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President’s Column

Randy K. Otto, PhD, ABPP

In his 2000 publication, The Tipping Point: How Little Things Can Make a Big Difference, Malcolm Gladwell defined a tipping point as “the moment of critical mass, the threshold, the boiling point.” Many of us have seen this phenomenon operate in a variety of contexts as a monumental ground shift occurs. I am happy to say, we are getting closer to reaching this point with respect to psychologists’ thinking about board certification and ABPP.

I recently returned from ABPP’s mid-year meeting, which was held in Chicago at the Conrad Hotel on Michigan Avenue. My take on this meeting is that ABPP is moving forward at great speed. A record number of board-certified and non-board certified psychologists attended the workshops offered during the four-day continuing education program, a variety of sponsors offered booths and exhibits, four different boards and academies held meetings or conducted examinations, and the ABPP trustees worked hard during their two days together. This was the fifth year ABPP has held a mid-year meeting, we are already looking forward to the 2015 meeting in San Diego next May, and ABPP Central Office staff has begun reconnaissance to locate an appropriate venue for 2016.

At the Chicago trustees’ meeting, I was particularly encouraged by the report of ABPP Executive Officer David Cox, PhD, ABPP, who announced that ABPP was on track for a record year in terms of applications for board certification. Almost half of the over 600 applications received since January were submitted by graduate students through the “Early Entry Option,” a program instituted a number of years ago that has begun to produce dividends. As our brothers and sisters associated with the American Board and Academy of Clinical Neuropsychology have made clear, it is important to get psychologists thinking about board certification while in training.

Of course, those of you who visit ABPP’s Facebook page already know about some of what occurred at the mid-year meeting as a result of the hard work of recently-appointed ABPP Social Media Editor Julie Hook, PhD, ABPP. If you have yet to visit, please stop by ABPP’s rejuvenated Facebook page. Also, please consider keeping the rest of us up to date about what you have been doing (e.g., promotions, employment, publications, consulting) by submitting news for inclusion in the ABPP newsletter and Facebook page (mail all contributions to socialmedia@abpp.org).

I hope to see you in Washington. Please come up, introduce yourself, and let me know what ABPP can do better and what you might want to do in order to get more involved. If I do not see you in Washington, I hope to see you next May in San Diego at our mid-year conference and program. ABPP will be meeting at the Omni Hotel, which is in the middle of the Gaslamp District—a revived and bustling core with a baseball park, multiple restaurants, and many bars—all within a short walk to the city’s beautiful waterfront. San Diego is a premier city for professional meetings, and May is the perfect time of year to be there. As we come closer to the tipping point, I suspect that the San Diego meeting will be our most successful. Finally, as is always the case, please consider writing or calling to discuss any ABPP matters (rotto@usf.edu; 813-974-9296).

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

By David R. Cox, PhD, ABPP

ABPP Growth

Staffing - Please join all of us in Central Office in welcoming Kathy Holland to our staff! Kathy joins us after several years in the local school district and has fit right in with the rest of us here in CO. She will be holding down the fort in Chapel Hill while we run the Conference and Workshops in Chicago, but we look forward to all of you getting a chance to know her, through email, telephone and at the APA Convention in August.

Applications - We are on a record pace this year in many ways! ABPP has received applications at a rate that will put us at or over the 1000 mark for the year. This will be the first time in history that ABPP has broken that barrier for applications. The 2014 figure is currently to exceed 1200 applications.

Conference - The ABPP Conference and Workshops set a record as well. We exceeded the “hoped-for” revenue earlier than ever, and ended up about 50% above that figure! See Dr. Otto's President's Message above for more details....

Specialties – We are closing in on the end of the monitoring phase for the American Board of Geropsychology; they intend on completing the requisite 30 exams beyond their board members by year end. Sleep Psychology has provided a formal application for affiliation. Pediatric Neuropsychology, the first ABPP subspecialty, is preparing to conduct its first round of examinations soon.

Expect more – While serving as the ABPP liaison to the recent Association of State and Provincial Psychology Boards (ASPPB) meeting in San Antonio, I sat back and let others do the “ABPP marketing”. Katherine Nordal, Executive Director of the American Psychological Association Practice Organization (APAPO) and several others in attendance at the ASPPB Open Board Meeting spoke strongly about the way that the profession is moving – toward a competency based profession with a need for specialization. Throughout the multi-day conference, the notion of competency, maintenance of competency (and certification, re: ABPP), as well as recognition of specialty and specialists was mainstream. I believe we are at, or at least quite near, the proverbial tipping point.

Liaison Activities - I continue that part of my role that is as liaison to other organizations. As indicated above, I have been to the ASPPB board meeting, and have also attend the APA Committee for the Advancement of Professional Practice (CAPP) meeting as well as the APA Consolidated Meetings (where most of my time is typically spent with the Board of Professional Affairs). In early May, present a workshop on board certification for the training directors and others in attendance at the Association of Psychology Postdoctoral and Internship Centers (APPIC). This will be the second consecutive APPIC meeting to which ABPP has been asked to conduct this workshop, and conversations with Dr. Jeff Baker, APPIC Executive Director, suggests this may become a staple.
Sharepoint Technology Rollout - ABPP Central Office and the American Board of Clinical Psychology have successfully begun using Sharepoint now for the process of credential review for several months, and that included a (planned) change in credential reviewer for ABCP. Vicki Ingram had worked with us for the initial phase-in of this project and Throstur Bjorgvinsson learned readily to use the system. We have since extended invitations to the following specialty boards to begin use of Sharepoint: Clinical Health Psychology, Clinical Neuropsychology, Counseling Psychology, Organizational and Business Consulting Psychology, Police and Public Safety Psychology, Rehabilitation Psychology, and the Pediatric Neuropsychology subspecialty. As you read this, most all boards have successfully moved to the new system, and we are working with the few remaining ones to smooth out the transition.

So far, the reception has been quite positive. After CO gets done with the Generic Review, the application moves over to the specialty board credential reviewer seamlessly by placing that person's name in the Review Leader data field. The application then appears on the “Sharepoint Desktop” the reviewer sees upon log in to Sharepoint. That reviewer then conducts a review of the credentials by clicking on a file to see the material and subsequently making the necessary updates to the data fields posted (e.g., Pass, Not Pass, Needs More Information). Finally, the Review Leader field is changed back to a CO staff person (in this case, Nancy McDonald) who process the next step.

The Sharepoint system is becoming the focus of work for Diane Butcher of CO; she will help us get each specialty board using this system by year end, and we will then begin work on establishing a very robust and holds great potential for our use. In addition, Diane, Michael Tansy and I have begun work on the establishment of a system for using Sharepoint for the MOC filings that will begin sometime in 2015. The process will work essentially as does the Credential Review process, with the MOC file taking the place of the application in a fashion similar to that described above.
Summer is my favorite time of year. Born and raised in the South, I enjoy the high temperatures and tend to engage in a flurry of activities to make the most of those extra hours of sunlight. I began the season by attending the ABPP Annual Conference and Workshops in Chicago. If you have never attended the conference, you have missed the opportunity to engage in exceptional continuing education. Make plans to attend next year’s conference to be held in San Diego, May 27 – 30, 2015. And, please invite your colleagues who are considering ABPP certification. If they are sitting on the fence, attendance at the conference may propel them to begin the application process. The ABPP Board of Trustees also held its mid-year meeting in Chicago. There are no words to describe the dedication of the team that governs ABPP. I would encourage each and every one of you to familiarize yourself with the governance of your respective boards and academies, and to seek ways in which you might contribute.

This issue of The Specialist provides updates about the activities of established boards and academies, as well as, news of the emerging specialty of Geropsychology. There is also detailed information on Maintenance of Certification (MOC), thanks to the hard work of the MOC Task Force, under the leadership of Mike Tansy. The Ethics Committee has provided an article on competence in clinical settings. Jeffrey Barnett defines competence and its essential elements; as well as, the assessment of clinical competence. Members of the Forensic Board and Academy have also provided an insightful piece entitled “The Therapeutic Value of Court Testimony. And, once again, Bob Goldberg has provided a wonderful submission as ABPP Historian. This edition’s topic is the 50th anniversary of ABPP. A new column appears in this edition. “Since You Asked” (thanks to Karen Prager for inspiring the title) consists of your responses to a request for updates about events in your lives. What an awesome response! If you don’t see your submission in this issue, look for it in the next edition. And, please continue to provide submissions. Not only are we interested in items for “Since You Asked”, but also for articles. If you have an article you would like to submit, please refer to the submission guidelines below.

As summer draws to a close, we find that it’s time for the Annual Convention of APA. This year’s convention is in Washington, D. C. from August the 7th through the 10th. ABPP is well represented among the presenters. The ABPP Foundation is hosting a pre-convention reception on the evening of August 6th. And, both ABPP and The Foundation are hosting booths. This year is the 67th ABPP Convocation and Social Hour on the morning of August 9th. Come out and welcome the new specialists, and help honor the 2014 award recipients. The featured convocation speaker is Col. Hans V. Ritschard, PhD, ABPP. Please check your convention schedules or the ABPP website and Facebook page for details.

I hope you enjoy this issue of The Specialist. And, don’t forget to “Like” us on Facebook.

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.
LETTERS TO THE EDITOR

Valuing ABPP certification

In 1972 I obtained the first of my two specialist certifications by ABPP. From its inception in 1947, ABPP intended to elevate the status of the profession, to make sure that psychologists could specialize and become eminent in different fields. As we read with pride the valuable reports of the Executive Officer, new President, and Historian, Dr. Robert Goldberg, it is clear that ABPP has maintained its mission. Thanks to ABPP, psychology is a full profession with areas of specialty, much like medicine, law, and engineering. My concern is that the profession does not take full advantage of all that ABPP has to offer. Only a small percentage of licensed psychologists obtain any of the diplomas of the thirteen specialties. We should be proud and grateful to Dr. Andrew Benjamin for his work regarding state examining boards. It is great progress that at least one state examiner in every state is ABPP certified. However, my hope is that soon the majority of clinical psychologists will be Board Certified Specialists. I hope the same for the other specialties. Unfortunately, it appears as if the majority of psychologists do not value the ABPP distinction. If they did, more would seek to have the honor of ABPP after their names. I believe that APA, ASPPB, and other professional psychology organizations should work together to encourage psychologists to distinguish themselves and enrich the profession by becoming board certified.

I am also concerned that less than 25 states recognize the ABPP certificate for facilitating license mobility. For its part, ABPP could take a stronger position with state examining boards with regards to consideration of the ABPP status of prospective licensees.

Our new ABPP President, Dr. Randy Otto states in the Winter issue of The Specialist that he hopes to make the organization “grow.” It appears as if he is telling us that the time is ripe for the profession to increase its level of recognition. I believe that if more states would recognize ABPP certification as a means of facilitating license mobility, more individual psychologists would be motivated to become Board Certified Specialists, thus enriching the profession. The more Board Certified Specialists there are, the stronger the profession.

Daniel L. Araoz, EdD, ABPP
Professor Emeritus, Long Island University, New York.

Please send letters to thespecialist@abpp.org. Letters should be no more than 250 words and may be edited for space and clarity.
**Update of the ABPP Maintenance of Certification Task Force January to June 2014**

*Michael Tansy (Chair), Deborah Attix, Charme Davidson, Chris Nezu, John Northman, Randy Otto, Alina Suris and Jeanne Galvin*

In less than five months, ABPP Maintenance of Certification (MOC) leaves the drawing board and becomes reality. As widely reported and discussed, all specialists certified after January 1, 2015, must successfully demonstrate maintenance of certification every ten years to maintain their current “ABPP certified” status. Those specialists certified before January 1, 2015, may waive maintenance of certification requirement if they desire. The ABPP Trustees recognize that, since they have passed a comprehensive specialty board examination, specialists may maintain specialty board certification by documenting continuing professional development using their specialty-board approved grid and narrative.

Having developed the BOT-approved model for ABPP maintenance of certification, in recent months the MOC Task Force has focused its attention on implementation of maintenance of certification, including assisting specialty boards with crafting their specific grid and narrative materials, ABPP Standards Committee adoption of specialty board materials, and Central Office readiness to launch by January 1, 2015. To assist the specialty boards with implementation, the MOC Task Force identified a member to serve as a liaison to each specialty board. In turn, each specialty board identified a representative to partner with their MOC Task Force liaison to craft their specialty board maintenance of certification materials. All task force and specialty board representatives collaborated toward implementation via email, telephone, or in person.

Once the specialty board representative develops its maintenance of certification materials, with guidance and support from the MOC Work Group liaison, and the materials are approved by the specialty board, the materials are submitted to ABPP Board of Trustees Standards Committee for final approval. At the time of submission of this article, four specialty board maintenance of certification submissions have been approved by the Standards Committee (Counseling, Clinical, Group, and Clinical Neuropsychology) and four specialty boards’ maintenance of certification submission are under Standards Committee review (Couples and Family, Forensic, Rehabilitation, and School). All other specialty boards are in various stages of maintenance of certification material development. Every specialty board has been working diligently, recognizing that the January 1, 2015 launch date is quickly approaching.

David Cox and Diane Butcher, at ABPP Central Office, are working to develop a means by which maintenance of certification notification and submissions can be accomplished electronically. We anticipate that in January 2015, the Central Office will begin notifying specialists when their maintenance of certification material is due for submission to their specialty board. Unless the specialist asks to waive their maintenance of certification requirement or the specialist asks to participate in maintenance of certification sooner, Central office personnel will notify specialists seven years after maintenance of certification implementation (or seven years after new specialist's initial board certification) that their maintenance of certification will be due soon. With this notification, the specialist will be asked to complete their maintenance of certification materials and submit them to their specialty board (through a portal at abpp.org). All documents relating to maintenance of certification will be available through the ABPP website.
In addition to assisting specialty boards with the development of their maintenance of certification materials and assisting with the ABPP-wide implementation of maintenance of certification, MOC Task Force members have collaborated with the ABPP Standards Committee and Bylaws Committee to assist in the revision of the respective manuals to incorporate maintenance of certification requirements. Most recently, the MOC Task Force developed advisory guidelines for specialty board outreach to specialists who do not successfully complete maintenance of certification on their first submission, language regarding responses by central office to inquiries regarding the status of specialists’ board certification, and language for central office to use when notifying specialists of their opportunity to participate in or waive participation in maintenance of certification. These guides were approved at the 2014 midyear meeting of the Board of Trustees and are posted in this issue of The Specialist for the reader’s review.

**Opt-in — Maintenance of Certification**

Specialists who are board-certified after January 1, 2015 will be required to maintain their certification through their participation in a maintenance process. Specialists who were board certified before January 1, 2015 have the opportunity to participate, if they so choose.

Specialists who are currently board certified may see the value in participating in the maintenance of the board certification for many reasons. In some cases, specialists may choose to participate because they have changed their work (such as getting hospital privileges) or because they need to maintain the status associated with their certification. Still others may find their work settings require it when previously they did not.

The process of maintenance of certification involves completing a grid, which documents continuing professional development, and preparing a narrative, comprised of five or more questions. The grid assesses continuing professional development in five areas: Collaborative Consultation; Teaching and Training; Learning/Ongoing Education, Development and Application of Research; Innovative Methodologies/Programs; and, Professional Leadership. These areas are assessed with regard to foundational and functional competencies. Foundational competencies are required of all specialists while functional competencies may vary by specialty. The narrative asks about the nature and setting of specialists’ work, about a recent legal/ethical dilemma (including the way it was addressed), and about the evaluation of the effectiveness of the specialists’ professional activities. Additionally, the narrative asks specialists to summarize how they keep abreast of science, practice, and training pertaining to the specialty and describe how they have refocused their professional activities from their original area of certification, if applicable.

Current board-certified specialists must declare whether they choose to participate in the maintenance of certification or, to waive their participation in this process. Should specialists who are certified before January 1, 2015, decide to participate in maintenance of certification and then encounter unforeseen circumstances, they will be permitted to waive the option to participate. If specialists decide not to participate in maintenance of certification, they may later revisit their decision and decide to participate in maintenance of certification. Specialists will then notify the Central Office of the American Board of Professional Psychology about their reconsideration. The Specialty Board will then implement the process for maintenance of the specialist’s certificate.

________ I choose to complete Maintenance of Certification

________ At this time, I choose to waive completing Maintenance of Certification.

Specialist’s Name: __________________________________________

Specialty: __________________________________________

Date: __________________________________________

The ABPP Board of Trustees (BOT) has adopted a method of Maintenance of Certification (MOC) that utilizes at its core a specified grid and narrative process by which specialists demonstrate activities that they have participated in that have served to maintain competence in the foundational and specialty board-specific functional competency areas. The BOT also specified that each specialty board include in its MOC procedures their operationalized method by which further review of outlier cases will occur. Examples of outlier cases may include situations in which specialty boards randomly audit their specialists’ MOC submissions; when specialists have not requested a waiver and have not submitted MOC documentation in accordance with approved timelines; or, when specialists have submitted incomplete MOC documentation. All specialty board review procedures must be approved by the ABPP Standards Committee.

Specialty boards vary in how they operationalize review of outlier cases. Later in this document there are two examples of how specialty boards may conceptualize this portion of their MOC procedure. Any number of additional variations may be possible, as long as the ABPP Standards Committee approves the specialty board's submission. Elements that specialty boards may find helpful to consider when developing their review options include:

- The number of MOC reviews that are anticipated annually
- The number of anticipated unusual circumstances that may merit contact
- The number of and reason for anticipated fails based on the MOC procedure outlined
- Whether the board is inclined to include an outreach/remediation component to their MOC process
- Establishing a clear delineation with respect to the role of the specialty board and the specialist regarding responsibility for contact by the specialty board and by the specialist throughout this review process
- Having a documentable process by which appeals are conducted at the specialty board and the ABPP BOT levels.

All specialty boards must specify in their respective manuals their customized MOC procedure, with explicit detail regarding all features guiding the decision of pass versus fail. Also, specialty boards must include detail regarding the situations and process by which additional review of specialists submitting MOC will be undertaken. Finally, the policy of appeal for MOC decisions must be a written part of the specialty board MOC procedures (see Policy and Procedure Section L).

Note in the following examples that the specialty board outlines the purpose, circumstance, and method of additional review.

EXAMPLE ONE: OUTREACH
The specialty board MOC representative will contact specialists who fail to meet MOC renewal deadlines without request of a waiver; who do not submit the necessary documentation for MOC renewal; or, who do not satisfactorily complete the specialty Continuing Professional Development (CPD) Grid or Narrative. The intent of this contact is to assist the specialist in maintaining certification. When engaging in outreach to specialists, specialty boards may contact them by email, telephone, Skype, face-to-face meetings, and other means, if necessary. The nature of the contact is left to the discretion of the specialty board.

With such an approach to contact, MOC procedures would include descriptions such as the following:
Conditions for Outreach to Specialists

1. The specialty board MOC representative will contact specialists who are due for MOC and either have not waived the MOC or have not submitted their MOC materials. The purpose of this outreach by the specialty board MOC representative to the specialist is to determine the reason the specialist has not submitted a request for a waiver or their MOC material and inform the specialist that either a request for waiver must be submitted (if eligible) or the MOC process must be satisfactorily completed.

2. The specialty board MOC representative will contact specialists whose completed MOC grids do not reflect completion of at least 40 CPD credits across all major/applicable categories. The purpose of this outreach is to notify the specialist of the specialty board-approved requirement for 40 CPD credits and to assist the specialist in remediating their material such that they may, if possible, document 40 CPD credits, as required for MOC.

3. The specialty board MOC representative will contact specialists who complete their MOC grid satisfactorily, but have not completed the specialty board-approved MOC narrative. The purpose of this outreach is to notify the specialist of the specialty board-approved narrative requirement and to assist the specialist in remediating their material such that they may, if possible, complete the narrative satisfactorily, as required for MOC.

EXAMPLE TWO: AUDIT

The specialty board MOC representative will contact specialists in the case of missing information or random audit. The intent of this contact is to ensure quality in the specialty board MOC process via random audit and to ensure specialists have an impartial and reasonable review based upon complete information.

With such an approach to contact, MOC procedures would include descriptions such as the following:

Missing Information
If the MOC reviewer determines that information required to make a decision is missing, incomplete, or unclear, the reviewer will contact the specialist to request clarification. The status of the MOC application during this time will be designated as “Pending” receipt of information. Specialists who receive an inquiry regarding missing or unclear information must supply the requested information within 90 days of the date of notification. Once the requested information has been received, the MOC review will proceed. If the specialist does not submit the requested information within the 90-day window, the status of the application will convert to “Not Passed”.

Random Audit
The specialty grid and narrative templates are accessed and completed online. Specialists are advised to retain continuing education certificates and other documentation of professional development activities beginning at least two years prior to their anticipated date of MOC review. Although these supporting documents will not be included in the application itself, the specialist may be asked to produce them in the event of an audit or if questions arise during review.

A random sample of MOC submissions will be audited each year to verify the information reported in the MOC grid and narrative. Specialists whose applications are audited will be contacted by the specialty board MOC representative to arrange for appropriate supporting documentation to be submitted (e.g., CE certificates, course syllabi, presentation materials, performance evaluations, publication reference list). Once the supporting documents are received, the MOC representative will schedule a telephone interview to discuss the review with the specialist.
**Extenuating Circumstances**

In rare instances when extenuating circumstances prevent a specialist from engaging in professional development activities to maintain competence in the specialty during the designated MOC window (e.g., due to time spent training/practicing in another specialty, military deployment, medical issues, etc), the specialist may request permission to document activities from a different continuous 2 year period within the 10-year MOC time frame. Such requests must be submitted prior to the MOC submission deadline and will be reviewed by the specialty board MOC representative on a case-by-case basis. If an exception is granted, the due date for the specialist’s subsequent MOC submission will be adjusted accordingly.

Requests for accommodations due to disability will be reviewed by the ADA Committee and discharged in a fashion consistent with the Americans with Disabilities Act.

**Recommended Responses by Central Office to Inquiries Relating to Specialists’ MOC Status**

**Scenario No. 1**
A Specialist Who Is Certified After January 1, 2015, and Did Complete MOC  
(a) “The Specialist’s certification is current.” OR  
(b) “The Specialist’s certification is active.”

**Scenario No. 2**
A Specialist Who Is Certified After January 1, 2015, and DID NOT Complete MOC or Did Not Complete It Successfully  
(a) “The Specialist’s certification is not active.” OR  
(b) “The Specialist’s certification is not current.”

**Scenario No. 3**
A Specialist Who Is Certified Prior To January 1, 2015, and Has Completed MOC  
(a) “The Specialist’s certification is current.” OR  
(b) “The Specialist’s certification is active.”

**Scenario No. 4**
A Specialist Who is Certified Prior to January 1, 2015, Attempted MOC But Did Not Complete It Successfully  
(a) “The Specialist’s certification is not active.” OR  
(b) “The Specialist’s certification is not current.”

**Scenario No. 5**
A Specialist Who is Certified Prior to January 1, 2015, and Has Exercised His/Her Option to Retain Certification Through the BOT Approved MOC Waiver Process  
(a) “The Specialist’s Certification is current.” OR  
(b) “The Specialist’s Certification is active.”

If there is a follow-up question relating to whether the Specialist completed the MOC process, such as:  
Q: “Did this Specialist Complete the MOC Process?”  
A: “The Specialist was originally board certified prior to January 1, 2015, and therefore, he/she is not required to complete the MOC process to maintain certification according to the ABPP Bylaws.”

And if necessary, such as a direct follow-up question:  
Q: “Please clarify whether the Specialist completed the MOC process?”  
A: “No. The Specialist was not required to complete MOC but his/her certification is nonetheless active/current.”
ABPP Foundation Updates and Convention Events
Christine Maguth Nezu, PhD, ABPP
Chair, ABPP Foundation Board of Directors

On behalf of the American Board of Professional Psychology (ABPP) Foundation, I am delighted to provide important updates and a brief description of our planned events during the Annual Convention of the American Psychological Association. Prior to my description of these activities, I wish to begin by extending our gratitude for the generous contributions of our 2014 donors. These magnanimous specialists, as well as those who generously give of their time and expertise to support the foundation, inspire all of us on the Foundation’s Board of Directors to work with the entire ABPP organization to actualize our collective dreams. For those who are still considering their choices for charitable giving in 2014, it is our hope that disseminating information about recent activities and plans for the future will encourage all ABPP specialists to continue to give generously. Because of our contributors, we are able to work toward improving people’s lives through greater awareness and access to competent psychological services.

Below are a few highlights of our ABPP Foundation Activities in the first half of 2014.

• We have experienced unprecedented growth in our general fund through outreach at conferences, conventions, and personal invitations for contribution!
• We are pleased to announce the results of the election of our new members of the Board of Directors. Dr. David M. Corey, Dr. Stephanie H. Felgoise, Dr. Kevin P. Mulligan, and Dr. Morgan T. Sammons will assume their new roles on January 1, 2015.
• An audit of our infrastructure, finances, and administrative systems has been successfully completed. We are financially health and poised for continued growth of the ABPP Foundation in the remainder of 2014.
• A matching funds challenge totaling $5,000 from Dr. Norma Simon and Dr. Tom Boll successfully raised money to support the hiring of an administrative assistant and further development of our administrative budget.
• Through the generous support of APA Publications and Databases Program, Multi Health Systems, PAR, Inc., and our ABPP specialists, we are hosting our inaugural fundraising event on the evening prior to the APA Annual Convention. The event, An Evening with the ABPP Foundation, on August 6, 2014 at the Henley Park Hotel, in Washington DC, promises to be an elegant and celebratory event. Contributors from Silver, Gold, Platinum and Diamond Legacy levels will be recognized at this event. Drs. Herbert Gupton and John Lyke will receive special recognition and an ABPP Foundation award as Diamond Legacy Contributors.
• Dr. Lening Olivera-Figueroa, who is board certified by the American Board of Cognitive and Behavioral Psychology, was selected as the recipient of a 2014 ABPP Foundation Diversity Award of $1,000 and will receive this award at the August 6th event.
• The ABPP Foundation Exhibition Booth at the APA Convention will provide information about the ABPP Foundation, its mission, and current activities. The booth (#521) will be located in Halls D & E at the convention center and adjacent to the ABPP Booth in the Convention Exhibition Hall. The booth will offer a drawing for all contributors who make a tax-free donation during the convention, to win an elegant dinner for two at a restaurant of their choice.
• The ABPP Foundation will have an additional exhibit at the ABPP Convocation, and information about becoming an ABPP Foundation Ambassador.

The ABPP Foundation and Board of Directors encourage your tax-free charitable gifts to further our mission. Please consider stopping by our booth at the APA convention, and learning more about our plans for the coming year. For those who are not attending the convention, please consider making a 2014 donation, by sending your contribution to the American Board of Professional Psychology (ABPP) Foundation, 600 Market Street, Suite 201, Chapel Hill, NC, 27516, or through the link to our Foundation Webpage at www.ABPP.org, where you can learn more about our dedicatory funds.
The Fiftieth Anniversary Year of ABPP – 1997 - proved to be an eventful, even momentous, one.

Professional psychology was in the process of finally grappling seriously with issues of educational, training, and experience requirements for different areas and levels of practice, from journeyman to specialist. In 1992, Manfred Meier, Ph.D., the visionary Clinical Neuropsychology Specialty Representative on the BOT, had organized a meeting of a newly-formed Interorganizational Council (IOC) for the Accreditation of Postdoctoral Programs in Psychology, held at the University of Minnesota, with ABPP and other invited participating organizations (including APA, APPIC, the National Register for Health Service Providers in Psychology, the Canadian Psychological Association, and specialty-specific postdoctoral training representatives). The strategic goal of this conference was to induce the APA Committee on Accreditation to assume the task of postdoctoral accreditation. This issue had been mothballed by APA since Dr. Bruce Sales's historic 1984 report by the Subcommittee on Specialization of the Board of Educational Affairs. Dr. Meier had reasoned that, if APA failed to assume responsibility for postdoctoral program accreditation, the IOC would unilaterally do so. As Dr. Meier had hoped, APA perceived that this was previously unclaimed professional turf which the IOC would occupy if APA did not do so. Faced with that alternative, APA decided to assume this function. The IOC then redefined itself as an Interorganizational Council of Specialties. It disbanded during 1997 but, before doing so, endorsed the establishment of a Council of Specialties (CoS) comprised of separate specialty-specific synarchies, each with representation from the respective APA Division, specialty training directors, ABPP Board and Academy, and a representative group of specialists at different stages of their careers. ABPP and APA were initial “co-sponsors” of the CoS. In my opinion, an unvoiced function of the CoS was to keep an eye on APA, to assure that it would follow through in advancing criteria for specialization by providing specialty-specific input into education and training. In 2012, the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) explicitly recognized the CoS advisory/educative function in its Education and Training Guidelines. Very recently, this move has resulted in the Commission on Accreditation's stipulation (in its draft Standards of Accreditation) that postdoc programs must provide training in specialty area competencies when those competencies have been set forth by Specialty Synarchies.

In 1997, steps were also taken with respect to the vertical integration of education and training into specialty-specific silos. In May, ABPP, the National Register for Health Service Providers in Psychology (NR) and the Association of State and Provincial Psychology Boards (ASPPB) arranged to hold board meetings at the same time in Charleston, SC. The ostensible purpose of the gathering was to share perspectives; but it was clear that there would be an active attempt to define levels of expertise, credentials associated with each of the levels, and designate the organization certifying psychologists at each level: journeyman (ASPPB, for states’ licensure), “health service provider” (NR Certificate), and specialist (ABPP Diploma).

Each group held its own board meeting(s). There were opening and concluding plenary sessions (all groups in attendance) as well as separate conjoint sessions with pairs of boards (ABPP and ASPPB, ABPP and NR, ASPPB and NR). In his plenary address, David Drum, PhD, a former BOT President and then a member of the NR Board of Directors, presented a taxonomy of “Designation, Accreditation, and Credentialing” which set forth some parameters which have proven prescient (Drum, 1997). At the final plenary session, the groups agreed to locate their information booths at the 1998 APA Convention in the same area and to again coordinate their 1999 meetings. ASPPB affirmed its commitment to a generic level of licensure, despite the actions of several states in licensing specialty and “health service” providers. However, further cooperation was hindered by both ASPPB and NR developing and promulgating potentially competing consumer products, the Credentials Banks which both currently offer: The ASPPB Credentials Bank became one information source for its Certificate of Professional Qualifications (CPQ). The NR established and continues to maintain its Credentials Bank and National Psychologist Trainee Register (NPTR). Back in 1997, rumor had it that this competition had generated much rancor between the groups. Hence, the projected 1999 joint meetings failed to materialize.
Also at that Semi-Annual BOT Meeting, plans were finalized for the 50th Anniversary ABPP Celebration, to take place during the APA Convention that year in Chicago, IL. The celebration consisted of the Annual Convocation and Awards Ceremony and a 50th Anniversary Celebration Dinner, both held on August 16. At the Convocation, Dr. Drum received the Distinguished Service to the Profession Award and John Monahan, PhD, gave the 1996 Distinguished Service to the Profession Awardee address on “Violence and Mental Disorder: Early Findings from the MacArthur Research.” BOT President Russell J. Bent, PhD, chaired the meeting. In the evening, 150 celebrants attended the Anniversary Dinner at the Sheraton Hotel and Towers. Just prior to the dinner, torrential thunderstorms created ankle-deep puddles and gutter streams which soaked through the rain gear and shoes of those coming from other hotels. The celebrants were moved indoors from the esplanade only to encounter bone-chilling air conditioning which was never adjusted. Storm-drenched attendees spent the evening freezing and shuddering in rain-soaked garments. Nonetheless, despite the discomforts, Timothy Jeffrey, PhD, President of the American Board of Health Psychology was given a special award for his contributions to ABPP and to professional psychology. Featured entertainment was a skit satirizing the examination process given in Jeopardy TV format, presided over by David Shapiro, PhD with Bernard Brucker, PhD, Mitchell Rosenthal, PhD, myself, and a fourth still-anonymous Specialist as contestants. Typical of the bad jokes was this one: “Answer: Russ Bent. Question: What did Russ do before he broke?”

During 1997, the somewhat ambiguous relationship between the Specialty Boards and their respective Academies began to be clarified. Five years previously, ABPP had reorganized from a regional structure to one of discrete Specialty Boards. ABPP had also created the Academies as voluntary membership groups associated with each specialty, to perform advocacy functions separate from the Specialty Boards’ main purpose of giving valid examinations to credential prospective specialists. However, the relationship of Boards and Academies was somewhat unclear. Different legal opinions were rendered about their independence as entities, giving rise to concerns about the potential legal liabilities of various structural arrangements. At all events, in 1994, under the leadership of Nathan Turner, PhD, the Academy presidents formed a Council of Presidents of Psychology Specialty Academies. Over the next two years, relationships between the ABPP BOT and CPPSA became strained, even contentious. At least one Academy had offered ‘associate member’ status to non-Diplomates, applicants for board certification, and students for a reduced fee. While the sincere intent had been to encourage the pursuit of ABPP certification, it appeared all too likely that ‘associate member’ status might imply competence which did not exist. Furthermore, another function initially assigned to Academies had been the nomination of candidates for BOT offices. This was never implemented, another source of resentment. Despite the challenges posed by these legitimate differences, communication between the BOT and CPPSA gradually improved, resulting in a joint meeting during the October 1997 Semi-Annual BOT Meeting in Albuquerque, NM. The BOT and CPPSA agreed on a program of action which involved clarification of structure, function, and membership of both groups. As Charles King, PhD, CPPSA President, observed “Tremendous gains were made in working through perceptions and misperceptions related to the work of the…groups’ needs and future initiatives” (King, 1998). Nonetheless, these historical ambiguities are reflected today in ABPP’s flexible hybrid structure of several permissible model Board-Academy relationship options, ranging from total independence to merger.

In sum, ABPP’s Fiftieth turned out to be “A Very Good Year.”

NOTE 1: The opinions, perceptions, interpretations, and inferences made with respect to events documented in this column are solely my own and do not represent those of any organization with which I am, or have previously been, affiliated.
NOTE 2: Much fuller accounts of these 1997 events and the individuals who participated in them may be found in the July 1997 Fiftieth Anniversary Issue (Vol. 17, No. 1) and the January 1998 issue (Vol. 17, No. 2) of The Diplomate, predecessor newsletter of The ABPP Specialist. ABPP has deposited those issues at the University of Akron Archives of the History of American Psychology, which may be accessed through www.uakron.edu/chp/

NOTE 3: As Historian, I invite and welcome comments from others who participated in the events of 1997 or their aftermath. Communications may be sent directly to me at emu34@aol.com

References


Board and Academy News

American Academy of Clinical Neuropsychology (AACN) & American Board of Clinical Neuropsychology (ABCN) Summer 2014

Mark Mahone, PhD, ABPP
AACN President

John Lucas, PhD, ABPP
ABCN President

AACN Update

In June, AACN held its 12th Annual Conference and Workshops at the Grand Hyatt in New York City, and presented a program in keeping with the axiom of the organization, “Excellence in Clinical Practice.” The three-day event was the Academy’s biggest conference ever, featuring 25 workshops in adult, pediatric and forensic neuropsychology tracks, and emphasizing training to support increased knowledge and competence in diversity issues within clinical practice. Additionally, for the second straight year, the meeting included a Current Controversies in Neuropsychology event, a “point-counterpoint” debate between two distinguished neuropsychologists. This year’s debate, The Nature of “I” in TBI, featured presentations by Erin Bigler, PhD, and Grant Iverson, Ph.D., and was moderated by AACN past-president Aaron Nelson, Ph.D.
In 2014, AACN launched its own Facebook page. Each week, specialists from the Academy review recent popular media and scientific publications in order to post commentary designed to bring a wider understanding of brain-behavior relationships and the role of the neuropsychologist in health care to the public. AACN also currently maintains four active email listservs dedicated to information sharing among its members and affiliates: 1) The AACN listserv is open only to specialists who have obtained ABPP board certification through ABCN, and serves as a forum for communication of Academy business, announcements, and activities related to specialty practice in clinical neuropsychology; 2) AACN Community listserv is open to all AACN members including affiliates and students, and is dedicated to information exchange around clinical and research issues in neuropsychology; 3) AACN Pediatric Special Interest Group (AACN Ped-SIG) is also open to all AACN members, affiliate members, and student members who have an interest in clinical and research issues related to pediatric and lifespan neuropsychology; and, 4) Be Ready for ABPP in Neuropsychology—BRAIN, which is an AACN sponsored listserv dedicated to assisting candidates who are preparing for, or are in the midst of, completing the examination process for ABPP board certification in Clinical Neuropsychology.

AACN continues to actively support the development of students in training to become board certified specialists in clinical neuropsychology. Through its Student Affairs Committee, the Academy provides training and networking activities specifically geared toward the professional development of graduate students, predoctoral interns, and postdoctoral residents in clinical neuropsychology, including a Student Forum and Training Director's Hour each year at the AACN annual conference. Since 2010, AACN has had a student representative on its Board of Directors to represent the interests of individuals in training. The Academy also provides ten scholarships to graduate students and residents to offset the costs of attending the annual AACN conference. This year, five of the scholarships were awarded to students from underrepresented minorities.

Since 2013, AACN has been an active member of the Inter Organizational Practice Committee (IOPC)—a committee of the practice chairs of the AACN/ABCN, the National Academy of Neuropsychology, APA Division 40, the APA Practice Organization (APAPO), and the American Board of Professional Neuropsychology, tasked with coordinating advocacy efforts and improving the practice climate for Neuropsychology. The IOPC responds to new issues as they arise through rapid and coordinated response advocacy. The committee intends to be proactive with respect to anticipated changes in legislation and insurance practices that have a direct impact on the profession, and has developed its own website to provide a resource for neuropsychologists.

**ABCN Update**

Board Elections & Transitions. At its February 2014 board meeting, ABCN welcomed new board members, Drs. Jacobus Donders and Marsha Gragert. Dr. Rodney Vanderploeg was re-elected to a second five-year term on the board. Thanks were given to outgoing board members, Drs. Manfred Greiffenstein and Joel Morgan, whose work on various committees and contributions as Chair of the ABCN Innovations and Technology Committee and ABCN representative to the Clinical Neuropsychology Synarchy, respectively, were recognized. Additionally, Dr. Diane Howieson completed her term as ABCN Oral Examinations Cadre Coordinator. The ABCN Board expressed sincere appreciation for the many years of dedicated service provided by Dr. Howieson in this capacity, and welcomed Dr. Brenda Spiegler as the new coordinator.

ABCN Awards its 1000th Certification. The rate of new applications for board certification in clinical neuropsychology continues to be brisk and we are experiencing high volumes of candidates moving through the process. Four examination teams were required at the fall oral examinations in November 2013 and again at the spring examinations in April 2014. A record number of candidates sat for orals in April 2014 and during that examination ABCN awarded its 1000th certification to a specialist in clinical neuropsychology, raising the number of total awards to 1006.
Examination Enhancements. The ABCN Written Examination is comprised of 100 multiple choice questions covering the science and practice of clinical neuropsychology that is administered electronically through Professional Examination Services and Prometric. In May 2014, ABCN introduced an enhanced version of the written examination containing an additional 25 “pretest” items, extending the length of the exam to 125 items. The purpose of this enhancement is to collect psychometric data to inform item-selection for future updates/revisions of exam content. Performances on pretest items will not contribute to candidates’ overall exam scores, nor will they affect the established cut score of the examination. Once sufficient data have been collected on each pretest block, the items will be banked and replaced with a block of 25 new items.

Recent enhancements have also been implemented for the Practice Sample review process. In 2013 the ABCN Board voted to move forward with the development and implementation of a dedicated cadre of specialists to perform Practice Sample reviews. The initial call for volunteers to serve on this cadre exceeded the estimated minimum number required to develop a successful mechanism. In June 2014 approximately 60 specialists participated in a three-hour training workshop led by ABCN Practice Sample Committee Chairs, Drs. Rodney Vanderploeg and Beth Slomine at the 12th Annual AACN Conference and Workshops in New York City. The workshop included an overview of review procedures, sample review demonstrations, and small-group breakout sessions led by experienced Practice Sample reviewers. Online resources and future workshops are planned to further support this effort.

ABCN Subspecialty in Pediatric Clinical Neuropsychology. In October 2013, the ABCN Board of Directors voted to approve the implementation plan for a subspecialty in pediatric clinical neuropsychology that was developed and submitted by the ABCN Subspecialty Committee under the leadership of Dr. Ida Sue Baron. The American Board of Professional Psychology Board of Trustees subsequently approved the plan in December 2013, giving ABCN permission to move forward and establish the first subspecialty in ABPP history. An initial examination team of 13 ABCN specialists was recruited and completed the subspecialty certification process in June 2014, becoming the first official ABPP/ABCN subspecialists in pediatric clinical neuropsychology. The ABCN Board of Directors would like to congratulate Drs. Ida Sue Baron, Kira Armstrong, Dean Beebe, Jacobus Donders, Laura Janzen, Michael Kirkwood, Mark Mahone, Joel Morgan, Nancy Nussbaum, Celiane Rey-Casserly, Beth Slomine, Brenda Spiegler, & Beth Slomine on this historic achievement.

The application process for subspecialty certification in pediatric clinical neuropsychology was opened for current ABCN specialists in January 2014. Over 100 candidates who applied and met subspecialty eligibility criteria by May 31, 2014 were given an opportunity to participate in the calibration study of a written examination of subspecialty knowledge and clinical practices. The calibration examination was held on June 25, 2014 at the 12th Annual AACN Conference and Workshops at the Grand Hyatt Hotel in New York City. The examination consisted of 100 questions created by a team of item writers comprised of ABCN certified specialists with national and international recognition as experts in pediatric neuropsychology. Results of the calibration examination will be used for item analyses that will guide the development of two brief, alternate form examinations that will be administered beginning in 2015. Candidates who participated in the calibration examination automatically passed to the final stage of subspecialty certification - submission of a practice sample consisting of a single clinical case that clearly demonstrates the functional competencies required for practice at the subspecialty level.

Beginning in 2015, subspecialty certification in pediatric clinical neuropsychology will be open to all applicants and candidates in the ABCN specialty process. Subspecialty application and credential review can occur simultaneously with the specialty review process or at any time after an applicant is admitted to candidacy by ABCN. Candidates may not, however, proceed to the subspecialty written examination or practice sample stages until they have successfully completed and are awarded specialty board certification by ABCN.
Maintenance of Certification. ABCN is actively preparing for the initiation of the new ABPP Maintenance of Certification (MOC) effort. In March 2014 the ABCN Board of Directors approved the specific criteria and benchmarks required of ABCN specialists to pass MOC review, as well as the policies and procedures governing the ABCN MOC review process. The proposal was subsequently approved by the ABPP Standards Committee in April 2014 and presented to the AACN membership at the Business Meeting of the 12th Annual AACN Conference and Workshops in New York City on June 27, 2014.

All specialists who become board certified on or after January 1, 2015 will be required to demonstrate evidence of certification maintenance every 10 years. The ABCN Board of Directors also strongly encourages all board certified neuropsychologists to participate fully in the ABCN MOC process regardless of the date of their initial board certification. More information regarding the requirements, processes, and timetable for ABCN MOC will be posted on the ABCN and AACN websites and distributed to specialists on electronic distribution lists later this year.

**AMERICAN BOARD OF SCHOOL PSYCHOLOGY AND THE AMERICAN ACADEMY OF SCHOOL PSYCHOLOGY**

ABSP and AASP are fortunate to share a close relationship in our effort to represent the specialty of School Psychology. Our Boards work actively to enhance the profession and to generate interest in Board certification. With the participation of our active Boards, we have had a very successful year. We have certified four new Specialists: Salvatore Massa, Sarah Valley-Grey (President-elect for 2015), Justin Miller, and Thomas Powers. We look forward to their active participation and involvement. Congratulations to our new specialists! We are currently in the process of scheduling several additional examinations under the direction of Shawn Powell, our director of examinations and have several additional individuals in the pipeline.

It has been an active year for Roger Kaufman and Tony Wu in reviewing applicants for the process. Additionally, our mentors have been busy assisting applicants through the process. The Board is grateful for such committed and dedicated service.

In part, the interest in our specialty is due to the hard work of Shawn and Michael Tansy in generating the initiatives, with support from ABPP, to contact all licensed members of Division 16 at APA; hosting meetings and presentations on board certification; and, educating others about the benefits of board certification. Shawn received funding from Council of Presidents of Specialty Academies (CPPSA) for the purpose of enhancing outreach efforts about the specialization of school psychology. Plans are in the works to increase marketing activities in the Division 16 School Psychology APA journal to promote School Psychology Board Certification. Additionally, AASP will host a reception and an informative session at the 2015 annual convention of the National Association of School Psychologists (NASP) to promote board certification.

It is with gratitude that we acknowledge the contributions of David Wodrich, founding editor of our journal, Journal of Applied School Psychology. He has done an outstanding job of providing us with a high quality journal representing the best of applied school psychology. Our new editor is Frank Sansosti. Dr. Sansosti is an Associate Professor and Coordinator of the School Psychology Program at Kent State University. His goals are to increase the presence of ABSP Fellows on the editorial board; to increase the number of submissions to the journal; encourage authors to include an Implications for Practice section to articles; identify “hot” topics for special editions; and, establish an impact factor for the journal. We are confident that Frank will continue the outstanding work and bring the journal to greater prominence.

We are also in the process of accepting applications for the Hyman and Lambert Scholarship awarded by the American Academy of School Psychology to deserving doctoral students in school psychology. The scholarships are named in honor of two professionals who contributed significantly to the AASP: Irwin Hyman and Nadine Lambert. The scholarships will be in the amount of $500 to $1,000 each, and may be used by students to help defray the costs of tuition, books, etc. or to subsidize attendance at the convention of the American Psychological Association or the National Association of School Psychologists. Thanks to our corporate and foundation sponsors, as well as, ABSP Fellows who make these scholarships possible.
The Academy and Board continue to be highly visible in a number of venues including the School Psychology Leadership Roundtable, Trainers of School Psychology, and the Graduate Education Work Group. Fellows have represented the Specialty in working groups looking at the implications of ACA for the School Psychology Specialty and in evaluating and responding to the new APA Accreditation criteria.

The Board and Academy look forward to continued harmony, productivity and visibility to the goal of enriching and enhancing our specialty.

**American Board of Geropsychology (Emerging Specialty)**

*Victor Molinari, PhD, ABPP*

The process of gaining certification for geropsychologists is moving along slowly, but surely!. All 11 Board members, as well as, 15 non-Board members have been examined. An additional 15 are required to be examined in order to become a full-fledged specialty by the end of the year. Examinations were recently held in Chicago at the ABPP workshop series and are tentatively scheduled for the APA meeting (August 6th & 7th), and the Gerontological Society of America meeting in DC (November 4th & 5th).

Members of the ABGERO Board conducted two recent webinars to publicize the ABPP process and to facilitate the reduction of stress surrounding the application procedure. We were very gratified with the response we received and decided to institute a mentoring program to guide applicants through the process. Mentors are ABGERO board members, as well as, non-Board members who have been successfully examined. Thirty people already have signed up to be mentored! We hope to usher them through the pipeline to bring the ABGERO process to fruition and become a full-fledged ABPP specialty, allowing us to have voting representation on the ABPP Board of Trustees. The ABPP Board of Trustees and Executive Committee have been remarkably supportive of this process.

As I expect with all of the newer boards who have gone through the affiliation process, it has not been without growing pains. Geropsychology’s specialty application highlights that our training model has been guided by the Pikes Peak Training Conference and the Pikes Peak Tool for the Assessment of Competencies which lists Assessment, Intervention, Consultation, Supervision, Research & Inquiry, and Consumer Protection. However, the ABGERO Board struggled with identifying the competencies that can reasonably be tested within a 3-hour oral examination, while also covering all of the basic foundational competencies. We finally settled upon the core psychology competencies of Assessment, Intervention, and Consultation and have built our 3-hour oral examination around these domains.

We are now challenged by the issues relating to the ‘nitty gritty’ of assessing these competencies. Currently, two work examples are evaluated, along with a review of the candidate's professional self-study statement, and the candidate's responses to an ethics vignette featuring an older adult client. In order for a 'Pass', a majority of the examiners must rate the person as exhibiting competence in all of the functional and foundational competencies. One procedural change for future consideration may be to introduce APA videos of professionals conducting interventions and assessments with older adults, and using scripted questions to prompt candidates to discuss the process of the interactions and the content of the sessions in ways that reflect their competence.

An unanticipated consequence of geropsychology's attempt to become an ABPP specialty has been the insights derived from our 'unofficial' attendance at the Board of Trustees meetings. I have been impressed with how ABPP is on the cutting-edge of the competency movement, and how advances in conceptualization of competencies underline basic psychology practice and training decisions. Designation of competencies in particular specialties (and how to maintain competencies) will guide graduate school, internship, and fellowship efforts to achieve these competencies. In the not-too-distant future, state licensing boards may be using a competency benchmark (rather than pure educational standards) for licensure and license renewal for psychologists. I am so glad that geropsychology will have a voice in these developments.

For those self-identified geropsychologists reading this column who may be interested in applying, it's not too late to be part of the first cohort of ABPPs in geropsychology. Contact me now and begin the process of publicizing your expertise: vmolinari@usf.edu

For a primer of how to apply for ABGERO, please view: [HTTP://AGINGSTUDIES.CBCS.USF.EDU/ABPPGERO/INDEX.HTML](HTTP://AGINGSTUDIES.CBCS.USF.EDU/ABPPGERO/INDEX.HTML)
CONTINUING EDUCATION ARTICLE - 1 CEU available. To obtain CE, go to www.abpp.org and log on to the ABPP Specialists section (if you do not know login information click on the “Click Here” button that follows “Forgot Your Login Information?” and it will be sent to the email address that ABPP has on file for you). Once logged in click on The Specialist Online CE Exam.

On hope and possibility: Does continuing professional development contribute to ongoing professional competence?

Greg J. Neimeyer, PhD, Jennifer M. Taylor, PhD, & David R. Cox, PhD, ABPP
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On Hope and Possibility: Does Continuing Professional Development Contribute to Ongoing Professional Competence?

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What kinds of professional development activities do psychologists participate in and to what extent do these activities contribute to ongoing professional competence? A conceptual framework for understanding the diverse array of continuing professional development (CPD) activities is followed by a review of the outcomes associated with these activities and a survey of 1,606 licensed psychologists concerning their CPD participation and perceptions. Results indicated that respondents participated in a diverse range of CPD activities, marked by considerable variation in both the extent and the nature of those activities. CPD activities such as self-directed learning, peer consultation, and formal continuing education were perceived as contributing highly to ongoing professional competence, while serving on professional boards, conducting client assessments, and taking graduate courses were perceived as contributing relatively little. These and other findings are interpreted in relation to the continuing competency movement within professional psychology, leading to some provisional recommendations, and further challenges, for the field of professional psychology.

Keywords: professional development, competence, continuing education

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Jennifer M. Taylor received her MS in counseling psychology from the University of Florida. She is currently a PhD candidate in the University of Florida counseling psychology program and is completing her internship at The Ohio State University’s Counseling and Consultation Service. Her research focuses on professional development and competencies, lifelong learning, continuing education, and mentoring.

David R. Cox received his PhD in psychology from the U.S. International University (now Alliant International University—CSPP). He is board certified by the American Board of Professional Psychology (ABPP) in rehabilitation psychology and is a founding member of the American Board of Rehabilitation Psychology (ABRP). He is the Executive Officer of the ABPP, the parent organization of the ABRP. He is President of Neuropsychology & Rehabilitation Consultants, P.C., in Chapel Hill, North Carolina. He has served on the staff and faculty of the University of California, San Diego, Duke University, the University of North Carolina at Chapel Hill, and the University of Florida. His clinical and research work has focused on neuropsychological rehabilitation for over 25 years, and he has been a longtime advocate of establishing and maintaining competency within the field of professional psychology.

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earliest stages of professional training through the latest stages of professional practice. The last decade alone has borne witness to significant developments in competency-based conceptualizations (Rodolfa et al., 2005), competency-based education and training (Fouad et al., 2009), and competency assessments (Kaslow et al., 2009), as well as renewed attention to the documentation of competence at the level of licensing and credentialing (Cox, 2010; Wise et al., 2010).

To ensure the continuing competency of psychologists across their professional life span, the field relies heavily on a process of continuing professional development (CPD). CPD consists of a loosely federated assortment of professional activities, roles, and responsibilities that provide opportunities for psychologists to engage in new learning and to keep pace with the increasingly rapid changes in their fields (Neimeyer, Taylor, Wear, & Linder-Crow, 2012). As Adams and Shankin (2012) and Daniels and Walter (2002) have noted, however, there is little standardization across licensing jurisdictions in relation to what constitutes the set of CPD activities, if, indeed, these activities are mandated for license renewal at all. Acceptable activities commonly include some combination or subset of the following: self-directed learning (e.g., reading journal articles), conference attendance, teaching or taking classes, participating in workshops, engaging in peer consultation, and publishing or presenting professional papers, among many others. As one component of CPD, formal continuing education (CE) programs (e.g., workshops) are perhaps the greatest common denominator across the licensing jurisdictions (Daniels & Walter, 2002). CE is defined by the American Psychological Association Council of Representatives (2000)

As an ongoing process consisting of formal learning activities that (1) are relevant to psychological practice, education, and science; (2) enable psychologists to keep pace with emerging issues and technol-
ologies, and (3) allow psychologists to maintain, develop, and increase competencies in order to improve services to the public and enhance contributions to the profession. (p. 5)

Altogether, 44 jurisdictions in the United States currently mandate some form of CE for license renewal (see Neimeyer & Taylor, 2010, for a historical account of the mandating movement). The variability in these mandates is substantial (Adams & Sharkin, 2012; Wise et al., 2010) but the most common requirement is for 40 hours of CPD across a 2-year licensing cycle (Daniels & Walter, 2002). Although detractors of formal CE have questioned whether there is any value to adding a legal mandate to the ethical imperative to maintain competence (see Zemansky, 2012), considerable evidence attests to the impact of these mandates on psychologists’ participation in CPD activities. Not only do psychologists in mandated jurisdictions complete approximately one third more formal CE hours than their nonmandated colleagues, but also the “underparticipating” subset who Phillips (1987) identified as CE “laggards” (those who participate in little or no CPD activities in the absence of mandates to do so) largely disappear under mandated CE (Neimeyer, Taylor, & Philip, 2010; Neimeyer, Taylor, & Wear, 2011) because their license renewal requires stipulated levels of CE completion.

The prevailing presumption across time, however, has been that these mandates not only enhance participation but, more importantly, also enhance targeted outcomes, such as the maintenance of competence, the delivery of effective services, and the protection of the public (Wise et al., 2010). While the available evidence is convincing on the first count, it is largely promissory on the second.

The purpose of the current work is to explore the relationship between CPD and professional competence both at conceptual and empirical levels. To accomplish this, we first discuss the nature of CPD and examine critical distinctions among the various activities that commonly comprise it. Understanding these distinctions allows us to pursue the second objective of the article, which is to review the current evidence regarding the effectiveness of various types of CPD activities, highlighting both the limitations and the horizons of our current knowledge. The third section expands these horizons by providing data that target two of the principle limitations in the current literature. One concerns clarifying the nature and range of the CPD activities that psychologists currently engage in, and the other concerns exploring the extent to which these activities contribute to ongoing professional competence. These issues are addressed within the context of a nationwide survey of licensed psychologists regarding their CPD participation and perceptions. The article concludes with a summary of observations and recommendations regarding the ways in which the field might best articulate with the growing movements of accountability and competence.

**Conceptualizing CPD Distinctions**

Although the principle objectives of CPD are commonly agreed upon (i.e., the maintenance of competence, the improvement of services, and the protection of the public; Wise et al., 2010), the mechanisms utilized for accomplishing these objectives are not. Widely diverse experiences are recognized as qualifying as CPD in different jurisdictions, and even a partial list provides a bewildering array of distinctively different activities. Publishing or presenting books or papers; listening to professional tapes or CDs; consulting with peers; sitting on professional boards; teaching or taking classes; preparing or participating in professional workshops; attending talks, grand rounds, or conferences; conducting manuscript or book reviews; watching Web casts; completing self-assessments; and undergoing advanced credentialing (e.g., American Board of Professional Psychology; ABPP) are all recognized by one or more boards as creditable activities in support of license renewal (see Adams & Sharkin, 2012).

On the face of it, the exceptionally diverse experiences that comprise the “fuzzy set” of CPD activities would seem to have little in common with one another. Scholars and researchers have forged some conceptual distinctions, however, that bring order to this otherwise chaotic cluster of activities. These distinctions highlight the differences among these activities and suggest the possibility that they may not be fully interchangeable in relation to the objectives that they target or the outcomes that they generate.

Lichtenberg and Goodyear (2012), for example, distinguish among three forms of learning: formal learning, informal learning, and incidental learning. Formal learning provides a structured learning context with predetermined objectives, against which the nature and extent of learning can be measured. In this form of learning, the individual is placed in the express role of “student,” with the objective of learning some circumscribed material, skill, or application. Formal learning is a closely monitored or supervised experience that includes assessments of learning and is itself evaluated by the learners who provide feedback regarding their learning experience. Formal learning occurs within a recognized institutional or organizational context that retains responsibility for the integrity of the experience. The completion of a graduate course would be one example of this type of formal learning, as would the completion of a formal CE program or formal credentialing process.

The second form of CPD consists of informal learning. Informal learning similarly situates the learner in the role of “student,” but the nature of the experience is less structured or organized. Lacking formal learning objectives, informal learning is neither assessed nor supervised, but rather conducted independently by the learner, who nonetheless participates in the activity for the express purpose of learning some identified material, skill, or application. Because informal learning is largely self-directed, it does not ordinarily involve supervision, nor does the learner reflect on, or evaluate, the nature of the learning experience. Informal learning lacks an institutional or organizational context to serve as an accountable agent in relation to ensuring the integrity of the learning experience. Listening to professional CDs or reading books or journal articles are examples of informal learning.

The third form of learning is incidental learning. Incidental learning consists of learning that occurs as an indirect product of engaging in some professional activity. Because the primary purpose of the activity is other than learning, per se, individuals participating in incidental learning do not place themselves in the express role of a student. On the contrary, they are often the experts, as in the case of conducting manuscript reviews, teaching a course, or presenting a professional workshop. In each of these instances, the individual may accrue considerable new knowledge, but knowledge attainment does not serve as the primary, or even an intended, outcome. In other words, the learning that occurs is incidental to the primary purpose of the activity. For that reason,
incidental learning does not ordinarily involve supervision, include learning objectives, or invite assessments of any sort. Nor does incidental learning involve reflection upon, or evaluation of, the learning experience or the involvement of an accountable organization or institution to regulate it.

In addition to formal, informal, and incidental learning, a fourth type of learning involves nonformal learning (Office of the Official Publications of European Communities, 2009; Werquin, 2008). Nonformal learning shares with formal and informal learning the fact that the learner is placed in the express role of a student, but the learning occurs outside of a recognized or accredited institutional or organizational context. It is similar to formal learning insofar as it is structured and organized, distinguishing it from informal or incidental learning, but it lacks the institutional oversight or formal organization to verify, authorize, or credential the activity. Community education courses would be one example of nonformal learning because they lack the assessment or formal certification. Within professional psychology, attending grand rounds, going to a professional conference, or participating in a departmental colloquium would all serve as examples of nonformal learning. The comparison of formal, informal, incidental, and nonformal forms of learning is depicted in Table 1.

### Implications of These Distinctions in Learning

Given the differences between formal, informal, incidental, and nonformal forms of learning, it is worth asking whether these distinctions make any difference within the field of professional psychology. Our own perspective is that they can make an important difference not only in relation to distinguishing among various forms of CPD activities but also in aligning these activities with the critical objectives that CPD is designed to achieve. In the current era of accountability and competence, for example, it may be that formal forms of learning would offer distinctive advantages that might enable the field of professional psychology to align itself with contemporary movements that are occurring within the broader fields of the allied health professions (Institute of Medicine, 2010). Four features of formal learning nominate themselves for particular distinction in this regard. These features include (a) independent verification, (b) assessment of learning, (c) evaluation of the learning experience, and (d) organizational accountability.

### Independent Verification

Independent verification serves as a precondition to instilling public confidence and maintaining public trust by providing mechanisms of accountability and transparency. Formal CPD activities provide this feature through procedures that are intrinsic to their operation. Completing a graduate course from an accredited university, for example, provides independent verification concerning the mastery of the course material, as reflected in the grade that is received and the transcript that is awarded. Likewise, formal CE fulfills this objective by monitoring and assessing CE participation in a way that can be independently verified by the sponsoring organization or agency. However, informal learning (e.g., reading journal articles), incidental learning (e.g., reviewing manuscripts), and nonformal learning (e.g., attending a departmental colloquium) do not include mechanisms internal to their operation that provide for independent verification. Instead, they rely largely on self-report, which may not fully satisfy the standards of accountability that would maximize public confidence, trust, and protection.

### Assessment of Learning

Formal learning includes attention to the assessment and/or demonstration of learning according to some predetermined objectives and standards. Whether it is a formal graduate course, a specialty credentialing process, or a formal CE program, stipulated objectives and criteria are formulated in advance and promulgated to the psychologists so that they are informed at the outset about the objectives and intended outcomes of the activity or experience. Moreover, the learner is evaluated in relation to these objectives and criteria, and, critically, if they fail to achieve them, then they fail to accrue the credit or credential as a consequence. While these forms of assessment vary substantially (see Understanding CPD Outcomes section), all formal CPD activities have required elements of evaluation. These range from the self-assessment of learning on the part of the participants, to the objective assessment of participants’ learning through written tests, work samples, or even oral examinations. CE programs approved by the American Psychological Association (APA), for example, require that participants stipulate (e.g., through self-ratings) or demonstrate (e.g., through tests) their mastery of the material, and the failure to do so results in the loss of the credit or credential. By contrast, informal, incidental, and nonformal forms of learning commonly lack this evaluative mechanism. In short, they lack not only mechanisms for independent verification but also mechanisms for demonstrating learning, evidencing mastery, or documenting competence. The absence of these mechanisms may not align these forms of learning ideally within an evidence-based culture, or enable them to

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### Table 1

<table>
<thead>
<tr>
<th>Type of learning activity</th>
<th>Structured learning objectives</th>
<th>Adopt role of learner</th>
<th>Assessment of learning</th>
<th>Evaluation of program</th>
<th>Organizational accountability</th>
<th>Sample CPD activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Academic courses, formal CE</td>
</tr>
<tr>
<td>Informal</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Reading journals, listening to CDs</td>
</tr>
<tr>
<td>Incidental</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Reviewing manuscripts, teaching classes</td>
</tr>
<tr>
<td>Nonformal</td>
<td>No</td>
<td>Yes</td>
<td>Maybe</td>
<td>No</td>
<td>Maybe</td>
<td>Attending colloquia or conferences</td>
</tr>
</tbody>
</table>

**Note.** CE = continuing education; CPD = continuing professional development.
maximize public trust and protection through the evaluation and documentation of learning.

Evaluation of the Learning Experience

Formal learning commonly requires the learner to reflect on the learning experience and, critically, to provide feedback regarding the nature of that experience. This reflection is regarded as a core aspect of the learning experience, simultaneously consolidating the new learning by reflecting on it and contributing to the potential improvement of the learning experience by providing feedback on it. Whether it is the completion of a formal graduate course, a credentialing process, or a formal CE program, the learners are expressly required to reflect on the nature of their learning experience and to provide evaluation and feedback to the presenter(s) regarding their learning experience.

In the absence of this reflection and feedback, incidental, informal, and nonformal forms of learning lack systematic, internal mechanisms for improving the processes or content associated with them. As a result, they cannot profit from this recursive feedback process or demonstrate progressive improvement across time. To the extent that an evidence-based culture demands a continuing quest for excellence predicated on empirical data that inform, facilitate, and document this movement, only formal learning would appear to provide it.

Organizational Accountability

Organizational accountability refers to the regulatory mechanisms that a sponsoring organization or agency must abide by in relation to the development and implementation of any given CPD activity. These mechanisms are commonly codified in the guidelines or stipulations that govern the organization or agency, or that credential or approve them. Graduate courses from accredited regional bodies must adhere to a wide variety of stipulations that are commonly reflected in a university’s policies and, in turn, govern and regulate the nature of the learning experience. The required elements of a course syllabus, for example, reflect the institution’s regulations or guidelines, and the failure to attend to these stipulations (regarding grading, academic honesty, confidentiality, etc.) can carry significant consequences. Likewise, with credentialing boards or associations, or with formal CE courses, the failure to adhere to regulatory stipulations or abide by delineated guidelines has significant organizational consequences, including potential disaccreditation. Only formal learning provides this organizational accountability; informal, incidental, and nonformal forms of learning lack a governing structure or organization that is held accountable for lapses in stipulated regulations or guidelines. This means that they are not ordinarily subject to any sanctions that might follow from a failure to adhere to best practices. In an evidence-based era of best practices, formal learning stands alone in relation to the levels of organizational accountability that it provides.

In sum, not all forms of learning accomplish the same objectives. It is important to underscore that all of these forms of learning, however, can result in significant new learning. Indeed, virtually every activity that a psychologist engages in has the potential to generate novel experience and new learning. However, formal learning provides the highest standards in relation to best practices within an evidence-based and competence-oriented culture that demands higher levels of accountability. The higher levels of accountability associated with formal forms of learning enable it to not only document the processes and outcomes associated with its implementation but also improve its future practices.

Understanding CPD Outcomes

Understanding the distinctions between formal, informal, incidental, and nonformal learning carries direct implications for understanding the available evidence regarding the outcomes they generate. In short, while the outcome literatures on formal types of CPD span at least a 40-year period (Neimeyer & Taylor, 2010), the literatures on informal, incidental, and nonformal CPD activities are functionally nonexistent. As a result, the only credible evidence available at this time addresses the outcomes associated with formal forms of CPD, principally formal CE. By contrast, the outcomes generated by informal CPD activities (e.g., reading journal articles), incidental CPD activities (e.g., teaching classes), or nonformal CPD activities (e.g., attending departmental colloquia) remain largely unknown. As the field of professional psychology enters an evidence-based age of accountability, it may invite peril to ignore this fact and to assume, instead, that the outcomes associated with formal types of learning would necessarily extend to informal, incidental, or nonformal types of learning. Put boldly, the impact of activities such as self-directed reading (informal learning), sitting on professional boards (incidental learning), or attending departmental colloquia (nonformal learning) on improving service delivery outcomes or protecting the public lack any clear empirical, and perhaps even conceptual, warrant. Only formal forms of learning provide this warrant. And the warrant they provide is best characterized as a provisional one, based as much on the promise and potential of available evidence as on the rigor and relevance of its central findings (Neimeyer, Taylor, & Wear, 2009, 2010; Neimeyer, Taylor, & Philip, 2010; Neimeyer et al., 2011; Wise et al., 2010).

The basis for this conclusion follows from an understanding of the range of outcomes that formal CE has demonstrated, to date, and the substantial misalignment of these outcomes with its central objectives. While formal CE is designed to maintain and enhance professional competence, to improve professional service delivery and outcomes, and to protect the public (see definition of CE), these are not the outcomes most frequently assessed. By contrast, the most frequently assessed outcomes are far less lofty; they typically include only the documentation of attendance, ratings of participant satisfaction, and self-assessed ratings of learning. Objective measures of learning do occur in the literature, as do efforts to trace the translation of new learning into practice and the outcomes that this generates. But these are the exceptions rather than the rule. The overall balance of available outcome data continues to support the conclusion that the weakest forms of outcome measures are also the most common (Bloom, 2005; Neimeyer et al., 2009). It is worth underscoring, however, that the “weak” outcomes associated with the assessment of formal CE activities contrast with the absence of outcomes associated with informal, incidental, and nonformal forms of CPD.

Regardless, the available evidence regarding formal CE, though provisional, is largely encouraging. Psychologists complete an average of over 22 formal CE credits per year, for example
(Neimeyer, Taylor, & Philip, 2010; Wise et al., 2010), and substantial numbers of them complete significantly more than that (Neimeyer et al., 2009). To this is added all of the informal forms of CPD, though relatively few efforts to track these activities appear in the literature. Taylor, Neimeyer, and Wear (2012) reported that psychologists in their survey completed 135 hours of informal CE. This latter number included a wide variety of informal, incidental, and nonformal learning activities without distinguishing among them, leaving it to future work (including the current article; see The CPD Survey section) to develop a more comprehensive and nuanced understanding of the precise pattern of CPD activities that currently characterizes the field of professional psychology.

Apart from participation, per se, the most frequently studied outcome of CE in psychology is participant satisfaction (Vandenberg, Knapp, & Brace, 1990). It is noteworthy that participant satisfaction reflects an evaluation of the program and not the participant, and, for that reason, does little to enhance consumer confidence and less still to document learning outcomes. That being said, a longstanding literature attests to participants’ consistently favorable appraisals of their formal CE experiences (Sharkin & Plageman, 2003; Neimeyer et al., 2009). Neimeyer et al. (2009), for example, reported that approximately 80% of their respondents characterized the CE programs that they had completed in the previous year as being good to excellent.

More useful assessments of CE outcomes target the amount of learning, the translation of learning into practice, and the impact of that translation on actual service delivery and outcomes. Neimeyer et al. (2009) reported that nearly two thirds (64%) of their sample of psychologists reported high or very high levels of learning from their CE experiences (see also Sharkin & Plageman, 2003). These findings are supported by the recent results of a randomized controlled study of CE programs delivered online where significant knowledge gains were noted in relation to objective measures of learning (Webber, Taylor, & Neimeyer, 2012). The translation of new knowledge into actual practice has been the subject of some attention, as well, as measured through self-report and objective measures. In their survey of over 1,000 psychologists, for example, Neimeyer, Taylor, and Philip (2010) found that a substantial percent (63%) reported that their formal CE experiences translated into their practices frequently or very frequently. These findings are consistent with the results of objective assessments of knowledge translation that have occurred within a broader spectrum of professionals across the allied health fields (Young & Willie, 1984). In addition, it is increasingly clear that certain kinds of instructional methods and educational practices can facilitate this translation (Institute of Medicine, 2010). The inclusion of multiple media, multiple exposures, and the opportunity for practice and rehearsal with supervised feedback have all been linked to enhancing the translation of new learning into actual practice (Institute of Medicine, 2010).

Although the translation of these behaviors into enhanced competence or service-delivery outcomes is a highly desirable goal (Mazmanian, Berens, Wetzel, Feldman, & Dow, 2012), the field of professional psychology is just now beginning to approximate these objectives. In their survey of over 6,000 licensed psychologists, for example, Neimeyer et al. (2009) found that 81% of them reported that their CE experiences in the prior year helped them to become more effective in their work. Still, the extent to which specific CPD activities contribute to maintaining or enhancing competence remains largely unknown. One purpose of the present survey is to explore the extent to which various formal, informal, incidental, and nonformal CPD activities are viewed as contributing to ongoing professional competence.

The CPD Survey

In order to develop a clearer picture of the full range of CPD activities in which psychologists engage, and to explore the extent to which these activities contribute to professional competence, a nationwide survey of psychologists was conducted. The survey arose from the efforts of a group of constituents to provide input on the Association of State and Provincial Psychology Board’s (ASPPB) Maintenance of Competence and Licensure (MOCAL) initiative. In the process of discussion, the MOCAL CPD group recognized the value of having further evidence to inform its decision making regarding which specific CPD activities to include in its system, and to better understand the relationship of those activities to indicators of professional competence. Ten specific CPD activities were included in the original MOCAL CPD system, and these 10 activities, in turn, served as the focus of this survey (see Table 2). The survey was designed to assess the extent of current CPD activity among licensed psychologists and to explore the relationship between these activities and continued professional competence. Following its development, the survey was distributed through the State, Provincial, and Territorial Psychological Associations (SPTAs) and also to all psychologists who are board certified through the ABPP.

Sample

The final sample consisted of 1,606 respondents; 52% were men and 48% were women. Among the participants, 46.3% were board certified by ABPP and 53.7% were not. All participants were licensed or registered psychologists, with a mean of 25.28 years of postlicensure professional experience (SD = 12.0). These demographics can be compared with the larger APA membership, where 42.9% of the membership are men and 57.1% are women, with a

Table 2

<table>
<thead>
<tr>
<th>The Mean Number (and Standard Deviations) of CPD Hours or Activities Over the Course of the Previous Year (N = 1,606)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPD</td>
</tr>
<tr>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Self-directed learning</td>
</tr>
<tr>
<td>Formal continuing education</td>
</tr>
<tr>
<td>Peer consultation</td>
</tr>
<tr>
<td>Number of outcome assessments</td>
</tr>
<tr>
<td>Number of conference/convention days</td>
</tr>
<tr>
<td>Number of courses/workshops taught</td>
</tr>
<tr>
<td>Number of boards/appointments</td>
</tr>
<tr>
<td>Number of publications</td>
</tr>
<tr>
<td>Number of academic courses taken</td>
</tr>
<tr>
<td>Becoming board certified (ABPP)</td>
</tr>
</tbody>
</table>

Note. ABPP = American Board of Professional Psychology; CPD = continuing professional development.

*1.1% (n = 18) of the respondents reported becoming board certified within the previous year.
mean number of 20.1 year in practice ($SD = 13.7$; Center for Workforce Studies, 2010).

**Procedure**

Participants were asked to indicate the extent to which they participated in each of the 10 identified CPD activities over the course of the previous 12 months. Some of these CPD activities were reported according to the number of hours of participation (e.g., formal CE hours, self-directed learning) and others were recorded according to the number of activities themselves (i.e., number of client assessments, number of publications, number of boards), as this is how these 10 CPD activities were to be recorded in the MOCAL CPD system.

In addition to cataloging their CPD activity over the course of the last year, participants were also asked to indicate the extent to which each of these activities were viewed by them as “contributing to your ongoing professional competence,” using a 5-point scale that ranged from 1 (very little) to 5 (very much). Professional competence was regarded as the ability to capably complete the duties associated with work, including, but not limited to, any clinical service delivery, supervisory responsibilities, and/or educational, administrative, or scholarly activities. Because “teaching a class” and “presenting a professional workshop” were viewed as distinctly different activities that involved different amounts of preparation, those two activities were broken apart for the purposes of assessing their contribution to perceived professional competence, resulting in the rating of 11 CPD activities.

**Results and Discussion**

The results of the survey appear in Tables 2 and 3. Table 2 provides a summary of the mean number of CPD hours and activities that psychologists participated in over a 1-year span of time, together with their accompanying standard deviations. Table 3 depicts the extent to which each of the activities was perceived as contributing to ongoing professional competence.

Table 3 shows the distribution of hours spent in various CPD activities. It can be seen that the most commonly reported activities were teaching a class (mean = 11.2, SD = 2.25), attending conferences (mean = 4.3, SD = 3.87), and workshopping (mean = 18.9, SD = 2.86). The least reported activities were completing a graduate course (mean = 13.4, SD = 3.18) and attending outcome assessments (mean = 14.6, SD = 3.00).

From Table 2, it is clear that psychologists reported substantial levels of CPD activity across a broad range of activities. The number of formal CE credits ($M = 22.79$) averaged just over the modal number ($N = 20$) required for license renewal (Daniels & Walter, 2002), a finding that replicates previous reports as well (Neimeyer et al., 2009; Neimeyer, Taylor, & Philip, 2010). The number of hours spent in self-directed learning was nearly double that of formal CE hours ($M = 43.56$) and was augmented by a wide range of other CPD activities. For example, respondents reported spending nearly six days at conferences ($M = 5.88$) during the previous year and consulting with colleagues an average of 19 times per year ($M = 19.17$). The pattern of scholarly CPD activity reflected the high proportion of ABPPs in the sample, with respondents indicating an average of sitting on more than one board ($M = 1.40$), publishing more than one article ($M = 1.03$), and teaching more than two courses or workshops ($M = 2.25$) during the previous year.

While most of the 10 types of CPD activity were utilized regularly, two exceptions were noted. One concerned completing an academic course ($M = 12$) and the other consisted of becoming credentialed as a specialist by the ABPP. In this latter case, only 18 of the 1,606 participants (1.1%) reported becoming credentialed by the ABPP over the course of the previous year. Neither of these findings is surprising. Once the doctoral degree and licensure is completed, formal education through academic coursework becomes an uncommon occurrence, and, historically, only a small percentage of psychologists pursue board certification in areas of specialization.

Apart from these overall levels of participation in CPD activities, the variability among them was notable. The fact that the standard deviations were frequently higher than the means for the various activities suggests how heavily utilized some of the categories are for some individuals and how markedly underutilized they are for other individuals. The overall picture that emerges, however, is one of robust and diverse CPD activity by professional psychologists, who vary substantially in the levels and types of activities that they complete in an effort to remain current and competent in the rapidly changing world of professional psychology (Neimeyer, Taylor, & Wear, 2010).

Table 3 depicts the extent to which each of the designated CPD activities is perceived as contributing to ongoing professional competence. These activities are depicted in descending order, from those that are viewed as contributing the most to those that are viewed as contributing the least. Self-directed learning ($M = 4.03$), peer consultation ($M = 3.92$), and formal CE ($M = 3.87$) were regarded as the most significant contributors to ongoing professional competence, followed closely by preparing and conducting a professional workshop ($M = 3.83$). Publishing papers, attending conferences, teaching classes, becoming credentialed as a specialist, and completing a graduate class were all viewed as making progressively smaller contributions to ongoing professional competence, yet all were still above the midpoint of the rating scale. The two activities that were viewed as making little contribution to professional development were conducting outcome assessments of services delivered ($M = 3.00$) and serving on professional boards ($M = 2.86$).

These data may be useful to a field that is searching for mechanisms to maintain and enhance the professional competencies of its members. They suggest that all CPD activities may not con-
tribute similarly to the maintenance of competence. Based on both the frequency with which they are utilized and the extent to which they are viewed as contributing to ongoing competence, the data suggest that a subset of CPD activities may be bearing the majority of the weight in relation to the maintenance of competence. Self-directed learning, peer consultation, and formal CE nominate themselves in this regard, not only because they collectively account for an average of more than 85 hours of CPD activity per year ($M = 85.52$) but also because they are viewed as the three activities that contribute the most to ongoing competence. Given this, future research may benefit most from concentrating attention on those most commonly utilized CPD activities since the overall outcomes associated with CPD may derive disproportionately from a subset, rather than the full range, of CPD activities.

That being said, any interpretations based on these data must necessarily be provisional, not only in recognition of the limitations of this study but also in recognition of the need for future replication and extension of its findings. Concerning limitations, it is clear that the sample used in this survey represented relatively senior and accomplished psychologists. On average, they had been licensed for 25 years and nearly half of them (46%) were board certified, raising questions regarding the generalizability of the findings. Given this, the data were reanalyzed separately for the ABPPs and non-ABPPs in our sample, with few differences emerging (note: comparative data are available from the authors). Moreover, the survey represented only a cross-sectional sampling of self-reported CPD participation and perceptions. Longitudinal analyses that track actual CPD activity over time would add methodological rigor and, by extension, enhance validity. Particularly noteworthy is the fact that the relationship between the perceived contributions of the various CPD activities to professional competence and their actual contributions remains unknown; independent, objective assessments of competence would provide significant value in future research in this area. Relatedly, while the perceptions of psychologists themselves in this regard provide useful data, the perceptions of other constituents could be quite valuable as well. For example, the perceptions of consumers of psychological services might be especially valuable if the profession is interested in sustaining the public trust and enhancing the public’s confidence in the services provided. Regulatory agencies and boards may find these data useful, too, in their discussions, deliberations, and decisions concerning which CPD activities to consider as creditable inclusions in the regulations that support their CPD mandates for relicensure. In any event, developing a clearer picture of the nature and range of current CPD practices, as well as provisional glimpses into the relationship between these activities and perceptions of ongoing professional competence, could serve useful purposes for the profession and its various constituents.

Implications and Recommendations

CPD in psychology bears a significant burden in relation to its primary objectives. The ongoing improvement of psychological services, the maintenance of competence among its practitioners, and the development and protection of the public’s trust are all significant responsibilities that are central to the objectives of CPD. Given the significance of these responsibilities, it is perhaps surprising to find a system of CPD that has received so little conceptual or empirical attention from a profession that relies so heavily upon it. The consequence of that inattention is reflected in the field’s lack of theoretical sophistication and its absence of scientific rigor (Neimeyer et al., 2009). The current system of CPD in professional psychology can best be characterized as consisting of a patchwork of conceptually varied forms of learning stitched together by widely variable regulations (Adams & Sharkin, 2012; Daniels & Walter, 2002) that are largely lacking in either conceptual or empirical warrants. Although self-report measures consistently suggest the promise of CPD in relation to its targeted outcomes (see Neimeyer et al., 2009, for a review), relatively few hard outcomes have been assessed and fewer still have been found. Cervero and Daley (2010) make the case that it is a “systems” problem that will require a system’s fix. This position is consistent with the Institute of Medicine’s (2010) recommendation regarding the development of an interdisciplinary institute of CPD that would provide broad regulatory authority and research support across the allied health professions. A central ingredient of this institute, or any system that is likely to emerge in the current era of accountability, is a trenchant adherence to an evidence-based approach. The following four recommendations would move the field of professional psychology forward in this regard and help it align itself more effectively with the evidence-based future it is likely to confront.

Encourage Best Practices

Best practices in CPD require the continuous infusion of the most recent conceptual, pedagogical, and technological advances into the field’s standard practices and procedures, bringing a renewed rigor, as well as relevance, to its operation. Currently, the field has become substantially reliant on standard didactic presentations, a practice that is broadly shared by medicine and other allied health professions. The reliance on this approach is nowhere clearer than in the Institute of Medicine’s (2010) acknowledgment that over 90% of the field’s professional development activities follows this didactic model. The heavy representation of didactic methods of training occurs across an otherwise diverse range of professional development activities. It occurs within formal CE activities but extends to a wide range of informal (e.g., attending departmental colloquia), incidental (e.g., listening to job talks), and nonformal (e.g., attending conferences) activities as well.

The potential implications of this reliance become clear when considering the profile of strengths and weaknesses associated with didactic instruction. As a form of “mass” (as opposed to “distributed”) learning, didactic methods are well suited to conveying large quantities of information that lay the groundwork for subsequent elaboration or application. Absent this elaboration or application, however, “mass” forms of learning are also associated with rapid learning losses (Dunning, Heath, & Suls, 2004), a finding that has been widely recognized from the time of Ebbinghaus (1885/1964) and has been a continuing source of concern within the CE literatures (Cervero, 1992; Lichtenberg & Goodyear, 2012; Wise et al., 2010). It is this concern that figured prominently in Bloom’s (2005) observation that the “CE tools and techniques most commonly used are the least effective ones” (p. 383), following his systematic meta-analysis of several decades of work in the continuing
medical education (CME) literature. The failure of didactic methods to impact physician behavior represents a longstanding concern within the CME literature and underscores the shortcomings associated with an exclusive reliance on this form of instruction. This does not obviate the value, perhaps even the necessity, of didactic methodologies; it only highlights their limitations. Like all methods of instruction, didactic methods are better suited to some educational objectives than to others. Their value lies, in part, in the distinctive strengths associated with “mass” forms of instruction, which include the ability to convey substantial amounts of information to potentially large groups of individuals in an efficient and cost-effective way. Didactic methods are particularly well suited for updating knowledge, providing conceptual or empirical overviews, or articulating foundational material so that all learners begin on some common ground, equipped to better learn from the subsequent application or experience with the material (Cranton, 2006). Indeed, professional training programs routinely sequence their foundational, didactic courses (e.g., theories courses) in advance of their applications courses (e.g., practice), in express recognition of the value that each offers in relation to the other. Because the stipulated objectives of CPD include both the generation of new learning and its application in the work setting, it may be useful to sequence these professional learning experiences similarly. This could be accomplished either by interspersing nondidactic instructional methodologies within didactic presentations or by following didactic presentations with alternatives to it. The use of experiential and self-reflective learning, problem-based learning, mindfulness approaches, cognitive apprenticeship models, simulations, audit and feedback systems, academic detailing, and point-of-service learning interventions, among others, are gradually making inroads by working themselves into the supply lines at the periphery of the field of professional psychology and forging incremental advances into its customary practices.

A number of important constituents within the field of professional psychology are taking significant action in support of diversifying the instructional methodologies utilized within CE programs. The APA’s Continuing Education Committee (CEC), the ASPPBs, and the ABPP have each taken active steps in this regard. The CEC has turned its express attention to the identification of best practices (see Neimeyer & Taylor, in press) and the ways in which they can promote these practices among their more than 700 approved CE sponsors. Enhancing interactivity may carry significant weight in this regard, as might the use of multiple methods of teaching (e.g., presentation, illustration, demonstration, and application). In addition, the incorporation of skills rehearsal and feedback can further extend and deepen the learning and facilitate its translation into subsequent practice.

The ASPPB is supporting precisely such efforts in working to redesign a system for CPD regulation as part of their MOCAL initiative. One of the express purposes of the proposed CPD system is to provide state boards with a model of CPD that incorporates a plurality of learning experiences that owe greater fidelity to the practice contexts to which the new learning and skills should translate. The ABPP has established a work group to address maintenance of competence/certification, including collaboration with ASPPB. These efforts are consistent with actions in allied health fields, such as medicine (Institute of Medicine, 2010), that similarly seek to diversify their methods of CE and to identify best practices.

Measure Meaningful Outcomes

The potential outcomes that are generated by CPD can be quite significant, and yet those that are most commonly measured are relatively trivial. Outcomes could be evaluated in relation to dimensions of public perceptions, confidence, and trust in the field of professional psychology, or in relation to the maintenance or enhancement of professional competence. Neimeyer, Taylor, and Philip (2010) and Mazmanian et al. (2012) have argued similarly in relation to a “continuum of outcomes” that might merit attention in evaluating the effectiveness of CPD. The bottom of this continuum is anchored by the simple documentation of attendance and participants’ ratings of satisfaction, neither of which is likely to foster program improvement or the development of public trust. Measures of learning would represent a significant movement up the hierarchy of outcomes, as would the translation of that learning into practice and, critically, the effect of that translation on actual clinical outcomes. One useful move in the direction of meaningful measurement is the recent action of the APA’s CEC. The CEC has moved to requiring the inclusion of a self-assessment of learning as part of the evaluation form for every CE program. Despite its simplicity, this requirement represents a watershed event. All participants in APA-approved CE programs now have to indicate their overall levels of learning, and they must do so in relation to a standardized question. This allows for examining learning across different CE programs, programs types, sponsors, and time, among other things. Moreover, the mandated inclusion of this assessment makes it possible to not only identify deficient programs but also discern the “best practices” that are associated with the highest levels of learning. This is an example of an incremental advance in the measurement of more meaningful outcomes that may position the field to benefit substantially as a result.

Cultivate Competence

The challenges associated with maintaining and enhancing professional competence continue to increase across time. Both substantial increases in specialization and the increasingly rapid profusion of knowledge within professional psychology present daunting challenges for professionals who are tasked with staying current and remaining competent. One measure of this challenge is reflected in the shrinking “half-life” (Dubin, 1972) of professional knowledge in the field. The half-life of professional knowledge can be defined as the time it takes, in the absence of any new learning, to become roughly half as knowledgeable or competent as a function of the profusion of new knowledge in the field. A range of indicators supports the shrinking half-life of professional knowledge in the field at this time (Neimeyer, Taylor, & Rozenisky, 2012). The half-life of knowledge in professional psychology is expected to shrink in the foreseeable future to as little as 3 to 4 years in areas such as clinical neuropsychology and psychopharmacology (Neimeyer, Taylor, & Rozenisky, 2012), placing renewed pressures of the mechanisms of CPD to ensure continuing professional competence. Fortunately, CPD does not bear the exclusive burden in this regard; it is supported by emerging models of competency across the full spectrum of allied health profes-
sions. Peer review mechanisms, consumer satisfaction surveys, and a wide variety of performance-based evaluations, on-site practice reviews, portfolio assessments, and methods of mindfulness and self-assessment are all mechanisms that can used to support and enhance professional competence. While some of these mechanisms may be distinctly suited to doctoral training or employment contexts, others can be integrated into ongoing CPD efforts or fashioned into formal CE programs as well. The College of Psychologists in Ontario has developed an entire quality assurance mechanism built around a process of reflexive self-assessment, for example, which is a mandated condition for reregistration (i.e., licensure) as a psychologist in their jurisdiction.

Of course, as Wise et al. (2010) point out, “providing a means of assessing ongoing competence ranks in importance with providing a means of maintaining competence” (p. 29). In the absence of reliable and valid assessment tools, evaluating and documenting continuing competence would remain an elusive goal. Even here, however, there are promising practices on the contemporary horizon. Available mechanisms are outlined in the Competency Assessment Toolkit of Professional Psychology (Kaslow et al., 2009). These range widely from client or process and outcome data, to consumer satisfaction surveys, live or recorded performance evaluations, objective or standardized assessments, 360-degree evaluations, and a variety of other mechanisms. Some of these mechanisms, however, require the allocation of intensive resources. And for that reason, they are more commonly integrated into the assessment of developing professionals as part of their graduate training programs than they are into postlicensure assessments of continuing competencies. The ABPP board certification process represents a clear exception to this, but the intensity of this review process makes it an unlikely candidate for the ongoing review of the majority of psychologists. To date, approximately 3 to 4% of licensed psychologists have successfully completed the rigorous review process leading to board certification in one or more specialty areas (D. R. Cox, personal communication, 2011).

Part of what the field requires is a relatively simple mechanism for assessing competence that articulates with the predominant conceptualizations that have recently emerged within the field of professional psychology. One potentially promising instrument in this regard is the Professional Competencies Scale (PCS) developed by Taylor and Neimeyer (2012). The PCS is a 33-item instrument that is designed to assess each of the competencies outlined by Fouad et al. (2009) that followed from the APA’s Task Force on Professional Competencies (formed in 2006). The self-report instrument consists of seven subscales that assess foundational competencies, eight subscales that assess functional competencies, and one subscale that assesses continuing competencies. Foundational competencies refer to basic competencies, such as scientific-mindedness, that serve as preconditions to those functional competencies in areas such as assessment, consultation, and intervention. The Continuing Competency subscale addresses aspects of lifelong learning, which itself consists of attitudes, commitments, and skills. Continuing efforts to increase the development and availability of psychometrically sound and easily accessible methods of assessing competence will support efforts to cultivate and document professional competence. These measures need to be included routinely in studies of CPD so that we can better understand the relationship between the efforts and outcomes that are associated with continuing competence.

Embrace Accountability

CPD owes an allegiance to three principle goals: the maintenance of professional competence, the delivery of increasingly effective services, and the protection of the consumer. Only mechanisms that address all three of these objectives will situate the field to make good on what Wise et al. (2010) have aptly characterized as “a promise that largely remains unfulfilled” (p. 292). Part of the challenges will involve squarely aligning both the mechanisms and the measurement of CPD with its stipulated objectives. But the measurement issues (see Measure Meaningful Outcomes section) are largely reliant on the utilization of mechanisms that are subject to that measurement. Informal, incidental, and nonformal mechanisms of CPD are inadequately suited to the task primarily because they lack systems of evaluation, verification, and documentation of learning in a way that supports the highest standards of accountability in an increasingly evidence-based world. That said, there is reason to believe that substantial learning can follow from a variety of different forms of learning. Provisional evidence to this effect can be seen from the fact that two of the CPD activities that were viewed as contributing the most to continuing professional competence constitute informal forms of learning (i.e., self-directed learning and peer consultation). Importantly, by adding mechanisms of verification and evaluation to these learning experiences, these CPD activities could effectively be added into the fold of formal learning experiences and articulate well with evidence-based practices in the contemporary era of accountability.

Since one goal within the field of CPD should be the progressive movement toward the measurement of more rigorous and relevant outcomes (Mazmanian et al., 2012; Neimeyer et al., 2009), it is worth highlighting that, to date, only one of the four forms of learning outlined in this article, formal learning, has demonstrated this movement. The outcomes of formal learning have shown advances from the crudest and most global forms of measurement (i.e., simple documentation of attendance and participant satisfaction), to the widespread use of measures self-reported learning and provisional efforts to examine and promote the translation of that learning into practice. No such evolution is evident in relation to any of the other forms of learning. There has been no evolution in the assessment of the outcomes associated with informal learning, no evolution in the assessment of the outcomes associated with incidental learning, and no evolution in the assessment of the outcomes associated with nonformal learning. These forms of learning lack both the internal mechanisms for accomplishing such assessment and the institutional or organizational contexts for ensuring it. Only formal types of learning are likely to be able to support the future weight of accountability that will mark the full range of allied health professions (Institute of Medicine, 2010). Thus, establishing the means to translate informal learning, incidental learning, and nonformal learning into formalized learning activities would provide an opportunity for psychology to determine empirically whether such activities are, or are not, beneficial in relation to promoting learning and maintaining competence.

It is important to underscore that the translation of informal, incidental, and nonformal forms of learning into formal forms of
learning is not always a difficult task, and this could bring a wider range of CPD activities beneath the umbrella of evidence-based professional development activities. As an example, reading a professional book or listening to a CD represent informal forms of learning. However, if an accountable organization were to write learning objectives for the material, measure the levels of learning that occurred after the completion of these materials, and require the learner to reflect on what they learned through their reading or listening, and then to evaluate their learning and the learning experience, this would convert an informal learning activity into a formal one. This same rationale extends to many other informal forms of learning and at least to some forms of nonformal and incidental learning as well. In effect, any experience that situates the learner in the role of a student, assesses the amount of learning that occurs, and then provides an opportunity for reflection on, and evaluation of, that experience would help transform it to a formal learning experience, given that a recognized organization were accountable for any lapses in those or other features of the learning experience. The challenges associated with bringing other forms of learning into alignment with best practices in an evidence-based world of accountability follow directly from the effort that would be required to situate them within accountable organizational structures that could enable, and enforce, the other facets associated with formal learning (see Table 1). Further work at conceptual and at empirical levels might productively explore the mechanisms and the outcomes associated with the translation of informal, incidental, and nonformal forms of learning into formal forms of learning. Such work might facilitate the translation of a wider range of CPD activities into creditable learning opportunities that would document, as well as generate, new learning and, in that way, help to fulfill the promise of CE in relation to its principle goals and objectives.

In all forms of creditable CPD, the attention to the measurement of nontrivial outcomes is critical, not only in order to document the effectiveness of CPD to the public but also to improve it for the profession. This, in turn, will require a steadfast allegiance to evidence-based practices in CPD. Evidence-based CPD can be regarded as professional education and training that has an ongoing commitment to evaluating educational practices and assessing educational outcomes in support of understanding, promoting, and demonstrating the effectiveness of CPD in psychology (Neimeyer et al., 2009). Because, as Belar (2004) has rightly noted, “to promote the highest quality of education and training for ourselves, as well as for others, we must apply psychological science to achieve a better understanding of education and training” (p. 81). Only by embracing the highest standards of accountability throughout all levels of our ongoing professional development are we likely to align the field of professional psychology with its evidence-based aspirations, on the one hand, and the external demands for accountability, on the other.

Summary

In this article, we have attempted to provide a conceptual and empirical warrant for adopting an evidence-based approach to CPD. An evidence-based approach to CPD demands a reliance on mechanisms of education and training that can be subjected to empirical assessment. While high levels of learning can be expected to follow from a wide range of professional experiences, duties, and activities, only a reliance on those forms of learning that are amenable to verification and measurement are likely to register their effect in relation to the ongoing improvement of learning, on the one hand, and the development of public trust and protection, on the other. Continuing efforts to assure the maintenance and enhancement of professional competence across the life span are likely to require the careful alignment of conceptual clarity with empirical scrutiny. The present article has attempted to make provisional advances in each respect in support of future work that may do a better job with both.

References


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Clinical Competence: Essential Obligation and Ongoing Activity
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Clinical competence is an essential element and overarching aspect of all that psychologists do in our professional roles. Yet, understanding just what competence is, how to establish or develop it, how to maintain and preserve it, and how to increase or expand it, is not always clear. What typically is easier to determine is when a colleague or trainee is exhibiting insufficient competence. But, how do we determine how much competence is enough? What are the threats to competence that exist and how do we protect against them? These and other important questions about competence are addressed in this brief article that is intended to provide an introduction to this important topic in the hope of stimulating further thought and discussion among colleagues.

What is Competence?
A review of the literature on competence yields a range of working definitions of competence. Yet, despite some wording differences, there is significant consensus on how to define and describe competence. Epstein and Hundert (2002), for example, describe competence stating: “Professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community served” (p. 226). Others have described competence more generally as involving possessing knowledge and skills along with the attitudes, values, and judgment needed to implement them effectively (e.g., Haas & Malouf, 2005; Rodolfa et al., 2005).

As Barnett, Doll, Younggren, and Rubin (2007) describe, clinical competence is not an all or nothing phenomenon; one is not either competent or incompetent. Instead, competence should be viewed as existing on a continuum. Additionally, as is highlighted within the APA Ethics Code (APA, 2010), competence is both an enforceable standard with minimal expectations that we must not fall below and an aspirational ideal that can never fully be achieved. It is an ideal that should guide us in our quest to provide the best possible services to all with whom we interact professionally.

Key issues relevant to clinical competence that each psychologist should be mindful of include the fact that competence must be established and maintained. We must actively work to prevent its deterioration and degradation over time. We should always practice within our scope of competence and take active measures to expand our competence when seeking to work in new areas of practice or with clients whose needs lie outside of our existing competence. We should also be familiar with and follow the relevant aspects of the APA Ethics Code (APA, 2010).

Elements of Competence
Psychologists should take a very broad view of the elements that comprise competence. It is important that we not limit our focus to the more technical aspects of competence such as knowledge and skills regarding the application of specific techniques (e.g. CBT for depression). Instead, we must also consider the unique aspects of each individual and how their differences, beliefs, values, and background may influence the presentation and meaning of their mental health difficulties. It is also critical to evaluate how these difficulties impact the manner in which we implement our knowledge and skills. It is vital that we not view multicultural competence as something separate or in addition to clinical competence but as an essential aspect of it. The application of a certain technique in a specific manner may be appropriate and helpful for one client, yet it may be inappropriate and even harmful for another client. In order to competently apply our knowledge and skills (and to successfully address each client’s clinical needs) we should consider all relevant individual differences to include those highlighted in Principle E, Respect for People’s Rights and Dignity, of the APA Ethics Code (APA, 2010).
Knowledge is obtained primarily through formal coursework, continuing education activities, reading of the professional literature, and more informally through interactions with colleagues. Clinical skills are developed primarily through supervised clinical experience, although of course we obtain knowledge from clinical supervisors as well and it is important that knowledge and skills are integrated with each other to be applied effectively.

**Expanding Competence into New Areas**

When expanding our practices into new areas, such as working in new settings, with new types of clients, using new techniques, or working with disorders that are new to us, it is vital that we first go through a process of thoughtful deliberation to determine what steps are necessary to ensure our continued competence. For some changes in practice, such as learning to use a newly revised version of a psychological test that we have competently used for years, the actions needed to competently utilize the new version may not be extensive. Depending on the nature of the test and the extent of the revisions, it is possible that a one-day or weekend workshop along with focused readings and practicing administering, scoring, and interpreting the test will be sufficient. For other changes in practice such as integrating a new area of practice into your repertoire, the education and training needed may be much more extensive. For example, deciding to add neuropsychological evaluations, forensic evaluations, psychopharmacology consultations, health psychology, etc. to your practice when you previously had not been trained in these areas will require a significant amount of education and training to obtain the necessary knowledge and skills essential to competent practice.

In each of these areas of practice it is clear that formal education, as well as, supervision by an experienced colleague with recognized competence in that area of practice are necessary. To determine the extent of the education and training needed, it is recommended that expert colleagues be consulted with. Additionally, it is essential that any available practice guidelines relevant to the area of practice under consideration be reviewed. These may be found on the APA website at: [http://www.apapracticecentral.org/cc/guidelines/index.aspx](http://www.apapracticecentral.org/cc/guidelines/index.aspx). Included are general guidelines applicable to every psychologist’s practice and needed competence such as the Record Keeping Guidelines and the Guidelines on Multicultural Training, Research, Practice and Organizational Change for Psychologists. Additionally, there are guidelines relevant to specific areas of practice. Examples include APA’s Specialty Guidelines for Forensic Psychology, Guidelines for Child Custody Evaluations in Family Law Proceedings, and Guidelines for Psychological Practice with Older Adults, among others. While guidelines are not enforceable, they are consensus statements from recognized experts in the profession that are endorsed by the APA regarding the requisite knowledge, skills, and experience (among other issues) that a competent professional in that area of practice will possess. Thus, these guidelines can be invaluable in assisting psychologists to determine the nature and extent of education and training needed to competently work in that area of practice.

**Assessing Our Competence**

When deciding if and when we possess sufficient competence to provide particular services independently, it is essential that we not make these determinations on our own. In those situations when we are expanding our competence into new areas, this decision should be made in collaboration with our expert colleague or clinical supervisor. Beyond this, it is important that psychologists remain aware of their levels of competence and be vigilant for signs of impaired functioning. These may arise as a result of lack of practice of particular clinical skills, failure to stay current with the relevant literature, or even the effects of challenges and stresses in one’s life that may adversely impact one’s professional competence (Elman & Forrest, 2007; Johnson & Barnett, 2011).

It is important to realize as Johnson, Barnett, Elman, Forrest, and Kaslow (2012) point out, that like other health care professionals, psychologists can be quite poor at accurately self-assessing. Therefore, while self-monitoring and self-awareness are important for maintaining competence, they are wholly inadequate for preventing the degradation of competence over time. We must establish ongoing relationships with colleagues, either one-on-one through constellations of competence that we develop or in groups such as peer consultation and supervision groups. Further, we must actively utilize these colleagues and openly share about the challenges and stresses we each face, the struggles we experience, and their effects on our functioning. It is also essential that we provide each other with direct and honest feedback, doing so in an understanding and supportive manner. This will hopefully encourage open sharing with each other about the challenges we face as well as to help compensate for our own professional blind spots and self-assessment limitations.
ABPP and Competence: Some Concluding Thoughts

It is, hopefully, clear that merely meeting minimal professional standards is not consistent with the aspirational spirit of striving to establish and maintain the highest possible standards of competence. Psychologists who are board certified through the American Board of Professional Psychology (ABPP) have demonstrated a desire to develop and demonstrate the embodiment of this aspiration. While no one credential can guarantee competence, participation in an assessment of one’s knowledge, clinical skills, and decision making by expert peers contributes substantially to promoting a lifelong commitment to provide the best possible services.

References


The Therapeutic Value of Court Testimony
Lois Condie, Anita Boss, Robert Cochrane, and Candyce Shields

Many psychologists who are board certified in forensic psychology provide expert testimony as part of the working routine. Court testimony has value as one tool in the preservation of rights—rights of those accused and rights of victims. It is increasingly recognized for its therapeutic value as a tool for framing mental health issues, describing the empirical basis for those issues, and recommending interventions. In the past quarter century there has been considerable scientific discourse about the value, or lack thereof, of court testimony for furthering the rights of individuals who find their way into the court system. Whether individuals find their way into the court system through civil, criminal, probate, educational entitlement hearings, or other avenues, debate rages concerning the value of expert testimony by mental health professionals. The debate over the helpfulness of court testimony is even finding its way into international discourse on the preservation of human rights (Perlin, 2011).

There has been much written about the danger of experts over-reaching, failing to fully consider the ethical parameters of the information they provide, testifying on the basis of insufficient data, or other problems. Puzzlingly little has been written about the relationship between court testimony and the furthering of individual rights and responsibilities (Condie, 2011). We are writing this article to bring attention to the benefits of expert testimony, particularly testimony provided by individuals with considerable clinical or research expertise on a topic. We focus, in particular, on the therapeutic benefit of court testimony. We do not mean to confuse psychotherapy or other interventions with court testimony (APA, 2013). Our intent is to highlight testimony in the broader context of therapeutic jurisprudence, or justice that also serves therapeutic aims.

Words form the basis for legislation, regulation, and policies that allow expert opinions in the courtroom. They similarly bar testimony with no factual or scientific basis. Words form the basis of reports and testimony. When those words are faulty or misconstrued, they can cause considerable harm—thus the debate over the value of court testimony. When those words follow from important psycho-legal theoretical frameworks supported by decades of research, new models emerge that encompass not only the impact of case law and legislation but the impact of science as a therapeutic agent. The ultimate aim of solid courtroom testimony is to conform with legal rules, procedures, and roles in order to enhance the therapeutic potential of expert testimony while not subordinating due process. Not all testimony is inherently therapeutic, but the common aim across a wide range of forensic mental health expertise is to highlight and address the underlying mental health needs of people who come in contact with the court system. Although therapeutic concerns do not trump rights and liberties, they can supplement rights and liberties, where appropriate (Stolle, Wexler, & Winnick, 2000).

Obviously, not every case involving expert testimony has therapeutic potential, but the ethics code clearly disallows any violation of human rights that might result from the words or actions of a mental health professional. But even when testimony is not designed to be helpful to a defendant’s case (as in the case where an expert might testify at the request of a prosecutor), there can be therapeutic value in recommendations for interventions. At a minimum, any potential for acrimony can be replaced with a respectful and professional approach and tone (Condie, 2011).

When testimony is viewed through a therapeutic lens, the expert is in a position to provide social and psychological insights into the law and its applications, human and psychologically optimal ways of handling legal outcomes, and collaborative and respectful approaches to the implementation of decisions and interventions (Perlin, 2011). If the promotion of well-being remains at the framework of court testimony, the goal of adversarial “winning” or “losing” a case has the potential to be reframed into problem-solving, conflict resolution, and a commitment to dignity.
To what extent can an expert promote appropriate therapeutic descriptions and interventions that honor the rights and dignity of individuals who find themselves in court? Minor as well as major human principles are at stake in any court hearing where the law intersects with the mental health professions. The psycho-legal publications of the 21st century hold promise for furthering the causes of both therapeutic helpfulness and justice (Weiner & Bornstein, 2011). New developments include experts’ recommendations that are more focused upon the individual in the setting of the community, respect for cultural and ethnic roots, the broad range of community-based interventions that are more and more available to individuals across the income spectrum, and the gradual shift from punitive approaches to specialized approaches to justice (e.g., mental health courts, drug courts).

The best argument for promoting a therapeutic component in the implementation of justice is that it promotes reintegration into the community, an approach known to facilitate a longstanding response to rehabilitation better than separating and ostracizing those who come in contact with the system of justice (Pfold, 1994). We need to continually advocate for community-based interventions where appropriate, improvements in the conditions of facilities designed to house those who come in contact with the justice system, and family-based interventions that are culturally appropriate and that promote unification rather than separation. A community-wide approach to protecting children and adolescents, with prevention and intervention intertwined, keeps individuals connected to the fabric of the community rather than facilitating continued family conflict and conflict between family and community (Melton, 2008). Whether individuals face the criminal justice system or domestic family court, the expert can be viewed as the conduit to services that respect and facilitate the development of the individual, family, and community. Within the fabric of the justice system, the rights and impact upon victims must not be lost to the emphasis on the rights of perpetrators. The fine balance that is required respects and addresses the needs of individuals on both sides of the equation. Even within the most circumscribed of forensic roles, balance must be struck in a manner that upholds the science of psychology, upholds the civil rights of all involved parties, and addresses needs in the most effective manner possible (Condie, 2011).

It is essential that psycho-legal scholars take seriously the relationship between expert testimony and the potential for therapeutic impact. Mainstream, community-based, human rights protection systems are beginning to embrace mental disability rather than ignoring its existence or associated rights to dignity, respect, and access to appropriate services (Condie, 2011; Perlin, 2011). The humanity of people with disabilities, embroiled in family conflict, at odds due to civil suits, or facing criminal convictions does not peel away by virtue of their court involvement. The 21st century forensic psychologist works to treat every individual as a holder of rights and to uncritically accept the humanity and plight of those who enter the legal system. The forensic psychologist emphasizes pro-social and strength-based solutions, recognizes and discloses the inherent complexity of mental health problems and interventions, and emphasizes right protection over punishment and pejorative characterizations of those we serve (Condie & Koocher, 2008; Eccleston & Ward, 2006).

The right to a day in court is central to preservation of human rights. In many nations there is no mental health law at all. In that circumstance, it is difficult to appropriately emphasize humanity and dignity. The responsibility to serve as a model of therapeutic emphasis, whether it is in a small community court or a highly publicized case, cuts across the sub-specializations of American forensic psychology. The model is being exported increasingly across international settings, honoring humanity and dignity while upholding local cultural conventions. Thus, therapeutic emphasis in testimony potentially reaches a wide audience. Sometimes, in the work-a-day life of a forensic psychologist, valuing rights, humanity, and dignity amounts to the simple task of citing the limitations of one’s report and opinion. In more compelling cases, the psychologist presents clinical and research data that highlights the difficulty of reaching objectively fair means of assessing needs while at the same time advocating for the most optimal solution that reflects a fair balance of the needs of opposing parties. That is not to say that the expert is an advocate for an individual party. The advocacy is in favor of converting the mental health system into a more humane and therapeutic one that addresses suffering from mental illness, family conflict, civil conflict, or other problems that fall within the domain of psycho-legal interventions.
The procedural justice literature has clearly illustrated that participants who are afforded a full opportunity to have their day in court and present their version of the facts have an enhanced perception of fairness, satisfaction with outcomes, and respect for the process (Slobogin, 2007). When individuals are empowered to seek helpful services rather than invalidated and offered coerced recommendations, the system facilitates self-improvement. One cannot always avoid coerced treatments (Lidz, 1998), also a subject of considerable interest among 21st century researchers, but respect within and fairness of the process can enhance the acceptance of and cooperation with those services.

Key areas need further examination and understanding to expand the relationship between expert testimony and therapeutic outcomes while upholding procedural and substantive due process. It is impossible to achieve meaningful changes in the lives of individuals who come in contact with the courts without critically examining the connection between what we offer in the context of court testimony and the sometimes mandated steps toward change that individuals must take as a result of recommendations and outcomes in legal proceedings. Testimony is, of course, only one component of that process but it sometimes serves as the key variable, particularly in the setting of problem-solving courts that address mental illness, substance abuse, and family conflict. We offer a challenge to the next generation of newly minted forensic psychology specialists to think critically about these issues, develop applied research programs, and continue the effort to provide high quality, empirically based, scientific approaches to clinical forensic work.

References


Deceased Specialists
January 1, 2014 through June, 2014

Norman J. Barry, PhD, ABPP Clinical Psychology
Oliver J.B. Kerner, PhD, ABPP Clinical Psychology & Psychoanalysis
Susan E. MacNeill, PhD, ABPP Clinical Neuropsychology

In Memory of Norman Barry
Thomas Dixon, PhD, ABPP

Norman Barry, PhD, ABPP (Clinical) died on June 13, 2014. He was Professor Emeritus and former department chair at Xavier University, as well as, a practicing clinician for over 30 years. He helped countless people, and was instrumental in establishing Xavier’s APA-accredited PsyD program. With encouragement from Mike Nelson at Xavier, Dr. Barry obtained board certification late in his career. His nephew, Thomas Dixon, PhD, ABPP (Rehabilitation) credits him with influencing his own pursuit of certification.

SINCE YOU ASKED...

Carol T. Adams is a full-time faculty member at the McLeod Family Residency Program in Florence, South Carolina where she has been named Faculty of the Year. She has been active on the national and state level, including serving a governor appointed term on the South Carolina Board of Examiners in Psychology.

Donald N. Bersoff completed his 2013 term as APA President. On May 20, 2014, the Immediate Past President was honored to serve as the commencement speaker at the Ferkauf Graduate School of Psychology at Yeshiva University.

Maggi Budd is site-investigator for the national VIP: Predictive Outcome Model Over Time for Employment (PrOMOTE) multi-site study for veterans with spinal cord injuries. A rehabilitation neuropsychologist, she is director of the VA Boston practicum Rehabilitation Psychology program. She also serves on committees for Advisory Consultation for Biomedical ethics for VA Boston.

Christine Courtois writes that earlier this year she was appointed National Clinical Trauma Consultant for Elements Behavioral Health, Promises, Malibu, Los Angeles. She also co-edited with Julian Ford, a book published in 2013 by Guilford Press entitled Treating Complex Traumatic Stress Disorders in Children and Adolescents. Another book she has co-edited – Spiritually-Oriented Psychotherapy for Trauma – will be published by APA Press in October, 2014.

Paul DePompo has opened an affiliated training center of the Albert Ellis Institute in Newport Beach, California. Rational Emotive Behavior Therapy (REBT) training at the Cognitive Behavioral Therapy Institute of Southern California is the first and only training center for REBT in California that is affiliated with the Albert Ellis Institute.

Diane Dewitt says that since 2003 she has dedicated herself to the subspecialty of psycho-legal or forensic vocational evaluations. She has completed over 1,100 evaluations with full reports and appeared in 92 trial plus countless depositions for a total of over 460 hours of sworn testimony. She is also an American Red Cross Disaster Mental Health Specialist, and was recently deployed to the site of the Oso Landslide. Other professional activities include serving as president of the local NAMI affiliate; and, on the Ethics Committee of the Washington State Psychological Association.
In January, 2014, Joel Dvoskin was appointed by the Governor of Nevada to chair the Governor's Advisory Council for Behavioral Health and Wellness.

Kenneth Fineman was interviewed by CNN live on May 18, 2014 on the subject of the psychological characteristics of wild land arsonists.

Jay Finkelman has produced a number of publications over the course of the past year, including co-editing The Psychologist Manager: Success Models for Psychologists in Executive Positions, by Hogrefe Publishing. An expert in human resource management and employment practices, he has presented at both APA and the California Psychological Association.

Steve Frankel is actively involved in providing professional support to senior colleagues, and those with disabilities. He is an advocate for changing a California law that would allow professionals with degenerative neuro-cognitive disorders to have their licenses retired, rather than being revoked for practicing while impaired. He has also created Practice-Legacy Programs, designed to help colleague transition practices in the event of death or disability. A third project is an online conference entitled – Innovations in Trauma Therapy.

Robert Goldberg continues to serve as Director of Training at the Louis Stokes Cleveland VA Medical Center. The medical center has the distinction of having the greatest number of APA accredited residencies in any facility in the nation. Four post-doctoral residencies – Clinical Psychology, Clinical Neuropsychology, Clinical Health Psychology, and Rehabilitation Psychology – are offered.

Kevin Krull has received an RO1 grant from the National Cancer Institute for his study – Brain Integrity in Survivors of Childhood Cancer Treated with Thoracic Radiation.

Francis Lodato writes of a career dedicated to the improvement of athletic performance. Having begun this work in the 1950’s, he continues to consult to the NHL’s Boston Bruins, Florida Panthers, and Nashville Predators; as well as, the British Columbia Lions and Calgary Stampeders of the Canadian Football League.

George Lynn has been appointed Associate Director of Group Therapy Training at the Training Institute for Mental Health in New York. He also serves as Managing Editor of GROUP: Journal of the Eastern Group Psychotherapy Society.

Craydon McDonald is President-Elect of the Arizona Psychoanalytic Society. He encourages those interested to learn more about the organization at ArizonaPsychoanalyticSociety.com.

Shirley McNeal writes of numerous publications and presentations prior to going into semi-retirement in 2010. She remains professionally active with a private practice in San Francisco and Berkeley. October 3-5, 2014 she will be teaching a workshop in Berkley entitled Healing the Divided Self: Ego State Therapy for Posttraumatic Conditions.


Paul Nussbaum has opened the Brain Health Center in Wexford, Pennsylvania. The center offers a holistic approach that interfaces traditional clinical assessment and treatment services with wellness program to include yoga, meditation, massage, brain fitness, and nutritional consultation. More information may be found at www.brainhealthctr.com.

Karen Prager has written The Dilemmas of Intimacy: Conceptualization, Assessment, and Treatment, published in 2013 by Routledge.

Stephen Ragusea has written a chapter – A Professional Living Will for Psychologists, in Koocher, Norcross, and Greene's 2013, Psychologists' Desk Reference, published by Oxford University Press. In May of this year, he also presented “Stress Management for Law Enforcement” to police officers and attorneys in the Florida Keys law enforcement community.

John D. Robinson took a trip around the world this spring, with stops in England, Dubai, Thailand, Japan, and Korea. He said he really enjoyed the trip, but that was just too much flying to do over a two week period!

Richard Rogers is only the third psychologist in history to have received both the APA Distinguished Professional Contributions to Applied Research Award (2008), and the APA Distinguished Professional Contributions to Public Policy Award (2011). The former recognized his advances in forensic assessments. The latter acknowledged his “enhancement of our understanding of the constitutional protections embodied in Miranda rights.”

Andrew Rosen, Founder and Director of the Center for the Treatment of Anxiety and Mood Disorders, writes that he has added two postdoctoral fellows to the staff; and, that he presented on the topic of Social Anxiety Disorder and its Effect on College Students at the Andrew Kukes Foundation for Social Anxiety Disorder. He also announces that he is serving on the conference planning committee for the 2015 Anxiety Disorders Association of America annual conference to be held in Miami in March, 2015.

Sara Rosenquist co-authored with Dr. Belinda Novik, the APA Fact Sheet on Perinatal Depression. The fact sheet is part of a series of online health related briefs published by APA. She has authored another article, When the Bough Breaks: Rethinking Treatment Strategies in Perinatal Depression, that appears in the American Journal of Clinical Hypnosis.

M. David Rudd was recently selected as the 12th President of the University of Memphis.

Robin Shallcross received a Fulbright Specialist Grant from the Center for International Exchange of Scholars (CIES) in the Education category and taught a three week intensive course in Spanish at La Universidad Latina de America (UNLA) in Morelia, Michoacan, Mexico in October, 2012. The topic was “The Psychological Effects of Transnational Migration from the Perspectives of the Receiver (Mexico) and Sender (US) Countries.” She has a sabbatical project planned for Spring 2015 in which she will create a distance learning course using internet technology between UNLA and Pacific University.

Anita Solomon serves as a volunteer Board Member of Mobile Medical Care, Inc., twelve clinics in Montgomery County, Maryland providing health care by volunteer doctors for persons in need.

Brett Steinberg has been appointed Director of Training at Comprehensive Neuropsychological Services in Chesire, Connecticut.

Debra Tasci is co-author of The Trauma Recovery Handbook (2nd edition).

Christopher Thurber completed his 15th year as a teacher and clinician at Phillips Exeter Academy. He recently returned from Glasgow, Scotland where he keynoted the Boarding Schools’ Association conference. He also continues to promote educational videos for Expert Online Training, a virtual flipped classroom for youth leaders that he co-founded in 2007. The website is CampSpirit.com.

Doug Tynan has been named Director of Integrated Health Care with the APA Center for Psychology and Health. He will also serve as the Associate Director of the Center.
Mary Vieten is a Navy reservist who has recently completed a year’s deployment to Djibouti, East Africa, where she was the Director for Operational Psychology at the emergency medical facility on Camp Lemonnier. While there, she was asked to assume an additional assignment in the office of the Navy Chief of Chaplains as a subject matter expert on the psychological impact of military sexual assault. She says that she feels privileged to be able to educate over 1100 Navy chaplains during 12, 3-day seminars in the U.S. and abroad.

Matt Zaitchik has recently completed a 5-month Fulbright Fellowship in Wuhan, China. He taught two courses in the law school at Zhongnan University of Economics and Law and gave additional lectures in other universities throughout China. He also lectured at the American Cultural Center at the U.S. Embassy in Beijing. In 2013, Zaitchik was awarded the Distinguished Contribution to Forensic Psychology award by the American Academy of Forensic Psychology.


**St. John’s University Launches Basic and Advanced Postdoctoral Certificate Programs in Forensic Psychology**

Several years in the making, New York-based St. John’s University launched a one-of-a-kind postdoctoral certificate training program in forensic psychology on May 22, 2014. With the goal of offering a training program that will assist practicing psychologists prepare for examination in forensic psychology by the American Board of Forensic Psychology & American Board of Professional Psychology, the program attracted an inaugural group of 11 licensed psychologists from 4 states, with one coming from as far away as Alaska. Program faculty includes attorneys and psychologists with forensic expertise. Among program faculty are ABPP-certified psychologists Randy Otto, PhD (Forensic, Clinical), Rick Frederick, PhD (Forensic) and Lisa Piechowski, PhD (Forensic). The basic program will continue in July, and the advanced program will begin in early 2015. More information about the St. John program can be accessed at [www.stjohns.edu/postdocforensics](http://www.stjohns.edu/postdocforensics).
Newly Certified Specialists
(January 2014 – June 2014)

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Christina M. Cammarata, PhD
Daniel M. Cheron, PhD
Virginia D. Cline, PhD
Heather Jo Crabtree, PhD
Jordan Gillett, PhD
Sara E. Hoffenberg, PsyD
Brett A. Nielsen, PsyD
Kevin O’Connor, PhD
Nneka E. Onyezia, PhD
Sol R. Rappaport, PhD
Lawrence C. Rubin, PhD
Terry Stancin, PhD

Clinical Health Psychology
Lloyd S. Berg, PhD
Molly S. Clark, PhD
Natalie W. Gaughf, PhD
Rena A. Nicholas, PhD
Keisha-Gaye N. O’Garo, PsyD
Shannon E. Woller, PsyD

Clinical Neuropsychology
Anne L. Barba, PhD
Barbara S. Baer, PhD
Lindsay A. Barker, PhD
Joseph Barrash, PhD
Gina L. Beverly, PhD
Veronica Bordes-Edgar, PhD
Pamela M. Dean, PhD
Melissa A. Friedman, PhD
Frank J. Gallo, PhD
Dawn E. Giuffre Meyer, PhD
Samantha Glass, PhD
Kate E. Glywasky, PsyD
Chaya Gopin, PhD
Dustin B. Hammers, PhD
Karin F. Hoth, PhD
Jasdeep S. Hundal, PsyD
Abigail R. Johnson, PhD
Michael H. Kabat, PhD
Natalie C. Kelly, PhD
Jason W. Krellman, PhD
Rachel K. Lacy, PsyD
Michelle A. Langill, PhD
Arthur C. Maerlender, PhD
Lawrence P. Maucieri, PhD
Marie E. McCabe, PhD
Jackie Micklewright, PhD
Michael D. Mohrland, PsyD
Amy K. Morgan, PhD
Sonia C. Mosch, PhD

Clinical Neuropsychology (cont.)
Heidi L. Musgrave, PhD
Catherine E.C. Price, PhD
Lisa A. Riemenschneider, PsyD
Patrick Riordan, PhD
John R. Sass, PhD
Mary F. Schmidt, PhD
Ana C. Soper, PhD
Martina M. Voglmaier, PhD
Kristen L. Votruba, PhD
Jeffrey C. Wertheimer, PhD
Kristine B. Whigham, PsyD
Alissa H. Wicklund, PhD
Maya Yutsis, PhD

Pediatric Clinical Neuropsychology Subspecialty
Kira E. Armstrong, PhD
Ida Sue Baron, PhD
Dean W. Beebe, PhD
Celiane Rey-Casserly, PhD
Jacobs A. Donders, PhD
Laura A. Janzen, PhD
Michael W. Kirkwood, PhD
Mark Mahone, PhD
Joel E. Morgan, PhD
Nancy L. Nussbaum, PhD
Beth S. Slomine, PhD
Brenda J. Spiegler, PhD
Michael Westerveld, PhD

Clinical Psychology
Steven Abell, PhD
Stephanie P. Allison, PhD
Paul W. Brown, PhD
William E. Bruer, PsyD
Thomas G. Burns, PsyD
Brian A. Buzzella, PhD
Emilia A. Campos, PhD
Christopher A. Edwards, PhD
F. Charles Frey, IV, PhD
Lindsay H. Gleason, PsyD
Angela N. Hill, PsyD
Juliet W. Hung, PhD
Nathan R. Hydes, PhD
Nina N. Jefferson, PsyD
Anne Khaliifeh, PsyD
Andrew M. Kuller, PsyD
Michael M. Oganovich, PsyD
Alexandra M. Price, PsyD
Robert C. Taylor, PhD
Karim E. Thompson, PhD
Marat V. Zanov, PhD

Cognitive & Behavioral Psychology
Jennifer Taitz, PsyD

Counseling Psychology
Penelope Asay, PhD
Vivian D. Barnette, PhD
Michael P. Benoit, PhD
Mary Ann Covey, PhD
Sharon Lamb, EdD
Pamela A. Miller, PhD
Daniel Potoczniak, PhD

Couple & Family Psychology
Cindy I. Carlson, PhD
Corinne C. Datchi, PhD
Liang Tien, PsyD

Forensic Psychology
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Megan N. Carter, PsyD
David DeMatteo, JD, PhD
Evan B. Freedman, PhD
Michael P. Griffin, PhD
Lori L. Hauser, PhD
Lisa L. Hazelwood, PhD
Jeff Rindsberg, PsyD
Steven A. Sparks, PhD
Chrisicely M. Tussey, PsyD

Group Psychology
Lawrence Malcus, PhD
Janice M. Morris, PhD

Organizational & Business Consulting Psychology
Parker D. Houston, PsyD
Nathan Whittier, PsyD

Police & Public Safety Psychology
Robin L. Greene, PhD
Mark J. Kirschner, PhD
Mark Zelig, PhD

Psychoanalysis
John C. Foehl, PhD

Rehabilitation Psychology
Kimberly R. Alfano, PhD
Mark S. Alfano, PhD
Elizabet V. Horin, PhD
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9:00 a.m. — 12:00 p.m. Sunday, August 10th

Please RSVP if you are able to
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