashman writes that she, Joshua Cantor (posthumously), Theo Tsaousides, Wayne Gordon, and a number of their colleagues are recipients of the Licht Award for Scientific Writing from the American Congress of Rehabilitation Medicine. They have been recognized for their randomized clinical trial, evaluating an executive dysfunction intervention for individuals with traumatic brain injury (TBI). These same diplomats also received Outstanding Scientific Paper Award from the Shepard Center for their randomized clinical trial comparing cognitive behavioral therapy versus supportive psychotherapy for the treatment of depression for individuals with TBI.

Jacques P. Barber has authored and co-authored numerous papers and book chapters over the past year. Among his publications are the following: Does Alliance Predict Symptoms Throughout Treatment, or Is It the Other Way Around? Journal of Consulting and Clinical Psychology (2014); and, On the Future of Psychodynamic Therapy

**Vivian Barnette** was instrumental in securing two grants, totaling $250,000 for establishing a Collegiate Recovery Community at North Carolina A&T University, the first HBCU in the state to have this program.

**Rudolph Bauer** proudly writes that his publications are in the top 2% of those papers read on academia.edu as of June 18, 2015.

Congratulations to **Ron Bergman**, celebrating his 42nd year of clinical practice. Dr. Bergman is the author of *Emotional Fitness Conditioning* (Perigee). He is currently practicing in Aventura and Plantation, Florida.

**Joel Block** has licensed his clinically validated relationship compatibility algorithm (a matching app) to Instant/Chemistry.com. He also has two recent publications – Staying Up: Erectile Fitness for Sexual Health and Do It My Way: Sexual Assertiveness Training for Women.

**Dawn Bowers** and her colleague David Vaillancourt from the University of Florida were recently awarded (as MPI’s) a predoctoral T32 from NINDS that is focused on Interdisciplinary Training in Movement Disorders and Neurorestoration. Beginning in 2015, four trainees are supported each year in order to develop independent investigators with programs of research focused on the ABC’s of translational research – aetiology, biomarkers, causative, and symptom based therapies. The T32 builds on ongoing strengths at the university, including three designated Centers of Excellence (Parkinson disease, Dystonia, Ataxia) and the UF Centers for Movement Disorders, and one of the largest prospective clinical research databases in the world.

Twenty four years have passed since **Roger Brooke** first published *Jung and Phenomenology*. He writes that Routledge has republished the foundational work as a “Classic Edition.”

**Kimberly Brown** continues to direct the Vanderbilt University Forensic Evaluation Team, and has recently been appointed as interim director for the newly created Division of Psychology in the Vanderbilt University Department of Psychiatry. She will also serve in the next term as representative for the APA Council of Specialties. In addition, Dr. Brown has recently co-authored an article on suicidal behavior in physicians referred for fitness for duty evaluations published in General Hospital Psychiatry.

**Allen Chino** is a co-author on Criteria for the Diagnosis of Fibromyalgia: Validation of the Modified 2010 Preliminary American College of Rheumatology Criteria and the Development of Alternative Criteria, *Arthritis Care and Research* (2014). The study validated the 2011 modification of the 2010 American College of Rheumatology (ACR) preliminary criteria for the diagnosis of fibromyalgia (2011ModCr) and developed alternative criteria in a sample of patients with diverse pain disorders that are commonly seen in everyday practice by pain specialists, rheumatologists, and clinical health psychologists.

**Stewart Cooper** co-authored Consultant’s Use of Telepractice: Practitioner Survey, Issues, and Resources, *Consulting Psychology Journal* (2015). Dr. Cooper writes that he also served on an APA Council work group organized to reconcile by-laws and rules associated with proposed changes in APA governance.

**Catherine Deering** and **Leslie Lothstein** chaired a panel discussion – Revolving Doors and Brief Encounters: Dare We Do Inpatient Groups? – at the 2015 Annual Meeting of the American Group Psychotherapy Association in San Francisco.

**David DeMatteo**, board certified in forensic, was recently elected President-Elect of the American Psychology-Law Society (Division 41) of the American Psychological Association.
Diane W. DeWitt attended the XXXIVth International Congress on Law and Mental Health at Sigmund Freud PrivatUniversitat, Vienna, Austria, July 12 - 17, 2015.

Natalie Dong is the recipient of a Veterans Affairs Office of Rural Health grant to develop training materials for rural health care providers in the diagnosis, outcomes, and treatment of combat related concussion (funded for 2014-2017). She also writes that in December, 2014 she was appointed Interim Chief, Psychology Service of the VA Puget Sound Health Care System, responsible for over 110 psychologists and two training programs with 17 interns and 18 post-doctoral fellows. Dr. Dong has also been selected to participate in the 2015-2016 Veterans Affairs Leadership Development Program (25% of total applicants were selected).


During the past year, Peter Goldenthal has lectured on contextual therapy at the University of Padua, Italy, and at the International Contextual Therapy Conference in Eindhoven, The Netherlands. He has also been interviewed for the *Dutch Contextual Therapy Journal*.

Robert Gordon writes of his involvement with the upcoming (2016) publication of the *Psychodynamic Diagnostic Manual-2 (PDM-2)*. He is a member of the honorary scientific committee of the publication, and co-editor of the chapter titled, “Tools,” that offers objective assessments to aid in the diagnostic process.

Kim Gorgens has been selected Executive Director of the Center for Professional Development at the University of Denver. The Center's mission is to be the leader in post-degree education in mental health, social work, education and applied fields. Dr. Gorgens will maintain her academic appointment in the Graduate School of Professional Psychology, engaged in teaching and research.

Michael Gottlieb is co-author of Ethics Dilemmas in Psychotherapy: *Positive Approaches to Decision Making* (2015, American Psychological Association).

In her retirement, Sandra Harris has published a novel- Shrapnel: A Journey Toward Psychological Healing (Outskirts Press, 2015). It’s the story of eight Vietnam veterans who return to Vietnam for healing three decades after the war. The book has been named a finalist in the First Novel Category of the 2015 Next Generation Indie Book Awards.

Congratulations to Kenneth Herman who is being honored for his active role in the Bergen Volunteer Medical Initiative, a free medical facility for the uninsured in Hackensack, New Jersey. Dr. Herman served on the Board of Trustees since the center’s inception and currently serves on the Advisory Board. The tribute will be presented at a gala in September.

Felicia Hill-Briggs was promoted to full Professor in the Department of Medicine, Division of General Internal Medicine, and the Department of Physical Medicine and Rehabilitation at the Johns Hopkins University School of Medicine. On the national front, she has been appointed to the Board of Directors of the American Diabetes Association.

Ryan Howes continues to write for *Psychotherapy Networker* magazine and *Psychology Today* blogs. He created Psychotherapy Day in 2012, and this year produced a storytelling event in which therapists told powerful, de-identified true stories about therapy, with the goal of demystifying the process for the general public.
Edward Hunter met with congressional representatives on Capitol Hill to advocate for APA's efforts to increase funding to approximately $10 million for the Graduate Psychology Education (GPE) program. Dr. Hunter is also the recipient of a grant from the Health Resources and Services Administration (HRSA) which has increased (by two) the number of interns in the program at the University of Kansas Medical Center. This grant enables the training of psychologists to work with underserved and vulnerable populations.

George Kapalka has published Treating Disruptive Disorders (Routledge), a review of the effectiveness of psychological, pharmacological, and combined therapies in the treatment of various disorders in which disruptive behaviors are part of the core or associated features. One of his prior books – Parenting Your Out-of-Control Child (New Harbinger) - is now available in eight foreign translations. In 2013, Dr. Kapalka received the Distinguished Researcher Award from the New Jersey Psychological Association.

David A. Kareken is principal investigator on an NIH/NIAAA grant - Brain reward responses to sweet tastes in alcoholism risk. He is also co-author on three 2015 publications – Associations between regional brain physiology and trait impulsivity, motor inhibition, and impaired control over drinking. Psychiatry Research: Neuroimaging; The aperitif effect: Alcohol's effects on the brain's response to food aromas in women. Obesity; and, Beer self-administration provokes lateralized nucleus accumbens dopamine release in male heavy drinkers. Psychopharmacology.

Florence Kaslow and Andrew Benjamin, chairman of the ABPP Foundation and a member of the Foundation’s Executive Committee respectively, have recently had an article accepted for publication in the Journal of Family Psychotherapy, the journal of the International Family Therapy Association (IFTA). The article – “Ethical Wills: The Positives and the Perils for the Family”- extends beyond the usual legal stipulations to include bequests based on the ethical principles and values the progenitor wishes to convey and emanates from being concerned about including his or her ideas on the emotional, as well as, financial legacy he or she wishes to bestow.


Gregory P. Lee, Past-President of ABPP has been selected to become the new Editor-in-Chief of the official journal of the National Academy of Neuropsychology, Archives of Clinical Neuropsychology (Oxford University Press).

Ronald Levant is Principle Investigator for a study titled “Fathers' Expectations of their Sons,” funded by the Kinky Boots Limited Liability Company. The aim of the study is to assess the influence of fathers’ expectations on relationship quality, self-esteem, mental health and substance use. The specific intention is to assess the fit of a conditional mediation model that accounts for moderating factors (socioeconomic status, age, and father involvement) and mediation (through father-son relationship quality and the endorsement of traditional masculinity ideology).

John Linton has been appointed permanent Associate Vice President for Health Sciences and Dean of the School of Medicine at West Virginia University in Charleston.

John E. Lochman is the recipient, along with other colleagues, of two federal grants for the purpose of examining how a Coping Power program developed for preadolescents may be adapted for use with adolescents, as well as, how Coping Power may be integrated with mindfulness to target reactive aggressive behavior. Dr. Lochman has also published an online paper in the Journal of Consulting and Clinical Psychology, comparing group to individual intervention with at-risk aggressive children.

Francis J. Lodato has been named Psychological Consultant to the General Manager of the British Columbia Lions of the Canadian Football League.
Mary Ann McCabe has written “Health Care Reform as a Vehicle for Promoting Children’s Mental and Behavioral Health.” The paper was released by the Institute of Medicine for Children’s Mental Health Awareness Day, May 5, 2015.

Barry McCarthy writes that he has just published Sex Made Simple (2015, PESI), his first book for clinicians on the subject of sex therapy. He currently has over 40 workshops on the topic that are scheduled with PESI.

Kathleen McNamara currently serves as the Vice President for Public Policy with the National Academies of Practice (NAP). She, along with Howard Cohen, Reuben Silver, and Antonio Puente, recently met with NAP’s founder, Nicholas Cummings, to discuss NAP’s public policy agenda and the seeking of a Congressional Charter. The document resulting from this meeting will soon appear in NAP’s e-journal.

In March, 2015, Reid Meloy was the Yochelson Visiting Scholar at Yale University.

Beginning September 1, Daniel Miller will officially take the helm of the new Woodcock Institute for the Advancement of Neurocognitive Research and Applied Practice at Texas Woman’s University (TWU). A gift of nearly $10 million from a foundation created by famed psychologist and psychometrician Richard W. Woodcock will put TWU at the center of interdisciplinary research into cognitive and achievement assessments and advancing effective clinical practice for two-year-olds to octogenarians. The gift from the Woodcock- Muñoz Foundation in Nashville, Tennessee is the largest single donation in TWU history.

Jon Mills is the 2015 recipient of the Otto Weininger Memorial Award for lifetime achievement in psychoanalysis and psychodynamic psychology given by the Canadian Psychological Association. He has also published his thirteenth book – Underworlds: Philosophies of the Unconscious from Psychoanalysis to Metaphysics (Routledge), and has been selected series editor of Philosophy & Psychoanalysis, forthcoming from Routledge.

Wendy Moss has three books coming out this summer. Bounce Back: How to Be a Resilient Kid, teaches resiliency skills to readers ages 8-12. Co-authored with Donald Moses, The Tween Book: A Growing Up Guide for the Changing You, helps tweens (ages 9-13) to understand this time in their lives. And, Survival Guide for Kids with Physical Disabilities and Challenges, co-authored with Susan Taddonio, helps young people (ages 9-14) with physical disabilities to maintain a high confidence level and to emotionally cope with some of their specific challenges.

The latest book by Fugen Neziroglu has been published – Children of Hoarders (New Harbinger Press). He has also conducted workshops at Rutgers and Adelphi Universities on obsessive compulsive spectrum disorders, with presentations scheduled for the meeting of the International Obsessive Compulsive Disorders Foundation (IOCDF) in Boston. Dr. Neziroglu is the president of OCDNY, an affiliate of IOCDF. In that capacity, he is preparing a series of outreach programs for OCD awareness week in October.

June Pimm has recently published, The Autism Story (Fitzhenry & Whiteside). The book, based on Dr. Pimm’s extensive work in the field, is intended for parents and teachers, as well as, extended families of children on the autism spectrum.

Patricia Pitta has recently interviewed with Grandparenteffect.com and The Practice Institute. She also writes of several presentations – “Treating Couples and Assimilative Family Model” at the New York Marriage and Family Therapy Association; “Adolescent’s Struggle with Parental Deployment and Re-entry: An Assimilative Therapy Model” and, “Model and Uncovering Unconscious Messages and Intergenerational Patterns in the Couple Struggle: An Assimilative Therapy Model” at the Society for the Exploration of Psychotherapy Integration.

Thomas Plante has three 2015 publications – Psychological Well-Being of Roman Catholic and Episcopal Clergy Applicants (co-author S.N. Thomas), Pastoral Psychology; Compassion Development in Higher Education (co-authors R.Rashedi & E.S. Callister), Journal of Psychology and Theology; and, Four Lessons Learned From Treating Catholic Priest Sex Offenders, Pastoral Psychology.
John Porcerelli has recently served as Visiting Professor of Primary Care Psychology at Wichita State University and the University of Kansas School of Medicine. He spoke on the integration of health psychology and primary care. Dr. Porcerelli and colleagues also have a 2015 article published in the Journal of Nervous and Mental Disease – The Complex Role of Personality in Cancer Treatment: Impact of Dependency-Detachment on Health Status, Distress, and Physician-Patient Relationship.

Carlos Porges (psychologist and commercial airline pilot) contributed a chapter entitled Substance Abuse in Airline Pilots to a recently published aeromedical textbook – Aeromedical Psychology (Ashgate), now in its 2nd edition.

William Reich presented two papers at the Eighth International Conference on the Dialogical Self in The Hague, Netherlands. The first paper was entitled “The Family Dinner Table: a Therapeutic Metaphor Based on Dialogical Self Theory.” The second paper was “Dialogical Self Theory and Group Psychotherapy: Fractal Geometry and Pantographic Reproduction as Explanatory Metaphors.”

Anthony Ricci has been selected for a three year term to the Colorado Springs Osteopathic Foundation. He will be chairing the organization’s grants and wards committee.

Robin Rosenberg writes that she was featured in an article on Forbes.com – Why Adults Fall in Love With (And Spend Big Money On) Cartoon Characters (June 12, 2015).

Paul Ross has published Understanding Customer Needs in the June, 2015 issue of the Statistical Journal of the International Association for Official Statistics. The article details a multivariate study of art lovers who buy art in the primary art market, illustrating that science, rather than the wisdom of the crowd or the knowledge of art auction experts, influences the price paid for art. This example aids the understanding of customer needs in any setting and the necessary steps for converting that knowledge into new organizational practices.

Kirk Rowe has been busy at Wright-Patterson Air Force Base. He has begun doing outreach at the National Air and Space Intelligence Center. And, as the “point man” for Energy Awareness Month, he conducted briefings on the psychology of energy use and reduction, and created pop-up slides about energy awareness that appeared on 27,000 computer screens across the base each week. Dr. Rowe also coordinated the appearance of heart disease reversal specialist Dr. Caldwell Esselstyn at the base hospital.

Sebastiano Santostefano has authored A Psychodynamic, Action-Oriented Method to Assess the Contributions of a Person’s Body Image to Personality Functioning, Psychoanalytic Psychology (2015). The paper presents an innovative method to assess body image and related research results.

Joan Sarnat has a DVD that will be released by APA in September, 2015 – Relational Psychodynamic Psychotherapy Supervision. Her book, Essentials for Supervising Psychodynamic Psychotherapy (APA) is co-edited by Hanna Levinson and Arpana Inman, will also be published in the fall. Along with Mary Gail Frawley-O’Dea, Dr. Sarnat has also co-authored, The Supervisory Relationship: A Contemporary Psychodynamic Approach (Guilford Press).

Jack Schaffer, along with Emil Rodolfo, has written A Student’s Guide to Assessment and Diagnosis Using the ICD-10-CM (APA). The book is a part of an APA series on the ICD-10-CM, and is primarily focused on assessment. Look for it to be published in fall 2015.

Martin Seif had presentations scheduled in July, 2015 at the International OCD Foundation Convention, and in August, 2015 at APA’s annual convention. The workshop was, Worry and Subtle Forms of OCD: When Rational Refutation and Coping Skills are Counterproductive. Along with Sally Winston, Dr. Seif has published What Every Therapist Needs to Know About Anxiety Disorders (Routledge). The pair also has another book – Unwanted Intrusive Thoughts: It’s Not What You Think (New Harbinger, in press).
Morton Shaevitz writes that he continues to explore new models for successful aging and issues of patient empowerment. He is the current chair of the Geriatric Section of the California Psychological Association, and publishes a blog for *Psychology Today*. Along with co-author Ken Blanchard, Dr. Shaevitz has published *Refire! Don't Retire: Make the Rest of Your Life the Best of Your Life* (Barrett Koehler, 2015).


Tamara Shulman is a member of the Professional Advisory Board of BreastCancer.org, a website providing expert medical information from nationally recognized cancer centers (MSKCC, Dana Farber, etc.). She contributes regularly on topics of psychological significance and this year published on topics including “Emotional Aspects of Genetic Testing and Preventive Surgery” and “Mothers and Daughters-Emotional Issues” requested for a Mother’s Day focused article. Dr. Shulman writes that Breastcancer.org is a wonderful resource for patients, and that she is the first psychologist invited to join the Professional Advisory Board.

Jared Skillings has been elected to APA’s Board of Professional Affairs (BPA) for a three year term (2015-2017). BPA is the parent board responsible for professional psychology practice in APA. Dr. Skillings will focus his efforts on protecting and enhancing psychology scope of practice, improving recruitment retention of ECP practitioners in APA, and advocating for integrated care.

Mike Slavit has authored three books – *Lessons From Desiderata; Train Your Wandering Mind (ADHD); and, Your Life: An Owner’s Guide*.


Anita Solomon writes that she has been awarded recognition of her 25 years of service to the Spring Grove Hospital Center in Catonsville, Maryland. Dr. Soloman also reported that she nominated her team of professionals at the hospital, and they were awarded the Department of Health and Mental Hygiene Employee Recognition Award for the 2015 DHMH Innovative Team Award for “initiative or creative ability in the development and improvement of methods and procedures that resulted in substantially increasing productivity and efficiency.”

Terry Soo-Hoo’s interests in multicultural and cross cultural approaches to psychotherapy have led him to Mexico, where he has been a major trainer in the Mental Research Institute’s Certificate Training Program in Strategic Brief Therapy. The program offers intensive training in the Mental Research Institute (MRI) model of psychotherapy, and has been established in the cities of Tijuana, Puebla, Guadalajara, and Oaxaca.

Mary Neal Vieten is the Clinical Director of Operation: Tohidu – a transformative empowerment program delivered free of charge to eligible veterans and active duty service members. The program has demonstrated the potential to dramatically improve the lives of those who are suffering from deployment-related challenges, such as, PTSD and Traumatic Brain Injury (TBI). Look for her on You Tube, discussing the program.

Janet Anderson Yang, along with two colleagues, has published *Psychotherapeutic Treatment of Psychotic Disorders in Later Life*, the *Journal of Gerontopsychology and Geriatric Psychiatry* (2015).

Jeff Zimmerman has been elected President-Elect designate of the Society for the Advancement of Psychotherapy, APA Division 29, to serve as President in 2017.
## Newly Certified Specialists

### (January 2015 – June 2015)

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<tr>
<th>Specialty</th>
<th>NAMES</th>
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<tr>
<td><strong>Clinical Child &amp; Adolescent Psychology</strong></td>
<td>Jennifer A. Hansen, PhD &lt;br&gt;Rebecca W. Lieb, PhD &lt;br&gt;Deirdre E. Logan, PhD &lt;br&gt;Jessica L. Luzier, PhD &lt;br&gt;Robyn S. Mehlenbeck, PhD &lt;br&gt;Kelly A. Schloredt, PhD &lt;br&gt;Eric S. Schwartz, PsyD &lt;br&gt;Karen Stiles, PhD &lt;br&gt;Anne S. Walters, PhD &lt;br&gt;Christopher Watson, PsyD</td>
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<td><strong>Clinical Health Psychology</strong></td>
<td>Kathleen R. Ashton, PhD &lt;br&gt;Tanecia Blue, PhD &lt;br&gt;Teresa L. Deshields, PhD &lt;br&gt;Kim E. Dixon, PhD &lt;br&gt;Tiffanie J. Fennell, PhD &lt;br&gt;Scott J. Nyman, PhD &lt;br&gt;Samantha D. Outcalt, PhD &lt;br&gt;Michael B. Purdum, PhD &lt;br&gt;Christina B. Shook, PsyD</td>
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<td><strong>Clinical Neuropsychology</strong></td>
<td>Lawrence G. Brooks, PhD &lt;br&gt;Lenora Brown, PhD &lt;br&gt;Joshua E. Caron, PhD &lt;br&gt;Adam R. Cassidy, PhD &lt;br&gt;Lauren L. Drag, PhD &lt;br&gt;Brandon E. Gavett, PhD &lt;br&gt;Eric S. Hart, PsyD &lt;br&gt;Stacy W. Hill, PhD &lt;br&gt;Julie E. Horwitz, PhD &lt;br&gt;Loren King, PhD &lt;br&gt;Brandon E. Kopald, PsyD &lt;br&gt;Megan E. Kramer, PhD &lt;br&gt;Brian K. Lebowitz, PhD &lt;br&gt;Shelley Leininger, PhD &lt;br&gt;David A. Maroof, PhD &lt;br&gt;Justin B. Miller, PhD &lt;br&gt;Adam A. Nelson, PhD &lt;br&gt;Amelia Nelson Sheese, PhD &lt;br&gt;Kathleen M. Patterson, PhD &lt;br&gt;Caleb M. Pearson, PsyD &lt;br&gt;Russell D. Pella, PhD &lt;br&gt;Robin L. Peterson, PhD &lt;br&gt;Dalin T. Pulsipher, PhD &lt;br&gt;Maya Ramirez, PhD &lt;br&gt;Jillian C. Schneider, PhD &lt;br&gt;Andrea R. Sherwood, PhD &lt;br&gt;Ioan Stroescu, PhD &lt;br&gt;S. Marc Testa, PhD &lt;br&gt;Kristen L. Triebel, PsyD &lt;br&gt;Suzan Uysal, PhD &lt;br&gt;Eric J. Waldron, PhD</td>
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<td><strong>Clinical Neuropsychology (Cont.)</strong></td>
<td>Kathryn Wilson, PhD &lt;br&gt;Nicholas M. Wisdom, PhD &lt;br&gt;Fu Lye Woon, PhD &lt;br&gt;Michele K. York, PhD</td>
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<td><strong>Pediatric Clinical Neuropsychology Subspecialty</strong></td>
<td>John T. Beetar, PhD &lt;br&gt;Elizabeth L. Begyn, PhD &lt;br&gt;Doug Bodin, PhD &lt;br&gt;Thomas G. Burns, PsyD &lt;br&gt;Christine A. Clancy, PhD &lt;br&gt;Mary K. Colvin, PhD &lt;br&gt;Philip S. Eisenberg, PhD &lt;br&gt;Frank J. Gallo, PhD &lt;br&gt;Mary R. George, PhD &lt;br&gt;Chaya Gopin, PhD &lt;br&gt;Kelly K. Greene, PsyD &lt;br&gt;Lana L. Harder, PhD &lt;br&gt;Michelle L. Imber, PhD &lt;br&gt;Laura E. Kenealy, PhD &lt;br&gt;John H. King, PhD &lt;br&gt;Jennifer I. Koop, PhD &lt;br&gt;Lauren S. Krivitzky, PhD &lt;br&gt;Joseph F. Kulas, PhD &lt;br&gt;Brenna C. McDonald, PsyD &lt;br&gt;Joy B. Parrish, PhD &lt;br&gt;Shelley F. Pelletier, PhD &lt;br&gt;Ellen J. Popenoe, PhD &lt;br&gt;Jennifer L. Potter, PhD &lt;br&gt;Stephanie K. Powell, PhD &lt;br&gt;Cynthia F. Salorio, PhD &lt;br&gt;Mike Schoenberg, PhD &lt;br&gt;Rachel B. Tangen, PhD &lt;br&gt;Christine L. Trask PhD &lt;br&gt;Marsha Vasserman, PsyD &lt;br&gt;Mary (Molly) H. Warner, PhD &lt;br&gt;Kristine B. Whigham, PsyD &lt;br&gt;Alison D. Wilkinson-Smith, PhD &lt;br&gt;Timothy F. Wynkoop, PhD &lt;br&gt;Paula Zuffante, PhD</td>
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<td><strong>Cognitive &amp; Behavioral Psychology</strong></td>
<td>Peter J. Economou, PhD &lt;br&gt;Meredith Owens, PhD &lt;br&gt;Ryan Sharma, PhD</td>
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<td><strong>Counseling Psychology</strong></td>
<td>Sharon L. Bowman, PhD &lt;br&gt;Catherine Callender, PhD &lt;br&gt;William E. Fiala, PhD &lt;br&gt;Erica L. Fitzgerald, PhD &lt;br&gt;Mary M. Gartner, PhD &lt;br&gt;Jason M. Hindman, PhD &lt;br&gt;Jennifer McCarroll, PhD &lt;br&gt;Brian Schneider, PsyD &lt;br&gt;Roy J. Sunderland, PhD &lt;br&gt;James A. Young, PhD</td>
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<td><strong>Forensic Psychology</strong></td>
<td>John Crumlin, PhD &lt;br&gt;Marla Domino, PhD &lt;br&gt;Heather L. Holder, PsyD &lt;br&gt;Gilbert S. Macvaugh, III, PsyD &lt;br&gt;James W Mikesell, PhD &lt;br&gt;Allison Paganelli, PsyD &lt;br&gt;Martha S. Smith, PsyD &lt;br&gt;Tracy A. Thomas, PhD</td>
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<td><strong>Geropsychology</strong></td>
<td>Kenneth C. Dudley, PhD &lt;br&gt;Natalia N. Edmonds, PsyD &lt;br&gt;Alisa O. Hannum, PhD &lt;br&gt;Paul D. Nussbaum, PhD &lt;br&gt;Pamela L. Steadman-Wood, PhD</td>
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<td><strong>Group Psychology</strong></td>
<td>Charles B. Anderson, PhD &lt;br&gt;Robert F. Pramann, Jr., PhD</td>
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